



NEW YORK CITY

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NYC LOCAL EARLY INTERVENTION COORDINATING COUNCIL

(LEICC)

MEETING

November 30, 2018

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

Jacqueline Shannon, PhD, Chair of Early Childhood and Education Department, Brooklyn College

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

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

Sundari Periasamy, MD, Program Director, Residence Program, Harlem Hospital

Karen Samet, MS, SAS, Director, Brooklyn Early Childhood Direction Center

Cynthia Winograd, Administrative Director, Women's League Community Residences

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

Catherine Ayala, Director, Bureau of Staten Island Regional Office, Bureau of Early Intervention, New York City Department of Health and Mental Hygiene

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

Marie B. Casalino, MD, MPH, Assistant Commissioner, Bureau of Early Intervention, New York City Department of Health and Mental Hygiene

Nora Puffett, MPA, Director, Early Intervention Administration & Data, Bureau of Early Intervention, New York City Department of Health and Mental Hygiene

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

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

Kandrea Higgins-Ahlatat, MA, Director, Regional Office Operations, Bureau of Early Intervention, New York City Department of Health and Mental Hygiene

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DR. JACQUELINE SHANNON: Welcome, everybody. It's great to see so many faces on such a cold day. I hope everyone have a lovely holiday. I just wanted to remind everyone that as of May 15, 2014, New York City's Local Law number 1 and 3 of 2013 and the New York State open meeting require open meetings in both webcast and archived. Therefore, today's meeting will be recorded. Further, the procedures for the LEICC meetings require attendees to pre-register on the survey monthly we provided on the New York City Bureau Early Intervention website. Also, while meetings are open to another, the audience has not addressed the LEICC members. During the meeting, audience members may, may sign up in advance with Felicia or Michelle Diaz. Felicia's in the back over there. And where is Michelle? Also, in the back. If they wish to speak during the public comment section. Finally, just to remind everyone that the transcription is available for this meeting and that written meeting minutes will be made available as well. Thanks. Alright. We'll

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start with introductions.

MS. CARA CHAMBERS: Hi. I'm Cara Chambers from the Legal Aid Society's Education Advocacy Project.

MR. CHRISTOPHER TREIBER: Good morning. I'm Chris Treiber, I'm the Associate Executive Director for Children Services with the InterAgency Council.

MS. SUNDARI PERIASAMY: Hi. Good morning. I'm Sundari Periasamy. I'm a Program Director of Residency Program at the Harlem Hospital. Today's my first meeting. So, I'm very excited.

MS. KAREN SAMET: Good morning. I'm Karen Samet, I'm the Director of the Brooklyn Early Childhood Direction Center.

MS. CYNTHIA WINOGRAD: I'm Cynthia Winograd from Women's Aid Community References. I'm the intake coordinator.

MS. LIZ ISAKSON: I'm Liz Isakson, Executive Director, Docs for Tots.

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

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Office of Early Intervention.

MS. TRICIA DEVITO: Good morning. I'm Tricia DeVito, New York City Department of Education Committee on Special Ed.

DR. MARIE CASALINO: And I'm -- is this on? Hello? Hi. I'm Marie Casalino, Assistant Commissioner of the Bureau of Early Intervention.

DR. SHANNON: And I'm Jacqueline Shannon, the Chair of the Early Childhood and our Education Department at Brooklyn College. I'm going to introduce our three new board members. They've already briefly introduced themselves. First is Catherine Ayala. Catherine is currently the Director of the Bureau of Staten Island Regional Office. She has been working in the social service field for over 30 years and has extensive experience in early intervention. She started out as a service coordinator helping families understand the program and potential service available to them. In 2000, Mrs. Ayala joined NYCEIP as an EIOD continuing to help families. Through hard work and commitment to the program, Ms. Ayala became the director of the

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Staten Island's regional office in 2005. Since that time, Mrs. Ayala has been NYCEIP's point person on transition. She works in collaboration with providing community and families while upholding the policies and procedures of the program. From February 2017 through September 2017, Mrs. Ayala also served as the Bureau's acting director in the regional office's operation serving as the point person for all five regional offices.

