NEW YORK CITY EARLY INTERVENTION COORDINATING COUNCIL (LEICC)
MEETING OF NOVEMBER 17, 2017

AGENDA ITEMS	DISCUSSION
MEETING CONVENED at 10:05 A.M.	The following members were present: **Marie B. Casalino, Assistant Commissioner, Bureau of Early Intervention, NYC DOHMH** **Jacqueline D. Shannon, Chair of LEICC** **Shanelle Bolton** **Agatha Guadagno** **Elizabeth A. Isakson** **Rosalba Maistoru** **Dawn B. Oakley** **Karen Samet** **Linda F. Silver** **Cynthia Winograd**
WELCOME **BUREAU ANNOUNCEMENTS**	**I. Jacqueline D. Shannon, LEICC Chair** 1. Dr. Shannon is the new LEICC Chair. 2. 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. This meeting is being recorded today. 3. Review of procedures for LEICC meetings: a. Attendees should pre-register on the New York City Bureau of Early Intervention (NYC BEI) website for LEICC meetings. b. Meetings are open to the public, but the audience does not address the LEICC members during the meeting. c. Audience members may sign up with Nannette Blaize or A. Felicia Poteat to speak during the "Public Comment" section. 4. Transcription is available for this meeting. Written meeting minutes will still be made available. 5. New members: a. Dr. Angel Mendoza (not present) b. Shanelle Bolton 6. LEICC members introduced themselves. 7. Minutes from the July meeting were approved. **II. Dr. Marie B. Casalino, Assistant Commissioner** 1. Staff changes:

NEW YORK STATE EARLY INTERVENTION COORDINATING COUNCIL (SEICC) REPORT	a. Director of Early Intervention Regional Office Operations: Kandrea Higgins-Ahlawat joined NYC BEI in September 2017. b. Director of Consumer Affairs, Beverly Samuels, will be retiring in February 2018. 2. New York State Early Intervention Coordinating Council (SEICC) Meeting, September 7, 2017 a. Constance Donohue is the new Director of the New York State Department of Health (SDOH) Bureau of Early Intervention as of September 17, 2017 b. SEICC Quorum, Voting and Discussions i. No quorum established at the September 7th meeting ii. No vote on minutes, election of Vice-Chair or any other matters iii. SDOH identifying teleconferencing sites to address issue of establishment of a quorum iv. Introduction of Bill #8656 by Assemblyman Gottfried 1. Correction of Quorum Issues for SEICC 2. Proposes to amend Public Health Law (PHL) to provide that a majority of the appointed voting members constitute a quorum c. Social-Emotional (SE) Workgroup i. SE Task Force document finalized and is being distributed ii. Creation of workgroup to identify next steps in distribution of document, and dissemination of information iii. Previous Chair, Mary McHugh, will serve as liaison to ECAC iv. SDOH leads: Kirsten Siegenthaler, Marie Ostoyich, Brenda Knudson-Chouffi v. Seeking SEICC members to serve on workgroup • NYC BEI nominated Faith Sheiber for the workgroup • Also nominated Rochelle Macer from NYC BEI as the Chair for the workgroup. SDOH agreed. d. FAR Fund Projects: Autism Videos i. Training Modules; Update to Clinical Practice Guidelines • Information on developmental milestones/screening, parent perspective, resources • One (1) video developed into a one-minute infomercial • All five (5) videos on SDOH website ii. Proposed Regulations: Public comments closed; currently under review e. Framework of Rate Discussion (Brenda Knudson-Chouffi) i. Opened discussion re. current payment rates and what to take into consideration ii. Service Coordination payment methodology change to fixed rate for Service Coordination; still awaiting Sales and Purchase Agreement approval

FIRST 1000 DAYS ON MEDICAID	iii. Discussion from SEICC members re: Reimbursement Advisory Panel (RAP): history of development of rates and methodology, recommendations, etc. f. State Systemic Improvement Plan (SSIP) – IFaCT (Improving Family Centeredness Together) Currently in Third Phase – Implementation i. Phase 1– Data Analysis and Selecting Measure (end 04/2015) ii. Phase 2 – Align infrastructure and evaluate (end 04/2016) iii. University Centers of Excellence for Developmental Disabilities (UCEDDs) • Taking the lead in administrative activities • In NYC -- Rose F. Kennedy Center at Einstein/Montefiore • Responsible for: a. Learning Collaborative: establish and support b. Evidence-based practice repository c. Data collection and sharing d. Coaching/mentoring and sharing e. Website content f. Evaluation g. SSIP Regions: NYC/Long Island i. Team responsibilities • 14 teams per region with 3-6 participants per team • County teams: Early Intervention Official Designees (EIODs), Service Coordinators (SCs), Quality Assurance Officers, therapists/providers, families • One (1) day in-person Learning Session (January 18, 2018), plus monthly webinars, conference calls, and ongoing communication ii. Recruitment: outreach, brochures **LEICC Discussion** Linda Silver shared her concern in delays in addressing fixed rates in Service Coordination, as there had been many past failed attempts. Dr. Casalino indicated that there have been many discussion and meetings about the fixed rate methodology recommended by the RAP. This methodology has not yet been implemented. 3. First 1000 Days on Medicaid: Proposal 12 a. Medicaid First 1000 Days is a Statewide Committee established in July 2017 by Jason Helgerson. This initiative recognized that a child's first three (3) years are the most crucial in their development

DATA REPORT	i. Ensure that NYC's Medicaid Program is working with health, education, and other system stakeholders to maximize outcomes and deliver results for children ii. Workgroup is a collaborative effort to develop a ten-point agenda to focus on enhancing access to services and improving outcomes for children in their first 1000 days of life iii. Co-Chairs: Mary Ellen Elia, Commissioner, NYS Education Department, and Nancy Zimpher, Chancellor Emeritus, State University of NY b. A proposal for New York Medicaid to carve fee-for-service Early Intervention (EI) services into Managed Care was presented to the workgroup in November 2017 for review and to determine whether this would be considered a priority for the workgroup 4. Proposal 12 Concerns: a. The Early Intervention Program (EIP) is a Federal entitlement under Individuals with Disabilities Education Act (IDEA) and services must be equally available to all children in NYS b. Carving in these services will likely create two (2) unequal systems of care c. Children who have Medicaid (60% of all children in the NYC EIP) are: i. Subject to potential controls within Medicaid Managed Care plans, affecting the individualization of care ii. Services that are not covered - benefits such as Special Instruction and Group Developmental services may be affected, possibly impacting access to care d. Since the EIP is an entitlement program, there are concerns regarding how children who are not covered by Medicaid will be affected by this action, including: i. Capacity and provider shortages may occur in a system that will be shifted to serving a Medicaid population ii. EIP provider agencies will need to navigate multiple billing and claiming systems iii. Inequity may be created in payment rates based on coverage, plan participation, etc. 5. Next Steps: a. The proposal to carve in fee-for-service NYC BEI services into Managed Care received strong opposition from a number of commenters b. Voting members were required to submit their votes by November 17, 2017 c. There will be a meeting on December 1, 2017 when the selected top 10 proposals will be discussed **III. Nora Puffett, Director of Administration and Data Management,** 1. Data Report – Referral and service rate data continue to stay consistent as the end of the 4th quarter approaches

	a. Overall increase in the referral rates from 2016 b. There is some volatility in referrals from Staten Island, possibly due to variable birth rate in Staten Island c. Slight drop in referrals from the Bronx d. Increased rate of referral in Asian race category; other races remain consistent with past years e. Current focus is on the rate of referral of Black children f. Lack of insurance information is still an issue; 14% of NYC children have no insurance information recorded in NYEIS **LEICC Discussion** Karen Samet asked why there is no chart with data on assistive technology. Ms. Puffett replied that a chart of services authorized and/or delivered could be produced and added to the report. Ms. Samet added that it would be useful to get an idea of how many services the kids are getting. This can be helpful to handle capacity issues and help plan, and perhaps incentivize certain groups. Ms. Puffett noted that data on service use can only be reported on a lag, because service use can only be identified through submission of claims, and providers have 21 months from date of service to claim. It was also asked if NYC BEI could use the data to track how many providers are involved with these services and how many different agencies they work for. Ms. Puffett replied that it is possible to look at how many agencies one person worked for. Ms. Samet added that it would also be informative to see things presented by zip code. Ms. Puffett said NYC BEI is working on incorporating maps in future reports. Ms. Silver said that it would be useful to look at the data from a historic perspective about changes in rates, high points, current rates, etc. Ms. Puffett replied that NYC BEI is limited by the data that is in NYEIS. Ms. Puffett said that she would have to look and see what is in NYEIS. Elizabeth Isakson added that perhaps NYC BEI could review some data on a yearly basis instead of quarterly. Ms. Puffett agreed. Dr. Casalino added that it would be useful to circulate a draft of the new service data report to the LEICC members to see if it has all the information that the members are interested in. Ms. Puffett agreed.
PROVIDER OVERSIGHT REPORT: ANNUAL MONITORING RESULTS **EVALUATION QUALITY IMPROVEMENT PROJECT**	2. Provider Oversight Report: Issues continue in Ongoing Service Coordination and Evaluation. The Evaluation Standards Unit is looking at ways to evaluate these outcomes and ways of improving the results.

IV. Dr. Faith Sheiber, Director of Evaluation Standards Unit

1. NYC BEI has been looking at Multidisciplinary Evaluation (MDE) data for the past 10 years to monitor quality. Poor evaluation quality is an indicator of poor service provision. NYC BEI's oversight audits also show that more and more agencies are performing poorly on evaluations. To remedy this, NYC BEI has initiated a Lean Six Sigma project
2. Lean Six Sigma uses a collaborative team approach. Last year a number of staff were trained in this
3. Many possible reasons for the current state of performance have been identified. Some of the top issues identified were:
   a. Lack of knowledge of child development and familiarity with typical milestones
   b. Lack of knowledge of threshold for eligibility
   c. Behavioral observations based only on performance on a test/test scores
   d. Lack of understanding of test instruments
   e. Deficit-based evaluations
4. NYC BEI is seeking to get stakeholders' perspectives and involvement in this evaluation and improvement process, and is also looking to partner with the providers. A workgroup is being set up; LEICC members should email regarding their interest. The workgroup would assist in how to collect information from the provider community

LEICC Discussion:

Agatha Guadagno inquired about participation in the workgroup. Dr. Sheiber answered that NYC BEI is looking for a variety of stakeholders including: providers, clinicians, therapists, etc. The workgroup will decide on how to obtain information from the broader community.

Ms. Silver expressed support of the initiative.

