



Testimony

of

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Deputy Commissioner, Division of Family and Child Health
New York City Department of Health and Mental Hygiene**

before the

**New York City Council Committee on Mental Health, Developmental Disability,
Alcoholism, Substance Abuse and Disability Services**

on

**Early Intervention Program
and Intro 571**

**December 15, 2014
250 Broadway – Committee Room
New York City**

Good morning Chairman Cohen and members of the Committee. I am George Askew, Deputy Commissioner for the Division of Family and Child Health at the New York City Department of Health and Mental Hygiene. I am joined today by Dr. Marie Casalino, Assistant Commissioner for the Department's Bureau of Early Intervention. On behalf of Commissioner Bassett, I want to thank you for the opportunity to testify on the topic of Early Intervention. Early Intervention, or "EI", is one of the Department's most critically important programs, and it is exciting to be able to share why EI has so much value for the New York City children and families it serves.

Before I discuss EI, however, I must acknowledge that this is my first time testifying before the Council and this Committee. I am excited to be here and I thought I should tell you a bit about myself. I am a pediatrician, and have spent the vast majority of my professional career dedicated to addressing the health and wellbeing of young children and their families through direct service, advocacy, and policy change. I joined the Department last month from the U.S. Department of Health and Human Services, where I was the first Chief Medical Officer for the Administration for Children and Families. In that role, I developed and administered initiatives and policies aimed at addressing the health needs of children, particularly young children, and families facing significant economic and social challenges. I have previously served as the Deputy CEO and Chief Development Officer for Voices for America's Children and as CEO and President of Jumpstart for Young Children. Additionally, I am the founder of Docs For Tots, a pediatrician-led child advocacy organization that helps doctors advocate beyond their clinical practices on behalf of our youngest children. I could not be happier to have joined the country's premier health department. The division I oversee was created by Commissioner Bassett by bringing together existing programs in the Department under one office, because she believes we have to prioritize the mental and physical wellbeing of New York City children. If we get the early childhood years right — ensuring appropriate nourishment; stable, caring family relationships; adequate housing; and quality education — we will set the foundation for healthier, longer, more productive lives.

Overview of the Early Intervention Program

Early Intervention is one program that can help us meet this goal. EI provides comprehensive services to infants and toddlers with developmental delays or disabilities, and assists and empowers families to meet their children's needs. Annually, our program serves approximately 32,000 New York City children from birth to age three — approximately ten percent of all children within this age group citywide. The program is funded by a combination of federal, State and City dollars. In New York, the State Department of Health (DOH) is responsible for oversight of the program, with individual municipalities and State DOH jointly responsible for ensuring service delivery and quality.

Infants or toddlers suspected of having a developmental delay or disability can be referred to the EI program by a wide range of individuals, including family members, doctors, social service workers, child care workers, and staff at community organizations. After the referral, a comprehensive evaluation of the child's physical, cognitive, communication, social-emotional, and adaptive development is conducted to determine if the child meets the eligibility standards set by New York State. If the evaluation shows that a child is eligible, a meeting is held with the family, the Department's Early Intervention Official Designee, service coordinator and evaluator, in order to develop goals and a plan, called an "Individualized Family Service Plan," that meets the developmental needs of the child and the concerns of the family. EI provides a broad array of services, including speech therapy, special instruction, and physical and occupational therapy. Due to federal requirements, the majority of EI services are provided in the home. Throughout a family's time in the program, a service coordinator works closely with them to ensure EI is working for both the family and their child. EI services in New York City, including those related to care coordination, evaluation, and intervention, are provided by a network of more than 95 provider agencies. These agencies operate under an agreement with State DOH, with comprehensive annual monitoring conducted by our Department.

Separate from the services that EI provides, I also want to highlight a change to the billing structure of the program that occurred over the past two years. This change, a result of reforms introduced in the 2013 Governor's budget, were intended to reduce the

administrative burden and provide fiscal relief to municipal governments, with the overall goal of ensuring the continued viability of the EI program. Although there were initial reports of payment delays to New York City providers in the immediate period following the April 2013 transition, the New York State Department of Health now reports significant and continued improvements in payment processing. In addition, New York City has seen an increase in the number of provider agencies serving families since implementation of the reforms. The Department continues to monitor system capacity to ensure EI continues to provide the highest level services to support children and their families.

