



NEW YORK CITY
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
NYEIS LOCAL EARLY INTERVENTION COORDINATING COUNCIL
(LEICC)
MEETING

June 28, 2019

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

Jacqueline Shannon, PhD, Chair, LEICC

Lidiya Lednyak, MA, PMP, Acting Assistant Commissioner

Angel Mendoza, MD, Chief Medical Officer, New York City
Administration for Children Services

Elizabeth Leone, Parent representative and teacher,
Brooklyn College Early Childhood Center

Liz Isakson, MD, FAAP, Executive Director, Docs for Tots

Sonu Sanghoo, MS, CCC-SLP, Clinical Director, Achieve
Beyond

Dawn Oakley, OTR/L, MS, Director, Clinical Services, Omni
Rehabilitation Center

Simone Hawkins, Assistant Commissioner for the Bureau of
Childcare, New York City Department of Health and Mental
Hygiene

Cara Chambers, MS, Director, Legal Aid Society, Education
Advocacy Project

Christopher Treiber, Associate Executive Director for
Children Services for the Interagency Council

Catherine Ayala, Director of the Staten Island Regional
Office

Tricia DeVito, MS.Ed, SDL, New York City Department of
Education

Jeanette Gong, PhD, Director of Intervention Quality
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Raisa Alam, Intervention Quality Project Manager, Bureau
of Early Intervention

Catherine Canary, MD, Medical Director, Bureau of Early
Intervention

Nora Puffett, MPA, Director, Early Intervention
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Rochelle Macer, LCSW-R, IMH-E IV-P, Early Intervention Liaison, New York City Department of Health and Mental Hygiene

Kassa Belay, MA, Co-Director for United for Brownsville, SCO Family of Services

Jessica Wallenstein, PhD, Senior Director, New York City Department of Education

Caitlyn Moore, MSW, Early Intervention Transition Manager, New York City Department of Education

Kandrea Higgins-Ahlawat, MA, Director, Regional Office Operations, Bureau of Early Intervention

Dr. Beth Elenko, PhD, SUNY Downstate Occupational Therapy Program Specialization in Early Intervention Program

Tamara Morgan, Community Partnership Coordinator, Adaptive Design Association

Tamara Ewoldt, physical therapist, Early Intervention Program

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DR. JACQUELINE SHANNON: -- of 2013 a New York City Open Meetings Law requires open meetings to be both webcast and archived. This meeting is being recorded today. And for the purposes of recording, I ask that all members speak into the microphone. And also, a review of procedures for the LEICC meetings. Attendees should preregister on the New York City Bureau of Early Intervention Website for LEICC meetings. And also, be reminded, meetings are open to the public but the audience does not address the LEICC members during the meeting. Audience members may sign up with Felicia Poteat, she's back there, to speak during the public comment section. I want to remind all council members that the public comment is for record and that members of the council do not respond to public comment during the meeting. Also, transcription is available for this meeting. Written meeting minutes will still be made available. And we also have a new member, Rosanne Saltzman. She's not present today but will be joining us in the fall. So, we will formally introduce her then.

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And introduce yourselves.

DR. SHANNON: Lidiya Lednyak. Sorry.
Is our acting.

MS. LIDIYA LEDNYAK: I'm the acting AC
for the Bureau of Early Intervention. Thank you
for being here today. This is the largest LEICC
turnout that we've ever had in the summer. So,
and no A/C, so hopefully you'll stay.

DR. ANGEL MENDOZA: Good morning
everybody. I am Angel Mendoza. I am the Chief
Medical Officer for the New York City
Administration for Children's Services.

MS. ELIZABETH LEONE: Hello everyone.
I'm Elizabeth Leone. I'm a parent
representative. I'm also a teacher at the
Brooklyn College Early Childhood Center.

DR. LIZ ISAKSON: Hi. Liz Isakson, Docs
for Tots.

MS. SONU SANGHOEE: Hi. Good morning.
Sonu Sanghooe, Clinical Director of Achieve
Beyond.

MS. DAWN OAKLEY: Dawn Oakley, Omni
Early Intervention Program.

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MS. SIMONE HAWKINS: Good morning. I'm Simone Hawkins. I'm the Assistant Commissioner for the Bureau of Childcare at New York City Department of Health and Mental Hygiene.

MS. CARA CHAMBERS: Good morning. I'm Cara Chambers from the Legal Aid Society.

MR. CHRISTOPHER TREIBER: I'm Chris Treiber. I'm the Associate Executive Director for Children Services for the Interagency Council.

MS. CATHERINE AYALA: And I'm Catherine Ayala, Director of the Staten Island Regional Office of Early Intervention.

DR. SHANNON: Thank you. So, we'll move on to, we'll move on to the minutes. Approving the minutes, I want to first make a correction. On page 4, the top of the paragraph, where we're talking about the research being done through CUNY PDI. Is to conduct -- it says cognitive interviews with family and center-care based providers. It's really to conduct qualitative interviews and focus groups. Any other motion to approve? Alright. So, we will move on. We will

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start with Lidiya, who will present work from the SEICC report.

MS. LEDNYAK: So, so, good morning. Today, I'm going to be presenting the report from the State Early Intervention Coordinating Council which occurred on June 13, 2019. And then I'm going to make a brief Bureau announcement. So, the agenda for the June SEICC meeting included an update on the 5 percent targeted rate increase for providers. An update on assistive technology guidance. They talked about the New York City insurance videos which you will be seeing later. There was a presentation on telehealth, which was very interesting and I'd like to tell you about it today. There was a presentation on provider capacity. There was an update on the RFP regarding the procurement or the re-procurement of the state fiscal agent. There was an update about Medicaid Health Homes for children. There was a presentation on the dissemination of the social-emotional guidance document, which I'm not going to be talking about today because Rochelle who chairs the committee for the state is here

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and she's going to be talking to us about that. There was a general PCG update and an update on this. So, we -- as always, we've circulated all the materials to the LEICC members for you to review them at your discretion. And, but for the purposes of this meeting, I'm going to give a couple of updates on some of the top lines.

So, for the targeted rate increase for providers, this was approved as part of the 2019-2020 enacted New York State budget, which includes a five percent increase for approved services delivered by speech language pathologists including CFYs, occupational therapists and physical therapists. The rate increase applies to home and community-based services both basic and extended. It applies to individual facility-based services and it applies to non-physician supplemental evaluations. So, the rate increase will be effective April 1, 2019. But because they're seeking a state plan amendment, the rate increase will be retroactively applied to April 1, 2019 from whatever date they actually get the state plan

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amendment approved, which is, I don't think anything new, it's the way it's always been done. The State Department of Health also released FAQs on the state of the rate increase. And I encourage everybody to take a look at that. It was circulated in June. Interestingly, the rationale for the rate increase is the annual performance review data that providers collect and submit every year to the state. So, I think this is a plug for us to keep doing that and taking those -- that sampling very seriously because it has real impact on the rates.

So, there was an update on the assistive technology guidance document. As many of you know, that guidance document hasn't been updated since 1999. So, we're very happy to see movement in that area. And the guidance document will include clarifications on items that are and are not assistive technology. Clarifications on transition steps for children who have assistive technology authorized. The process will be updated to include additional collaboration with AT vendors upfront. Which is a change that we're

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really excited about, seeing how it's all going to unfold. The updated guidance document we anticipate to be released this summer. So also, Early Intervention's medical director and our Director of the Assistive Technology Unit have been working with the state to provide New York City feedback based on our experience here. And we're hoping that that feedback will be [unintelligible 00:08:24].

So, at the last SEICC, the New York City Bureau of Early Intervention insurance videos were presented. And other municipalities expressed interest about making these videos available statewide. So, I think the state is going to pursue that. There was also a telehealth presentation done by Meredith Berger from the Clarke School for Hearing and Speech. And the presentation really focused on the use of telehealth with the birth to three populations. And this was done with grant funding, obviously, outside of the Early Intervention Program. But the results seemed very promising and positive. At least, with a particular kind of service

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provision which was really speech language pathology with this population. And they employed a parent coaching model in, obviously, doing this work. And the presentation reported positive outcomes for parents in learning new skills and information from their training provider. Learning to interact more effectively with the child. Tracking the child's progress and ongoing development. Establishing effective communication and relationship with the provider. As well as receiving social-emotional support from the provider. After that there was a presentation on provider capacity. And that presentation included a number of new agencies and individuals approved by the State Department of Health. Interestingly, the SEICC voted to create a taskforce on provider capacity. And New York City will be participating on that taskforce. So, the State of Department of Health also provided an update on the RFP entitled, Support for Operational Management of the Early Intervention Program. This RFP was awarded to PCG, Public Consulting Group. The contract with

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PCG is in the final registration process. So, the state is the blackout period they can't really discuss it at length just yet. But based on our read of the RFP, this will involve implementation in two phases of enhancements and transitions. The first phase will be enhancements to the Early Intervention billing and fiscal functionality and general enhancements to the -- to EI Billing as we all know it. And these enhancements will be phased in, probably, some time in this coming fall. The second phase of this RFP calls for a conversion to a new web-based system for all Early Intervention case management. Transition will include data migration, provider enrollment functionality, and obviously case management, which currently happens in NYEIS. The go-live date for the second phase is slated for April 1st, 2020.