Dr. Shannon inquired about the creation of a template for a good MDE. Dr. Sheiber replied that it may be misused, as providers may use only the template for the evaluation, and not use it as a guide. Dr. Sheiber added that the Evaluation Standards unit is looking for individualized evaluations that are specific to the child being evaluated. Rather than a template, it would be better to have guidelines about what needs to be in each section of the report. Dr. Shannon asked if the evaluator is focusing on mostly the negative aspects of the child's development in the MDE. Dr. Sheiber replied yes and added that evaluations should be parent-friendly and not deficit-based, as they commonly are. This is especially concerning when considering that it is the parent reading the evaluation. It is problematic when the parent reads about all the deficits that the child has, but is still deemed ineligible to receive EI services. Dr. Casalino reaffirmed the importance of this work

HEALTH HOME IMPLEMENTATION IN NYC	and encouraged the LEICC to join the workgroup. She added that the Academic Preparation and Professional Development (APPD) Subcommittee of the LEICC is also training the staff for the future. Ms. Guadagno strongly encouraged that parents be involved. Dr. Sheiber agreed. Dawn Oakley added to also be conscious about the framing of the information in the MDE document. The parents should feel involved and empowered at the end of this process. Dr. Sheiber agreed. **V. Dolores Giurdanella, Director, Manhattan Regional Office** Home Health – Goal of Health Homes (HH): Expand the availability of Medicaid Care Coordination services to more than 200,000 children as part of an optional State Plan benefit created by the Affordable Care Act 1. Person must be enrolled in Medicaid and have: a. Two (2) or more chronic conditions, or b. One (1) single qualifying condition of i. HIV/AIDS, or ii. Serious Mental Illness (SMI), or iii. Complex Trauma 2. Chronic conditions currently included in the HH list are medical a. Once the list of chronic conditions is expanded to include disability related conditions a significant portion of the EI population may be eligible to participate 3. Disability-related conditions (e.g., developmental delay, autism, Down Syndrome, Cerebral Palsy) will be included in the list of chronic conditions in 2018 4. Children's Health Homes are required to subcontract with Case Management Agencies (CMAs) that have the expertise to serve the EI population 5. A CMA identified to serve the EI population must be approved as an EI agency to provide Ongoing Service Coordination 6. NYC BEI developed and disseminated the document titled: Guidance on Health Homes Implementation in the New York City Early Intervention Program 7. NYC BEI co-sponsored an information session on the intersection of HH and EI on October 27, 2017 in collaboration with the SDOH BEI Provider Approval and Due Process Unit and Colette Poulin, SDOH Health Program Director, Children's Health Homes, Division of Program Development and Management a. A total of 121 attendees participated in the event, including NYC BEI staff and staff from Westchester and Rockland Counties, NYC EI providers, and HH providers 1. Topics covered included: a. Eligibility criteria for HH

	b. The Child and Adolescent Needs and Strengths –New York and determination of acuity c. Qualifications for HH care managers d. The six (6) core services of HH e. How billing for EI Service Coordination and HH Care Management differ f. Transition between HH and EI g. Referral to and from HH and EI h. Assignment of Initial Service Coordination and Ongoing Service Coordination i. Children in foster care j. Explaining HH to families 8. NYC BEI is collecting follow-up questions to share with SDOH, and plans to host another information session with SDOH once the Medicaid Waiver transition begins in April 2018
TEXT 2 FAMILIES UPDATE	**VI. Diana C. Girhotra, Coordinator, Intervention Quality Initiative** 1. The goals of the parent texting program are to supplement the information that parents/caregivers are getting through their Initial Service Coordinator, Ongoing Service Coordinator, EIODs, Regional Offices, providers and the NYC BEI Welcome Packet. The program is able to reach out to parents in a personal way, giving them general and customized information. They will get tips on what to expect with Embedded Coaching and at their Individualized Family Service Plan (IFSP), and understand what is appropriate for where they are in the EI process. 2. Model a. Customized information and frequency of texts, based on: i. Language (English or Spanish) ii. Age of child iii. Zip code iv. Status of child in the NYC EIP 1. Track A – Just Referred 2. Track B – Evaluation 3. Track C – Receiving EIP Services 4. Track D – Developmental Monitoring 5. Track E – Family with Child Under 3 Not Involved in EIP 3. Each track is interactive and leads the caregiver through specific sequencing based on when they enter Text 2 Families (T2F) 4. The program is voluntary and anonymous

	5. Content of information refers to: a. NYC DOHMH EI Policy and Procedures Manual b. NYS EI Parents Guide and EIP literature 6. There is ongoing messaging providing Regional Office or Consumer Affairs contact information 7. Version 1.0 (09/2014 to 06/2017) had 767 subscribers and the current version 2.0 (07/2017 to present) has over 3,000 prescribers. 8. NYC BEI is planning an evaluation of T2F 9. Evaluation elements a. Exit Survey results b. Rate of successful completion of key EI milestones, including: i. Getting to evaluation ii. IFSP timelines iii. Initiation of services **LEICC Discussion** Shanelle Bolton asked if NYC BEI is working to expand the texting services to other languages too. Ms. Girhotra replied that only languages that use alphanumeric characters can be used. As technology advances, more languages may be adapted in the future. Ms. Bolton also asked how responsive the subscribers have been to the exit survey. Ms. Girhotra replied that currently 84 respondents have completed the survey, but it does not capture how many subscribers intended to complete the survey but were unable to because the survey is web-based and outside of the texting program. Future options include a text message-based survey. Dr. Shannon asked when the text messages end and what NYC BEI knows about drop-offs. Ms. Girhotra replied that the messaging stops at 38 months from date of birth. Data, however, is limited; NYC BEI does not have a full picture about the drop-offs.
OUTREACH INITIATIVES AND DOE EARLY CHILDHOOD COLLABORATION	**VII. Lidiya Lednyak, Senior Director, Policy & Program Initiatives** **1. Communication Projects** 1. NYC BEI tailors its outreach events based on the needs of the group. A total of 20 NYC BEI staff are available during the day, on weekends and evenings to participate in events. Activities include: a. Presentations for staff, families and parent groups b. Professional staff development training with certificates of attendance for staff at agencies c. Tabling events at health and community fairs, libraries, and hospitals

COMMUNICATIONS PROJECTS	d. Presentations to pediatric practices and hospitals 2. NYC BEI is always looking to partner with community-based organizations to promote the EIP 3. NYC BEI has initiated a collaboration with Department of Education (DOE) Family Welcome Centers a. Trained all Welcome Center Special Education staff on EI b. NYC BEI staff will be onsite at seven (7) of the 12 family welcome centers in Brooklyn, Bronx, and Queens during the December kindergarten enrollment day 4. Trained all 40 of the Universal Pre-Kindergarten Outreach staff who go out into the community 5. Trained all of the Office of Students in Temporary Housing (OSTH) supervisors and have begun training the field staff 6. Trained 89 child care liaisons, a newly established Department of Homeless Services (DHS) role to provide linkages to childcare, Early Learn, and EI services **LEICC Discussion** Ms. Silver is looking forward to the collaborations. Dr. Shannon asked if NYC BEI is also working to collaborate with the family daycare centers. Ms. Lednyak replied that NYC BEI is speaking with Shanelle Bolton. It is difficult to reach these settings as they are much smaller and in homes. The outreach has not been that successful because the daycare providers assume that the Bureau is inspecting them instead of just doing outreach. **2. Communication Projects** 1. NYC BEI radio ads and Google-ad buy: The radio ads and Google ad-buys in May-June 2017 resulted in increased 311 calls and web traffic, so NYC BEI will run ads again on 105.1 FM, 107.5 FM, 97.1 FM, and 1190 AM. The ads will run in combination with already-developed web content 2. Translation of EI materials into additional languages: Haitian Creole, Korean, Urdu, Arabic, and Punjabi 3. Focus groups: NYC BEI will conduct community-based focus groups in outreach zip codes to further explore barriers to referrals 4. Toolkit for Child Care Providers: In collaboration with the Bureau of Child Care, NYC BEI is developing a toolkit and video to promote appropriate referrals to EI by child care providers 5. Toolkit for Medical Community: Additional detail in bidirectional communications discussion (below) 6. Clinicians' Algorithm: Additional dissemination to pediatric training programs 7. Dissemination of NYC BEI public-facing materials: Disseminating EI materials to community-based organizations, medical offices, DHS, DOE, and exploring the option of ad placements in laundromats, beauty salons, check-cashing facilitates, and bodegas

	8. Video for families regarding sharing insurance information: In response to lowered rates of insurance information collection, NYC BEI is collaborating with parents to develop a video in multiple languages regarding the importance of sharing insurance information with the EIP 9. Faith-based video: Working with faith-based leaders to develop a video geared toward the faith-based community and getting help early from EI
PROVIDER/AGENCY UPDATE	**3. Provider/Agency Update** 1. NYC BEI has 83 new and existing providers engaged in the NYC EIP Technical Assistance (TA) Orientation 2. 44 legacy providers completed the TA process to expand (new service/new borough) 3. 12 providers participated in or completed TA but are inactive/closed/withdrawn 4. 19 HH CMA/OSC providers have agreements with SDOH, four (4) of which have completed TA **LEICC Discussion** Shanelle Bolton mentioned that other counties experienced loss of services too. Is there conversation at the state level to look at this issue across counties? Dr. Casalino answered that the capacity issue comes up at almost every SEICC meeting. The main dilemma is how to measure it, as it is hard to do so. The SDOH has put in a lot of effort to present the information, but it does not get to what everybody wants to hear. NYC BEI is putting an effort into looking at what is happening system-wide. Ms. Lednyak added that NYC BEI capacity issues are not as stark as the rest of the state, but have major problems too, as NYC is the equivalent of five (5) counties. Due to this, NYC BEI can leverage better and function more nimbly with the resources available to us.
ASSISTIVE TECHNOLOGY TRAINING	**VIII. Catherine Canary, Medical Director** **Assistive Technology (AT) Training** 1. Six (6) hour/full-day professional development seminar with continuing education units offered 2. Training content shared with LEICC members on 09/07/17; feedback incorporated 3. Training objectives include: a. Understand how to assess a young child for the need for AT b. Review common AT categories and types of devices available c. Clarify the process of requesting an AT device, working with a vendor, and utilizing the AT device with the child and family 4. Seminar outline

IMPROVING BIDIRECTIONAL COMMUNICATION WITH THE MEDICAL COMMUNITY	a. Definition of AT and discussion of AT categories b. Role of AT in family-centered practices and in addressing IFSP functional outcomes c. Initial needs assessment for AT d. Developmental status and how AT can support these e. AT request process f. AT fitting, delivery, training, and follow-up **IX. Elizabeth A. Isakson and Catherine Canary** 1. Workgroup has been meeting since July 2017 2. NYC BEI staff, LEICC members, and colleagues from NYC hospitals/pediatric clinics 3. Issues addressed: a. Revisions to EI referral form b. Attaching the health care form (CH205) c. Option for parent to consent to share Initial Service Coordination information with Primary Care Physician (PCP) d. Information about HH participation e. Improved communication with families in the shelter system 4. Identified additional means of sharing EI information with medical community a. Mail b. Fax c. NYS Health Commerce System (HCS) 5. Creation of EI Referral Toolkit a. Clinicians' Guide and Algorithm b. EI brochures c. Forms: referral, health information (CH205) d. EI "referral business cards" with key EI contact information e. Comprehensive fact sheets regarding auto-eligible and at-risk conditions f. Other useful information i. EI City Health Information (CHI) ii. EI Resource Guide iii. Centers for Disease Control and Prevention (CDC) developmental milestones and parenting information g. Each toolkit will include a thumb drive with all of the materials electronically so that forms and resources can be loaded onto electronic medical records for easy access by medical providers

ACADEMIC PREPARATION AND PROFESSIONAL DEVELOPMENT	**LEICC Discussion** Dr. Shannon asked if there is a way for clinicians to know about the EI providers in their community. Dr. Canary said that clinicians already know who is providing EI services in their community and, in fact, prefer to refer directly to provider agencies. The real issue is to get the clinicians to see the Regional Offices as a useful resource. Dr. Isakson added that this is where bidirectional communication comes in. **X. Jeanette Gong, Director, Intervention Quality Initiatives Unit** 1. The Academic Preparation and Professional Development (APPD) Subcommittee of the LEICC consists of a representative from each of the academic partners from Brooklyn College, SUNY Downstate, Lehman College, Queens College, and Hunter College 2. Academic partners in six (6) graduate programs made the commitment to focus on evidence-based, family-centered best practices and EI in their respective graduate programs a. There are five (5) CUNY and one (1) SUNY graduate programs in the following disciplines: Early Childhood Special Education, Occupational Therapy, Social Work, and Speech-Language Pathology b. While five (5) of the programs are geared specifically toward graduate students, Hunter College is offering EI Training Continuing Education courses to licensed and certified professionals across disciplines c. Subcommittee members are: Jacqueline Shannon (co-chair), Patricia Gray, Leslie Grubler, Beth Elenko, Pei-shi Wang, and Elaine Geller 3. Each of the academic partners offers a different approach to support EI best practices in its curriculum. Although each program may be different, six (6) principles run through all the academic partnerships: a. Typical and atypical childhood development from birth to three (3) b. Multicultural and diversity issues related to evaluations and service provision c. Understanding the parent-child dyad and working with families d. Understanding and using family-centered best practices with families e. Reflective practice and reflective supervision f. Fieldwork placements in EI and early childhood settings 4. In 2017, the APPD Committee began developing a plan to evaluate the academic partnerships. This plan will include the following tools: a. The Course Evaluation Survey is given at the end of each semester for any EI-focused course i. NYC BEI has been piloting the Course Evaluation Survey and hopes to pilot the Exit Survey soon.

