

NEW YORK CITY EARLY INTERVENTION COORDINATING COUNCIL (LEICC)		
10.16.20	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>Mary McCord, MD, MPH</p> <p>Patricia Gray, Ed.D., LCSW</p> <p>Rosanne E. Saltzman, LCSW</p> <p>Simone C. Hawkins</p> <p>Sonu Sanghoo, MS, CCC-SLP</p> <p>Sundari Periasamy, MD</p> <p>Tricia DeVito, MS, Ed., SDL</p> <p>Yurij Pawluk</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 EIConsumerAffairs@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 we have a new member, Dr. Patricia Gray. She introduced Dr. Gray.</p> <p>Lidiya Lednyak introduced Elizabeth Leone as the new chair of the LEICC.</p> <p>LEICC members introduced themselves. Minutes from the June 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 9/24/2020.</p> <p><u>Administrative Updates:</u> SDOH provided a synopsis of the SDOH COVID-19 and Teletherapy Guidance that has been released, including:</p> <ul style="list-style-type: none"> • Allowance for teletherapy services and evaluations during COVID-19 in effect • Consent form required for teletherapy • Group services cannot be provided by teletherapy • The June 30, 2020 transition accommodation was approved. SDOH allowed for children who were due to age out on 6/30/2020 to remain in Early Intervention until 8/31/2020. <p><u>Teletherapy Going Forward:</u></p> <ul style="list-style-type: none"> • No rate set for teletherapy after COVID-19, until SDOH issues guidance. • EICC Workforce Capacity Committee charged with evaluation and planning, as detailed below. <p><u>Transportation Guidance:</u></p> <ul style="list-style-type: none"> • Reimbursement is changing from an administrative cost model to a fee-for-service model, with a fee per one-way trip. • CMS requested this change, and it was addressed by Medicaid SPA 18-39. <p><u>Transportation Guidance – Changes to the Transportation Process:</u></p> <ul style="list-style-type: none"> • Effective November 1, 2020, counties may use Medicaid Transportation Managers (MTM) for transportation of children who are Medicaid eligible. • Service Coordinators and Service Providers will contact the MTM to coordinate transportation. • Claiming will be done outside of the EI system. <p><u>Provider Workforce Capacity Task Force Updates:</u></p> <ul style="list-style-type: none"> • Since the June 10, 2020 SEICC meeting, the SEICC revised the charge of the Task Force to add a telehealth subgroup.
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- The subgroup will develop questions for surveys and focus groups with parents and EI providers to assess readiness for tele-evaluations and tele-services, including technology access.
- Subcommittee members proposed Foundational Core Competencies for the Delivery of Evidence-based Evaluations and Services in the NYS Early Intervention Program.
 - Typical and atypical childhood development and behavior (birth to three)
 - Multi-cultural and diversity factors
 - Understanding family-child dyad as it relates to routine-based interventions
 - Evidence-based family-centered best practice
 - Reflective practice and supervision
 - Field work placements
- Telehealth survey questions to be developed
 - Subcommittee members submitted municipal surveys for integration into a State-wide survey

EI Hub Implementation:

Since March 2020, the State has:

- Conducted virtual focus groups
- Developed functional & technical specifications
- Developed a plan for migrating data from NYEIS to EI Hub
- Clarified that documents and attachments will not be migrated
- Begun demonstrations of the system

Upcoming:

- Complete next readiness assessment survey
- User Acceptance Testing (UAT)
- Training and resources

EI Hub Implementation Dates:

- Launch of EI Hub Learning Management System: Spring 2021
- Initiation of cut-over process from NYEIS to EI Hub: Two weeks prior to go-live date
- EI Hub Go-Live: May 2021
- NYEIS will remain available in a read-only state until 9/1/2021

- Decommissioning of NYEIS: September 1, 2021

Update on Telehealth Evaluation:

- NYC BEI has developed three surveys to collect information on experience with teletherapy from families, therapists, and agency administrators.
- Surveys will provide insight into families’ and therapists’ experience of teletherapy, and training and resource needs.
- LEICC reviewed and provided feedback.
- Preparing release of surveys on Survey Monkey. Links will be distributed via our texting program and will be emailed to EI agencies, to complete themselves and to share with therapists.

COVID-19 Program Modifications:

Early Intervention Program Response to COVID-19:

Timeline

- NYS deemed the EIP 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”
- Plan is based on the NY Forward phases being used by NYS to re-open businesses <https://forward.ny.gov/>
- 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, local health metrics, and updated guidance.

Resumption of In-Person Service Delivery After COVID-19 Restrictions Are Relaxed

- Phase 1: (June 8, 2020)
 - Teletherapy only
- Phase 2: (June 22, 2020)
 - Limited assistive technology visits
- Phase 3: (July 6, 2020)
 - Home/community-based services, individual facility-based services, evaluations

- Phase 4: (July 20, 2020)
 - SDOH indicated that EI groups could restart 30 days after the first day of school
 - First day of school in NYC: September 21, 2020 → First day of EI groups: October 21, 2020
 - School bus transportation available as of the first day of school
- All EI providers must have a plan that complies with NYC & NYS Guidance
- EI-Specific Precautions
 - Face Coverings
 - 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

Resumption of In-Person Group Services:

- Early Intervention Group Services will resume on October 21, 2020
- To facilitate re-introduction of group services, NYC BEI released “Resuming Group Services and Ensuring Flexibility During COVID-19”
- Guidance provides:
 - Timelines to ensure smooth reintroduction of group services
 - The steps that Service Coordinators must take to resume group services
 - Transportation options available
 - Introduction of group services to families who were not receiving them prior to 3/27/2020
 - Protocol if a group needs to be put on hold for a 14-day period due to confirmed case(s) of COVID-19

COVID-19 Case Reporting:

	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ○ 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 <p>COVID-19 Cluster Action Initiative:</p> <ul style="list-style-type: none"> • The Cluster Action Initiative outlines three zones (Red, Orange, and Yellow) with restrictions within each one to reduce increasing COVID-19 infection rates. <ul style="list-style-type: none"> ○ This initiative mandates that in-person activities within the zone be reduced to the level of <i>New York on Pause</i>. For EI, this means that in-person services must go back to teletherapy for a minimum of 14 days. <ul style="list-style-type: none"> • Source: https://esd.ny.gov/ny-cluster-action-initiative-guidance • When <i>New York on Pause</i> was announced in March 2020, all EI services switched to teletherapy only. In-person EI services resumed in Phase Three of the NYS Reopening Plan. ○ As of October 9, 2020, EI evaluations and services in Red Zones may only be provided by teletherapy. ○ Early Intervention group locations in the identified Red Zones must delay reopening until COVID-19 infection rates are under control.
<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.</p>
<p>Improving Referrals and Bidirectional Communication with H+H</p>	<p>Dr. Mary McCord from Health and Hospitals (H+H) spoke about the H+H EI Referral Process.</p> <p>Background:</p> <ul style="list-style-type: none"> • H+H obtained funding to address developmental screening in primary care <p>EI referral is then sometimes indicated</p> <ul style="list-style-type: none"> • Part of funding has gone to the development of an EI Referral process through EPIC, H+H’s electronic health record (EHR)

	<ul style="list-style-type: none"> • EPIC referral process is beginning as a pilot at 3 sites: Queens, Gouverneur and Bellevue <p>The project goals are to facilitate EI referrals by building the referral mechanism into EPIC, and also capturing parent consent for the EI Program to share information about their child’s progress. This allows for bidirectional information sharing at the practice level between Early Intervention and participating sites. This also allows primary care providers to track EI referral uptake and follow up with families to prevent missed opportunities for EI program participation. Dr. McCord explained the steps in the H+H EI referral process.</p> <p>Next Steps:</p> <ul style="list-style-type: none"> • Initial roll-out began 9/30/2020 • Debrief session with H+H partners and BEI on 11/20/2020 • Begin information exchange process: <ul style="list-style-type: none"> • H+H to submit to BEI names of referred children with parental consent to share info • BEI to supply information on status of referral and evaluation process • H+H primary care providers to follow up with referred families as needed
<p>COVID-19 Testing Recommendations</p>	<p>Dr. Catherine Canary spoke about COVID-19 diagnostic testing. She explained that it is aimed at testing individuals with symptoms, or individuals with a known exposure to someone with COVID-19 in the previous 14 days. There’s a push to test individuals living or working in hot zones who have not had a positive test within the last 90 days. She described the different types of tests that can be done. All tests are antigen-based. The preferred test is the NAAT/PCR.</p> <p>Dr. Canary also spoke about screening testing, which is for individuals who do not have symptoms or who do not have a known exposure. The purpose of this type of testing is that measures can be taken to prevent transmission from asymptomatic or pre-symptomatic individuals. Screening testing should be offered to individuals without symptoms who have an increased risk for occupational exposure, individuals who live or work in a congregate residential setting, or individuals who have other risk factors for exposure. Monthly testing is recommended for those with increased risk for occupational exposure.</p>

<p>Equity and Retention Focus Group Findings</p>	<p>Dr. Jeanette Gong spoke about Equity and Retention Focus Group findings. She spoke about the composition and recruitment of the focus groups, which included two focus groups of Black parents (one group with experience in EI and one without it) in Bedford Stuyvesant, and two more in Harlem. There were also two Service Coordination groups (one SC and one SC Supervisor) in mid-town Manhattan. Dr. Gong explained the barriers to Early Intervention reported by focus group participants. She also spoke about the feedback from the SC focus groups.</p> <p>Dr. Gong spoke about the NYC BEI and Hunter College Service Coordination Professional Development Institute (SCPDI). The focus of the SCPDI is to support service coordinators’ engagement and retention of EI families, with a focus on implicit bias and cultural competency.</p> <p>SCPDI Next Steps:</p> <ul style="list-style-type: none"> • The LEICC Service Coordination Committee and the NYC BEI Race to Justice group to review the trainings • Determine how the trainings will be performed depending on the status of COVID-19 pandemic • The provider community will be notified when the trainings are available. <p><u>Discussion:</u></p> <p>Dr. McCord suggested having a training for pediatric providers. Lidiya Lednyak responded that it would be a good idea.</p>
<p>NYCDOE Early Intervention Transition Initiative</p>	<p>Caitlyn Moore from the NYC Department of Education (DOE) spoke about EI Transition. She presented on citywide information dissemination. The second edition of the <i>DOE Guide to the EI to Preschool Transition</i> was updated with information on assistive technology, due process rights, health services and FACE Center: INCLUDEnyc. The second edition of the guide has been posted to DOE website’s family page and public info hub using the links below. The guide is translated in all DOE languages: https://www.schools.nyc.gov/learning/special-education/preschool-to-age-21/moving-to-preschool https://infohub.nyced.org/in-our-schools/translations/special-education</p> <p>Based on the second edition of the guide, a pre-recorded webinar was posted on the DOE website using the link below: https://www.schools.nyc.gov/learning/special-education/preschool-to-age-21/moving-to-preschool</p>

