

NEW YORK CITY EARLY INTERVENTION COORDINATING COUNCIL (LEICC)		
10.1.2021	10:00 AM	WebEx
LEICC Member	Lidiya Lednyak, MA, PMP, Assistant Commissioner, Bureau of	f Early Intervention, NYC DOHMH
Attendees	Elizabeth Leone, Chair of LEICC	
	Cara Chambers, MS	
	Jessica Wallenstein, Ph.D.	
	Mary McCord, MD, MPH	
	Patricia Gray, Ed.D., LCSW Rosanne E. Saltzman, LCSW	
	Simone C. Hawkins	
	Sonu Sanghoee, MS, CCC-SLP	
	Tricia DeVito, MS, Ed., SDL	
	Yurij Pawluk	
Welcome,	Elizabeth Leone opened the meeting by reminding attendees th	at New York City's Local Law No. 103 of
Introductions, and	2013 and the New York State Open Meetings Law require "ope	n" meetings to be both webcast and
<b>Minutes Approval</b>	archived; therefore, today's meeting was being recorded.	-
	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 <a href="membeddedCoaching@health.nyc.gov"><u>EmbeddedCoaching@health.nyc.gov</u></a> .	
	Elizabeth Leone stated that transcription will be available for the	his meeting, and that written meeting
	minutes will be made available.	
	LEICC members introduced themselves. Minutes from the June	meeting were approved.



# **SEICC Report and Bureau Updates**

## **SEICC Report**

**Lidiya Lednyak** provided a summary of the State Early Intervention Coordinating Council (SEICC) meeting held on 9/15/21.

## Early Intervention Program Regulations Updates:

- COVID-19 Guidance Clarification
  - o All current COVID-19 Guidance remains in place with teletherapy continuing to be an available service option
  - o Updated SDOH BEI guidance currently in the approval process
- Covered Lives Bill Update
  - o A5339/S5560 was passed by NYS Senate and Assembly in 2021
  - o Bill has not been delivered to Governor yet for signature
- Early Intervention Program Regulations Update
  - o Regulatory package in final phase of preparation prior to publication in the register

## 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 key competencies for the delivery of evidence-based evaluations and services in the NYS EI Program.
  - o Recommend to reduce 1,600-hour requirement by 1/3 to 1,000 hours in NYS regulations
- Began development of companion document in partnership with LEICCs and local Academic Partners to support implementation of competencies
- Telehealth surveys finalized and submitted to SDOH for state-wide dissemination
  - o Results will be used to draft telehealth guidance document



#### Rate Setting Methodology Task Force

Charge: To develop recommendations for the Department regarding the current rate methodology. The Task Force will base their recommendations on analysis of data regarding socioeconomic status, region, race/ethnicity, access to services, and impact on agencies and staff of the Early Intervention Program. The objective will be to ensure the rates are equitable, efficient, and cost effective.

## **Preliminary Topics for Consideration**

- Rates for service delivery methods to address capacity in underserved areas, including telehealth
- Analysis on how to ensure equity by reviewing data on poverty, regions, and race/ethnicity to determine the equity and access issues and how those impact the methodology
- Review of how the rates are devised to help inform discussion and research on whether rates should be adjusted and how (either methodology or rates themselves)
- Review of how rates impact workforce staff at all levels

## EI Program Data: Race and Ethnicity

- SDOH released data by race ethnicity regarding:
  - o Age at referral
  - o Percent of children evaluated
  - Percent of children found eligible
  - o Percent of children with an IFSP
  - Percent of children with services
  - o Timeliness of service initiation
  - o Timeliness of initial IFSP
- Report will be posted on SDOH website
- SDOH to engage local programs and agencies to identify and address barriers to equitable access to services



#### EI Hub Implementation:

## Key EI-Hub Implementation Dates

- EI-Hub Go-Live: expected Spring 2022
- NYEIS will move to read-only status two weeks prior to EI-Hub Go-Live
- NYEIS to be retired 2-3 months after being moved to read-only status.
- Upcoming events include:
  - o Internal and External Testing of Components
  - o External Feedback Sessions with Provider and Municipal Users
  - o Migration Testing
  - o Internal and External End-to-End Testing

## **Early Intervention Program Updates:**

#### Annual Federal (OSEP) Monitoring

- Each year, the Federal Office of Special Education Programs rates each state's EI Program.
- State and municipal scores are based on:
  - o Compliance with regulatory timelines (50%), and
  - o Ratings of child progress on the Child Outcomes Study (50%).
- Compliance regulatory timeline is measured via the Annual Performance Review (APR) process.
- SC providers are asked to confirm reasons for delays in IFSP, service, and transition in January-March of the year.

