



NEW YORK CITY EARLY INTERVENTION COORDINATING COUNCIL (LEICC)
MEETING OF JULY 28, 2015

AGENDA ITEMS	DISCUSSION
MEETING CONVENED at 10.02 A.M.	The following members were present: Marie B. Casalino, Assistant Commissioner, Bureau of Early Intervention, NYC DOHMH Christopher Treiber, Chair of LEICC Nicole M. Brown Cindy Lin Chau Mary DeBey Kathleen Hoskins Elizabeth A. Isakson Tracy LeBright Rosalba Maistoru Dawn B. Oakley Anita P. Richichi Toni Rodriguez Linda Silver Catherine Warkala Cynthia Winograd
WELCOME AND INTRODUCTIONS	Christopher Treiber, LEICC Chair <ol style="list-style-type: none">1. Review of procedures for LEICC meetings:<ol style="list-style-type: none">a. Attendees should pre-register on the New York City (NYC) Department of Health and Mental Hygiene (DOHMH), 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 Felicia Poteat to speak during the “Public Comment” section.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. Transcription is available for this meeting. Written meeting minutes will still be made available.4. Two (2) LEICC Members have completed their terms: Nancy Calderon-Cruz and Mina Sputz.5. New LEICC members: Nicole Brown, Elizabeth Isakson, Dawn Oakley and Cynthia Winograd.6. Introduction of all LEICC members.7. Minutes from March 31, 2015 meeting were adopted with correction of “Bureau of School Health” changed to “Office of School Health,” in reference to the entities in the newly formed Division of Family and Child Health under Dr. George Askew.8. There will be a change in format of the meetings. The Assistant Commissioner will speak briefly on points from



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**STATE EARLY
INTERVENTION
COORDINATING COUNCIL
(SEICC) REPORT**

State Early Intervention Coordinating Council (SEICC) meeting as they are relevant to New York City. Relevant information from the SEICC will be discussed in detail throughout the meeting by appropriate staff. Department discussions will be incorporated into PowerPoint presentations throughout the meeting.

Dr. Marie B Casalino, Assistant Commissioner

June 11, 2015, SEICC Meeting (Documents from SEICC were made available to LEICC members)

1. Joint Task Force on Social-Emotional Development
 - The Task Force Chair is Mary McHugh, NYS Office of Mental Health and also a SEICC member.
 - The discussion focused on:
 - Statewide Infant Mental Health Credentialing for Professionals, which is “taking off.”
 - Building statewide capacity: cross-sector, statewide professional development approach that reflects lessons learned from other jurisdictions.
 - Discussing the Roadmap to Statewide Implementation of the Pyramid Model. The “Pyramid Model” provides a framework that promotes the social-emotional and behavioral development of young children through identifying different levels of needed intervention and promoting workforce development with appropriate levels of expertise.
 - Current Status:
 - Funding has been secured for one (1) year of expert consultation and technical assistance.
 - The Leadership Team has been identified to develop policies, procedures, funding and other components to plan, implement, evaluate, scale up and sustain the Pyramid Model and practices.
 - Next steps include training and coaching for professionals, community demonstration projects, data use and scale up sustainability.
2. State Systemic Improvement Plan (SSIP) and the State Identified Measurable Results (SIMR). SSIP is a comprehensive, ambitious, achievable plan to improve results for infants and toddlers and their families that is required by the federal government for all states. Time frame: July 1, 2014 to June 30, 2020.
 - Phase 1: Submitted by SDOH 4/1/2015 and accepted by the Office of Special Education Programs (OSEP).
 - Phase 2: Evaluation plan due 4/1/2016
 - New York State (NYS) Department of Health (SDOH) and the SEICC are focusing on Family Outcomes. Family-Centered services lead to improved family outcomes. Data would be taken from NYS Family Survey.



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- NYS Family Survey data is a collaborative effort between providers, families, Early Intervention (EI) staff, early childhood leaders, and early childhood-focused NYS agencies.
 - SSIP includes Learning Collaboratives, Communities of Practice, and Learning Sessions.
 - Proposed plan will be implemented in four (4) cohorts of counties in NYS. Boroughs in NYC have been assigned to four (4) different cohorts.
3. State Data Reporting - Data retrieved from KIDS, NYEIS and PCG. Findings most pertinent to NYC include:
- Occupational Therapy and Physical Therapy were least likely to be delivered timely (82% and 89.5%);
 - Special Instruction was most likely to be delivered timely (95%); and
 - Comparison of the State's NYC and NYS data regarding service utilization shows that the mean units of service provided to children throughout NYS is lower than any of the NYC boroughs.