So, this is not part of the SEICC report but I wanted to -- I'm sure everybody knows. So, the local -- the Early Childhood Direction Centers will be closing as of June 30th, 2019. And the Bureau would like to thank the ECDCs for

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all of their collaboration and partnership. So, Karen Samet who is on the council couldn't be here today because they're packing up their boxes. So, they were happy to hear that we were going to be giving them a formal thank you at this meeting. I'm sure they've interacted with all of us over the years. And so, I think that that this thank you is more than well-deserved. The New York State Department of Education is recommending that INCLUDEnyc be awarded the contract to serve as the Early Childhood and School Age Family and Community Engagement Center for all five boroughs. So, there will be an entity coming in there. And the Bureau along with DOE just met with INCLUDEnyc the other day. And we will be collaborating with INCLUDEnyc to support their work with parents and EI providers in the transition process. We are -- as soon as our conversations continue, we will be informing families directly of this new resource through various channels including our regional offices, obviously, providers and also, through our Text 2 Families program, which now has over 18,000

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subscribers in both English and Spanish who are families. So, we're going to be sharing additional information about the scope of work for INCLUDEnyc in July. And that is our SEICC report.

I also have one plug that I'd like to make. So, we are looking for a Director of Program Services for our Brooklyn Regional Office. If you in your networks know of anybody who would be interested for this position, we are seeking somebody who is experienced and dynamic and who will work to promote the mission of our program and positively impact the lives of children and families that we serve. Any questions? Yes.

MS. CHAMBERS: Thanks so much for the updates. I had a couple of follow up questions about some of the SEICC information. One of the texts we received is about the provider FTEs and provider capacity issues. And in that report, there doesn't seem to be any information about provider attrition. There's information provided about new contracts signed, new individuals who

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have signed on, but nothing about attrition. And if I'm reading one of the texts correctly, it looks like between calendar year 2017 and 2018, the actual number of FTEs in each category for PT, OT, speech and special instruction has declined. Is that your understanding as well? Am I reading that correctly? And if so, was there any discussion at the SEICC about the fact that we already have provider shortages and we can't cope some repetitional declines?

MS. LEDNYAK: So, there was a significant amount of discussion on that point. And that's why the Department and the SEICC moved to create the taskforce on provider capacity, which one of the goals is to make pretty speedy recommendations to the Department about that issue.

MS. CHAMBERS: Okay. Great. Let me know if I can help with that.

DR. SHANNON: And that's also the partnership with the academic partners, the higher ed, to try to begin preparing the new generations.

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MS. CHAMBERS: Sorry. Okay. My second question had to do with the telehealth and the use of remote strategies to provide therapies. The results that were reported do seem somewhat promising. But I was curious to know where that was done and whether the -- a couple of questions, whether the recipient families were provided with tech-, the technology or whether they had to provide it themselves because that's going to be a barrier to a lot of low-income families. And the second -- what's the other question I had about telehealth? It'll come back to me. I'll let you address that one first.

MS. LEDNYAK: Well, I certainly don't want to speak to the exact details of how the Clarke School implemented this particular model. However, what we can do is for the next LEICC we can invite Meredith Berger to come and present on the pilot to us if that is of interest to the council.

ALL: Yes.

MS. LEDNYAK: So, we can do that.

MS. CHAMBERS: Was the pilot in New York

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City or elsewhere?

MS. LEDNYAK: It was, it was a pilot -- there was a pilot in New York City. Again, not with Early Intervention dollars. But you know, the Clarke School is affiliated. There are multiple Clarke Schools in the northeast. And so, they've been doing this also in Massachusetts. So -- I don't want to speak to all of the details. But I think we can ask Meredith to come and present. What I will say is that, obviously, are issues around this that would have to be resolved about the technology, about how this data and information is transmitted, is it secure. You know, there's -- what kind of services would this affect. What does this look like. I think that there's a lot of unanswered questions. But I think that it is something the state is interested in and exploring.

MS. CHAMBERS: I think there are also some significant drawbacks to using that methodology, particularly for kids who spend most of their time in a daycare center or with a

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childcare provider and -- as opposed to a parent who would be able to sit one-on-one with the child and actually effectuate the lessons and do the work. So, I think there are very significant limitations to that and we should be very cautious in proceeding with it.

MR. TREIBER: I just wanted to comment regarding the Early Childhood Direction Centers closing. And I had done an analysis of the deliverables that the state had put out in terms of the RFP and looking at what was expected of the -- whoever the grantee was that got the contracts. And one of the concerns that we raised with the state and I really never got a sufficient answer was that there really was no indication that there was any deliverables regarding children zero to three. Everything was sort of much more three to five and it was all connected to school-based models and supporting professional development for teachers and other people within the schools. But there wasn't a lot of indication that they were going to focus on early childhood and our children. And I know

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that ECDC did a huge amount of referrals and connections in regard to Early Intervention. So, I just wanted to know if there was discussion around that because, you know, I know practically as a provider basically is going to do what the deliverables require. And they're usually not going to do a lot more than that if they don't have to. They'll do it but it's not a mandate for them.

MS. LEDNYAK: So, that was definitely part of our discussion with them the other day. And you know, I think those conversations are ongoing. What we understand is that they do intend to fill this space for our children and this community. So as soon -- as we -- their contract is also not yet registered. So, there's -- they, we need to have ongoing conversations with them about what the scope of work looks like. But we're definitely on their radar and we are preparing to launch.

DR. ISAKSON: Thank you very much for your full review of what happened at the state meeting. And I wanted to quickly go back because

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I did go over this stuff but I didn't realize that they were actually going to invest in a separate case management system. But is NYEIS and the case management system going to speak to each other seamlessly? And is NYEIS going away? Do we know any of this?

MS. LEDNYAK: We, we know some of it. So, the understanding is that we will be converting to a new system. Let me just let that one hang in the air for a while. You know, we -- the contract isn't registered. We are -- we've been quite vocal with the state about our concerns and about what it meant for New York City.

DR. ISAKSON: To go into NYEIS?

MS. LEDNYAK: What it took for all of you to go into NYEIS, what it took for our 230 staff to go into NYEIS. So, we are, you know, we are going to ensure that our concerns are heard. I think in a way, we are going to be much more ready for this transition. Before NYEIS, we were all using paper and the fax machine, right? It's a little bit different now. I think everybody

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would agree to some extent. So, I think that, we obviously need to be very cautious and continue to work with the state about what this means for our system. But I don't know anything beyond that. I think as soon as we know more, I'm going to ask for an LEICC subcommittee to be formed around this new transition so that the city and providers can be talking to the state more about what our pressing concerns are. I think that it may not be a bad idea for the provider community to think about what things about NYEIS worked well for them and what things did not. And potentially, that is something that can be communicated to the state upon the registration of the contract.

DR. ISAKSON: Thank you, Lidiya. I think that framing of that as an opportunity really to have input into it is key. So whatever help you need from us, please let us know. My other comment is really just a comment on the tele-medicine or the telehealth, if this is happening across all kinds of disciplines in medicine and they're all struggling about when to

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use it, when not to use it. Certainly, for rural communities, it becomes pretty darn simple. But I'm going to speak from actually a personal experience. I had sick, a son that was sick last fall and he needed to go see the infectious disease doctor. And the infectious disease doctor offered telehealth. So, at 6:00 at night, I saw the infectious disease doctor in my kitchen with my son 40 blocks away from where she was. But at 6:00 at night, I'm so glad I wasn't commuting those 40 blocks with my son. So -- nor was she coming to our house, right? So, there's a lot of opportunity but we have to be careful about when it's useful rather than when it's cheapest. And that it will be -- and I don't like any model that's sort of all telehealth. I like models that are sort of a combination and a mix, and that's from a health perspective. But I could see that also happening in an Early Intervention provider perspective. A tool to be used amongst other tools.

MS. LEDNYAK: I think you're both bringing up sort of the perspectives on this

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entire endeavor. Because, you know, in one respect, there are -- there's a lot of potential. But on the other hand, there's issues around practicality. There's issues around what are the rates going to be like for telehealth. You know, I'm sure, that's -- those are things that are sort of on everybody's mind. But also, to Cara's point, what does the technology look like, is this technology going to be available to everyone, and how do we actually implement this in a smart way. I know that New York State and definitely New York City is different than any other city in this country. But there are some promising models that have been implemented in neighboring states such as Massachusetts. And so, as the state goes down this road, I think it's going to be important for us to be a part of those conversations. Because it's not -- you can't just flip a switch on telehealth without having a full model flushed out and defined. So, totally agree.

MS. CHAMBERS: Sorry. One other thing that I wanted to touch on. One of the things

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that was in an SEICC report had to do with reimbursement from private insurance companies. And I was not terribly surprised to see that the reimbursement rates from the private insurance companies are very, very low. Which raises a question to me, has there been any discussion of a cost benefit analysis to see whether the effort and work that is being put into trying to claim from these private insurance companies is even worth what you are recouping. And the second part of that question has to do with the covered lives proposal that was introduced in the Senate in the assembly. And I just wondered if you had an update on where those bills ended up at the end of the Legislative term.

MS. LEDNYAK: I don't -- one, I don't think those bills got much movement. And I think that Chris would know even better than I. No, there was no movement. And in terms of a cost benefit analysis, you know, I think that would be for the state to undertake. And I think there's a lot of different models for maximizing private insurance reimbursement for this program. I

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think that we are, obviously, not getting our fair share from insurers. I think that's been an issue for 12 years. But I think that more work needs to be done with insurers about maximizing reimbursement. With that said, there are now insurance industry representatives sitting at the table at the SEICC meeting. So, I think that there may be some opportunities there to sort of engage with them. Because every time an insurance company denies something, it's work for them. So, I think that there's cost benefit on both ends. And so, we need to think about how we possibly craft that strategy and that messaging.

