



NEW YORK CITY DEPARTMENT OF

HEALTH AND MENTAL HYGIENE

Oxiris Barbot, MD

*Commissioner*

Gotham Center  
42-09 28<sup>th</sup> Street, 17<sup>th</sup> Floor  
Queens, NY 11101-4132

## **Coordinated Intake and Referral for Home Visiting Services**

On November 18 and November 20, 2019, the DOHMH held listening sessions for Coordinated Intake and Referral for Home Visiting Services. In compliance with applicable laws and rules, attached please find transcripts from both listening sessions.

DOHMH is inviting comments to [RFP@health.nyc.gov](mailto:RFP@health.nyc.gov) through December 26, 2019.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

- - - - -x

THE CITY OF NEW YORK  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
CONCEPT INTAKE & REFERRAL FOR  
MATERNAL AND INFANT/CHILD HEALTH HOME  
VISITING SERVICES

- - - - -x

Brooklyn Health Care Center  
259 Bristol Street,  
Brooklyn, New York 11212  
  
November 18, 2019  
2:30 p.m.

LH REPORTING SERVICES, INC.  
Computer-Aided Transcription  
718-526-7100

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

APPEARANCES - NYC DOHMH

Dr. Torian Easterling (Telephonic)  
Erika Moore  
Eve Cooper  
Alimah Hill  
Elizabeth Howard  
Mary Powell Thomas  
Shantel Tull  
Juana Lau  
Emily Aston  
Dara Lebowitz  
Odette Hooper

ATTENDEES

Maggie Peter  
SCO Family Services

Desiree William  
Knowledge is Power Center

Jasmine Valera  
Public Health Solutions

Mara Rosa  
Public Health Solutions

Camille Tinar  
Public Health Solutions

Paulette Brewster  
Public Health Solutions

Sarah Zawacki  
Power of Two

Kesha Yunsen  
Family Care

Denise West  
Brooklyn Perinatal Network

Brandi Cadet  
CAMBA

Samora Coles  
Alex House Project

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

MS. MOORE: Good afternoon  
everyone.

(No response.)

MS. MOORE: Come on, excitement,  
excitement.

My name is Erika Moore. I am the  
director of the Maternal and Child  
Health Unit at the New York City  
Department of Health. I am going to  
serve as moderator today for the  
listening session.

We have today Dr. Torian  
Easterling on the phone, the Deputy  
Commissioner at the Department of  
Health, that is going to give us some  
brief remarks, and then we will move  
forward into reviewing slides, as well  
as posing questions to the group to  
get some feedback on the Coordinated  
Intake and Referral Concept Paper, and  
soon to be, RFP. All right.

Dr. Easterling?

DR. EASTERLING: Yes. Well, hello  
everyone. Who is in the room? Are we

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

going to do an introduction, or is it just a listening session, and that can't be done?

MS. ASHTON: It's hard for people to identify themselves, we are in large room. I think it might be better for you to speak, then we'll send around a list for you to review afterwards.

DR. EASTERLING: Good afternoon, folks. Is that better now?

MS. MOORE: Yes.

DR. EASTERLING: Again, I am Dr. Torian Easterling. I apologize for not being able to participate in person. It would be so ideal if I was there in person, but unfortunately, I am just getting back to the office, and unable to participate in the Brooklyn office.

But I wanted to make sure, this being the first of the two listening sessions, that I share some remarks, as we are putting out this Concept

Paper in looking for a great partner for the Coordinated and Intake the Referral System.

It's important to say there has been a lot of tremendous work that has gone into thinking through the partnership, the system, both from a programmatic standpoint, a technological infrastructure standpoint, thinking about the impact that it will have in New York City.

So there's been a lot of thought, input and interest in trying to, really, figure out what infrastructure would be best to provide the types of services for mothers and infants, slash, children; making sure we are achieving clear, healthy outcomes for both mom and infant through this idea of achieving equity through birth, also reproductive health.

And so, you know, through the process we have been trying to engage our partners, to think about, you

1  
2 know, through our home visiting  
3 summits, think about some of the best  
4 practices in all of the jurisdictions.

5 This has already have been  
6 launched, you know, when you think  
7 about what is happening in Baltimore  
8 and New Jersey, and other parts of the  
9 United States. So really thinking  
10 about what will be an effective system  
11 for New York City.

12 And so we want to go through this  
13 process, and it's been quite a long  
14 process, trying to come up with some  
15 ideas and thinking about how this will  
16 be funded, and how we will partner  
17 with our community partners.

18 And so, you know, as you have a  
19 chance to listen through what we are  
20 looking to propose, how you can be  
21 involved, and what the opportunities  
22 will look like, we hope this will  
23 bring some type of understanding of  
24 what we want to achieve, and how we  
25 can partner with our community



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

partners. So that is really what I wanted to just offer.

I think this will be a great opportunity for us to think critically about what we can achieve in all of the boroughs, and how we can make sure we are reaching the mothers and children who most need the critical services that we know are being offered by many of you who are in the room, and maybe some who are not in the room.

I know there are many organizations that are offering home visiting services, as well as much needed parenting services, as well throughout the community.

And so, you know, I thank you-all for being here and being a part of this conversation. So I will turn it back over to Erika.

MS. MOORE: Okay. Thank you, Dr. Easterling. Thank you very much.

As Dr. Easterling said, there is a

1  
2 lot of work already, and conversations  
3 that have occurred around home  
4 visiting, as well as coordinating  
5 referrals.

6 This gives us an opportunity, or  
7 you an opportunity, to provide  
8 feedback to the Concept Paper that was  
9 released recently, as we work to  
10 finalize the request for proposal.  
11 Okay. So your feedback is going to be  
12 critical as we work to finalize what  
13 the final RFP will look like.

14 So I apologize again for the  
15 technical difficulties. We were  
16 hoping to project this (displaying) on  
17 the larger screen, but we are having  
18 technical difficulties. So it will be  
19 up here.

20 We are making some copies to be  
21 shared, so we can all see. I will be  
22 going through a few slides and I will  
23 be reading them, basically, verbatim  
24 to make sure I get and convey the  
25 information correctly.

1  
2           Then we'll have an opportunity  
3       where I will pose some questions for  
4       your feedback. Okay. Because we will  
5       be releasing the RPF, I will not be  
6       allowed to answer any specific  
7       questions.

8           But again, your feedback on the  
9       questions that will be posed is what  
10      is most critical for this process.  
11      Okay.

12           MS. ASHTON: We are recording  
13      everything that is being said today.  
14      We have a stenographer who is writing  
15      everything down.

16           So as we ask the question, we ask  
17      that you please identify yourself and  
18      the organization, if there is one,  
19      speak loudly so our stenographer can  
20      accurately capture what the questions  
21      are.

22           Thank you.

23           MS. MOORE: I see that the slides  
24      are here and they will be coming  
25      around. Like I said, I will be

1  
2 reading this.

3 So the objective of the Concept  
4 Paper. The Department of Health and  
5 Mental Hygiene seeks to improve  
6 maternal and infant/child health and  
7 well-being outcomes by matching  
8 families' assessed risks to  
9 evidence-based or evidence-generating  
10 home visiting models through the use  
11 of a Coordinated Intake and Referral  
12 System.

13 DOHMH proposes to issue an RFP to  
14 procure services from qualified  
15 organizations to serve as  
16 borough-based operators for a  
17 Coordinated Intake and Referral System  
18 for maternal infant/child home  
19 visiting services in New York City.

20 So the overall goal is to ensure  
21 that New York City families have  
22 access to appropriate evidence-based  
23 or evidence- generating home visiting  
24 models by establishing a Coordinated  
25 Intake and Referral System that

1  
2 incorporates a range of models from  
3 low to high intensity.

4 So the Coordinated Intake and  
5 Referral System will provide New York  
6 City families with a single point of  
7 entry for maternal and infant/child  
8 health home visiting services and  
9 other services as needed.

10 The families will be matched to  
11 the appropriate services based on  
12 their needs and preferences. The  
13 system will also efficiently manage  
14 the referral practice referral  
15 outcomes.

16 The Coordinated Intake and  
17 Referral System infrastructure  
18 includes technology for system  
19 operations and data management, risk  
20 assessment for families, in order to  
21 match them to the best home-visiting  
22 model that meets their needs; a system  
23 efficiency by centralizing the client  
24 family intake. Okay.

25 So that's end of the slide. This

1  
2 information was taken from the Concept  
3 Paper. So now I will move into the  
4 question portion of the afternoon.

5 As Emily mentioned, we have a note  
6 taker here, so it is really important  
7 that we document whatever your  
8 feedback is to the question. I ask  
9 that you identify your name, and the  
10 name of your organization, we are  
11 documenting, you know, your responses  
12 and comments.

13 So as Dr. Easterling mentioned, we  
14 know that a tremendous amount of work  
15 has been conducted across the City to  
16 develop the regional Coordinated  
17 Intake and Referral System. Our goal  
18 is to learn from these existing  
19 programs and to build upon the work to  
20 date.

21 Based on lessons learned what  
22 successes should be incorporated into  
23 a citywide effort; and what does not  
24 work? So we have a few questions.  
25 Right?

1  
2           So Sylima (phonetic) will be  
3 keeping time for us, so we can get  
4 through all of the questions.

5           This is the first question, who is  
6 up first to give a response? Who is  
7 going to break the ice? What  
8 successes should be incorporated in a  
9 citywide effort? What does not work?

10          All right.

11          MS. WEST: I am Denise West with  
12 the Brooklyn Perinatal Network.

13          I believe, at least in the Borough  
14 of Brooklyn, because -- let me ask a  
15 question before I answer the question.

16          Is it going to be one per borough,  
17 one system per borough?

18          MS. MOORE: Can we answer a  
19 specific questions. So one per  
20 borough, that is what is projected,  
21 funding, depending on funding.

22          MS. WEST: I would suggest to look  
23 at what is being done at the building.  
24 Like, in Brooklyn, we have the  
25 Brooklyn Family Connect. Looking at

1  
2           what is working in the referral  
3           process so that you are not  
4           reinventing the wheel.

5           Central intake is not new, it is  
6           something we did back in the '90s --  
7           doing that. So looking at what is  
8           currently happening, and building off  
9           of what is currently happening.

10          I believe one of the lessons that  
11          should be incorporated is not --  
12          building off what was already started  
13          so that you are not starting from  
14          scratch. I know, at least in Queens,  
15          there's something happening; Brooklyn  
16          there is something happening; I would  
17          assume Manhattan as well.

18          MS. MOORE: Are there particular  
19          specific successes that you could  
20          identify?

21          MS. CADET: Hello. I am Brandi  
22          Cadet with the CAMBA program.

23          So I think each of the coordinated  
24          intakes in each borough is in a  
25          different place. So in Brooklyn we



1  
2 just started, I want to say, less than  
3 nine months ago. So we are still  
4 very new.

5 Queens, I think is in a much  
6 different space. So I imagine borough  
7 by borough there may be different  
8 successes and challenges.

9 MS. MOORE: Okay.

10 MS. ROSA: Hi. Marci Rosa with  
11 Public Health Solutions.

12 To answer the question here, I  
13 think what you want to make sure of is  
14 part of this, in addition to just the  
15 evidence-based visiting program, would  
16 be -- that is what I'm thinking the  
17 question that was asked; is that  
18 correct?

19 MS. MOORE: We know there is work  
20 that has been done, as it relates to  
21 the Coordinated Intake and Referral  
22 System, right, throughout the city.

23 So are there particular successes,  
24 challenges or lessons learned from  
25 those particular -- that particular

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

process that we should be aware of?

MS. ROSA: I still want to answer the question on the page. I want to make sure that Doula services were part of the coordinated intake, as well as parenting groups, and other services for families that are not going to qualify for one of the home visiting programs.

In terms of successes, there are some around the city and the state, there are many more across the country; I know that you have all of that information. But we've been doing this work in Queens through our Healthy Start program for almost five years.

We've been pretty successful, but there is always room to grow, and there is always room for funding.

MR. MOORE: Okay. So is there anything that has not worked that we should be discussing?

MS. CADET: What has not been

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

successful is not tying any funding in  
the coordinating intake efforts.

MS. WEST: Denise West.

The other thing is deciding on,  
like, an IT system that can be used.  
Everybody, they use whatever their  
grant gets, that can be used for three  
or four different systems.

So ensuring we have one system  
that is -- it may already be out  
there, I am not going to say too much  
to disqualify ourselves, but a system  
that people can use that can address  
the different programs.

What is not necessarily successful  
is trying to just address one thing  
when agencies are providing a variety  
of different services. There's  
different funding, it's not broader or  
coordinated with the other services  
they are providing, it is not  
necessarily user-friendly for the  
organization.

MS. MOORE: So they are providing

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

other services, other than home  
visiting you're saying?

MS. WEST: Yes.

MS. BREWSTER: Paula Brewster with  
Queens Healthy Start.

One thing that I think is  
important with any coordinated intake,  
is also to find outreach. What has  
been successful in our coordinated  
intake is also having an outreach  
coordinator in addition to --

MS. ROSA: One person --

MS. BREWSTER: But, you know,  
outreach and coordinated intake go  
hand-in-hand. So if you have an  
outreach person or team, in addition  
to your coordinated intake, it makes  
everything for the mother more  
feasible.

MS. MAGGIE: Maggie from SCO  
Family Services.

I would also like to add that  
clearly outreach is really important.  
Again, some programs have funded

1  
2 outreach efforts, and some don't. I  
3 would also say on the other side of  
4 that, all of the referral sources also  
5 have varying degrees of resources  
6 themselves.

7 So unless there is some thinking  
8 about how you are going to really help  
9 bolster all possible referral sources  
10 in efforts like this, you end up with  
11 referrals coming from places that have  
12 the most, you know, resources, or the  
13 staff have been there a long time,  
14 they don't turn over in the same way.

15 So that's been our experience for  
16 over ten years, that really has a huge  
17 role in clients being referred or not  
18 being referred.

19 MS. CADET: What has been a  
20 challenge -- one of the challenges has  
21 also been either a lack of clarity or  
22 different policies around who is the  
23 point person in hospitals or medical  
24 institutions.

25 Um, from one hospital to the next,

1  
2           you would have to kind of understand  
3           the landscape of that institution  
4           before you develop your outreach  
5           strategy.

6           I think it will be great to have,  
7           as part of this effort, some pathway  
8           system that ties in directly, either  
9           to the city hospitals, or a larger  
10          boroughwide hospital system so that if  
11          there is an outreach person  
12          identified, they don't have to  
13          reinvent the wheel, depending on which  
14          institution they go to.

15          MS. MOORE:   So I will take one  
16          more question and then we will move  
17          on.   There will be another  
18          opportunity, I will share with you on  
19          the slide a place where you can send  
20          additional comments.

21          MS. BREWSTER:   Paulette with  
22          Queens Healthy Start.

23          What is really important, as with  
24          any hospital system, is administration  
25          so that it is embedded in the culture,

1  
2 in terms of the outreach referral  
3 system; then also find your champion  
4 in the hospital.

5 So it has to be done in a way that  
6 filters into their current system so  
7 that it doesn't become another task,  
8 that they are referred to the  
9 coordinated intake -- yes.

10 MS. MOORE: Thank you.

11 The next question. The Concept  
12 Paper describes the contractor's role  
13 in general as partnering with  
14 community-based organizations that  
15 currently deliver home visiting  
16 services.

17 Working closely with the DOHMH,  
18 Community Advisory Committee, social  
19 service agencies, and community-based  
20 organizations to guide development,  
21 and implementation of the Coordinated  
22 Intake and Referral System and provide  
23 ongoing input.

24 Conducting data entry and  
25 management for the entire process,

1  
2 from receipt of the referral to the  
3 home-visiting program assignment and  
4 communication back to referral source,  
5 if authorized.

6 Is there anything else that would  
7 be important for the development and  
8 implementation of the Coordinated  
9 Intake and Referral System.

10 MS. ROSA: Marci Rosa, Public  
11 Health Solutions.

12 I think that it's important for  
13 there to be structure set up where all  
14 of the boroughs are talking to each  
15 other in a systemic way. Because the  
16 way people get their health care in  
17 New York City is not necessarily based  
18 on where they live.

19 Um, from our experience, we're  
20 constantly sending referrals  
21 everywhere in New York City.

22 MS. MOORE: Okay.

23 MS. BREWSTER: Paulette Brewster  
24 with Queens Healthy Start.

25 To piggyback off of that. You



1  
2 know, if the referral is sent to one  
3 borough, they are entering it into the  
4 system, there should be a red flag set  
5 up that if a person is already, you  
6 know, connected to coordinated intake  
7 in the Bronx, it gets bounced back  
8 there, so there is less duplication of  
9 the referral, and less duplication of  
10 services.

11 MS. WEST: Denise West.

12 One of the things I know people  
13 hate to talk about is resources. So  
14 ensuring that who you are referring to  
15 have the resources to do the data  
16 entry.

17 Oftentimes, they are expecting  
18 people to do data entry, but there are  
19 no staff resources, equipped, are  
20 offered to be able to help do some of  
21 that data entry piece.

22 MS. MOORE: Okay. Any other  
23 comments on that?

24 MS. WEST: And to also set up  
25 there, as my colleague said, the

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

borough needs to talk each other.  
Sometimes they are outer layers,  
people are getting referred to  
services that may not necessarily be a  
part of the core referral unit.

How do they interact with the  
system is also important to identify,  
you need to filter that in with HIPPA,  
and all of those other things. How  
does that get incorporated?

MR. MOORE: So is there anything  
else here that kind of gives you a  
work-flow loop, that has been thought  
through, that would contribute to the  
success of the Coordinated Intake and  
Referral System, that's not outlined  
here?

MS. WEST: What is very basic is  
looking at all of the systems and the  
data everybody has, so that you are  
capturing at the beginning the  
information that is really needed.

Having participated in several  
systems over the years, we tend to

1  
2 build out more, per the funder, and it  
3 doesn't ask this question, or it's not  
4 tracked, or asked in a certain type of  
5 way.

6 So really to ensure that while  
7 there are different programs, like,  
8 the Nurse-Family Partnership, the  
9 Doula Program, various programs. Not  
10 all of these programs have the same  
11 types of questions, so really you need  
12 to sort of map that out at the  
13 beginning.

14 What are the questions that really  
15 need to be asked? And key questions  
16 to ensure that it is not using a  
17 clinical model, that you also have a  
18 different social model thought  
19 through.

20 MR. MOORE: Okay.

21 MS. ROSA: Marci Rosa with Public  
22 Health Solutions.

23 I think there are outlines in the  
24 Concept Paper, but I want to reiterate  
25 the importance of there being a local

1  
2 community advisory board that's making  
3 the actual decision for that borough  
4 and for that system.

5 It can't be dictated from the top.  
6 The partners have to really build it  
7 themselves and be comfortable with it,  
8 or people aren't going to buy into it.

9 MR. MOORE: Before we move on, any  
10 other comments to that question?

11 (No response.)

12 MS. MOORE: No? Okay.

13 The next question. What do you  
14 see as the benefits of the Coordinated  
15 Intake and Referral (CI&R) System in  
16 your borough? What are the benefits?

17 MS. MAGGIE: Maggie.

18 I think the obvious benefit is  
19 that if it is effective many more  
20 families will be served primarily;  
21 secondarily, the capacity will be  
22 tapped, I think more effectively if  
23 all of the existing programs that are  
24 out there to serve.

25 MS. WEST: It reduces

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

fragmentation of care and really helps streamline it to get the individual to the appropriate services a little bit streamlined.

MS. MOORE: More benefits?

MS. CADET: Less duplication of outreach efforts.

MS. MOORE: What challenges do you foresee? What should be done or incorporated into the RFP to minimize these challenges?

So what challenges do you foresee, and what can be incorporated into the RFP to reduce or minimize these challenges?

Yes?

MS. BREWSTER: As Marci said, it really does need to come from the community. It should not be a top-down implementation, because community buy-in for any centralized intake, whatever we are going to call it, is very important.

These people are on the ground,

1  
2           these are, you know, the people you  
3           need to get, you know, to get them  
4           speaking the same message to the  
5           community. If the players on the  
6           ground speak the same message, then  
7           the hospitals buy-in, the clinics  
8           buy-in, so that is very important.

9           They are able to develop a  
10          referral system; they are able to get  
11          input from whatever data system,  
12          whatever risk assessment is going to  
13          be used, so they feel this is theirs  
14          as well.

15          MR. MOORE: The second part of the  
16          question, what do you think can be put  
17          into the RFP?

18          MS. BREWSTER: I think the  
19          requirement for the advisory board,  
20          for there to be equal representation  
21          from top to the bottom. Equal  
22          representation in any advisory group  
23          is really important.

24          One last thing, that advisory  
25          group, to just not have

1  
2 evidenced-based programs, but it  
3 includes local home-grown programs as  
4 well.

5 MS. ROSA: I would also like to  
6 add, I agree with everything Paulette  
7 said, but I would like to make a  
8 requirement in the RFP that all  
9 existing programs need to be a part of  
10 the application. You know, requiring  
11 letters of support or letters of  
12 cooperation from them.

13 Because what I think you don't  
14 want to happen is parallel tracks  
15 going on at the same time, as long as  
16 everyone is included in the proposal,  
17 then you know that they are all a part  
18 of one system, and they are not  
19 creating another system separate from  
20 it.

21 MS. MOORE: By application, you  
22 are saying an application to apply for  
23 the RFP; are you talking about  
24 technology?

25 MS. ROSA: The application to

1  
2 apply for the RFP should require  
3 letters of cooperation from the  
4 home-visiting program.

5 MR. MOORE: Okay.

6 MS. ROSA: And the IT system that  
7 is ultimately developed should be the  
8 same system citywide, so that it could  
9 accept referrals from one borough to  
10 the next, then all of the data can be  
11 looked at citywide.

12 MS. MOORE: Okay. Other --

13 MR. BREWSTER: Paulette from  
14 Public Health Solutions.

15 There is one thing that Denise  
16 said about, um, the referral sources,  
17 and their buy-in, and how do we  
18 incentivize it for them to refer to  
19 the coordinated intake?

20 Since, you know, in other states  
21 there is a requirement through  
22 Medicaid they have to do this or that,  
23 they have to be referred to  
24 coordinated intake.

25 What is the motivation of the



1  
2 referee to use the system, an  
3 incentive, you know, some kind of  
4 policy? So has there been any thought  
5 for that?

6 MS. MOORE: Okay.

7 MS. TINAR: Camille Tinar with  
8 Public Health Solutions.

9 Just to piggyback off of that, I  
10 think whatever system is chosen is  
11 something that is easily -- providers  
12 are able to easily use and can be  
13 integrated with their electronic  
14 medical records system, that would be  
15 really wonderful, so it's not an extra  
16 thing for them to do.

17 MR. MOORE: Anything in addition  
18 that needs to be or should be included  
19 in the RFP, based on what we have  
20 shared from these last set of  
21 comments?

22 (No response.)

23 MS. MOORE: Okay. So we are going  
24 to move on to the next question. What  
25 functionalities should the electronic

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

platform, to be used by system, have?

MR. TINAR: Camille Tinar with  
Public Health Solutions.

I think it should be -- there  
needs to be a communication system  
within the IT system, so that the  
different players within the system  
can communicate with each other. They  
can say, hey, I am missing this field  
from this referral, kind of an open  
communication system.

And the other thing is a robust  
reporting system where you can create  
and customize the reports.

MR. ROSA: Okay. There has to be  
a way to make sure -- Marci Rosa.  
There has to be a way to make sure  
that, um, there aren't duplicates in  
the system.

MR. MOORE: There has to be a way  
to do that.

MS. ROSA: There has to be a way  
to do that.

Thank you.

1  
2 MS. BREWSTER: Paulette Brewster  
3 with Public Health Solutions.

4 So any system needs to be  
5 intuitive. So if I put in a due date  
6 it should be calculating the  
7 gestational period, so things like  
8 that. If I put in a date of birth, it  
9 should calculate the stage.

10 It needs to be intuitive so the  
11 person doing the data entry is not  
12 spending their time calculating  
13 certain things. As few clicks as  
14 possible.