	b. The Exit Survey is given to students once they have completed the requirements for their EI Core Curriculum, Specialization in EI, or Advanced Certificate in EI c. The One-Year EI Professional Survey will be sent to those graduates one (1) year later to see how they feel their program has prepared them now that they have been working in the field for some time 5. Examples of the types of questions to ask the students to answer: a. The course prepared me to better understand family culture so that I can work jointly with parents/caregivers to create strategies that fit their routine activities b. The course prepared me to adapt my teaching and/or coaching style to meet the individual learning needs and diverse cultures of caregivers c. The course prepared me to collaborate with other interventionists on a child's EI team to problem-solve and best address both the child and family's outcomes and priorities, and to support them in accessing community resources 6. Students will be asked to rate each statement as either *content not covered*, *strongly agree*, *agree*, *disagree*, or *strongly disagree* 7. Some of the results from the recent survey were presented: a. There were 123 respondents that participated in piloting the Course Evaluation Survey: 96% were graduate students and 4% were licensed/certified professionals b. In terms of languages, 64% spoke English only and 36% spoke a second language. The top two (2) second languages were Spanish and Russian c. When students asked where they planned to work after graduation (note that participants can select more than one answer); 57% replied Early Intervention; 49% Early Childhood Special Education; 63% Department of Education; 11% Child Care Center; and 24% Universal Pre-K 8. Academic partners are always looking for EI agencies that will provide clinical fieldwork placements for their graduate students. This is a great opportunity to provide future professionals with fieldwork opportunities with children birth to three (3) and their families (which historically has been rare). This is also a great way to recruit new therapists and teachers who are well-versed in best practices **LEICC Discussion** Dr. Shannon added that Brooklyn College also has an undergrad focus on this course.
LEICC COMMITTEE REPORTS **TRANSITION COMMITTEE**	Karen Samet is waiting for documents to be finalized for review.

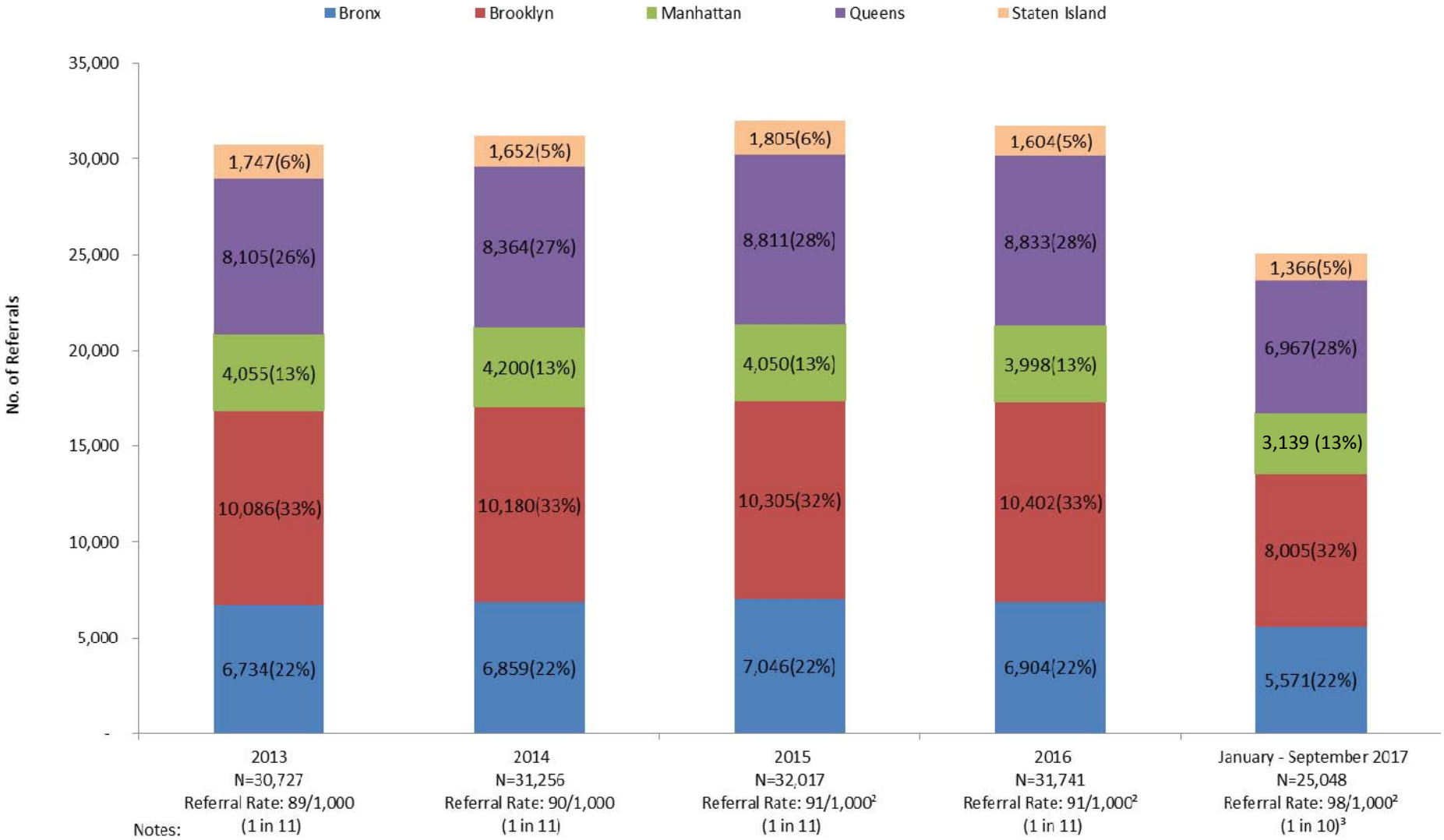
NEW YORK CITY EARLY INTERVENTION COORDINATING COUNCIL (LEICC)
MEETING OF NOVEMBER 17, 2017

PUBLIC COMMENT	Natalie Adler from the Rose F. Kennedy Center in Bronx. There is a kickoff event for the State Systemic Improvement Plan (SSIP) in January 2018, followed by monthly calls for the participants.
MEETING ADJOURNED 12:10 PM	Next meeting is March 2018. (*Rescheduled to April 20, 2018*)

LEICC DATA REPORT
NOVEMBER 17, 2017

NYC Health

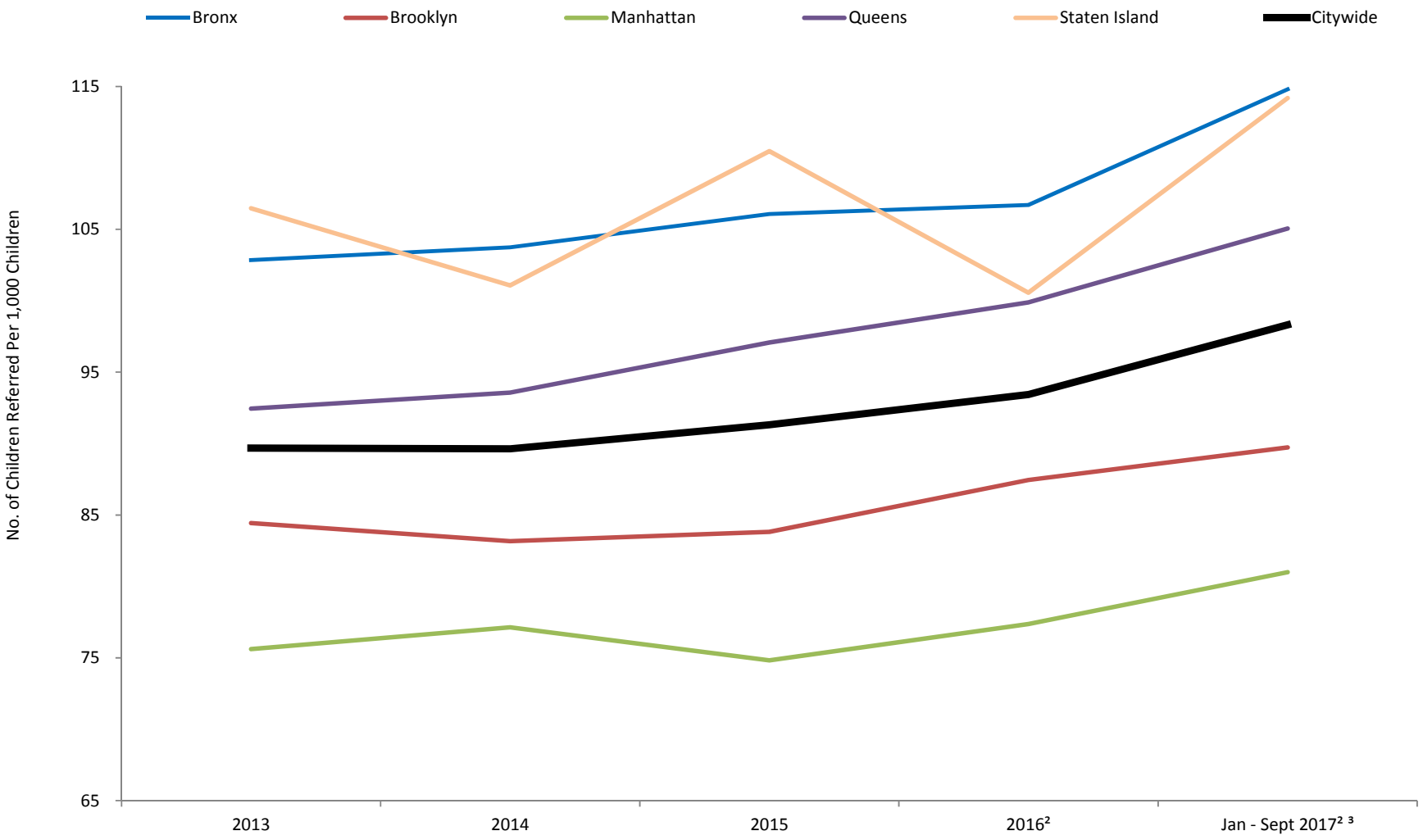
Number of Referrals[1] Per Year, by Borough
January 2013 - September 2017



Notes:

1. Includes new and re-referrals.
2. The number of children 0-3 year is drawn from US Census data. For 2016 and 2017 this chart uses population figures from 2015, which is the most recent data available.
3. Increase in the referral rate is a data artifact (may be due to incomplete data as the year is not complete yet)