Cara Chambers, Cara is the Director of the Kathryn A. McDonald Education Advocacy Project, EAP, at the Legal Aid Society. It provides education advocacy for children who are involved in New York City's child welfare, juvenile justice, and persons in need of supervision assistance. Prior to joining EAP, Cara was an associate at Cleary, Gottlieb, Steen & Hamilton, where she worked on commercial litigation and provided pro bono representation on a number of child welfare and special education matters. Before attending law school, Cara worked for five years as a bilingual teacher

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in the New York City public school system. She earned her law degree at Georgetown University and also holds a Master's Degree in Bilingual Education from Fordham University. And Sundari -

MS. PERIASAMY: Periasamy.

DR. SHANNON: -- Periasamy is currently the Director of Pediatric Residency Programs at Harlem Hospital. Originally from --

MS. PERIASAMY: India.

DR. SHANNON: Yeah, from India. But how do you --

MS. PERIASAMY: Chennai. Okay.

DR. SHANNON: Chennai, India. And after a few years working as a general practitioner in her hometown, she decided to pursue further training and moved to the US. After completing her residency at Harlem Hospital, she fell in love with the community and remains there until this day. Now, as a Residency Program Director, over the course of her career, she is passionate about and fighting, fighting the current obesity epidemic throughout community programs, such as

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fruit and vegetables prescription plan, beyond training for residence to rebuild effective children's advocates and doctors. She is married with two children as an avid fan of the world seminar. Okay. Great. So, we'll just approve of the minutes. Want to make a motion?

DR. ISAKSON: I can make a motion.

DR. SHANNON: Any second? Alright. I second. Further?

MR. TREIBER: Okay.

DR. SHANNON: Alright. So, so we can move on.

DR. CASALINO: Good morning. We have a very full agenda this morning. So, you'll see on your agenda, we put in specific time slots and I'm happy to say that we're actually going to have a number of presentations from non-bureau individuals and we're very excited to see the collaboration and the contribution of, not only within our own department, but from other agencies. So, I'm looking forward to a very exciting and interesting morning. There are actually two announcements I'm going to make

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before we go into the Bureau updates. Many of you know Dr. George Askew, our division's Deputy Commissioner. He will be moving on from his position here to an exciting new position in Maryland. Dr. Askew joined the Department just over four years ago to help establish the new Division of Family and Child Health. His leadership has been characterized by striving to create a family friendly work environment to place the high priority on staff wellbeing and focused on collaboration and collegiality. He also carried out the oversight of vast array of activities and initiatives aimed at the vision that every child, women and family in New York City recognizes their power and is given the opportunity to reach their full health and developmental potential. His work has included large expansions in home-visiting areas and home-visiting services including home-visiting to all children born in shelters, initiation of innovative and national trendsetting strategy to combat maternal mortality and severe maternal morbidity. A quality child care initiative,

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expansion of vision, mental health and oral health services in school, as well as a smooth and successful transfer of our Bureau, the Bureau of Early Intervention to the new division and much more. Dr. Askew's last day in the Department will be December 21st. We thank him for the support and leadership of our program and wish him great success in his new position.

I wanted to make another statement for our LEICC. As I'm sure you've heard, eight early intervention therapists were arrested on October 4th for allegedly committing fraud. We are deeply troubled by therapists who might have committed fraud that would deprive families with children with developmental delays and disabilities of services that are critical for their cognitive, emotional and physical health and development. The New York City Bureau of Early Intervention contacted the affected families to be sure that their children got the services they deserved. We thank the Eastern District US Attorney, the FBI and the City's Department of Investigation for their efforts.

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This investigation began when the New York City Health Department identified questionable claims and session notes and referred these cases to DOI and the State Health Department. We look forward to continued collaboration with the Department of Investigation to hold therapists accountable.

