

NEW YORK CITY EARLY INTERVENTION COORDINATING COUNCIL (LEICC)		
11.30.2018	10:07 AM	CUNY School of Law
LEICC Member Attendees	<p>Marie B. Casalino, MD, MPH, Assistant Commissioner, Bureau of Early Intervention, NYC DOHMH Jacqueline D. Shannon, PhD, Chair of LEICC Tricia DeVito, MS, Ed., SDL Karen Samet, MS, SAS Liz Isakson, MD, FAAP Catherine Ayala Sundari Periasamy, MD Cara Chambers, MS Christopher Treiber, MS</p>	
Welcome, Introductions, and Minutes Approval	<p>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.</p> <p>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 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.</p> <p>LEICC members introduced themselves. Minutes from the August meeting were approved.</p>	
SEICC Report and Bureau Updates	<p>Dr. Casalino provided an update on Dr. George Askew’s (Deputy Commissioner of Family and Child Health) transition from NYC DOHMH to the role of Deputy Chief Administrative Officer at Health and Human Services in Prince George’s County, Maryland.</p>	
	<p>SEICC Report</p> <p>Dr. Casalino then provided a summary report on the State Early Intervention Coordinating Council (SEICC) meeting held on 9/20/2018.</p>	

	<p>The Social-Emotional Workgroup update was presented by Katie Reksch. The goal/purpose of the workgroup is to promote the use of the Social-Emotional guidance document and develop a strategic dissemination plan.</p> <p>The members of the workgroup include representatives of the SEICC, municipalities and state agencies, and parents. The current projects they are working on include electronic versions of the Reference Guide, the webpage, and e-learning modules.</p> <p>The current State Fiscal Agent (SFA) contract expires on 9/30/19. The new RFP includes functions of SFA and NYEIS. The plan is to have the new vendor in place by 6/1/2019, with a 4-month transition period and full integration by 4/1/2020.</p> <p>The SSIP/IFaCT first cohort’s projects are being completed, and the second cohort is being established. The second cohort will include Nassau and Suffolk Counties, and will include Mandarin- and Spanish-speaking groups for NYC.</p> <p>NYS Department of Health (SDOH) has entered into a five-year contract with Measurement, Inc. (MI) to provide online trainings. Some in-person trainings will be converted to online content (including both self-paced and live courses). MI has developed an FAQ and evaluation plan and is eliciting feedback from stakeholders. MI is working with SDOH to develop a training needs assessment; the findings from this assessment will be reported to SDOH.</p> <p>The Provider Approval and Due Process Units discussed the SDOH Corrective Action process in response to SEICC inquiries.</p> <p>The Health Homes update clarified the criteria for enrollment, appropriateness, and eligibility. There is a need to build capacity.</p> <p>SDOH received 10 comments on proposed regulations during the public comment period. The final release is targeted for November 2018.</p> <p>There were also additional discussions of the rate structure and methodology, PCG and fiscal reports.</p>
	<p>Bureau Updates</p>

The Evaluation Quality Improvement Project is employing a Lean Six Sigma approach. There were internal and external stakeholder meetings about this. There was a survey sent to individual providers; preliminary findings show that failure to write an appropriate MDE summary, evaluator inexperience, and lack of understanding of NYS eligibility criteria are some of the challenges.

In 2014, the LEICC Service Coordination Subcommittee conducted a survey with 98 Service Coordinators (SCs) and 15 SC Supervisors from 12 agencies. The highlights from the survey were that SCs and SC supervisors reported receiving minimal supervision, and identified paperwork and NYEIS as significant burdens. Respondents did not show strong support for any of the additional resources suggested: more training, more supervision, written materials.

The most recent NYC Local Determination report, for the period 7/1/2016-6/30/2017, stated that NYC “Needs Assistance.” NYC will be required to take various steps to improve its performance, such as participate in webinars, review quality assurance procedures, and participate in a Learning Collaborative.

Discussion

Mr. Treiber asked a question regarding OPWDD and care managers. Has BEI seen a turnover among SC staff? **Ms. Puffett** replied that we do not know the answer to this question as it varies from month to month. The 2014 survey results with SCs will be helpful in addressing these concerns. **Mr. Treiber** suggested that perhaps a new survey with specific questions regarding service coordination would be helpful as considerable time has passed and things have changed since the last one. **Dr. Casalino** agreed, and mentioned that we will designate a task force to look into this further, although it is likely that we will get the same results from the survey.

Mr. Treiber asked regarding Local Determination if there is any way of assessing how long the child got services. **Ms. Puffett** replied that there is not. **LEICC members** asked why the first indicator rate on start date of services was about 81% instead of 100%. **Ms. Puffett** replied that this concerns OT and PT challenges in certain neighborhoods. **Dr. Casalino** reiterated that we are working to improve these measures. **Ms. Chambers** asked for clarification on the SEICC Report regarding the Rate Structure Methodology. **Dr. Casalino** replied that this is an ongoing discussion and she will be happy to send some documents on this to Ms. Chambers.

<p>Social-Emotional Development</p>	<p>Ms. Macer provided an update on the SEICC Social-Emotional Guidance Document Dissemination Workgroup. The document was developed by the ECAC and SEICC. The purpose of the document is to provide guidance to professionals, programs, and services involved with infants and toddlers and their families.</p> <p>The document’s objective is to ensure that all young children receive routine and ongoing developmental screening, to promote the identification of children at risk of experiencing a social-emotional development (SED) delay or disability, and ensure that their families receive assistance. It is also to improve the early identification of children who may already be experiencing delays in SED, ensure that evaluations and assessments for all children in the EIP adequately address SED, and ensure that EI Service Coordinators, evaluators, and providers understand the importance of SED.</p> <p>The workgroup’s goal was to identify 1-3 priority projects, which are a Reference Guide (supplement to the Guidance Document), e-learning (use of the Guidance Document hosted on the SDOH Learning Management System), and a webpage (on social-emotional development for families).</p> <p>All products of the dissemination workgroup are to be distributed by SDOH. SDOH will gather feedback about the products and discuss this at the March SEICC. The next steps will also be discussed at the SEICC meeting. To encourage their use, Continuing Education Units (CEUs) can be used to fulfill the annual training requirements of the SDOH BEI Provider Agreement and to fulfill professional license CEU requirements. The NYC BEI is an approved provider of CEUs for Occupational Therapy/Occupational Therapy Assistant (OT/OTA), Physical Therapy/Physical Therapy Assistant (PT/PTA), Social Work (LMSW/LCSW), and Speech-Language Pathology/Audiology.</p>
<p>Data Report and Provider Oversight</p>	<p>Ms. 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.</p> <p>Discussion</p> <p>LEICC members asked if we can make it mandatory to enter insurance information in NYEIS. Ms. Puffett replied that it is not possible because insurance information is not collected or updated at any single point in the case.</p> <p>LEICC members inquired if we can get more granular information regarding certain data. Ms. Puffett said it can be difficult based on what we are interested in.</p>