Rate of Referral[1] Per Year, by Borough
January 2013 - September 2017



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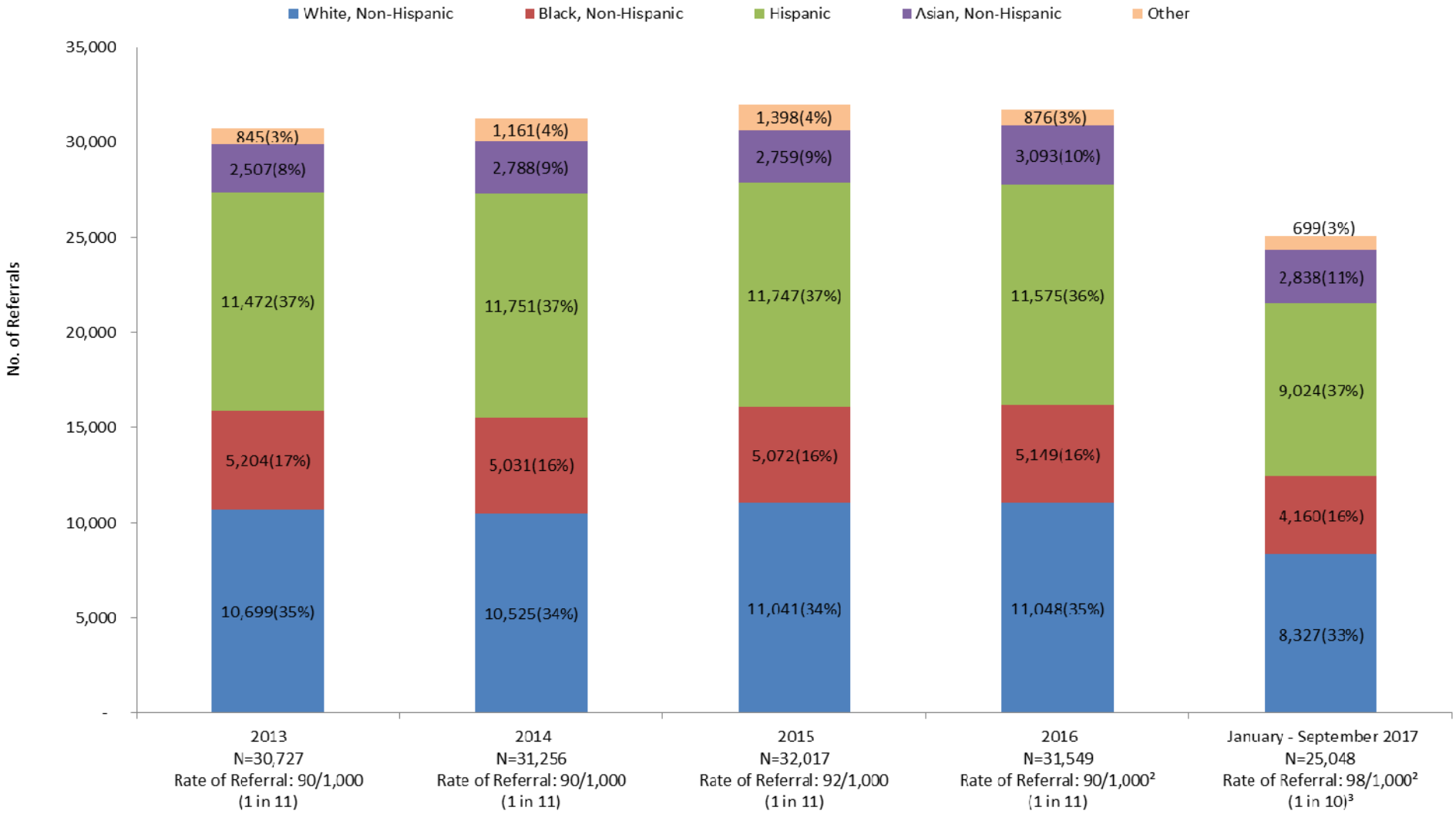
Number of Referrals[1] Per Year, by Race and Ethnicity
January 2013 - September 2017



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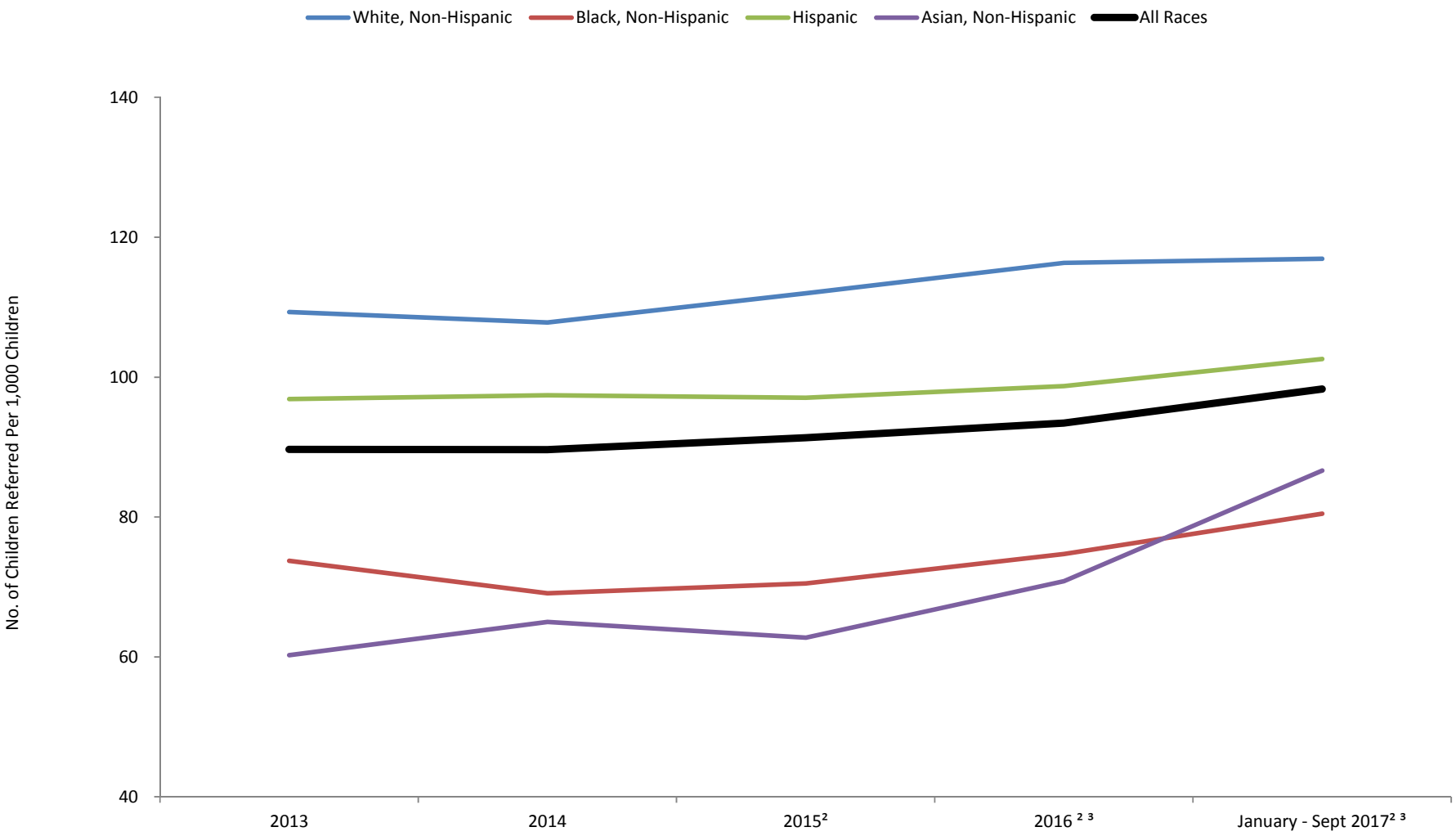

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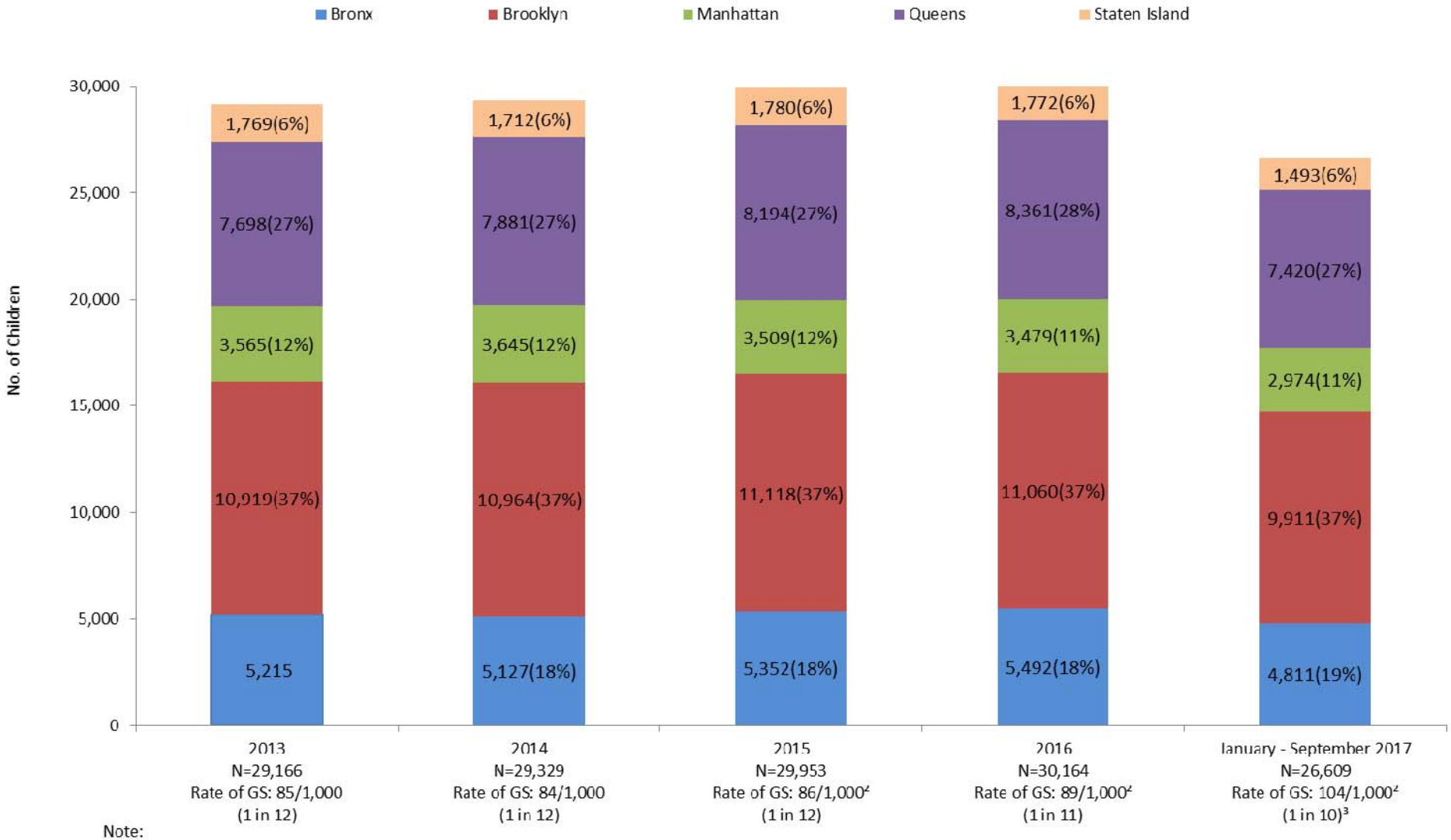
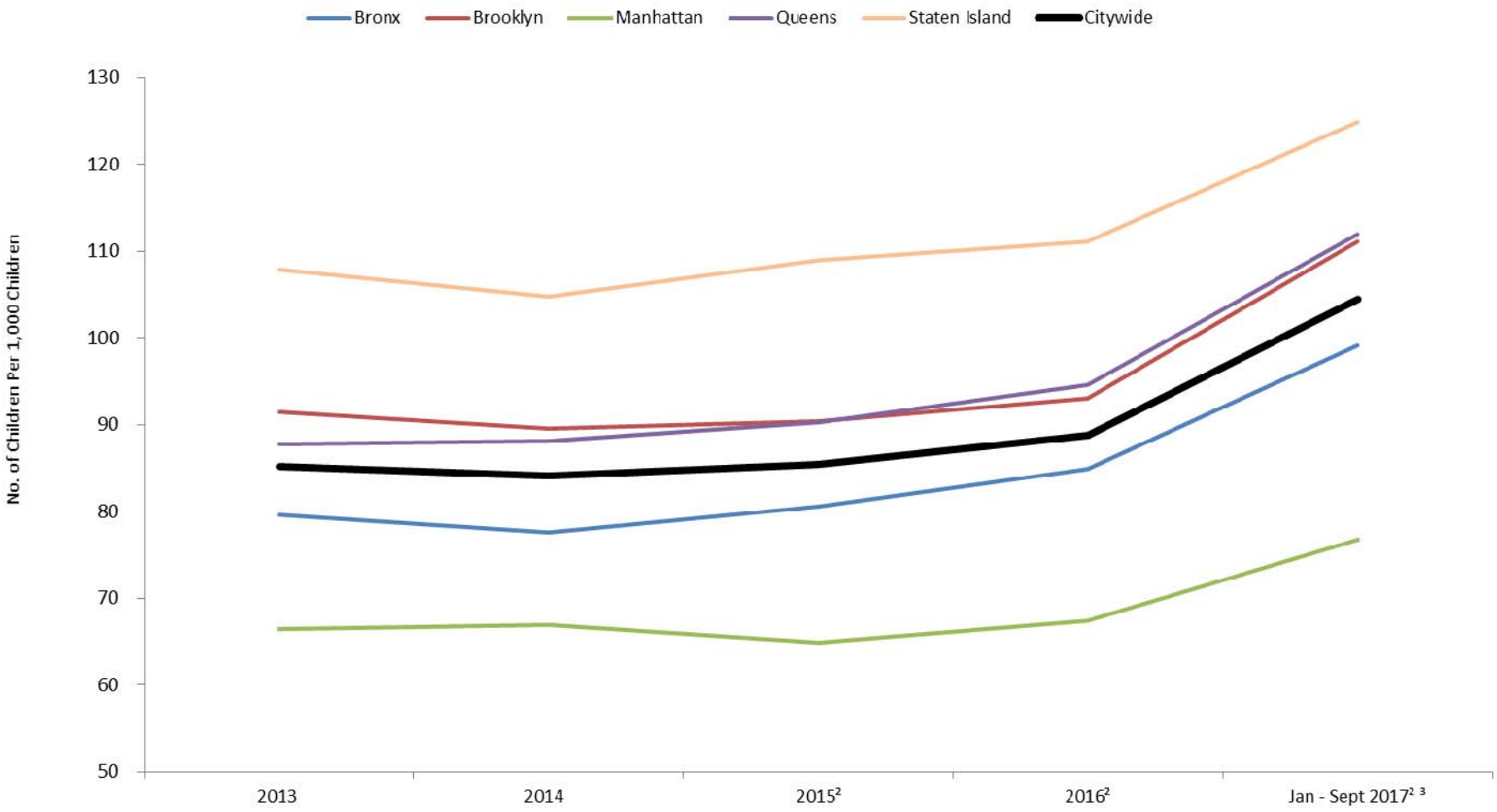
Number of Children Receiving General Services[1] Per Year, by Borough
January 2013 - September 2017