Okay. So, going to my SEICC report and Bureau updates. We have our cards up. Okay. As you know, we now send to our LEICC all of the SEICC PowerPoints, so I don't have to go through all of them. And what you see on this slide are the SEICC agenda items from the last meeting, which was September 20th. Quite an extensive meeting. Highlights are Steve Held who has been the Vice Chair for a number of years was re-elected. I'm going to give you updates on some of the specific presentations like SSIP and the RFP for EI operational managements. And I'm going to give a very brief update on the social-emotional development document because Rochelle Macer who's here is going to do a much more in-depth presentation. EI rate structure, weight methodology, some of these are discussions that

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are ongoing. And as I said, the PowerPoints that we forwarded to the committee are much more extensive than what I'm going to go into today. So, the social, emotional workgroup, that was presented by Katie Reksc, the goal, purpose of the work with a membership is really to be sure that that very important, very informative document is being disseminated appropriately across the state and to all of the appropriate stakeholders. There are several projects underway so far, such as an electronic version of the reference guide, web page, e-learning modules. And basically, what the workgroup is doing now is determining what, what opportunities there are to disseminate the information in the document to be sure that the messages are delivered across, across the state. Obviously, we're most concerned about New York City. So, the additional SDOH reports, the program operational management RFP, that RFP was released a few months ago. The current state fiscal agent's contract expires September 30, 2019. The new RFP from what we've read is more extensive as

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far as the requirements of the, the entity that will take on my new -- the new contract. So, it goes beyond state fiscal agent, it includes NYEIS provider approval. The plan, as was described at the September meeting is to have a new vendor in place by June 2019, four months transition period is planned and the new organization will be totally integrated by the beginning of April 2020. SSIP/IFACT is very important to us. We do have a representative from our UCEDD and she will be speaking in the public comment period. The first cohort projects are being completed now. Cohort 2 is being established. Nassau, Suffolk is in Cohort 2. New York City will have two teams in Cohort 2. And our focus for our teams will be on languages, communities that have predominant languages other than English, such as Mandarin and Spanish. So, we will be involved in Cohort 2, but with much -- many fewer people than we had in Cohort 1.

There was also an interesting presentation regarding online training. They have a five-year contract now with Measurement

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Inc. There will be some in-person trainings that will be converted to online that -- to online trainings that will be both self-paced and live courses. So, this is all being developed as state and management. And Measurement Inc. have developed FAQs, they have developed an evaluation plan, but they're going to be reaching out to stakeholders to do -- to develop a training needs assessment that they're then going to share with the State Department of Health.

Other reports, provider oversight and monitoring, very interesting discussion about how the State Department of Health addresses corrective action plans post-review, post-IPRO review. There was a discussion of the status of Health Homes, clarification of criteria for enrollment, appropriateness eligibility, but clearly, a need to build capacity for the Health Homes going forward. The update on proposed regulations, the state did receive ten comments. They were finalizing the new regulations of the final release, they said was targeted for November 2018, which is this month and we're on

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the 30th, but we will know as soon the state releases the new regulations. Additional discussions, as I said, continued discussions on rate, structure and methodology and PCG, fiscal reports all in the, all in the PowerPoints for you to review.

So, I'm now going to move into our Bureau updates specifically around a few issues. We have talked about the evaluation quality, improvement projects, thank you to all of the LEICC members and other agency staff who participated in the many internal -- and the external stakeholder meetings and it's important for you to know that we had a number of internal meetings in the Bureau. This is a project that has been undertaken by our evaluation standard units. It's an important project. We've had a number of discussions about this. A survey was developed that went out to individual providers. What you see here in the PowerPoint are very preliminary findings because I asked the staff and particularly, our medical director to provide me with at least some preliminary findings from

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the surveys that went out. However, what I understood from what we saw on the survey findings, a lot of the issues that come up here, we've known about. This clarifies for us those issues, but is the beginning of the effort. I'm not going to read through all the numbers, but a lot of it has to do with timeliness, experience, the ability to work team, within a team, discrepancies in information and some of the issues that came to the floor with the survey were, were discussed both on the agency level and with individuals. So much, much more work for us to do. I'm now working internally to address those issues that we can, we can change, fix, modify and improve, but this work will be ongoing, I expect, for a while. Okay. So, lots of work we have to do on this.