DR. SHANNON: Thanks. We're going to move on to Dr. Jeanette Gong who will talk about communication projects and videos.

DR. JEANETTE GONG: Good morning, council. Today I'm going to talk a little bit about an exciting new page on our public website. It's called the Public Health Action Kit page. It was launched recently in May 2019. And includes resources for parents, community partners, doctors, city agencies and EI

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providers. It has the clinician's toolkit, a childcare provider toolkit, five new EI videos, I'm a little excited about that, and some family education materials. So, let's look at each item more in detail. The clinician's toolkit includes PDF versions of the following, a list of at-risk conditions, a list of diagnosed conditions with a high probability of delay, the clinical guide and clinical algorithm, the referral card in both English and Spanish, and the Help Every Child Get a Great Start brochure. These toolkits for clinicians was distributed to 700 pediatric practices. Also, on the jump into action page is the childcare provider toolkit. And it includes the following, in both in English and in Spanish, resources for childcare providers, common myths about children with disabilities and the Early Intervention Program, linking infants and toddlers in childcare to Early Intervention, the Early Intervention referral card, and a new video about observing development in childcare settings and making referrals to Early Intervention. In collaboration with Simone Hawkins and the Bureau

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of Childcare, EI distributed the childcare toolkit to 250 center-based childcare settings in the communities with the lowest EI referral rates. The childcare toolkits were also distributed to UFT, New York State Office of Children and Family Services, otherwise known as OCFS, DOE, ACS, HRA, and the Daycare Council of New York. In fiscal year 2020 coming up, the New York Bureau will expand this distribution to the family child settings.

So, the last section I want to talk about is the family education materials. And these are brochures that were created specifically to share with parents and the community. I want to highlight that these brochures are available in 10 languages: Spanish, Chinese, English, Haitian Creole, Russian, French, Bangla, Arabic, Korean and Urdu. So, these brochures include Early Health Matters, a brochure on Developmental Monitoring, Family Rights and EI, Assistive Technology and in this section, you'll also find our new videos. And one of our old videos on family-centered best

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practices. So, let me just talk a little bit about what these videos are. We have actually two videos called Early Health Matters, How Family Insurance Information Is Used. One is in English and one is in Spanish and it highlights two different families. In the English version, it's Talina Jones and her son. And in the Spanish version, it's Paola Jordan and her twins, Maia and Thomas. In the third video, we have Family Health Matters, Ways Houses of Worship Can Support Families. In the fourth video, we have Observing Development and Childcare Settings and Making Referrals to Early Intervention. And that has one of our parent members on the LEICC on it, Elizabeth Leone. And the last video is actually EI Families Share Why Early Health Matters. And this video is a compilation of three different families in Early Intervention and their journey in the program. So, we actually want to show you two of them. We're going to show you the Early Health Matters, How Family Insurance Information Is Used. And then the second one we're going to show you is the childcare video.

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[VIDEO BEGINS 00:33:30]

MS. TALINA JONES: *My name is Talina Jones and my son Tajee received services from Early Intervention. I was 24 when I had my son. And so, I didn't know much about children's health. When my son was born, the doctor told me that he had Down's syndrome. I didn't know what that was. And they gave me this horrible list of all of the things that might happen to him. This nurse, he said to me, there are a lot of programs, there are out there to help him. And specifically, she named Early Intervention. I couldn't have gone through that if it wasn't for my family [unintelligible 00:34:03]. I didn't have to have all the answers, the therapists from the Early Intervention Program were there to help me teach him [unintelligible 00:34:17]. The program serves so many children. And I know how my son, Tajee and I had benefited from the program. And I wanted to be around and serve other families and their children. The Early Intervention Program provides services that our children need at no cost to our families. It*

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doesn't mean that it's free. It means that families do not have to pay out of pocket for any services. If your insurance company is covered by New York State Law then Early Intervention services are covered. When your child receives Early Intervention services, your insurance coverage is not affected in any way. The insurance company is not allowed to charge you any copay. Insurance companies cannot refuse to pay for other healthcare services just because it paid for your Early Intervention services. Your Early Intervention service provider does not have to be "in network". No one can access your insurance information except for Early Intervention staff and your service providers. Your insurance information is never used for anything other than billing for Early Intervention services. If you have questions about how Early Intervention goes through insurance, please ask your service coordinator. Families continue to receive Early Intervention services whether or not their insurance can [unintelligible 00:35:48]. When you share your

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health insurance information with Early Intervention, you're helping the program continue.

[VIDEO ENDS 00:36:07]

DR. GONG: So, New York Early Intervention is very excited that the state plans to incorporate both the English and Spanish versions of the insurance videos into their mandatory New York State Service Coordination Training. And so, the next video is the one about child care. And you're going to see Colleen Goddard and Maryann Moran, who are the directors of the Brooklyn College Early Childcare Center, and teacher and parent, Elizabeth Leone, in the video.

[unintelligible 00:36:57].

DR. GONG: Sorry.

[VIDEO BEGINS 00:37:07]

UNIDENTIFIED FEMALE: Early childhood educators and childcare providers can provide information about early intervention so that parents can get the help and support that they need. The Early Intervention Program provides

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evaluations to determine eligibility for services to children from birth to age three.

UNIDENTIFIED FEMALE: Any referral that's made is confidential. All the services that are provided are free of cost. It's provided regardless of immigration status. It's voluntary. It's family's centered. The Early Intervention Program is provided in the natural environment. The natural environment being either the home or the Early Childhood Center.

UNIDENTIFIED FEMALE: The Early Childhood Educators provide a environment for the children in which they're [unintelligible 00:37:53]. We provide care not only for their physical wellbeing but also for their emotional wellbeing and their cognitive wellbeing. If we find after we have observed the child and we've come to a [unintelligible 00:38:08].

[VIDEO ENDS 00:38:15]

DR. GONG: So, those are the two videos. And we really have to thank the parents and their children for participating in these videos because they really made the difference and

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helped us achieve this goal. So, we really appreciate it. So, this page is really chock full of resources for people in the community, for parents, for medical providers, for EI providers and community partners. So, we invite everyone to share the link to our EI -- the Action Health Kit page. Post these EI videos and materials on your webpage. Share the toolkits and family educational materials with service coordinators and early interventionists. Play the videos in your waiting areas and use the brochures, toolkits and videos to support your work with families. We've already distributed a thousand of these, information about the toolkit to a thousand community partners. And in fiscal year 2020, we plan on launching a social media campaign. But even before that, we'd like you to also share the news, share the resources and support families and other people learning more about the Early Intervention Program. Thank you. Any questions?

UNIDENTIFIED FEMALE: This was beautiful. Every time I've watched it, it brings

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tears to my eyes. Liz, is there anything you would like to share?

MS. LEONE: So, watching the video, I just got teary. But definitely, I'm going to say thank you to Lidiya and to Jeanette for seeing something in me that you felt that I could do this because I really was panicking when I took the video. But I said I have to push myself because somebody else recognizes that maybe my journey could help somebody else. And so, I thank you so much for all the help. And I thank you for trusting my journey to help another family out there. And I hope that, as you said Jeanette, that it's played and it's given out to other parents. And hopefully, even if one parent says, oh, you know what? I trust that that was really genuine. And I want to get my child evaluated. That's just enough for me. So, thank you.

UNIDENTIFIED FEMALE: Thank you.

DR. SHANNON: It's something I wanted to share in our graduate program and in our undergraduate courses too. When students are

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taking early childhood courses just learning about developmental learning, you know, letting them know that this may turn their interest in wanting to go to this direction. So, it's a great video.

DR. GONG: Thank you.

DR. MENDOZA: I can make a comment also. Again, thank you for the videos. Yes?

ALL: Yes.

DR. MENDOZA: I think that aside from the fact that I am in agreement with everybody with their saying that this is going to be very, very useful for parents. But I think from the point of view of ACS, we always have a problem -- we always have difficulties with engaging parents. And sometimes that is really the biggest barrier in getting even just the referrals done. And that's usually, that -- it kind of stops right there because it's hard for us to communicate back to them and they don't really want to communicate back to us because of the relationship with our parents. So I think that if there is a way that we can share the

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videos specifically to our -- not in foster care but for our workers, our child protective specialist workers, so that during the visit, during -- just still in the investigation phase, if there is a child that is between zero to three years old that they can present the video to them so that at the very early stage, engagement can actually start happening. Not waiting for them to come into foster care.

MR. TREIBER: Yeah. I was just going to add, yeah, I think the videos are amazing. I think they're great. But it might be really helpful and I don't know if it's part of the packages, you know, for like professional development almost, like you were saying, for workers who are going and using this stuff. If this is like a discussion guide or some kind of booklet attached so that they would kind of know these are the questions that might come up. This is how I should respond so that you can use it almost in much more informative way than just putting the video on and that's it. Because I do think that they can really be very, very powerful

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in terms of helping families. But I think the person that's presenting it needs to be aware of what they're doing with it and not just putting it on and then not able to respond to questions and other things. So, that might be something to think about.

DR. MENDOZA: So, I think that's a wonderful idea. We can certainly work to develop a companion guide to the video for your workforce. Yeah. So that -- I mean, that is of interest to ACS. We would certainly be interested in working with.