15 MS. MOORE: Okay.

16 MS. VALERA: Jasmine Valera with  
17 Public Health Solutions-Queens Healthy  
18 Start.

19 Camille said there should be open  
20 communication within the system. I  
21 think it should be both ways for the  
22 provider, so they will be able to go  
23 into the system and provide the  
24 referral feedback, so we don't have to  
25 spend so much time requesting

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

feedback. So to close the loop.

MR. MOORE: So the functionality should include closing the loop.

MS. VELERA: It should be -- the provider should be able to log into the system and access the system, and update things as needed, not just send the referral, and that is it.

MS. WEST: Denise West with Brooklyn Perinatal Network.

The system will have to have levels of authority and certain levels of rights, who can see what, that needs to be relatively consistent.

Also when it comes to ethnicity and race, there needs to be something that is standard, some systems vary in that. So some things need to be sort of standard and easy.

Similar to what Paulette was saying, something that is also easy so that when the staff is asking the client, it is easy for them to answer, so the language is really easy,

1  
2 user-friendly. So that a client can  
3 be right there and can enter it into  
4 the system.

5 A lot of the questions in a lot of  
6 the systems that are used, the worker  
7 has to rearrange how they say it  
8 because it is not necessarily  
9 user-friendly. It's not language that  
10 you would really use in your  
11 interviewing.

12 The other piece, I don't know how  
13 people feel about it, when people do  
14 case management notes, they never get  
15 to the certain screen, and I don't  
16 know what can be done.

17 So that -- a lot of the meat is in  
18 the notes, and I don't know what can  
19 be done in the system to sort of pull  
20 out what really may be needed, it  
21 comes out of the case management type  
22 of notes, 'cause there are no dropdown  
23 boxes.

24 A lot of the meat is in the notes,  
25 but it takes a while before you get to

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

it; it's not easily accessible.

MS. MOORE: What is your ask for  
functionality?

MS. WEST: I am still thinking  
about that.

MS. YUNSEN: Kesha Yunsen with  
Family Care.

Are you considering, maybe having  
something that is standardized, where  
there is a check box, so they go  
through -- no?

MS. WEST: I don't think that is  
how a person actually does the work.  
I am not quite sure.

MR. MOORE: A place for notes for  
now.

Brandi?

MS. CADET: So to piggyback off of  
your comment, Denise. Some sort of  
search functionality, that also  
includes a listing of providers, that  
in addition to providing home visiting  
services, also provide other services.

Because I think there are a lot of

1  
2 programs, as she mentioned, that have  
3 multiple service models. So if there  
4 is potentially a provider that can be  
5 a one-stop shop for multiple needs  
6 that tie into social determinants of  
7 health, we want to make sure families,  
8 if possible, are connected to those  
9 providers.

10 MS. TINAR: Camille with Public  
11 Health Solutions.

12 I also think that this system  
13 needs to have a built-in algorithm to  
14 get referrals for someone that already  
15 has a child, this is her second  
16 pregnancy, we know she is not eligible  
17 for NFP.

18 Once we put in all of the  
19 information about the client, we know  
20 it will spit out the programs that the  
21 family is eligible for.

22 MR. MOORE: Okay.

23 MS. MAGGIE: Maggie.

24 I think beyond things like, prior  
25 pregnancies, prior births, all of the

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

ZIP codes have to be in there too.  
Still today, many programs are very  
specific to the geographic area, and  
until that changes, also it's really  
important to have a system that we  
really understand what somebody is  
eligible for beyond that other piece  
of information.

MS. ROSA: Smart logic.

MS. MOORE: The presentation is in  
front you. What added value could the  
Coordinated Intake and Referral System  
provide for your organization?

MS. WEST: Denise with the  
Brooklyn Perinatal Network.

Any data collection is always good  
for future and further reporting and  
funding sources. So having really  
good reporting, and being able to pull  
data and show impact.

I would be interested in more than  
just quantitative data, but impact --  
being able to show impact data over a  
period of time, of course, would be an



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

added value to us.

MS. ROSA: Marci Rosa.

First and foremost, funding and a real IT system, as opposed to Excel would be an absolute added value. But the biggest added value is being able to better serve the community.

MR. MOORE: Do you need time to think? Any more?

MS. MAGGIE: Maggie from SCO.

I also think we can improve the agency, if it works well, it will actually improve the quality and quantity of referrals going to any given program, which would itself be a huge efficient component.

MS. WEST: While we are focusing on mothers, women and children, I would say it needs to include services and things for men as well. So the families -- moms and children -- are not isolated from their family.

At least in our community, we do a disservice when we break it out and

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

separate it out, so it needs to include a family perspective with the services that are being offered.

MS. MOORE: The next question. The current home visiting landscape does not have the capacity to service everyone who might be interested.

What other types of perinatal service should people be connected to through the Coordinated Intake and Referral System?

MS. WEST: When we talk about Doula for support care, some of it. The Doula services -- birth control, postpartum care -- should be included here.

MS. CADET: Brandy Cadet. I would also -- there are lots of other perinatal services that are not home visiting models, so to add on to that, not evidence-based home visiting models.

A lot of the feedback we often get from families, while they are

1  
2 interested services, may not be able  
3 to consent to home visiting due to  
4 their housing situation or not they  
5 are willing to do it.

6 So other models that would support  
7 a more flexible approach to perinatal  
8 services would be great.

9 MS. BREWSTER: Paula Brewster with  
10 Public Health Solutions.

11 So it needs to include any group  
12 education that exists in the  
13 community, any classes, any support  
14 groups, any centering pregnancy, any  
15 organizations that do distribution of  
16 supplies, crib distribution, WIC  
17 services, food pantry, any of the  
18 secondary services to home visits also  
19 to be included in that.

20 MR. MOORE: Anything else?

21 MS. BREWSTER: Also high-risk  
22 providers in the community, if it also  
23 includes that. So any high-risk  
24 provider, if that's included in the  
25 system, that be included, as well in

1  
2           mental health. Postpartum depression.

3           MS. WILLIAMS: Desiree with the  
4           Learning Center.

5           All I am saying it should include  
6           some child-care services for the  
7           family.

8           MS. ROSA: Marci Rosa with Public  
9           Health Solutions.

10          Our coordinated intake in Queens  
11          really tries to address any needs that  
12          come up for the family with the  
13          approach being trying to make sure  
14          that the family doesn't leave empty  
15          handed.

16          So also social determinants of  
17          health, social determinants of any  
18          type of health.

19          MS. MOORE: That is the final  
20          question on this slide. If you think  
21          of additional comments, we have a  
22          final slide that will give you  
23          information where you can provide  
24          those comments, if after you marinate  
25          on the information shared, you have

1  
2 some additional thoughts.

3 I am going to share with you the  
4 estimated or approximate procurement  
5 timeline as it relates to the release  
6 of the RFP. So we project that the  
7 RFP will be released in the winter of  
8 2019; it will be due the summer of  
9 2020.

10 The decision will be awarded in  
11 the fall of 2020, so those are -- it  
12 is estimated procurement timeline.  
13 Okay. As I said we welcome your  
14 comments through December 26th.

15 If you have comments you can  
16 e-mail them directly to  
17 RPF@health.nyc.dot.gov; indicate CI&R  
18 Concept Paper in the subject line of  
19 the e-mail.

20 Written comments may be sent to  
21 the following address that is listed:  
22 Dara R. Lebwohl, New York City  
23 Department Health and Mental Hygiene,  
24 42-09 28th Street, Queens, New York  
25 11101.

1  
2 Again comments are invited to be  
3 accepted through December 26th. Okay.  
4 So I want to thank you for all of your  
5 comments and feedback you have  
6 provided here today.

7 If you have not signed in, please  
8 sign the attendance sheet in the back.  
9 If you have not received a copy of the  
10 Concept Paper, I believe copies are in  
11 the back as well.

12 MS. WEST: Are you going to  
13 compile the comments and questions so  
14 that we can see them?

15 MS. ASHTON: Do you mean from this  
16 event today?

17 MS. WEST: You have another one in  
18 the Bronx, are you taking comments --  
19 well, it's on my birthday.

20 MS. ASHTON: Happy birthday.

21 So the written comments we do --  
22 Erika, correct me if I'm wrong -- the  
23 written comments, we respond publicly  
24 to the written comments on occasion,  
25 but I am not sure we made a decision

1  
2           whether or not we are going to do  
3           that.

4           This is a Concept Paper, this is  
5           not a request for a proposal, this is  
6           not a standard solicitation. This is  
7           we have an idea, we want your input,  
8           we want your feedback. We will look  
9           into your input and feedback, we are  
10          hearing you today, and we are looking  
11          at the transcripts.

12          This is not a formal solicitation.  
13          So I think we are going to look at the  
14          transcripts, we will talk about  
15          whether or not we will release answers  
16          to these questions and go through  
17          them.

18          But the answer to, really, your  
19          question is, hopefully what is going  
20          to happen is we go are going to  
21          incorporate your feedback into the  
22          request for proposal that's issued  
23          next winter; and so that's the ideal  
24          outcome on this.

25          MS. BREWSTER: Paulette.

1  
2 Will the data system identified be  
3 included in the RFP?

4 MS. ASHTON: If there is a data  
5 system that is identified by the time  
6 that the RFP is released, we'll  
7 consider including that in the RFP.  
8 At the moment it has not been  
9 solidified, nor the RFP release date  
10 has been solidified.

11 So I am guessing, when we release  
12 the RFP, it is in our best interest to  
13 put as much information in it, so  
14 we'll try to do that.

15 MR. MOORE: If you have additional  
16 comments that you want on the record  
17 right now, we'll take them. If not,  
18 again, you have information where you  
19 can share them.

20 Thank you.

21 MS. ASHTON: One last thing, the  
22 comments you submit are in response to  
23 the Concept Paper, they don't only  
24 have to be in response to the  
25 questions we asked today.



1  
2           So as you read the Concept Paper,  
3           if you have other ideas you want to  
4           submit related to the Concept Paper,  
5           feel free to include that within your  
6           comments. It doesn't have to be  
7           limited to what we discussed and the  
8           questions today.

9           Thank you.

10          (Hearing concluded 3:08 p.m.)  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

C E R T I F I C A T E

I, Regina Dones, Court Reporter and Notary  
Public in and for the State of New York, do  
hereby certify that I attended the foregoing  
proceedings, took stenographic notes of the  
same, that the foregoing, consisting of pages,  
is a true and correct copy of same and the  
whole thereof.

Dated: November 18, 2019

Regina Dones  
Regina Dones

<p><b>&amp;</b> 1:5</p> <p><b>'90s</b> 15:6</p> <p><b>'cause</b> 36:22</p> <p><b>26th</b> 44:14 45:3</p> <p><b>28th</b> 44:24</p> <p><b>able</b> 5:16 24:20 29:9,10 32:12 34:22 35:6 39:20,24 40:7 42:2 (11)</p> <p><b>about</b> 6:11,25 7:3,7,10,15 8:6 20:8 24:13 30:23 31:16 36:13 37:6 38:19 41:13 46:14 (16)</p> <p><b>absolute</b> 40:6</p> <p><b>accept</b> 31:9</p> <p><b>accepted</b> 45:3</p> <p><b>access</b> 11:22 35:7</p> <p><b>accessed</b> 11:8</p> <p><b>accessible</b> 37:2</p> <p><b>accurately</b> 10:20</p> <p><b>achieve</b> 7:24 8:6</p> <p><b>achieving</b> 6:19,21</p> <p><b>across</b> 13:15 17:13</p> <p><b>actual</b> 27:3</p> <p><b>actually</b> 37:14 40:14</p> <p><b>add</b> 19:23 30:6 41:21</p>	<p><b>added</b> 39:12 40:2,6,7 (4)</p> <p><b>addition</b> 16:14 19:12,17 32:17 37:23 (5)</p> <p><b>additional</b> 21:20 43:21 44:2 47:15 (4)</p> <p><b>address</b> 18:14,17 43:11 44:21 (4)</p> <p><b>administration</b> 21:24</p> <p><b>advisory</b> 22:18 27:2 29:19,22,24 (5)</p> <p><b>after</b> 43:24</p> <p><b>afternoon</b> 4:2 5:11 13:4</p> <p><b>afterwards</b> 5:10</p> <p><b>again</b> 5:14 9:14 10:8 19:25 45:2 47:18 (6)</p> <p><b>agencies</b> 18:18 22:19</p> <p><b>agency</b> 40:13</p> <p><b>ago</b> 16:3</p> <p><b>agree</b> 30:6</p> <p><b>alex</b> 3:18</p> <p><b>algorithm</b> 38:13</p> <p><b>alimah</b> 2:6</p> <p><b>allowed</b> 10:6</p> <p><b>almost</b> 17:17</p> <p><b>already</b> 7:5 9:2 15:12 18:11 24:5</p>	<p>38:14 (6)</p> <p><b>also</b> 6:22 12:13 19:9,11,23 20:3,4,21 22:3 24:24 25:8 26:17 30:5 35:16,22 37:21,24 38:12 39:5 40:12 41:19 42:18,21,22 43:16 (25)</p> <p><b>always</b> 17:20,21 39:17</p> <p><b>am</b> 4:7,10 5:14,19 14:11 15:21 18:12 33:10 37:5,15 43:5 44:3 45:25 47:11 (14)</p> <p><b>amount</b> 13:14</p> <p><b>another</b> 21:17 22:7 30:19 45:17 (4)</p> <p><b>answer</b> 10:6 14:15,18 16:12 17:3 35:24 46:18 (7)</p> <p><b>answers</b> 46:15</p> <p><b>anything</b> 17:23 23:6 25:12 32:17 42:20 (5)</p> <p><b>apologize</b> 5:15 9:14</p> <p><b>appearances</b> 2:2</p> <p><b>application</b> 30:10,21,22,25 (4)</p> <p><b>apply</b> 30:22 31:2</p> <p><b>approach</b> 42:7 43:13</p> <p><b>appropriate</b> 11:22 12:11 28:4</p>	<p><b>approximate</b> 44:4</p> <p><b>are</b> 4:25 5:6,25 6:18 7:19 8:8,10,11,12,14,15 9:17,20 10:12,21,24 13:10 15:3,13,18 16:3,23 17:8,11,13 18:18,22,25 20:8 22:8 23:14 24:3,14,17,18,19 25:3,4,21 26:7,14,23 27:16,23 28:23,25 29:2,9,10 30:17,18,22,23 32:12,23 36:6,22 37:9,25 38:8 39:3 40:18,22 41:4,19,20,25 42:5 44:11 45:2,10,12,18 46:2,9,10,13,20 47:22 (79)</p> <p><b>area</b> 39:4</p> <p><b>aren't</b> 27:8 33:19</p> <p><b>around</b> 5:9 9:3 10:25 17:12 20:22 (5)</p> <p><b>ashton</b> 5:5 10:12 45:15,20 47:4,21 (6)</p> <p><b>ask</b> 10:16,16 13:8 14:14 26:3 37:3 (6)</p> <p><b>asked</b> 16:17 26:4,15 47:25 (4)</p> <p><b>asking</b> 35:23</p> <p><b>assessment</b> 12:20 29:12</p> <p><b>assignment</b> 23:3</p>	<p><b>assume</b> 15:17</p> <p><b>aston</b> 2:11</p> <p><b>attendance</b> 45:8</p> <p><b>attended</b> 49:6</p> <p><b>attendees</b> 3:2</p> <p><b>authority</b> 35:13</p> <p><b>authorized</b> 23:5</p> <p><b>awarded</b> 44:10</p> <p><b>aware</b> 17:2</p> <p><b>back</b> 5:19 8:22 15:6 23:4 24:7 45:8,11 (7)</p> <p><b>baltimore</b> 7:7</p> <p><b>based</b> 12:11 13:21 23:17 32:19 (4)</p> <p><b>basic</b> 25:19</p> <p><b>basically</b> 9:23</p> <p><b>because</b> 10:4 14:14 23:15 28:21 30:13 36:8 37:25 (7)</p> <p><b>become</b> 22:7</p> <p><b>before</b> 14:15 21:4 27:9 36:25 (4)</p> <p><b>beginning</b> 25:22 26:13</p> <p><b>being</b> 5:16,23 8:10,20,20 10:13 14:23 20:17,18 26:25 39:20,24 40:7 41:4 43:13 (15)</p> <p><b>believe</b> 14:13</p>
--	--	--	---	--

15:10 45:10	<b>box</b> 37:11	<b>calculate</b> 34:9	34:13 35:13 36:15 (4)	<b>clients</b> 20:17
<b>benefit</b> 27:18	<b>boxes</b> 36:23	<b>calculating</b> 34:6,12	<b>certify</b> 49:6	<b>clinical</b> 26:17
<b>benefits</b> 27:14,16 28:6	<b>brandi</b> 3:16 15:21 37:18	<b>call</b> 28:23	<b>challenge</b> 20:20	<b>clinics</b> 29:7
<b>best</b> 6:16 7:3 12:21 47:12 (4)	<b>brandy</b> 41:18	<b>camba</b> 3:17 15:22	<b>challenges</b> 16:8,24 20:20 28:9,12,13,16 (7)	<b>close</b> 35:2
<b>better</b> 5:8,12 40:8	<b>break</b> 14:7 40:25	<b>camille</b> 3:9 32:7 33:3 34:19 38:10 (5)	<b>champion</b> 22:3	<b>closely</b> 22:17
<b>beyond</b> 38:24 39:8	<b>brewster</b> 3:10 19:5,5,14 21:21 23:23,23 28:18 29:18 31:13 34:2,2 42:9,9,21 46:25 (16)	<b>can</b> 7:20,25 8:6,7 9:21 10:19 14:3,18 18:6,8,14,14 21:19 28:14 29:16 31:10 32:12 33:9,10,14 35:14 36:2,3,16,18 38:4 40:12 43:23 44:15 45:14 47:19 (31)	<b>chance</b> 7:19	<b>closing</b> 35:4
<b>biggest</b> 40:7	<b>brief</b> 4:17	<b>can't</b> 5:4 27:5	<b>changes</b> 39:5	<b>codes</b> 39:2
<b>birth</b> 6:21 34:8 41:15	<b>bring</b> 7:23	<b>capacity</b> 27:21 41:7	<b>check</b> 37:11	<b>coles</b> 3:18
<b>birthday</b> 45:19,20	<b>bristol</b> 1:10	<b>capture</b> 10:20	<b>child</b> 4:8 38:15	<b>colleague</b> 24:25
<b>births</b> 38:25	<b>broaden</b> 18:20	<b>capturing</b> 25:22	<b>childcare</b> 43:6	<b>collection</b> 39:17
<b>bit</b> 28:4	<b>bronx</b> 24:7 45:18	<b>care</b> 1:9 3:14 23:16 28:2 37:8 41:14,16 (7)	<b>children</b> 6:18 8:9 40:19,22 (4)	<b>come</b> 4:5 7:14 28:19 43:12 (4)
<b>board</b> 27:2 29:19	<b>brooklyn</b> 1:9 3:15 5:21 14:12,14,24,25 15:15,25 35:11 39:16 (11)	<b>case</b> 36:14,21	<b>chosen</b> 32:10	<b>comes</b> 35:16 36:21
<b>bolster</b> 20:9	<b>build</b> 13:19 26:2 27:6	<b>center</b> 1:9 3:5 43:4	<b>ci&amp;r</b> 27:15 44:17	<b>comfortable</b> 27:7
<b>borough</b> 14:13,16,17,20 15:24 16:6,7 24:3 25:2 27:3,16 31:9 (12)	<b>building</b> 14:23 15:8,12	<b>centering</b> 42:14	<b>city</b> 1:3 4:9 6:12 7:11 11:19,21 12:6 13:15 16:22 17:12 21:9 23:17,21 44:22 (14)	<b>comment</b> 37:20
<b>boroughbased</b> 11:16	<b>builtin</b> 38:13	<b>central</b> 15:5	<b>citywide</b> 13:23 14:9 31:8,11 (4)	<b>comments</b> 13:12 21:20 24:23 27:10 32:21 43:21,24 44:14,15,20 45:2,5 ,13,18,21,23,24 47:16,22 48:6 (20)
<b>boroughs</b> 8:7 23:14	<b>buy</b> 27:8	<b>centralized</b> 28:22	<b>clarity</b> 20:21	<b>commissioner</b> 4:15
<b>boroughwide</b> 21:10	<b>buyin</b> 28:22 29:7,8 31:17 (4)	<b>centralizing</b> 12:23	<b>classes</b> 42:13	<b>committee</b> 22:18
<b>both</b> 6:8,20 34:21	<b>c</b> 49:2,2	<b>certain</b> 26:4	<b>clear</b> 6:19	<b>communicate</b> 33:9
<b>bottom</b> 29:21	<b>cadet</b> 3:16 15:21,22 17:25 20:19 28:7 37:19 41:18,18 (9)		<b>clearly</b> 19:24	<b>communication</b> 23:4 33:6,12 34:20 (4)
<b>bounced</b> 24:7			<b>clicks</b> 34:13	<b>community</b>
			<b>client</b> 12:23 35:24 36:2 38:19 (4)	

7:17,25 8:18 22:18 27:2 28:20,22 29:5 40:8,24 42:13,22 (12)  <b>communitybased</b> 22:14,19  <b>compile</b> 45:13  <b>component</b> 40:17  <b>computeraided</b> 1:22  <b>concept</b> 1:5 4:21 5:25 9:8 11:3 13:2 22:11 26:24 44:18 45:10 46:4 47:23 48:2,4 (14)  <b>concluded</b> 48:10  <b>conducted</b> 13:15  <b>conducting</b> 22:24  <b>connect</b> 14:25  <b>connected</b> 24:6 38:8 41:10  <b>consent</b> 42:3  <b>consider</b> 47:7  <b>considering</b> 37:9  <b>consistent</b> 35:15  <b>consisting</b> 49:8  <b>constantly</b> 23:20  <b>contractor's</b> 22:12  <b>contribute</b> 25:15  <b>control</b> 41:15  <b>conversation</b>	8:21  <b>conversations</b> 9:2  <b>convey</b> 9:24  <b>cooper</b> 2:5  <b>cooperation</b> 30:12 31:3  <b>coordinated</b> 4:20 6:3 11:11,17,24 12:4,16 13:16 15:23 16:21 17:6 18:21 19:8,10,15,18 22:9,21 23:8 24:6 25:16 27:14 31:19,24 39:13 41:11 43:10 (27)  <b>coordinating</b> 9:4 18:3  <b>coordinator</b> 19:12  <b>copies</b> 9:20 45:10  <b>copy</b> 45:9 49:9  <b>core</b> 25:6  <b>correct</b> 16:18 45:22 49:9  <b>correctly</b> 9:25  <b>could</b> 15:19 31:8 39:12  <b>country</b> 17:14  <b>course</b> 39:25  <b>court</b> 49:4  <b>create</b> 33:14  <b>creating</b> 30:19	<b>crib</b> 42:16  <b>critical</b> 8:9 9:12 10:10  <b>critically</b> 8:5  <b>culture</b> 21:25  <b>current</b> 22:6 41:6  <b>currently</b> 15:8,9 22:15  <b>customize</b> 33:15  <b>dara</b> 2:12 44:22  <b>data</b> 12:19 22:24 24:15,18,21 25:21 29:11 31:10 34:11 39:17,21,23,24 47:2,4 (15)  <b>date</b> 13:20 34:5,8 47:9 (4)  <b>dated</b> 49:12  <b>december</b> 44:14 45:3  <b>deciding</b> 18:5  <b>decision</b> 27:3 44:10 45:25  <b>degrees</b> 20:5  <b>deliver</b> 22:15  <b>denise</b> 3:15 14:11 18:4 24:11 31:15 35:10 37:20 39:15 (8)  <b>department</b> 1:4 4:10,15 11:4 44:23 (5)  <b>depending</b> 14:21 21:13	<b>depression</b> 43:2  <b>deputy</b> 4:14  <b>describes</b> 22:12  <b>desiree</b> 3:4 43:3  <b>determinants</b> 38:6 43:16,17  <b>develop</b> 13:16 21:4 29:9  <b>developed</b> 31:7  <b>development</b> 22:20 23:7  <b>dictated</b> 27:5  <b>different</b> 15:25 16:6,7 18:9,15,19,20 20:22 26:7,18 33:8 (11)  <b>difficulties</b> 9:15,18  <b>directly</b> 21:8 44:16  <b>director</b> 4:8  <b>discussed</b> 48:7  <b>discussing</b> 17:24  <b>displaying</b> 9:16  <b>disqualify</b> 18:13  <b>disservice</b> 40:25  <b>distribution</b> 42:15,16  <b>document</b> 13:7  <b>documenting</b> 13:11	<b>does</b> 13:23 14:9 25:11 28:19 37:14 41:7 (6)  <b>doesn't</b> 22:7 26:3 43:14  <b>doesn't'</b> 48:6  <b>dohmh</b> 2:2 11:13 22:17  <b>doing</b> 15:7 17:16 34:11  <b>done</b> 5:4 14:23 16:20 22:5 28:10 36:16,19 (7)  <b>done</b> s 49:4  <b>doula</b> 17:5 26:9 41:14,15 (4)  <b>down</b> 10:15  <b>dr</b> 2:3 4:13,23,24 5:11,14,15 8:24,25 13:13 (10)  <b>dropdown</b> 36:22  <b>due</b> 34:5 42:3 44:8  <b>duplicates</b> 33:19  <b>duplication</b> 24:8,9 28:7  <b>e</b> 49:2,2  <b>each</b> 15:23,24 23:14 25:2 33:9 (5)  <b>easily</b> 32:11,12 37:2  <b>easterling</b> 2:3 4:14,23,24 5:11,14,15 8:24,25 13:13 (10)
---	---	---	--	--