So, there was an issue brought up with the end of our last LEICC about service coordination and we talk about this all the time. We talked about it at the table, I can assure you it comes up at the SEICC. We talk about it in internal meetings, we talked about it in external

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meetings. It's the concern about the quality of service coordination. And after the LEICC and when the issue was brought up, I had thought about -- I had actually come to a point of deciding to create a subcommittee of our LEICC to address service coordination. At which point, I was reminded that we had a subcommittee several years ago. And of course, there was data and of course, there was a survey. And what we have here on this slide are the findings from that subcommittee. So, in looking at the findings here. And again, I could read through the slide, I don't know that it's necessary. What we see here in the survey is what we know already. And it, it is about the quality of service coordination. It is about supervision of service coordination, of service coordinators. It is about caseload. So, this is something that we could talk about here. We can talk about it in smaller committees or we can as an LEICC or agency representatives decide to do something about this. We'd, it'd have to do the supervision of service coordinators and

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caseloads. So, I think there, there is enough information here to identify those points that are, what some people call, the low-hanging fruit. Some of it is system-wide and difficult and some of it is out of our control as the New York City LEICC or New York City per se. So, I would be interested to hear from the committee. We have -- I still have one more report, but I really do think that some of these issues can and should be addressed. The big issues, we can bring to the state, it's been coming up at the SEICC and I think those need to be addressed eventually. So, I can go on with my presentation or we can talk about service coordination.

MR. TREIBER: I --

DR. CASALINO: Yeah.

MR. TREIBER: I just, I just one remark.

DR. CASALINO: Sure.

MR. TREIBER: I was just wondering, in terms of -- I know that because in the OPW world, they now have these CCOs and they have hired a lot of care managers. And I'm just wondering if there's been any sort of larger turnover of

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service coordinators going over. Because I know that they've enhanced the rates for what they pay for that service, that care coordination service, care manager service and they're seeking more and more. Because if you look, they have advertisements everywhere for them. So, I'm just wondering if there's also some impact and if, in fact, some of the service coordinators, like if you have any idea, the level of experience of service coordinators for how long they've been there and if there's like a lot of terminal work.

DR. CASALINO: I don't -- yeah.

MS. NORA PUFFETT: We don't know the answer to that question. I can tell you that in 2014, that this group really ranged in terms of people who have been doing it six months and people who have been doing it 14 years. And their answers were all the same.

MR. TREIBER: Okay.

MS. PUFFETT: What was so striking was that it was so consistent. And what was really striking to me was that they would identify a problem and then, say that what seemed it might

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be or logical help with it was not. So, they all said they don't know the policies and procedures, but none of them wanted more training or handouts or summaries. They also -- they got supervision like once a month in a group, but none of them thought more supervision would be helpful. So, it was really a challenge, but we definitely heard the same thing regardless of how long they've been around frankly. But it would be interesting to know what you're saying because as I'm going to show with the audit results, service coordination is not doing well.

MR. TREIBER: Yeah, I'm just wondering, like you said about who the service coordinators are in terms of assessing, is there a lot of turnover and then, there does need to be a lot more professional development built into the system if you're turning so frequently that the service coordinators have limited experience. I mean, you could also -- you might want to do a similar type of survey because it's four years ago and see if anything has changed and maybe build in some more questions that might be

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targeted around, you know, length of time, length, average, length of time and service coordinator and the staff and the programs to be able to start to assess. You know, again, is it just the service coordinators themselves? Is it not the supervision? Are people coming in and turning over so much that, you know, it's really not a good quality service as it had been because of that.

DR. CASALINO: So, Chris, I think, you know, based on -- I was going to, my plan after the last meeting was separate the task force and look at, you know, what information we can get from this year. I think, you know -- and we could send out the survey again. I think we're probably going to see about the same results based on what we put in the questions in the survey, but I'm more than willing to create another small committee to say, okay, this is what we know. Okay, what are we specifically going to do, you know? And if they're saying, you know, we don't need any other training, then that's, you know, that's something that can get

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kicked back again because I really see this as something that agencies can take on to really work with us. But what I also want you to keep in mind is this new Measurements Inc., who is now working on the training with the states, so we need to look at that and see what we can leverage on that because I see that as an opportunity to bring this together with what the state is doing. So, I think there are may be opportunity now. So my saying, it's fine for us to do something, is we can do more surveys and we can -- you know, I appreciate your saying, let's look at some date and let's do so, but somewhere along the line it's, we really have to do something here.