	<p>Mr. Treiber asked about some data points concerning service provision from start to finish, and also about the quality of service provision. Ms. Puffett replied that there is a confluence of factors that needs to be looked at.</p>
<p>Bureau of Child Care Update</p>	<p>Mr. Gonzalez from the Bureau of Child Care presented on “The New York City Child Care Influenza Vaccine Mandate & Anaphylaxis Identification and Epinephrine Auto-Injector Training Requirement.” This will affect the programs regulated by Article 47 (group child care centers and non-residential child care) and Article 43 (school-based child care and non-residential child care affiliated with an educational institution). The Board of Health implementation of flu vaccine requirements was detailed and the two types of exemptions (medical and religious) were explained. Exemption petitions need to be addressed to the NYC Commissioner of Health.</p> <p>The Board of Health requires all teaching and child supervision staff to receive training on identifying and responding to anaphylaxis – the prevention and control of allergic reactions. Two epinephrine auto-injectors will be provided to programs that submit proof of training from NYS-approved curricula. Enforcement of this training requirement will begin in early 2019.</p> <p>Discussion</p> <p>LEICC members inquired about trainings being officially recognized by the State. Mr. Gonzalez replied that this is determined by State regulations, such as code 20. The Bureau of Child Care website has detailed information on this.</p> <p>Mr. Treiber asked for clarification on suspending children without flu vaccinations at child care centers. Mr. Gonzalez referred him to the Bureau of Child Care website for details and emphasized that the official NYC policy is that flu vaccinations, with the exceptions mentioned above, are mandatory.</p>
<p>Bronx Transition Coordinator Pilot Project In District 7</p>	<p>Ms. Wallenstein from the NYC Department of Education (DOE) presented on the “Early Intervention Transition Initiative” in District 7 in the Bronx. Since “Pre-K for All” launched in 2014, New York City has tripled the number of children in free, full-day, high-quality pre-kindergarten. Following the success of “Pre-K for All”, “3-K For All” was launched as a pilot in selected districts in 2017.</p> <p>The EarlyLearn program for children ages 6 weeks to 5 years old, will transition from the Administration for Children’s Services to the DOE in July 2019 to create a unified birth-to-five early care and education system.</p>

	<p>There are about 350,000 children (birth to age 21) with disabilities receiving services from the city, with DOHMH providing services to ~32,000 children (ages 0-3) per year through its Early Intervention Program (EIP). The DOE provides services to 292,000 students (ages 3-21) through its school programs. Furthermore, the EIP provides evaluation and/or service coordination to another 18,000 children.</p> <p>The current challenges to service delivery were mentioned. Children’s access to services varies based on geographic region, socioeconomic status and type of disability, impacting their long-term education outcomes. Families experience difficulties navigating multiple confusing processes and accessing services while also learning about their child’s diagnosis and working to support their child in the home. The providers have varying levels of expertise and often lack the necessary information and resources to support students with developmental delays and disabilities. The City lacks a mechanism to share data across City agencies in order to make informed programmatic, policy and resource allocation decisions and ensure service provision.</p> <p>Discussion</p> <p>Ms. Chambers mentioned that the parents have complained that the process for referral to the Committee on Preschool Special Education (CPSE) is cumbersome and often a barrier. Additionally, the lack of service coordination (case management) in the CPSE system is another major obstacle. She asked who the transition initiative staff are and what metrics are being used to measure success. Ms. Wallenstein replied that they have identified candidates who have EI or special education experience for these positions. She mentioned they are also using outcomes and implementation metrics as evaluative measures.</p> <p>Ms. Periasamy asked how long the transition process takes. Ms. Wallenstein replied that it varies as many factors are involved, but it is recommended that families submit a referral three months before the EI age-out date.</p> <p>Dr. Isakson mentioned that pediatricians are important stakeholders that should be included. It would be helpful if pediatricians were involved in the transition process from the beginning.</p>
<p>LEICC Committees Updates</p>	<p>Dr. Shannon provided an update on the Academic Partnerships. The subcommittee met with the academic partners in June for a discussion of the evaluation plan, has met twice since September, and will meet again in February.</p> <p>Ms. Samet reiterated Dr. Casalino’s emphasis on the Bronx transition pilot and spoke about the Transition Committee’s role in this.</p>

<p>Public Comment</p>	<p>The floor was opened for public comments. Ms. Natalie Adler from the Rose F. Kennedy Center in the Bronx gave a brief update on the experiences of SSIP/IFaCT Cohort 1 and described what they are planning to do with cohort 2.</p> <p>The meeting was adjourned at 11:59 AM.</p>
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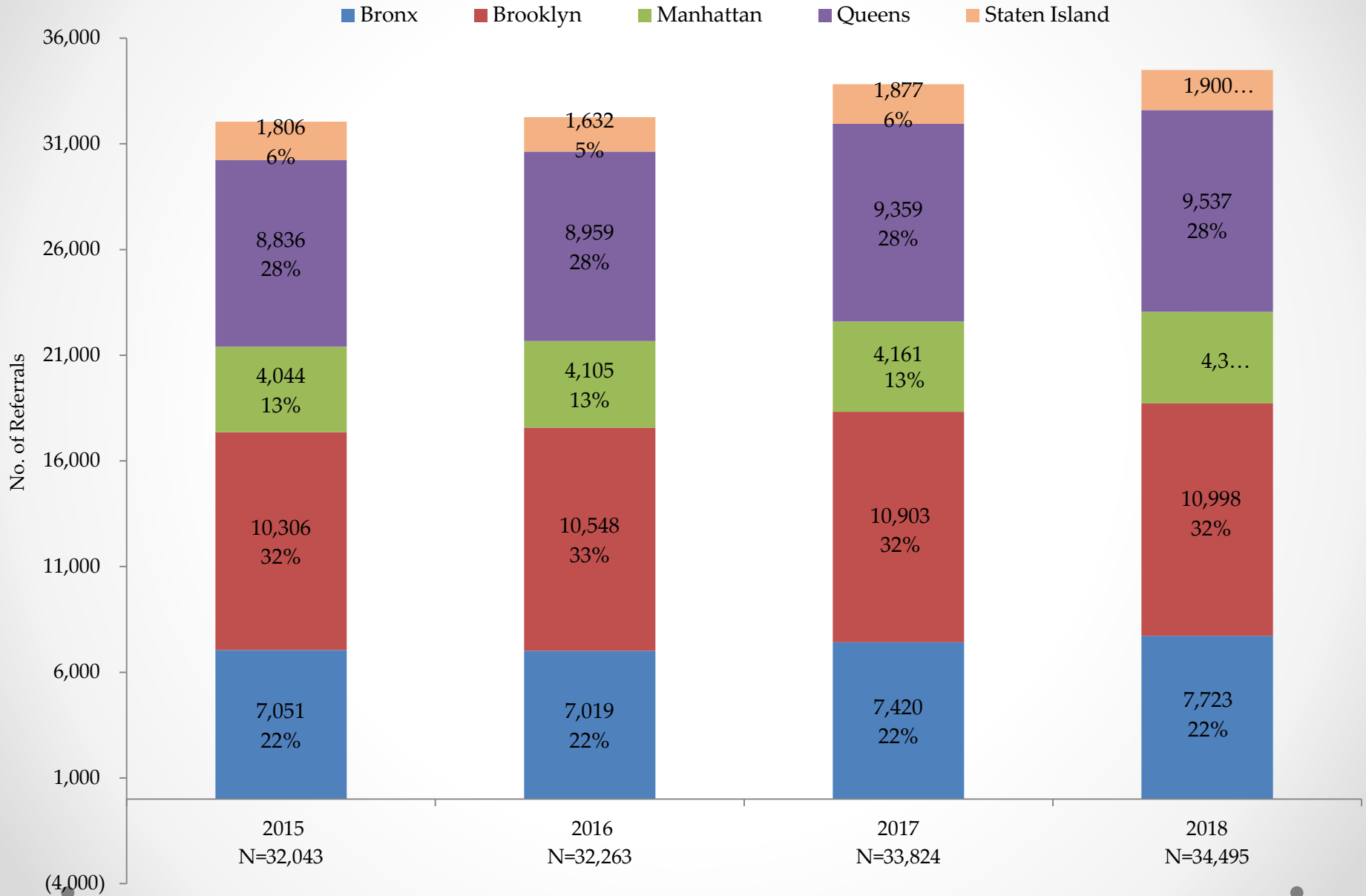
Early Intervention Data Report



