NEW YORK CITY EARLY INTERVENTION COORDINATING COUNCIL (LEICC)		
8.16.2018	10:10 AM	Gotham Center – 3.32
LEICC Member Attendees	Marie B. Casalino, MD, MPH, Assistant Commissioner, Bureau of Early Intervention, NYC DOHMH Jacqueline D. Shannon, PhD, Chair of LEICC Carrie Bateman, MPH Shanelle Bolton MST, MLS Tricia DeVito, MS, Ed., SDL Liz Isakson, MD, FAAP Elizabeth Leone Rosalba Maistoru, MA, SDL, BCBA, Lic.BA Dawn B. Oakley, OTR/L, MS Karen Samet, MS, SAS	
Welcome, Introductions, and Minutes Approval	**Dr. 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, and 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 Nannette Blaize or A. Felicia Poteat 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 March meeting were approved.	
SEICC Report and	**Dr. Casalino** provided an update on Dr. Mary Bassett's (Commissioner of Health) transition from NYC DOHMH to Harvard University, where she will assume the Directorship of the François-Xavier Bagnoud Center of Health and Human Rights. Dr. Casalino spoke about various accomplishments of Dr. Bassett, such as her emphasis on health equity to ensure that neither neighborhood, race, gender identity, nor paycheck should determine how long	

Bureau Updates	or well a person lives. Dr. Oxiris Barbot will assume the position of Acting Commissioner once Dr. Bassett leaves.
	SEICC Report **Dr. Casalino** then provided a summary report on the State Early Intervention Coordinating Council (SEICC) meeting held on June 13, 2018. SDOH has established teleconferencing sites to address the issue of establishing a quorum. There has been an addition of new members and also the resignation/retirement of some existing members. The Social-Emotional Workgroup update was presented by Kirsten Seigenthaler. The goal/purpose of the workgroup is to promote the use of the Social-Emotional guidance document and develop a strategic dissemination plan. The members of the workgroup include representatives of the SEICC, municipalities and state agencies, and parents. They have, so far, completed the webpage and created web-based training modules. They are currently working on creating provider reference documents. The SSIP/IFaCT presentation was on "Voices of SSIP/IFaCT" involving project discussions by parents, providers, and municipalities. Based on lessons learned from the first cohort, New York State (NYS) Department of Health (SDOH) is now moving ahead with the second cohort of the project. They are looking to include Mandarin and Spanish language focus on family support groups and resource guides. The amendments to telehealth provisions in Public Health Law were included in the 2019 enacted State Budget. Telehealth services are not currently reimbursable in the NYS EI Program. The SDOH will research the use of telehealth in serving the birth to three (3) population, and will consult with professional organizations in developing policies related to the EI populations. There will be further discussion about this at the December 2018 SEICC meeting. The SDOH Provider Oversight and Monitoring unit is reviewing SDOH procedures for selection of providers. Its responsibilities include oversight of regulatory compliance, investigative monitoring reviews, and verification reviews. There was a continuation of previous discussions and next steps around rate components, structure, and methodology (billable/non-billable time, fringe, overhead, etc.).

	Proposed revised regulatory amendments were published in July 2017 with public forums in August 2017. After a 45-day period, comments were received and reviewed resulting in substantive modifications to regulations which required a second release and comment period. A recent package of amendments was released in August 2018.
	Bureau Updates **Dr. Casalino** reported that the BEI Evaluation Standards Unit (ESU) is using a Lean Six Sigma approach to improve the quality of evaluations. Focus groups were held with the five (5) Regional Offices and several internal units to obtain feedback on evaluations. Two (2) meetings were conducted with a provider work group about how best to elicit input from providers. Surveys have been developed to elicit feedback on Multidisciplinary Evaluations (MDEs). ESU is beginning to develop plans for changes in evaluation procedures.
Data Reports	**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. **Dr. Casalino** mentioned that BEI wants to be responsive to LEICC members' data requests and interests in specific metrics. She suggested the formation of an LEICC workgroup to decide which data measures are most useful. These suggestions will be taken into consideration in the creation of future data reports. **Dr. Shannon** agreed and supported the suggestion of forming a workgroup that focuses on data measures.
Bureau of Child Care Update	**Shanelle Bolton** provided a brief update on the Bureau of Child Care concerning the development of supporting documents for public consumption, webinars, provider sessions, health codes, emergency management, education and support to programs, and vaccine requirements.
Intervention Quality Initiatives	**Dr. Jeanette Gong** gave an update on BEI's six (6) academic partnerships. As background, she indicated that, when BEI was conducting the Learning Collaborative trainings with EI provider agencies in 2012, it was learned from providers that there was minimal focus in their graduate preparation across disciplines about birth to three (3) development and EI. Many of their fieldwork placements or clinical practicums took place in center-based, facility-based, and hospital-based programs with children four (4) years and older. Therefore, BEI initiated academic partnerships with graduate programs in Early Childhood Special Education, Social Work, Occupational Therapy, and Speech-Language Pathology. The current partnerships are in place until 2020.

The academic programs with which we have partnerships are the Brooklyn College Early Childhood Education and Art Education, SUNY Downstate Occupational Therapy Graduate Program, Hunter College-Silberman School of Social Work, Queens College Graduate Educational and Community Programs-Special Education, Lehman College Dept. of Speech, Language, and Hearing Sciences, and Brooklyn College Dept. of Speech, Communication Arts, and Sciences.

Since the academic partners created different programs; each academic partner is required to integrate information about these foundational EI components into their curriculum: typical and atypical childhood development from birth to three (3); multi-cultural and diversity issues related to evaluations and service provision; understanding the parent-child dyad and working with families; understanding and using family-centered best practices like Embedded Coaching with families; reflective practice and reflective supervision; and fieldwork placements in EI and Early Childhood settings.

Academic Partners are looking for fieldwork placements with additional EI provider agencies. Fieldwork placements with academic partners provide an opportunity to recruit EI therapists and teachers who have been trained to work in EI. BEI delivers Structured Technical Assistance (STA) training to support professional development process in provider agencies. The STA training provides up-to-date information and research, a Practice Mentor Guidance Manual, and tools and resources that support evidence-based family-centered best practices. STA trains quality assurance managers and clinical supervisors on how to run communities of practice and how to administer the Natural Environments Rating Scale, which is a requirement for field placements.

Some of the current achievements were mentioned: the Brooklyn College Advanced Certificate Program developed and implemented simulation experiences in the NICU and home environments for students to practice observations, parent interviews, and reflection; SUNY Downstate Occupational Therapy student, Anh Vuong, created a best practices video, which can be used for self-reflection and teaching about family-centered practices; therapy suites at the Speech and Hearing Center at Lehman were transformed into more home-based like settings and the program created home activities called Makes and Takes at parents' requests for activities that they can do at home using materials in their home; and Hunter College's Silberman School of Social Work offered five (5) free continuing education courses for the academic year.

Intervention Quality Initiatives	**Raisa Alam** presented on the NYC BEI Learning Management System (LMS) for Professional Development, which is being launched to host all on-line professional development trainings. NYC BEI is an approved provider for continuing education units (CEUs) for physical therapists/PTAs, occupational therapists/OTAs, speech-language pathologists, audiologists, and social workers (LMSW and LCSW). NYC BEI is in the process of applying for CTLEs (Continuing Teacher and Leader Education). The anticipated launch date for the LMS is late September 2018. Each training requires completion of pre- and post-tests, the training modules, and the evaluation survey before a certificate with CEUs may be issued. The providers will receive an email from the NYC BEI once the LMS is launched. Interested parties can sign up for the NYC BEI Professional Development Mailing List by emailing EmbeddedCoaching@health.nyc.gov. **Karen Samet** thanked the IQI for the update and inquired if the presentation can be sent or emailed to LEICC members as this section was not in the handouts. Dr. Casalino replied yes.
Update on Provider/ Agency Landscape and on Proposed NYS Regulations	**Lidiya Lednyak** presented a Provider/Agency Update and on the Proposed NYS Regulations. Ms. Lednyak provided an update on the Provider Landscape pre- and post-April 1, 2013, specifically comparing the percentage change from April 1, 2013 to August 15, 2018. Ms. Lednyak briefly explained the procedural history of the regulations. The proposed amendments were shared with the SEICC at the September 2016 meeting. The proposed amendments were published in the NYS Register on July 12, 2017, and two (2) public forums were held in August 2017. After the 45-day public comment period, comments received were reviewed in detail, and resulted in proposed modifications that required them to be re-posted for public comment. The revised regulatory changes were posted in the NYS Register on 8/01/2018, and comments were to be submitted within 30 days of the posting. A hearing is not scheduled for this second round of comments. The purpose of these regulatory changes is to conform to federal regulations issued by the U.S. Department of Education and to conform to amendments to NYS Public Health Law issued in 2012. Ms. Lednyak then highlighted some of the substantive proposed amendments that are relevant to NYC BEI concerning definitions, establishing eligibility, qualified personnel, marketing standards, commercial insurance, conflict of interest, municipal monitoring authority, programmatic monitoring, provider billing, and timeline clarifications.