MR. TREIBER: Yeah. No, not -- I will certainly agree and service coordination is such an integral part of the service --

DR. CASALINO: Yeah.

MR. TREIBER: -- itself that you want to have quality people.

DR. CASALINO: Right.

MR. TREIBER: You want to make sure they're prepared. They know what they're doing.

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DR. CASALINO: Right.

MR. TREIBER: And, you know, they are so important transition process.

DR. CASALINO: Right.

MR. TREIBER: So, you know, I totally agree in terms of that. I mean, you don't necessarily have to do a survey if you have a lot of data, but like I said, I think understanding who the staff are at this point might be an important piece of information that maybe we don't have.

DR. CASALINO: So, we're going to create a committee. Okay. You talked me into it.

MR. TREIBER: I'm like --

DR. ISAKSON: I agree. And that, I mean, was the survey, was it just service coordinators filling it out, were there others --

MS. PUFFETT: So, there were, so there were 98 service coordinators and only 15 supervisors responded.

DR. ISAKSON: Okay.

MS. PUFFETT: I guess it was from quality agency City wide, we did part of the

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whole field, so another thing might be to look and see, for instance, to pick a range for how they are doing on their audits. Like picking agencies that are doing better and agencies --

MR. TREIBER: Yeah.

MS. PUFFETT: -- that are doing worse or agencies that focus on particular populations.

DR. ISAKSON: Right.

MS. PUFFETT: I did hear something very interesting recently, not with this, but we were trying to track down child forms for a project with the state and I can't tell you how many times I called an SC's agency and they said, that SC isn't here anymore. And I was like, but where is their file. Oh, she left. And what -- realizing the levels within the structural supports even like, you know, people are working from home, they're not bringing things in. There's no comprehensive organization, but I think if we're going to do another survey. I would start by saying, let's divide them up by performance and let's also look at -- you were mentioning, are moving into this other field, are

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particular groups being partnered for that.

DR. ISAKSON: Right. Yeah. Now, I'm clear. Yeah, I think I'm good.

DR. CASALINO: Okay.

DR. ISAKSON: Thanks.

DR. CASALINO: Okay. The next bureau update is on our local determination, 2016 and 2017. Under IDEA, each state is required to have a state performance plan in place to ensure that Part C IDEA requirements are implemented at the local level. And each state must report annually to the Department of Education OSEP. The data report that the state sends to the federal government is the APR, Annual Performance Report. We -- these are the things we talk about all the time. Each municipality reports its data to the state. The state then aggregates all of the municipality reports and sends the performance report onto OSEP. The state will then send back to the municipality their determination of compliance on specific indicators. Okay. So, each year, the state requires that provider agencies review child records to ensure the

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accuracy and completeness of data that we submit to the state and you just heard Nora talk about the work that happens internally to reach out to the agencies. So really, the, the state data includes provider data. In late October, New York City received its most recent determination, which is really from the beginning of July 2016 to the end of June 2017 and our determination this year is needs assistance. There are four categories of determination, which is meets requirements, needs assistance, needs intervention, needs substantial intervention. So, what does needs assistance mean for us? Well, starting off with our specific determination, we've not achieved our previous two years determinations, which is meets requirements, so we slipped. So, we are now in need of assistance and we must now comply with state requirements to improve performance. Requirements for us to address their current determination is participating in webinars, but really, this has to do with data quality. So, we will look at our internal processes, but we are

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really going to be reaching out to the provider agencies to work with us to improve their data quality and to be sure that they report to us as we request. We are going to be participating in the learning collaborative as part of, by the SSIP. And we're going to be collaborating with the State Department of Health to identify and engage providers and service coordinator to really improve their performance on this indicator. So, what we included in our presentation today and I asked Nora to review it with you is this is the table of the data that we received and she's going to walk through the most pertinent points with you to show the slippage, as I referred to it. Where did we slip in our data? So, that we're not at the highest, which is meets requirement and now, we're in needs assistance. So, Nora, if you will go through this.