Nora Puffett, MPA

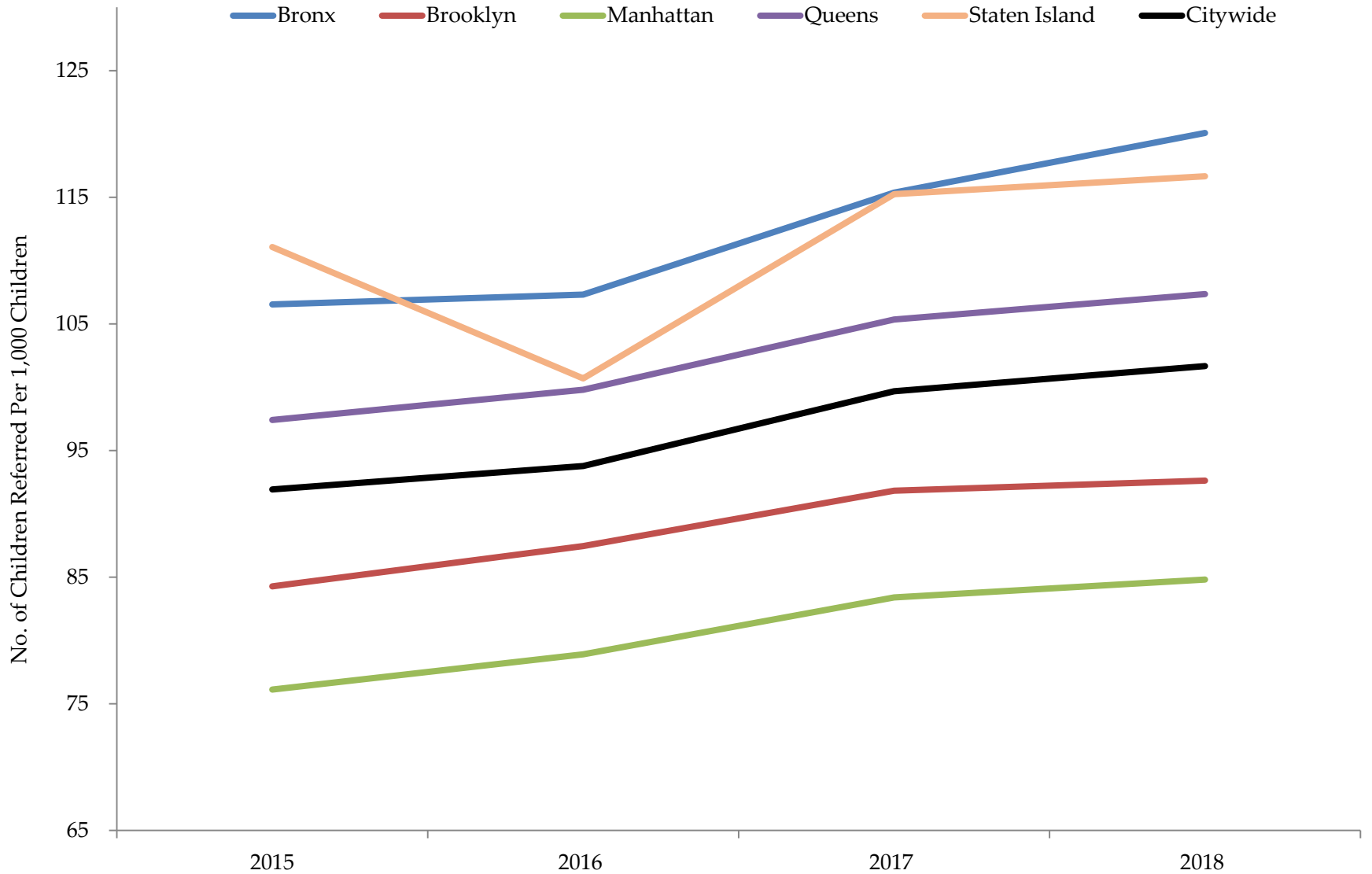
Number of New and Re-Referrals Per Year, by Borough

January 2015-December 2018



Rate of New and Re-Referrals Per Year, by Borough

January 2015-December 2018



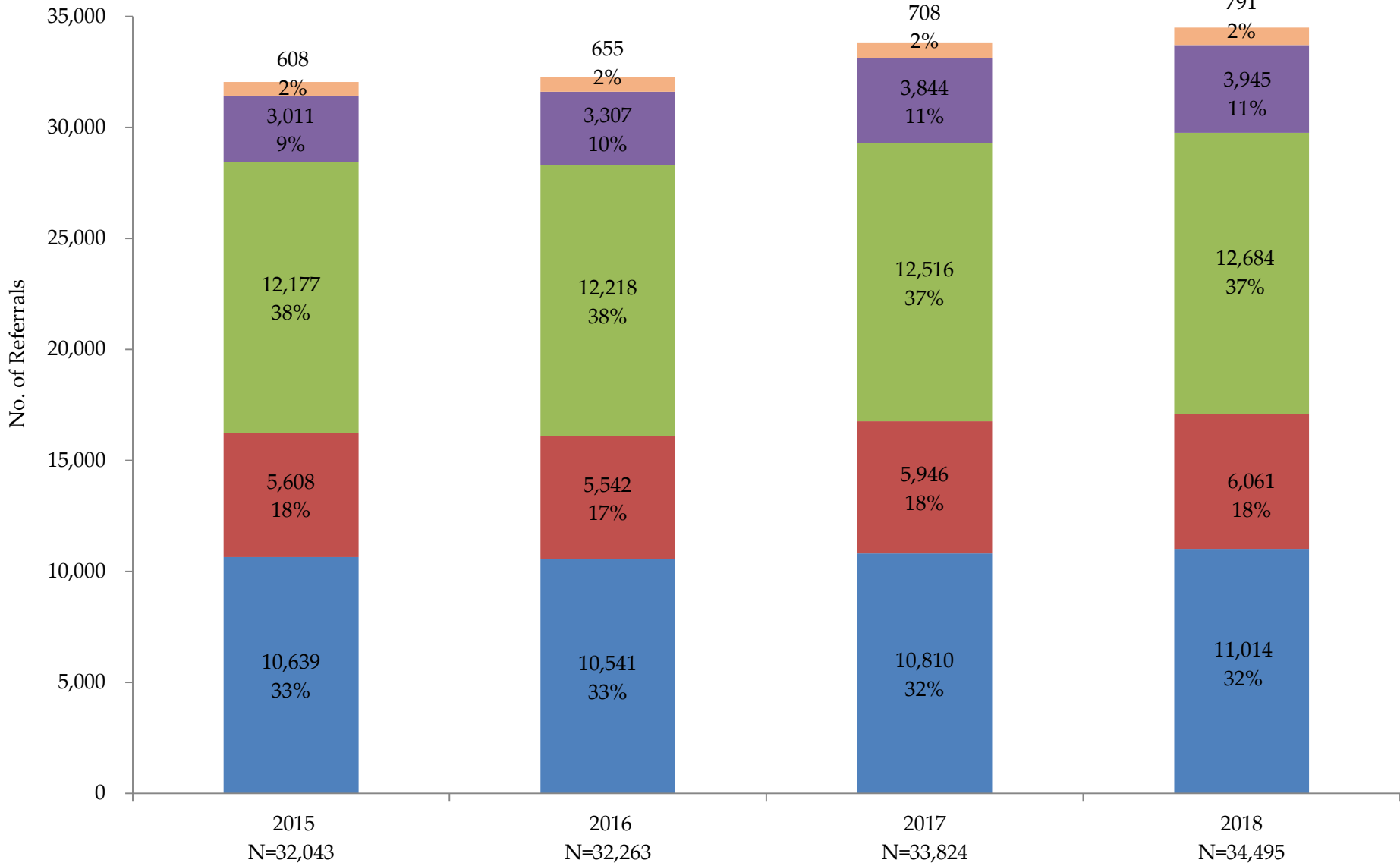
* Rates are by distinct children not referrals.