Public Comment	The floor was opened for public comments. Ms. Cathy Warkala, Early Childhood Development Center, inquired about efforts to address the quality of service coordination in New York City.
	The meeting was adjourned at 11:40 AM.

LEICC DATA REPORT
August 16, 2018

NYC ™
Health

Number of Referrals Per Year, by Borough
January 2014-June 2018

■ Bronx ■ Brooklyn ■ Manhattan ■ Queens ■ Staten Island

No. of Referrals

	2014 N=31,252	2015 N=32,039	2016 N=32,252	2017 N=33,817	January-June 2018 N=17,474
Staten Island	1,652 5%	1,800 6%	1,635 5%	1,875 6%	1,003 6%
Queens	8,367 27%	8,838 28%	8,954 28%	9,356 28%	4,814 28%
Manhattan	4,183 13%	4,035 13%	4,090 13%	4,161 13%	2,202 13%
Brooklyn	10,199 33%	10,316 32%	10,547 33%	10,908 32%	5,642 32%
Bronx	6,851 22%	7,050 22%	7,026 22%	7,425 22%	3,813 22%
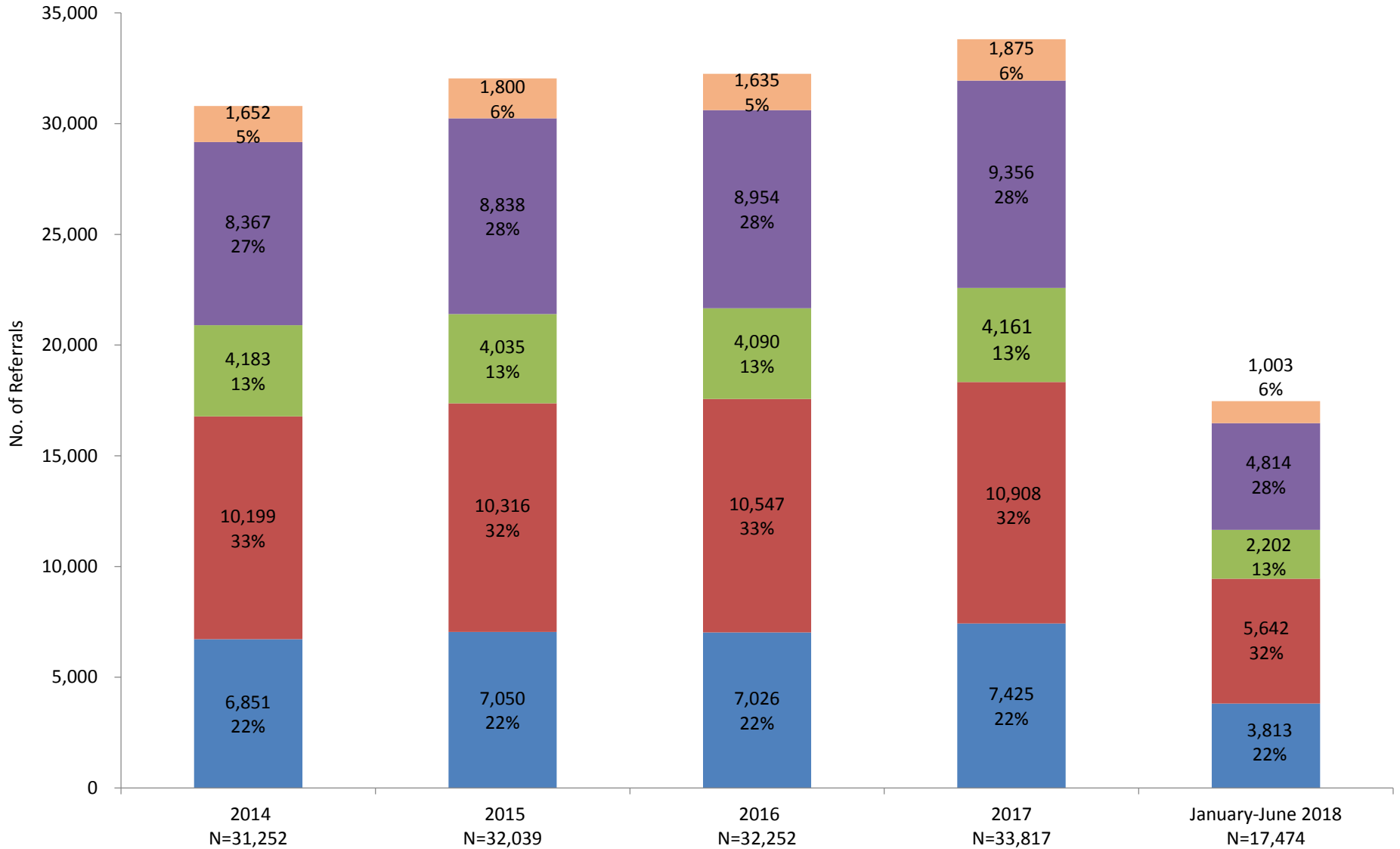
* Includes new and re-referrals.