	<p>Ms. Moore gave an update on the EI Transition Coordinator Project. As of July 2020, the EI Transition Coordinator team transitioned from focusing on working with Bronx families to support families citywide. Families and EI Service Coordinators can contact a Transition Coordinator directly with general questions by emailing: EItoPreschool@schools.nyc.gov or calling the helpline at 646-389-7171.</p> <p>Ms. Moore also 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>Ms. Moore gave an update on other DOE Early Childhood issues. She spoke about preschool program reopening and zoned school closures.</p> <p>Averi Becque from the DOE spoke about the Learning Bridges program. This program provides free childcare options for children from 3-K through 8th grade on days when they are scheduled for remote learning.</p> <p><u>Discussion</u></p> <p>Lidiya Lednyak asked if there’s a pathway to access Learning Bridges. Averi Becque responded that there’s a link on the DOE website.</p> <p>Rosanne Saltzman asked if there’s an additional cost for the Learning Bridges program. Averi Becque responded that the program is free. The program runs from 8:00 am to 3:00 pm and includes meals.</p>
LEICC Committees Update	Dr. Jeanette Gong gave an update on Academic Preparation and Professional Development.
Public Comments	<p>No public comments.</p> <p>The meeting was adjourned at 12:03 PM.</p>

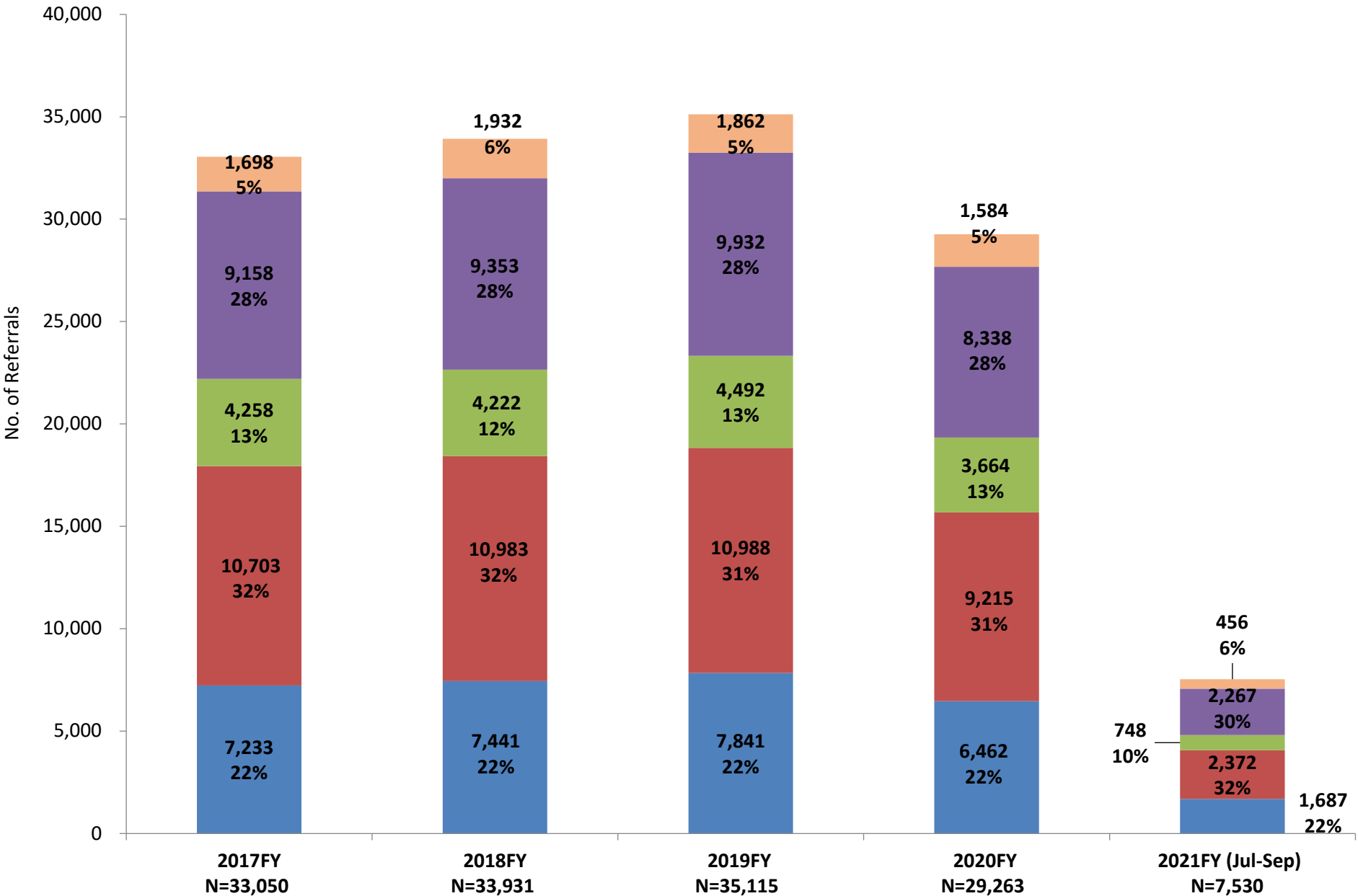
Change in Referrals, Evaluations and IFSPs During the COVID-19 Pandemic

Nora K. Puffett, Director, Administration & Data

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

July 2016-September 2020

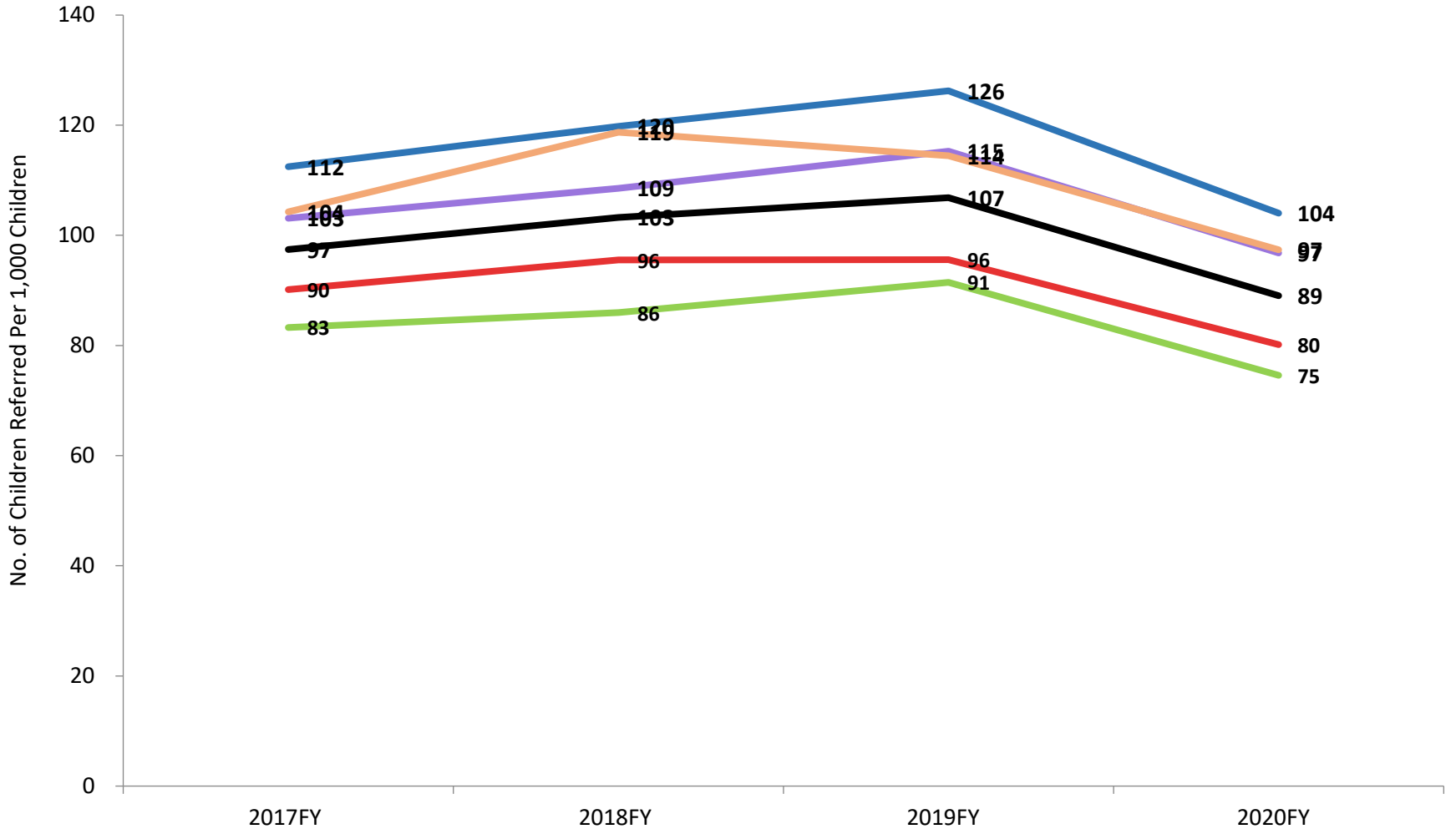
■ Bronx
 ■ Brooklyn
 ■ Manhattan
 ■ Queens
 ■ Staten Island