Intro 571

Now I would like to address Intro 571, which the Department strongly supports. I'd like to thank Chairman Cohen for introducing this bill on behalf of the Administration. This legislation would amend the New York City Charter to allow the EI program to move from the Department's Division of Mental Hygiene into the Division of Family and Child Health. This new division, which I referred to earlier, brings together programs from various parts of the agency to focus on the health and development of children and youth in the context of their families. In addition to the EI program, it already includes the Bureau of Maternal, Infant and Reproductive Health, the Bureau of School Health and the Oral Health Program. The work of the EI program intersects with other programs in this division and will work closely with them to ensure we are reaching all children who may need services. For example, the Newborn Home Visiting program and Nurse-Family Partnership program will help to identify and refer at-risk children to EI, create closer collaborations for supportive services in home and community settings, and improve coordination of follow-up for at-risk families. From the family and community perspective, the proposed move of EI will enhance program operations and the services provided to children and their families. We are pleased that in our conversations with EI providers there has been strong support for this proposal.

I would like to end by affirming the Department's continued commitment to maintaining close communication and collaboration between Early Intervention staff and our colleagues in the Division of Mental Hygiene. We will continue to collaborate to

maintain strong linkages to mental health and substance use services for parents, and appropriate social-emotional screenings and assessments for children.

The Early Intervention program is an integral component of the Administration's goal to improve health outcomes and the developmental trajectory of New York City children. EI plays a critical role in addressing developmental delays or disabilities as early as possible in a child's life and is a key component of the Department's commitment to focus on and improve the lives of our City's youngest residents.

Thank you again for the opportunity to testify. We would be happy to answer any questions.



Advocates for Children of New York

Protecting every child's right to learn

Testimony to be delivered to the New York City Council Committee on Mental Health, Developmental Disability, Alcoholism, Substance Abuse, and Disability Services

Re: Early Intervention

December 15, 2014

Thank you for the opportunity to speak with you. My name is Randi Levine, and I am Policy Coordinator and Early Childhood Education Project Director at Advocates for Children of New York. For more than 40 years, Advocates for Children has worked to promote access to the best education New York can provide for all students, especially students of color and students from low-income backgrounds. Each year, Advocates for Children helps thousands of parents navigate the process of getting educational services for their children, starting at birth.

Advocates for Children supports Proposed Int. No. 571, which would enable the Department of Health and Mental Hygiene to house the Early Intervention (EI) program within the new Division of Family and Child Health. We are hopeful that this new division will take a holistic approach to child health services and will work on building a continuum of services for children and families. We also hope that this new division will build strong partnerships with other governmental agencies working on behalf of children, as a common problem we hear from parents involves the complicated transition from Early Intervention services, administered by DOHMH, to preschool special education services, administered by the DOE, when children turn three years old.

This has been a momentous year for early childhood education in New York City. Advocates for Children has long championed the expansion of Pre-K, and we celebrate the fact that more than 53,000 four-year-old children are sitting in full-day, public Pre-K seats right now. This expansion will make a significant difference in preparing children to succeed in school. At the same time, research shows that the brain is developing most rapidly from birth to age three. By detecting developmental delays and intervening at the time when children's brains have the most elasticity, the Early Intervention program provides critical services, helps children prepare for school, and saves money in the long run.

Despite this impact, Early Intervention has been the target of state budget cuts in recent years. In fact, state funding for EI decreased by 27% from FY 2010-2011 to FY 2014-2015. These decreases included a 10% cut to the EI reimbursement rate for home- and community-based services in April 2010 and an additional 5% cut to the

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reimbursement rate for all EI services in April 2011. Meanwhile, in April 2014, the State implemented a new process for reimbursement, placing significant administrative burdens on EI service coordinators and programs, which have had to navigate the complex system of commercial insurance billing without any additional administrative staff and with little training or assistance.