MR. TREIBER: It is definitely in the interest for ACS, yes.

DR. MENDOZA: Great. Okay.

DR. GONG: I would also recommend taking a look at the materials on the Public Health Action Kit and see what kind of material should you think lend themselves to workforce and then we could tailor it. So, there is one thing in the childcare toolkit that talks about myths about the Early Intervention Program. And I think that's sometimes is really that -- to go

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across different fields. And so, take a look at that and see if you want something like that or something different.

Thank you very much. I want to introduce Raisa Alam, who will present next on the learning management system.

MS. RAISA ALAM: Good morning. I'm going to be presenting on our learning management system. The New York City Bureau of Early Intervention Learning Management System was launched three months ago and this is our homepage, if you are not already familiar with it. I just wanted to share with you the list of current and upcoming online trainings. This is really exciting for me. I'm a former provider. So currently, we already have the Implementing Family-Centered Best Practices online. In August, we will be launching the Assistive Technology Through the New York City Early Intervention Program. In December, we'll have our third online training which will be on the foundations of social-emotional development in infants and toddlers. And for the year 2020, we

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will launch four more online trainings. And they are technical assistance training for EI provider agencies, [unintelligible 00:45:55] functional outcomes, culturally and linguistically appropriate evaluations for the New York City Early Intervention Program, and lastly, reflective supervision. So, the last two trainings on evaluation and reflective supervision were very widely successful. It was a training we gave in person a couple of years ago. So, we decided to make it an online training to make it accessible to a larger audience.

The benefits of the LMS platform is that it's accessible to our EI professionals 24/7 so they can fit it in to their busy schedule. Supports for the EI professionals in meeting their annual requirement for ten hours of professional development based on the New York State EI Provider Agreement. And people may repeat the trainings as needed. And New York City via professional development trainings provide contact hours or continuing education

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units for all our trainings.

I want to update the LMS data to date. So, it's been, like I said, three months since it's launched. I just want to point out that we have in New York City over 8,500 interventionists. Currently, in the LMS since the launch three months ago, we have about 511 participants who have signed on so far. And looking at the data, I thought it will be interesting to point out that 33 percent of those 111 that are on currently are early childhood special educators, 16 percent are speech language pathology, ten percent social work, seven percent occupational therapy, and four percent being physical therapy. And more therapists are actually signing on every day. So, the numbers - - we're excited to see the numbers grow and change every day. New York City Early Intervention providers will receive an e-mail from the New York City BEI when new trainings are launched. And those who are actually already signed on to the LMS account, they can actually obtain the latest news on New York City Bureau of

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Early Intervention updates via the LMS announcement portion of the homepage. And to sign up for BEI professional development mailing list, please e-mail us at embeddedcoaching@health.NYC.gov. As Jeanette had mentioned, please share this information to all that you work with so more people can sign on to the LMS. And we encourage people to sign on to our LMS. Thank you very much. Any questions? Next, Dr. Canary will present on the updates on the Evaluation Standards Unit. Thank you.

DR. CATHERINE CANARY: Hi. Good morning. I'm pretty low-tech so she has to show me which button to push. Anyway, so one thing I did want to mention sort of tagging on to what Raisa said about the LMS, I just want to tell you a little bit about the assistive technology training. This was originally intended to be a live training but this will not be a live training and will be an online training. It's entitled Assistive Technology Through the New York City EIP, a How-to for Assessment. You put that request in selection and follow up. And

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it's a very technical training and it's geared for motor therapists. So, it's geared for physical therapists, physical therapy assistants, OTs and COTAs. It's very technical and it really spells out how to evaluate a young child for assistive technology. And the emphasis of this particular training is on durable medical equipment. So, things like a wheelchair or a walker or a gait trainer. It is structured into six modules of varying lengths. And there are videos embedded within the modules that actually have a physical therapist demonstrating evaluation techniques, pieces of equipment, and how you might position the child in them, or how you might evaluate whether a child needs support in a particular anatomical area or not. There are -- the modules, you can read them on the slide. These are -- anyway, these are the six modules that are available. There are learning objectives for the course as a whole. And then each individual module has its own sort of broken-down learning objectives. So, the idea is that by the end of the entire course, motor

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therapists will understand what -- how assistive technology is defined for the purposes of the Early Intervention Program, what the various categories are, how AT can help support a child, how you might initially do an initial needs assessment as to whether a child would be a good candidate for AT or not. And that, obviously, involves the family. And then how you evaluate the child for a particular type of equipment, you know, long-term and short-term needs, and how to continue to coordinate with the family and the vendor once the device is delivered. So, that's it for our AT training. And as Raisa mentioned, we're hoping that that will be available on our platform sometime later this summer, hopefully August.

Then just to switch gears for a minute, so this slide, I was looking at it just ten minutes ago and I realized that actually it's a little bit incorrect. But I made it so it's my fault. So, it is enhancement City Evaluation Standards Unit. But it actually is a Bureau of Early Intervention Enhancement. Not just an ESU

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enhancement. As you may or may not know, lots of the units in the Bureau have applications. That's as much as I can say about it because I'm very low-tech. But the ESU application helps track the progress of individual cases through the EI process. It helps the Bureau monitor particular types of cases like if a family exercises due process right. So, we are launching a new application this summer. And how that will impact the providers is that there will be a new format to the correspondence that not only ESU but also the regional offices will have around evaluations particularly when there are issues with, you know, is eligibility established by a multidisciplinary evaluation or are there issues with the quality of the letter. A couple of changes that you'll notice. The letter will actually spell out the names of the members of the MDE team so that enables not only Early Intervention but also the provider agency to keep track of who's doing what and how they're doing it. There will be greater consistency between the letters from the regional offices and ESU.

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So, for those of you that have received both kinds, they're not going to look so different anymore. The citations will be listed at the end so that the letter flows a little more smoothly. And there will be some new types of letters. For example, there will be a quality letter for MDEs that go to IFSP meeting but there are still unanswered questions about some aspect of the child. So, anything I can answer about ESU application?

DR. SHANNON: We're running low on time. We're going to be -- because we're running out of time, we're going to table the child outcome survey for the next meeting. So, let's move on to Nora Puffett. Thank you very much.

MS. NORA PUFFETT: So, I don't know. Mine isn't usually the most exciting presentation. I'm not sure that I'm the one who should take your time. So, the first thing to mention, our administration has shifted us from calendar year to fiscal year reporting. And at EI, that actually makes a difference. Because age-out is August 31st and December 31st, it

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falls in the second half of the calendar year but the first half of the fiscal year. And fiscal year numbers tend to look a little bit higher. In terms of referral, we're looking pretty consistent. There's been a slight increase every year. The proportions of borough or race have been pretty consistent as well. As you know, we still see some racial disparity that we've been working on with these various projects.

I wanted to talk briefly about what we call the waterfall. Because I realized there's a slight misunderstanding about it. The waterfall is cohort-based. A child is counted in the first -- at the year of their first referral. And then we follow them for their whole lifespan. Well, as time goes on, they have more opportunities to be re-referred and evaluated and get services. So, with every subsequent year, the previous year looks a little bit better because kids have had more opportunities. And a lot of children are re-referred. In terms of insurance and what we were discussing earlier, we're looking a little bit better but we're still much higher than you

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would expect. And this reflects what we discussed, the issue of insurance company reimbursement. There's also the question of, first, you have to collect the insurance information and where to bill. Any questions about the data report? Okay.

Provider oversight. In our monitoring results we're about three-quarters of the way. So, what we're seeing is a slight increase in evaluation and services has a slight improvement. Service coordination continues to be our big concern. As you see with the waterfall, retention is a concern. And it's the ISC who's really playing the biggest role in that process. They're the ones who need to engage the family, get them to evaluation, get them to services. And so, in this coming year, we're really going to start to make service coordination especially ISC a real focus of a lot of hard work.

MS. LEDNYAK: So, I think that the challenge around retention really can't be understated at this point. And we're seeing it both in the programmatic data but also in some of

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the provider oversight data. So, I think that -- the council, we have taken up surveys of service coordinators and service coordination supervisors in the past to inform our work. But I think that I'd like to recommend to the council that we undertake formalized focus groups of service coordinators because we need to really understand what their challenges are and what we can do to help them. So, I would like to ask the LEICC to vote on the creation of a service coordination equality group where we will ask the LEICC members of that group to inform the facilitators guide and sampling methodology for these focus groups. And potentially for the development of an integrated curriculum for service coordinators that will grow out system wide probably over the next year-and-a-half. So, I'd like to bring that for a motion for the LEICC.

UNIDENTIFIED FEMALE: Second it.

UNIDENTIFIED FEMALE: Second. Alright.

All in favor?

ALL: Aye.

MS. LEDNYAK: Thank you. And one thing

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I would like to know, too, who are our service coordinators who are working on that [unintelligible 00:58:27] how we can tap into higher ed in preparing that other, you know a generation in that area. Thanks, we'll move on to Rochelle.

MS. ROCHELLE MACER: Good morning.