Rate of Children Referred Per Fiscal Year, by Borough

July 2016-June 2020

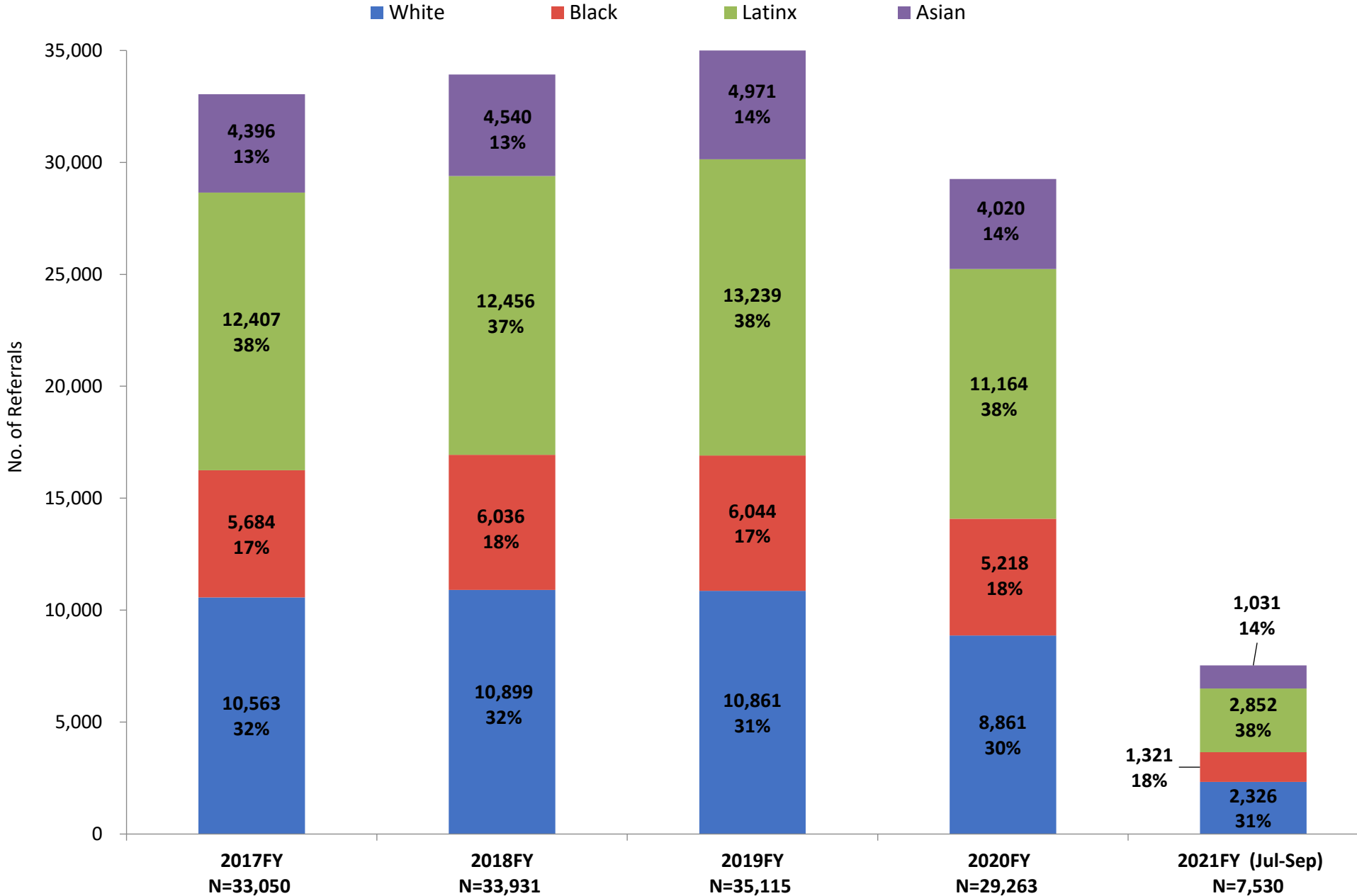
— Bronx — Brooklyn — Manhattan — Queens — Staten Island — Citywide



* Rates are by distinct children not referrals.

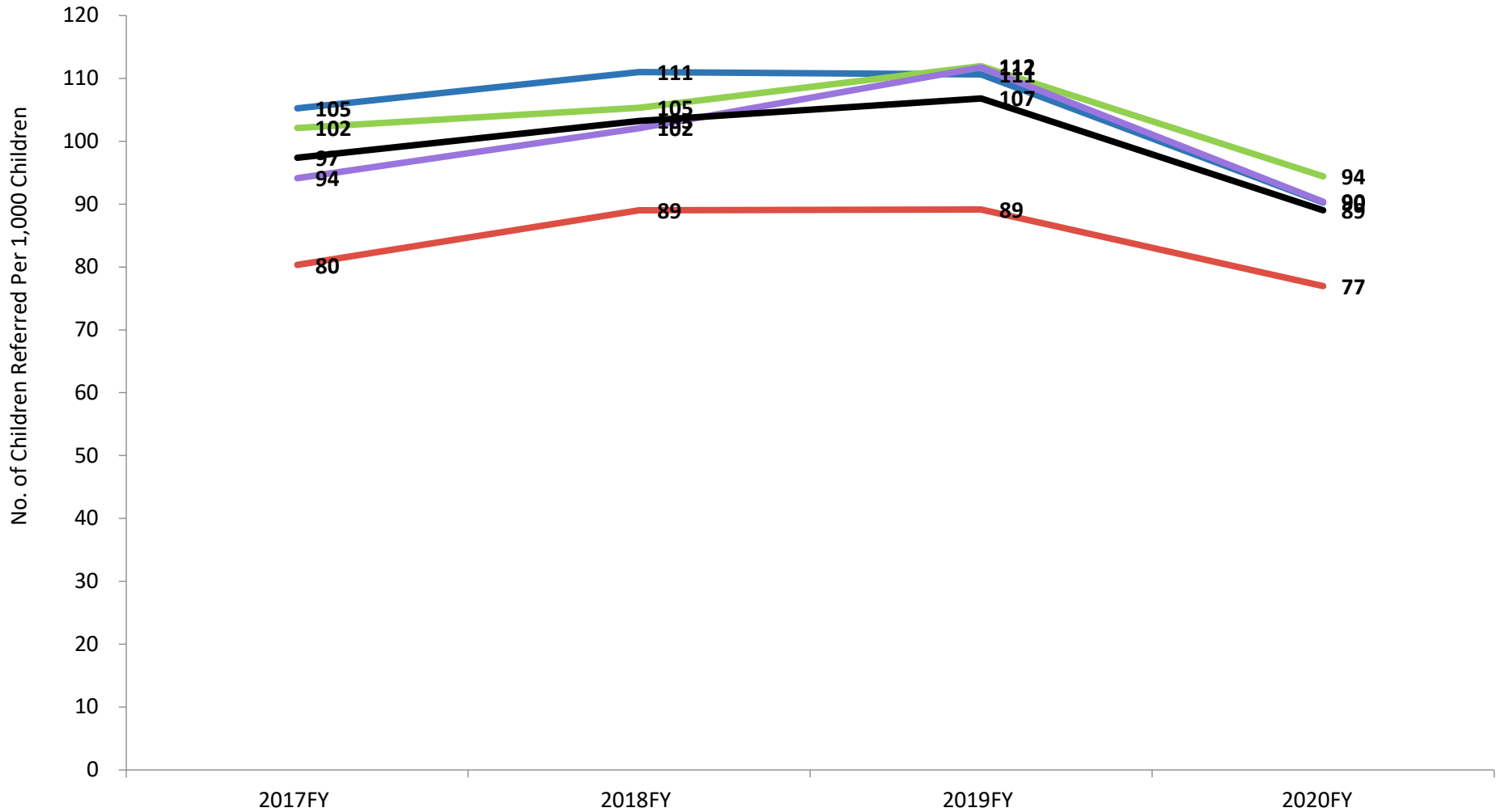
* The number of children 0-3 per year is drawn from US Census data. For FY2019-2020 this chart uses population figures from 2018, the most recent data available.

Number of New and Re-Referrals Per Fiscal Year, by Race and Ethnicity July 2017-September 2020



Rate of Children Referred Per Fiscal Year, by Race and Ethnicity July 2016-June 2020

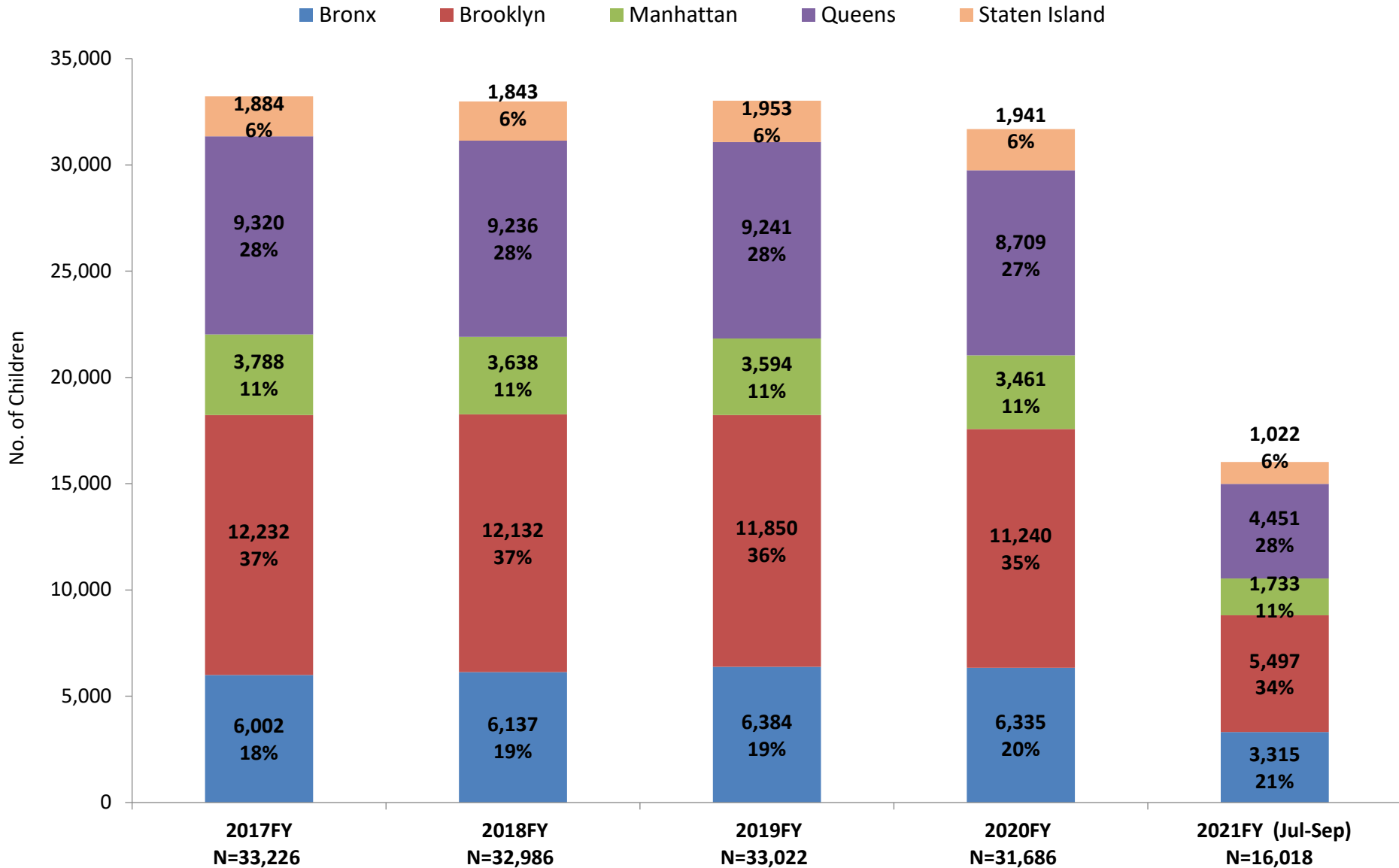
White Black Latinx Asian All Races



* The number of children 0-3 per year is drawn from US Census data. For FY2019-2020, this chart uses population figures from 2018, the most recent data available.