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

Number of New and Re-Referrals Per Year, by Race and Ethnicity

January 2015-December 2018

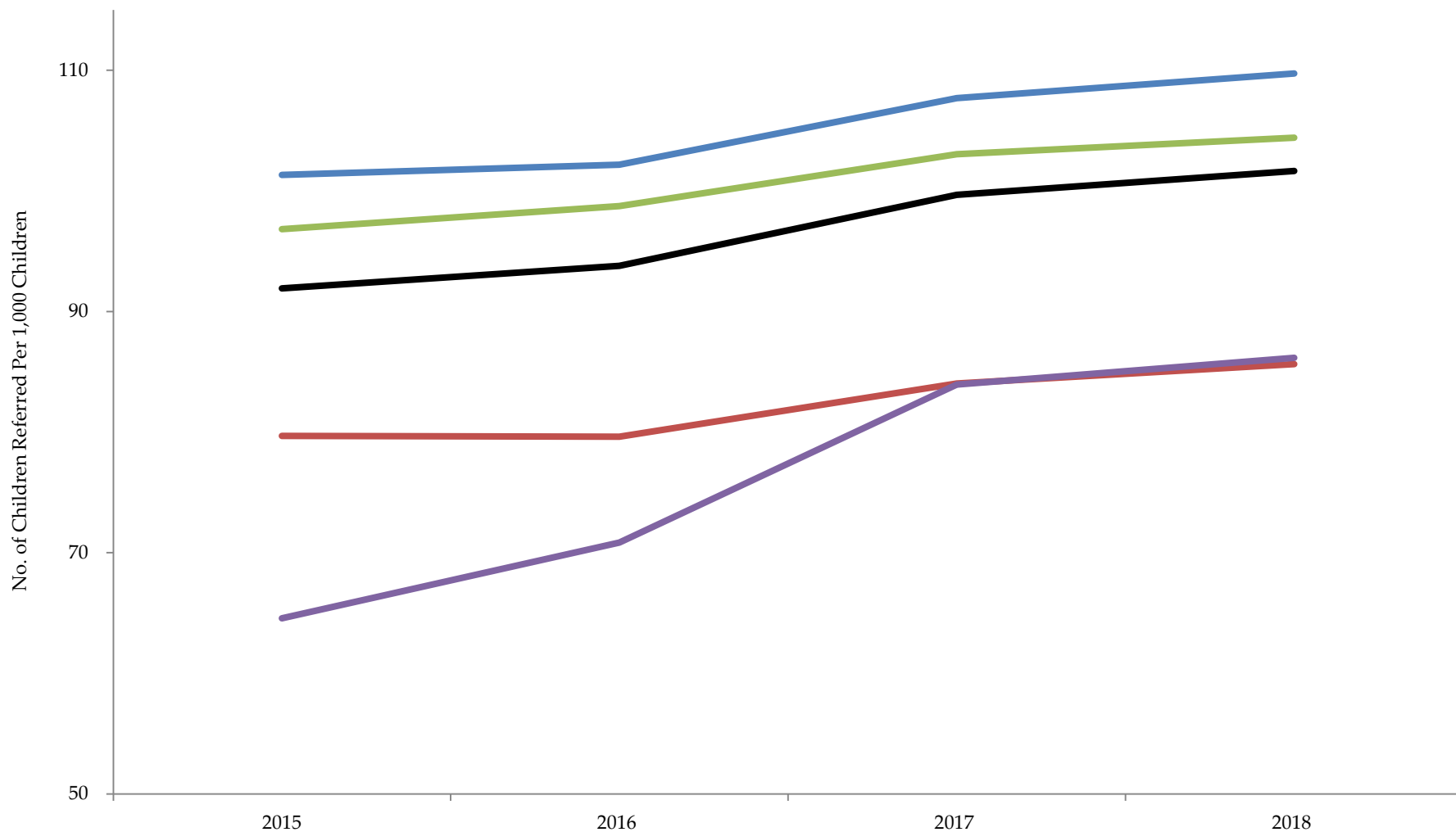
■ White, NH
 ■ Black, NH
 ■ Hispanic
 ■ Asian, NH
 ■ Pacific Islander or Native American