Today I'm going to present to the LEICC on the social-emotional issues that were taken in New York City to promote social-emotional. I'm going to speak a little bit about the overview of the guidance document, the SEICC workgroup on social-emotional development dissemination of the social-emotional guidance documents projects we work on to date and next steps. And talk to you a little bit about the EI, the EI and SED, social-emotional development learning. So, as we presented before and you all know that the, the EICC and the ECAC developed a social-emotional guidance document for early intervention providers as well as others around the state who focus on infants and early childhood work. And the social-emotional guidance has four goals but

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the first one is the most important to EI is improving the identification of children who are experiencing SED, which is social-emotional development delays, as well as ensuring evaluations and assessment of all children adequately address SED. And one most important that we've been working on specifically is that service coordinators evaluation -- evaluators and providers understand the importance of SED. So, the EICC Ever State [phonetic] asked the workgroup to be informed on disseminating the social-emotional guidance document. And that took place in May 2017 where the workgroup got together and figured out some of the goals to disseminate the guidance documents and also check the recommendations from the SEICC on what they thought would be the most important things. And the variety of projects that they worked on that they suggested. One was a reference guide to supplement the social-emotional guidance document as well as an e-learning that would give the EI workforce some information and guidance on how to use the guidance document as well as what page

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for families on social-emotional development. So, the reference guide was created, I have to say, with a lot of people here in New York City specifically Faith Sheiber and Amy Teish -- thank you, who really spearheaded that reference guide and was really put together so that EI workforce would understand the guidance document and to have something to do so that they could be really specific. The SEICC received it back in March of 2019 and SDOH has decided to actually adapt the material with the work group's help to have smaller desk guides, specifically seven desk guides, that would be one to two pages for the EI workforce that are going to start to do that.

As far as the e-learning, they're just about done. They're going to be submitted to -- from DOH to actually Measurement Inc. has the contract for training for the state so that they could actually put it into narration form or use it as WebEx and the state will have it and disseminate it. As far as webpage for families, that went live a few months back. I think everyone's seen it at this point. It's on the EI

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website on the social-emotional development tab. And we're just waiting for feedback from the EICC and families to see if they would like that to be adapted in any way. So, as we, I mentioned before, we're just waiting to see what the feedback is from SEICC to adapt any materials and continue to facilitate information. One of the things that happened at the SEICC that Lidiya mentioned before on June 13th was that the workgroup asked for permission to do it, specifically a one to two page for EI workforce because they've been hearing a lot about that from EI units around the state, needing something to give to families. So that was actually what led the SEICC and EI to ask to have seven of those.

I also want to share some information about the social-emotional development training that is an e-learning that Raisa had said is going to be going on the LMS in the fall of 2019. Right now, it's sitting on the TTAC website which is the Early Childhood Mental Health network training and technical assistance center. And we

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actually have some handouts in the back about some free webinars that are open to public. So, we have some material that I want to tell you what they are for. So why we did the social-emotional training is really to support the understanding which is in line with what we just talked about in terms about of the guidance document for the entire workforce to understand social-emotional development and really inform evaluations and interventions and make sure that families are connected with appropriately. As you have seen, Module 161 and 2 are really foundational concepts relevant to EI, interface of social-emotional development domain and other domains of development and speaks to typical development from birth to six months. Module 3 really is on risks to social-emotional development. Those are all the things that we all know affect the development of children. So EI released the webinar back in November. The SEICC agreed and DOH opened it up for the whole state in 2018 in December. And as of March of 2019, we've issued about 500 -- excuse me -- 495

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certificate of completions. Actually, I just got some of the main data. And we're up to about almost 600 people that have taken this. So back in -- with the March data, that's the last we've had time to calculate. There were 60.8 percent of Chinese who were from New York City. And then the other 30 percent about were from New York State.

So, here are some highlights that I'd like to share with you all. 96.1 percent of those who completed the series would recommend the training to colleagues. 96.1 percent agreed strongly that the training increased their understanding of social-emotional development. And 93.8 percent agreed that the training increased their confidence in applying the social-emotional concepts. And then the course participants indicated that as a result of the training, they will change the practice in this way. One said -- so part of them were that they would be becoming -- be aware of the risk factors and difficulties. Consider social-emotional development were 72 percent. Consider caregiver

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child attachment were 67.8 percent. And be more self-reflective in the material actions.

[unintelligible 01:05:38] interventions were 65.5 percent. So, right now, the social-emotional learning is actually on the TTAC website but as Raisa said, we'll be moving it over. So, it will be part of the EI package in the fall. And I'm providing technical assistance to anyone that needs some assistance in getting on to the social-emotional development page and proceeding [unintelligible 01:06:05]. And as Raisa mentioned before, because this is part of the EI training, people can get these EUs and can fulfill the annual agreement [unintelligible 01:06:15] agreement for training.

UNIDENTIFIED FEMALE: Okay. Any questions. Thank you. This is terrific. Thank you. The impact is great.

MS. MACER: Yeah. The impact, we see more.

UNIDENTIFIED FEMALE: Great. We're going to have a consult. Yes. From United for Brownsville Project. Welcome. It's great to see

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you.

MR. KASSA BELAY: It's good to see you. Good morning everybody. My name is Kassa Belay. I work with SCO Family of Services as the Co-Director for United for Brownsville which is an early childhood initiative that is seeking to achieve a measurable improvement in the social-emotional skills and the language development outcomes of infants and toddlers in Brownsville, Brooklyn. So, kids between zero and three years old. And relatedly in order to achieve those outcomes, we're seeking to build a sustainable infrastructure of caregivers and parents alongside professionals that work in Brownsville to work collaboratively towards those two goals. And I used this diagram up on the Power Point to sort of illustrate the context in which we're working and the collective impact approach that we're using in response. Is collective impact a familiar term to folks in the room? I see a few nodding heads so I'll just walk through it very quickly. But in the diagram, I think what you see is a sort of blame game where people who are

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working with the same families and the same communities aren't being collaborative and they're sort of blaming one another. And we look at early childhood outcomes as a sort of entrenched issue in impoverished communities. And one that is so sophisticated and complex that there's not one sector that's going to be able to resolve that issue on its own or one organization. So, in response, we've organized a sort of cross sector collaboration. But I think what sets us apart from other collective impact initiatives, at least the way collective impact has traditionally been done is that we, we see local residents and people with lived experience in the community as really central players that should be at the decision making and planning table. So, it, to that end, here's a little diagram that illustrates our structure. And you'll see we've got our funders and parent organizations, Community Solutions, and SCO Family of Services on one side connected to the backbone organization which is United for Brownsville staff itself folks, like me and a

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small team of other folks. But really at the center of the diagram, you'll see our provider action team which is a group of service providers from across different sectors and our family advisory board. And I'll walk through sort of the, the composition of both those groups in just a second. We also have a leadership council made up of 16 executives from different city agencies and corporations and advocacy organizations that are not decision makers. Decision making power really rests with the family advisory board and the provider action team. But they are there to provide guidance and access to data and connections that can be helpful for us.

So, the family advisory board is really the heart of United for Brownsville. It's made up of 22 local residents who are raising families and children in Brownsville. And we work really hard to sort of assemble a diverse cross-section of people who represent the full breadth of Brownsville. So not the usual folks who always come to the same community board meetings. But we, we worked hard to ensure that we included in

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our group folks who live in NYCHA, people who are in transitional housing, people who had contact with ACS, the child welfare system. And, and, and, and really be thoughtful about what is the neighborhood that we're working in look like and how do we ensure that we're truly representative of that neighborhood. And we look at them as experts. Experts in raising children in Brownsville and experts in understanding what's going well and what's not going well in terms of the service infrastructure that exists to support families.

And then alongside them, we've got a provider action team, of over 40 different service providers from across different sectors. We've got center based childcare sites. We've got preventive services, libraries, nursing home visiting programs, a few city agencies. And the list goes on. It's really any professional that works in Brownsville that touches the life of an infant or toddler. We ask to come to the table and help us sort of think through collaboratively what's, what's going well and what isn't going so

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well. And how -- what we might make, sort of process changes to everyday practice that can address the problems that the family advisory board has identified and that the provider action team agrees with and feels that they have some, some power to work. Let me, let me pause there. Does that make sense to everyone? Any questions so far? I'll take silence as yes.

So what issue, I guess, what brings me here today that we've identified as -- through conversations with the family advisory board and that was confirmed with our provider action team is Early Intervention. And we've, we've just entered into a really, really powerful partnership with the Bureau of Early Intervention who is helping us understand where there are gaps in practice and service that are leading to lower outcomes in our neighborhood. And in response, we started creating a driver diagram which is like a backroom mapping process. Where we're, we're looking to increase utilization of the number of children who are getting Early Intervention services in Brownsville. And we've

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identified several primary drivers that we think are connected to, to that issue. We know through conversations with both families and providers that we want to increase referrals. But also, that we want to increase the evaluation rates that we're seeing in, in terms of kids who are referred but then not getting evaluated. And we think one of the issues related to that is decreasing the amount of time between when the child gets referred and when they receive services in the end. And then the next step in the driver diagram process is to identify secondary drivers. So, what are the issues that are sort of pushing on those primary drivers that we can address? And use that as an opportunity to start thinking about well what interventions with small time limited projects could we implement that we think are going to influence those secondary drivers. That then push on those primary drivers that ultimately will increase utilization of services for Early Intervention in Brownsville.