DEPARTMENT REPORTS

Dr. Marie B Casalino, Assistant Commissioner

1. **Clinician Algorithm** – NYC BEI is working to improve EI referrals from pediatricians. A Clinician Algorithm was created to aid pediatricians in the referral process. Strategy is to identify the intersections between the Early Intervention Program (EIP) and healthcare systems through surveillance, screening, and referral. The algorithm encompasses diagnosis and eligibility, and follow-through to EIP services and medical treatment. The overall goal is to improve referral, evaluation, and treatment of children with developmental delays and disabilities.

PROVIDER OVERSIGHT

Nora Puffett, Director of Administration and Data Management

1. Provider Oversight:

- a. Telephone survey – At the suggestion of the City Comptroller, NYC BEI is conducting phone surveys with randomly selected parents/caregivers of children in the EIP to verify service provision. Survey responses provide information and have no impact on audits or scoring, but will be addressed if significant issues are raised by caregivers. At time of this meeting, results were not complete and would not be representative of all EI families.
- b. Annual Monitoring Results – Year to date information for 2012 to first half of 2015 reviewed.
- c. Data Report
 - Number of referrals per year, by borough, is consistent with previous years.
 - Rate of referral per year, by borough and by race/ethnicity, show a slight dip in 2013 and then go up again in 2014. The report does not include data by both borough and race.
 - Number of children receiving general services per year by borough has been consistent, approximately



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30,000.

- Rate of children receiving general services per year by borough and by race/ethnicity identify areas in the Bronx that require attention. The Bronx referral rate is high, but the evaluation rate is not. Data suggests that children in the Bronx are not consistently reaching evaluation. BEI is undertaking a project to address the issue, including forming a committee of the LEICC.
- Most children receive more than one (1) type of EI service.

LEICC DISCUSSION

Discussion:

- Linda Silver asked if phone survey results would be shared with LEICC. Ms. Puffett responded that response rate for parents have been low, but aggregate data may be available.
- Kathleen Hoskins asked if a cross-section of EI data and other City Agencies' data can be collected to help understand the inconsistency in success of getting children from referral to evaluation. Ms. Puffett answered that data was retrieved from NYEIS which captures foster care/ACS involvement, but not that of other city agencies.
- Christopher Trieber asked if data can be broken down by zip code to target adjacent resources in their communities. Ms. Puffett replied that zip code information can be captured.
- Tracy LeBright asked about data on languages spoken in the home. Ms. Puffett replied that data is available on "Dominant language spoken at home" and "English proficiency" and further data analysis needs to be made for accurate reporting.
- Mary DeBey asked if Bronx-specific data can be made available at future meetings. Ms. Puffett replied yes.
- Lisa Shulman shared that she sees children ages 0-5 in the Bronx and would like to aid in improving services in the Bronx.

APRIL 1ST TRANSITION

Lidiya Lednyak, Director of Policy and Quality Assurance

1. **April 1st Transition Impact on Agencies:** Providers continue to expand
 - a. Total providers grew from 85 before transition to 108 after transition.
 - b. Group providers stayed the same at 41 providers.
 - c. ABA Providers grew from 31 to 62. The 62 ABA providers include:
 - 59 Home and Community-Based ABA providers
 - 23 Group ABA providers
 - 21 Home, Community and Group ABA providers.
 - d. Service Coordination (SC) providers grew slightly from 76 to 83 providers.
 - e. Multidisciplinary Evaluation Providers grew slightly from 74 to 79.
 - f. There are 40 new and existing providers that are engaged in Technical Assistance with NYC BEI.
 - g. The provider directory is available on the DOHMH website. Contact for the Technical Assistance Unit is EITA@health.nyc.gov



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HEALTH HOMES UPDATE

- 2. Health Homes update.** The goal of Health Homes (HH) is to 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.
- a. Timeline**
 - Designation letters were issued by the SDOH on June 15, 2015.
 - 16 HH were designated in NYS. Seven (7) HH were designated for NYC.
 - SDOH has delayed the launch date from 10/1/2015 to 1/01/2016.
 - Lead HH is in the process of entering into Business Associate Agreements with Care Management Agencies.
 - b. EI Impact**
 - A target date for enrollment of children in EI depends on approval of a State Plan Amendment.
 - NYC BEI is participating in a New York State Association of County Health Officials (NYSACHO) work group with the State Department of Health (SDOH) to discuss EI HH implementation.
 - EI providers are encouraged to join HH networks.
 - The list of lead HH available in the NYC area are:
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/contact_information/
 - c. Patient Eligibility.**
 - Child must be enrolled in Medicaid and have:
 - Two or more chronic conditions*, or
 - One single qualifying condition of
 - HIV/AIDS, or
 - Serious Mental Illness (SMI)/Serious Emotional Disturbance (SED), or
 - Trauma at risk for another condition (Requires CMS approval)
 - *Chronic conditions from an EI perspective:
 - Cerebral Palsy NOS
 - Autism
 - Chronic Hearing Loss
 - Cleft Lip and/or Palate
 - Developmental Delay NOS / NEC / Mixed
 - Developmental Language Disorder
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/09-23-