Number of Referrals Per Year, by Race and Ethnicity
January 2014-June 2018

■ White, NH   ■ Black, NH   ■ Hispanic   ■ Asian, NH   ■ Unknown

No. of Referrals

	2014 N=31,252	2015 N=32,039	2016 N=32,252	2017 N=33,817	January-June 2018 N=17,474
Unknown	428 / 1%	847 / 3%	892 / 3%	921 / 3%	508 / 3%
Asian, NH	2,952 / 9%	2,880 / 9%	3,128 / 10%	3,682 / 11%	1,865 / 11%
Hispanic	11,742 / 38%	11,748 / 37%	11,774 / 37%	12,064 / 36%	6,161 / 35%
Black, NH	5,294 / 17%	5,257 / 16%	5,248 / 16%	5,636 / 17%	2,961 / 17%
White, NH	10,836 / 35%	11,307 / 35%	11,210 / 35%	11,514 / 34%	5,979 / 34%
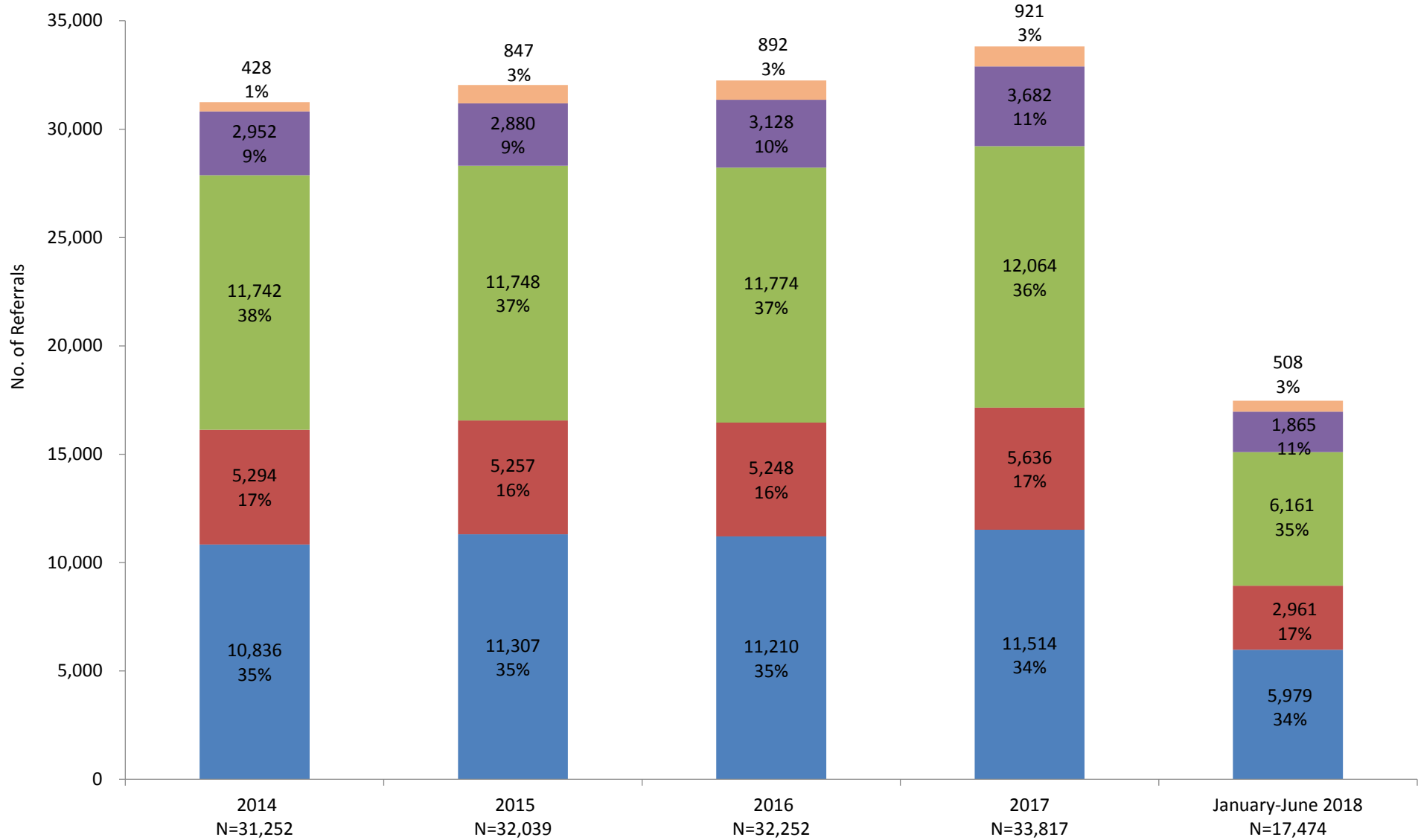
* Includes new and re-referrals.

Number of Children Receiving General Services Per Year, by Borough January 2014-June 2018

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

No. of Children

	2014 N=29,240	2015 N=29,812	2016 N=29,983	2017 N=29,817	January-June 2018 N=22,216
Staten Island	1,752 6%	1,800 6%	1,776 6%	1,677 6%	1,274 6%
Queens	7,880 27%	8,128 27%	8,282 28%	8,298 28%	6,180 28%
Manhattan	3,538 12%	3,456 12%	3,438 11%	3,293 11%	2,418 11%
Brooklyn	10,871 37%	11,051 37%	11,016 37%	11,086 37%	8,180 37%
Bronx	5,199 18%	5,377 18%	5,471 18%	5,463 18%	4,164 19%
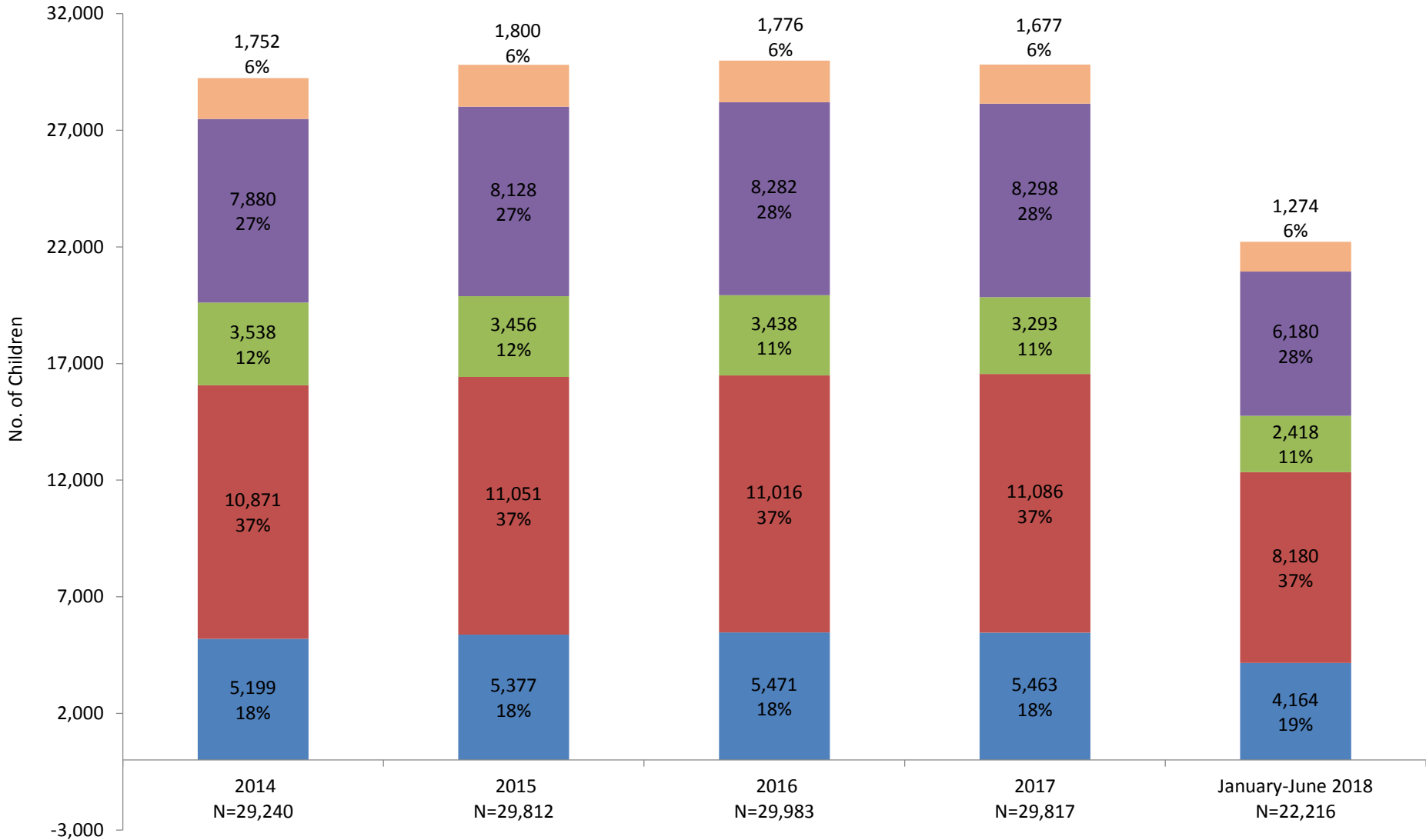
* General services include all those except for service coordination, evaluation, assistive technology and transportation.