Rate of New and Re-Referrals Per Year, by Race and Ethnicity

January 2015-December 2018

White, NH Black, NH Hispanic Asian, NH All Races

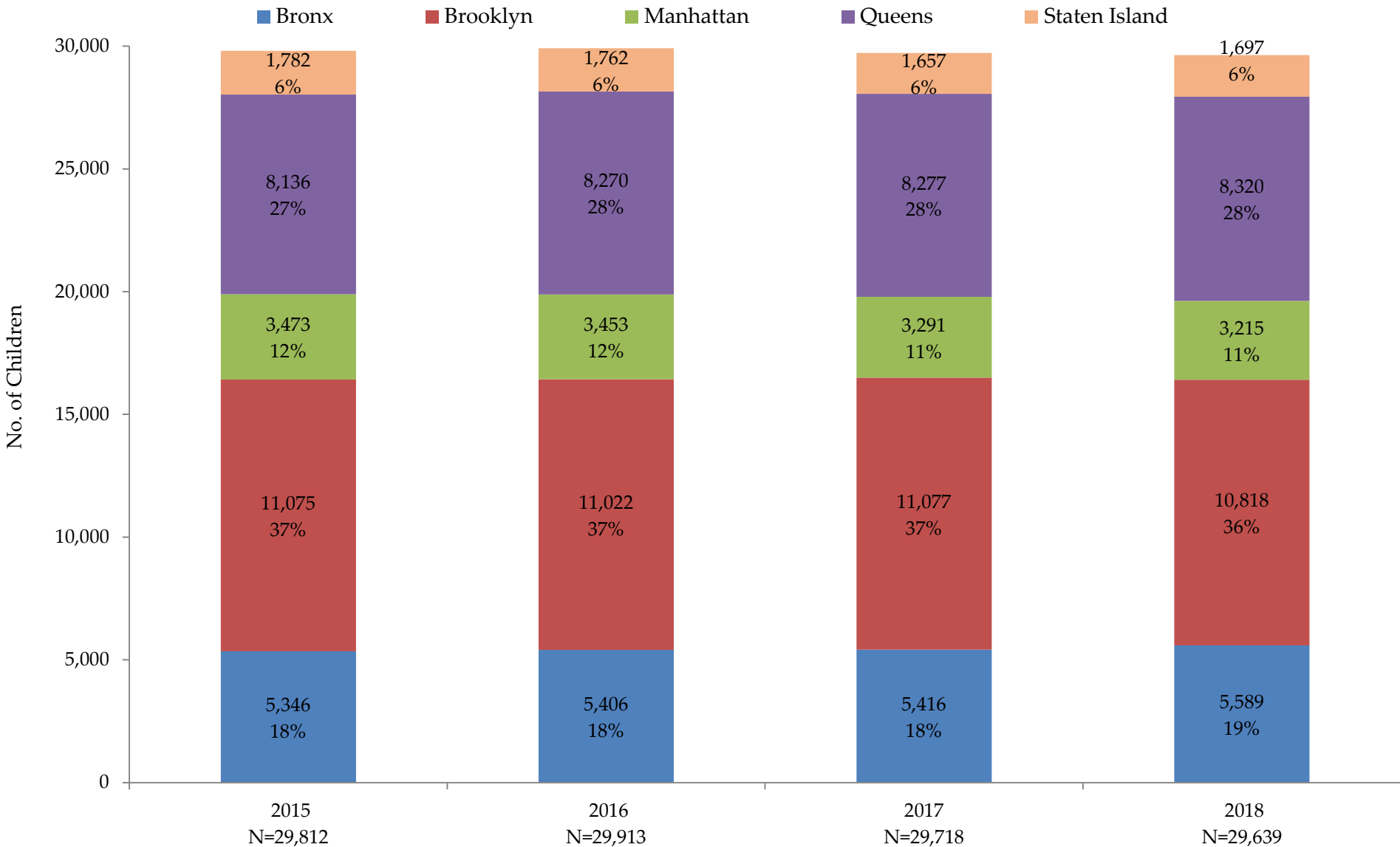


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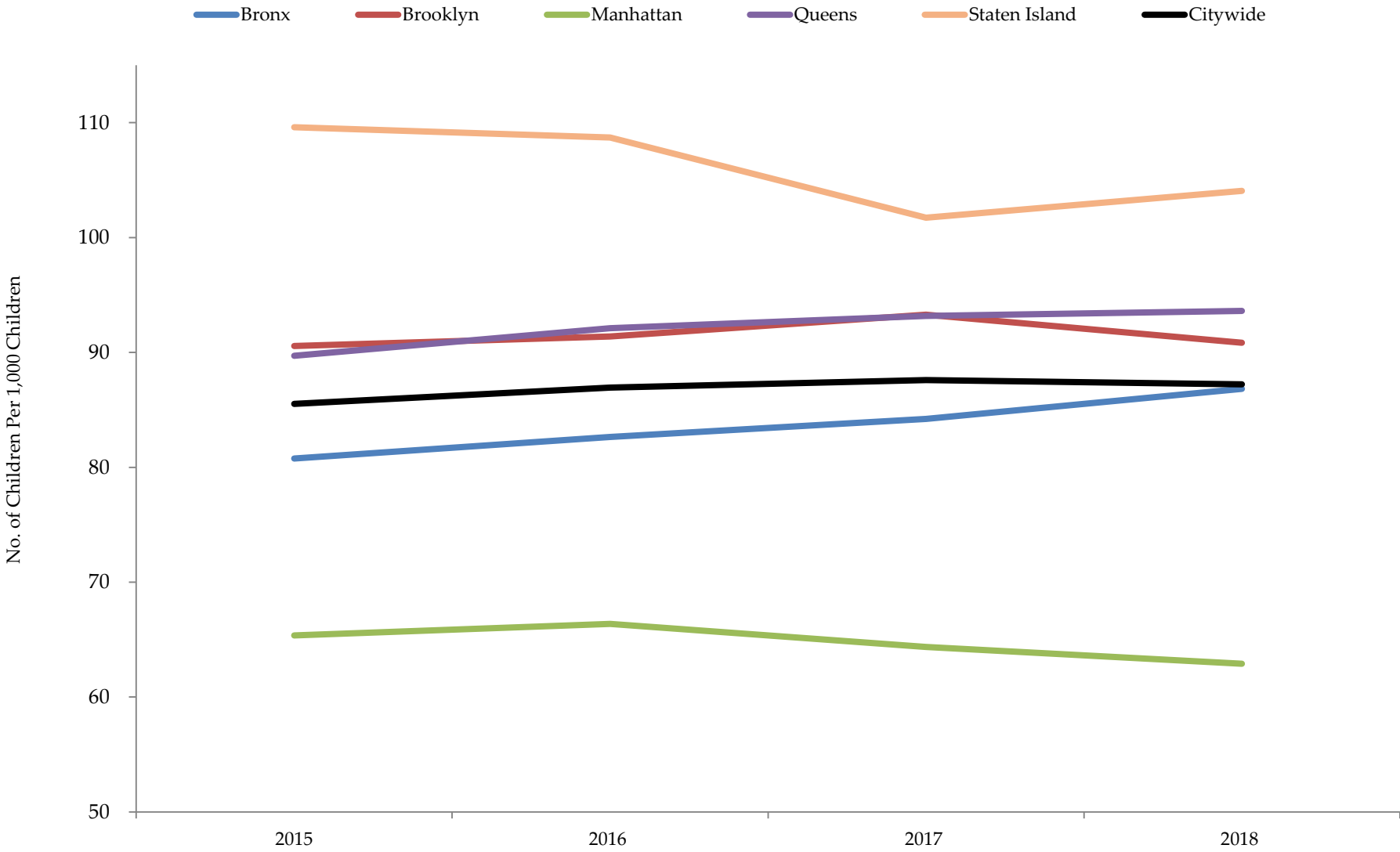
* Pacific Islanders and Native Americans were not included in the graph to make visualization of the other racial groups easier. The rates for Pacific Islanders and Native Americans are as follows: 2015- 762/1000, 2016- 775/1000, 2017- 775/1000, and 2018- 865/1000.

Number of Children Receiving General Services Per Year, by Borough January 2015-December 2018