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

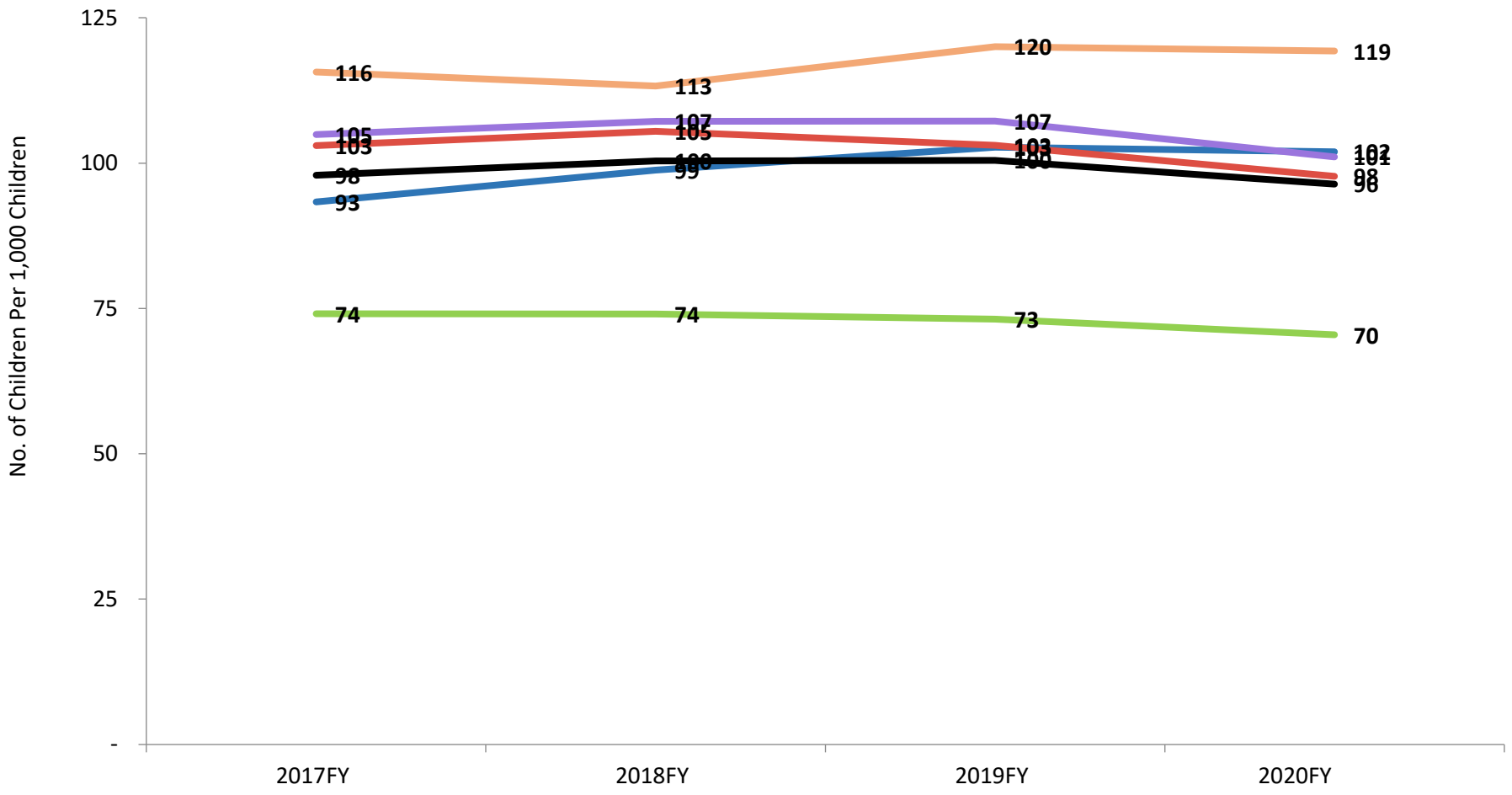
July 2017-September 2020



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

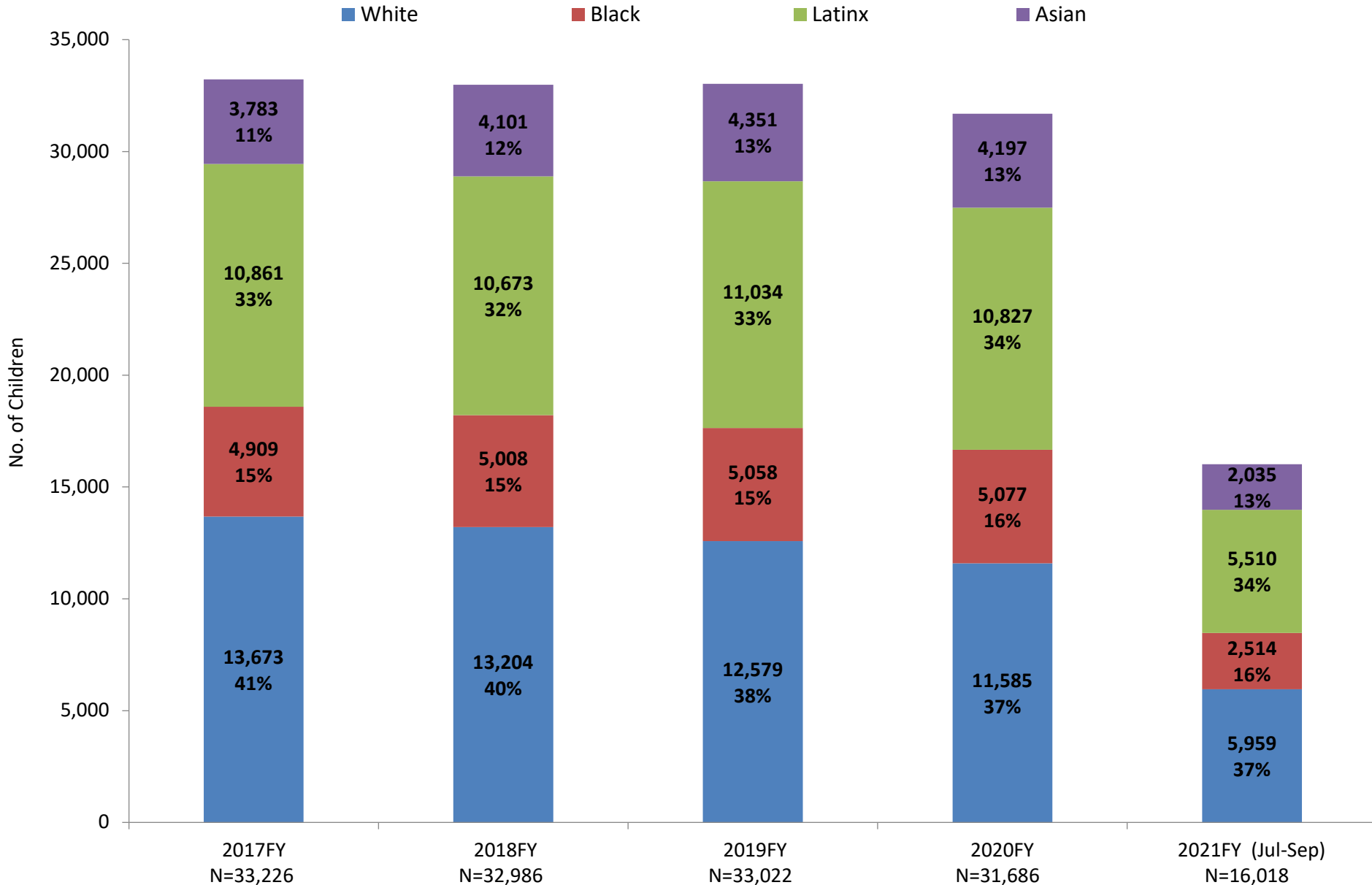
Rate of Children Receiving General Services Per Fiscal Year, by Borough July 2016-June 2020

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



* General services include all those except for service coordination, evaluation, respite, care, assistive technology and transportation.
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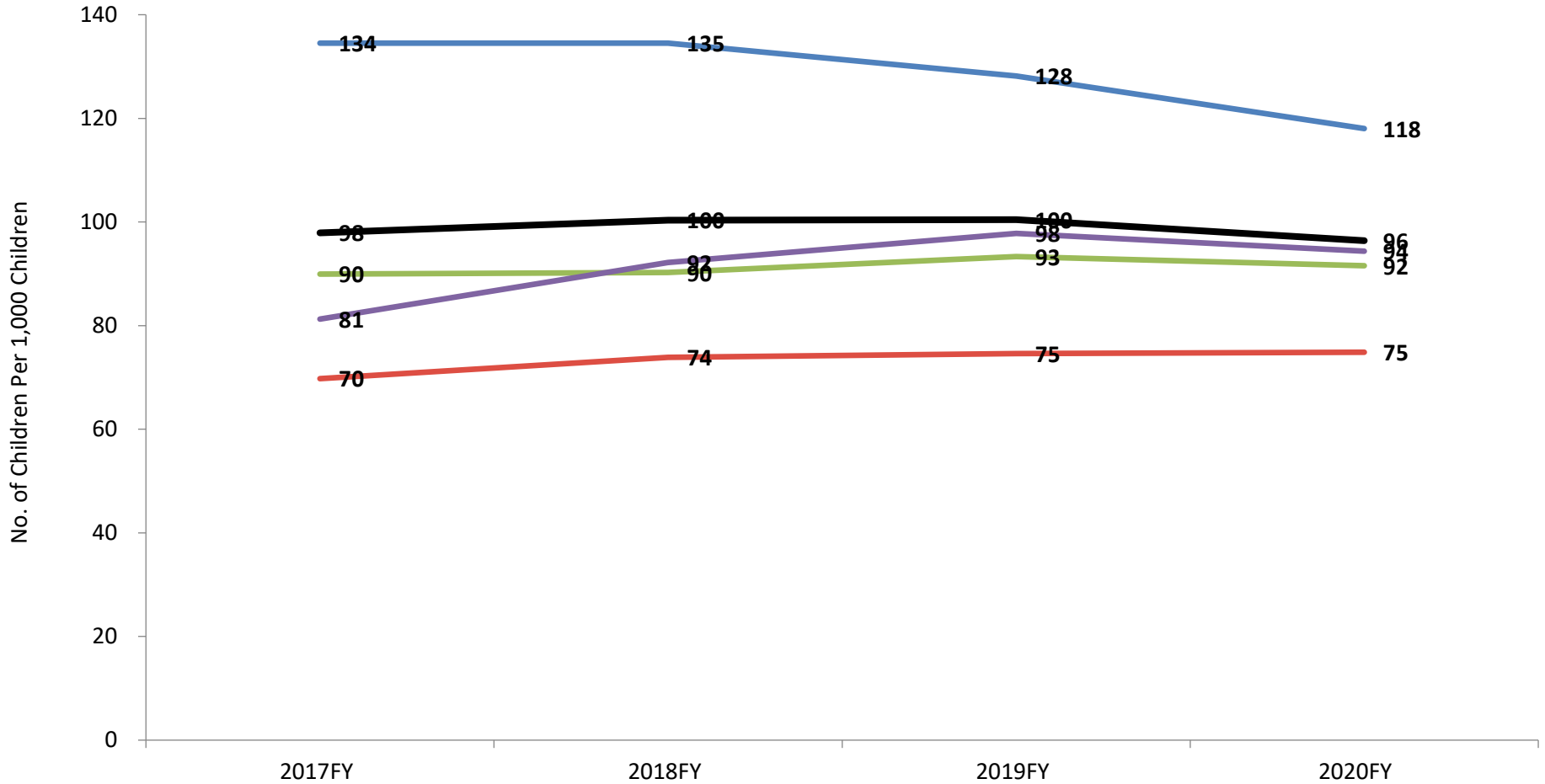
Number of Children Receiving General Services Per Fiscal Year, by Race and Ethnicity July 2016-September 2020