Number of Children Receiving General Services Per Year, by Race and Ethnicity January 2014-June 2018
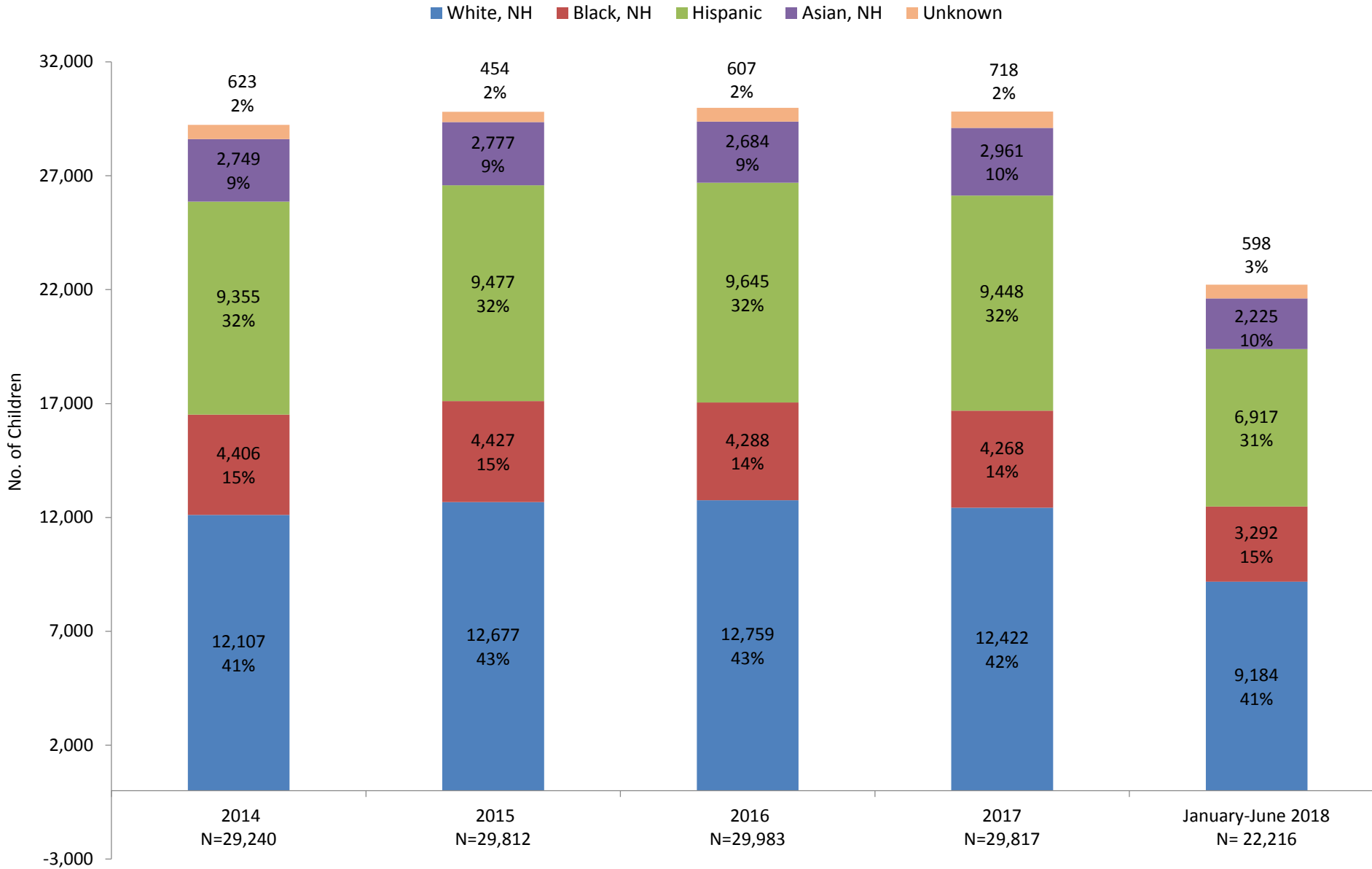
Legend: ■ White, NH ■ Black, NH ■ Hispanic ■ Asian, NH ■ Unknown

	2014 N=29,240	2015 N=29,812	2016 N=29,983	2017 N=29,817	January-June 2018 N= 22,216
Unknown	623 2%	454 2%	607 2%	718 2%	598 3%
Asian, NH	2,749 9%	2,777 9%	2,684 9%	2,961 10%	2,225 10%
Hispanic	9,355 32%	9,477 32%	9,645 32%	9,448 32%	6,917 31%
Black, NH	4,406 15%	4,427 15%	4,288 14%	4,268 14%	3,292 15%
White, NH	12,107 41%	12,677 43%	12,759 43%	12,422 42%	9,184 41%

Y-axis: No. of Children

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

Children Receiving Any Type of Service, by Borough:
Service Coordination, Evaluation and/or General Services
January 2014-June 2018

■ Bronx ■ Brooklyn ■ Manhattan ■ Queens ■ Staten Island

No. of Children

	2014 N=48,132	2015 N=49,102	2016 N=49,776	2017 N=51,234	January-June 2018 N= 37,044
Staten Island	2,665 / 6%	2,707 / 6%	2,696 / 5%	2,778 / 5%	2,045 / 6%
Queens	12,812 / 27%	13,326 / 27%	13,630 / 27%	14,060 / 27%	10,077 / 27%
Manhattan	6,143 / 13%	6,037 / 12%	6,057 / 12%	6,187 / 12%	4,394 / 12%
Brooklyn	16,629 / 35%	16,785 / 34%	17,002 / 34%	17,468 / 34%	12,694 / 34%
Bronx	9,883 / 21%	10,247 / 21%	10,391 / 21%	10,741 / 21%	7,834 / 21%
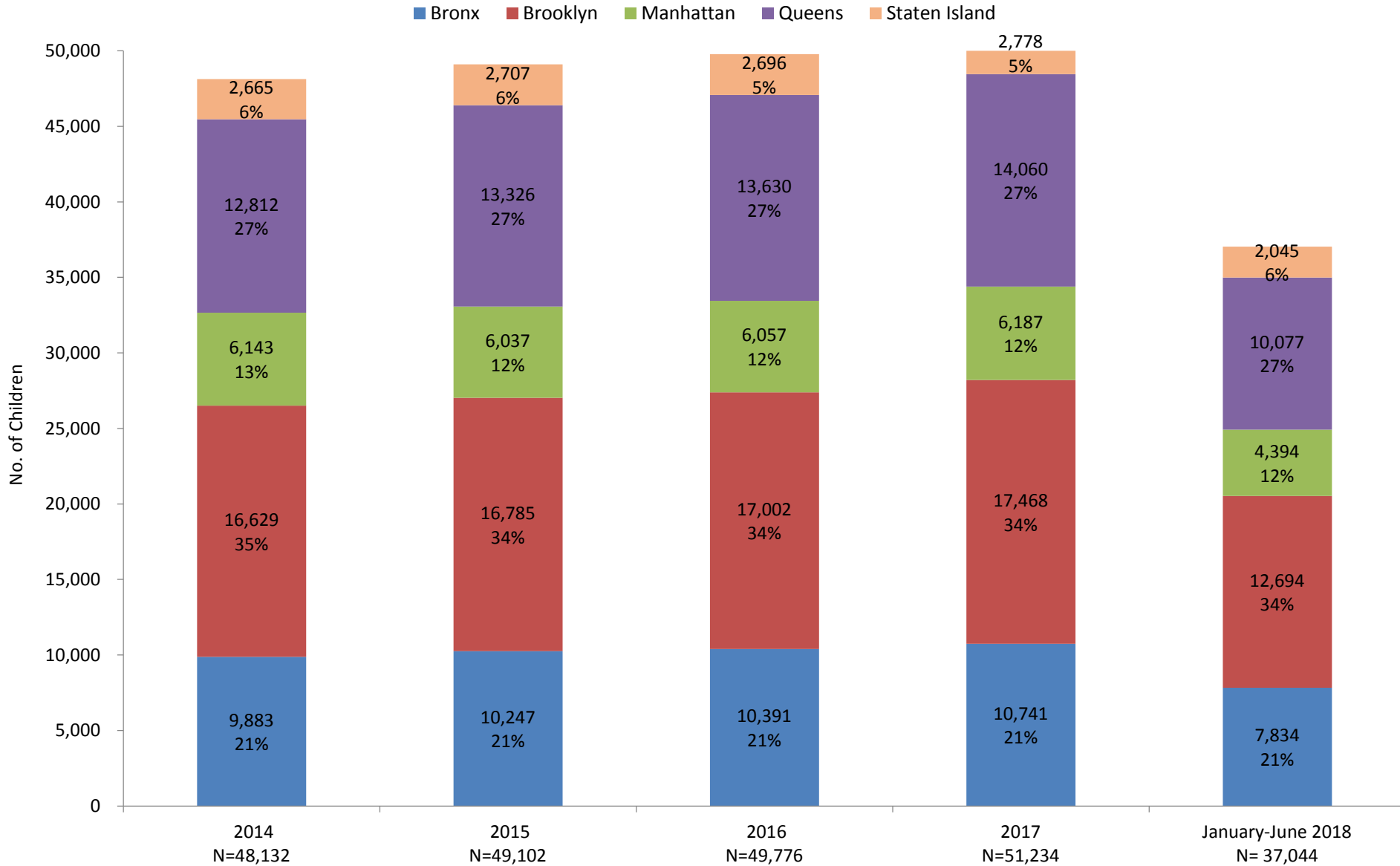
Children Receiving Any Type of Service, by Race and Ethnicity: Service Coordination, Evaluation and/or General Services January 2014-June 2018