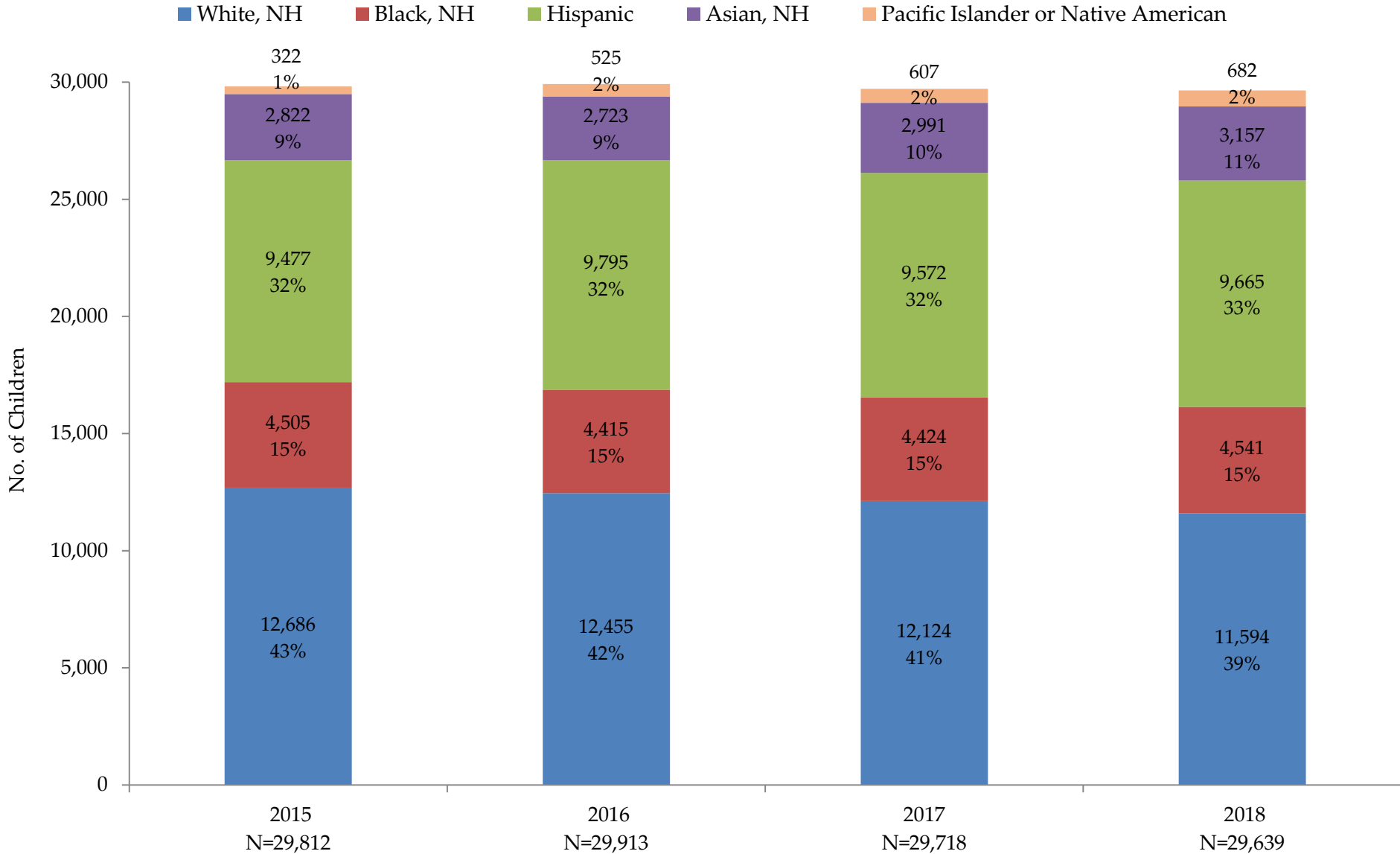
* General services include all those except for service coordination, evaluation, assistive technology and transportation.

Rate of Children Receiving General Services Per Year, by Borough January 2015-December 2018



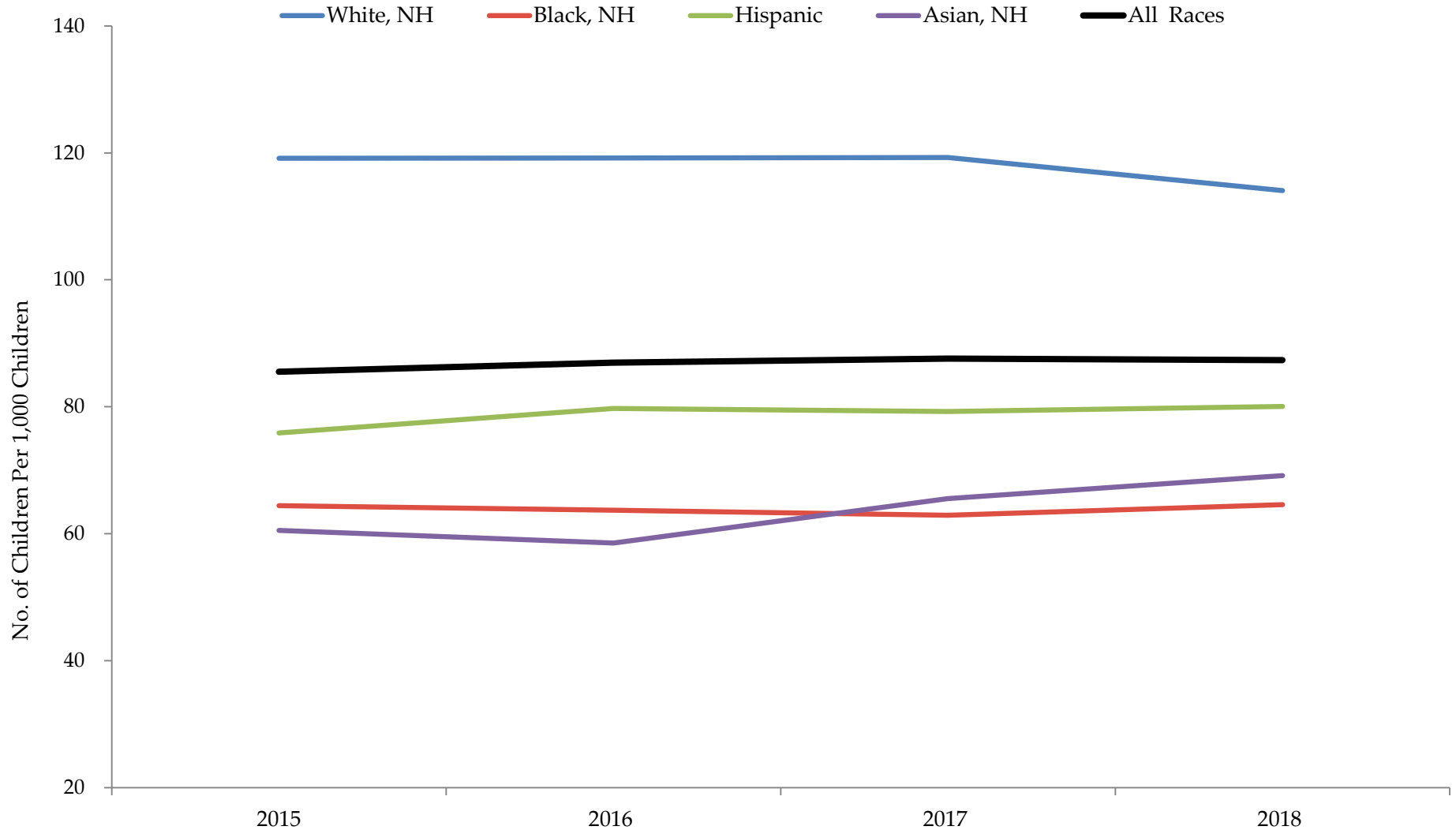
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Number of Children Receiving General Services Per Year, by Race and Ethnicity, January 2015-December 2018



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

Rate of Children Receiving General Services Per Year, by Race and Ethnicity January 2015-December 2018



