



**Committee on Mental Health, Mental Retardation, Alcoholism,
Drug Abuse and Disability Services**
October 3, 2012

My name is Kelly Kim, the Executive Director of Developmental Programs and Early Intervention at Lighthouse International. As you may know, Lighthouse International is a multiservice agency dedicated to helping people of all ages overcome the challenges of vision loss and Early Intervention is of the services we provide to children and families. I would like to express my serious concern and opposition in regards to recently proposed regulations issued by the Department of Health which would prevent children from receiving evaluation and services from the same agency. While I understand the aim of minimizing conflict of interest, the proposed regulations would negatively impact the service delivery for children and families who are in dire need of timely services.

At Lighthouse International, we specialize in serving the need of children who are blind or visually impaired. Our recruitment efforts for vision evaluators and service providers to meet the needs of children and families are on-going. However, even now, there are children who cannot receive timely evaluation or services due to shortage in provider. An agency such as Lighthouse who provides specialized service, we would be forced to choose one or the other in offering evaluation or on-going services for EI children and families. Even with exception clause in the regulation in which waiver/authorization can be issued by the Commissioner for certain disciplines or region, it would ultimately delay the evaluation and service process for the children. For children in Early Intervention program, timing is of essence in ensuring proper developmental progress. With the proposed regulation, we will likely see more of the trend that has been occurring in last couple of years in EI,

departure of qualified and experienced evaluators and service providers. The limitation on scope of practice and questioning the integrity of providers by implying their evaluation is self-serving for on-going services will push them out of this field. If early intervention services become less available due to shortage of providers, we will all be paying much more for children needing continuous special education services in the school system. The length and intensity of children needing services beyond early intervention may be greatly minimized by benefit of early intervention.

Over the last two years, our early intervention program has been struggling to keep up with the continuous changes brought on by NYS DOH such as rate reductions, a new database system, and regulatory changes. All these changes have imposed an enormous burden on the agencies and providers alike. We want to and need to provide the best service possible for these children and families, but limiting the scope of practice for providers, will ultimately affect the children by limiting evaluation and services that they need.

I strongly urge you to support the children and families who are in dire need of early intervention services and to keep those qualified and experienced providers in the mission of providing the best service possible for our children and families.

Thank you for your time and consideration.

New York City Council's Committee on Mental Health, Mental Retardation,
Alcoholism, Drug Abuse, and Disability Services
Council Member G. Oliver Koppell, Chair
Council Member Christine Quinn, Speaker
Council Member Vincent Gentile, Representative District 43

Re: Public Hearing on Updates to NYC's Early Intervention Program

My name is Bonnie Keilty. I have been working in early intervention for 20 years, first as a practicing professional, now as a researcher and professional development provider. I hold a Masters and Doctorate in early intervention and my research, teaching, consulting, and service focus on effective early intervention supports. I am an Adjunct Associate Professor in Early Childhood Education at The City College of New York and President of the Division for Early Childhood of the Council for Exceptional Children (www.dec-sped.org), an international membership association for those who work with or on behalf of young children with developmental disabilities and their families. I was the author of the Embedded Coaching Learning Collaborative - the professional development program for early intervention professionals in NYC to begin to learn the practices endorsed under the term used by New York City, "Embedded Coaching." I am providing this testimony as a professional development consultant and early intervention professional.

First, the term "Embedded Coaching" does not represent a model with a specific set of procedures in place. There are national models in early intervention, such as the Coaching Model (Rush & Shelden, 2011), Routines-based Intervention (McWilliam, 2010), Participation-based Services (<http://jeffline.tju.edu/cfsrp/pbs.html>), and Family-guided Routines-based Intervention (<http://fgrbi.fsu.edu/>), whose practices are similar to those advocated for under Embedded Coaching. All of these models comprise the same set of nationally-endorsed practices articulated across professional disciplines and outlined in the National Early Childhood Technical Assistance Center's (federally funded by the US Department of Education, Office of Special Education Programs) *Key Practices and Principles for Providing Early Intervention Services in Natural Environments* (<http://www.nectac.org/topics/natenv/natenv.asp>). These principles and practices provide the foundation for what New York City calls "Embedded Coaching" and are applied to meet what has always been the intent of then Part H, now Part C, of the Individuals with Disabilities Education Act. Namely, early intervention professionals support families as the primary mediators of their child's learning and development. To do this, interventions are embedded into the infant or toddler's everyday life and those who are with the child the most (e.g., parents, relatives, child care providers) are coached (i.e., taught) to provide numerous and consistent learning opportunities throughout the child's day. Based on where the early intervention field is nationally, the question is not *whether* these practices are appropriate. That question has already been answered. The question is *what does it take* to apply these practices effectively?