Legend: White, NH ■ | Black, NH ■ | Hispanic ■ | Asian, NH ■ | Unknown ■

Category	2014 N=48,132	2015 N=49,102	2016 N=49,776	2017 N=51,234	January-June 2018 N= 37,044
Unknown	886 / 2%	909 / 2%	1,128 / 2%	1,239 / 2%	1,001 / 3%
Asian, NH	4,434 / 9%	4,539 / 9%	4,603 / 9%	5,241 / 10%	3,717 / 10%
Hispanic	16,990 / 35%	17,135 / 35%	17,329 / 35%	17,597 / 34%	12,484 / 34%
Black, NH	8,060 / 17%	8,095 / 16%	8,027 / 16%	8,185 / 16%	6,061 / 16%
White, NH	17,762 / 37%	18,424 / 38%	18,689 / 38%	18,972 / 37%	13,781 / 37%

No. of Children (y-axis: 0 to 50,000)
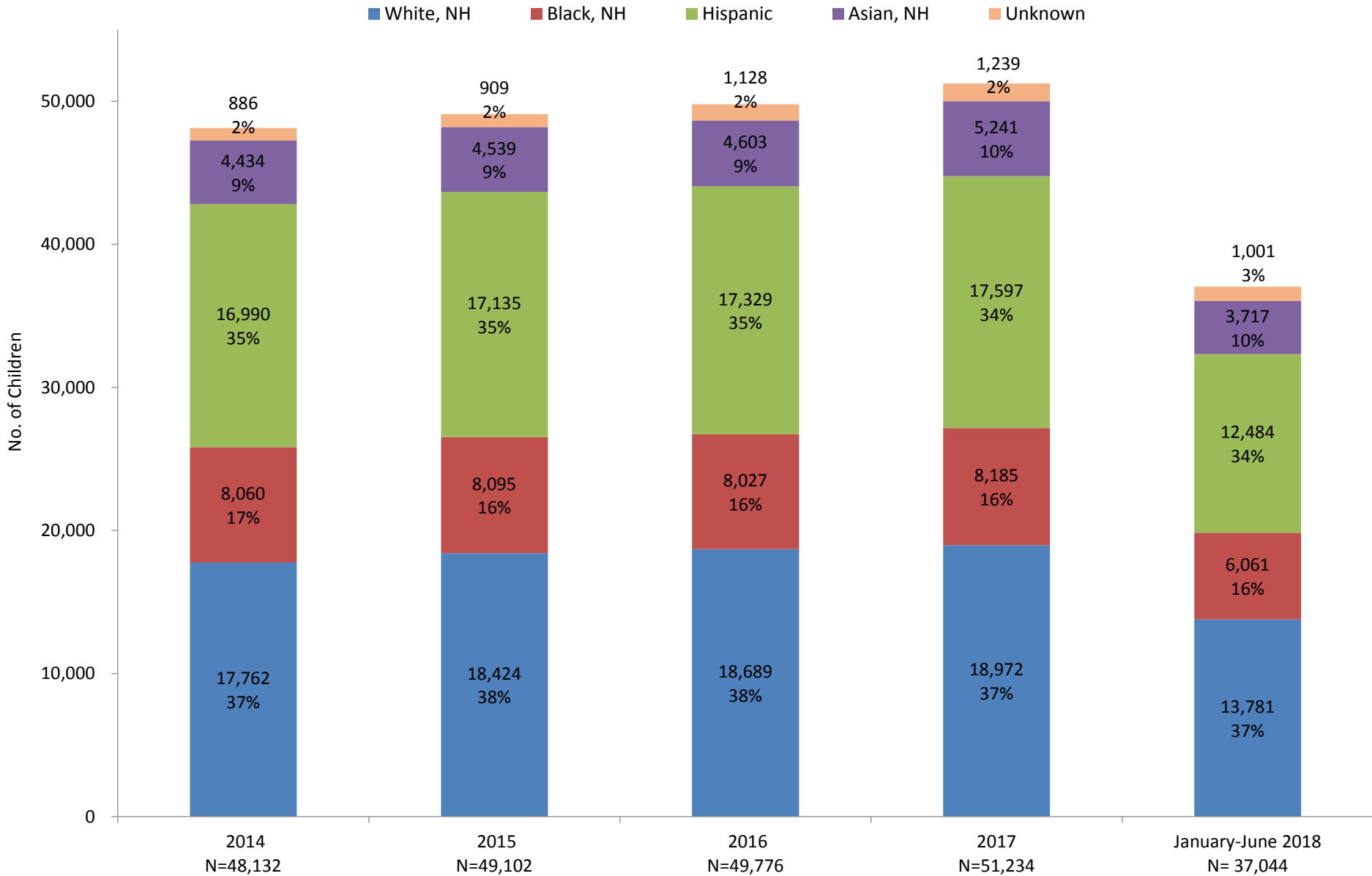
Progress of New Referrals Through the EIP by Race and Ethnicity, Citywide
January 2016-March 2018

Population Estimates by Race/Ethnicity by Year		
	2016–2018	
	0-3 Pop	% of Pop
White NH	94,976	28%
Black NH	68,912	20%
Hispanic	117,259	35%
Asian NH	43,674	13%
Unknown	14,888	4%

* Progress of new referrals is typically reported on 3-month lag to ensure all children have time to reach final resolution, therefore data is presented only through March.
* The number of children 0-3 years is drawn from US Census data. For 2017 and 2018 this chart uses population figures from 2016, which is the most recent data available.

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

Population Estimates by Race/Ethnicity by Year		
	2016–2018	
	0-3 Pop	% of Pop
White NH	94,976	28%
Black NH	68,912	20%
Hispanic	117,259	35%
Asian NH	43,674	13%
Unknown	14,888	4%

2016

Referred: 67 100%, 3,487 100%, 1,221 100%, 478 100%
Evaluated: 151 100%, 48 72%, 2,928 84%, 948 78%, 383 80%
Eligible: 122 81%, 25 37%, 82 54%, 1,789 51%, 764 63%, 221 46%
Received Services: 25 37%, 73 48%, 1,687 48%, 503 41%, 201 42%

2017

Referred: 38 100%, 3,670 100%, 1,290 100%, 511 100%
Evaluated: 135 100%, 31 82%, 3,041 83%, 969 75%, 398 78%
Eligible: 112 83%, 15 39%, 1,681 46%, 591 46%, 220 43%
Received Services: 73 54%, 14 37%, 62 46%, 1,542 42%, 548 42%, 209 41%

2018 (Jan-Mar)

Referred: 12 100%, 882 100%, 308 100%, 148 100%
Evaluated: 28 100%, 8 67%, 698 79%, 219 71%, 117 79%
Eligible: 23 82%, 5 42%, 367 42%, 118 38%, 59 40%
Received Services: 17 61%, 5 42%, 13 46%, 282 32%, 98 32%, 45 30%

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

Population Estimates by Race/Ethnicity by Year		
	2016–2018	
	0-3 Pop	% of Pop
White NH	94,976	28%
Black NH	68,912	20%
Hispanic	117,259	35%
Asian NH	43,674	13%
Unknown	14,888	4%

* Progress of new referrals is typically reported on 3-month lag to ensure all children have time to reach final resolution, therefore data is presented only through March.
* The number of children 0-3 years is drawn from US Census data. For 2017 and 2018 this chart uses population figures from 2016, which is the most recent data available.