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

Rate of Children Receiving General Services Per Fiscal Year, by Race and Ethnicity July 2016-June 2020

— White
 — Black
 — Latinx
 — Asian
 — All Races

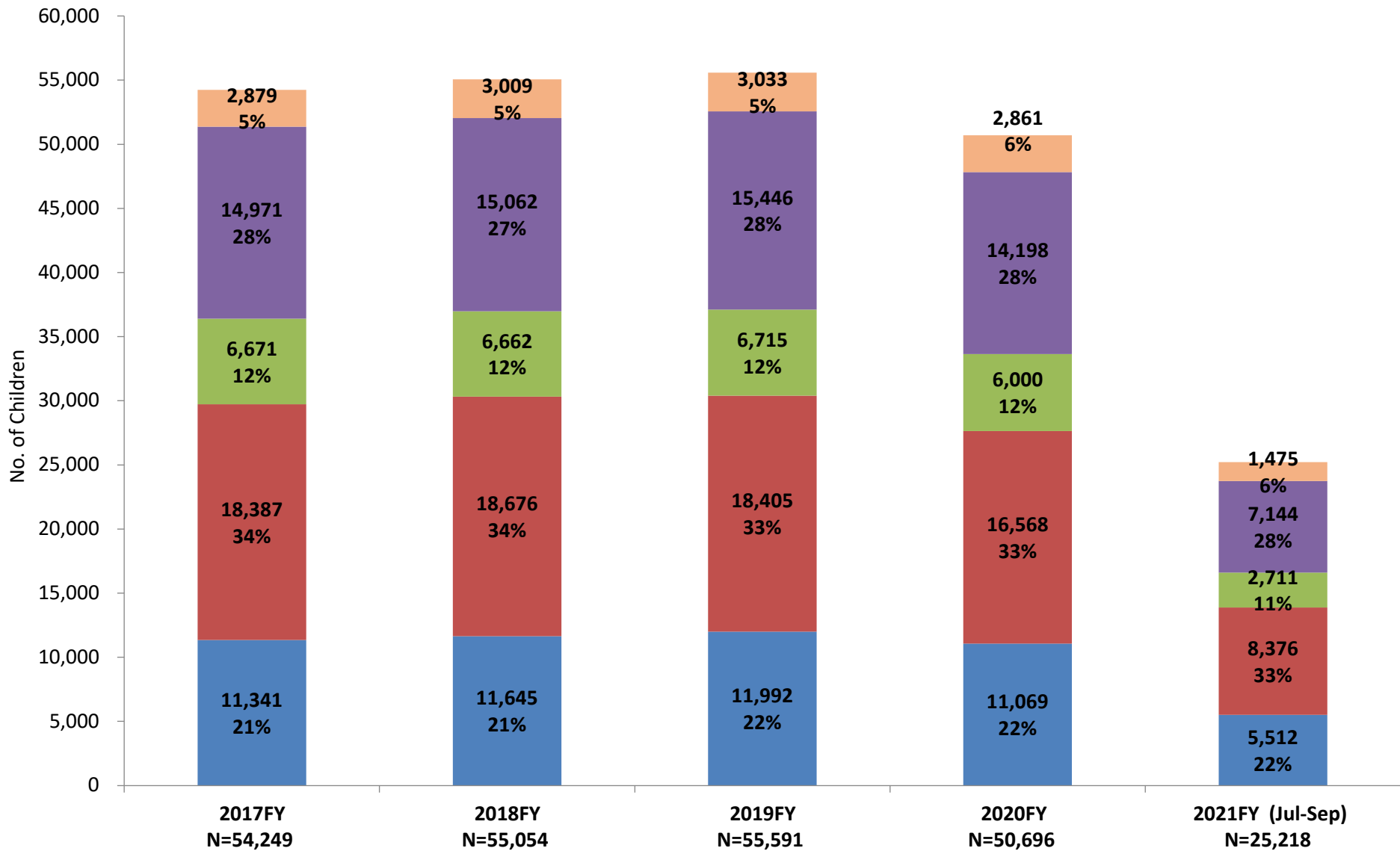


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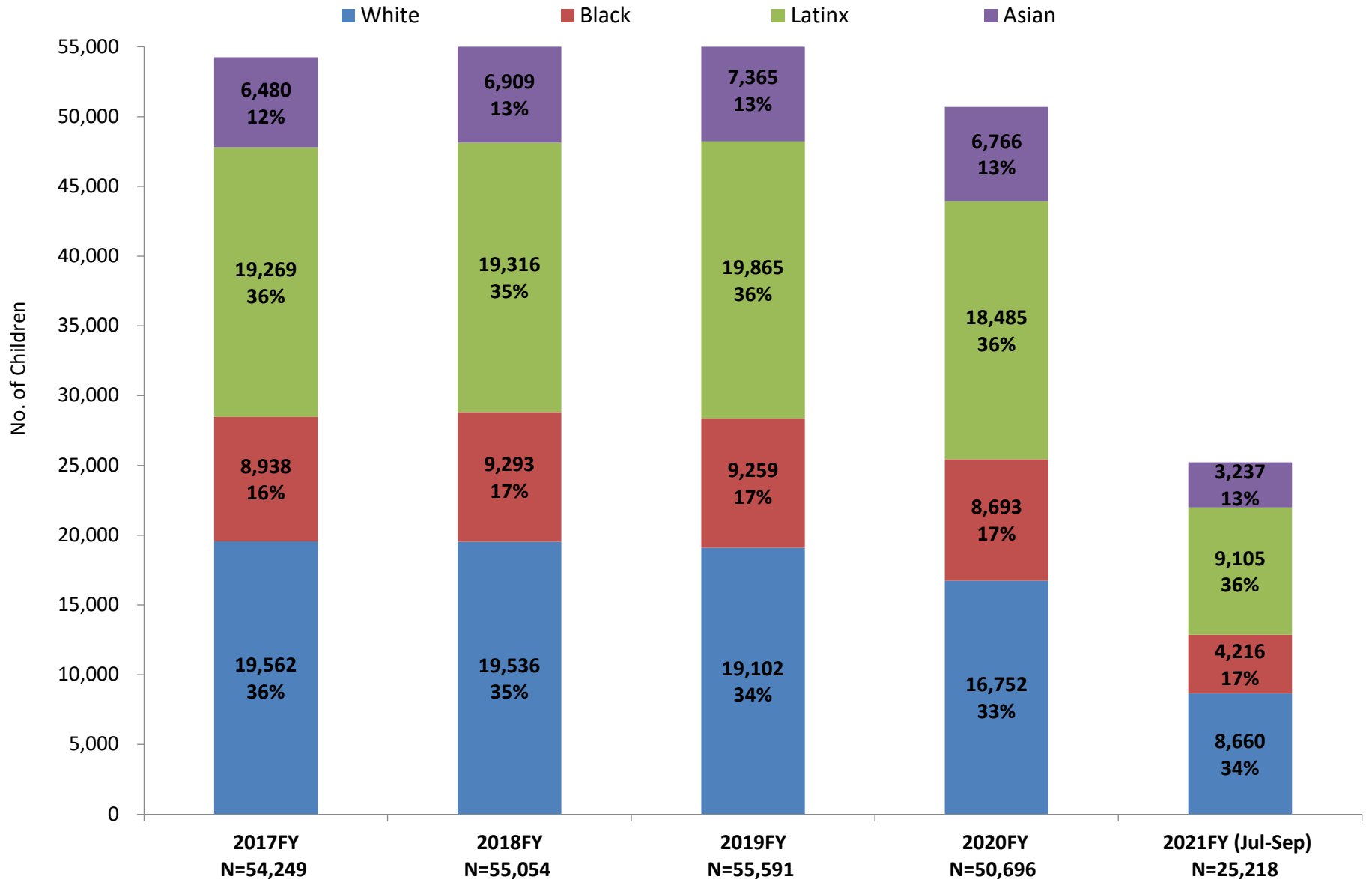
* The number of children 0-3 per year is drawn from US Census data. For FY2019-2020, this chart uses population figures from 2018, the most recent data available.

Children Receiving Any Type of Service Per Fiscal Year, by Borough: Service Coordination, Evaluation and/or General Services July 2016-September 2020