Note:

1. General services include all those but service coordination, evaluation, assistive technology and transportation.
2. The number of children 0-3 years is drawn from US Census data. For 2016 this chart uses population figures from 2015, which is the most recent data available.
3. Increase in the referral rate is a data artifact (may be due to incomplete data as the year is not complete yet)

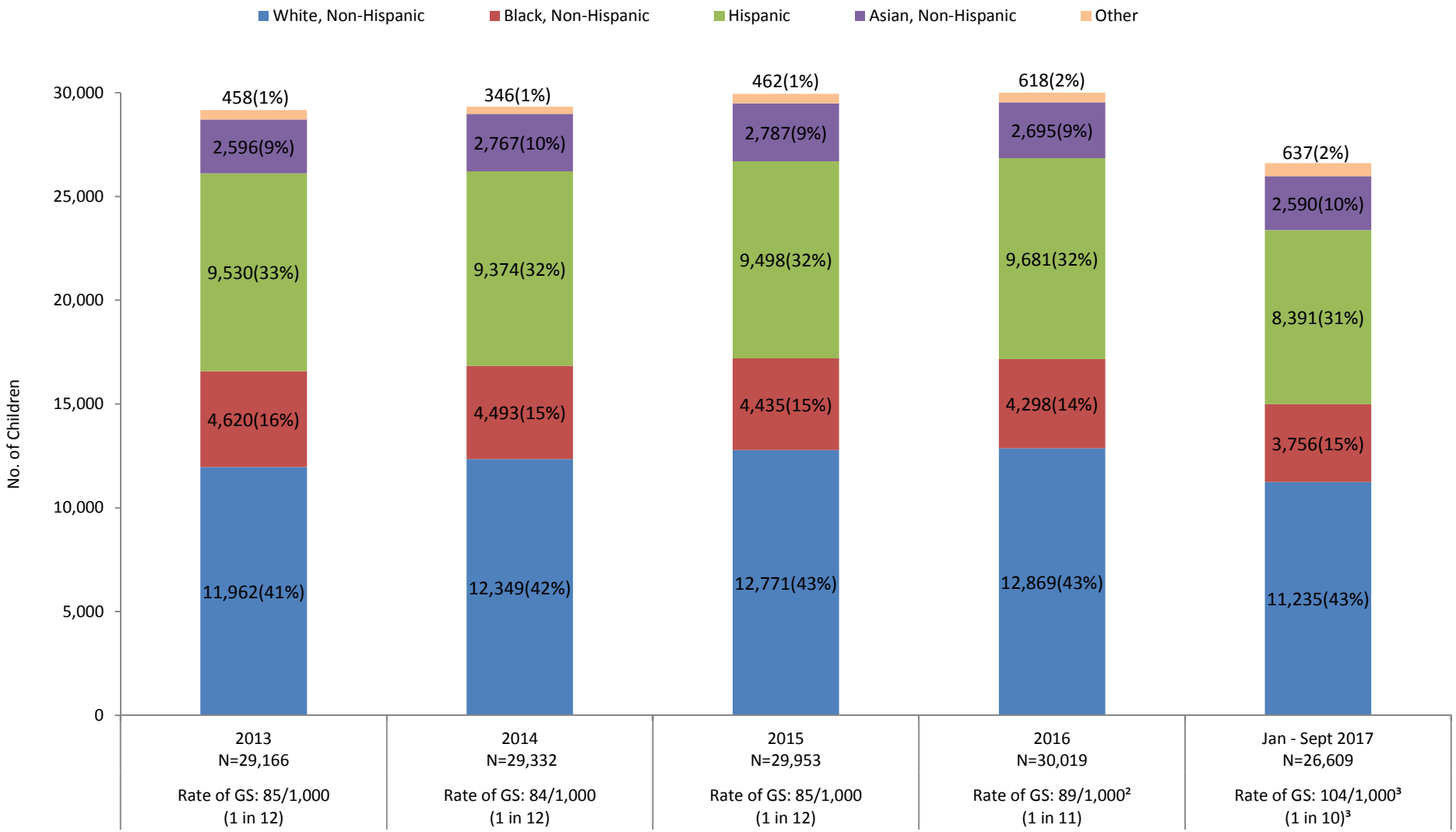
Rate of Children Receiving General Services[1] Per Year, by Borough
January 2013 - September 2017



Note:

1. General services include all those but service coordination, evaluation, assistive technology and transportation.
2. The number of children 0-3 years is drawn from US Census data. For 2016 this chart uses population figures from 2015, which is the most recent data available.
3. Increase in the referral rate is a data artifact (may be due to incomplete data as the year is not complete yet)

Number of Children Receiving General Services[1] Per Year, by Race and Ethnicity
January 2013 - September 2017



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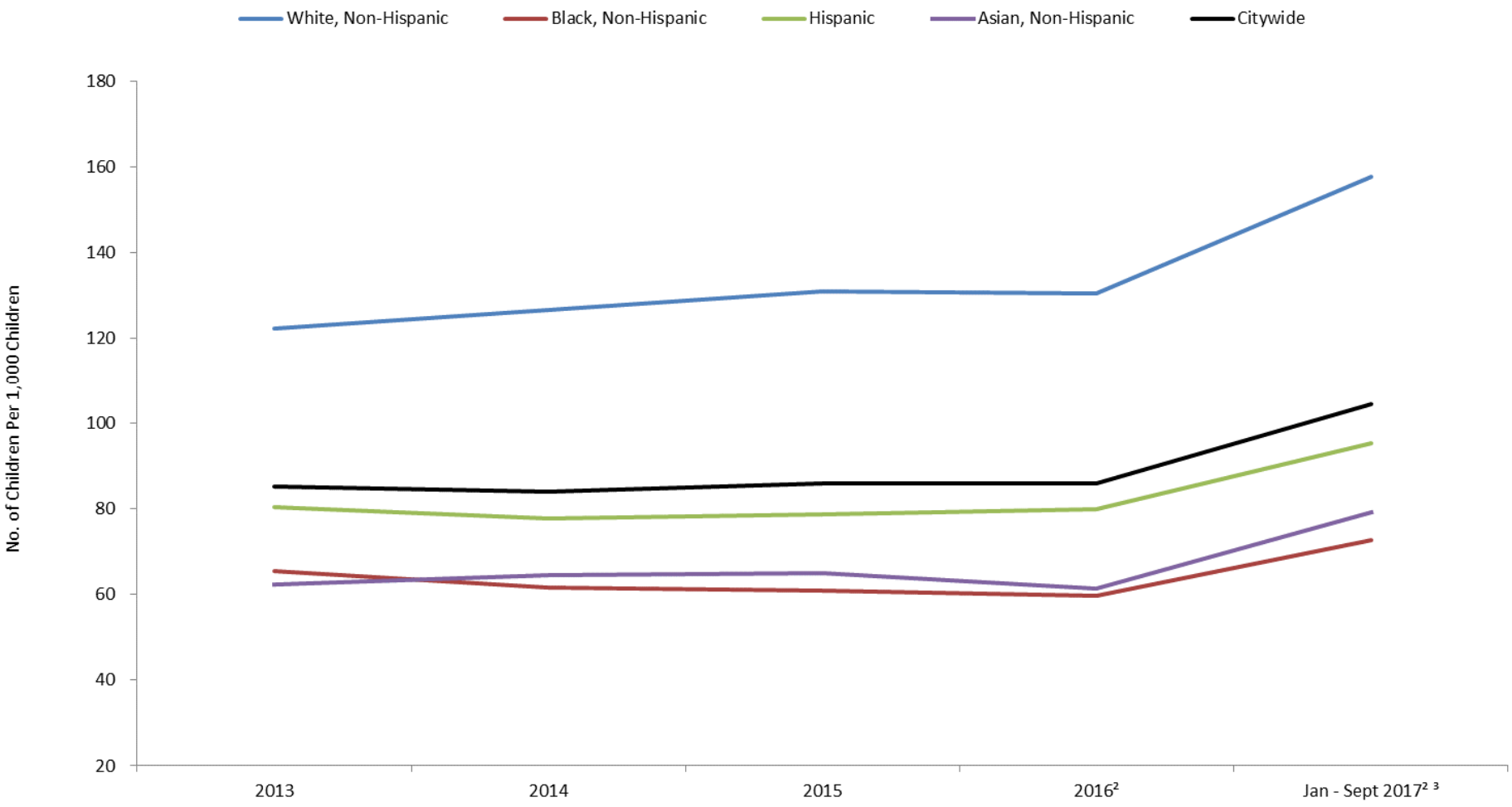
Rate of Children Receiving General Services[1] Per Year, by Race and Ethnicity
January 2013 - September 2017