## APR Challenges:

- This year, both new and old providers had challenges.
- Responses also raised concerns about the frequency of late billing and of failure to collect SC notes.

## Improvements for next year:

- Identify agency APR contacts early
- Provide a webinar to explain how to complete the APR
- Require explanations in addition to delay reasons



- The Child Outcomes Study (COS) asks parents and therapists to rate children's development at EIP entry and exit.
  - o Exit forms are collected by SCs at every annual IFSP and at EIP exit

#### **COS Challenges:**

• Exit forms are not consistently completed

#### **Upcoming Improvements:**

• Ongoing follow up with SC, providers and EIODs to obtain exit forms

# EI Program Response to COVID-19:

- March 2020: NYS deemed the EIP an essential service during New York On Pause
- March 24, 2020: All EI services in NYC delivered by teletherapy exclusively
- June 22, 2020: NYC released the EIP's "Return to In-Person Services Action Plan During COVID-19"
- July 6, 2020: In-person home/community-based services, individual facility-based services, and evaluations could be provided
- September 22, 2020: NYC released the COVID-19 Case Reporting Requirements for Early Intervention Providers (N=320)
- October 21, 2020: Early Intervention group services resumed with multiple transportation options
- January 14, 2021: EI therapists and teachers eligible for COVID-19 vaccine
- June 23, 2021: NYS announces all Executive Orders related to COVID-19 end. SDOH indicates current EI COVID-19 guidance remains in effect.

## **Childcare Order: EI Impact:**

- NYC DOH recently adopted a childcare Order.
- Requires that every childcare program contracted with the Department of Education (DOE) exclude from the premises any staff person who has not provided proof of vaccination against COVID-19.
- "Staff person" includes a specialist providing support services, therapy, special education or other services at the covered childcare program to an individual child pursuant to a mandate for the child and who works in-person on the premises.
- Early Intervention therapists and teachers delivering Early Intervention services in DOE-contracted childcare programs will be required to show proof of vaccination against COVID-19.



	Regional Office Operations:	
	NYC BEI staff returning to work in person, five days a week	
	NYC BEI offices are not yet open to the public	
	IFSP meetings continue to be facilitated remotely	
	NYC BEI Regional Offices continue to operate and follow all COVID-19 guidance	
NYC BEI-ACS	<b>Dr. Jeanette Gong</b> spoke about the NYC BEI and ACS Foster Care focus groups. BEI and ACS are	
<b>Foster Care Focus</b>	holding focus groups to better understand and to address the drivers of delays in EI evaluations. NYC BEI	
Groups	and ACS plan to hold focus groups in FY2022 with ACS case workers, educational specialists and supervisors, foster parents, and parents of children in Foster Care. NYC BEI is in contract with a focus group consultant and has drafted screening guides and facilitator guides. The guides were reviewed by members of the LEICC, Advocates for Children, Brooklyn Defenders, and the Legal Aid Society. Currently we are waiting for feedback from ACS on the edits and comments.	
	All focus group participants will receive gift cards. Each session will be held remotely and be about 90 minutes long. The consultant is expected to recruit about 20 people for each group. This will include parents, foster parents and ACS workers that had children referred to the Early Intervention Program from January 2018 to February 2020 prior to the COVID-19 pandemic.	
	The focus group questions fall into the following categories:	
	<ul><li>Referral</li><li>Surrogacy</li><li>Retention</li></ul>	
	Other challenges in the EI process	
	Recommendations	
<b>Service Coordination</b>	<b>Dr. Jeanette Gong</b> spoke about the Service Coordination Professional Development Institute (SCPDI).	
Professional	The focus of the SCPDI is to support service coordinators' engagement and retention of EI families with a	
Development	focus on trauma-informed care, family-centered practices, implicit biases, and reflective practices. She	
Institute Update	spoke about the six SCPDI trainings. <b>Dr. Gong</b> stated that for the Fall series, the SCPDI will perform the	
institute Opuate	same six remote one-day trainings. These remote trainings will be offered during the weekdays	