<b>easy</b> 35:20,22,24,25 (4)	<b>enter</b> 36:3	<b>evidencegenerati ng</b> 11:9	<b>filter</b> 25:9	<b>funded</b> 7:16 19:25
<b>education</b> 42:12	<b>entering</b> 24:3	<b>excel</b> 40:5	<b>filters</b> 22:6	<b>funder</b> 26:2
<b>effective</b> 7:10 27:19	<b>entire</b> 22:25	<b>excitement</b> 4:5,6	<b>final</b> 9:13 43:19,22	<b>funding</b> 14:21,21 17:21 18:2,20 39:19 40:4 (7)
<b>effectively</b> 27:22	<b>entry</b> 12:7 22:24 24:16,18,21 34:11 (6)	<b>existing</b> 13:18 27:23 30:9	<b>finalize</b> 9:10,12	<b>further</b> 39:18
<b>efficiency</b> 12:23	<b>equal</b> 29:20,21	<b>exists</b> 42:12	<b>find</b> 19:9 22:3	<b>future</b> 39:18
<b>efficient</b> 40:17	<b>equipped</b> 24:19	<b>expecting</b> 24:17	<b>first</b> 5:23 14:5,6 40:4 (4)	<b>general</b> 22:13
<b>efficiently</b> 12:13	<b>equity</b> 6:21	<b>experience</b> 20:15 23:19	<b>five</b> 17:17	<b>generating</b> 11:23
<b>effort</b> 13:23 14:9 21:7	<b>erika</b> 2:4 4:7 8:22 45:22 (4)	<b>extra</b> 32:15	<b>flag</b> 24:4	<b>geographic</b> 39:4
<b>efforts</b> 18:3 20:2,10 28:8 (4)	<b>establishing</b> 11:24	<b>f</b> 49:2	<b>flexible</b> 42:7	<b>gestational</b> 34:7
<b>either</b> 20:21 21:8	<b>estimated</b> 44:4,12	<b>fall</b> 44:11	<b>focusing</b> 40:18	<b>get</b> 4:20 9:24 14:3 23:16 25:11 28:3 29:3,3,10 36:14,25 38:14 41:24 (13)
<b>electronic</b> 32:13,25	<b>ethnicity</b> 35:16	<b>families</b> 11:21 12:6,10,20 17:8 27:20 38:7 40:22 41:25 (9)	<b>folks</b> 5:12	<b>gets</b> 18:8 24:7
<b>eligible</b> 38:16,21 39:8	<b>eve</b> 2:5	<b>families'</b> 11:8	<b>food</b> 42:17	<b>getting</b> 5:19 25:4
<b>elizabeth</b> 2:7	<b>event</b> 45:16	<b>family</b> 3:3,14 12:24 14:25 19:22 37:8 38:21 40:23 41:3 43:7,12,14 (12)	<b>foregoing</b> 49:6,8	<b>give</b> 4:16 14:6 43:22
<b>else</b> 23:6 25:13 42:20	<b>everybody</b> 18:7 25:21	<b>feasible</b> 19:20	<b>foremost</b> 40:4	<b>given</b> 40:16
<b>email</b> 44:16,19	<b>everyone</b> 4:3,25 30:16 41:8 (4)	<b>feedback</b> 4:20 9:8,11 10:4,8 13:8 34:24 35:2 41:24 45:5 46:8,9,21 (13)	<b>foresee</b> 28:10,13	<b>gives</b> 9:6 25:13
<b>embedded</b> 21:25	<b>everything</b> 10:13,15 19:19 30:6 (4)	<b>feel</b> 29:13 36:13 48:5	<b>formal</b> 46:12	<b>go</b> 7:12 19:15 21:14 34:22 37:11 46:16,20 (7)
<b>emily</b> 2:11 13:5	<b>everywhere</b> 23:21	<b>few</b> 9:22 13:24 34:13	<b>forward</b> 4:18	<b>goal</b> 11:20 13:17
<b>empty</b> 43:14	<b>evidence</b> 11:23	<b>field</b> 33:10	<b>four</b> 18:9	<b>going</b> 4:10,16 5:2 9:11,22 14:7,16 17:9 18:12 20:8 27:8 28:23 29:12 30:15 32:23 40:15 44:3 45:12 46:2,13,19,20 (22)
<b>end</b> 12:25 20:10	<b>evidencebased</b> 11:9,22 16:15 41:22 (4)	<b>figure</b> 6:15	<b>fragmentation</b> 28:2	<b>gone</b> 6:7
<b>engage</b> 6:24	<b>evidencedbased</b> 30:2		<b>free</b> 48:5	
<b>ensure</b> 11:20 26:6,16			<b>front</b> 39:12	
<b>ensuring</b> 18:10 24:14			<b>functionalities</b> 32:25	
			<b>functionality</b> 35:3 37:4,21	

<b>good</b> 4:2 5:11 39:17,20 (4)	<b>health</b> 1:4,6,9 3:6,8,9,11 4:9,10,16 6:22 11:4,6 12:8 16:11 23:11,16 26:22 31:14 32:8 33:4 34:3,17 38:7,11 42:10 43:2,9,17,18 44:23 (31)	<b>homevisiting</b> 12:21 23:3 31:4	<b>impact</b> 6:11 39:21,23,24 (4)	<b>infant</b> 6:20
<b>grant</b> 18:8	<b>healthy</b> 6:19 17:17 19:6 21:22 23:24 34:17 (6)	<b>hooper</b> 2:13	<b>implementation</b> 22:21 23:8 28:21	<b>infantchild</b> 1:6 11:6,18 12:7 (4)
<b>great</b> 6:2 8:4 21:6 42:8 (4)	<b>hearing</b> 46:10 48:10	<b>hope</b> 7:22	<b>importance</b> 26:25	<b>infants</b> 6:17
<b>ground</b> 28:25 29:6	<b>hello</b> 4:24 15:21	<b>hopefully</b> 46:19	<b>important</b> 6:5 13:6 19:8,24 21:23 23:7,12 25:8 28:24 29:8,23 39:6 (12)	<b>information</b> 9:25 13:2 17:15 25:23 38:19 39:9 43:23,25 47:13,18 (10)
<b>group</b> 4:19 29:22,25 42:11 (4)	<b>help</b> 20:8 24:20	<b>hoping</b> 9:16	<b>improve</b> 11:5 40:12,14	<b>infrastructure</b> 6:10,15 12:17
<b>groups</b> 17:7 42:14	<b>helps</b> 28:2	<b>hospitals</b> 20:23 21:9 29:7	<b>inc</b> 1:22	<b>input</b> 6:14 22:23 29:11 46:7,9 (5)
<b>grow</b> 17:20	<b>her</b> 38:15	<b>house</b> 3:18	<b>incentive</b> 32:3	<b>institution</b> 21:3,14
<b>guessing</b> 47:11	<b>here</b> 8:20 9:19 10:24 13:6 16:12 25:13,18 41:17 45:6 (9)	<b>housing</b> 42:4	<b>incentivize</b> 31:18	<b>institutions</b> 20:24
<b>guide</b> 22:20	<b>hereby</b> 49:6	<b>how</b> 7:15,16,20,24 8:7 20:8 25:7,10 31:17 36:7,12 37:14 (12)	<b>include</b> 35:4 40:20 41:3 42:11 43:5 48:5 (6)	<b>intake</b> 1:5 4:21 6:3 11:11,17,25 12:4,16,24 13:17 15:5 16:21 17:6 18:3 19:8,11,15,18 22:9,22 23:9 24:6 25:16 27:15 28:23 31:19,24 39:13 41:11 43:10 (30)
<b>handed</b> 43:15	<b>hey</b> 33:10	<b>howard</b> 2:7	<b>included</b> 30:16 32:18 41:16 42:19,24,25 47:3 (7)	<b>intakes</b> 15:24
<b>handinhand</b> 19:16	<b>hi</b> 16:10	<b>huge</b> 20:16 40:17	<b>includes</b> 12:18 30:3 37:22 42:23 (4)	<b>integrated</b> 32:13
<b>happen</b> 30:14 46:20	<b>high</b> 12:3	<b>hygiene</b> 1:4 11:5 44:23	<b>including</b> 47:7	<b>intensity</b> 12:3
<b>happening</b> 7:7 15:8,9,15,16 (5)	<b>highrisk</b> 42:21,23	<b>i'm</b> 16:16 45:22	<b>incorporate</b> 46:21	<b>interact</b> 25:7
<b>happy</b> 45:20	<b>hill</b> 2:6	<b>ice</b> 14:7	<b>incorporated</b> 13:22 14:8 15:11 25:11 28:11,14 (6)	<b>interest</b> 6:14 47:12
<b>hard</b> 5:5	<b>hippa</b> 25:9	<b>idea</b> 6:20 46:7	<b>incorporates</b> 12:2	<b>interested</b> 39:22 41:8 42:2
<b>has</b> 6:5,6 7:5 13:15 16:20 17:23,25 19:9 20:16,19,20 22:5 25:14,21 32:4 33:16,18,21,23 36:7 38:15 47:8,10 (23)	<b>home</b> 1:6 7:2 8:15 9:3 11:10,18,23 12:8 17:9 19:2 22:15 37:23 41:6,21,22 42:3,18 (17)	<b>ideal</b> 5:17 46:23	<b>indicate</b> 44:17	<b>interviewing</b> 36:11
<b>hate</b> 24:13	<b>homegrown</b> 30:3	<b>ideas</b> 7:15 48:3	<b>individual</b> 28:3	<b>into</b> 4:18 6:7 13:3,22 22:6 24:3
<b>having</b> 9:17 19:11 25:24 37:9 39:19 (5)		<b>identified</b> 21:12 47:2,5		
		<b>identify</b> 5:6 10:17 13:9 15:20 25:8 (5)		
		<b>imagine</b> 16:6		

27:8 28:11,14 29:17 34:23 35:6 36:3 38:6 46:9,21 (16)  <b>introduction</b> 5:2  <b>intuitive</b> 34:5,10  <b>invited</b> 45:2  <b>involved</b> 7:21  <b>is</b> 3:5 4:7,16,25 5:2,12 7:7 8:2,25 9:11 10:9,10,13,14,18 11:20 13:6,8,18 14 :5,5,6,16,20,20,23 15:2,5,5,7,9,11,16, 24 16:5,13,16,17,19 17:20,21,22 18:2,5,11,16,17,22 19:7,9,11,24 20:7,22 21:11,23,24,25 23:6,17 24:2,5,8,13 25:8,12,19,19,23 26:16 27:18,19 28:24 29:8,12,13,23 30:14,16 31:7,15,21,25 32:10,10,11 33:13 34:11 35:9,18,22,2 3,24,25 36:8,17,24 37:3,10,11,13 38:4,15,16,21 39:7,11,17 40:7 43:19 44:12,21 46 :4,4,5,6,12,19,19,2 0 47:4,5,6,12 49:9 (125)  <b>isolated</b> 40:23  <b>issue</b> 11:13  <b>issued</b> 46:22  <b>itself</b> 40:16	<b>jasmine</b> 3:6 34:16  <b>jersey</b> 7:8  <b>juana</b> 2:10  <b>jurisdictions</b> 7:4  <b>just</b> 5:3,19 8:3 16:2,14 18:17 29:25 32:9 35:8 39:23 (10)  <b>keeping</b> 14:3  <b>kesha</b> 3:13 37:7  <b>key</b> 26:15  <b>kind</b> 21:2 25:13 32:3 33:11 (4)  <b>know</b> 6:23 7:2,6,18 8:10,14,19 13:11,14 15:14 16:19 17:14 19:14 20:12 24:2,6,12 29:2,3 30:10,17 31:20 32:3 36:12,16,18 38:16,19 (28)  <b>knowledge</b> 3:5  <b>lack</b> 20:21  <b>landscape</b> 21:3 41:6  <b>language</b> 35:25 36:9  <b>large</b> 5:7  <b>larger</b> 9:17 21:9  <b>last</b> 29:24 32:20 47:21  <b>lau</b> 2:10	<b>launched</b> 7:6  <b>layers</b> 25:3  <b>learn</b> 13:18  <b>learned</b> 13:21 16:24  <b>learning</b> 43:4  <b>least</b> 14:13 15:14 40:24  <b>leave</b> 43:14  <b>lebowitz</b> 2:12  <b>lebwohl</b> 44:22  <b>less</b> 16:2 24:8,9 28:7 (4)  <b>lessons</b> 13:21 15:10 16:24  <b>let</b> 14:14  <b>letters</b> 30:11,11 31:3  <b>levels</b> 35:13,13  <b>lh</b> 1:22  <b>like</b> 7:22 9:13 10:25 14:24 18:6 19:23 20:10 26:7 30:5,7 34:7 38:24 (12)  <b>limited</b> 48:7  <b>line</b> 44:18  <b>list</b> 5:9  <b>listed</b> 44:21  <b>listen</b> 7:19  <b>listening</b> 4:12 5:3,23	<b>listing</b> 37:22  <b>little</b> 28:4  <b>live</b> 23:18  <b>local</b> 26:25 30:3  <b>log</b> 35:6  <b>logic</b> 39:10  <b>long</b> 7:13 20:13 30:15  <b>look</b> 7:22 9:13 14:22 46:8,13 (5)  <b>looked</b> 31:11  <b>looking</b> 6:2 7:20 14:25 15:7 25:20 46:10 (6)  <b>loop</b> 25:14 35:2,4  <b>lot</b> 6:6,13 9:2 36:5,5,17,24 37:25 41:24 (9)  <b>lots</b> 41:19  <b>loudly</b> 10:19  <b>low</b> 12:3  <b>made</b> 45:25  <b>maggie</b> 3:3 19:21,21 27:17,17 38:23,23 40:11,11 (9)  <b>make</b> 5:22 8:7 9:24 16:13 17:5 30:7 33:17,18 38:7 43:13 (10)  <b>makes</b> 19:18  <b>making</b> 6:18 9:20 27:2	<b>manage</b> 12:13  <b>management</b> 12:19 22:25 36:14,21 (4)  <b>manhattan</b> 15:17  <b>many</b> 8:11,14 17:13 27:19 39:3 (5)  <b>map</b> 26:12  <b>mara</b> 3:7  <b>marci</b> 16:10 23:10 26:21 28:18 33:17 40:3 43:8 (7)  <b>marinate</b> 43:24  <b>mary</b> 2:8  <b>match</b> 12:21  <b>matched</b> 12:10  <b>matching</b> 11:7  <b>maternal</b> 1:6 4:8 11:6,18 12:7 (5)  <b>may</b> 16:7 18:11 25:5 36:20 42:2 44:20 (6)  <b>maybe</b> 8:12 37:9  <b>me</b> 14:14 45:22  <b>mean</b> 45:15  <b>meat</b> 36:17,24  <b>medicaid</b> 31:22  <b>medical</b> 20:23 32:14  <b>meets</b> 12:22
--	--	---	---	---



<b>men</b> 40:21	39:22 40:10 42:7 (10)	18:16,23 23:17 25:5 36:8 (5)	<b>november</b> 49:12	<b>operations</b> 12:19
<b>mental</b> 1:4 11:5 43:2 44:23 (4)	<b>most</b> 8:9 10:10 20:12	<b>need</b> 8:9 25:9 26:11,15 28:19 29:3 30:9 35:19 40:9 (9)	<b>now</b> 5:12 13:3 37:17 47:17 (4)	<b>operators</b> 11:16
<b>mentioned</b> 13:5,13 38:2	<b>mother</b> 19:19	<b>needed</b> 8:17 12:9 25:23 35:8 36:20 (5)	<b>nursefamily</b> 26:8	<b>opportunities</b> 7:21
<b>message</b> 29:4,6	<b>mothers</b> 6:17 8:8 40:19	<b>needs</b> 12:12,22 25:2 32:18 33:6 34:4,10 35:15,17 38:5,13 40:20 41:2 42:11 43:11 (15)	<b>nyc</b> 2:2	<b>opportunity</b> 8:5 9:6,7 10:2 21:18 (5)
<b>might</b> 5:7 41:8	<b>motivation</b> 31:25	<b>network</b> 3:15 14:12 35:11 39:16 (4)	<b>objective</b> 11:3	<b>opposed</b> 40:5
<b>minimize</b> 28:11,15	<b>move</b> 4:17 13:3 21:16 27:9 32:24 (5)	<b>never</b> 36:14	<b>obvious</b> 27:18	<b>order</b> 12:20
<b>missing</b> 33:10	<b>ms</b> 4:2,5 5:5,13 8:23 10:12,23 14:11,18,22 15:18,21 16:9,10,19 17:3,25 18:4,25 19:4,5,13,14,21 20:19 21:15,21 22:10 23:10,22,23 24:11,22,24 25:19 26:21 27:12,17,25 28:6,7,9,18 29:18 30:5,21,25 31:6,12 32:6,7,23 33:23 34:2,15,16 35:5,10 37:3,5,7,13,19 38:10,23 39:10,11,15 40:3,11,18 41:5,13,18 42:9,21 43:3,8,19 45:12,15,17,20 46:25 47:4,21 (86)	<b>new</b> 1:3,11 212 4:9 6:12 7:8,11 11:19,21 12:5 15:5 16:4 23:17,21 44:22,24 49:5 (16)	<b>occasion</b> 45:24	<b>organization</b> 10:18 13:10 18:24 39:14 (4)
<b>model</b> 12:22 26:17,18		<b>next</b> 20:25 22:11 27:13 31:10 32:24 41:5 46:23 (7)	<b>occurred</b> 9:3	<b>organizations</b> 8:15 11:15 22:14,20 42:15 (5)
<b>models</b> 11:10,24 12:2 38:3 41:21,23 42:6 (7)		<b>nfp</b> 38:17	<b>odette</b> 2:13	<b>other</b> 7:8 12:9 17:7 18:5,21 19:2,2 20:3 23:15 24:22 25:2,10 27:10 31:12,20 33:9,13 36:12 37:24 39:8 41:9,20 42:6 48:3 (24)
<b>moderator</b> 4:11		<b>nine</b> 16:3	<b>off</b> 15:8,12 23:25 32:9 37:19 (5)	<b>our</b> 6:25 7:2,17,25 10:19 13:17 17:16 19:10 20:15 23:19 40:24 43:10 47:12 (13)
<b>mom</b> 6:20		<b>no</b> 4:4 24:19 27:11,12 32:22 36:22 37:12 (7)	<b>offer</b> 8:3	<b>ourselves</b> 18:13
<b>moment</b> 47:8		<b>nor</b> 47:9	<b>offered</b> 8:11 24:20 41:4	<b>out</b> 5:25 6:15 18:11 26:2,12 27:24 36:20,21 38:20 40:25 41:2 (11)
<b>moms</b> 40:22		<b>notary</b> 49:4	<b>offering</b> 8:15	<b>outcome</b> 46:24
<b>months</b> 16:3		<b>note</b> 13:5	<b>office</b> 5:19,21	<b>outcomes</b> 6:19 11:7 12:15
<b>moore</b> 2:4 4:2,5,7 5:13 8:23 10:23 14:18 15:18 16:9,19 17:22 18:25 21:15 22:10 23:22 24:22 25:12 26:20 27:9,12 28:6,9 29:15 30:21 31:5,12 32:6,17,23 33:21 34:15 35:3 37:3,16 38:22 39:11 40:9 41:5 42:20 43:19 47:15 (42)	<b>much</b> 8:16,24 16:5 18:12 34:25 47:13 (6)	<b>notes</b> 36:14,18,22,24 37:16 49:7 (6)	<b>often</b> 41:24	<b>outer</b> 25:3
	<b>multiple</b> 38:3,5		<b>oftentimes</b> 24:17	
	<b>my</b> 4:7 24:25 45:19		<b>once</b> 38:18	
<b>more</b> 17:13 19:19 21:16 26:2 27:19,22 28:6	<b>name</b> 4:7 13:9,10		<b>one</b> 10:18 14:16,17,19 15:10 17:9 18:10,17 19:7,13 20:20,25 21:15 24:2,12 29:24 30:18 31:9,15 45:17 47:21 (21)	
	<b>necessarily</b>		<b>onestop</b> 38:5	
			<b>ongoing</b> 22:23	
			<b>only</b> 47:23	
			<b>open</b> 33:11 34:19	

<b>outlined</b> 25:17	<b>partnership</b> 6:8 26:8	<b>platform</b> 33:2	<b>prior</b> 38:24,25	(4)
<b>outlines</b> 26:23	<b>parts</b> 7:8	<b>players</b> 29:5 33:8	<b>proceedings</b> 49:7	<b>providing</b> 18:18,22,25 37:23 (4)
<b>outreach</b> 19:9,11,15,17,24 20:2 21:4,11 22:2 28:8 (10)	<b>pathway</b> 21:7	<b>please</b> 10:17 45:7	<b>process</b> 6:24 7:13,14 10:10 15:3 17:2 22:25 (7)	<b>public</b> 3:6,8,9,11 16:11 23:10 26:21 31:14 32:8 33:4 34:3,17 38:10 42:10 43:8 49:5 (16)
<b>over</b> 8:22 20:14,16 25:25 39:24 (5)	<b>paula</b> 19:5 42:9	<b>pm</b> 1:12 48:10	<b>procure</b> 11:14	<b>publicly</b> 45:23
<b>overall</b> 11:20	<b>paulette</b> 3:10 21:21 23:23 30:6 31:13 34:2 35:21 46:25 (8)	<b>point</b> 12:6 20:23	<b>procurement</b> 44:4,12	<b>pull</b> 36:19 39:20
<b>page</b> 17:4	<b>people</b> 5:5 18:14 23:16 24:12,18 25:4 27:8 28:25 29:2 36:13,13 41:10 (12)	<b>portion</b> 13:4	<b>program</b> 15:22 16:15 17:17 23:3 26:9 31:4 40:16 (7)	<b>put</b> 29:16 34:5,8 38:18 47:13 (5)
<b>pages</b> 49:8	<b>per</b> 14:16,17,19 26:2 (4)	<b>pose</b> 10:3	<b>programmatic</b> 6:9	<b>putting</b> 5:25
<b>pantry</b> 42:17	<b>perinatal</b> 3:15 14:12 35:11 39:16 41:9,20 42:7 (7)	<b>posed</b> 10:9	<b>programs</b> 13:19 17:10 18:15 19:25 26:7,9,10 27:23 30:2,3,9 38:2,20 39:3 (14)	<b>qualified</b> 11:14
<b>paper</b> 4:21 6:2 9:8 11:4 13:3 22:12 26:24 44:18 45:10 46:4 47:23 48:2,4 (13)	<b>period</b> 34:7 39:25	<b>posing</b> 4:19	<b>project</b> 3:18 9:16 44:6	<b>qualify</b> 17:9
<b>parallel</b> 30:14	<b>person</b> 5:17,18 19:13,17 20:23 21:11 24:5 34:11 37:14 (9)	<b>possible</b> 20:9 34:14 38:8	<b>projected</b> 14:20	<b>quality</b> 40:14
<b>parenting</b> 8:17 17:7	<b>perspective</b> 41:3	<b>postpartum</b> 41:16 43:2	<b>proposal</b> 9:10 30:16 46:5,22 (4)	<b>quantitative</b> 39:23
<b>part</b> 8:20 16:14 17:6 21:7 25:6 29:15 30:9,17 (8)	<b>peter</b> 3:3	<b>potentially</b> 38:4	<b>propose</b> 7:20	<b>quantity</b> 40:15
<b>participate</b> 5:16,20	<b>phone</b> 4:14	<b>powell</b> 2:8	<b>proposes</b> 11:13	<b>queens</b> 15:14 16:5 17:16 19:6 21:22 23:24 43:10 44:24 (8)
<b>participated</b> 25:24	<b>phonetic</b> 14:2	<b>power</b> 3:5,12	<b>provide</b> 6:16 9:7 12:5 22:22 34:23 37:24 39:14 43:23 (8)	<b>question</b> 10:16 13:4,8 14:5,15,15 16:12,17 17:4 21:16 22:11 26:3 27:10,13 29:16 32:24 41:5 43:20 46:19 (19)
<b>particular</b> 15:18 16:23,25,25 (4)	<b>piece</b> 24:21 36:12 39:8	<b>practice</b> 12:14	<b>provided</b> 45:6	<b>questions</b> 4:19 10:3,7,9,20 13:24 14:4,19 26:11,14,15 36:5 45:13 46:16 47:25 48:8 (16)
<b>partner</b> 6:2 7:16,25	<b>piggyback</b> 23:25 32:9 37:19	<b>practices</b> 7:4	<b>provider</b> 34:22 35:6 38:4 42:24 (4)	
<b>partnering</b> 22:13	<b>place</b> 15:25 21:19 37:16	<b>preferences</b> 12:12	<b>providers</b> 32:11 37:22 38:9 42:22	
<b>partners</b> 6:25 7:17 8:2 27:6 (4)	<b>places</b> 20:11	<b>pregnancies</b> 38:25		
		<b>pregnancy</b> 38:16 42:14		
		<b>presentation</b> 39:11		
		<b>pretty</b> 17:19		
		<b>primarily</b> 27:20		