So, the secondary drivers, it's been a

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really powerful interesting conversation where we've invited families and providers to sit alongside each other and think through what's going on. Why would there be such a lower rate of referral in Brownsville? And what we've heard is a lot of openness and honesty. I mean, nobody has raised their hand and said, I have bias. I am not receiving information from poor black women the way I would from, from affluent white women, for example. But they are saying we're willing to acknowledge that that might be going on and think through how we might address it. So, provider bias is one secondary driver that our group has come up with. And also thinking about how children are screened and assessed and whether there's different practices across different providers. And whether or not that's something that we might tackle in a short-term intervention to see if we can push the needle on that. Similarly, increasing evaluation rates, we know that there's a lot of mistrust that stigma. Some of which we've already heard about today. On the part of families towards

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people who refer to Early Intervention and then for those who deliver Early Intervention services. People are concerned about being tracked towards special education. That their information will be shared with authorities, whether it's the child welfare system or law enforcement or, or immigration. And they may be concerned that, you know, they're, they're in transitional housing or they're in overcrowded housing and don't want folks to come to their home. There's all types of information that we could dispel that we know the workforce, our professionals, about. And could handle smoothly but that that information is not necessarily widely known in the community. So, one possible intervention we're considering is identifying people from Brownsville that live in Brownsville that have had positive experiences with early intervention who could be sort of like ambassadors that assure folks from a standpoint of a neighbor that this experience is one that's safe, supportive, and effective. And not one that's going to lead to the detriment of a bigger

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family, which is a major concern. And also, we, we're thinking about how are people talking about early intervention. It's not just, do you have someone there who is from the community that you can re-, that can reassure you. But could we offer trainings designed and led by, by residents on how to talk to people in the first place so that conversation around referral or the conversation around Early Intervention more broadly is one that's better received.

And then lastly, as we think about decreasing the delay between referrals and the receipt of services, we know, what we've heard from local stakeholders, folks who work and live in Brownsville, is that there's a real reluctance or hesitance on that part of Early Intervention providers to come to the neighborhood. Now, we don't know that that's true because we haven't been so successful in engaging Early Intervention providers themselves in our meetings. But that's a theory. It's a perception. And we're thinking one way that we could address that is to establish a sort of dedicated station where

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initial service coordinators are available on a consistent time and place on a, you know, weekly or whatever the frequency should be -- excuse me -- should be. And the same thing for evaluators. So, these are all in the draft stage. They're just ideas. And we're in the process of sort of slowly but consistently working them out with our local stakeholders. And I'll just make a quick pitch. We're really eager to get early, early intervention providers themselves to join us and help think through these issues. And we haven't been successful so far. So, if you are an Early Intervention provider and you're interested, please come and find me afterwards. I'd love to connect. So yeah, I'm happy to take any questions or comments as well.

MS. CHAMBERS: Hi. I'm not an Early Intervention provider but I am from the Legal Aid Society. And we work very closely with, with the neighborhoods and communities like the one in Brownsville -- like the community in Brownsville. And I'd be very happy to work with you on this. I think what -- the work that you are doing is,

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is at the ground level, exactly what needs to happen in order to address what Nora had referred to as that cascade in the data report that she presented. And the fact that year after year, these statistics remain very stubbornly in place. Where you see a significant drop off in the number of completed evaluations, the, a drop off in the number of children found eligible, and a drop off in the number of children who actually receive services who fall within the category of, of Black or Hispanic. So, I think that those statistics have been very stubborn and difficult to address. And the ground level work you're doing is a fantastic way to try to approach that issue. So, I'd love to work with you further on that.

MR. BELAY: Great. I'll be happy to connect afterwards.

UNIDENTIFIED FEMALE: We have Brooklyn College who've been working closely with outside, and it's certainly great work. And we're excited that more of our students come in. That's great. Thanks.

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MR. BELAY: Yeah. I think this is one situation where more, more folks at the table, more chefs in the kitchen, the better. So, we have had a really great relationship with both the Bureau of Early Intervention and folks at Brooklyn College. And we're looking for more partners to help make this work stronger.

DR. SHANNON: Thanks, Kassa. Okay. We'll move on to Emily Ashton regarding [unintelligible 01:18:14]. So, let's move on to Kandrea Higgins. She's going to provide us an update on the Bronx transition. Oh, and Jessica Wallenstein and Caitlyn Moore.

MS. JESSICA WALLENSTEIN: Good morning, council. Thank you so much for having us here again. We're excited to share an update on the early intervention pilot and also talk a little bit about the types of clearances that we spoke about last time and provide some clarification there. I am joined today by Caitlyn Moore, who is our Early Intervention Transition, Transition Manager at the DOE, who is supporting the pilot that's rolling out in the Bronx. Along with Anne

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David [phonetic] who's in the audience who manages the team in the Bronx. But I'm just going to start by giving some broad updates on DOE's birth to five work. As a reminder, this is a slide that you've seen a couple of times before. This represents what we're working towards at the DOE. Our vision for birth to five services. So, we are making many moves to ensure that all preschool students with disabilities have access to the programs and services that they need in settings where they can learn alongside their typically developing peers to the greatest extent possible. We're also working to ensure that families are supported through the preschool special education process with minimal administrative burden and that they understand what their options are and the implications of their choices. And then we're working to make sure that early childhood providers are equipped with the information they need to best support families and children. And that city agencies are able to make informed decision based on more reliable and accurate data. And this is

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something that we're doing in this partnership with DOHMH as we think about the transition from EI to DOE.

So, I'm going to share some brief progress updates that is moving us towards these, this vision. So, in terms of program access, as you all know, 3-K is continuing to expand here in the districts where 3-K will be available in September. We opened -- we are expanding our continuum of services as well within DOE programs. So, we have opened over 500 special class seats over the past two years. And pending state approval, we are hoping to open about 200 more in the fall. And we're continuing to plan for program expansion in an ongoing way. We're also excited that we're going to be piloting our first ever 3-K kid's programs in the fall also pending state approval. And on Monday, the early learning portfolio will be transitioning from the Administration of Children Services over to the DOE. And Caitlyn will be talking a little bit more about the implications on EI around clearances shortly. We'll be talking more about

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the EI pilot as well. And we're excited to share that -- there's the pilot happening. But we're also working on a citywide strategy to think about ways that we can get information to families across the city, not just in the Bronx. And we're working on a series of webinars and InfoSessions that we hope to roll out next year. And there's also a lot of data improvements to be done on the DOE special ed side. And the DOE is recurring our [unintelligible 01:22:04] system. And the replacement will include a preschool component, which we're very excited about. So, with that, I'll turn it over to Caitlyn to talk a little bit more about the PETS clearances.

MS. CAITLYN MOORE: Hi, everyone. Thank you, Jessica. So, as Jessica shared, beginning this upcoming Monday, July 1st, all current ACS EarlyLearn Programs which include our EarlyLearn Head Start and EarlyLearn Childcare Programs, those will be coming under the management and administration of the DOE. And so, all children these programs in the EarlyLearn Programs will be con- considered DOE students. And they will be

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considered DOE settings. So how does this, the EarlyLearn transfer back to EI provider? So, first, before I go through this slide, I just want to clarify that this does not mean that the Early Intervention Program is coming under the DOE as most of you are aware. That will be continued by DOHMH. That being said, EI providers who are going into these former ACS programs will be affected. I'm going to talk more about that now. So, effective this upcoming Monday, July 1st, all EI therapists and teachers must have background clearance to go into these DOE programs which include EarlyLearn Head Start and EarlyLearn Childcare to provide early intervention services to DOE students. The DOE uses a system called the Personnel Tracking System which we refer a PETS. And in order for us to expedite the PETS clearances to EI providers, the DOE sponsor, the fingerprinting fee of \$135 per person up until July 1st for all children that we expect -- or for all providers that we expect to serve children DOE settings. And the DOE is determining whether there is

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flexibility beyond July 1st to extend the sponsorship of this fee. And we actually expect to provide an update early next week with more information.

So, I just want to correct -- provide a few updates or we've gotten to so far. So, since January 2019, we've had a very strong collaboration with DOHMH to clear EI providers in PETS. And so far, we have -- which this is as of yesterday, we have 8,289 EI providers who have been entered into PETS. And of those, 7,738 have actually completed the background clearance including fingerprint and should continue working with DOE students. And we have achieved this in strong collaboration. We have created a, an FAQ for EI providers and agencies to reference. We have some copies upfront if anyone would like to take a brochure, we can also share with the group if, if that is needed. And then we have also offered several for, EI providers or agency representatives that registered. We offered collaborative PETS online training sessions where there were representatives from the Division of

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Early Childhood, the Office of Personnel Investigations, and DOHMH EI as well. So just to further clarify, any EI therapist or providers who have not been cleared as of this upcoming Monday will not be allowed to go into DOE buildings which will include EarlyLearn Programs to provide services to DOE students in these settings. So, if anyone has questions about PETS clearances for EI providers, we have a number of contacts for, for them to reach depending on the issue. So, for, for ongoing questions around PETS assistance including log in information, there is an inbox pets@schools.nyc.gov. For other PETS issues including vendor profiles which is at the agency level for them to enter providers, they can reach out to opibus@schools.nyc.gov. For general questions for OPI, you can -- which is the Office of Personnel Investigations -- you can reach out to opiinfo@schools.nyc.gov. And then for other questions related to -- or if you have further questions beyond the FAQ around the PETS clearance for EI providers, we encourage you to

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e-mail earlychildhoodpolicy@schools.nyc.gov.

Questions? Lidiya.

MS. LEDNYAK: So, I just wanted to say that, you know, the Bureau of Early Intervention appreciates the Department of Education's over \$1 million investment in clearing early intervention therapists through PETS. And is the vast majority of the therapists in our system. And so, I'm looking forward to your update next week regarding, regarding the continued collaboration on that.