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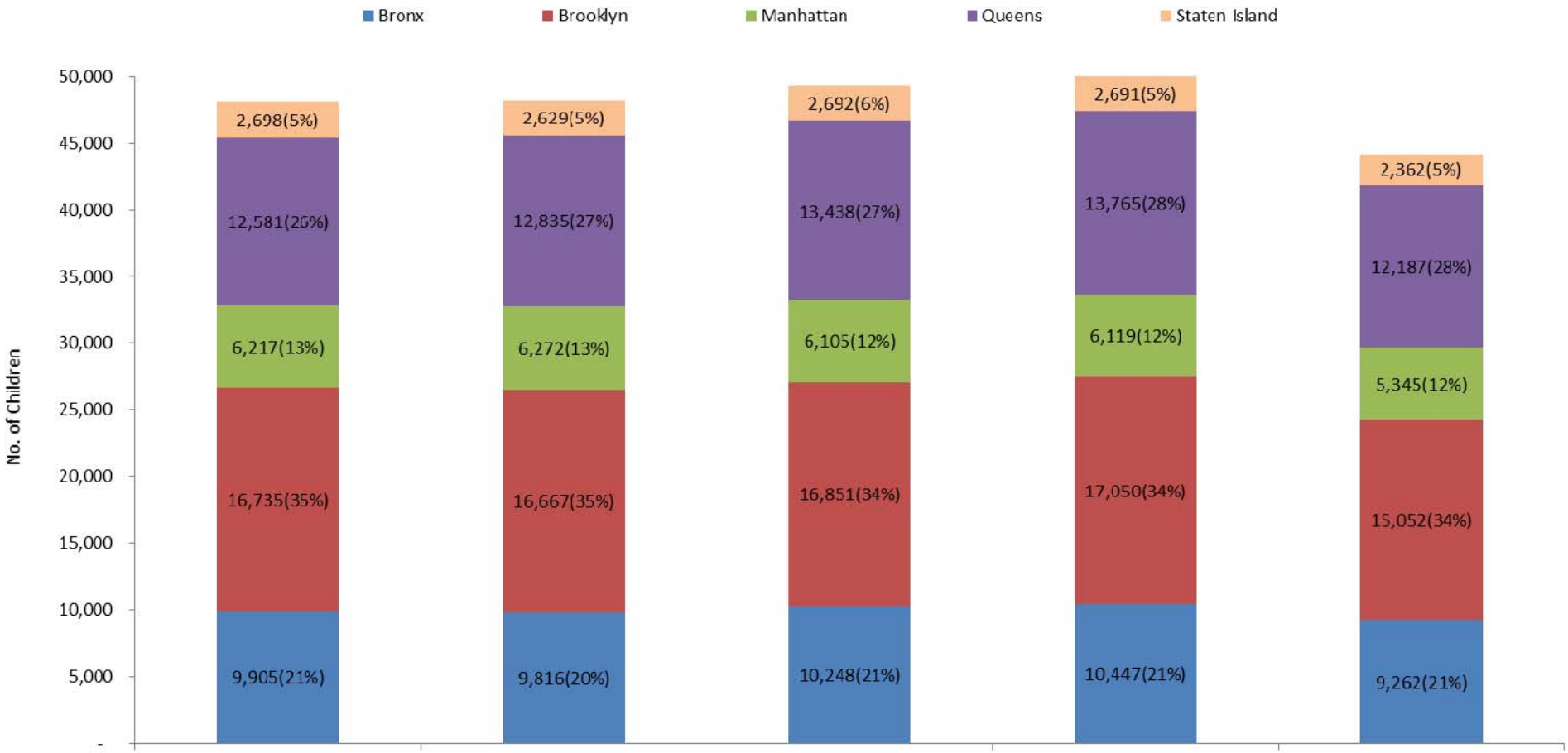
Children Receiving Any Type of Service, by Borough: Service Coordination, Evaluation and/or General Services[1] January 2013 - September 2017



Note:

1. General services include all those but service coordination, evaluation, assistive technology and transportation.
2. The number of children 0-3 years is drawn from US Census data. For 2016 this chart uses population figures from 2015, which is the most recent data available.
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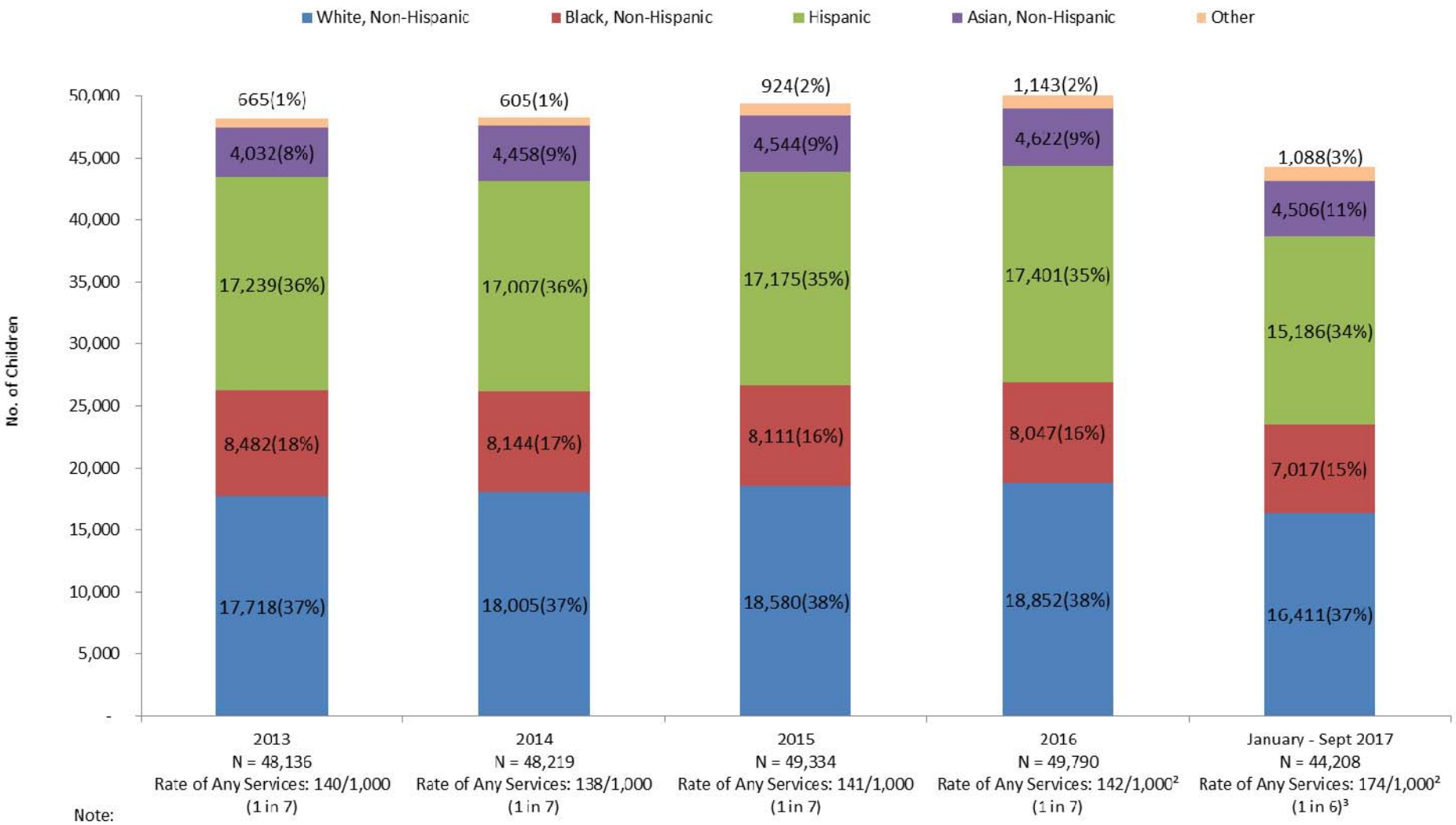
Children Receiving Any Type of Service, by Race and Ethnicity: Service Coordination, Evaluation and/or General Services[1] January 2013 - September 2017

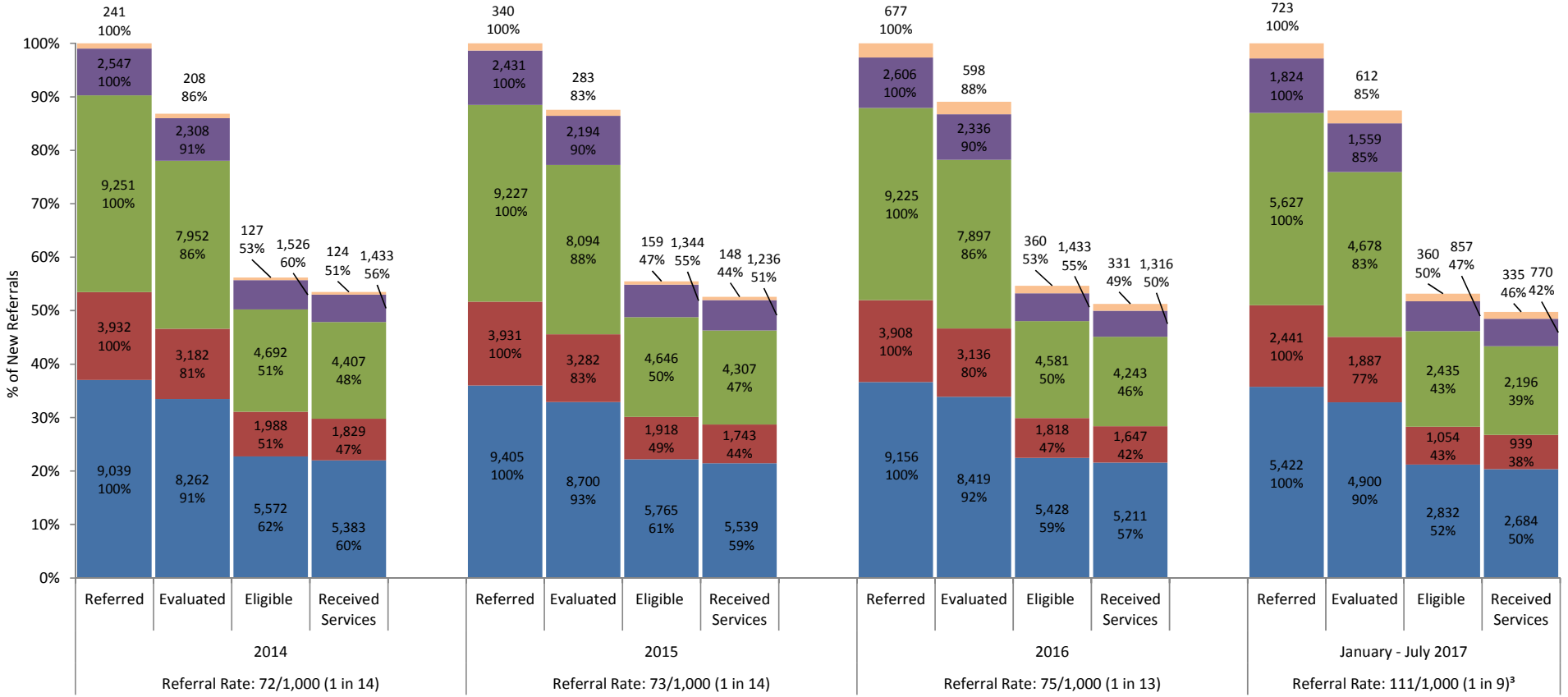


Note:

1. General services include all those but service coordination, evaluation, assistive technology and transportation.
2. The number of children 0-3 years is drawn from US Census data. For 2016 this chart uses population figures from 2015, which is the most recent data available.
3. Increase in the referral rate is a data artifact (may be due to incomplete data as the year is not complete yet)

Progress of New Referrals through the EIP by Race and Ethnicity, Citywide
January 2014 – July 2017