<b>quite</b> 7:13 37:15	13:17 15:2 16:21 20:4,9 22:2,22 23:2,4,9 24:2,9 25:6,17 27:15	<b>representation</b> 29:20,22	<b>room</b> 4:25 5:7 8:12,13 17:20,21 (6)	<b>see</b> 9:21 10:23 27:14 35:14 45:14 (5)
<b>r</b> 44:22 49:2	29:10 31:16 33:11 34:24 35:9 39:13 41:12 (32)	<b>reproductive</b> 6:22	<b>rosa</b> 3:7 16:10,10 17:3 19:13 23:10,10 26:21,21 30:5,25 31:6 33:16,17,23 39:10 40:3,3 43:8,8 (20)	<b>seeks</b> 11:5
<b>race</b> 35:17	<b>referrals</b> 9:5 20:11 23:20 31:9 38:14 40:15 (6)	<b>request</b> 9:10 46:5,22	<b>rpf</b> 10:5 47:6	<b>send</b> 5:9 21:19 35:8
<b>range</b> 12:2	<b>referred</b> 20:17,18 22:8 25:4 31:23 (5)	<b>requesting</b> 34:25	<b>rpf@healthnycdo</b> <b>tgov</b> 44:17	<b>sending</b> 23:20
<b>reaching</b> 8:8	<b>referring</b> 24:14	<b>require</b> 31:2	<b>said</b> 8:25 10:13,25 24:25 28:18 30:7 31:16 34:19 44:13 (9)	<b>sent</b> 24:2 44:20
<b>read</b> 48:2	<b>regina</b> 49:4	<b>requirement</b> 29:19 30:8 31:21	<b>same</b> 20:14 26:10 29:4,6 30:15 31:8 49:8,9 (8)	<b>separate</b> 30:19 41:2
<b>reading</b> 9:23 11:2	<b>regional</b> 13:16	<b>requiring</b> 30:10	<b>samora</b> 3:18	<b>serve</b> 4:11 11:15 27:24 40:8 (4)
<b>real</b> 40:5	<b>reinvent</b> 21:13	<b>resources</b> 20:5,12 24:13,15,19 (5)	<b>sarah</b> 3:12	<b>served</b> 27:20
<b>really</b> 6:15 7:9 8:2 13:6 19:24 20:8,16 21:23 25:23 26:6,11,14 27:6 28:2,19 29:23 32:15 35:25 36:10,20 39:5,7,19 43:11 46:18 (25)	<b>reinventing</b> 15:4	<b>respond</b> 45:23	<b>saying</b> 19:3 30:22 35:22 43:5 (4)	<b>service</b> 22:19 38:3 41:7,10 (4)
<b>rearrange</b> 36:7	<b>reiterate</b> 26:24	<b>response</b> 4:4 14:6 27:11 32:22 47:22,24 (6)	<b>sco</b> 3:3 19:21 40:11	<b>services</b> 1:7,22 3:3 6:17 8:10,16,17 11:14,19 12:8,9,11 17:5,8 18:19,21 19:2,22 22:16 24:10 25:5 28:4 37:24,24 40:20 41:4,15,20 42:2,8,17,18 43:6 (33)
<b>receipt</b> 23:2	<b>related</b> 48:4	<b>responses</b> 13:11	<b>scratch</b> 15:14	<b>session</b> 4:12 5:3
<b>received</b> 45:9	<b>relates</b> 16:20 44:5	<b>review</b> 5:9	<b>screen</b> 9:17 36:15	<b>sessions</b> 5:24
<b>recently</b> 9:9	<b>relatively</b> 35:15	<b>reviewing</b> 4:18	<b>search</b> 37:21	<b>several</b> 25:24
<b>record</b> 47:16	<b>release</b> 44:5 46:15 47:9,11 (4)	<b>rfp</b> 4:22 9:13 11:13 28:11,15 29:17 30:8,23 31:2 32:19 44:6,7 47:3,7,9,12 (16)	<b>second</b> 29:15 38:15	<b>shantel</b> 2:9
<b>recording</b> 10:12	<b>released</b> 9:9 44:7 47:6	<b>right</b> 4:22 13:25 14:10 16:22 36:3 47:17 (6)	<b>secondarily</b> 27:21	<b>share</b> 5:24 21:18 44:3 47:19 (4)
<b>records</b> 32:14	<b>releasing</b> 10:5	<b>rights</b> 35:14	<b>secondary</b> 42:18	<b>shared</b> 9:21 32:20 43:25
<b>red</b> 24:4	<b>remarks</b> 4:17 5:24	<b>risk</b> 12:19 29:12		
<b>reduce</b> 28:15	<b>reporter</b> 49:4	<b>risks</b> 11:8		
<b>reduces</b> 27:25	<b>reporting</b> 1:22 33:14 39:18,20 (4)	<b>robust</b> 33:13		
<b>refer</b> 31:18	<b>reports</b> 33:15	<b>role</b> 20:17 22:12		
<b>referee</b> 32:2				
<b>referral</b> 1:5 4:21 6:4 11:11,17,25 12:5,14,14,17				

<b>she</b> 38:2,16	18:10,25 19:16 20:7,15	<b>sometimes</b> 25:3	<b>states</b> 7:9 31:20	<b>system</b> 6:4,8 7:10 11:12,17,25
<b>sheet</b> 45:8	21:10,15,25 22:5,6 24:8,13 25:12,21	<b>soon</b> 4:22	<b>stenographer</b> 10:14,19	12:5,13,17,18,22 13:17 14:17 16:22
<b>shop</b> 38:5	26:6,11 28:13 29:8,13 31:8	<b>sort</b> 26:12 35:19 36:19 37:20 (4)	<b>stenographic</b> 49:7	18:6,10,13 21:8,10,24
<b>should</b> 13:22 14:8 15:11 17:2,24 24:4 28:10,20 31:2,7 32:18,25 33:5 34:6,9,19,21 35:4,5,6 41:10,16 43:5 (23)	32:4,15,23 33:7 34 :4,5,7,10,22,24,25 35:2,3,19,22,25 36:2,17 37:11,19 38:3 39:19 40:21 41:2,21 42:6,11,23 43:16 44:6,11 45:4,13,21 46:13,23 47:11,13 48:2 (94)	<b>source</b> 23:4	<b>still</b> 16:3 17:3 37:5 39:3 (4)	22:3,6,22 23:9 24:4 25:8,17 27:4,15 29:10,11 30:18,19 31:6,8 32:2,10,14 33:2,6, 7,8,12,14,20 34:4,20,23
<b>show</b> 39:21,24		<b>sources</b> 20:4,9 31:16 39:19 (4)	<b>streamline</b> 28:3	35:7,7,12 36:4,19 38:12 39:6,13 40:5 41:12 42:25 47:2,5 (61)
<b>side</b> 20:3	<b>social</b> 22:18 26:18 38:6 43:16,17 (5)	<b>space</b> 16:6	<b>streamlined</b> 28:5	<b>systemic</b> 23:15
<b>sign</b> 45:8		<b>speaking</b> 29:4	<b>street</b> 1:10 44:24	<b>systems</b> 18:9 25:20,25 35:18 36:6 (5)
<b>signature</b> 49:14	<b>solicitation</b> 46:6,12	<b>specific</b> 10:6 14:19 15:19 39:4 (4)	<b>structure</b> 23:13	<b>t</b> 49:2,2
<b>signed</b> 45:7	<b>solidified</b> 47:9,10	<b>spend</b> 34:25	<b>subject</b> 44:18	<b>take</b> 21:15 47:17
<b>similar</b> 35:21	<b>solutions</b> 3:6,8,9,11 16:11 23:11 26:22 31:14 32:8 33:4 34:3 38:11 42:10 43:9 (14)	<b>spending</b> 34:12	<b>submit</b> 47:22 48:4	<b>taken</b> 13:2
<b>since</b> 31:20	<b>solutionsqueens</b> 34:17	<b>spit</b> 38:20	<b>success</b> 25:16	<b>taker</b> 13:6
<b>single</b> 12:6	<b>some</b> 4:16,20 5:24 7:3,14,23 8:12 9:20 10:3 17:12 19:25 20:2,7 21:7 24:20 32:3 35:18,19 37:20 41:14 43:6 44:2 (22)	<b>staff</b> 20:13 24:19 35:23	<b>successes</b> 13:22 14:8 15:19 16:8,23 17:11 (6)	<b>takes</b> 36:25
<b>situation</b> 42:4		<b>stage</b> 34:9	<b>successful</b> 17:19 18:2,16 19:10 (4)	<b>taking</b> 45:18
<b>slash</b> 6:18		<b>standard</b> 35:18,20 46:6	<b>suggest</b> 14:22	<b>talk</b> 24:13 25:2 41:13 46:14 (4)
<b>slide</b> 12:25 21:19 43:20,22 (4)		<b>standardized</b> 37:10	<b>summer</b> 44:8	<b>talking</b> 23:14 30:23
<b>slides</b> 4:18 9:22 10:23		<b>standpoint</b> 6:9,11	<b>summits</b> 7:3	<b>tapped</b> 27:22
<b>smart</b> 39:10		<b>start</b> 17:17 19:6 21:22 23:24 34:18 (5)	<b>supplies</b> 42:16	<b>task</b> 22:7
<b>so</b> 5:17 6:13,23 7:9,12,18 8:2,19,21 9:11,14,18,21 10:16,19 11:3,20 12:4,25 13:3,6,13,24 14:2,3,19 15:3,7,13,23,25 16:3,6,23 17:22	<b>somebody</b> 39:7	<b>started</b> 15:12 16:2	<b>support</b> 30:11 41:14 42:6,13 (4)	<b>team</b> 19:17
	<b>someone</b> 38:14	<b>starting</b> 15:13	<b>sure</b> 5:22 6:18 8:7 9:24 16:13 17:5 33:17,18 37:15 38:7 43:13 45:25 (12)	<b>technical</b> 9:15,18
	<b>something</b> 15:6,15,16 32:11 35:17,22 37:10 (7)	<b>state</b> 17:12 49:5	<b>sylima</b> 14:2	<b>technological</b> 6:10

<b>technology</b> 12:18 30:24	<b>think</b> 5:7 6:25 7:3,6 8:4,5 15:23 16:5,13 19:7 21:6 23:12 26:23 27:18,22 29:16,18 30:13 32:10 33:5 34:21 37:13,25 38:12,24 40:10,12 43:20 46:13 (29)	<b>today</b> 4:11,13 10:13 39:3 45:6,16 46:10 47:25 48:8 (9)	<b>ultimately</b> 31:7  <b>um</b> 20:25 23:19 31:16 33:19 (4)	<b>various</b> 26:9  <b>vary</b> 35:18  <b>varying</b> 20:5  <b>velera</b> 35:5  <b>verbatim</b> 9:23
<b>telephonic</b> 2:3		<b>too</b> 18:12 39:2	<b>unable</b> 5:20	
<b>ten</b> 20:16		<b>took</b> 49:7	<b>understand</b> 21:2 39:7	
<b>tend</b> 25:25		<b>top</b> 27:5 29:21	<b>understanding</b> 7:23	<b>very</b> 8:24 16:4 25:19 28:24 29:8 39:3 (6)
<b>terms</b> 17:11 22:2	<b>thinking</b> 6:7,11 7:9,15 16:16 20:7 37:5 (7)	<b>topdown</b> 28:21	<b>unfortunately</b> 5:18	<b>visiting</b> 1:7 7:2 8:16 9:4 11:10,19,23 12:8 16:15 17:10 19:3 22:15 37:23 41:6,21,22 42:3 (17)
<b>than</b> 16:2 19:2 39:22	<b>thomas</b> 2:8	<b>torian</b> 2:3 4:13 5:15	<b>unit</b> 4:9 25:6	
<b>thank</b> 8:19,23,24 10:22 22:10 33:25 45:4 47:20 48:9 (9)	<b>those</b> 16:25 25:10 38:8 43:24 44:11 (5)	<b>tracked</b> 26:4	<b>united</b> 7:9	
<b>their</b> 12:12,22 18:7 22:6 23:16 31:17 32:13 34:12 40:23 42:4 (10)	<b>thought</b> 6:13 25:14 26:18 32:4 (4)	<b>tracks</b> 30:14	<b>unless</b> 20:7	
<b>theirs</b> 29:13	<b>thoughts</b> 44:2	<b>transcription</b> 1:22	<b>until</b> 39:5	<b>visits</b> 42:18
<b>them</b> 9:23 12:21 29:3 30:12 31:18 32:16 35:24 44:16 45:14 46:17 47:17,19 (12)	<b>three</b> 18:8	<b>transcripts</b> 46:11,14	<b>up</b> 7:14 9:19 14:6 20:10 23:13 24:5,24 43:12 (8)	<b>want</b> 7:12,24 16:2,13 17:3,4 26:24 30:14 38:7 45:4 46:7,8 47:16 48:3 (14)
<b>themselves</b> 5:6 20:6 27:7	<b>through</b> 6:7,20,21,23 7:2,12,19 9:22 11:10 14:4 17:16 25:15 26:19 31:21 37:12 41:11 44:14 45:3 46:16 (19)	<b>tremendous</b> 6:6 13:14	<b>update</b> 35:8	<b>wanted</b> 5:22 8:3
<b>there's</b> 6:13 15:15 18:19	<b>throughout</b> 8:18 16:22	<b>tries</b> 43:11	<b>upon</b> 13:19	<b>way</b> 20:14 22:5 23:15,16 26:5 33:17,18,21,23 (9)
<b>thereof</b> 49:10	<b>tie</b> 38:6	<b>true</b> 49:9	<b>us</b> 4:16 8:5 9:6 14:3 40:2 (5)	<b>ways</b> 34:21
<b>these</b> 13:18 26:10 28:12,15,25 29:2 32:20 46:16 (8)	<b>ties</b> 21:8	<b>try</b> 47:14	<b>use</b> 11:10 18:7,14 32:2,12 36:10 (6)	<b>we'll</b> 5:8 10:2 47:6,14,17 (5)
<b>thing</b> 18:5,17 19:7 29:24 31:15 32:16 33:13 47:21 (8)	<b>time</b> 14:3 20:13 30:15 34:12,25 39:25 40:9 47:5 (8)	<b>trying</b> 6:14,24 7:14 18:17 43:13 (5)	<b>used</b> 18:6,8 29:13 33:2 36:6 (5)	<b>we're</b> 23:19
<b>things</b> 24:12 25:10 34:7,13 35:8,19 38:24 40:21 (8)	<b>timeline</b> 44:5,12	<b>tull</b> 2:9	<b>userfriendly</b> 18:23 36:2,9	<b>we've</b> 17:15,19
	<b>tinar</b> 3:9 32:7,7 33:3,3 38:10 (6)	<b>turn</b> 8:21 20:14	<b>using</b> 26:16	<b>welcome</b> 44:13
		<b>two</b> 3:12 5:23	<b>valera</b> 3:6 34:16,16	<b>well</b> 4:18,24 8:16,17 9:4 15:17 17:7 29:14 30:4 40:13,21 42:25 45:11,19 (14)
		<b>tying</b> 18:2	<b>value</b> 39:12 40:2,6,7 (4)	
		<b>type</b> 7:23 26:4 36:21 43:18 (4)	<b>variety</b> 18:18	
		<b>types</b> 6:16 26:11 41:9		

<p><b>wellbeing</b> 11:7</p> <p><b>west</b> 3:15 14:11,11,22 18:4,4 19:4 24:11,11,24 25:19 27:25 35:10,10 37:5,13 39:15 40:18 41:13 45:12,17 (21)</p> <p><b>what</b> 6:15 7:7,10,19,21,24 8:2,6 9:12 10:9,20 13:21,23 14:7,9,20,23 15:2,7,9,12 16:13,16 17:25 18:16 19:9 20:19 21:23 25:19 26:14 27:13,16 28:9,10,13,14 29:16 30:13 31:25 32:19,24 35:14,21 36:16,18,20 37:3 39:7,12 41:9 46:19 48:7 (52)</p> <p><b>whatever</b> 13:7 18:7 28:23 29:11,12 32:10 (6)</p> <p><b>wheel</b> 15:4 21:13</p> <p><b>when</b> 7:6 18:18 35:16,23 36:13 40:25 41:13 47:11 (8)</p> <p><b>where</b> 10:3 21:19 23:13,18 33:14 37:10 43:23 47:18 (8)</p> <p><b>whether</b> 46:2,15</p> <p><b>which</b> 21:13 40:16</p> <p><b>while</b> 26:6 36:25 40:18 41:25 (4)</p> <p><b>who</b> 4:25 8:9,11,12 10:14</p>	<p>14:5,6 20:22 24:14 35:14 41:8 (11)</p> <p><b>whole</b> 49:10</p> <p><b>wic</b> 42:16</p> <p><b>will</b> 4:17 6:12 7:10,15,16,22,22 8:4,21 9:13,18,21,22 10:3,4,5,9,24,25 12:5,10,13 13:3 14:2 21:6,15,16,17,18 27:20,21 34:22 35:12 38:20 40:13 43:22 44:7,8,10 46:8,14,15 47:2 (43)</p> <p><b>william</b> 3:4</p> <p><b>williams</b> 43:3</p> <p><b>willing</b> 42:5</p> <p><b>winter</b> 44:7 46:23</p> <p><b>within</b> 33:7,8 34:20 48:5 (4)</p> <p><b>women</b> 40:19</p> <p><b>wonderful</b> 32:15</p> <p><b>work</b> 6:6 9:2,9,12 13:14,19,24 14:9 16:19 17:16 37:14 (11)</p> <p><b>worked</b> 17:23</p> <p><b>worker</b> 36:6</p> <p><b>workflow</b> 25:14</p> <p><b>working</b> 15:2 22:17</p> <p><b>works</b> 40:13</p>	<p><b>would</b> 5:17 6:16 14:22 15:16 16:15 19:23 20:3 21:2 23:6 25:15 30:5,7 32:14 36:10 39:22,25 40:6,16,20 41:19 42:6,8 (22)</p> <p><b>writing</b> 10:14</p> <p><b>written</b> 44:20 45:21,23,24 (4)</p> <p><b>wrong</b> 45:22</p> <p><b>x</b> 1:2,8</p> <p><b>years</b> 17:18 20:16 25:25</p> <p><b>yes</b> 4:24 5:13 19:4 22:9 28:17 (5)</p> <p><b>york</b> 1:3,11212 4:9 6:12 7:11 11:19,21 12:5 23:17,21 44:22,24 49:5 (13)</p> <p><b>you're</b> 19:3</p> <p><b>youall</b> 8:19</p> <p><b>your</b> 9:11 10:4,8 13:7,9,10,11 19:18 21:4 22:3 27:16 36:10 37:3,20 39:14 44:13 45:4 46:7,8,9,18,21 48:5 (23)</p> <p><b>yourself</b> 10:17</p> <p><b>yunsen</b> 3:13 37:7,7</p> <p><b>zawacki</b> 3:12</p> <p><b>zip</b> 39:2</p> <p><b>230</b> 1:12</p>	<p><b>259</b> 1:10</p> <p><b>308</b> 48:10</p> <p><b>2019</b> 1:18 44:8 49:12</p> <p><b>2020</b> 44:9,11</p> <p><b>4209</b> 44:24</p> <p><b>11101</b> 44:25</p> <p><b>11212</b> 1:11212</p> <p><b>7185267100</b> 1:23</p>	
--	--	---	---	--

-----X

THE CITY OF NEW YORK  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
COORDINATED INTAKE & REFERRAL FOR  
MATERNAL AND INFANT/CHILD HEALTH HOME  
VISITING SERVICES  
LISTENING SESSION

-----X

November 20, 2019  
10:10 a.m.

1826 Arthur Avenue  
Bronx, New York

Julia M. Speros  
Court Reporter

LH REPORTING SERVICE, INC.  
Computer-Aided Transcription  
718-526-7100

A P P E A R A N C E S :

Ericka Moore  
NYC DOHMH

Juana Lau  
NYC DOHMH

Tionne Gordon-Moment  
NYC DOHMH

Odette Harper  
NYC DOHMH

Kim Freeman  
NYC DOHMH

Victoria Grimshaw  
NYC DOHMH

Craig Matthew  
NYC DOHMH



A T T E N D E E S:

Shanequa Moore  
I'Raise

Charu Sood  
Montefiore

Shamise Quinn  
Community Health Center of Richmond

Sada Malik  
Haleema Blessing Daycare Inc.

Madeleine Moller  
NMPP

Mary Brown  
EGF

PROCEEDINGS

MS. ERICKA MOORE: Okay. So good morning everyone. Thank you for your patience. We were just trying to wait for a few additional people to come in.

My name is Ericka Moore. I am the Director of the Maternal and Child Health Unit at the New York City Department of Health and I will be your moderator this morning.

We also have in the room Ms. Kim Freeman, who is the manager --

MS. FREEMAN: Yup.

MS. ERICKA MOORE: -- who is the manager here at the Bronx Neighborhood Health Action Center and some of you may know her and have engaged with the programming here as well.

This morning we will going through some slides and reviewing -- the purpose of this meeting -- this listening session -- is to provide you with information regarding a Concept Paper that was recently released related to the Coordinated Intake & Referral

1 System.

2 I will be reviewing some slides and  
3 reading them exactly as they are, and  
4 then after that, I will ask you some  
5 questions and we would like your  
6 feedback related to this Concept Paper,  
7 which will be used to finalize the RFP  
8 that will be coming out in winder of  
9 2020.

10 To document all your comments, we  
11 have a stenographer here who will be  
12 documenting everything that we say, so  
13 we ask that everyone, when you're  
14 speaking, please say your name and speak  
15 loudly so that she can accurately  
16 document what you are saying.

17 Okay. And so we can begin. So the  
18 overall -- the first slide is --  
19 objective -- let's go back -- go back --  
20 yes.