Progress of New Referrals Through the EIP by Race and Ethnicity, Manhattan January 2016-March 2018
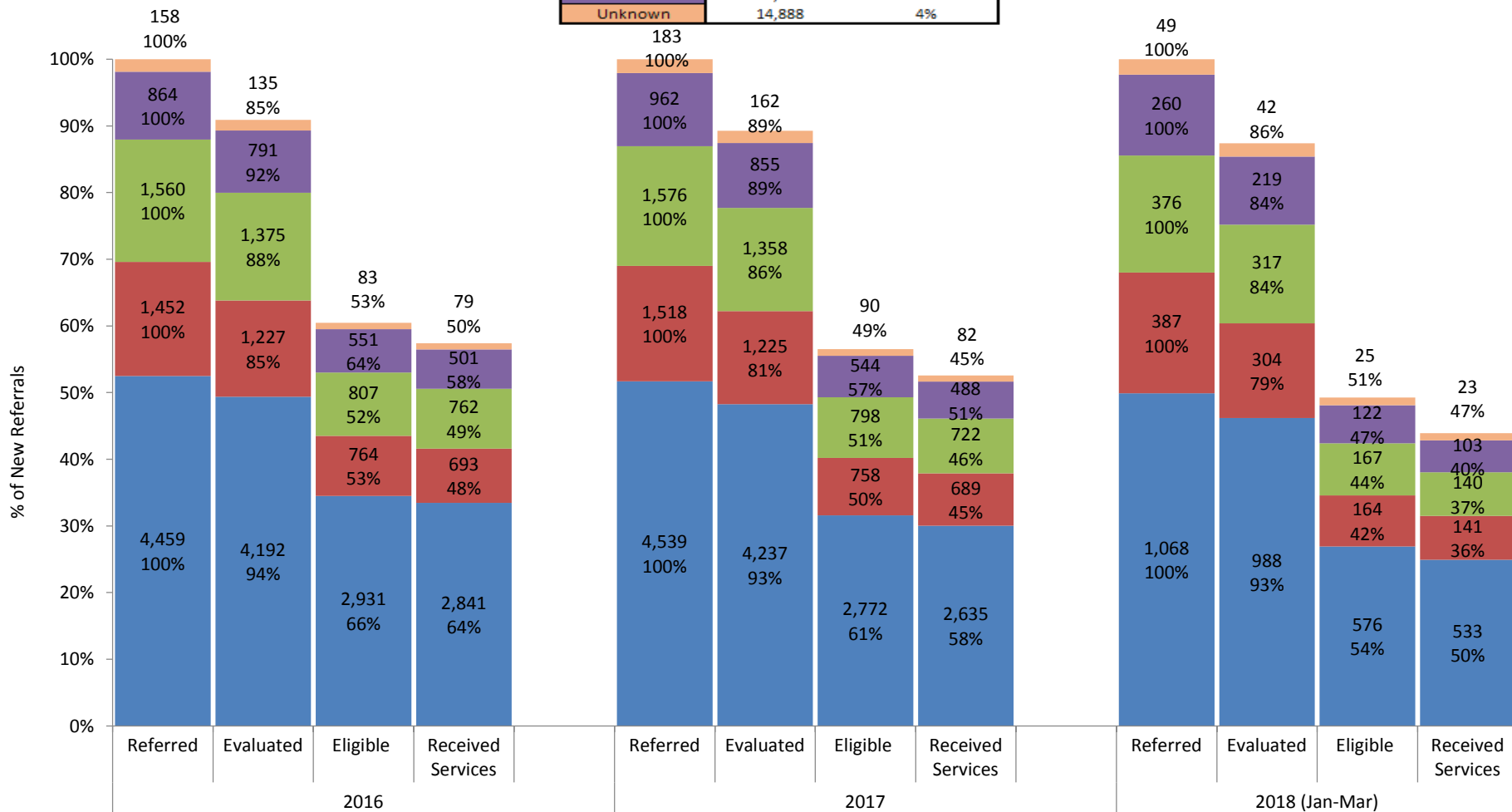
Population Estimates by Race/Ethnicity by Year		
	2016–2018	
	0-3 Pop	% of Pop
White NH	94,976	28%
Black NH	68,912	20%
Hispanic	117,259	35%
Asian NH	43,674	13%
Unknown	14,888	4%

2016

Referred: 87 100%; Unknown 100%; Asian NH 289 100%; Hispanic 1,226 100%; Black NH 411 100%; White NH 1,210 100%

Evaluated: 79 91%; Asian NH 256 89%; Hispanic 1,035 84%; Black NH 324 79%; White NH 1,080 89%

Eligible: 44 51%; Asian NH 137 47%; Hispanic 627 51%; Black NH 175 43%; White NH 620 51%

Received Services: 38 44%; Asian NH 132 46%; Hispanic 578 47%; Black NH 172 42%; White NH 603 50%

2017

Referred: 78 100%; Asian NH 324 100%; Hispanic 1,204 100%; Black NH 372 100%; White NH 1,292 100%

Evaluated: 70 90%; Asian NH 281 87%; Hispanic 992 82%; Black NH 289 78%; White NH 1,125 87%

Eligible: 41 53%; Asian NH 160 49%; Hispanic 556 46%; Black NH 151 41%; White NH 563 44%

Received Services: 40 51%; Asian NH 146 45%; Hispanic 508 42%; Black NH 133 36%; White NH 537 42%

2018 (Jan-Mar)

Referred: 33 100%; Asian NH 53 100%; Hispanic 302 100%; Black NH 116 100%; White NH 319 100%

Evaluated: 29 88%; Asian NH 43 81%; Hispanic 246 81%; Black NH 82 71%; White NH 284 89%

Eligible: 16 48%...; Asian NH 21 40%; Hispanic 119 39%; Black NH 44 38%; White NH 131 41%

Received Services: 15 45%; Asian NH 20 38%; Hispanic 92 30%; Black NH 38 33%; White NH 119 37%

Y-axis: % of New Referrals

* Progress of new referrals is typically reported on 3-month lag to ensure all children have time to reach final resolution, therefore data is presented only through March.
* The number of children 0-3 years is drawn from US Census data. For 2017 and 2018 this chart uses population figures from 2016, which is the most recent data available.