	2016			January - July 2017		
	0-3 Pop	*% of Pop*	*Ref. Rate (/1,000)*	*0-3 Pop*	*% of Pop*	*Ref. Rate (/1,000)*
White Non-Hispanic	94,976	28%	96	55,403	28%	98
Black Non-Hispanic	68,912	20%	57	40,199	20%	61
Hispanic	117,259	35%	79	68,401	35%	82
Asian Non-Hispanic	43,674	13%	60	25,476	13%	72
Other	14,888	4%	49	8,685	4%	31

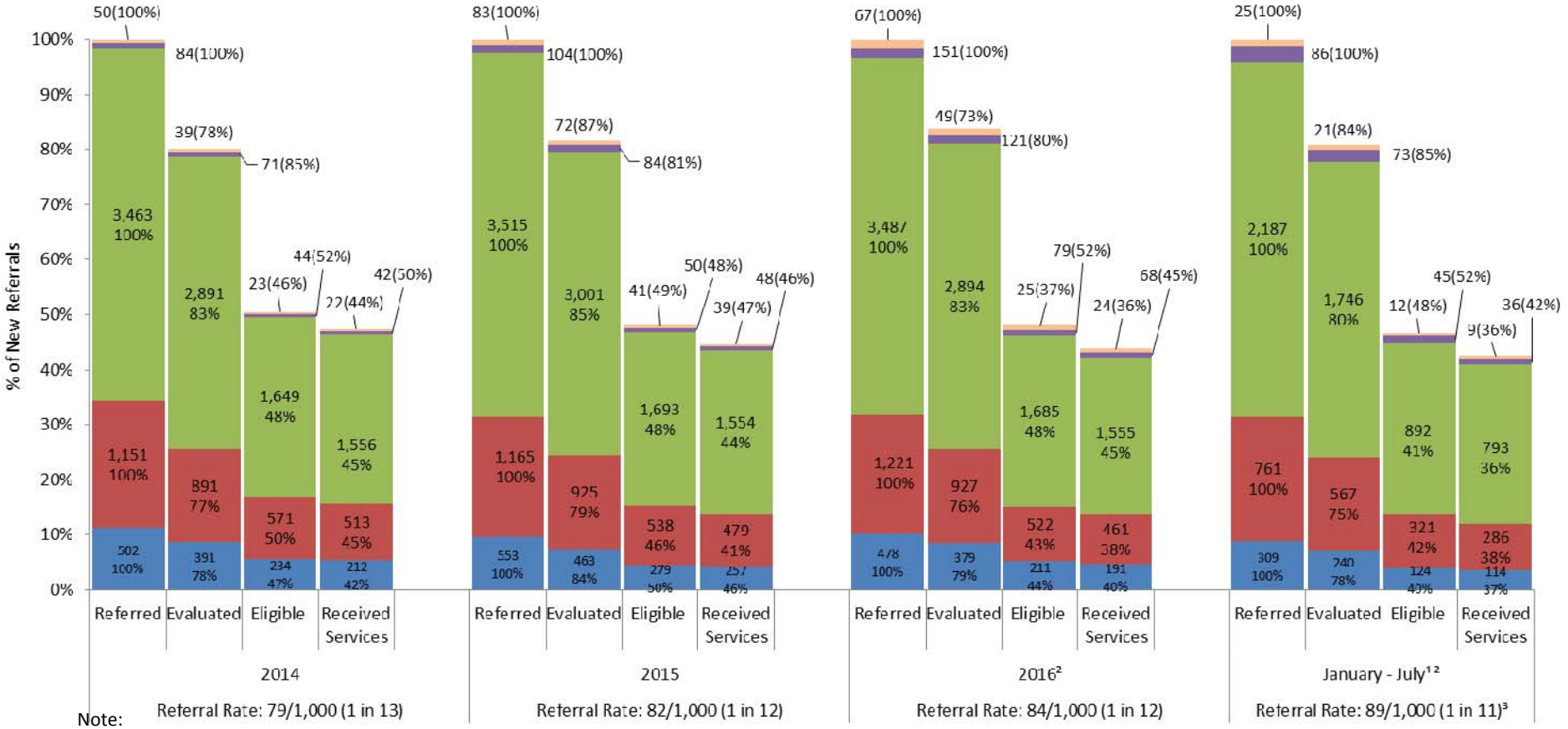


Note:

1. Progress of new referrals is typically reported on 3-month lag to ensure all children have time to reach final resolution, so data is presented only through July.
2. The number of children 0-3 years is drawn from US Census data. For 2016 and 2017 this chart uses population figures from 2015, which is the most recent data available.
3. Change in the rate of referral is a data artifact (may be due to incomplete data as the year is not complete yet)

Progress of New Referrals through the EIP by Race and Ethnicity, Bronx
January 2014 – July 2017

	2016[2]			January - July 2017[1,2]		
	0-3 Pop	*% of Pop*	*Ref. Rate (/1,000)*	*0-3 Pop*	*% of Pop*	*Ref. Rate (/1,000)*
White Non-Hispanic	3,996	6%	120	2,331	6%	133
Black Non-Hispanic	17,215	27%	71	10,042	27%	76
Hispanic	40,050	62%	87	23,363	62%	94
Asian Non-Hispanic	2,120	3%	71	1,236	3%	70
Other	1,322	2%	51	771	2%	32



Note:

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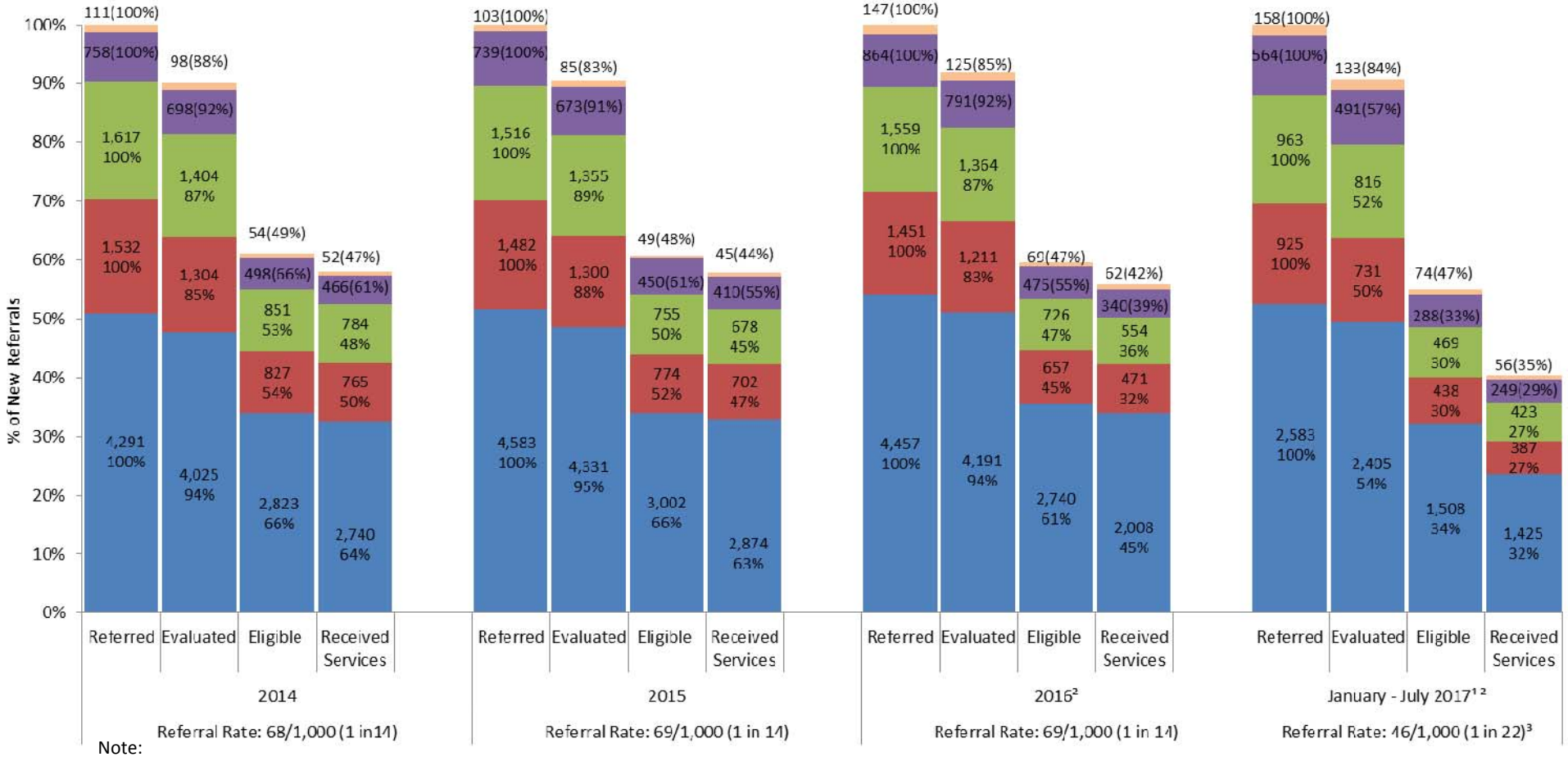
3. Change in the rate of referral is a data artifact (may be due to incomplete data as the year is not complete yet)

Progress of New Referrals through the EIP by Race and Ethnicity, Brooklyn
January 2014 – July 2017

	2015[2]			January - July 2017[1,2]		
	0-3 Pop	*% of Pop*	*Ref. Rate (/1,000)*	*0-3 Pop*	*% of Pop*	*Ref. Rate (/1,000)*
White Non-Hispanic	44,507	37%	100	25,962	39%	99
Black Non-Hispanic	30,156	25%	48	17,591	27%	53
Hispanic	25,157	21%	62	14,675	22%	66
Asian Non-Hispanic	13,718	12%	63	5,716	9%	99
Other	5,419	5%	29	2,258	3%	48



Note:

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2. The number of children 0-3 years is drawn from US Census data. For 2016 and 2017 this chart uses population figures from 2015, which is the most recent data available.
3. Change in the rate of referral is a data artifact (may be due to incomplete data as the year is not complete yet)

Progress of New Referrals through the EIP by Race and Ethnicity, Manhattan
January 2014 – July 2017