UNIDENTIFIED FEMALE: Hi. I have a quick question about the special ed new data system that's being either purchased or, you know, decided on. And I've been thinking a lot about data these days both at the state level and at the community level. And it just seemed ironic to me that the state is maybe thinking about moving away from NYEIS and into a different product and you might be thinking about a different product. And we know that one of our big issues is actually transitions from one system to another. So, I'm hoping that both

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systems as they think about purchasing and the requirements of the data build that interoperability or an API between whatever is built for the Early Intervention Program at the state level interfaces with the city special ed system in some way. And I was also thinking, again on a data way, if the children now in EarlyLearn are in DOE, they are going to have an OSIS number. And I thought that as we think about steadying our impact of early intervention long term, it might not be a bad idea when an OSIS number is available. Because, obviously, that's only about 30,000 kids if general population that are in EarlyLearn. And not all those kids are in EI. But when an EI kid does have an OSIS number, it might not be a bad idea of recording that. Because when we're thinking about long term outcomes, that's one of our big problems is that we're never able to sort of see what happens. know that there's going to be issues with confidentiality and parent permission and all that kind of stuff. But I also think a lot of those are overcomeable if we are building

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systems -- data systems that allow the in-, the information to flow smoothly. I didn't have a question. I'm just giving a plug for data flow.

MS. MOORE: I appreciate that plug. And we've been working really closely with DOHMH to explore what's feasible. And on a very small scale, we're, we're starting that process with [unintelligible], where information with consent from EI goes directly to a DOE system. And we are hoping that will be part of what's get procured in the new system. So, thank you for that.

DR. SHANNON: Fingerprinting. Is there still, what about the DOI in fingerprinting, is that sort of a --

MS. WALLENSTEIN: So that's separate than PETS clearance. And the PETS clearance is specific to the DOE. The DOI still needs to be completed.

DR. SHANNON: So -- okay. So that's -- okay.

MS. HAWKINS: Okay. There we go. We like to just keep everyone on their toes and make

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things a little bit more complicated. But DOI is required for programs not contracted by the Department of Education. However, DOE requires that for them to release funds to DOE programs. So, as it relates to DOH regulations, we do kind of give -- and I'm using this very loosely -- reciprocity to PETS for those programs that have DOE contract. So, you don't have to get both DOI and DOE. But it gets very complicated when you have non-DOE programs co-located with DOE programs. And then using staff kind of fungibly across the different classrooms and you have a Department of Health inspector walk in and you have DOI -- you know, a DOE cleared person in a non-DOE room, you will get a violation. So, we can definitely talk offline about this practice. But we -- I think we are partnering to create the clarification around clearances for DOE and Department of Health.

MS. MOORE: Thank you for further clarifying that.

MS. HAWKINS: No problem. I don't think [unintelligible 01:32:04].

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MS. MOORE: So now, we're going to talk through our Early Intervention Transition Initiative. So, we will start by giving some updates on our Bronx Early Intervention Transition Coordinator Pilot. So, as man-, most of you in this room are aware, from our updates of the last few LEICCs, our team has sought -- our team launched a pilot in January 2019 in the south Bronx to provide direct supports to families for transitioning from early intervention into preschool. As a reminder from our previous updates, we have a team of what we call EI transition coordinators who proactively reach out to families and provide information and support throughout the transition. They do this in several ways with parental consent, they join IFSPs closest to the child's second birthday when transition will be discussed. And then for families that consent, they also conduct proactive calls, e-mails to parents and their EISCs. And they also have a walk-in center where families can come in for in-person meetings. This has been a really incredible collaboration

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and partnership with DOHMH. And we had been working to develop further consistency across the field. We do so by meeting with the Bronx team. Our EI team meets regularly with the Bronx Regional Early Intervention Office to discuss pilot progress. And we also have a biweekly meeting with the CPSE in the Bronx, CSC Region 1, to discuss cases in the pipeline. And this team will continue supporting families in the Bronx through the, through the next year.

Additionally, as, as many of you are aware and collaborated -- have been collaborating with us on, we have finalized the DOE guide from -- to the early intervention to preschool transition, which we have some copies upfront. And this guide includes information on DOE options for preschool which includes steps on how to refer to the CPSE but also information on programs such as 3-K and our, our new EarlyLearn portfolio. It also has resources families can reach out to. The guide -- we hope to post the guide on the website soon. And we are also working to get it translated and into all DOE languages and it will

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be printed at some point in the near future as well. We will be using the content of this guide to develop the webinars and InfoSessions that Jessica brought up earlier that we will have both online and in-person for families this upcoming year.

So, highlight implementation statistics. Since we launched in January, we have gotten some interesting results that we wanted to share with you so I'm just going to go through this table of updates. So, through our initial training and outreach to EI service coordinators and their agencies, we trained 200 EISCs through Bronx EI transition coordinator pilot info sessions. And we did that in very close collaboration with the Bronx regional EI office. So far, we have engaged with 20 partner groups which include community-based organizations, early Head Start programs, and other early childhood programs across the Bronx. Currently, our transition coordinators support 190 families. This number grows each week and continues to grow on a daily basis. And so far, our team has had 59 in-person

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meetings which includes IFSPs and families that come to our family wel- welcome center or what we refer to as our walk-in center. We have received so far 95 notifications form EISCs through the eFax that Jessica was talking about. And then as, as I shared before, our team supports families whether they choose to refer to the CPSE or not. So, with transition coordinator support of our 190 families, 145 have, have submitted referrals to the CPSE. And so far, we know that at least 70 of these families have applied to 3-K or EarlyLearn because our team assisted with those applications. I'm going to pass it to Kandrea.

MS. KANDREA HIGGINS-AHLAWAT: Good morning. So as both Jessica and Caitlyn mentioned, the Bronx, the partnership with the Bronx Regional Office has been really strong and very beneficial to our staff, DOE, and the families alike. I just wanted to talk briefly about some of the highlights from the regional office standpoint. So, as mentioned before, we held information sessions both in the -- at the

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provider community -- the provider agencies as well as the regional office. And the common feedback was this was a great opportunity for us to work on transitioning children out of EI and into DOE programs. And every one was excited because this -- the goal of this was to build the bridge for senior transition. Not only in the CPSE but into the Early Childhood Programs. eFaxing is mentioned previously. It was tested in this pilot project. And it's proven to be a viable alternative to using the regular fax machine. And since this pilot project is going to be used to inform larger system changes, we're very hopeful that eFaxing will be one of the biggest changes. Overall, the transition process was impacted positively. And as a result of frequent and ongoing communication between DOE and the Bronx Regional Office, we were able to identify cases more quickly and come to resolutions. And Jessica mentioned -- I'm sorry. Caitlyn mentioned ongoing discussions with -- about cases in the EI pipeline. So, through that collaborations, we were able to move things along

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quicker. As the transition pilot project moved along, we be-, it became known as a resource for service coordinators and they would continually reach out for assistance with families they are serving within District 7 as well as other districts. As this collaboration continues throughout the year, we are excited about this core network and to see how more we can expand.

MS. MOORE: Thank you, Kandrea. So, how families can get support from a transition coordinator? I know that we have shared this before but we are constantly trying to support more and more families in the Bronx. We have fliers with this information upfront in English and Spanish. So, we encourage you to take some and share with families you support -- or providers that, you know, support families in the Bronx.

Before moving to questions, we -- I just wanted to also thank many of you in this room for your support with the guide. We have worked very closely with DOHMH, Advocates for Children, the Early Childhood Direction Centers, our Special

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Education Office, CPSEs. So, thank you everyone for helping us complete this resource for families. Questions?

UNIDENTIFIED FEMALE: No. A comment. This is exciting to see like all the subjects. Well done.

MS. MOORE: We've grown in our case load quite a bit.

UNIDENTIFIED FEMALE: Right. And we may [unintelligible 01:40:24] taskforce together. So, I'm really -- the work that we're doing on the service coordination [unintelligible 01:40:28].

DR. ISAKSON: I think we are very vocal today which is not necessarily my [unintelligible 01:40:38]. Quick question. So, I noticed this slide before basically saying, you know, families in Early Intervention two to three. And you know, you're definitely helping with the transition. I'm wondering if just between Kandrea and you guys, has there been a natural team approach then to the kids that are getting referred at close to three ages.

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MS. MOORE: Yes.

DR. ISAKSON: So maybe to just describe that quickly, because I know in our work --

MS. MOORE: Referring to EI, is what you're saying?

DR. ISAKSON: Yeah. They're going to refer to EI the first time. The physicians reach out to us because they're like, oh, the kids is 2.9. And -- but -- or 2.6. And they could -- you know -- so you know, there are rules to that. But many people don't understand them. And I imagine there might be an opportunity in this work, both from the EI Bureau and from the DOE, to address those cases.

MS. MOORE: Yes. So, there have been several cases where a family has referred to EI close to their birthday. And depending on the case and their birthday, they either chose to refer to EI and the CPSE concurrently. Or in some case, they just decided to refer to the CPSE. But our team has supported those cases regardless of whether they are currently in EI or not.

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DR. ISAKSON: Great. Thank you.

MR. TREIBER: I just wanted to ask in terms of the children who are referred and evaluated, are placements available for them? Because I know that there's definitely an issue regarding pre-school special ed seats, especially in the Bronx. So, I'm just kind of wondering if the transition assisting families to specifically find placements or you still have outstanding situations where kids don't have services at this point. I'm just kind of wondering.