21 So the objective of the Concept  
22 Paper:

23 The Department of Health and Mental  
24 Hygiene seeks to improve maternal and  
25 infant/child health and wellbeing

1 outcomes by matching families' assessed  
2 risks to evidence-based or  
3 evidence-generating home visiting models  
4 through a Coordinated Intake & Referral  
5 System.

6 DOH proposes to issue an RFP to  
7 procure services from qualified  
8 organizations to serve as the  
9 borough-based operators for a  
10 Coordinated Intake & Referral System for  
11 maternal and infant/child home visiting  
12 services in New York City.

13 The overall goal is to ensure that  
14 New York City families have access to  
15 appropriate  
16 evidence-based/evidence-generating home  
17 visiting models by establishing a  
18 Coordinated Intake & Referral System  
19 that incorporates a range of models from  
20 low to high intensity.

21 The Coordinated Intake & Referral  
22 System will provide New York City  
23 families with a single point of entry  
24 for maternal and infant/child home  
25 visiting services and other services as

1           needed.

2           The families will be matched to  
3           appropriate services based on their  
4           needs and preferences. The system will  
5           also efficiently manage referrals and  
6           track referral outcomes.

7           So the Coordinated Intake & Referral  
8           infrastructure includes technology for  
9           system operations and data management,  
10          risk assessment for families in order to  
11          match them to the best home visiting  
12          model that meets their needs, system  
13          efficiencies by centralizing  
14          client/family intake.

15          So that was the extent of the slides  
16          that we have and those slides were taken  
17          exactly from the Concept Paper, which  
18          all of you have access to and have in  
19          front of you.

20          And now I will begin a series of  
21          questions that I will be posing to the  
22          group and ask for your feedback.

23          As a reminder, we ask that when  
24          you're providing feedback that you state  
25          your name, the organization in which

1           you're affiliated with, and then speak  
2           loudly so the stenographer can capture  
3           what you are saying.

4           Okay. So the first question is:

5           A tremendous amount of work has been  
6           conducted across the City to develop  
7           regional Coordinated Intake & Referral  
8           Systems. Our goal is to learn from  
9           these existing programs and to build  
10          upon the work to date.

11          Based on lessons learned, what  
12          successes should be incorporated into  
13          the Citywide effort? That's the first  
14          question.

15          So what successes should be  
16          incorporated into the Citywide effort?

17          MS. SHANEQUA MOORE: Hi. My name is  
18          Shanequa Moore.

19          I don't know specifically what  
20          successes have already been, but a  
21          success that should probably be  
22          considered is some type of data-sharing  
23          across systems so most clients that go  
24          through certain systems like -- whether  
25          it's the shelter system or whether it's

1           needing additional -- needing insurance  
2           -- they're normally recipients of  
3           certain service providers or  
4           community-based organizations -- so some  
5           type of data-sharing system where these  
6           clients -- where there's kind of like  
7           more of a coordinated care system so  
8           that service providers, that also  
9           services that family, that there's some  
10          collaboration and co-creating across the  
11          board.

12                 MS. ERICKA MOORE:    Okay.

13                 MS. MALIK:    Hi.    My name is Sada.  
14           I'm with Haleema Blessing Daycare in  
15           Brooklyn.

16                 Yeah, what I would suggest is -- I  
17           notice -- okay, so there's a lot of low  
18           income families now; there's a lot of  
19           single mothers. That has a huge impact  
20           on the child's growth and how they  
21           react. They become rebellious; they  
22           don't listen.

23                 So I feel like there should be a  
24           system where they can go to the families  
25           and speak to the families individually

1 -- the mother, what she needs -- or the  
2 child, what the child needs -- or the  
3 father -- how they can, you know,  
4 basically implement the system where  
5 there's either more togetherness in the  
6 family or you can help like financially  
7 as the grants or -- stuff like that.

8 Like, you know, being more involved  
9 in the family because I notice that in  
10 New York City, there's a lot of low  
11 income families now, even in Brooklyn.  
12 So -- yeah.

13 MS. ERICKA MOORE: Okay. Any other  
14 comments?

15 MS. QUINN: Hi. Good morning. My  
16 name is Shamise Quinn. I'm with the  
17 Community Health Center of Richmond.

18 I think one of the successes that  
19 should be incorporated into a Citywide  
20 effort is the ability to closely follow  
21 and monitor a family or someone who  
22 comes in for their central intake.

23 A lot of times they get lost in a  
24 system, and even though a lot of systems  
25 may be shared by multiple organization,



1 the progress of that family is still  
2 lost.

3 So strict documentation of families  
4 as they go through each referral and  
5 with a -- like a finalized outcome at  
6 the end of their case if it's closed or  
7 whatever -- or if their major problem is  
8 solved, to document that.

9 MS. ERICKA MOORE: Okay. And so in  
10 the work that you know that has been  
11 done in this area, what has not worked?

12 MS. SOOD: My name is Charu Sood.  
13 I'm from Montefiore.

14 I think in our programs the number  
15 one thing we struggle with is what  
16 happens after we make the referral.

17 There needs to need some sort of way  
18 of tracking what is the outcome of that  
19 referral so that, you know, we can see  
20 what happened, especially with families  
21 that kind of repeat and keep going in  
22 and out systems so that we can try to  
23 understand why it didn't work out  
24 instead of doing the same thing over and  
25 over and over again.

1 MS. ERICKA MOORE: Okay. Any other  
2 comments of what has not worked in these  
3 efforts?

4 And even though it may get  
5 repetitive, please continue to say your  
6 name and the organization that you're  
7 from.

8 MS. QUINN: Okay. Shamise,  
9 Community Health Center of Richmond.

10 I think one of the things that does  
11 not work is that there's so many home  
12 visiting models who do the same work,  
13 and a lot of those organizations that  
14 provide those services, they do have  
15 slight differences and I think that some  
16 families may be missing out on a service  
17 because it's considered duplication of  
18 services.

19 So I think that hinders some  
20 families from getting some of the  
21 services that they need.

22 MS. ERICKA MOORE: Anything else  
23 before we move onto the next question?

24 (No response.)

25 MS. ERICKA MOORE: Okay. So the

1 next question:

2 So the Concept Paper describes the  
3 contractor's roles in general as:

4 Partnering with community-based  
5 organizations that currently deliver  
6 home visiting services, working closely  
7 with the Department of Health Community  
8 Advisory Committee, social service  
9 agencies, and community-based  
10 organizations to guide development and  
11 implementation of the Coordinated Intake  
12 & Referral System and provide ongoing  
13 input, conducting data entry and  
14 management for the entire process from  
15 receipt of the referral to the home  
16 visiting program assignment and  
17 communication back to the referral  
18 source, if authorized.

19 Is there anything else that would be  
20 important for the development and  
21 implementation of the Coordinated Intake  
22 & Referral System?

23 So this is like the work flow; so is  
24 there anything missing in those bullets?

25 MS. SOOD: I guess the main question

1           that I have --

2           MS. ERICKA MOORE:   Can you say your  
3           name, please?

4           MS. SOOD:   Sorry.   Charu Sood from  
5           Montefiore.

6           I think the main question that I  
7           have from that is kind of being a little  
8           bit more concrete about what data is  
9           being shared and how -- not just from  
10          the CIR that's developed, but also from  
11          the other agencies back about outcomes  
12          of the referrals that are made.   Just  
13          kind of really make that a little more  
14          concrete and clear about what the  
15          expectations are around that.

16          MS. ERICKA MOORE:   So outcomes back?

17          MS. SOOD:   Mm-hmm.

18          MS. ERICKA MOORE:   Okay.   I know  
19          that's a lot of information to process  
20          so give you a few more minutes to read  
21          through the slide.

22          (Attendees Perusing.)

23          MS. ERICKA MOORE:   So is there  
24          anything else that should be considered  
25          to contribute to the success of the

1 Coordinated Intake & Referral System?

2 MS. MALIK: I agree with her --

3 MS. ERICKA MOORE: Say your name  
4 and --

5 MS. MALIK: Sada, Haleema Blessing.

6 I would agree with her on the  
7 concrete data, just proposing a plan --  
8 a yearly plan and being like transparent  
9 where we can see the progress of the  
10 referral just -- yeah, a proposed plan,  
11 like where you have PowerPoint where we  
12 can see how -- you know, how we have  
13 improved or how we haven't succeeded  
14 but -- yeah.

15 MS. ERICKA MOORE: Okay.

16 MS. QUINN: I'm sorry -- Shamise  
17 again from the Community Health Center  
18 of Richmond.

19 I didn't read all this -- I don't  
20 know if it's included, but what about  
21 like administrative responsibilities for  
22 like that -- for the contractor -- is  
23 that -- first all, for clarity, the  
24 contractor is like that primary  
25 organization that's conducting the CIR,

1 so what about like administrative like  
2 duties or --

3 MS. ERICKA MOORE: Can you fine-tune  
4 that a little bit more; what would you  
5 consider administrative duties?

6 MS. QUINN: If they have to hold any  
7 meetings or things of that nature maybe  
8 to discuss like, you know, work flow of  
9 how the CIR process is going between  
10 organizations, and then if there are  
11 risks involved, or any issues that may  
12 be, you know, happening, or any bumps in  
13 the road; things of that nature.

14 MS. ERICKA MOORE: Okay. So we're  
15 going to move onto the next question.

16 Since you are just joining us, we're  
17 reviewing the questions and asking for  
18 feedback. If you have feedback to any  
19 of the questions, we just ask that you  
20 state your name, organization you're  
21 affiliated with, and speak loudly so the  
22 stenographer can capture what you're  
23 saying.

24 Okay. So the next question is:

25 What do you see as the benefits of a

1 Coordinated Intake & Referral System in  
2 your borough; what are the benefits to  
3 having a Coordinated Intake & Referral  
4 System in your borough?

5 MS. SHANEQUA MOORE: Shanequa Moore  
6 from I'Raise.

7 I think the benefits of it is it  
8 allows universal system for people to  
9 access and it allows accessibility for  
10 families and parents to be able to get  
11 to services.

12 A lot of times parents or families  
13 don't know what's out there; they don't  
14 know what's in their neighborhood. They  
15 don't know how to access certain things.

16 I think that's the number one issue.  
17 A lot of times in certain districts,  
18 it's like, "What's there"; "I don't know  
19 how to get to it". So having a  
20 universal system for people to be able  
21 to know -- building awareness and being  
22 able to access the services, I think  
23 that's a really great -- that's a  
24 benefit.

25 MS. MOLLER: Madeleine Moller from

1 NMPP.

2 I think it also avoids duplication  
3 because some of the clients, they (sic)  
4 are so many -- they are involved in so  
5 many organizations, and in the same,  
6 they might have -- attending the same  
7 programs, the same services.

8 And I think that's kind of like  
9 streamline the services for them and it  
10 does avoid duplication and also it's  
11 more important to the client because  
12 it's sometimes too much and confusing  
13 for them. I think it's a good -- the  
14 Coordinated Intake is a good thing.

15 MS. ERICKA MOORE: Anymore benefits?

16 MS. MALIK: Sada from Haleema  
17 Blessing.

18 I think it's a great tactic; a  
19 different approach. Like, you're  
20 closing all loose ends in a way. So  
21 it's a different approach where you can  
22 tackle the referral, like -- I mean, not  
23 in like literally the sense -- but like  
24 tackle the referral in a way where you  
25 can help improve the child.



1           And, you know, you're trying all  
2           different ways, whether it's family  
3           involvement, whether it's in a daycare,  
4           or whether it's community services,  
5           you're not leaving any loose ends. So  
6           you can see the improvement in the  
7           child's mental health and family growth.

8           MS. ERICKA MOORE:   Any more benefits?

9           (No response.)

10          MS. ERICKA MOORE:   So what  
11          challenges do you foresee, and if you  
12          see any challenges, what should be done  
13          or incorporated into the RFP to minimize  
14          these challenges?

15          MS. QUINN:   (Indicating.)

16          MS. ERICKA MOORE:   Go ahead.

17          MS. QUINN:   All right. So I'm  
18          Shamise from the Community Health Center  
19          of Richmond.

20                 I think one of the challenges I  
21                 foresee is favoritism, maybe, amongst  
22                 organizations. I think it's really  
23                 important that there's a neutral  
24                 convening body who is the, you know,  
25                 contractor for the CIR System only

1 because I'm speaking for myself.

2 Staten Island is very small and we  
3 don't have as many home visiting  
4 programs I guess as the other boroughs,  
5 but we do see that, you know, there are  
6 some organizations -- you know, the EDs  
7 are very close with each other.

8 You know, we just want to make sure  
9 that families, you know, are being  
10 referred and getting the correct  
11 services, not based on favoritism, but  
12 based on that particular need and  
13 ensuring that that particular  
14 organization fulfills the needs of those  
15 families.

16 MS. ERICKA MOORE: Any other  
17 challenges?

18 (No response.)

19 MS. ERICKA MOORE: No? So we're  
20 going to move on.

21 MS. SHANEQUA MOORE: I have one; I'm  
22 sorry.

23 MS. ERICKA MOORE: Okay.

24 MS. SHANEQUA MOORE: Shanequa Moore  
25 from I'Raise again.

1 I'm not really familiar with the  
2 home visiting model too much, but a  
3 challenge that comes to me is temporary  
4 housing. Families that are not as  
5 stabilized that are moving from  
6 different places, that may not have  
7 permanent or secure housing.

8 And then another one is how we  
9 measure impact and how we're measuring  
10 success. When we're measuring outcomes,  
11 what does it look like; what are we  
12 measuring? What's the baseline?

13 And that would kind of like -- when  
14 we're tracking them throughout the  
15 process of referral, measuring impact  
16 and success.

17 MS. ERICKA MOORE: Okay. And so  
18 with any -- with the challenges that  
19 were provided, do you have any  
20 suggestions regarding what could be  
21 included into the RFP to minimize the  
22 challenges?

23 So you mentioned favoritism.

24 MS. MOLLER: Well, one question that  
25 was said, I think it should be --

1 MS. ERICKA MOORE: Your name.

2 MS. MOLLER: Madeleine from NMPP.

3 I think there should whoever the  
4 main -- the lead agency is, so they  
5 should have, I think, a set number of  
6 referrals are made to partnering  
7 agencies and then probably when they  
8 decide on capacity -- and then so you  
9 can say, well, one agency gets, let's  
10 say, 15, 20 referrals and the other one  
11 got one.

12 So you can -- depending on the size,  
13 there could be a range of referrals that  
14 the lead agency has to refer to other  
15 partnering agencies to ensure that  
16 everyone has a set of plans to work  
17 with.

18 MS. ERICKA MOORE: Okay.

19 MS. SOOD: Charu from Montefiore.

20 I think one of the things that we  
21 haven't talked about is what the intake  
22 process would look like and I think that  
23 might be a space to be very concrete  
24 with what information we're collecting  
25 and kind of use that information to

1 create a decision-making process about  
2 which agencies to refer to for various  
3 needs, which could help address issues  
4 of favoritism to have a very concrete  
5 intake process.

6 MS. ERICKA MOORE: Okay. Any  
7 additional ideas, thoughts regarding  
8 this question?

9 (No response.)

10 MS. ERICKA MOORE: Okay. So we'll  
11 move onto the next.

12 What functionalities should the  
13 electronic platform (to be used by the  
14 system) have?

15 So what functionalities?

16 MS. SOOD: Charu from Montefiore.

17 I think it's really important that  
18 multiple agencies have access to it so  
19 that everyone can really share  
20 information about clients you're making  
21 referrals for.

22 MS. SHANEQUA MOORE: So, yeah --  
23 Shanequa Moore from I'Raise.

24 Definitely being able to share the  
25 information across the referrer -- the

1 partner agencies, community-based  
2 agencies, social service agencies, which  
3 I feel like a lot of information is  
4 either duplicated, or goes missing, or  
5 it's not efficient -- nonworking numbers  
6 and things like that --

7 But also, I'm wondering if there  
8 would a piece for parents to be able to  
9 access the system; the accessibility of  
10 parents to be able to get information  
11 from the system in terms of the referral  
12 source.

13 I'm thinking like for our agency  
14 when we get referrals from, like  
15 Montefiore or other places, when the  
16 information comes to us, sometimes a lot  
17 of information gets lost in translation,  
18 and then also parents being able to --  
19 access those clients is -- sometimes  
20 there's a barrier there.

21 So how much accessibility would the  
22 system have for parents or for people  
23 that we're serving?

24 MS. ERICKA MOORE: And the parents  
25 have access to it -- like what types of

1 information --

2 MS. SHANEQUA MOORE: Probably like,  
3 this is the agency that we referred you  
4 to; this is the contact person. This is  
5 their number, their email, and then  
6 coordinating that for the parent at the  
7 same time but giving them that  
8 information.

9 MS. MOLLER: But not access to the  
10 system?

11 MS. SHANEQUA MOORE: Right. Not --  
12 I mean, obviously there's different  
13 levels of access that you can give  
14 people, so maybe something like a client  
15 portal. I don't know -- there'd  
16 probably be like a better term.

17 MS. SOOD: So they can't quite read  
18 the notes that we're reading.

19 MS. SHANEQUA MOORE: Right -- right.

20 MS. ERICKA MOORE: They wouldn't  
21 have access to everything.

22 MS. SHANEQUA MOORE: Right.

23 MS. MOLLER: That would be a  
24 violation.

25 MS. ERICKA MOORE: This is just

1 we're throwing out -- we're  
2 brainstorming ideas.

3 So any additional ideas on what  
4 functionalities should the electronic  
5 platform to be used by the system have?

6 MS. MOLLER: I think -- like what  
7 she said, I think the referral agency  
8 people should have -- all should have  
9 access because -- not the parent, like  
10 you said -- like if I refer a client to  
11 another agency, one agency refer, and  
12 then they -- all of the partnering  
13 agencies who are part of it should have  
14 equal access so they can see when the  
15 referral was made, when the client was  
16 visited -- contacted.

17 So we know the referral was made and  
18 then it was accepted and the services  
19 are provided, and then that way we know  
20 the clients are being served.

21 MS. SOOD: Charu from Montefiore.

22 It would also be great if somehow  
23 the electronic platform could serve as a  
24 database for the various programs around  
25 the City because I think even as a



1 provider, it can be difficult to keep up  
2 with all the services available.

3 And so if that could somehow be  
4 built in, that would be very helpful.

5 MS. ERICKA MOORE: And when you're  
6 saying "database", can you elaborate  
7 more what you mean by that?

8 MS. SOOD: I mean, something even as  
9 simple as just a list of -- you know,  
10 for housing, these are the options, or  
11 for -- you know, just home health  
12 visiting services, these are the  
13 agencies around the City. For mental  
14 health, these are the agencies.

15 If that could kind of be taken a  
16 step further and built into some sort  
17 of, you know, decision tree or  
18 something, that we're putting in this  
19 information about a client so it will  
20 say, "Oh, you need mental health so here  
21 are the mental health agencies in your  
22 borough" or something like that. That  
23 would be really helpful.

24 MS. ERICKA MOORE: Okay. This is  
25 your wish list so throw it out.

1 (Laughter.)

2 Okay. So we'll move onto the next  
3 question.

4 What added value could a Coordinated  
5 Intake & Referral System provide for  
6 your organization?

7 MS. SOOD: So it's Charu from  
8 Montefiore.

9 I think one of the main values is  
10 that it would be a way to access the  
11 clients that are very difficult to get  
12 in to the office setting.

13 I think particularly when you're  
14 talking about new moms that may have  
15 mental health concerns or substance  
16 abuse concerns, it can be very difficult  
17 to get them in the door even though you  
18 can give them appointment after  
19 appointment. And so having a system  
20 that will sort of follow-up with them  
21 and really follow them for a while in  
22 close detail, is very helpful. It will  
23 help people from falling through the  
24 cracks.

25 MS. ERICKA MOORE: Any other value?

1 And speak as much as you want; don't  
2 feel like you've contributed too much;  
3 again, the information that you share  
4 will help with finalizing the RFP.

5 So it's really important that we get  
6 your feedback, and so I want to give you  
7 the time to think about each of the  
8 questions and time to provide your  
9 response.

10 MS. SHANEQUA MOORE: I like the --  
11 Shanequa Moore from I'Raise.

12 I like the idea of the matching and  
13 it being what the client -- or centered  
14 on client needs and preferences versus  
15 saying, "This is what you need", but  
16 kind of giving them that power to say,  
17 "This is what's best for my family" or  
18 "This is what I'm ready to address".

19 I think a lot of times we tell  
20 clients, "You need this", "You need  
21 that", and they're like, "I'm not ready  
22 to deal with that right now".

23 So allowing them to choose what they  
24 want and what they need for their  
25 family, I think giving them that power

1 is very valuable.

2 MS. MALIK: I agree with that.

3 MS. ERICKA MOORE: Any other added  
4 values for your organization?

5 (No response.)

6 MS. ERICKA MOORE: Okay. So we'll  
7 move onto the next question.

8 So the current home visiting  
9 landscape does not have the capacity to  
10 serve everyone who might be interested.  
11 What other types of perinatal services  
12 should people be connected to through  
13 the Coordinated Intake & Referral  
14 System?

15 So are there other services beyond a  
16 home visiting program that should be  
17 included in this system, and if so, what  
18 are they?

19 MS. MOLLER: Well, I would say doula  
20 services, that should be added to it.  
21 And what else -- midwifery for this -- I  
22 mean, that can also be added because  
23 there are folks who also could make home  
24 visit, especially I'm thinking of  
25 postpartum visit and then the doula

1 services would be something very helpful  
2 for the client.

3 MS. ERICKA MOORE: And, again, this  
4 could be beyond and does not necessarily  
5 need to include home visiting.

6 So if there are other types of  
7 services that families with young  
8 children may need, beyond home visiting,  
9 what would that be?

10 MS. SHANEQUA MOORE: Shanequa Moore  
11 from I'Raise.

12 Child care is a huge thing for  
13 parents. A job -- work force services  
14 so parents, after having a child, being  
15 able to get back into the work force.  
16 And with that comes child care; making  
17 sure they have the appropriate child  
18 care services to be able to go to work  
19 and to have income.

20 Domestic violence services. A lot  
21 of time there's parents that need those  
22 services; so outsourcing to those  
23 different agencies.

24 MS. FREEMAN: Kim Freeman, Tremont  
25 Neighborhood Health Action Center.

1           So some of the services that we have  
2           in this building as a Department of  
3           Health agency, we have a family wellness  
4           suite. I think also -- and we provide  
5           services to families with young children  
6           and women in their preconception to  
7           after delivering their child.

8           Also, I think having access to  
9           fitness classes, to those types of  
10          services that could help a mom get back  
11          on track. It could be other wellness  
12          classes like yoga, mommy-and-me,  
13          meditation. Things like that will --  
14          that could help a person deal with the  
15          stresses in their life.

16          MS. QUINN: Shamise from Community  
17          Health Center of Richmond.

18          Of course, while the woman is  
19          pregnant, you know, to piggyback on her,  
20          doula services, breastfeeding, lactation  
21          counseling to help with those particular  
22          birth outcomes.

23          Even when she has given birth -- we  
24          come across a lot of parents who do want  
25          to be referred to, like, other mommy

1 groups because they're tired of being in  
2 the house all day with the baby.

3 Domestic violence, of course, you  
4 know, basic needs being met such as  
5 food, pantries, housing. That's it.

6 MS. MOLLER: Social services.

7 MS. QUINN: Social services.

8 MS. ERICKA MOORE: State your name,  
9 please.

10 MS. MOLLER: Madeleine Moller from  
11 NMPP.

12 I would say, I mean, clearly what  
13 everyone is saying. Say all the social  
14 determinants that the client need,  
15 especially food pantry. It's also big  
16 deal.

17 MS. ERICKA MOORE: We'll go this way  
18 and then come back to you.

19 MS. SOOD: Charu from Montefiore.

20 I think one of the things that we  
21 find new moms are very interested in is  
22 just general education about parenting.  
23 With babies, they have a sense that the  
24 guidelines keep shifting, but they don't  
25 necessarily know what they are,

1 especially around like safe sleep, and  
2 breastfeeding, and all that stuff.