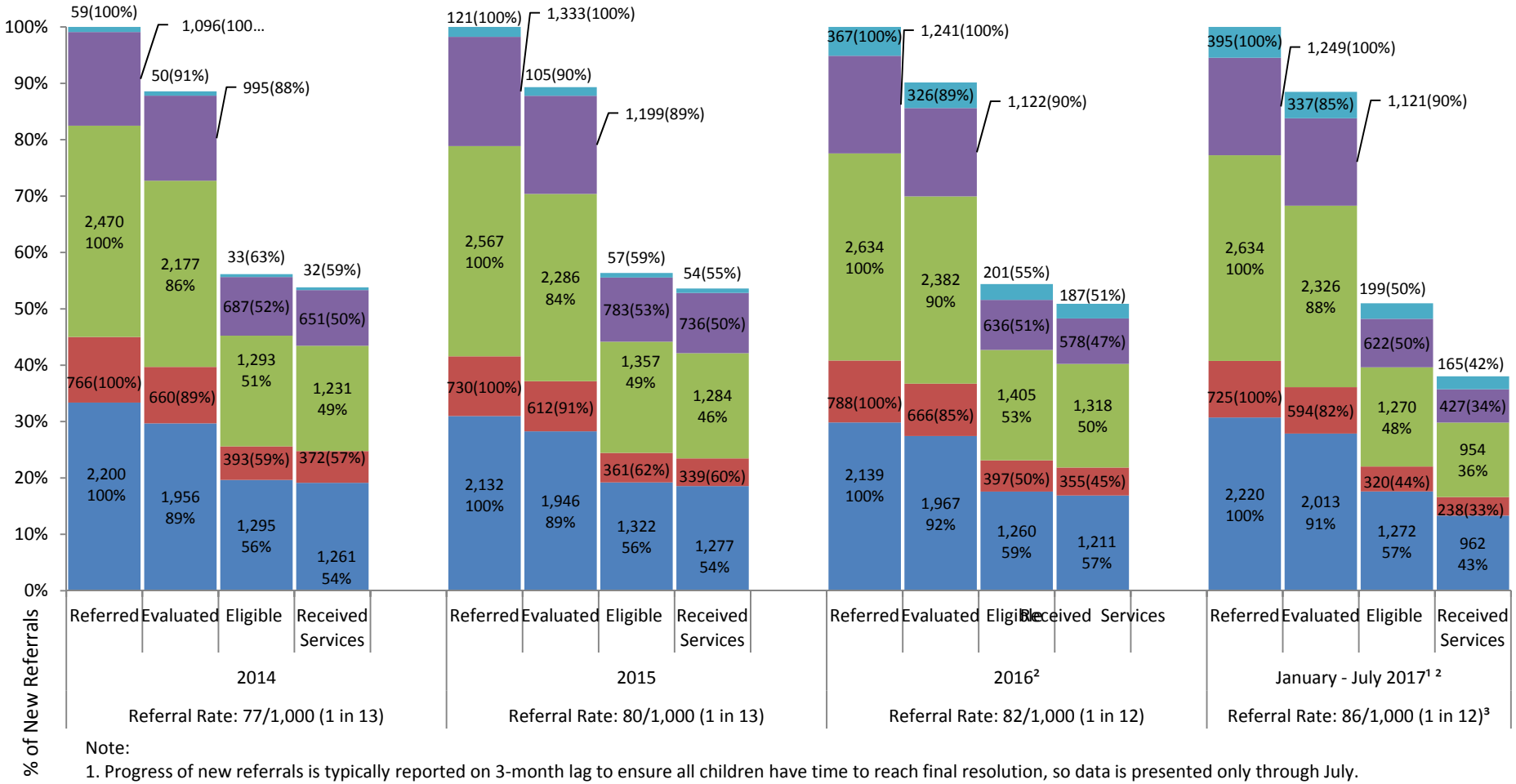
	2016[2]			January - July 2017[1,2]		
	0-3 Pop	*% of Pop*	*Ref. Rate (/1,000)*	*0-3 Pop*	*% of Pop*	*Ref. Rate (/1,000)*
White Non-Hispanic	20,496	40%	59	11,956	40%	67
Black Non-Hispanic	5,902	11%	64	3,443	11%	67
Hispanic	16,453	32%	75	9,597	32%	75
Asian Non-Hispanic	5,691	11%	53	3,320	11%	57
Other	3,129	6%	13	1,826	6%	26

Note:

1. Progress of new referrals is typically reported on 3-month lag to ensure all children have time to reach final resolution, so data is presented only through July.
2. The number of children 0-3 years is drawn from US Census data. For 2016 and 2017 this chart uses population figures from 2015, which is the most recent data available.
3. Change in the rate of referral is a data artifact (may be due to incomplete data as the year is not complete yet)

Progress of New Referrals through the EIP by Race and Ethnicity, Queens
January 2014 – July 2017

	2016[2]			January - March 2017[1 2]		
	0-3 Pop	*% of Pop*	*Ref. Rate (/1,000)*	*0-3 Pop*	*% of Pop*	*Ref. Rate (/1,000)*
White NH	19,058	21%	116	7,941	21%	66
Black NH	14,243	16%	51	5,935	16%	32
Hispanic	32,338	36%	81	13,474	36%	52
Asian NH	20,785	23%	60	8,660	23%	45
Other	4,336	5%	91	1,806	5%	69



Note:

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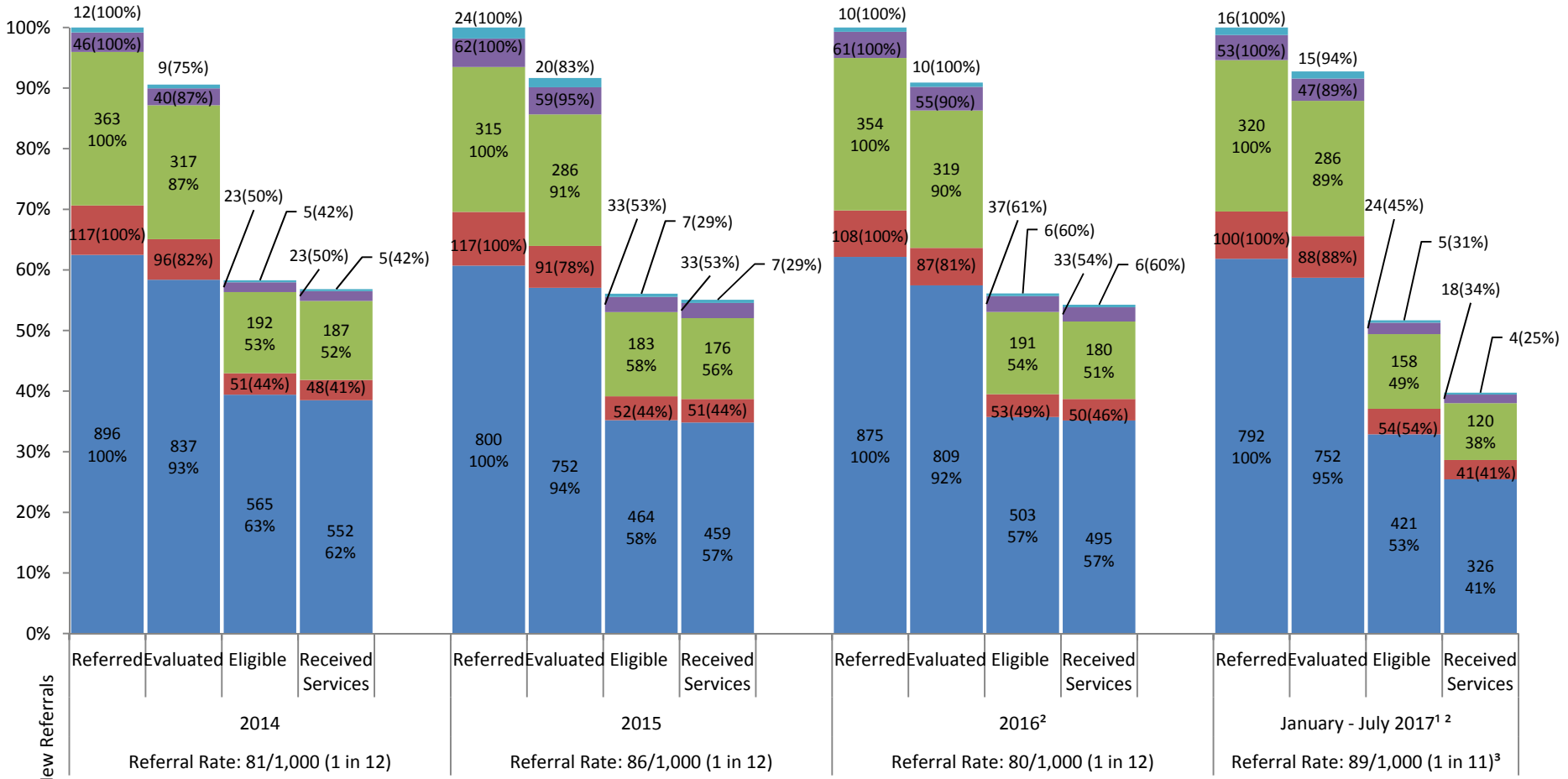
3. Change in the rate of referral is a data artifact (may be due to incomplete data as the year is not complete yet)

Progress of New Referrals through the EIP by Race and Ethnicity, Staten Island
January 2014 – July 2017

	2016[2]			January - March 2017[1,2]		
	0-3 Pop	*% of Pop*	*Ref. Rate (/1,000)*	*0-3 Pop*	*% of Pop*	*Ref. Rate (/1,000)*
White NH	8,099	50%	76	3,375	50%	76
Black NH	2,028	12%	27	845	12%	27
Hispanic	4,509	28%	47	1,879	28%	47
Asian NH	1,105	7%	48	460	7%	48
Other	599	4%	0	250	4%	0



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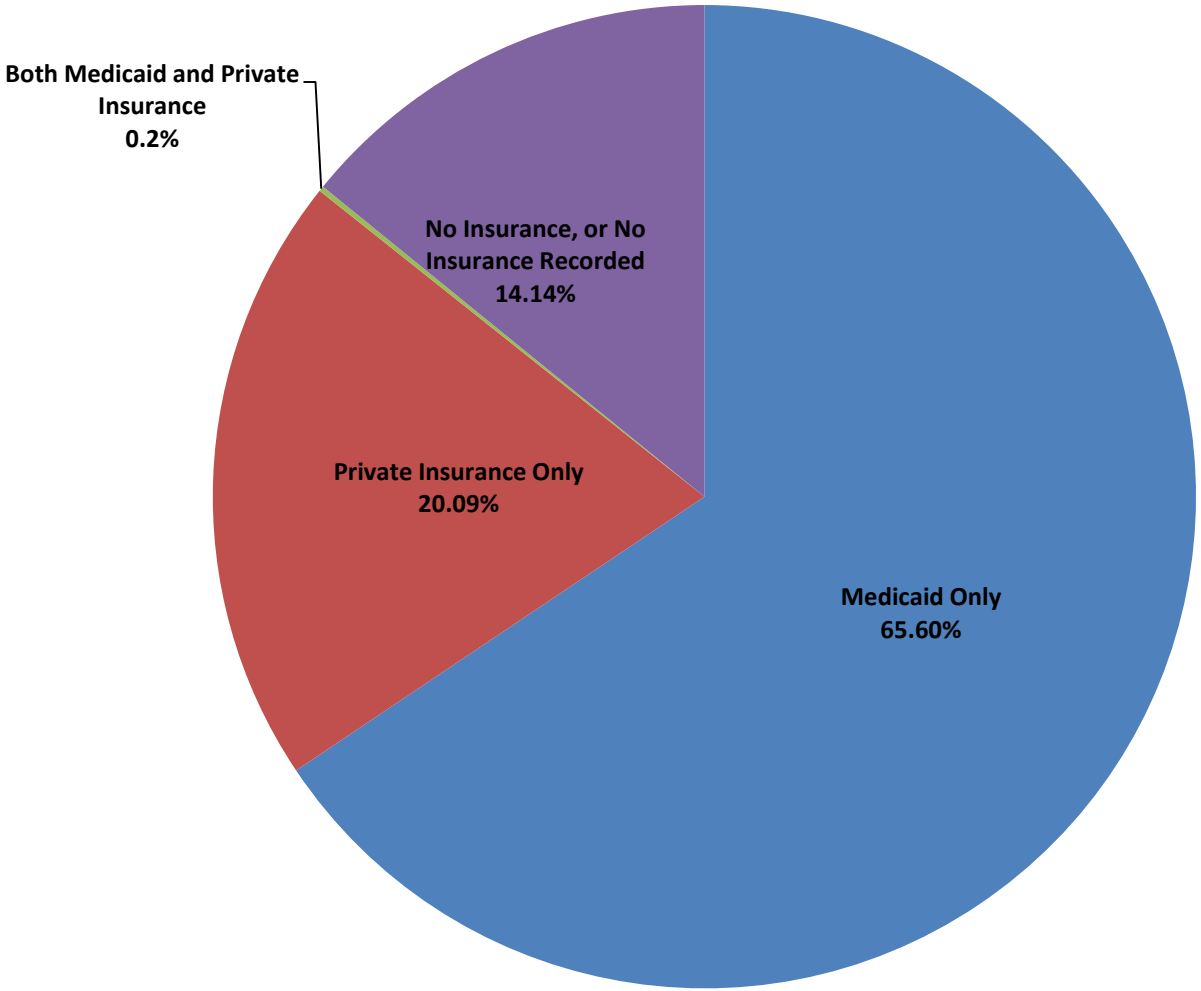
Insurance Status of Children Receiving General Services
January - July 2017
N = 24,291



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.