MS. MOORE: Yes. So, it continues to be the CPSEs who find placements for children that match their recommendations on IEP. And when there are challenges finding replacements and the family is needing assistance in how to communicate with the CPSE around that, the transition coordinators are there to liaison and to be a support. And then aside from this pilot, as I mentioned earlier, the DOE is, is extremely committed and it is a priority right now to provide access to families for programs, particularly special classes where there is a

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high need. And we certainly see a high need in the Bronx. So, we are -- some of those 200 seats that we're aiming to open pending state approval will be in those high need areas. And this is something that we are continuously working on.

MR. TREIBER: Thank you.

DR. SHANNON: In the interest of time, we're going to move on to the public comments.

DR. BETH ELENKO: Hello. Hello. I'm Dr. Elenko from SUNY Downstate Occupational Therapy Program Specialization in Early Intervention Program. And I just wanted to take this opportunity to thank the durable intervention for their foresight and their support to this academic partnership that we are a part of with other community programs, SUNY and the CUNY. And it's been a really great opportunity for our students to learn family centered best practice in a collaborative manner. I brought my new students with me today. I'm going to embarrass them and make them stand up to wave. Just so they can see they are real. And that we're trying to get them the education that

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takes them from the big picture to the actual practice of OT and then approach intervention. And I, personally, am not just an academic partner. I'm, personally, not just an academic partner and educator. I'm an early interventionist. And one of the things I'm most passionate about in our program is to give our students that opportunity to go into the home and community. And fieldwork opportunities is one of our biggest challenges. So, speaking to, hopefully, everyone in the room that we really need the EI agencies to partner with us and give our students that education right there in the trenches of the field. And it's a win-win for all of us because we talked about the shortages. We're increasing the workforce. And just this week, one of my grad-, new graduates contacted me that she got hired from one of the New York EI agency. So that just showed the system is working. And we're getting them out there and we're increasing them. But we could -- we really got to, have to get them out there into the world, and get that working and, and increasing

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our, our number of trained qualified providers in OT and in all the other professions. So, content does contact Jeanette and anyone at the bureau. Thank you because it's been a really exciting partnership to be involved in.

DR. SHANNON: Tamara Morgan?

MS. TAMARA MORGAN: Good morning everyone. Thanks for allowing me to be here today. My name is Tamara Morgan. And I'm actually the Community Partnerships Coordinator at the Adaptive Design Association. We have been in inception since 1998. And PEP provided custom adaptations for infants and toddlers with unique needs. But over in the past five years, we've seen a dramatic decline in referrals. But they're coming in but the justifications and approvals are not happening. And so, ultimately, infants and toddlers are not getting custom adaptations that they need. But we are delighted to hear that the assistive tech guideline will be updated and we ask to continue to be involved in that conversation. I'd like to introduce a therapist that we work with closely, Tamara

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Ewoldt to just share a little bit about her experience in working with us and directly with families. Thank you so much.

MS. TAMARA EWOLDT: Hello. My name is Tamara Ewoldt. I'm a physical therapist in the Early Intervention Program for many years. I'm an independent contractor. I'd like to talk about -- a little bit about my experience in the assisted technology procurement process. The last few years, it's been a little bit more difficult process to get through. And I find that it doesn't really follow the guidelines of 99-1. And part of that is -- I'll just go through my list. We're only able to recommend the category of equipment only. We're not able to specify what we would like for the -- what would work best for this child and family. The process of procurement is, has become a really time consuming one, not only for the -- to get from the family and the authorization through all the parties. And get the piece of equipment which maybe is a three-month process. But also, just a part of the provider who's doing the

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justification part can take, you know, hours of work, which is not a billable work. And we're talking about a problem of capacity already. We need to include the, the sort of justification work as included in your work load. And there's also -- you know, due to this, this paperwork part of the justification process is really a deterrent for some providers who -- in requesting equipment. And so, actually, there are providers that just don't engage. And so, the effect is that some kids don't get it -- their equipment. Trade is involved in the process. And I'm happy for -- to be involved with trade. I'm really happy to be able to borrow equipment instead of purchasing something when it's possible. But I find trade in, in our region which is operated by Adapt [phonetic]. I, it's not really a responsive organization. I think there is one person responsible for being available to two or three different locations and is running around a lot in, within a space of a week. I think the equipment is kept some place way -- far away from accessible transportations. So, if I was even

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available to go pick up something, I can't get to it. They -- the Adapt seems to follow the school calendar. So, there are several weeks during the year which it's not available, if you can get a response at all by e-mail or phone. Last, last number, equipment was not able to be requested or received at all from trade because of the delivery vehicle had a chemical malfunction. And so, that was down, followed by the driver who had an injury and there was no backup for that. So, I really feel that trade could be propped up perhaps given some help of organization because I think that's really a worthwhile part of the process. As you heard that, you know, there are, there's very good alternative types of equipment that are durable and cost effective that were no longer be accessible to us to request. And the, the -- you know, the Adaptive Design Association, for example, has just been completely removed from the process of not receiving any assignments.

And somebody brought up the question of cost analysis earlier regarding insurance,

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reimbursement in terms of early intervention. And I'm curious about the insurance reimbursement for equipment as well. If they're not reimbursing, there, there are certainly will re-cost alternatives to very expensive equipment. That if it's going to be procured, there are alternatives. Anyway, I'm, I am grateful and families are very grateful that there is a process by which needed and expensive equipment can be procured through early intervention. It's not something families want to have. You know, there are many cases in, in early intervention for children who are delayed, have some more muscle tone, and will not require equipment. But families that need equipment are those of children who have more involved situations, chromosomal defects, cerebral palsy, seizure disorders. And they don't want to have to need equipment. They could be, I think, a little bit easier. And as providers, we want to be able to do the best for our families. And we could be, I think, a little bit more -- I think we could do a little bit better. Thank you.

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UNIDENTIFIED FEMALE: Thank you.

[unintelligible 01:53:12].

UNIDENTIFIED FEMALE: So, I just had a few more questions or statements about the fingerprinting. So, I'm chair of the New York City Coalition. I've been polling the coalition members for a couple of weeks to see how things are going. So, I want to say, for the most part, I think they're going pretty well. But on the other side of that, they're not perfect. So, we do have coalition members who still have not even been notified by that, either by the DOE that they have a portable setup. And some of these agencies are on the larger side. And then there are other kinds of problems where as people are going through, they happen to be ineligible. They may be up for investigation. There are other problems in that if you put in somebody and nominate them for clearance, two people can't be cleared simultaneously. One agency has to go and then they have to wait for that to be cleared. And then the other agency can submit. So, having said all that, these, the age of the early

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intervention providers really don't -- they know what their directive is in terms of Monday, July 1st. But in the same respect, they may have children that are affected and they're not quite certain because at one agency or maybe more than one agency hasn't even been entered yet. So, they're asking, what do I do? Is the early intervention keeping track of children? Do they have a disruption of service? Because they haven't been able to get through the fingerprint process? And not everybody knows exactly what the EarlyLearn facilities are they're not sure where they are or what they are. And I know that a couple of people at my agency, so I say, call everybody. Find out if they're EarlyLearn. And when they call, you know, they're not calling the director, they're calling whoever picks up the phone. And they say, are you EarlyLearn? And they go, I don't know. You know, what are you talking about? So, whereas I think, you know, considering the enormity of the project, it's going relatively well. But there is still some problems. So, I don't know if early intervention

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was planning on sending out some memorandum on Friday afternoons or whatever just to direct people what to do.

And then the other side of that question is, if somebody does go to see a child in a Learn, an EarlyLearn facility, what should they be expecting? Right? Do they expect that somebody -- you know, are they supposed to come with a bunch of credentials or does somebody have a list? What do they expect when they go, mistakenly or otherwise, to a facility to see a child who may be EarlyLearn? So, those are a bunch of questions.

And then I just have one other question for Simone, who I just got -- oh my god. This is just too confusing. So, I think that many of understand that if you have DOB fingerprinting, that you don't necessarily have to have DOI fingerprinting. If, but you got me a little concerned because if an agency has a, let's just say, a EI program in their facility but it's not a DOE program but they have DOE fingerprinting, are those people subject still to DOI

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fingerprinting? Because I was under the impression that if they had DOE fingerprinting, they were good.

UNIDENTIFIED FEMALE: I'm sorry to miss a bust. But they would not be in compliance. If that program is not a DOE contracted program, they would be required to have DOI fingerprints.

UNIDENTIFIED FEMALE: Okay. Well, that's upsetting to me. But then the second part, I would say is, one of the issues we had DOI fingerprinting was that you can't get a date. You may have a date -- you know, you may apply to go down and you may have a date a month in advance. And that's like the real problem. So, we hadn't really focused on that problem because of the DOE fingerprinting. But then that will remain to be a pretty significant problem. I know you're not -- you can't fix that with a magic wand but I just wanted to --

UNIDENTIFIED FEMALE: Okay. I mean, again we can talk offline. But there are -- there is language in Article 47 of the Health Code that allows those persons who are awaiting a

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DOI fingerprint appointment to still be onsite with a corrective action plan in place. But they must be supervised by someone who is cleared and fingerprinted at all times. So, there is some flexibility and we can again talk about that.

UNIDENTIFIED FEMALE: Thank you.

UNIDENTIFIED FEMALE: You're welcome.

DR. SHANNON: Thanks. The meeting is adjourned. Thanks everybody. Have a lovely summer.

[END OF MEETING]