3 So some way to kind of give them  
4 education about that.

5 MS. ERICKA MOORE: Okay.

6 MS. MALIK: Sada from Haleema  
7 Blessing Daycare.

8 Consultations with the mother if  
9 she's going through something because  
10 usually if the mother is stressed out it  
11 affects the child. Just seeing the  
12 progress of the child and getting to  
13 spend time with the mom, and educating  
14 her -- like she said -- and whether it's  
15 parenting or it's psychology --

16 So if she has an issue or if her  
17 child has a psychological issue, she can  
18 be educated and tackle it, you know,  
19 firsthand because she will obviously  
20 have a higher affect on the child  
21 compared to -- we will -- we can provide  
22 as many services as we want; we're only  
23 there for a certain time.

24 Another thing is making child care  
25 more affordable because there's a lot --



1           like the neighbor I'm from, there's a  
2           lot -- there's the most need; a lot of  
3           low income mothers who are struggling to  
4           provide for their children and they have  
5           to leave their child at child care.

6           We tend to help to help them out at  
7           times. Even if they can't, we'll do pro  
8           bono, but -- yeah, so making child care  
9           more affordable, but then at the same  
10          time not making work so overloaded on  
11          the mother where she can't spend time  
12          with the child as well.

13          So finding out what the specific  
14          needs are for that specific family.

15          MS. ERICKA MOORE: Okay.

16          MS. MOLLER: And one more thing,  
17          mental health services as well.

18          MS. ERICKA MOORE: Okay. You have  
19          her name?

20          THE STENOGRAPHER: (Nodding.)

21          MS. MOLLER: Madeleine Moller.

22          MS. ERICKA MOORE: Okay. So next  
23          question -- so actually, that was the  
24          final question.

25          And so this is just an approximate

1 procurement timeline, and so we expect  
2 that the RFP will be released in winter  
3 2020. The proposals will be due summer  
4 2020 and we will award decisions in fall  
5 of 2020.

6 MS. MOLLER: Will the proposal be  
7 posted on HHS -- on HSS?

8 MS. ERICKA MOORE: So the proposals,  
9 I believe, will be posted there.

10 Odette, proposals posted?

11 MS. HARPER: Yes, they're usually  
12 posted on our site; the DOHMH website.

13 MS. MOLLER: Okay. But not  
14 necessarily on HHS because somebody  
15 forward that to me mistake, but I didn't  
16 get this from HHS. So I --

17 MS. HARPER: It's not -- the RFP is  
18 not ready yet. This is just a Concept  
19 Paper.

20 MS. MOLLER: Yeah, I know -- I know.  
21 Right.

22 MS. HARPER: If it's in Accelerator  
23 RFP will be posted --

24 MS. MOLLER: Accelerator --

25 MS. HARPER: Yeah, but you have to

1 be signed up with Accelerator to get  
2 access to all the RFPs.

3 MS. MOLLER: Yes.

4 MS. ERICKA MOORE: So the bathroom  
5 is right outside to the left.

6 Okay. So next slide, Craig.

7 So contact info (sic):

8 So we are accepting comments through  
9 December 26, 2019. If you have  
10 comments, you can email them to  
11 RFP@health.nyc.gov and indicate CI&R  
12 Concept Paper in the subject line of the  
13 email.

14 Alternatively, written comments may  
15 be sent to the following address, Dara  
16 -- I don't want to mess up the last  
17 name; you see it there -- New York City  
18 Department of Health and Mental Hygiene,  
19 42-09 28th Street, CN 30A, Queens, New  
20 York 11101.

21 And so if you have any comments  
22 after today, after you reread the  
23 Concept Paper, look at the slides and  
24 you need some more clarity, you can send  
25 an email to that email address and

1           someone will get back to you.

2           That's the final slide.

3           Any additional thoughts on any of  
4           the other questions -- any of the  
5           questions that we went through that have  
6           come to you that you would like to share  
7           before we conclude this session?

8           MS. MOLLER: Yeah, I mean, I didn't  
9           go -- I didn't read the whole thing and  
10          then I came late -- how many awards will  
11          be granted; just one?

12          MS. ERICKA MOORE: So right now it's  
13          one per borough.

14          MS. MOLLER: Oh, one per borough. I  
15          see.

16          MS. ERICKA MOORE: One per borough.

17          MS. MOLLER: Okay.

18          MS. ERICKA MOORE: Again, funding  
19          permitting.

20          MS. MOLLER: Of course.

21          MS. ERICKA MOORE: Right.

22          MS. MOLLER: Right. So there will  
23          be five?

24          MS. HARPER: Yeah, so please keep in  
25          mind, this is just a Concept Paper.

1 MS. MOLLER: Yes.

2 MS. HARPER: So depending on the  
3 feedback that's given, the program might  
4 change their mind, and depending on --  
5 no, no, that's the real -- that's a real  
6 fact.

7 So depending on the feedback that  
8 you get and funding available, that may  
9 change. But in the RFP, all that will  
10 be listed out when it's released.

11 MS. MOLLER: Okay.

12 MS. ERICKA MOORE: So this is a  
13 Concept Paper like Odette said. So  
14 nothing is final in here; this is our --  
15 this is our idea.

16 MS. MOLLER: Sure.

17 MS. ERICKA MOORE: And, again, we're  
18 hosting these listening sessions for  
19 feedback. So depending upon the  
20 feedback that we get, coupled with  
21 funding availability, then those final  
22 decisions will be made once the RFP is  
23 posted.

24 MS. MALIK: I have a question:

25 So what is the DOHMH -- what's the

1 whole agenda behind it; what outcome do  
2 they expect, like, from us as  
3 contributors? Like what do they expect  
4 of us; what is the expectation for us to  
5 exceed?

6 MS. ERICKA MOORE: So the  
7 contractors' responsibilities were on  
8 one of the slides, as is listed right  
9 now in the Concept Paper.

10 MS. MALIK: Yes.

11 MS. ERICKA MOORE: So right now,  
12 that's all we have.

13 MS. MALIK: Okay.

14 MS. ERICKA MOORE: Right. And,  
15 again, as stated, nothing here is final.  
16 This is just a basic framework and we're  
17 listening to the community to really add  
18 to that and enhance based on your  
19 feedback.

20 MS. MALIK: Okay.

21 MS. QUINN: Just one of the things  
22 that comes to me, just from -- I run a  
23 nonprofit in New York City -- is what is  
24 going to be done with -- in terms of  
25 capacity building for nonprofits and for

1 community-based organizations that may  
2 receive an influx of referrals; will  
3 there be any support or capacity built  
4 in for those?

5 So I'm stating for us, like if we  
6 just got 100 and something referrals  
7 tomorrow, like what we would do; how  
8 would we build capacity to be able to  
9 accept them and be able to service those  
10 clients?

11 MS. ERICKA MOORE: Okay. So that's  
12 a comment that will be on record. Okay.  
13 Any other additional comments?

14 MS. GORDON: Hi. My name is Tionne  
15 Gordon. I used to work for DOHMH. I'm  
16 a Budget Analyst.

17 I don't know too much about the  
18 program, but the question I had was, do  
19 you have a targeted number of families  
20 that you're trying to serve in terms of  
21 like how many -- like what type of money  
22 you're asking for and how many families  
23 is that going to serve; like what's the  
24 targeted population.

25 MS. ERICKA MOORE: So all of those

1 details, again, are still being worked  
2 out and we have to see what funding is  
3 going to be made available to determine  
4 what that looks like.

5 The purpose of this is to really  
6 streamline and coordinate referral  
7 sources so that it really helps with the  
8 efficiencies of the process.

9 MS. GORDON: Okay.

10 MS. ERICKA MOORE: Right. So this  
11 will be a single point of entry for  
12 families, and then families can be  
13 routed to the home visiting program or  
14 resources that meet their needs and  
15 preferences.

16 Right. But, of course, we're still  
17 in -- the funding has not been finalized  
18 and all of those things then have to be  
19 taken into consideration of course.

20 MS. FREEMAN: Hi. Kim from the  
21 Tremont Health Action Center.

22 Just thought of challenge; what will  
23 be in place for IT issues that may come  
24 up with the system? Will people who are  
25 currently in the spaces be trained on



1           how to address those; who will be that  
2           person? The uptake, the use of the  
3           system; you know, how -- what's the plan  
4           for that, in addition to, you know,  
5           changing a culture of places who might  
6           be using paper systems right now?

7           Like, what's in place to make sure  
8           that this electronic platform is  
9           successful in places that may have a  
10          shorter smaller version -- or whatever  
11          -- of something like this?

12          MS. ERICKA MOORE: So are there like  
13          concrete things from what you just said  
14          that you feel need to be in place to get  
15          us to that point?

16          MS. FREEMAN: Yeah, I guess. So I  
17          think there should be certainly some  
18          upfront parameters in terms of like how  
19          the system works; how it's integrated  
20          into the current system. How the IT  
21          people at the organization, or whoever  
22          the point person is who handles it.

23          I think people would need to have  
24          all of that stuff upfront to understand  
25          how this system either would -- and I

1 believe someone mentioned -- talk to  
2 other systems, like where all -- you  
3 know, people would need to get that  
4 stuff. I think early on and often and  
5 transparent.

6 MS. ERICKA MOORE: Okay. Any  
7 other --

8 MS. SHANEQUA MOORE: Just one more  
9 comment that I've been thinking about  
10 the whole time.

11 I'm thinking of what role Child  
12 Protective Services may play and a  
13 collaboration with Child Protective and  
14 this particular model cause I assume  
15 that most of the population may have had  
16 some type of case or open case, or may  
17 -- they may be at risk for some type of  
18 ongoing Child Protective case --

19 So, like, what role would they play  
20 in this?

21 MS. ERICKA MOORE: So, what role do  
22 you think they should play; what type of  
23 access do you think they should have?

24 MS. SHANEQUA MOORE: I see it as  
25 dual. Like, on one end I see it as it

1           could potentially scare families away.  
2           It could be potentially be something  
3           that's stigmatized for families and they  
4           may not want to access the services  
5           because there's collaboration.

6           But on the other end I think it's  
7           important to collaborate if you have  
8           parents or families that have  
9           involvement with CPS, collaborating with  
10          them -- cause they'll obviously be  
11          getting other home visits from other  
12          service agencies like CPS, whether it's  
13          preventive services -- whether it's an  
14          open case --

15          But like there has to be  
16          collaboration, but how do we work  
17          together to decrease stigmatization and  
18          reframe the services so that they can  
19          still access it?

20          MS. ERICKA MOORE:   Okay.

21          MS. FREEMEN:   Kim, Tremont Health  
22          Action Center.

23          We should all -- the system should  
24          also have something for legal -- how to  
25          access legal services in the community.

1 I'm not sure if that was mentioned, as  
2 well as -- so with legal services, what  
3 it looks maybe for their partners. If  
4 they could help their partners who might  
5 have a touch with the justice system.

6 You know, just things like that. I  
7 haven't thought it out yet, but, yeah,  
8 something along those lines.

9 MS. ERICKA MOORE: Okay. All right.  
10 So that concludes our presentation  
11 today.

12 You have a copy of the slides.  
13 Please feel free to write in any  
14 additional comments that you have. Your  
15 feedback is extremely important to  
16 finalizing the RFP and having the  
17 communities' input before the RFP is  
18 finalized.

19 So your comments, your questions are  
20 extremely important for us to really to  
21 try to get this right, okay, because  
22 it's important for our families in New  
23 York City that we do get this right.

24 Okay. So thank you so much for your  
25 time today, for all the information that

1           you shared, and, again, we invite  
2           comments through December 26th.

3           Have a good day everyone.

4           (Time noted: 10:55 a.m.)


CERTIFICATION

I, JULIA M. SPEROS, a Notary Public  
for and within the State of New York, do  
hereby certify:

That the witness whose testimony as  
herein set forth, was duly sworn by me;  
and that the within transcript is a true  
record of the testimony given by said  
witness.

I further certify that I am not  
related to any of the parties to this  
action by blood or marriage, and that I  
am in no way interested in the outcome  
of this matter.

IN WITNESS WHEREOF, I have hereunto  
set my hand this 20th day of November,  
2019.

  
\_\_\_\_\_  
Julia M. Speros

<p><b>&amp;</b> 1:5 4:25 6:4,10,18,21 7:7 8:7 13:12,22 15:1 17:1,3 28:5 30:13 (15)</p> <p><b>20th</b> 48:18</p> <p><b>26th</b> 47:2</p> <p><b>28th</b> 37:19</p> <p><b>30a</b> 37:19</p> <p><b>ability</b> 10:20</p> <p><b>able</b> 17:10,20,22 23:24 24:8,10,18 31:15,18 41:8,9 (11)</p> <p><b>about</b> 14:8,11,14 15:20 16:1 22:21 23:1,20 27:19 28:14 29:7 33:22 34:4 41:17 44:9 (15)</p> <p><b>abuse</b> 28:16</p> <p><b>accelerator</b> 36:22,24 37:1</p> <p><b>accept</b> 41:9</p> <p><b>accepted</b> 26:18</p> <p><b>accepting</b> 37:8</p> <p><b>access</b> 6:14 7:18 17:9,15,22 23:18 24:9,19,25 25:9,13,21 26:9,14 28:10 32:8 37:2 44:23 45:4,19,25 (21)</p> <p><b>accessibility</b> 17:9 24:9,21</p> <p><b>accurately</b> 5:15</p> <p><b>across</b> 8:6,23</p>	<p>9:10 23:25 32:24 (5)</p> <p><b>action</b> 4:16 31:25 42:21 45:22 48:14 (5)</p> <p><b>actually</b> 35:23</p> <p><b>add</b> 40:17</p> <p><b>added</b> 28:4 30:3,20,22 (4)</p> <p><b>addition</b> 43:4</p> <p><b>additional</b> 4:5 9:1 23:7 26:3 38:3 41:13 46:14 (7)</p> <p><b>address</b> 23:3 29:18 37:15,25 43:1 (5)</p> <p><b>administrative</b> 15:21 16:1,5</p> <p><b>advisory</b> 13:8</p> <p><b>affect</b> 34:20</p> <p><b>affects</b> 34:11</p> <p><b>affiliated</b> 8:1 16:21</p> <p><b>affordable</b> 34:25 35:9</p> <p><b>after</b> 5:4 11:16 28:18 31:14 32:7 37:22,22 (7)</p> <p><b>again</b> 11:25 15:17 20:25 29:3 31:3 38:18 39:17 40:15 42:1 47:1 (10)</p> <p><b>agencies</b> 13:9 14:11 22:7,15 23:2,18 24:1,2,2 26:13 27:13,14,21</p>	<p>31:23 45:12 (15)</p> <p><b>agency</b> 22:4,9,14 24:13 25:3 26:7,11,11 32:3 (9)</p> <p><b>agenda</b> 40:1</p> <p><b>agree</b> 15:2,6 30:2</p> <p><b>ahead</b> 19:16</p> <p><b>allowing</b> 29:23</p> <p><b>allows</b> 17:8,9</p> <p><b>along</b> 46:8</p> <p><b>already</b> 8:20</p> <p><b>also</b> 4:11 7:5 9:8 14:10 18:2,10 24:7,18 26:22 30:22,23 32:4,8 33:15 45:24 (15)</p> <p><b>alternatively</b> 37:14</p> <p><b>am</b> 1:10 4:6 47:4 48:12,15 (5)</p> <p><b>amongst</b> 19:21</p> <p><b>amount</b> 8:5</p> <p><b>analyst</b> 41:16</p> <p><b>another</b> 21:8 26:11 34:24</p> <p><b>anymore</b> 18:15 19:8</p> <p><b>anything</b> 12:22 13:19,24 14:24 (4)</p> <p><b>appointment</b> 28:18,19</p> <p><b>approach</b> 18:19,21</p>	<p><b>appropriate</b> 6:15 7:3 31:17</p> <p><b>approximate</b> 35:25</p> <p><b>are</b> 5:3,16 8:3 14:12,15 16:10,16 17:2 18:4,4 20:5,7,9 21:4,5,11 22:6 26:13,19,20 27:10,12,14,21 28:11 30:15,18,23 31:6 33:21,25 35:3,14 37:8 42:1,24 43:12 46:19 (38)</p> <p><b>area</b> 11:11</p> <p><b>around</b> 14:15 26:24 27:13 34:1 (4)</p> <p><b>arthur</b> 1:1826</p> <p><b>ask</b> 5:4,13 7:22,23 16:19 (5)</p> <p><b>asking</b> 16:17 41:22</p> <p><b>assessed</b> 6:1</p> <p><b>assessment</b> 7:10</p> <p><b>assignment</b> 13:16</p> <p><b>assume</b> 44:14</p> <p><b>attendees</b> 14:22</p> <p><b>attending</b> 18:6</p> <p><b>authorized</b> 13:18</p> <p><b>availability</b> 39:21</p> <p><b>available</b> 27:2 39:8 42:3</p> <p><b>avenue</b> 1:1826</p>	<p><b>avoid</b> 18:10</p> <p><b>avoids</b> 18:2</p> <p><b>award</b> 36:4</p> <p><b>awards</b> 38:10</p> <p><b>awareness</b> 17:21</p> <p><b>away</b> 45:1</p> <p><b>babies</b> 33:23</p> <p><b>baby</b> 33:2</p> <p><b>back</b> 5:19,19 13:17 14:11,16 31:15 32:10 33:18 38:1 (9)</p> <p><b>barrier</b> 24:20</p> <p><b>based</b> 7:3 8:11 20:11,12 40:18 (5)</p> <p><b>baseline</b> 21:12</p> <p><b>basic</b> 33:4 40:16</p> <p><b>basically</b> 10:4</p> <p><b>bathroom</b> 37:4</p> <p><b>because</b> 10:9 12:17 18:3,11 20:1 26:9,25 30:22 33:1 34:9,19,25 36:14 45:5 46:21 (15)</p> <p><b>become</b> 9:21</p> <p><b>before</b> 12:23 38:7 46:17</p> <p><b>begin</b> 5:17 7:20</p> <p><b>behind</b> 40:1</p> <p><b>being</b> 10:8 14:7,9 15:8 17:21 20:9 23:24 24:18 26:20</p>
--	---	---	--	--

29:13 31:14 33:1,4 42:1 (14) <b>believe</b> 36:9 44:1 <b>benefit</b> 17:24 <b>benefits</b> 16:25 17:2,7 18:15 19:8 (5) <b>best</b> 7:11 29:17 <b>better</b> 25:16 <b>between</b> 16:9 <b>beyond</b> 30:15 31:4,8 <b>big</b> 33:15 <b>birth</b> 32:22,23 <b>bit</b> 14:8 16:4 <b>blessing</b> 3:8 9:14 15:5 18:17 34:7 (5) <b>blood</b> 48:14 <b>board</b> 9:11 <b>body</b> 19:24 <b>bono</b> 35:8 <b>borough</b> 17:2,4 27:22 38:13,14,16 (6) <b>boroughbased</b> 6:9 <b>boroughs</b> 20:4 <b>brainstorming</b> 26:2 <b>breastfeeding</b> 32:20 34:2	<b>bronx</b> 1:15 4:15 <b>brooklyn</b> 9:15 10:11 <b>brown</b> 3:10 <b>budget</b> 41:16 <b>build</b> 8:9 41:8 <b>building</b> 17:21 32:2 40:25 <b>built</b> 27:4,16 41:3 <b>bullets</b> 13:24 <b>bumps</b> 16:12 <b>c</b> 2:2 <b>came</b> 38:10 <b>can</b> 5:15,17 8:2 9:24 10:3,6 11:19,22 14:2 15:9,12 16:3,22 18:21,25 19:6 22:9,12 23:19 25:13 26:14 27:1,6 28:16,18 30:22 34:17,21 37:10,24 42:12 45:18 (32) <b>can't</b> 25:17 35:7,11 <b>capacity</b> 22:8 30:9 40:25 41:3,8 (5) <b>capture</b> 8:2 16:22 <b>care</b> 9:7 31:12,16,18 34:24 35:5,8 (7) <b>case</b> 11:6 44:16,16,18 45:14 (5)	<b>cause</b> 44:14 45:10 <b>center</b> 3:6 4:16 10:17 12:9 15:17 19:18 31:25 32:17 42:21 45:22 (10) <b>centered</b> 29:13 <b>central</b> 10:22 <b>centralizing</b> 7:13 <b>certain</b> 8:24 9:3 17:15,17 34:23 (5) <b>certainly</b> 43:17 <b>certification</b> 48:2 <b>certify</b> 48:6,12 <b>challenge</b> 21:3 42:22 <b>challenges</b> 19:11,12,14,20 20:17 21:18,22 (7) <b>change</b> 39:4,9 <b>changing</b> 43:5 <b>charu</b> 3:4 11:12 14:4 22:19 23:16 26:21 28:7 33:19 (8) <b>child</b> 4:7 10:2,2 18:25 31:12,14,16,17 32:7 34:11,12,17,20,24 35:5,5,8,12 44:11,13,18 (21) <b>child's</b> 9:20 19:7 <b>children</b> 31:8 32:5 35:4 <b>choose</b> 29:23	<b>ci&amp;r</b> 37:11 <b>cir</b> 14:10 15:25 16:9 19:25 (4) <b>city</b> 1:3 4:8 6:12,14,22 8:6 10:10 26:25 27:13 37:17 40:23 46:23 (12) <b>citywide</b> 8:13,16 10:19 <b>clarity</b> 15:23 37:24 <b>classes</b> 32:9,12 <b>clear</b> 14:14 <b>clearly</b> 33:12 <b>client</b> 18:11 25:14 26:10,15 27:19 29:13,14 31:2 33:14 (9) <b>clientfamily</b> 7:14 <b>clients</b> 8:23 9:6 18:3 23:20 24:19 26:20 28:11 29:20 41:10 (9) <b>close</b> 20:7 28:22 <b>closed</b> 11:6 <b>closely</b> 10:20 13:6 <b>closing</b> 18:20 <b>cn</b> 37:19 <b>cocreating</b> 9:10 <b>collaborate</b> 45:7 <b>collaborating</b> 45:9	<b>collaboration</b> 9:10 44:13 45:5,16 (4) <b>collecting</b> 22:24 <b>come</b> 4:5 32:24 33:18 38:6 42:23 (5) <b>comes</b> 10:22 21:3 24:16 31:16 40:22 (5) <b>coming</b> 5:8 <b>comment</b> 41:12 44:9 <b>comments</b> 5:10 10:14 12:2 37:8,10,14,21 41:13 46:14,19 47:2 (11) <b>committee</b> 13:8 <b>communication</b> 13:17 <b>communities'</b> 46:17 <b>community</b> 3:6 10:17 12:9 13:7 15:17 19:4,18 32:16 40:17 45:25 (10) <b>communitybased</b> 9:4 13:4,9 24:1 41:1 (5) <b>compared</b> 34:21 <b>computeraided</b> 1:24 <b>concept</b> 4:23 5:6,21 7:17 13:2 36:18 37:12,23 38:25 39:13 40:9 (11)
---	--	---	--	---