To maximize the effectiveness of early intervention, the early intervention system must be designed to facilitate and expect the implementation of these practices with fidelity/accuracy. This means that all system components, from intake to eligibility determination, to IFSP development, to intervention implementation and progress monitoring must be aligned to the principles and practices, and acknowledge the complexity of providing these supports to diverse children and families, with varying and individual outcomes. The need for teaming across the disciplines and the unique contributions of special instruction, speech pathology, and occupational and physical therapy must be acknowledged and integrated into the planning process. Overall, open-ended, flexible approaches must be favored while making overly simplistic, limited approaches unacceptable.

Additionally, the intensity of supports needs to be individually determined based on the characteristics of the child, family, their outcomes, and related developmentally-facilitative strategies, using the broad current guidelines outlined in the practical literature. At this time, there is limited research on the "right" level of intensity for any early intervention approach. However, a recent study on intervention intensity within recommended early intervention practices reported that a national expert panel recommended one hour per week as a good "starting point" when considering frequency of supports, with the IFSP team adjusting the frequency based on the individual factors identified previously (Hebbeler, Mallik, & Taylor, 2010; http://www.dars.state.tx.us/ecis/analysis_complete_report.pdf). However, when that expert panel reviewed records of children in early intervention, they never recommended less than one hour per week, suggesting that one hour per week may be more indicative of a minimum starting frequency for most families in early intervention. As for duration of intervention visits, the same expert panel identified that at least 60 minutes per visit would be needed to sufficiently apply embedded intervention and coaching practices within a visit (Hebbeler et al., 2010). This is in line with research on embedded intervention and coaching practices where intervention visits ranged from 60 to 90 minutes (Woods & Kashinath, 2007; Woods, Kashinath, & Goldstein, 2004). While further research is needed to provide additional guidance around intensity of early intervention supports, it is critical that the professional expert opinion and family knowledge of their child, priorities, and needs be utilized to make individual and informed service decisions during IFSP planning, and that those decisions can be frequently and easily modified based on the changing needs of the child and family.

And finally, effective implementation of early intervention practices relies heavily on a well-prepared workforce. Research has shown most early intervention professionals are not prepared for the advanced work of supporting individual families and the unique developmental characteristics of their infants and toddlers within the everyday routines in which infants and toddlers learn (http://uconnuicedd.org/projects/per_prep/resources.html). Service coordinators and Early Intervention Officials frequently have less preparation for similarly critical roles. Early intervention professional competence begins with a fundamental understanding of the basic principles of early intervention and advanced knowledge and practice of infant-toddler development as well as families and family systems. Professional development to ensure competent professionals takes an intensity of supports rarely seen at the inservice, practicing professional level; while the focus on sophisticated knowledge and practice specific to early intervention is uncommon at the preservice, emerging professional level.

I urge the New York Council to review the national early intervention literature around recommended practices in Early Intervention. I am sure it will become clear that the practices supported through the Embedded Coaching initiative are well-supported. The hard work comes in ensuring that every family and child in New York City benefits from these practices through a well-planned system that recognizes the complexity of the work, individualized support plans that provide families with the professional team members and frequency and intensity of supports necessary but no more, and a highly competent workforce readied for the sophisticated work the early intervention field demands. It is only through this that New York City Early Intervention will begin to close the gap between its current state and what we know nationally, which will prepare the system to evolve along with the continually advancing field of early intervention.

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The Early Intervention Guidebook for Families and Professionals: Partnering for Success:

<http://store.tcpress.com/0807750263.shtml>