■ Bronx
 ■ Brooklyn
 ■ Manhattan
 ■ Queens
 ■ Staten Island

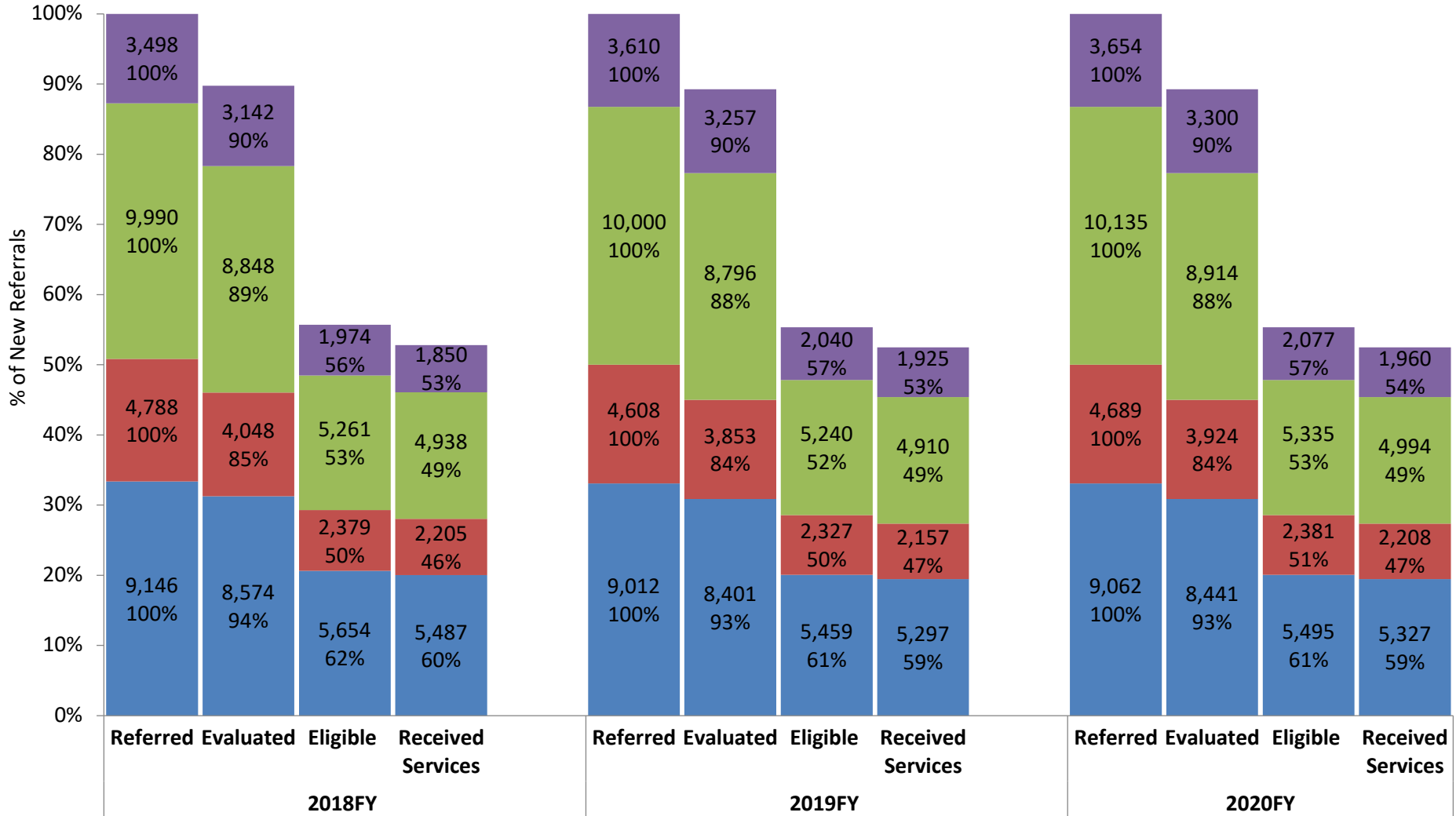


Children Receiving Any Type of Service Per Fiscal Year, by Race and Ethnicity: Service Coordination, Evaluation and/or General Services July 2016-September 2020



Outcomes for Children Aging Out of EIP by Race and Ethnicity, Citywide, July 2017-June 2020

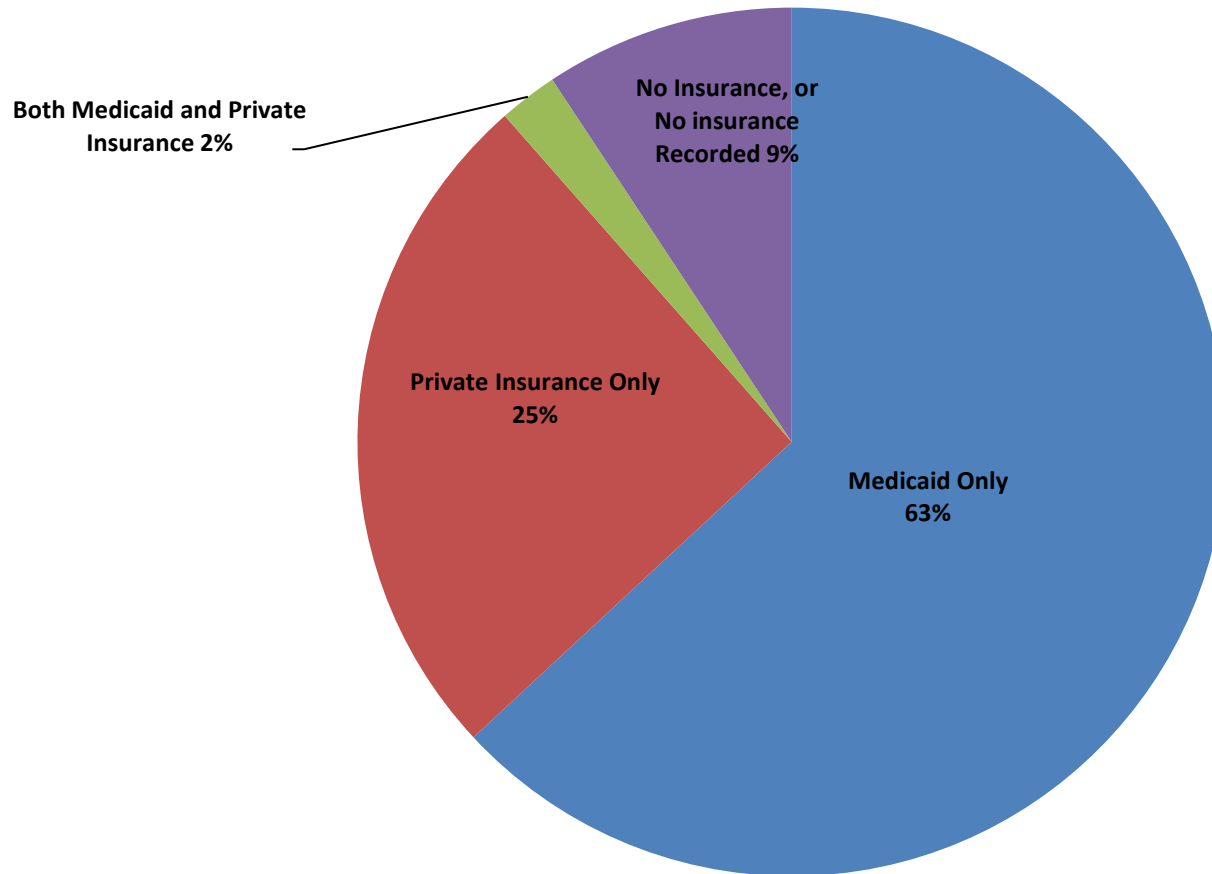
Population Estimates by Race/Ethnicity by Year				
	2017		2018	
	0-3 Pop	% of Pop	0-3 Pop	% of Pop
White	100,656	29.7%	98,160	29.9%
Black	70,480	20.8%	67,793	20.6%
Latinx	121,330	35.8%	118,260	36.0%
Asian	46,847	13.8%	44,479	13.5%