<b>concerns</b> 28:15,16	<b>coordinate</b> 42:6	<b>data</b> 7:9 13:13 14:8 15:7 (4)	<b>determinants</b> 33:14	<b>domestic</b> 31:20 33:3
<b>conclude</b> 38:7	<b>coordinated</b> 1:5 4:25 6:4,10,18,21 7:7 8:7 9:7	<b>database</b> 26:24 27:6	<b>determine</b> 42:3	<b>done</b> 11:11 19:12 40:24
<b>concludes</b> 46:10	13:11,21 15:1 17:1,3 18:14 28:4 30:13 (17)	<b>datasharing</b> 8:22 9:5	<b>develop</b> 8:6	<b>door</b> 28:17
<b>concrete</b> 14:8,14 15:7 22:23 23:4 43:13 (6)	<b>coordinating</b> 25:6	<b>date</b> 8:10	<b>developed</b> 14:10	<b>doula</b> 30:19,25 32:20
<b>conducted</b> 8:6	<b>copy</b> 46:12	<b>day</b> 33:2 47:3 48:18	<b>development</b> 13:10,20	<b>dual</b> 44:25
<b>conducting</b> 13:13 15:25	<b>correct</b> 20:10	<b>daycare</b> 3:8 9:14 19:3 34:7 (4)	<b>didn't</b> 11:23 15:19 36:15 38:8,9 (5)	<b>due</b> 36:3
<b>confusing</b> 18:12	<b>could</b> 21:20 22:13 23:3 26:23 27:3,15 28:4 30:23 31:4 32:10,11,14 45:1,2 46:4 (15)	<b>deal</b> 29:22 32:14 33:16	<b>differences</b> 12:15	<b>duly</b> 48:8
<b>connected</b> 30:12		<b>december</b> 37:9 47:2	<b>different</b> 18:19,21 19:2 21:6 25:12 31:23 (6)	<b>duplicated</b> 24:4
<b>consider</b> 16:5	<b>counseling</b> 32:21	<b>decide</b> 22:8	<b>difficult</b> 27:1 28:11,16	<b>duplication</b> 12:17 18:2,10
<b>consideration</b> 42:19	<b>coupled</b> 39:20	<b>decision</b> 27:17	<b>director</b> 4:7	<b>duties</b> 16:2,5
<b>considered</b> 8:22 12:17 14:24	<b>course</b> 32:18 33:3 38:20 42:16,19 (5)	<b>decisionmaking</b> 23:1	<b>discuss</b> 16:8	<b>e</b> 2:2,2 3:2,2,2 (5)
<b>consultations</b> 34:8	<b>court</b> 1:21	<b>decisions</b> 36:4 39:22	<b>districts</b> 17:17	<b>each</b> 11:4 20:7 29:7
<b>contact</b> 25:4 37:7	<b>cps</b> 45:9,12	<b>decrease</b> 45:17	<b>document</b> 5:10,16 11:8	<b>early</b> 44:4
<b>contacted</b> 26:16	<b>cracks</b> 28:24	<b>definitely</b> 23:24	<b>documentation</b> 11:3	<b>eds</b> 20:6
<b>continue</b> 12:5	<b>craig</b> 2:12 37:6	<b>deliver</b> 13:5	<b>documenting</b> 5:12	<b>educated</b> 34:18
<b>contractor</b> 15:22,24 19:25	<b>create</b> 23:1	<b>delivering</b> 32:7	<b>does</b> 12:10 18:10 21:11 30:9 31:4 (5)	<b>educating</b> 34:13
<b>contractor's</b> 13:3	<b>culture</b> 43:5	<b>department</b> 1:4 4:9 5:23 13:7 32:2 37:18 (6)	<b>doh</b> 6:6	<b>education</b> 33:22 34:4
<b>contractors'</b> 40:7	<b>current</b> 30:8 43:20	<b>depending</b> 22:12 39:2,4,7,19 (5)	<b>dohmh</b> 2:4,5,7,8,10,11,13 36:12 39:25 41:15 (10)	<b>efficiencies</b> 7:13 42:8
<b>contribute</b> 14:25	<b>currently</b> 13:5 42:25	<b>describes</b> 13:2	<b>doing</b> 11:24	<b>efficient</b> 24:5
<b>contributed</b> 29:2	<b>d</b> 3:2	<b>detail</b> 28:22		<b>efficiently</b> 7:5
<b>contributors</b> 40:3	<b>dara</b> 37:15	<b>details</b> 42:1		<b>effort</b> 8:13,16 10:20
<b>convening</b> 19:24				<b>efforts</b> 12:3
				<b>egf</b> 3:11

<b>either</b> 10:5 24:4 43:25	41:11,25 42:10 43:12 44:6,21 45:20 46:9 (64)	<b>fall</b> 36:4	<b>finding</b> 35:13	(5)
<b>elaborate</b> 27:6		<b>falling</b> 28:23	<b>finetune</b> 16:3	<b>further</b> 27:16 48:12
<b>electronic</b> 23:13 26:4,23 43:8 (4)	<b>especially</b> 11:20 30:24 33:15 34:1 (4)	<b>familiar</b> 21:1	<b>first</b> 5:18 8:4,13 15:23 (4)	<b>general</b> 13:3 33:22
<b>else</b> 12:22 13:19 14:24 30:21 (4)	<b>establishing</b> 6:17	<b>families</b> 6:14,23 7:2,10 9:18,24,25 10:11 11:3,20 12:16,20 17:10,12 20:9,15 21:4 31:7 32:5 41:19,22 42:12,12 45:1,3,8 46:22 (27)	<b>firsthand</b> 34:19	<b>get</b> 10:23 12:4 17:10,19 24:10,14 28:11,17 29:5 31:15 32:10 36:16 37:1 38:1 39:8,20 43:14 44:3 46:21,23 (20)
<b>email</b> 25:5 37:10,13,25,25 (5)	<b>even</b> 10:11,24 12:4 26:25 27:8 28:17 32:23 35:7 (8)	<b>families'</b> 6:1	<b>fitness</b> 32:9	<b>gets</b> 22:9 24:17
<b>end</b> 11:6 44:25 45:6	<b>everyone</b> 4:3 5:13 22:16 23:19 30:10 33:13 47:3 (7)	<b>family</b> 9:9 10:6,9,21 11:1 19:2,7 29:17,25 32:3 35:14 (11)	<b>five</b> 38:23	<b>getting</b> 12:20 20:10 34:12 45:11 (4)
<b>ends</b> 18:20 19:5	<b>everything</b> 5:12 25:21	<b>father</b> 10:3	<b>flow</b> 13:23 16:8	<b>give</b> 14:20 25:13 28:18 29:6 34:3 (5)
<b>engaged</b> 4:17	<b>evidencebased</b> 6:2	<b>favoritism</b> 19:21 20:11 21:23 23:4 (4)	<b>folks</b> 30:23	<b>given</b> 32:23 39:3 48:10
<b>enhance</b> 40:18	<b>evidencebasedevi dencegenerating</b> 6:16	<b>feedback</b> 5:6 7:22,24 16:18,18 29:6 39:3,7,19,20 40:19 46:15 (12)	<b>follow</b> 10:20 28:21	<b>giving</b> 25:7 29:16,25
<b>ensure</b> 6:13 22:15	<b>evidencegenerati ng</b> 6:3	<b>feel</b> 9:23 24:3 29:2 43:14 46:13 (5)	<b>following</b> 37:15	<b>go</b> 5:19,19 8:23 9:24 11:4 19:16 31:18 33:17 38:9 (9)
<b>ensuring</b> 20:13	<b>exactly</b> 5:3 7:17	<b>few</b> 4:5 14:20	<b>followup</b> 28:20	<b>goal</b> 6:13 8:8
<b>entire</b> 13:14	<b>exceed</b> 40:5	<b>final</b> 35:24 38:2 39:14,21 40:15 (5)	<b>food</b> 33:5,15	<b>goes</b> 24:4
<b>entry</b> 6:23 13:13 42:11	<b>existing</b> 8:9	<b>finalize</b> 5:7	<b>force</b> 31:13,15	<b>going</b> 4:19 11:21 16:9,15 20:20 34:9 40:24 41:23 42:3 (9)
<b>equal</b> 26:14	<b>expect</b> 36:1 40:2,3	<b>finalized</b> 11:5 42:17 46:18	<b>foresee</b> 19:11,21	<b>good</b> 4:2 10:15 18:13,14 47:3 (5)
<b>ericka</b> 2:3 4:2,6,14 9:12 10:13 11:9 12:1,22,25 14:2,16,18,23 15:3,15 16:3,14 18:15 19:8,10,16 20:16,19,23 21:17 22:1,18 23:6,10 24:24 25:20,25 27:5,24 28:25 30:3,6 31:3 33:8,17 34:5 35:15,18,22 36:8 37:4 38:12,16,18,21 39:12,17 40:6,11,14	<b>expectation</b> 40:4	<b>finalizing</b> 29:4 46:16	<b>forth</b> 48:8	<b>gordon</b> 41:14,15 42:9
	<b>expectations</b> 14:15	<b>financially</b> 10:6	<b>forward</b> 36:15	<b>gordonmoment</b>
	<b>extent</b> 7:15	<b>find</b> 33:21	<b>framework</b> 40:16	
	<b>extremely</b> 46:15,20		<b>free</b> 46:13	
	<b>fact</b> 39:6		<b>freeman</b> 2:9 4:12,13 31:24,24 42:20 43:16 (7)	
			<b>freemen</b> 45:21	
			<b>front</b> 7:19	
			<b>fulfills</b> 20:14	
			<b>functionalities</b> 23:12,15 26:4	
			<b>funding</b> 38:18 39:8,21 42:2,17	

2:6 <b>got</b> 22:11 41:6  <b>granted</b> 38:11  <b>grants</b> 10:7  <b>great</b> 17:23 18:18 26:22  <b>grimshaw</b> 2:11  <b>group</b> 7:22  <b>groups</b> 33:1  <b>growth</b> 9:20 19:7  <b>guess</b> 13:25 20:4 43:16  <b>guide</b> 13:10  <b>guidelines</b> 33:24  <b>haleema</b> 3:8 9:14 15:5 18:16 34:6 (5)  <b>hand</b> 48:18  <b>handles</b> 43:22  <b>happened</b> 11:20  <b>happening</b> 16:12  <b>happens</b> 11:16  <b>harper</b> 2:8 36:11,17,22,25 38:24 39:2 (7)  <b>has</b> 8:5 9:19 11:10,11 12:2 22:14,16 32:23 34:16,17 42:17 45:15 (12)  <b>haven't</b> 15:13 22:21 46:7	<b>having</b> 17:3,19 28:19 31:14 32:8 46:16 (6)  <b>health</b> 1:4,6 3:6 4:8,9,16 5:23,25 10:17 12:9 13:7 15:17 19:7,18 27:11,14,20,21 28:15 31:25 32:3,17 35:17 37:18 42:21 45:21 (26)  <b>help</b> 10:6 18:25 23:3 28:23 29:4 32:10,14,21 35:6,6 46:4 (11)  <b>helpful</b> 27:4,23 28:22 31:1 (4)  <b>helps</b> 42:7  <b>her</b> 4:17 15:2,6 32:19 34:14,16 35:19 (7)  <b>here</b> 4:15,18 5:11 27:20 39:14 40:15 (6)  <b>hereby</b> 48:6  <b>herein</b> 48:8  <b>hereunto</b> 48:17  <b>hhs</b> 36:7,14,16  <b>hi</b> 8:17 9:13 10:15 41:14 42:20 (5)  <b>high</b> 6:20  <b>higher</b> 34:20  <b>hinders</b> 12:19  <b>hold</b> 16:6  <b>home</b> 1:6	6:3,11,16,24 7:11 12:11 13:6,15 20:3 21:2 27:11 30:8,16,23 31:5,8 42:13 45:11 (19)  <b>hosting</b> 39:18  <b>house</b> 33:2  <b>housing</b> 21:4,7 27:10 33:5 (4)  <b>how</b> 9:20 10:3 14:9 15:12,12,13 16:9 17:15,19 21:8,9 24:21 38:10 41:7,21,22 43:1,3,18,19,20,25 45:16,24 (24)  <b>hss</b> 36:7  <b>huge</b> 9:19 31:12  <b>hygiene</b> 1:4 5:24 37:18  <b>i'm</b> 9:14 10:16 11:13 15:16 19:17 20:1,21 21:1 24:7,13 29:18,21 30:24 35:1 41:5,15 44:11 46:1 (18)  <b>i'raise</b> 3:3 17:6 20:25 23:23 29:11 31:11 (6)  <b>i've</b> 44:9  <b>idea</b> 29:12 39:15  <b>ideas</b> 23:7 26:2,3  <b>impact</b> 9:19 21:9,15  <b>implement</b> 10:4  <b>implementation</b> 13:11,21	<b>important</b> 13:20 18:11 19:23 23:17 29:5 45:7 46:15,20,22 (9)  <b>improve</b> 5:24 18:25  <b>improved</b> 15:13  <b>improvement</b> 19:6  <b>inc</b> 1:23 3:8  <b>include</b> 31:5  <b>included</b> 15:20 21:21 30:17  <b>includes</b> 7:8  <b>income</b> 9:18 10:11 31:19 35:3 (4)  <b>incorporated</b> 8:12,16 10:19 19:13 (4)  <b>incorporates</b> 6:19  <b>indicate</b> 37:11  <b>indicating</b> 19:15  <b>individually</b> 9:25  <b>infantchild</b> 1:6 5:25 6:11,24 (4)  <b>influx</b> 41:2  <b>info</b> 37:7  <b>information</b> 4:23 14:19 22:24,25 23:20,25 24:3,10,16,17 25:1,8 27:19 29:3 46:25 (15)	<b>infrastructure</b> 7:8  <b>input</b> 13:13 46:17  <b>instead</b> 11:24  <b>insurance</b> 9:1  <b>intake</b> 1:5 4:25 6:4,10,18,21 7:7,14 8:7 10:22 13:11,21 15:1 17:1,3 18:14 22:21 23:5 28:5 30:13 (20)  <b>integrated</b> 43:19  <b>intensity</b> 6:20  <b>interested</b> 30:10 33:21 48:15  <b>into</b> 8:12,16 10:19 19:13 21:21 27:16 31:15 42:19 43:20 (9)  <b>invite</b> 47:1  <b>involved</b> 10:8 16:11 18:4  <b>involvement</b> 19:3 45:9  <b>is</b> 4:6,12,14,22 5:18 6:13 8:4,8,17,22 9:13,16 10:16,20 11:1,7,12,15,18 12:11 13:19,23,23 14:7,8,23 15:22,24 16:9,24 17:7 18:14 19:21,24 20:2 21:3,8 22:4,21 24:3,19 25:3,4,4,25 27:24 28:9,22 29:15,17,18 30:1 31:12 32:18
---	---	--	--	---

33:13,21 34:10,24 35:25 36:17,18 37:5 38:25 39:12, 14,14,15,22,25 40:4,8,15,16,23,23 41:14,23 42:2,5 43:8,22 46:15,17 48:9 (84)	17:13,14,15,18,21 19:1,24 20:5,6,8,9 25:15 26:17,19 27:9,11,17 32:19 33:4,25 34:18 36:20,20 41:17 43:3,4 44:3 46:6 (39)	24:3,6,13,14,25 25:2,14,16 26:6,9,10 27:22 29:2,10,12,21 32:12,13,25 34:1,14 35:1 38:6 39:13 40:2,3 41:5,7,21,21,23 42:4 43:7,11,12,18 44:2,19,25 45:12,15 46:6 (68)	<b>made</b> 14:12 22:6 26:15,17 39:22 42:3 (6)  <b>madeleine</b> 3:9 17:25 22:2 33:10 35:21 (5)  <b>main</b> 13:25 14:6 22:4 28:9 (4)  <b>major</b> 11:7  <b>make</b> 11:16 14:13 20:8 30:23 43:7 (5)  <b>making</b> 23:20 31:16 34:24 35:8,10 (5)  <b>malik</b> 3:7 9:13 15:2,5 18:16 30:2 34:6 39:24 40:10,13,20 (11)  <b>manage</b> 7:5  <b>management</b> 7:9 13:14  <b>manager</b> 4:12,15  <b>many</b> 12:11 18:4,5 20:3 34:22 38:10 41:21,22 (8)  <b>marriage</b> 48:14  <b>mary</b> 3:10  <b>match</b> 7:11  <b>matched</b> 7:2  <b>matching</b> 6:1 29:12  <b>maternal</b> 1:6 4:7 5:24 6:11,24 (5)  <b>matter</b> 48:16	<b>matthew</b> 2:12  <b>may</b> 4:16 10:25 12:4,16 21:6 28:14 31:8 37:14 39:8 41:1 42:23 43:9 44:12,15,16,17 45:4 (17)  <b>maybe</b> 16:7 19:21 25:14 46:3 (4)  <b>me</b> 21:3 36:15 40:22 48:8 (4)  <b>mean</b> 18:22 25:12 27:7,8 30:22 33:12 38:8 (7)  <b>measure</b> 21:9  <b>measuring</b> 21:9,10,12,15 (4)  <b>meditation</b> 32:13  <b>meet</b> 42:14  <b>meeting</b> 4:21  <b>meetings</b> 16:7  <b>meets</b> 7:12  <b>mental</b> 1:4 5:23 19:7 27:13,20,21 28:15 35:17 37:18 (9)  <b>mentioned</b> 21:23 44:1 46:1  <b>mess</b> 37:16  <b>met</b> 33:4  <b>midwifery</b> 30:21  <b>might</b> 18:6 22:23 30:10 39:3 43:5
<b>island</b> 20:2  <b>issue</b> 6:6 17:16 34:16,17 (4)  <b>issues</b> 16:11 23:3 42:23  <b>job</b> 31:13  <b>joining</b> 16:16  <b>juana</b> 2:5  <b>julia</b> 1:20 48:4  <b>just</b> 4:4 14:9,12 15:7,10 16:16,19 20:8 25:25 27:9,11 33:22 34:11 35:25 36:18 38:11,25 40:16,21,22 41:6 42:22 43:13 44:8 46:6 (25)  <b>justice</b> 46:5  <b>keep</b> 11:21 27:1 33:24 38:24 (4)  <b>kim</b> 2:9 4:11 31:24 42:20 45:21 (5)  <b>kind</b> 9:6 11:21 14:7,13 18:8 21:13 22:25 27:15 29:16 34:3 (10)  <b>know</b> 4:17 8:19 10:3,8 11:10,19 14:18 15:12,20 16:8,12	<b>lactation</b> 32:20  <b>landscape</b> 30:9  <b>last</b> 37:16  <b>late</b> 38:10  <b>lau</b> 2:5  <b>laughter</b> 28:1  <b>lead</b> 22:4,14  <b>learn</b> 8:8  <b>learned</b> 8:11  <b>leave</b> 35:5  <b>leaving</b> 19:5  <b>left</b> 37:5  <b>legal</b> 45:24,25 46:2  <b>lessons</b> 8:11  <b>let's</b> 5:19 22:9  <b>levels</b> 25:13  <b>lh</b> 1:23  <b>life</b> 32:15  <b>like</b> 5:5 8:24 9:6,23 10:6,7,8 11:5 13:23 15:8,11,21,22,24 16:1,1,8 17:18 18:8,19,22,23,23 21:11,13 22:22	<b>line</b> 37:12  <b>lines</b> 46:8  <b>list</b> 27:9,25  <b>listed</b> 39:10 40:8  <b>listen</b> 9:22  <b>listening</b> 1:8 4:21 39:18 40:17 (4)  <b>literally</b> 18:23  <b>little</b> 14:7,13 16:4  <b>look</b> 21:11 22:22 37:23  <b>looks</b> 42:4 46:3  <b>loose</b> 18:20 19:5  <b>lost</b> 10:23 11:2 24:17  <b>lot</b> 9:17,18 10:10,23,24 12:13 14:19 17:12,17 24:3,16 29:19 31:20 32:24 34:25 35:2,2 (17)  <b>loudly</b> 5:15 8:2 16:21  <b>low</b> 6:20 9:17 10:10 35:3 (4)  <b>m</b> 1:20 48:4		

46:4 (6)	4:2,6,14 8:17,18 9:12 10:13 11:9 12:1,22,25 14:2,16,18,23 15:3,15 16:3,14 17:5,5 18:15 19:8,10,16 20:16,1 9,21,23,24,24 21:17 22:1,18 23:6,10,22,23 24:24 25:2,11,19,2 0,22,25 27:5,24 28:25 29:10,11 30:3,6 31:3,10,10 33:8,17 34:5 35:15,18,22 36:8 37:4 38:12,16,18,21 39:12,17 40:6,11,14 41:11,25 42:10 43:12 44:6,8,21,24 45:20 46:9 (84)	14:2,4,16,17,18,23 15:2,3,5,15,16 16:3,6,14 17:5,25 18:15,16 19:8,10,15,16,17 20:16,19,21,23,24 21:17,24 22:1,2,18,19 23:6,10,16,22 24:24 25:2,9,11,17 ,19,20,22,23,25 26:6,21 27:5,8,24 28:7,25 29:10 30:2,3,6,19 31:3,10,24 32:16 33:6,7,8,10,17,19 34:5,6 35:15,16,18,21,22 36:6,8,11,13,17,20 ,22,24,25 37:3,4 3 8:8,12,14,16,17,18 ,20,21,22,24 39:1, 2,11,12,16,17,24 4 0:6,10,11,13,14,20 ,21 41:11,14,25 42:9,10,20 43:12,16 44:6,8,21,24 45:20,21 46:9 (143)	nature 16:7,13  nay 16:11  necessarily 31:4 33:25 36:14  need 11:17 12:21 20:12 27:20 29:15,20,20,24 31:5,8,21 33:14 35:2 37:24 43:14,23 44:3 (17)  needed 7:1  needing 9:1,1  needs 7:4,12 10:1,2 11:17 20:14 23:3 29:14 33:4 35:14 42:14 (11)  neighbor 35:1  neighborhood 4:15 17:14 31:25  neutral 19:23  new 1:3,15 4:8 6:12,14,22 10:10 28:14 33:21 37:17,19 40:23 46:22 48:5 (14)  next 12:23 13:1 16:15,24 23:11 28:2 30:7 35:22 37:6 (9)  nmpp 3:9 18:1 22:2 33:11 (4)  no 12:24 19:9 20:18,19 23:9 30:5 39:5,5 48:15 (9)  nodding 35:20  nonprofit 40:23	nonprofits 40:25  nonworking 24:5  normally 9:2  notary 48:4  noted 47:4  notes 25:18  nothing 39:14 40:15  notice 9:17 10:9  november 1:13 48:18  now 7:20 9:18 10:11 29:22 38:12 40:9,11 43:6 (8)  number 11:14 17:16 22:5 25:5 41:19 (5)  numbers 24:5  nyc 2:4,5,7,8,10,11,13 (7)  objective 5:19,21  obviously 25:12 34:19 45:10  odette 2:8 36:10 39:13  office 28:12  often 44:4  oh 27:20 38:14  once 39:22  one 10:18 11:15 12:10 17:16 19:20 20:21 21:8,24
mind 38:25 39:4  minimize 19:13 21:21  minutes 14:20  missing 12:16 13:24 24:4  mistake 36:15  mmhmm 14:17  model 7:12 21:2 44:14  models 6:3,17,19 12:12 (4)  moderator 4:10  moller 3:9 17:25,25 21:24 22:2 25:9,23 26:6 30:19 33:6,10,10 35:16,21,21 36:6,13,20,24 37:3 38:8,14,17,20,22 39:1,11,16 (28)  mom 32:10 34:13  mommy 32:25  mommyandme 32:12  moms 28:14 33:21  money 41:21  monitor 10:21  montefiore 3:5 11:13 14:5 22:19 23:16 24:15 26:21 28:8 33:19 (9)  moore 2:3 3:3	more 9:7 10:5,8 14:8,13,20 16:4 18:11 27:7 34:25 35:9,16 37:24 44:8 (14)  morning 4:3,10,19 10:15 (4)  most 8:23 35:2 44:15  mother 10:1 34:8,10 35:11 (4)  mothers 9:19 35:3  move 12:23 16:15 20:20 23:11 28:2 30:7 (6)  moving 21:5  ms 4:2,11,13,14 8:17 9:12,13 10:13,15 11:9,12 12:1,8,22,25 13:25	much 18:12 21:2 24:21 29:1,2 41:17 46:24 (7)  multiple 10:25 23:18  my 4:6 8:17 9:13 10:15 11:12 29:17 41:14 48:18 (8)  myself 20:1  n 2:2 3:2  name 4:6 5:14 7:25 8:17 9:13 10:16 11:12 12:6 14:3 15:3 16:20 22:1 33:8 35:19 37:17 41:14 (16)		