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[2014 eligibility criteria hh services.pdf](#)

- d. Rates for services for providers considering HH have been released.
 - http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/rate_information.htm

**ASSISTIVE TECHNOLOGY
UPDATE**

3. Assistive Technology Update.

- a. The SDOH worked with NYC BEI to roll out a process for the provision and payment of Assistive Technology Devices (ATD) in the NYC EIP.
- b. Process implemented October 1, 2014.
- c. NYC BEI is closely monitoring system issues:
 - Understanding the new procedures and procurement process;
 - System is adjusting to the new role of the ATD vendors;
 - ATD vendors are no longer selected by the interventionist; and
 - Vendor selection is done by PCG based on multiple factors such as insurance coverage, device availability, and vendor location.
- d. All questions about the new ATD procedures and forms should be sent directly to EITA@health.nyc.gov

ICD-9 to ICD-10 CONVERSION

Ireti Bobb Lewis, Director of Early Intervention Services

1. ICD-9 to ICD-10 Conversion

- a. Transition to ICD-10 classifications will occur October 1, 2015.
- b. CMA and PCG will update NYEIS and provide training to providers and the community.
- c. Providers are responsible to fill-in the appropriate codes.
- d. Training information will be made available.

2. Child Outcome Study (Also referred to in NYC as “N Cases” or as “COS” (the Child Outcomes Study)):

- a. Federal Determination (APR) which is based on:
 - 50% compliance on the federal indicators, and
 - 50% compliance on Child Outcome Study (COS) participation.
- b. 2015 Cohort (sample start date is July 13, 2015.):
 - Bronx-200
 - Brooklyn (Kings)-300
 - Manhattan (New York)-130
 - Queens-220
 - Staten Island (Richmond)-60
 - Participation is mandatory.

CHILD OUTCOME STUDY



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- c. COS process completed twice by IFSP team: at the first IFSP and at the IFSP closest to exit, provided that child has received a minimum of 6 months of services. Exit forms must be returned to the Regional Office if the IFSP meeting is a “face to face” meeting. Exit COS forms have been mailed by the Regional Offices and can also be picked up at Regional Offices if anyone needs them.
- d. Text messaging reminders (via Text 2 Families) will be available for parents, SCs and interventionists.

PROMOTING FAMILY-CENTERED BEST PRACTICES

Jeanette Gong, Director of Intervention Quality Initiatives

1. State Systemic Improvement Plan (SSIP): Focus on Family Outcomes

- a. The SSIP Goal: To improve positive outcomes for families and their infants and toddlers as a result of participating in the NYS EIP. The more EI professionals that use family-centered practices, the greater the number of families that will achieve positive family outcomes as measured by the NYS Family Survey.
- b. The NYC EIP work on family-centered best practices over past few years will provide the groundwork for NYC SSIP efforts.
- c. The NYS Family Survey consists of three scales (158 items):
 - *NYS Impact on Family Scale* (IFS) measures how much the EIP helped the family achieve positive family outcomes.
 - *NYS Impact on Child Scale* (NYICS) measures how much the EIP helped the child achieve positive developmental outcomes.
 - *NYS Family-Centered Services Scale* (FCSS) measures the extent to which quality family-centered services are provided to children and families.
 - The NYS Family-Centered Services Survey (FCSS) asks parents and families to rate the extent they perceived EI providers and processes to be family-centered.
 - Examples of family-centered services questions include:
 - My family was given information about activities that I could do with my child in our everyday lives.
 - Written information I received was written in an understandable way.
 - My family’s daily routines were considered when planning for my child’s services.
 - I felt part of the team when meeting to discuss my child.

2. Evidence-Based Best Practices: Some Family-Centered Principles

- a. Sensitivity and respect for the culture and values of individual family members and each family’s ecology, activities, and beliefs important to them.
 - The EI process from referral through transition must be dynamic and individualized to reflect the child’s and family members’ preferences, learning styles, and cultural beliefs.
 - The primary role of the service provider in EI is to work with and support the family members and



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**ACADEMIC
COLLABORATIONS**

caregivers in a child's life.