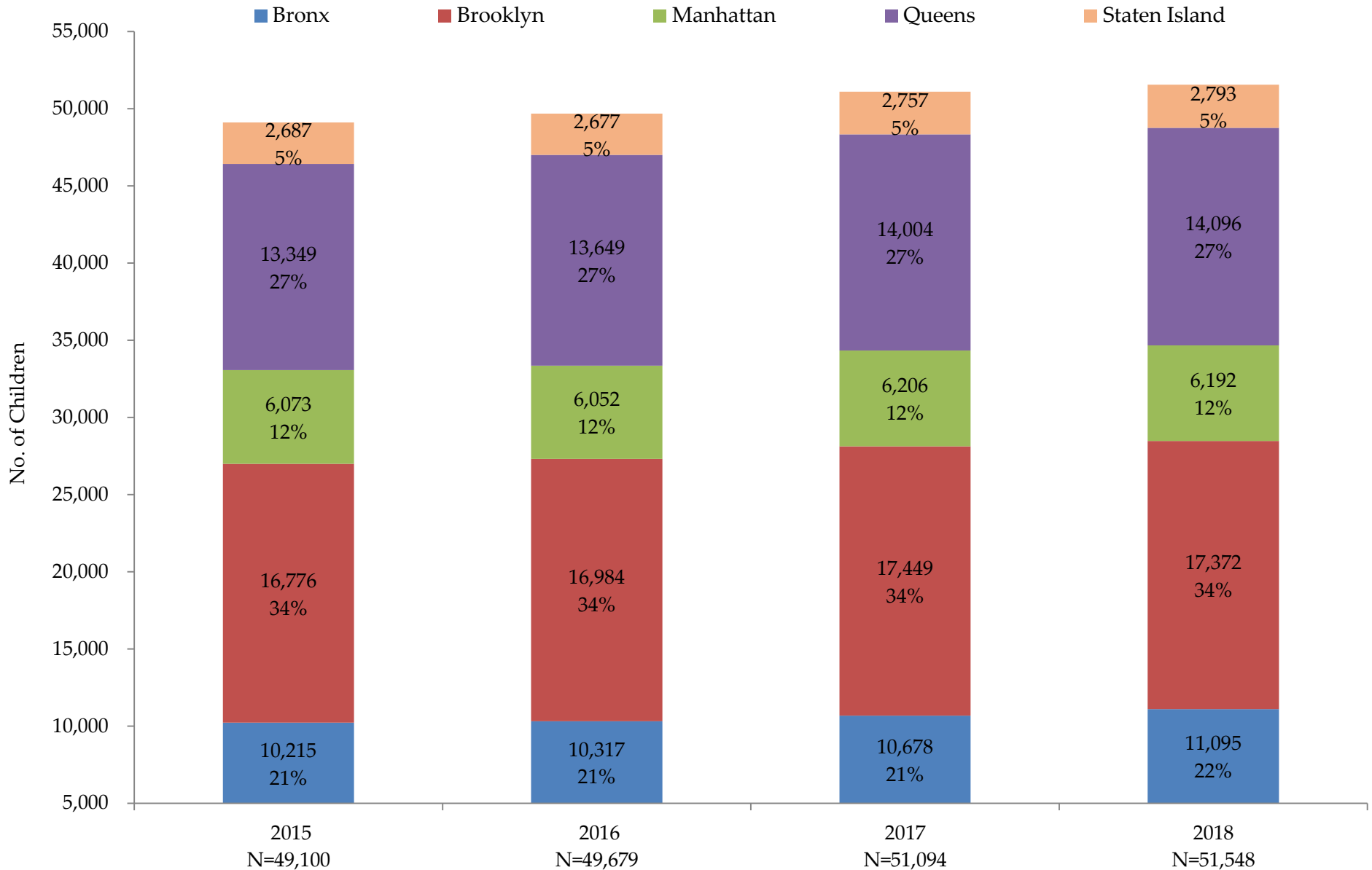
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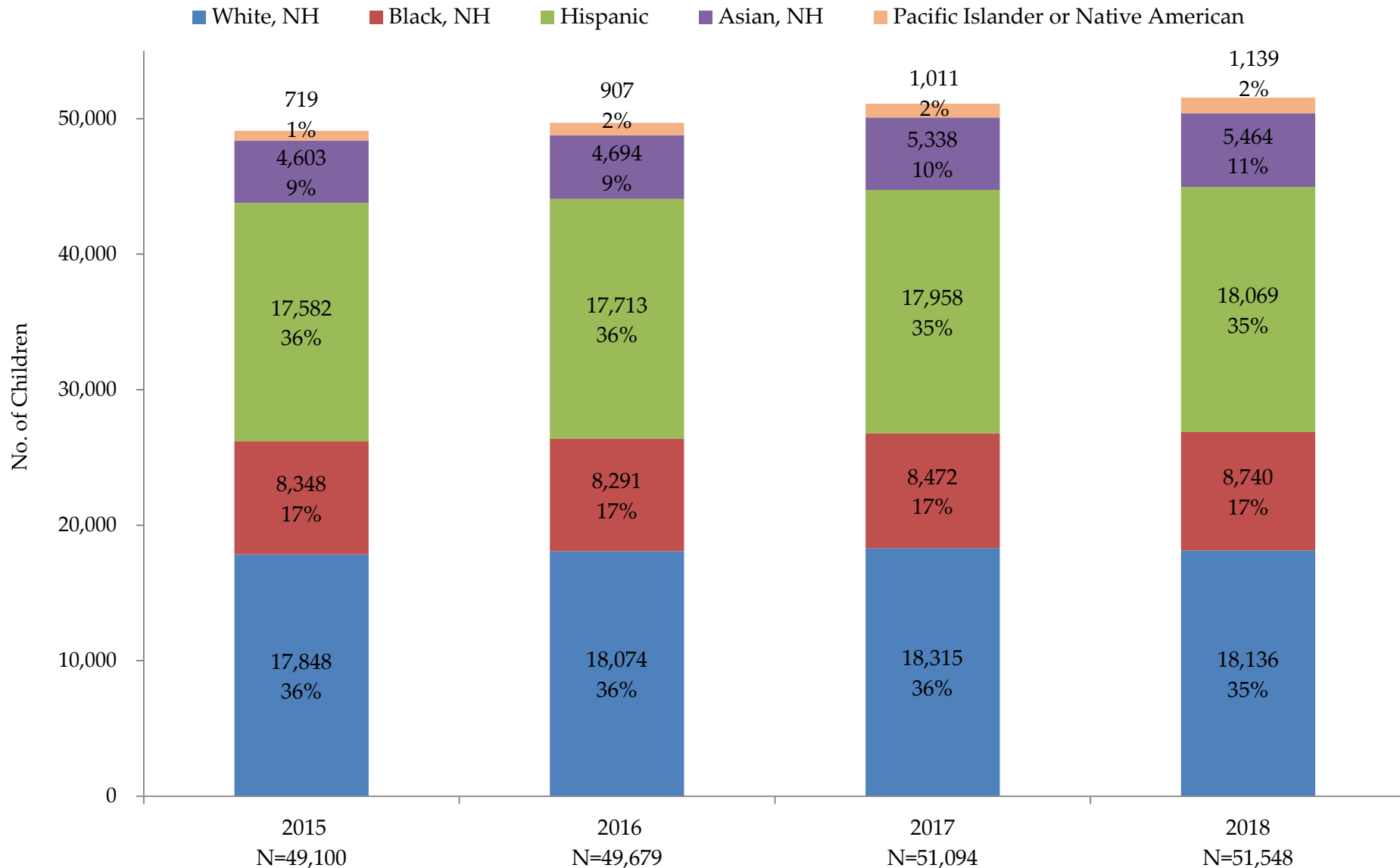
* Increase in rate is based on partial year data

* Pacific Islanders and Native Americans were not included in the graph to make visualization of the other racial categories easier. The rates for Pacific Islanders and Native Americans are as follows: 2015-495/1000, 2016 622/1000, 2017- 664/1000, 746/1000.