Progress of New Referrals Through the EIP by Race and Ethnicity, Queens January 2016-March 2018
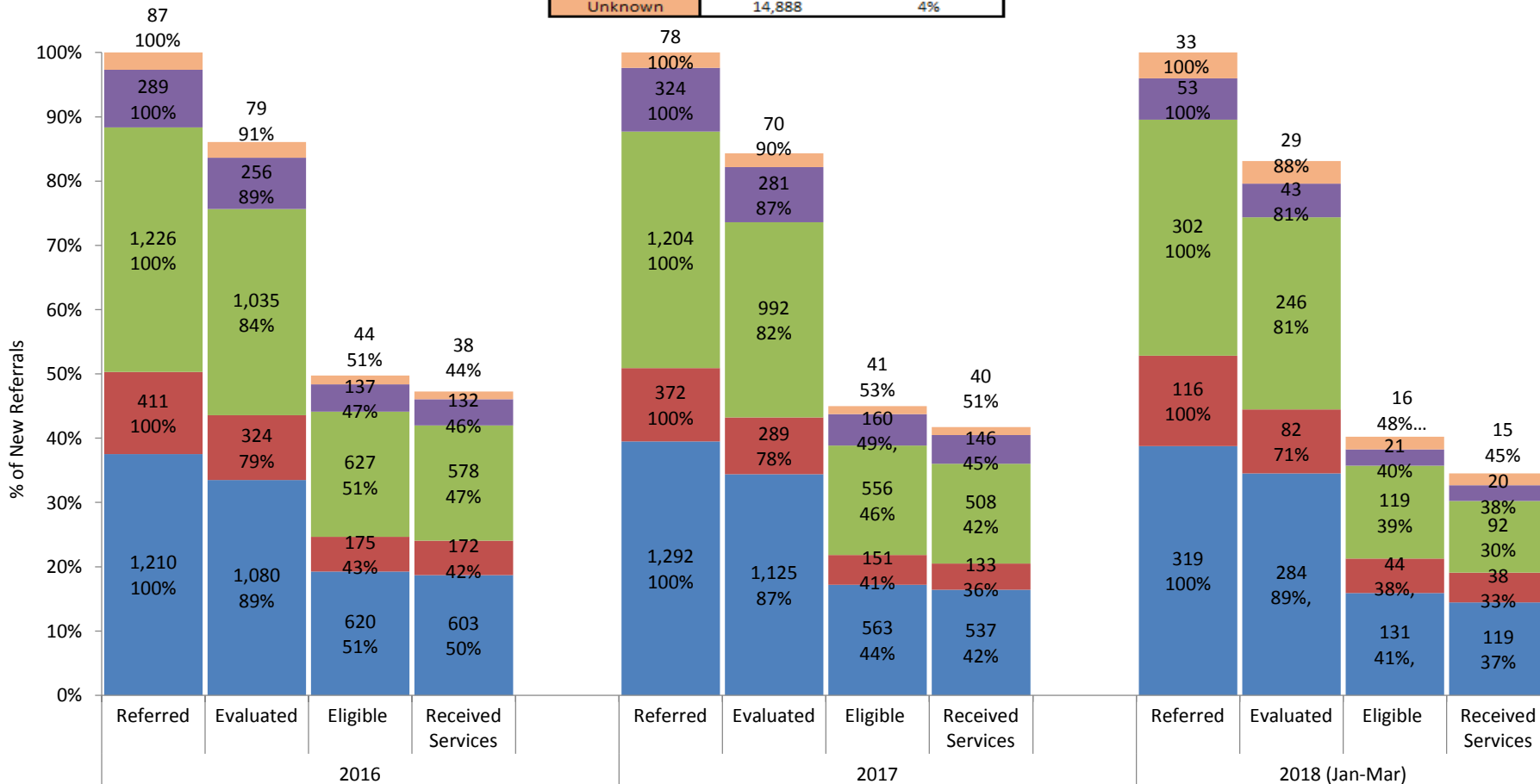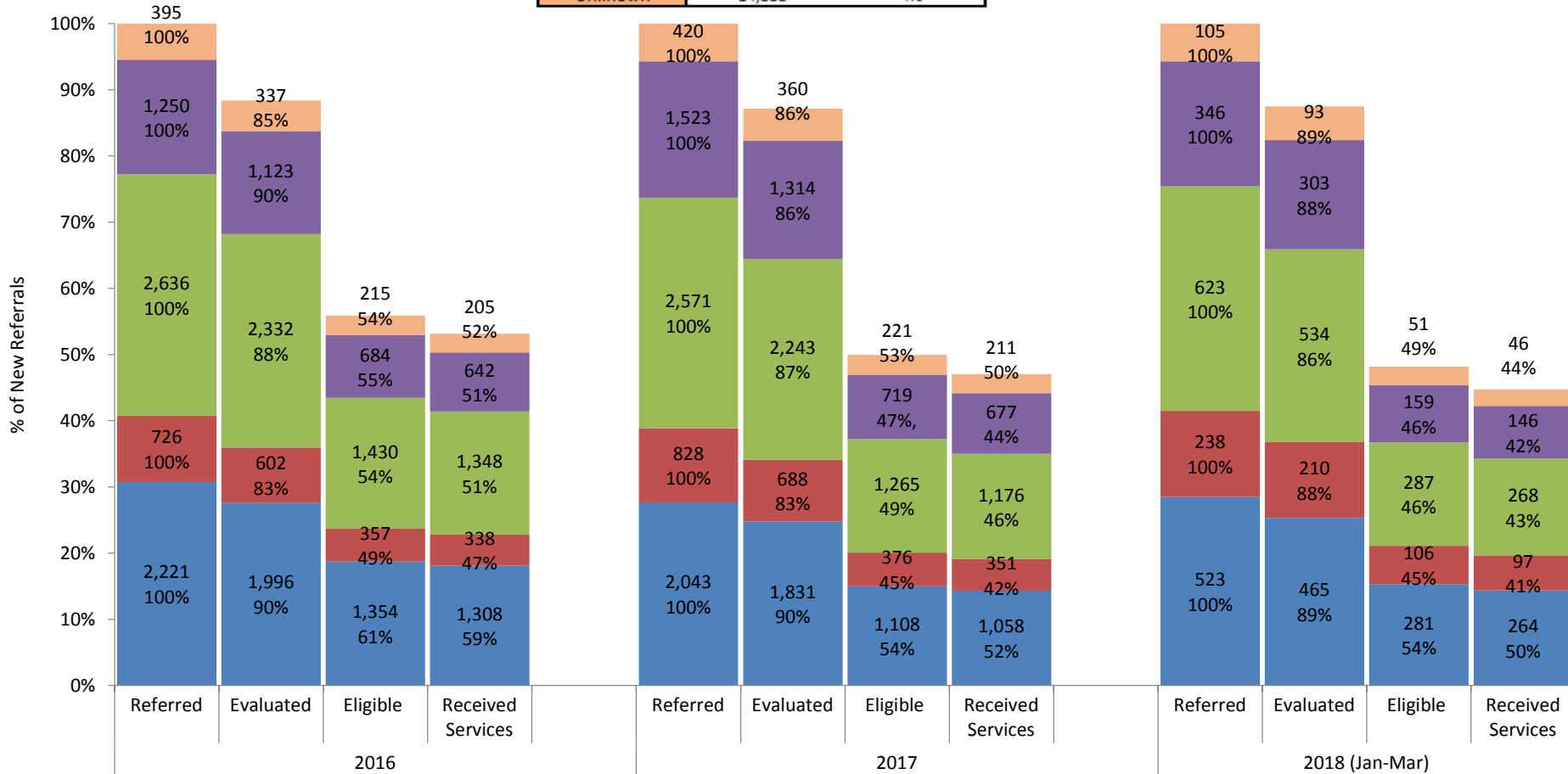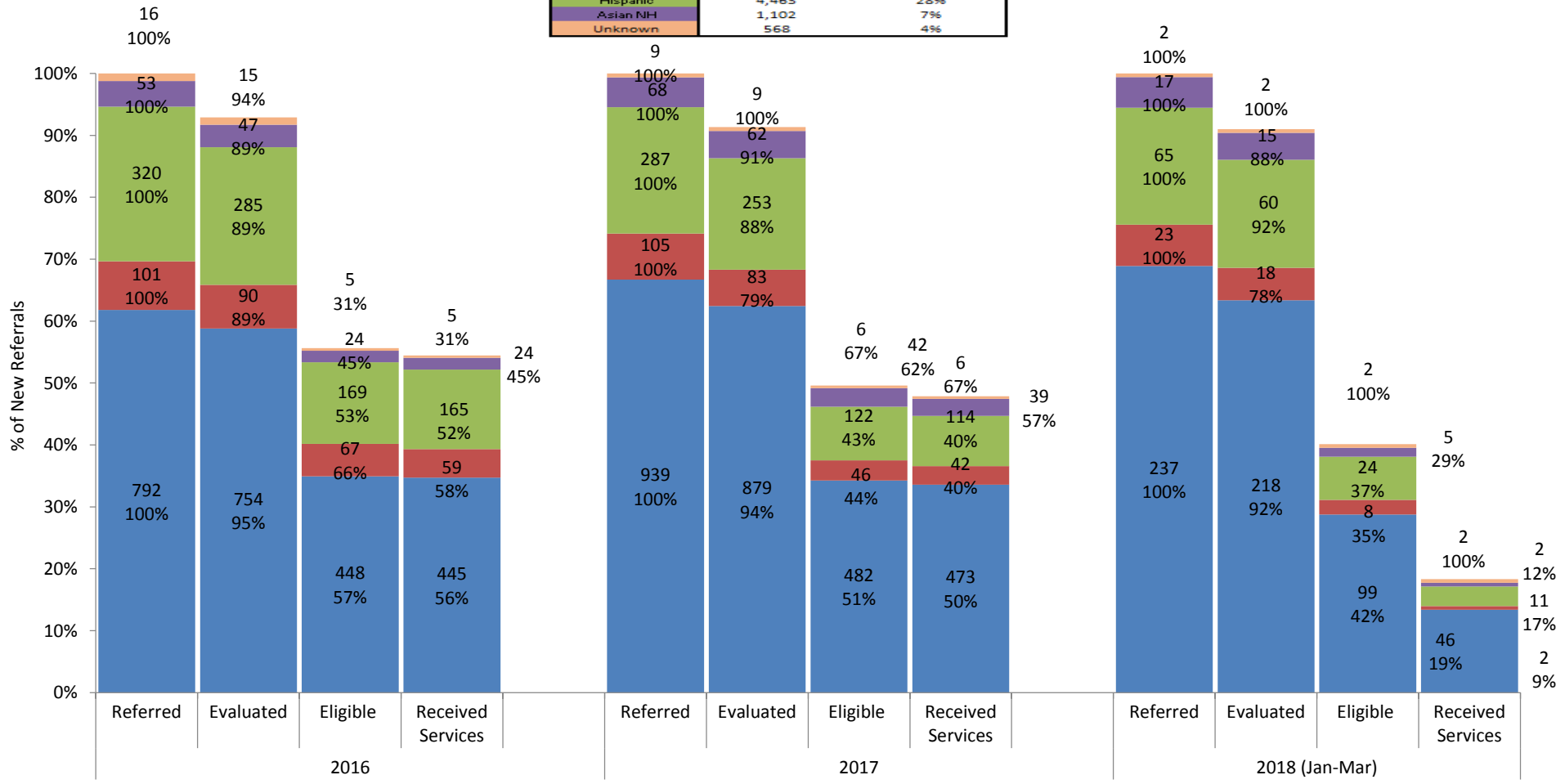
Population Estimates by Race/Ethnicity by Year		
	2016–2018	
	0-3 Pop	% of Pop
White NH	94,976	28%
Black NH	68,912	20%
Hispanic	117,259	35%
Asian NH	43,674	13%
Unknown	14,888	4%