Insurance Status of Children Receiving General Services

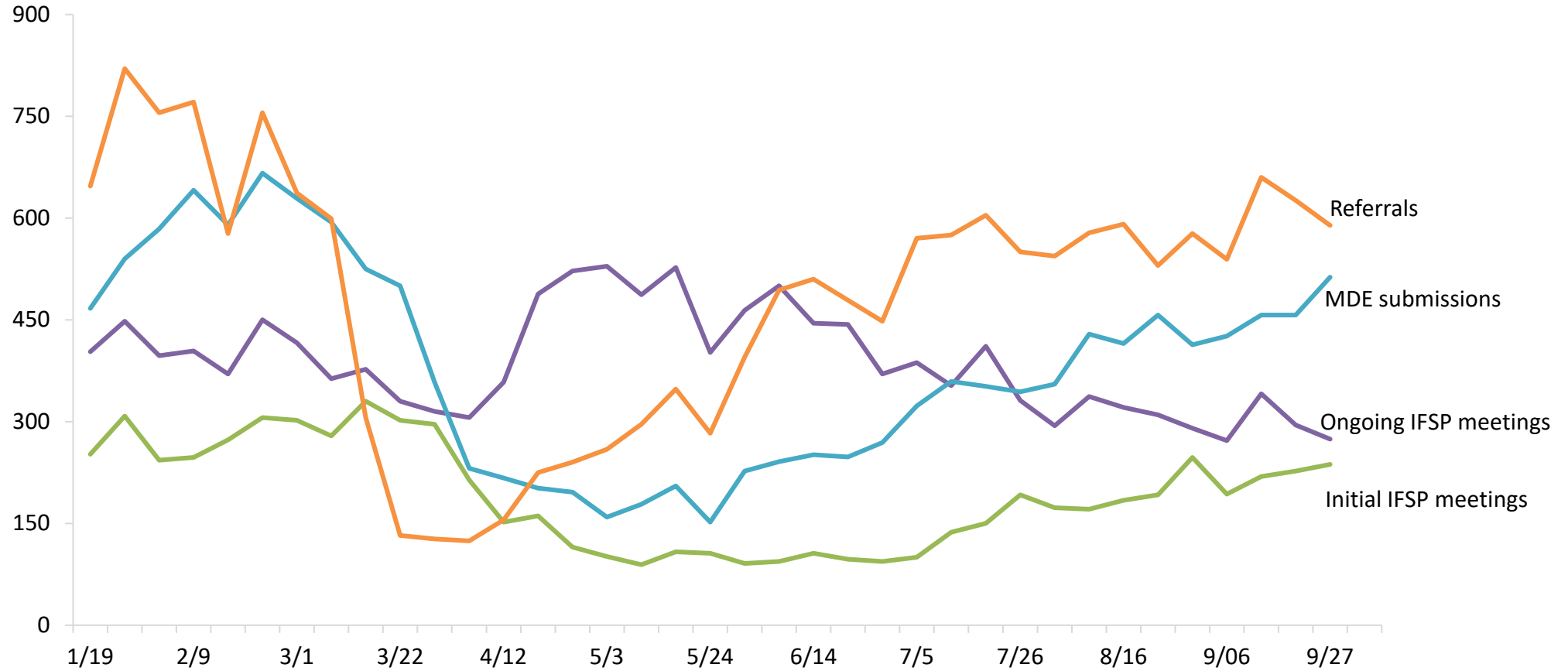
July 2020 - September 2020

N = 16,018

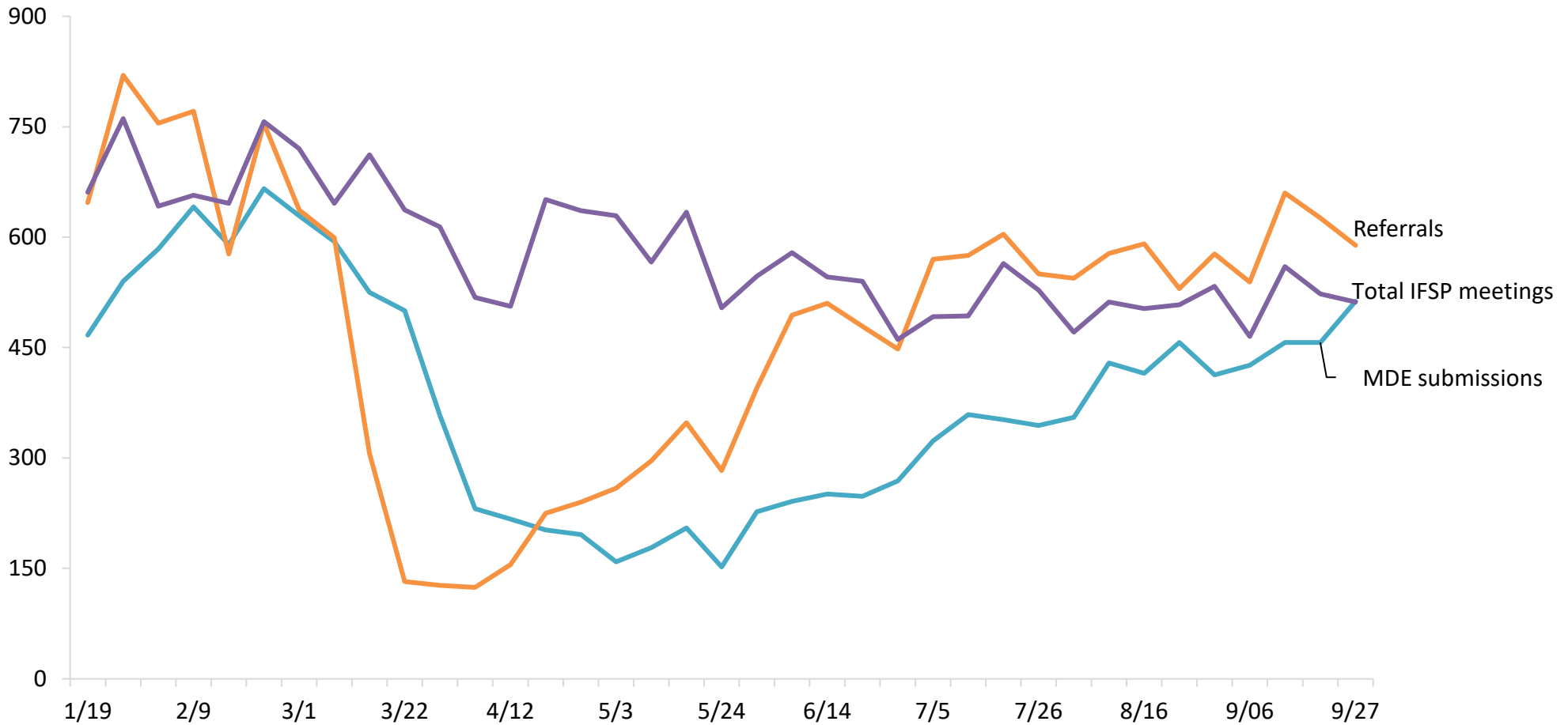


Note: Medicaid Managed Care plans and Child Health Plus are categorized as Medicaid. This chart shows the most recent or current insurance policy unless a child has both Medicaid and Private. In that case, both is given preference.

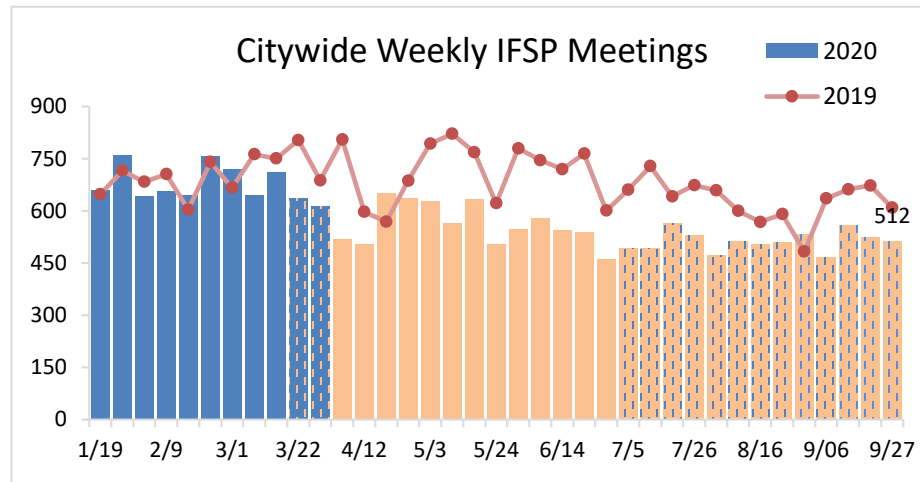
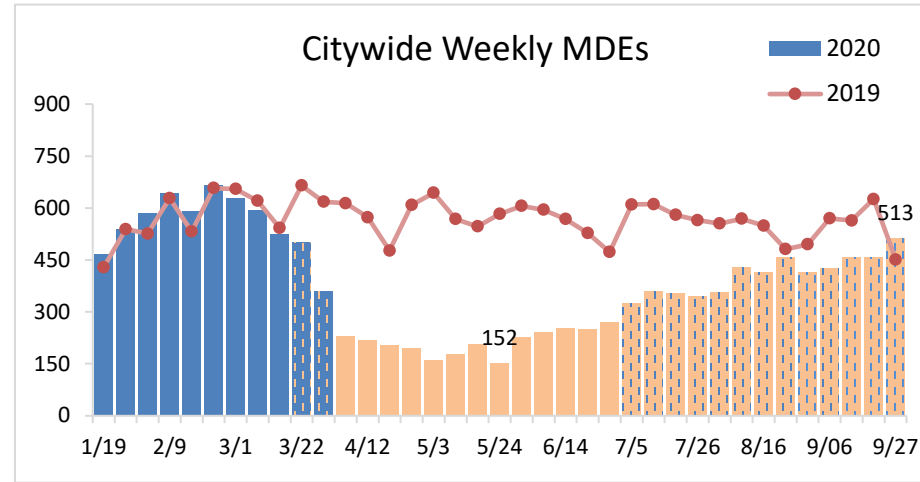
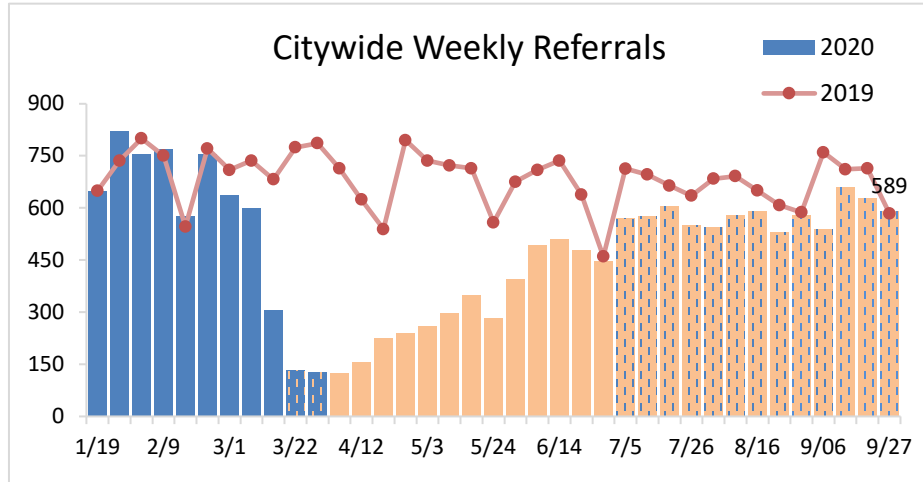
Trends in Weekly Activity: Referrals, MDEs and IFSP Meetings 1/19/2020 - 10/3/2020



Trends in Weekly Activity: Referrals, MDEs and IFSP Meetings 1/19/2020 - 10/3/2020

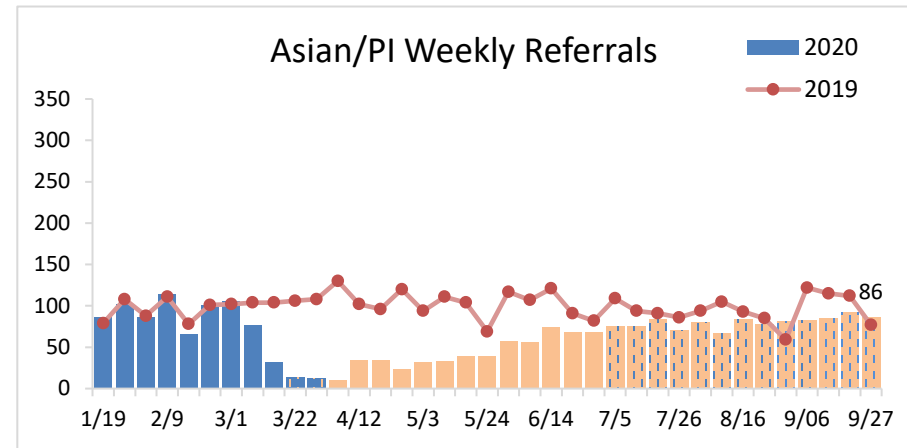
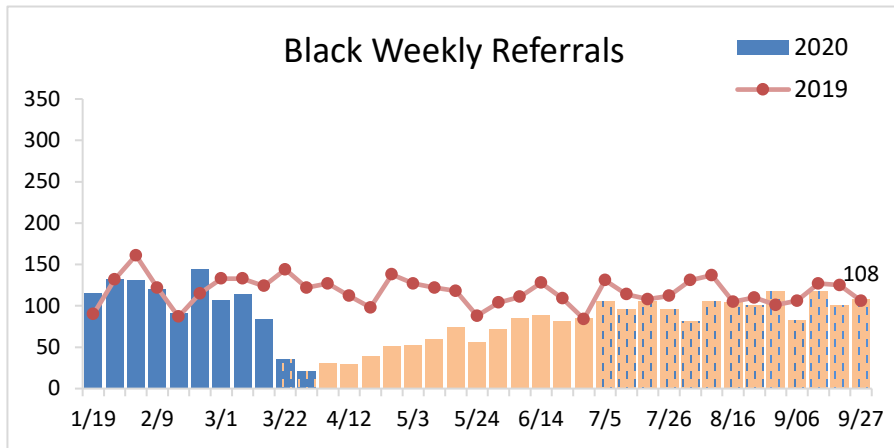
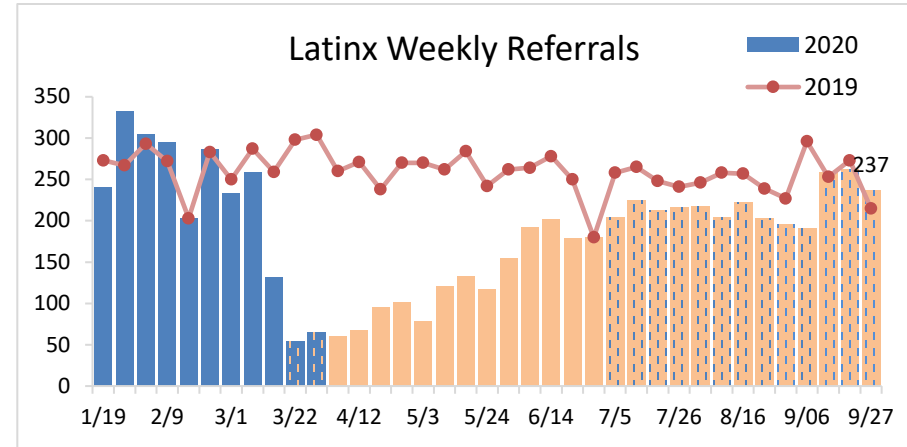
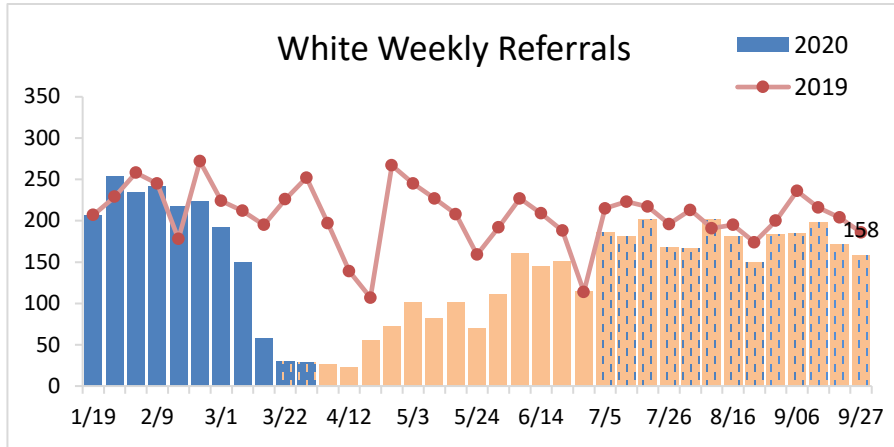