Children Receiving Any Type of Service, by Borough: Service Coordination, Evaluation and/or General Services January 2015-December 2018

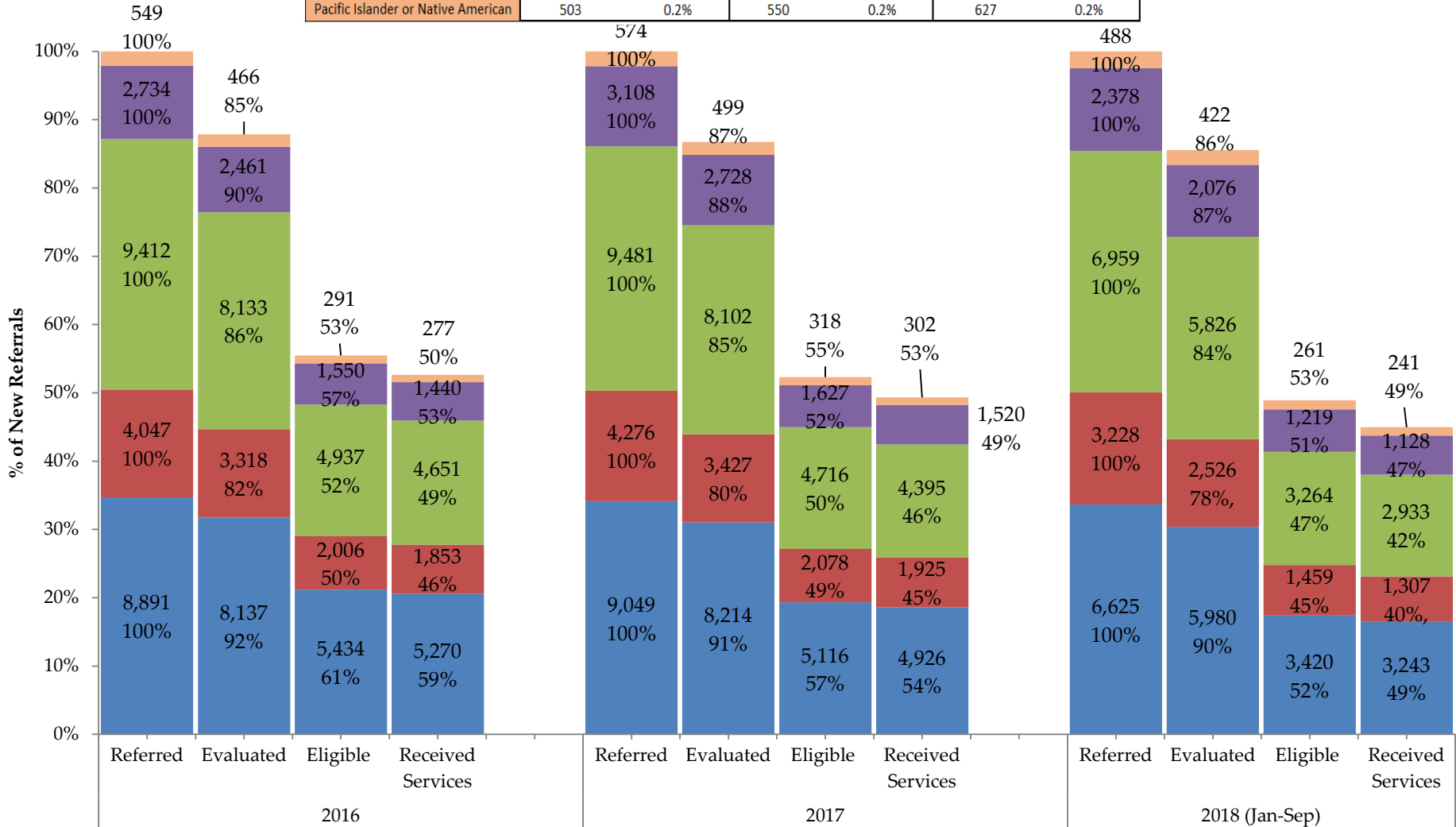


Children Receiving Any Type of Service, by Race and Ethnicity: Service Coordination, Evaluation and/or General Services January 2015-December 2018

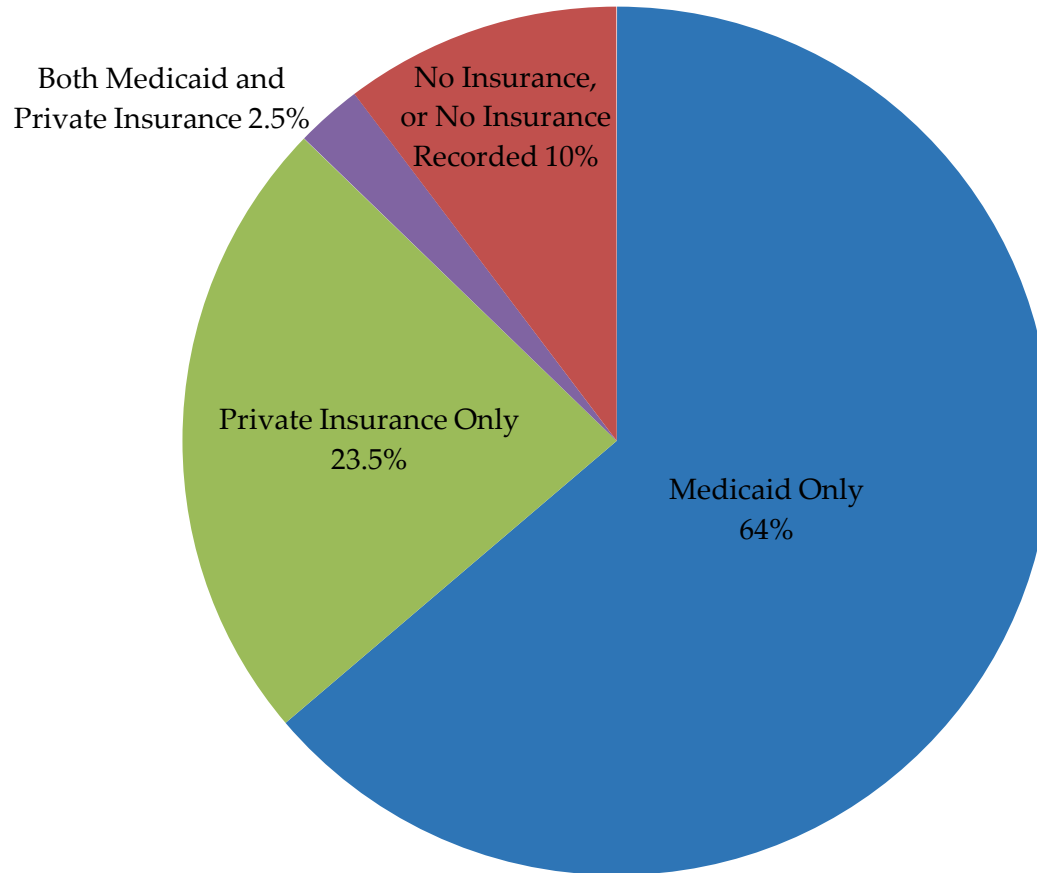


Progress of New Referrals Through the EIP by Race and Ethnicity, Citywide, January 2016-September 2018

Population Estimates by Race/Ethnicity by Year						
	2015		2016		2017	
	0-3 Pop	% of Pop	0-3 Pop	% of Pop	0-3 Pop	% of Pop
White NH	100,117	30.0%	98,297	30.4%	95,777	29.5%
Black NH	67,714	20.3%	67,111	20.6%	68,184	21.0%
Hispanic	120,165	36.0%	118,133	36.5%	116,164	35.7%
Asian NH	45,316	13.6%	45,208	13.8%	44,211	13.6%
Pacific Islander or Native American	503	0.2%	550	0.2%	627	0.2%



Insurance Status of Children Receiving General Services January 2018-December 2018 N = 29,639



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, the child's insurance status is characterized as "both".