22:9,10,11,20 26:11 28:9 33:20 35:16 38:11,13,14,16 40:8,21 44:8,25 (24)	27:25 34:10 35:6,13 39:10 42:2 46:7 (13)	<b>particularly</b> 28:13	<b>please</b> 5:14 12:5 14:3 33:9 38:24 46:13 (6)	<b>process</b> 13:14 14:19 16:9 21:15 22:22 23:1,5 42:8 (8)
<b>ongoing</b> 13:12 44:18	<b>outcome</b> 11:5,18 40:1 48:15 (4)	<b>parties</b> 48:13	<b>point</b> 6:23 42:11 43:15,22 (4)	<b>procure</b> 6:7
<b>only</b> 19:25 34:22	<b>outcomes</b> 6:1 7:6 14:11,16 21:10 32:22 (6)	<b>partnering</b> 13:4 22:6,15 26:12 (4)	<b>population</b> 41:24 44:15	<b>procurement</b> 36:1
<b>onto</b> 12:23 16:15 23:11 28:2 30:7 (5)	<b>outside</b> 37:5	<b>partners</b> 46:3,4	<b>portal</b> 25:15	<b>program</b> 13:16 30:16 39:3 41:18 42:13 (5)
<b>open</b> 44:16 45:14	<b>outsourcing</b> 31:22	<b>patience</b> 4:4	<b>posing</b> 7:21	<b>programming</b> 4:18
<b>operations</b> 7:9	<b>over</b> 11:24,25,25	<b>people</b> 4:5 17:8,20 24:22 25:14 26:8 28:23 30:12 42:24 43:21,23 44:3 (12)	<b>posted</b> 36:7,9,10,12,23 39:23 (6)	<b>programs</b> 8:9 11:14 18:7 20:4 26:24 (5)
<b>operators</b> 6:9	<b>overall</b> 5:18 6:13	<b>per</b> 38:13,14,16	<b>postpartum</b> 30:25	<b>progress</b> 11:1 15:9 34:12
<b>options</b> 27:10	<b>overloaded</b> 35:10	<b>perinatal</b> 30:11	<b>potentially</b> 45:1,2	<b>proposal</b> 36:6
<b>order</b> 7:10	<b>p</b> 2:2,2	<b>permanent</b> 21:7	<b>power</b> 29:16,25	<b>proposals</b> 36:3,8,10
<b>organization</b> 7:25 10:25 12:6 15:25 16:20 20:14 28:6 30:4 43:21 (9)	<b>pantries</b> 33:5	<b>permitting</b> 38:19	<b>powerpoint</b> 15:11	<b>proposed</b> 15:10
<b>organizations</b> 6:8 9:4 12:13 13:5,10 16:10 18:5 19:22 20:6 41:1 (10)	<b>pantry</b> 33:15	<b>person</b> 25:4 32:14 43:2,22 (4)	<b>preconception</b> 32:6	<b>proposes</b> 6:6
<b>other</b> 6:25 10:13 12:1 14:11 20:4,7,16 22:10,14 24:15 28:25 30:3,11,15 31:6 32:11,25 38:4 41:13 44:2,7 45:6,11,11 (24)	<b>paper</b> 4:23 5:6,22 7:17 13:2 36:19 37:12,23 38:25 39:13 40:9 43:6 (12)	<b>perusing</b> 14:22	<b>preferences</b> 7:4 29:14 42:15	<b>proposing</b> 15:7
	<b>parameters</b> 43:18	<b>piece</b> 24:8	<b>pregnant</b> 32:19	<b>protective</b> 44:12,13,18
	<b>parent</b> 25:6 26:9	<b>piggyback</b> 32:19	<b>presentation</b> 46:10	<b>provide</b> 4:22 6:22 12:14 13:12 28:5 29:8 32:4 34:21 35:4 (9)
	<b>parenting</b> 33:22 34:15	<b>place</b> 42:23 43:7,14	<b>preventive</b> 45:13	<b>provided</b> 21:19 26:19
	<b>parents</b> 17:10,12 24:8,10,18,22,24 31:13,14,21 32:24 45:8 (12)	<b>places</b> 21:6 24:15 43:5,9 (4)	<b>primary</b> 15:24	<b>provider</b> 27:1
<b>our</b> 8:8 11:14 24:13 36:12 39:14,15 46:10,22 (8)	<b>part</b> 26:13	<b>plan</b> 15:7,8,10 43:3 (4)	<b>pro</b> 35:7	<b>providers</b> 9:3,8
<b>out</b> 5:8 11:22,23 12:16 17:13 26:1	<b>particular</b> 20:12,13 32:21 44:14 (4)	<b>plans</b> 22:16	<b>probably</b> 8:21 22:7 25:2,16 (4)	<b>providing</b> 7:24
		<b>platform</b> 23:13 26:5,23 43:8 (4)	<b>problem</b> 11:7	<b>psychological</b>
		<b>play</b> 44:12,19,22	<b>proceedings</b> 4:1	

34:17	17:23 19:22 21:1 23:17,19 27:23 28:21 29:5 40:17 42:5,7 46:20 (13)	<b>reminder</b> 7:23	<b>roles</b> 13:3	<b>series</b> 7:20
<b>psychology</b> 34:15		<b>repeat</b> 11:21	<b>room</b> 4:11	<b>serve</b> 6:8 26:23 30:10 41:20,23 (5)
<b>public</b> 48:4	<b>rebellious</b> 9:21	<b>repetitive</b> 12:5	<b>routed</b> 42:13	<b>served</b> 26:20
<b>purpose</b> 4:20 42:5	<b>receipt</b> 13:15	<b>reporter</b> 1:21	<b>run</b> 40:22	<b>service</b> 1:23 9:3,8 12:16 13:8 24:2 41:9 45:12 (8)
<b>putting</b> 27:18	<b>receive</b> 41:2	<b>reporting</b> 1:23	<b>s</b> 2:2 3:2 6:19	
<b>qualified</b> 6:7	<b>recently</b> 4:24	<b>reread</b> 37:22	<b>sada</b> 3:7 9:13 15:5 18:16 34:6 (5)	<b>services</b> 1:7 6:7,12,25,25 7:3 9:9 12:14,18,21 13:6 17:11,22 18:7,9 19:4 20:11 26:18 27:2,12 30:11,15,20 31:1,7,13,18,20,22 32:1,5,10,20 33:6,7 34:22 35:17 44:12 45:4,13,18,25 46:2 (43)
<b>queens</b> 37:19	<b>recipients</b> 9:2	<b>resources</b> 42:14	<b>safe</b> 34:1	
<b>question</b> 8:4,14 12:23 13:1,25 14:6 16:15,24 21:24 23:8 28:3 30:7 35:23,24 39:24 41:18 (16)	<b>record</b> 41:12 48:10	<b>response</b> 12:24 19:9 20:18 23:9 29:9 30:5 (6)	<b>said</b> 21:25 26:7,10 34:14 39:13 43:13 48:10 (7)	
	<b>refer</b> 22:14 23:2 26:10,11 (4)	<b>responsibilities</b> 15:21 40:7	<b>same</b> 11:24 12:12 18:5,6,7 25:7 35:9 (7)	<b>serving</b> 24:23
<b>questions</b> 5:5 7:21 16:17,19 29:8 38:4,5 46:19 (8)	<b>referral</b> 1:5 4:25 6:4,10,18,21 7:6,7 8:7 11:4,16,19 13:12,15,17,22 15:1,10 17:1,3 18:22,24 21:15 24:11 26:7,15,17 28:5 30:13 42:6 (30)	<b>reviewing</b> 4:20 5:2 16:17	<b>say</b> 5:12,14 12:5 14:2 15:3 22:9,10 27:20 29:16 30:19 33:12,13 (12)	<b>session</b> 1:8 4:22 38:7
<b>quinn</b> 3:6 10:15,16 12:8 15:16 16:6 19:15,17 32:16 33:7 40:21 (11)	<b>referrals</b> 7:5 14:12 22:6,10,13 23:21 24:14 41:2,6 (9)	<b>rfp</b> 5:7 6:6 19:13 21:21 29:4 36:2,17,23 39:9,22 46:16,17 (12)	<b>saying</b> 5:16 8:3 16:23 27:6 29:15 33:13 (6)	<b>sessions</b> 39:18
<b>quite</b> 25:17		<b>rfp@healthnycgo</b> <b>v</b> 37:11	<b>scare</b> 45:1	<b>set</b> 22:5,16 48:8,18 (4)
<b>r</b> 2:2	<b>referred</b> 20:10 25:3 32:25	<b>rfps</b> 37:2	<b>secure</b> 21:7	<b>setting</b> 28:12
<b>range</b> 6:19 22:13		<b>richmond</b> 3:6 10:17 12:9 15:18 19:19 32:17 (6)	<b>see</b> 11:19 15:9,12 16:25 19:6,12 20:5 26:14 37:17 38:15 42:2 44:24,25 (13)	<b>shamise</b> 3:6 10:16 12:8 15:16 19:18 32:16 (6)
<b>react</b> 9:21	<b>referrer</b> 23:25	<b>right</b> 19:17 25:11,19,19,22 29:22 36:21 37:5 38:12,21,22 40:8,11,14 42:10,16 43:6 46:9,21,23 (20)	<b>seeing</b> 34:11	<b>shanequa</b> 3:3 8:17,18 17:5,5 20:21,24,24 23:22,23 25:2,11,19,22 29:10,11 31:10,10 44:8,24 (20)
<b>read</b> 14:20 15:19 25:17 38:9 (4)	<b>reframe</b> 45:18	<b>risk</b> 7:10 44:17	<b>seeks</b> 5:24	<b>share</b> 23:19,24 29:3 38:6 (4)
<b>reading</b> 5:3 25:18	<b>regarding</b> 4:23 21:20 23:7	<b>risks</b> 6:2 16:11	<b>send</b> 37:24	<b>shared</b> 10:25
<b>ready</b> 29:18,21 36:18	<b>regional</b> 8:7	<b>road</b> 16:13	<b>sense</b> 18:23 33:23	
<b>real</b> 39:5,5	<b>related</b> 4:24 5:6 48:13	<b>role</b> 44:11,19,21	<b>sent</b> 37:15	
<b>really</b> 14:13	<b>released</b> 4:24 36:2 39:10			

14:9 47:1	<b>smaller</b> 43:10	38:1 44:1	<b>staten</b> 20:2	<b>suggest</b> 9:16
<b>she</b> 5:15 10:1 26:7 32:23 34:14,16,17,19 35:11 (9)	<b>so</b> 4:2 5:12,15,17,17,21 7:7,15 8:2,4,15,23 9:4,7,17,23 10:12 11:3,9,19,22 12:11,19,25 13:2,23,23 14:16,20,23 16:1,14,21,24 17:19 18:4,4,20 19:5,10,17 20:19 21:17,23 22:4,8,12 23:10,15,18,22 24:21 25:14,17 26:3,14,17 27:3,19,20,25 28:2,7,19 29:5,6,23 30:6,8,15,17 31:6,14,22 32:1 34:3,16 35:8,10,13 ,22,23,25 36:1,8,16 37:4,6,7,8,21 38:12,22,24 39:2,7,12,13,19,25 40:6,11 41:5,11,25 42:7,10 43:12,16 44:19,21 45:18 46:2,10,19,24,24 (117)	<b>something</b> 25:14 27:8,18,22 31:1 34:9 41:6 43:11 45:2,24 46:8 (11)	<b>stating</b> 41:5	<b>suggestions</b> 21:20
<b>she's</b> 34:9	<b>sometimes</b> 18:12 24:16,19	<b>sort</b> 11:17 27:16 28:20	<b>stenographer</b> 5:11 8:2 16:22 35:20 (4)	<b>suite</b> 32:4
<b>shelter</b> 8:25	<b>sorry</b> 14:4 15:16 20:22	<b>source</b> 13:18 24:12	<b>step</b> 27:16	<b>summer</b> 36:3
<b>shifting</b> 33:24	<b>sort</b> 11:17 27:16 28:20	<b>sources</b> 42:7	<b>stigmatization</b> 45:17	<b>support</b> 41:3
<b>shorter</b> 43:10	<b>space</b> 22:23	<b>space</b> 22:23	<b>stigmatized</b> 45:3	<b>sure</b> 20:8 31:17 39:16 43:7 46:1 (5)
<b>should</b> 8:12,15,21 9:23 10:19 14:24 19:12 21:25 22:3,5 23:12 26:4,8,8,13 30:12,16,20 43:17 44:22,23 45:23,23 (23)	<b>spaces</b> 42:25	<b>spaces</b> 42:25	<b>still</b> 11:1 42:1,16 45:19 (4)	<b>sworn</b> 48:8
<b>sic</b> 18:3 37:7	<b>speak</b> 5:14 8:1 9:25 16:21 29:1 (5)	<b>specific</b> 35:13,14	<b>streamline</b> 18:9 42:6	<b>system</b> 5:1 6:5,10,18,22 7:4,9,12 8:25 9:5,7,24 10:4,24 13:12,22 15:1 17:1,4,8,20 19:25 23:14 24:9,11,22 25:10 26:5 28:5,19 30:14,17 42:24 43:3,19,20,25 45:23 46:5 (39)
<b>signature</b> 48:22	<b>speaking</b> 5:14 20:1	<b>specifically</b> 8:19	<b>street</b> 37:19	<b>systems</b> 8:8,23,24 10:24 11:22 43:6 44:2 (7)
<b>signed</b> 37:1	<b>social</b> 13:8 24:2 33:6,7,13 (5)	<b>spend</b> 34:13 35:11	<b>stressed</b> 34:10	<b>t</b> 3:2,2
<b>simple</b> 27:9	<b>solved</b> 11:8	<b>speros</b> 1:20 48:4	<b>stresses</b> 32:15	<b>tackle</b> 18:22,24 34:18
<b>since</b> 16:16	<b>some</b> 4:16,20 5:2,4 8:22 9:4,9 11:17 12:15,19,20 18:3 20:6 27:16 32:1 34:3 37:24 43:17 44:16,17 (20)	<b>stabilized</b> 21:5	<b>strict</b> 11:3	<b>tactic</b> 18:18
<b>single</b> 6:23 9:19 42:11	<b>somebody</b> 36:14	<b>state</b> 7:24 16:20 33:8 48:5 (4)	<b>struggle</b> 11:15	<b>taken</b> 7:16 27:15 42:19
<b>site</b> 36:12	<b>somehow</b> 26:22 27:3	<b>stated</b> 40:15	<b>struggling</b> 35:3	<b>talk</b> 44:1
<b>size</b> 22:12	<b>someone</b> 10:21		<b>stuff</b> 10:7 34:2 43:24 44:4 (4)	<b>talked</b> 22:21
<b>sleep</b> 34:1			<b>subject</b> 37:12	<b>talking</b> 28:14
<b>slide</b> 5:18 14:21 37:6 38:2 (4)			<b>substance</b> 28:15	<b>targeted</b> 41:19,24
<b>slides</b> 4:20 5:2 7:15,16 37:23 40:8 46:12 (7)			<b>succeeded</b> 15:13	
<b>slight</b> 12:15			<b>success</b> 8:21 14:25 21:10,16 (4)	
<b>small</b> 20:2			<b>successes</b> 8:12,15,20 10:18 (4)	
			<b>successful</b> 43:9	
			<b>such</b> 33:4	



<b>technology</b> 7:8	18:14 31:12 34:24 35:16 38:9 (7)	<b>time</b> 25:7 29:7,8 31:21 34:13,23 35:10,11 44:10 46:25 47:4 (11)	<b>true</b> 48:9	<b>version</b> 43:10
<b>tell</b> 29:19	<b>things</b> 12:10 16:7,13 17:15 22:20 24:6 32:13 33:20 40:21 42:18 43:13 46:6 (12)	<b>timeline</b> 36:1	<b>try</b> 11:22 46:21	<b>versus</b> 29:14
<b>temporary</b> 21:3	<b>think</b> 10:18 11:14 12:10,15,19 14:6 17:7,16,22 18:2,8,13,18 19:20,22 21:25 22:3,5,20,22 23:17 26:6,7,25 28:9,13 29:7,19,25 32:4,8 33:20 43:17,23 44:4,22,23 45:6 (38)	<b>times</b> 10:23 17:12,17 29:19 35:7 (5)	<b>trying</b> 4:4 19:1 41:20	<b>very</b> 20:2,7 22:23 23:4 27:4 28:11,16,22 30:1 31:1 33:21 (11)
<b>tend</b> 35:6	<b>thinking</b> 24:13 30:24 44:9,11 (4)	<b>tionne</b> 2:6 41:14	<b>type</b> 8:22 9:5 41:21 44:16,17,22 (6)	<b>victoria</b> 2:11
<b>term</b> 25:16	<b>those</b> 7:16 12:13,14 13:24 20:14 24:19 31:21,22 32:9,21 39:21 41:4,9,25 42:18 43:1 46:8 (17)	<b>tired</b> 33:1	<b>types</b> 24:25 30:11 31:6 32:9 (4)	<b>violation</b> 25:24
<b>terms</b> 24:11 40:24 41:20 43:18 (4)	<b>though</b> 10:24 12:4 28:17	<b>today</b> 37:22 46:11,25	<b>understand</b> 11:23 43:24	<b>violence</b> 31:20 33:3
<b>testimony</b> 48:7,10	<b>thought</b> 42:22 46:7	<b>together</b> 45:17	<b>unit</b> 4:8	<b>visit</b> 30:24,25
<b>thank</b> 4:3 46:24	<b>thoughts</b> 23:7 38:3	<b>togetherness</b> 10:5	<b>universal</b> 17:8,20	<b>visited</b> 26:16
<b>their</b> 7:3,12 10:22 11:6,7 17:14 25:5,5 29:24 32:6,7,15 35:4,5 39:4 42:14 46:3,4 (18)	<b>through</b> 4:19 6:4 8:24 11:4 14:21 28:23 30:12 34:9 37:8 38:5 47:2 (11)	<b>tomorrow</b> 41:7	<b>up</b> 27:1 37:1,16 42:24 (4)	<b>visiting</b> 1:7 6:3,11,17,25 7:11 12:12 13:6,16 20:3 21:2 27:12 30:8,16 31:5,8 42:13 (17)
<b>them</b> 5:3 7:11 18:9,13 21:14 25:7 28:17,18,20,21 29:16,23,25 34:3 35:6 37:10 41:9 45:10 (18)	<b>throughout</b> 21:14	<b>too</b> 18:12 21:2 29:2 41:17 (4)	<b>upfront</b> 43:18,24	<b>visits</b> 45:11
<b>there'd</b> 25:15	<b>throw</b> 27:25	<b>touch</b> 46:5	<b>upon</b> 8:10 39:19	<b>wait</b> 4:4
<b>there's</b> 9:6,9,17,18 10:5,10 12:11 19:23 24:20 25:12 31:21 34:25 35:1,2 45:5 (15)	<b>throwing</b> 26:1	<b>track</b> 7:6 32:11	<b>uptake</b> 43:2	<b>want</b> 20:8 29:1,6,24 32:24 34:22 37:16 45:4 (8)
<b>these</b> 8:9 9:5 12:2 19:14 27:10,12,14 39:18 (8)		<b>tracking</b> 11:18 21:14	<b>us</b> 16:16 24:16 40:2,4,4 41:5 43:15 46:20 (8)	<b>way</b> 11:17 18:20,24 26:19 28:10 33:17 34:3 48:15 (8)
<b>they'll</b> 45:10		<b>trained</b> 42:25	<b>use</b> 22:25 43:2	<b>ways</b> 19:2
<b>they're</b> 9:2 29:21 33:1 36:11 (4)		<b>transcript</b> 48:9	<b>used</b> 5:7 23:13 26:5 41:15 (4)	<b>we'll</b> 23:10 28:2 30:6 33:17 35:7 (5)
<b>thing</b> 11:15,24		<b>transcription</b> 1:24	<b>using</b> 43:6	<b>we're</b> 16:14,16 20:19 21:9,10,14 22:24 24:23 25:18 26:1,1 27:18 34:22 39:17 40:16 42:16 (16)
		<b>translation</b> 24:17	<b>usually</b> 34:10 36:11	
		<b>transparent</b> 15:8 44:5	<b>valuable</b> 30:1	
		<b>tree</b> 27:17	<b>value</b> 28:4,25	
		<b>tremendous</b> 8:5	<b>values</b> 28:9 30:4	
		<b>tremont</b> 31:24 42:21 45:21	<b>various</b> 23:2 26:24	

<p><b>website</b> 36:12</p> <p><b>well</b> 4:18 21:24 22:9 30:19 35:12,17 46:2 (7)</p> <p><b>wellbeing</b> 5:25</p> <p><b>wellness</b> 32:3,11</p> <p><b>went</b> 38:5</p> <p><b>what</b> 5:16 8:3,11,15,19 9:16 10:1,2 11:11,15,18,20 12:2 14:8,14 15:20 16:1,4,22,25 17:2 19:10,12 21:11,11,20 22:21,24 23:12,15 24:25 26:3,6 27:7 28:4 29:13,15,18,23,24 30:11,17,21 31:9 33:12,25 35:13 39:25 40:1,3,4,23 41:7,21 42:2,4,22 43:13 44:11,19,21,22 46:2 (63)</p> <p><b>what's</b> 17:13,14,18 21:12 29:17 39:25 41:23 43:3,7 (9)</p> <p><b>whatever</b> 11:7 43:10</p> <p><b>when</b> 5:13 7:23 21:10,13 22:7 24:14,15 26:14,15 27:5 28:13 32:23 39:10 (13)</p> <p><b>where</b> 9:5,6,24 10:4 15:9,11,11 18:21,24 35:11 44:2 (11)</p> <p><b>whereof</b> 48:17</p>	<p><b>whether</b> 8:24,25 19:2,3,4 34:14 45:12,13 (8)</p> <p><b>which</b> 5:7 7:17,25 23:2,3 24:2 (6)</p> <p><b>while</b> 28:21 32:18</p> <p><b>who</b> 4:12,14 5:11 10:21 12:12 19:24 26:13 30:10,23 32:24 35:3 42:24 43:1,5,22 46:4 (16)</p> <p><b>whoever</b> 22:3 43:21</p> <p><b>whole</b> 38:9 40:1 44:10</p> <p><b>whose</b> 48:7</p> <p><b>why</b> 11:23</p> <p><b>will</b> 4:9,19 5:2,4,7,8,11 6:22 7:2,4,20,21 27:19 28:20,22 29:4 32:13 34:19,21 36:2,3,4,6,9,23 38:1,10,22 39:9,22 41:2,12 42:11,22,24 43:1 (36)</p> <p><b>winder</b> 5:8</p> <p><b>winter</b> 36:2</p> <p><b>wish</b> 27:25</p> <p><b>within</b> 48:5,9</p> <p><b>witness</b> 48:7,11,17</p> <p><b>woman</b> 32:18</p> <p><b>women</b> 32:6</p>	<p><b>wondering</b> 24:7</p> <p><b>work</b> 8:5,10 11:10,23 12:11,12 13:23 16:8 22:16 31:13,15,18 35:10 41:15 45:16 (15)</p> <p><b>worked</b> 11:11 12:2 42:1</p> <p><b>working</b> 13:6</p> <p><b>works</b> 43:19</p> <p><b>would</b> 5:5 9:16 13:19 15:6 16:4 21:13 22:22 24:8,21 25:23 26:22 27:4,23 28:10 30:19 31:1,9 33:12 38:6 41:7,8 43:23,25 44:3,19 (25)</p> <p><b>wouldn't</b> 25:20</p> <p><b>write</b> 46:13</p> <p><b>written</b> 37:14</p> <p><b>x</b> 1:2,9</p> <p><b>yeah</b> 9:16 10:12 15:10,14 23:22 35:8 36:20,25 38:8,24 43:16 46:7 (12)</p> <p><b>yearly</b> 15:8</p> <p><b>yes</b> 5:20 36:11 37:3 39:1 40:10 (5)</p> <p><b>yet</b> 36:18 46:7</p> <p><b>yoga</b> 32:12</p> <p><b>york</b> 1:3,15 4:8 6:12,14,22 10:10 37:17,20 40:23 46:23 48:5 (12)</p>	<p><b>you're</b> 5:13 7:24 8:1 12:6 16:20,22 18:19 19:1,5 23:20 27:5 28:13 41:20,22 (14)</p> <p><b>you've</b> 29:2</p> <p><b>young</b> 31:7 32:5</p> <p><b>your</b> 4:3,9 5:5,10,14 7:22,25 12:5 14:2 15:3 16:20 17:2,4 22:1 27:21,25 28:6 29:6,8 30:4 33:8 40:18 46:14,19,19,24 (26)</p> <p><b>yup</b> 4:13</p> <p><b>1055</b> 47:4</p> <p><b>2019</b> 1:13 37:9 48:19</p> <p><b>2020</b> 5:9 36:3,4,5 (4)</p> <p><b>4209</b> 37:19</p> <p><b>11101</b> 37:20</p>	
---	--	---	--	--