Weekly Activity in 2020 Compared to 2019

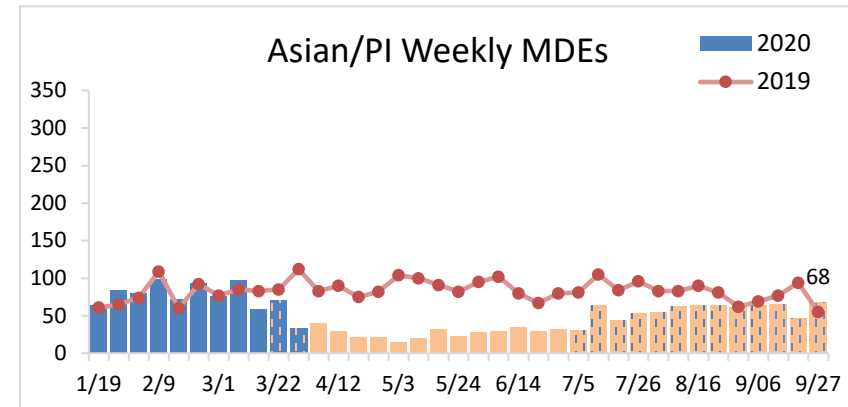
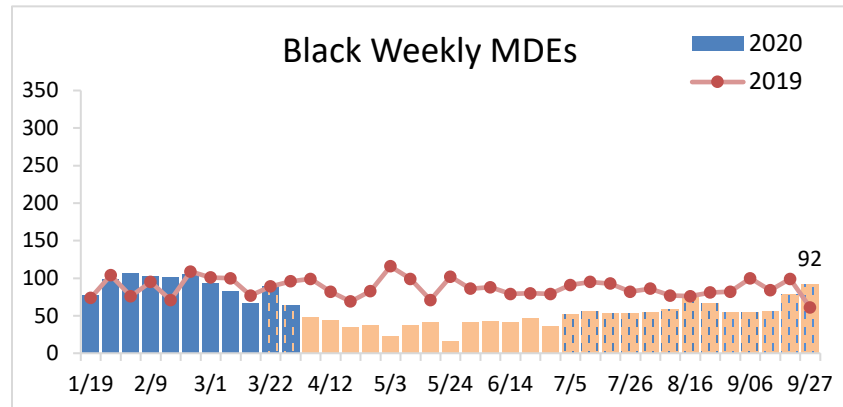
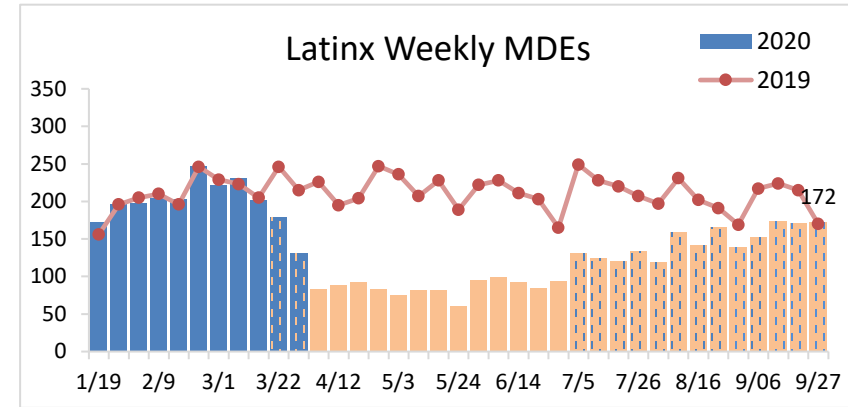
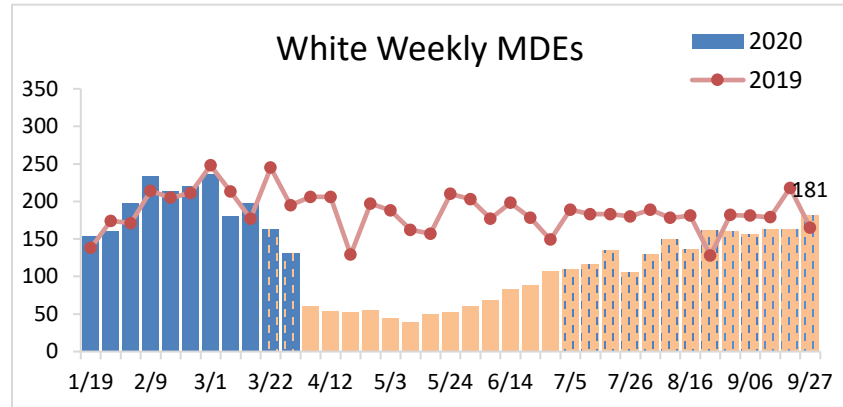


- In-person only, pre-COVID
- Transition to teletherapy
- Teletherapy only
- Teletherapy and in-person

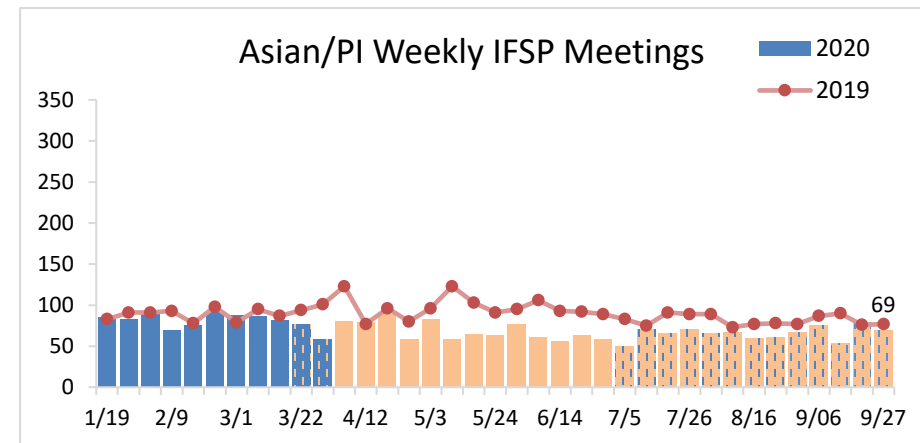
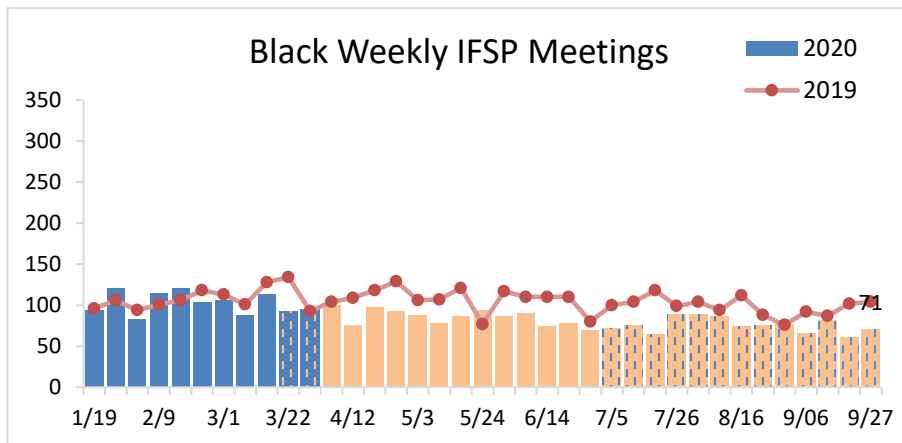
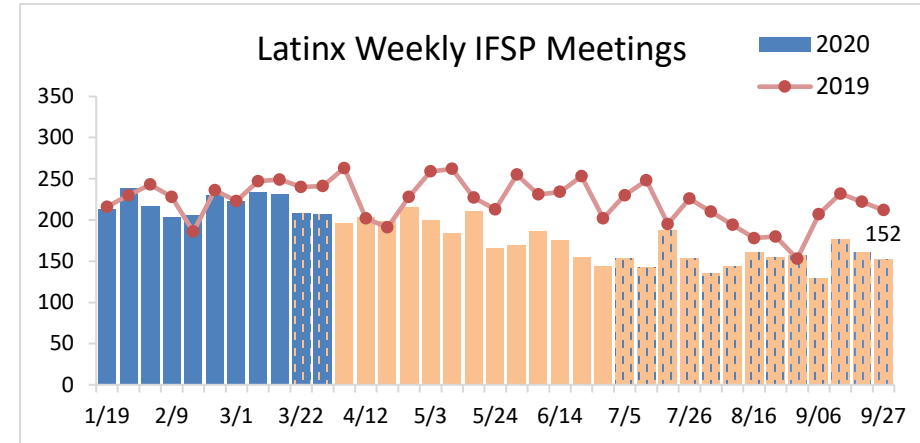
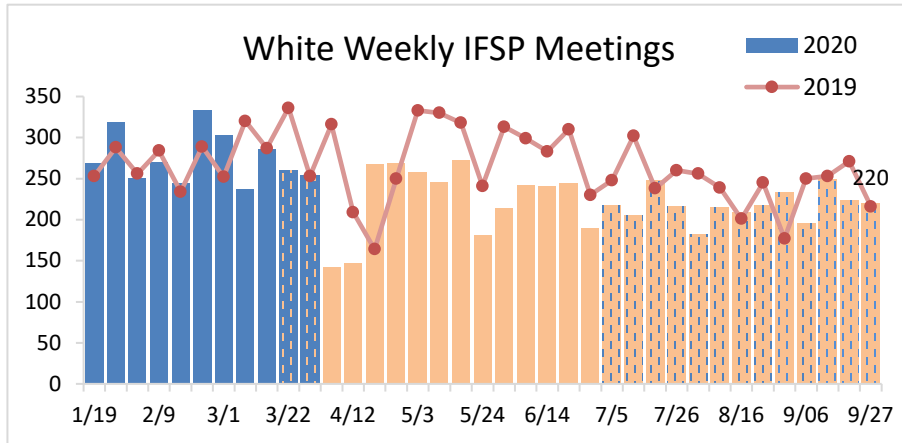
Weekly Counts of Referrals by Race 2020 vs 2019



Weekly Counts of MDEs by Race 2020 vs 2019



Weekly Counts of IFSP Meetings by Race 2020 vs 2019



Changes in Time to MDE and IFSP (in Days)

Compared to same month in 2019