2016

	Referred	Evaluated	Eligible	Received Services
Unknown	395 / 100%	337 / 85%	215 / 54%	205 / 52%
Asian NH	1,250 / 100%	1,123 / 90%	684 / 55%	642 / 51%
Hispanic	2,636 / 100%	2,332 / 88%	1,430 / 54%	1,348 / 51%
Black NH	726 / 100%	602 / 83%	357 / 49%	338 / 47%
White NH	2,221 / 100%	1,996 / 90%	1,354 / 61%	1,308 / 59%

2017

	Referred	Evaluated	Eligible	Received Services
Unknown	420 / 100%	360 / 86%	221 / 53%	211 / 50%
Asian NH	1,523 / 100%	1,314 / 86%	719 / 47%	677 / 44%
Hispanic	2,571 / 100%	2,243 / 87%	1,265 / 49%	1,176 / 46%
Black NH	828 / 100%	688 / 83%	376 / 45%	351 / 42%
White NH	2,043 / 100%	1,831 / 90%	1,108 / 54%	1,058 / 52%

2018 (Jan-Mar)

	Referred	Evaluated	Eligible	Received Services
Unknown	105 / 100%	93 / 89%	51 / 49%	46 / 44%
Asian NH	346 / 100%	303 / 88%	159 / 46%	146 / 42%
Hispanic	623 / 100%	534 / 86%	287 / 46%	268 / 43%
Black NH	238 / 100%	210 / 88%	106 / 45%	97 / 41%
White NH	523 / 100%	465 / 89%	281 / 54%	264 / 50%

* Progress of new referrals is typically reported on 3-month lag to ensure all children have time to reach final resolution, therefore data is presented only through March.

* The number of children 0-3 years is drawn from US Census data. For 2017 and 2018 this chart uses population figures from 2016, which is the most recent data available.

Progress of New Referrals Through the EIP by Race and Ethnicity, Staten Island, 2016-March 2018

Population Estimates by Race/Ethnicity by Year		
	2016-2018	
	0-3 Pop	% of Pop
White NH	7,976	50%
Black NH	1,840	12%
Hispanic	4,463	28%
Asian NH	1,102	7%
Unknown	568	4%

% of New Referrals

2016

Referred: 16 100%; 53 100%; 320 100%; 101 100%; 792 100%
Evaluated: 15 94%; 47 89%; 285 89%; 90 89%; 754 95%
Eligible: 5 31%; 24 45%; 169 53%; 67 66%; 448 57%
Received Services: 5 31%; 24 45%; 165 52%; 59 58%; 445 56%

2017

Referred: 9 100%; 68 100%; 287 100%; 105 100%; 939 100%
Evaluated: 9 100%; 62 91%; 253 88%; 83 79%; 879 94%
Eligible: 6 67%; 42 62%; 122 43%; 46 44%; 482 51%
Received Services: 6 67%; 39 57%; 114 40%; 42 40%; 473 50%

2018 (Jan-Mar)

Referred: 2 100%; 17 100%; 65 100%; 23 100%; 237 100%
Evaluated: 2 100%; 15 88%; 60 92%; 18 78%; 218 92%
Eligible: 2 100%; 2 100%; 24 37%; 8 35%; 99 42%
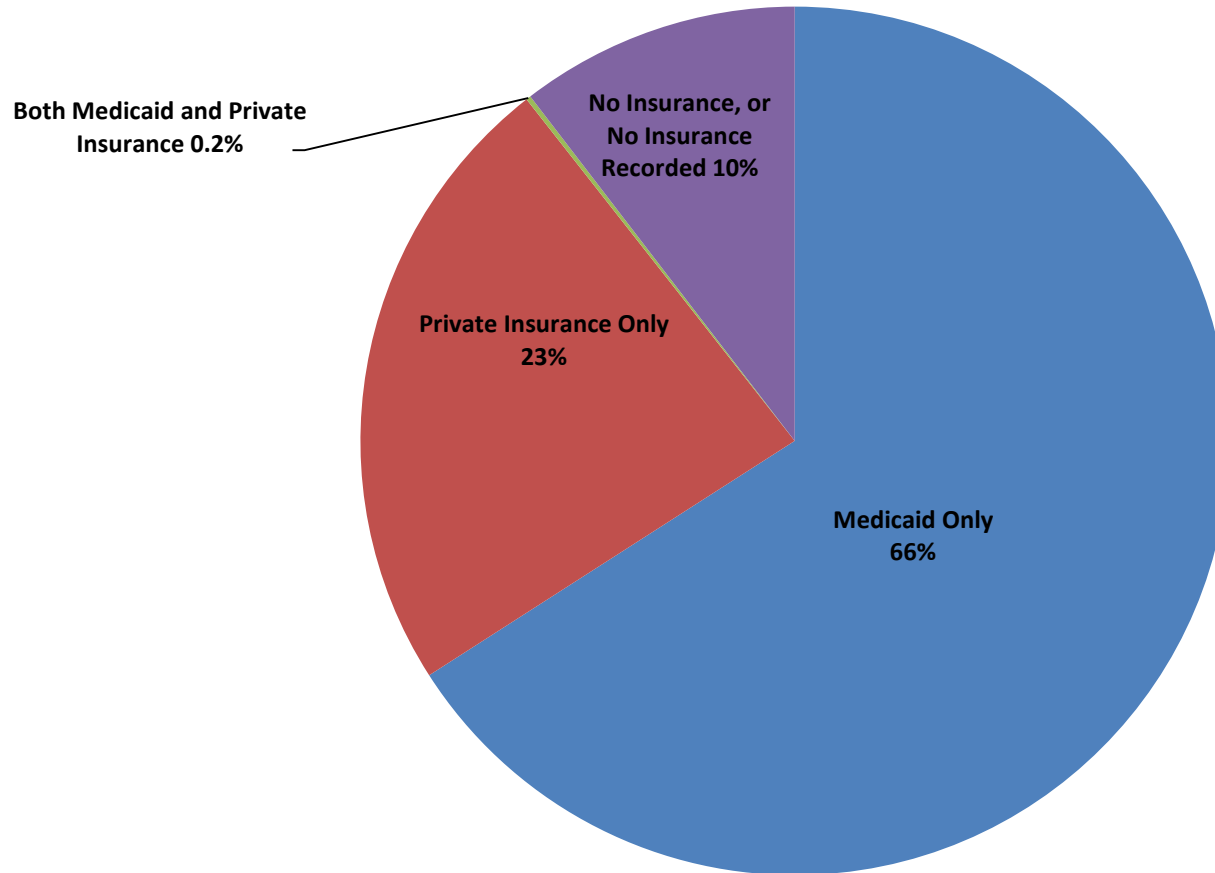Received Services: 2 12%; 2 9%; 11 17%; 46 19%; 5 29%

* Progress of new referrals is typically reported on 3-month lag to ensure all children have time to reach final resolution, therefore data is presented only through March.

* The number of children 0-3 years is drawn from US Census data. For 2017 and 2018 this chart uses population figures from 2016, which is the most recent data available.

Insurance Status of Children Receiving General Services
January - June 2018
N = 22,216

Both Medicaid and Private Insurance 0.2%

No Insurance, or No Insurance Recorded 10%

Private Insurance Only 23%

Medicaid Only 66%

* 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 is categorized as "both".

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