As a result, some experienced EI providers in New York City have shut their doors or stopped taking EI cases. For example, in May 2014, St. Mary's Healthcare System for Children closed its EI program, which had been in existence for 20 years and had served more than 3,000 infants and toddlers in 2013 alone. The program explained that it could no longer afford to operate due to the recent state budget cuts and the fact that last year's state budget included no relief. The children who are hit hardest by these cuts are often children living in low-income neighborhoods where provider shortages are most acute.

As the City Council advocates this year for the State to provide additional Pre-K funding, as it should, we hope that the Council will also prioritize funding for Early Intervention. We look forward to working with you to protect and strengthen Early Intervention. Thank you for the opportunity to speak with you. I would be happy to answer any questions.

Northside's Suggestions on Improving EI Service - Testimony of Leo Genn for 12/15/14

Good morning Chairmen Cohen and members of the Mental Health, Developmental Disabilities, Alcoholism, Substance Abuse, and Disability Services Committee. I am Leo Genn representing Northside Center for Child Development, whose headquarters location is 1301 Fifth Avenue, NY, NY 10029. Northside has been providing services for children under three years of age for over 25 years and now provides Center Based Early Intervention Classroom five days a week for eight children. Northside's home based intervention program has 64 service providers serving over 200 children.

Thank you for the opportunity to testify today. In representing Northside I am here to announce our support for Intro 571 and to offer six recommendations about how we as a City can provide better Early Intervention Services and why doing so will be extraordinarily cost effective.

First, we suggest that the City maintain an ongoing series of Public Service Announcements to educate new parents about the critical importance of seeking Early Intervention evaluations if their children between birth and 36 months of age need the services EI provides, i.e. Occupational, Physical or Speech Therapy, or treatment for Autism or Special Instruction. Special Instruction involves helping toddlers in a variety of developmental areas, including cognitive processes and social interaction. Such Public Service Announcements should help us fight false and counterproductive stigmas about treating children under age three who have real and sometime profound needs for EI Services. PSAs to undo these stigmas will encourage parents to get critical, time sensitive help for their children before their children's problems worsen and spread to other areas of the children and their family's lives.

Second, we note that while "Embedded Coaching" of parents whose children receive EI services is helpful and necessary, it can NOT work as a complete substitute for the complex and sensitive array of professionally administered Early Intervention Services.

Third, the full cost of providing Center based EI Programs which offer socialization activities is never completely covered by municipal funding. This is the reason very few center based EI programs still exist. We suggest the City commit to funding a greatly expanded number of center based EI Services Programs with funding to cover actual costs.

Fourth, we note that EI Service Coordinators continue to be required to do more and more necessary administrative work that is not billable. The City cannot expect EI providers to stay in business without funding that pays for the full scope of administrative work EI Service Coordinators are quite appropriately required to perform. The City should consider making all administrative work Service Coordinators are required to perform billable.

The Fifth recommendation might be the easiest to implement. We note that at present, EI supervisors cannot get full access to data on the State's NYEIS database. Supervisors cannot go online and see all treatment notes generated by the staff members they supervise. EI Supervisors should be given full access to their employer's client files on the NYEIS database.

Sixth, and please note that although this is my last comment, it might be the most important one. We hope that legislators appreciate the superb human and economic return on Early Intervention Services and also appreciate, on the other hand, the "false economy" created by underfunding early intervention services. We note that if a toddler needs OT, PT, or speech therapy, or treatment for Autism or EI Special Instruction, **delaying such services all but guarantees compounding developmental delays in toddlers already struggling to overcome these untreated deficits**. Stated positively, the sooner in life children who need Early Intervention Services get them, the more they will feel confident about themselves and the better they will function at home, at school, for the rest of their childhoods and for the rest of their lives. The earlier we fully address developmental delays of children who need EI services, the more cost effective and cost pre-emptive municipal efforts to help such children will be.

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