- IFSP outcomes must be functional and based on children's and families' needs and priorities.
- b.** The NYC BEI projects and resources supporting the use of Family-Centered Best Practices for Early Intervention Services include:
 - Implementing Family-Centered Practices training modules on the NYC EIP website
 - Structured Technical Assistance training for Clinical Supervisors and Quality Assurance professionals:
 - Was designed specifically to support the use of family-centered practices in EI
 - NYC BEI will schedule Structured Technical Assistance training once the modules are posted on the NYC EIP website
 - Academic partnerships to enhance workforce capacity
 - Professional staff development trainings

3. Academic Partnerships

- a.** Brooklyn College, CUNY: Early Childhood Education and Art Program: Advanced Certificate in Early Intervention and Parenting
 - Approved by NY State Education Department in 08/2014.
 - Focused on solidifying EI and Early Childhood Fieldwork Placements for their graduate students.
 - Contacts are Dr. Jacqueline Shannon: shannon@brooklyn.cuny.edu and Amanda Lopez: Alopez@brooklyn.cuny.edu (more information available, especially for EI fieldwork placements.)
- b.** SUNY Downstate Medical Center: Occupational Therapy (OT) Program: Early Intervention Core Curriculum within the graduate OT program:
 - On-line EI courses
 - EI/Early Childhood Fieldwork Placements
 - Contacts are Dr. Beth Elenko: Beth.Elenko@downstate.edu and Jasmin Thomas: Jasmin.Thomas@downstate.edu
- c.** Hunter College, CUNY: Silberman School of Social Work: Professional Development and Continuing Education. A multi-disciplinary program that will deliver evidence-based best practices to social work and other professionals interested in working with infants and toddlers and their families through continuing education courses.
 - Pilot to begin fall 2016.
 - Contacts are Dr. Shelley Horwitz: shorwitz@hunter.cuny.edu and Christine Kim: ck666@hunter.cuny.edu.
- d.** Queens College, CUNY: Graduate Program in Special Education, Educational and Community Programs.



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**PROFESSIONAL
DEVELOPMENT**

A new, integrated Masters of Science in Education in Early Childhood Special Education (ECSE) and Bilingual Education (45 credits).

- Contacts are Dr. Sara Woolf: Sara.Woolf@qc.cuny.edu, Dr. Peishi Wang: Peishi.wang@qc.cuny.edu, and Dr. Patricia M. Velasco: patricia.velasco@qc.cuny.edu

4. Professional Development Trainings

a. Reflective Supervision Training (Sponsored by NYC BEI; Brooklyn College, CUNY; and the City College of New York, CUNY)

- Reflective supervision helps EI professionals provide family-centered services and retain high-risk families in the program.
- Presenters are Phyllis Ackman, Ph.D., Elaine Geller, Ph.D., CCC-SLP, Haroula Ntalla, M.S. Ed., and Rebecca Shahmoon Shanok, LCSW, Ph.D.
- Three half-day trainings for supervisors to support the work of their service coordinators and clinicians working with families in the field.
- Dates are Oct. 30, Nov. 13, and Dec. 11, 2015, from 9 AM to 2 PM at the City of New York, Center for Worker Education, CUNY at 25 Broadway in Manhattan.

a. Bilingual Evaluation Training

- Presented by Dr. Catherine Crowley and tentatively scheduled for the Spring/Summer of 2016.
- The training will examine factors that influence evaluations for bilingual and monolingual speakers of a language other than English. It will also review what is needed in an EI evaluation to be consistent with regulations, memoranda and evidence-based practice.
- The training will be provided for:
 - Early Interventionists,
 - Evaluation Coordinators,
 - Provider Agency Quality Assurance staff, and
 - NYC BEI Staff.

5. For more information about any quality initiative, email EmbeddedCoaching@health.nyc.gov

LEICC DISCUSSION

Discussion:

- Christopher Trieber commented that the Academic Partnerships would be great opportunities for Continuing Education Credits (CEUs) for certain licensed professions. Dr. Gong replied that some trainings have been approved for CEU credits and that CEU applications for the other professions are being pursued.



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<p>POLICY REVIEW COMMITTEE</p> <p>MENTOR SUPPORT EDUCATION NETWORK COMMITTEE</p>	<p>b. Currently awaiting their ECDC contract.</p> <p>Tracy LeBright – LEICC Policy Review Committee They are actively recruiting new members for this committee.</p> <p>Mary DeBey – LEICC Mentor Support Education Network Committee Committee is currently working with BEI and relevant colleges to prepare graduate students to work in EI. Also, in the planning stages to create a workgroup to focus on professional development that supports the utilization of family-centered best practices and ABA services. Committee includes Rosalba Maistoru.</p>
<p>PUBLIC COMMENT</p>	<p>No public comment.</p>
<p>MEETING ADJOURNED 11:53 AM.</p>	<p>Next meeting scheduled for November 10, 2015</p>