	(e.g., Mondays to Thursdays) from October through December 2021. To enhance Regional Office participation, one regional director will participate at each SCPDI training.
Data Report and Provider Oversight	<b>Nora Puffett</b> 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 2021 monitoring activities.
COVID-19 Vaccine Update	Dr. Catherine Canary provided an update on COVID-19 vaccines. All New Yorkers over the age of 12 are eligible for the Pfizer vaccine. More than 11 million doses have been given to NYC residents. Sixtyone percent of all New Yorkers are fully vaccinated, and sixty-eight percent of all New Yorkers have received at least one dose.  Dr. Canary spoke about COVID-19 vaccines and natural immunity. Vaccination strengthens and extends immunity conferred by natural infection, and you're twice as likely to be reinfected if you're not vaccinated.  She also spoke about boosters and third doses. A booster dose is another dose of a vaccine given to someone with waning immunity. Third dose is an additional dose given to people who are immunocompromised and didn't build enough (or any) protection from their first dose/s.
Grant to Improve Referral and Bi- Directional Communications in Health Care	<ul> <li>Dr. Canary spoke about the EI referral process and project goals. New York City Health and Hospitals (H+H) obtained funding to address developmental screening in primary care. Part of this funding has gone to the development of an EI referral process through H+H's electronic health record (EHR): EPIC.</li> <li>Equity goals: <ul> <li>Increase EI referrals and retention among historically underserved groups</li> </ul> </li> <li>Project elements: <ul> <li>Develop automated referral mechanism in EHR (EPIC)</li> </ul> </li> <li>Obtain parental consent to share EI information with hospital</li> <li>Return information on progress in EI to facilitate follow-up</li> </ul>



	Approach:  • Expand pilot initiated with 3 H+H sites to all H+H sites and 3 additional healthcare systems  • Evaluate the initiative's effectiveness in facilitating referrals and improving retention (% evaluated)  • Document project processes to promote replication in other settings  Grant Details:  • 2 years of funding from the Robin Hood Foundation  • Partners  • Montefiore  • NYU Langone/Sunset Park  • One Brooklyn Health  • H+H – All Pediatric Primary Care Practices
	<b>Dr. Katharine McVeigh</b> presented data on this project, known as the Electronic Health Record-Based EI Referral (EHR-EI) project.
Community Outreach	<b>Shurla McLean</b> spoke about community engagement activities and outreach goals. The goal is to increase the number of EI referrals and the retention of families, particularly Black and Latinx, to pre-pandemic levels. There are 40 targeted zip codes within the 5 boroughs.
Telehealth Survey Results	<b>Mary-Elizabeth Vachon</b> presented data on the surveys that the Bureau of Early Intervention conducted to obtain feedback from families, interventionists, and agency administrators about their experience with teletherapy.
NYCDOE Early Childhood Updates	<ul> <li>Dr. Jessica Wallenstein from the NYC Department of Education (DOE) gave Early Childhood updates. She spoke about the Enhancement Contract for State-Approved Preschool Special Education Program Providers. The initiative is intended to bring 4410s and 4201s into the New York City Department of Education (NYCDOE) 3-K and Pre-K for All. The goals of the Enhancement contract are to: <ul> <li>stabilize the sector of State-approved nonpublic special education programs by enabling them to recruit and retain teachers</li> <li>to support programs to add needed special class seats, achieve equity for preschool students with disabilities, and enhance program quality</li> </ul> </li> </ul>



 to promote access to services in the Least Restrictive Environment (LRE) across early childhood settings

**Dr. Wallenstein** stated that all operating 4410 and 4201 providers are eligible to respond to the solicitation. The contract will layer on top of the base contract, providing additional funding, and it will have no impact on base contracts. To apply for the enhancement contract, providers must respond to the solicitation that DOE plans to release this fall. All programs are encouraged to apply. All programs meeting a minimum threshold will be eligible.

#### Becoming part of the DOE 3-K and Pre-K for All Program:

- Programs will be held to the same quality expectations and will receive the same support as the rest of the DOE DECE early childhood portfolio.
- Quality supports and expectations will take into account existing State requirements and monitoring processes, operating in collaboration and alignment with NYSED.
- Programs will use the Early Childhood Framework for Quality (EFQ) as shared vision for high-quality care and early education in all programs.
- Programs must meet all Birth-to-Five Policy Handbook requirements, with reasonable modifications as necessary to meet the needs of children with disabilities.

# **Program Requirements:**

- Provide a minimum of 6 hours and 20 minutes of programming daily, including meals, snack, and nap. Meals, nap, and snack are not required to be instructional.
- Participate in the Child and Adult Care Food Program (CACFP) or seek a waiver.
- Use a DECE-provided curriculum or submit a waiver request to use an alternative.
- Collect and analyze data using an authentic assessment tool to understand and meet the needs of all children.
- Provide developmental screening for general education students in SCIS classes.
- Report attendance monthly using DOE systems.



	Solicitation Timeline and Process:
	Solicitation Released: Fall 2021
	Open for Responses: Fall 2021
	Award Notices: Winter 2021
	Contracts begin: July 1, 2022
<b>LEICC Committees</b>	No updates.
Update	
<b>Public Comments</b>	No public comments.
	The meeting was adjourned at 12:00 PM.