MS. PUFFETT: So, the APR is a little odd that I think mentions several very different things. One is operational, which is things like 45 days to initial ISP, 30 days to services. And

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as you can see, we did pretty well or a very minor slippage in that kind of area. Another one is simply how many children we serve in New York City or what percentage of them. And you can see also very slight decrease there, which we're really trying to work on with the outreach stuff that we've been talking about now for well over a year. But what's interesting is Section 3. 3A, B and C. This is actually about measuring child outcomes. The state for over 10 years has been doing a child outcome study where a sample of children are enrolled every year upfront, the team, IFSP team and parents fill out a very brief assessment of their functioning and then when they leave, they do it again. So, on this page, would -- it's just standing out with in varying color is 3A2, which is a huge drop. But it's very interesting when you compare it to 3A1. We did very well in 3A1, which is, did the child improve in social-emotional functioning. Kids improved. Did they reach age expectation? No. This is probably somewhat correlated to our growing ASD population. It's a little bit

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frustrating for us and we really need to think about how to discuss this at the meetings, where the forms are filled out and to get feedback from the families to understand exactly what's going on and that's, I know, coming up in the next presentation how do you understand social-emotional development. But that for us is the area of focus. The good news is that in some of the areas we've done really well. So, we're going to be really putting a lot of effort into the social-emotional and also, making sure that when we talk about child outcomes and assess them, we do it in a thoughtful way and it's not just filling out a paper to get out of a meeting quickly.

MR. TREIBER: Please help me. In terms of that 30, 3A2, is there any way to assess in that process? On whatever form you use, has the child gotten all of their services for the entire time?

MS. PUFFETT: It doesn't, it doesn't --

MR. TREIBER: Because, because I think that's a really key question. Because if it

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turns out that, that the child, you know, lost, say, three months or whatever it might be, that also could influence the parent's decision about whether or not the child, you know, made what would be age expectant growth or it could also have a negative impact if they didn't get the right level of service.

MS. PUFFETT: Uh-huh. So, it's funny you mentioned that, in all of the years that we've been collecting this for the state, we've never gotten the data back and we were about to ask to get the data back so that we can link it with the next data and really try to understand how in one year did things change so dramatically.

MR. TREIBER: Sure.

MS. PUFFETT: I'm sure we haven't changed that dramatically in one year. So, we'll be able to link it to demographics, to service use, all that good stuff and we should, you know, in a number of months be able to report back to you on what we found.

MS. SAMET: I have a question about the

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first indicator, which is the percentage of children receiving services 30 days or less from the date of the IFSP. And I can see that over the past couple of years, the rates in your city has remained pretty stable around 81 percent. But that's still quite short of the state target, which is 100 percent. So, have you been able to drill down at all into that number to figure out where those kids are who are not getting the services and what services they are that they're not getting?

MS. PUFFETT: We have looked at that to some extent. Most of it means what people generally see, which is that there are particular boroughs and it would take something in particular that have challenges. We wanted to get into it some more because the last thing we work out showed that most kids get their services within about six to eight days. So, what this says to me is that we've got some, you know, extreme outliers out there and we need to find that out. And then, the next question is when it turns out that the answer is, I couldn't staff

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that case, you know, where do we go from there.

DR. CASALINO: Okay. So, we have some work to do and thank you for the interesting comments because we really want to look at this. And as I said, we were several years, meets requirements and now, we're not. So, we have some work to do and we want to change that and go up to meets requirements again. So, to improve our performance in the area of significant child outcomes finding because this is going to be a particularly, the state is going to be concentrating on the child outcome finding. And as Nora said, we're going to get our data, we're going to look at it, but there are some things that we can start doing rather quickly. Ensuring compliance with procedures for completing those entry and exit forms. We really have to pay a lot of attention to that. And ensuring that all reporting requirements for data from the provider, agencies, we are really going to be working with the agencies to be sure that we get the best data, the most accurate data. And when we ask for it, we really need it. And we're

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going to, we're really working hard and ensuring that all Bureau staff and providers complete the social-emotional training modules. And what's interesting is we've been doing a lot of work around this particular issue for a while and thankfully, the SEICC created this task force and there is these wonderful documents out there. And on top of it, we have Rochelle Macer working with us. And at -- she is chairing the committee that's working on the dissemination of the document and has been working on training and getting information out to provide our community and yet again, the stars and the, and the moon and everything aligned and we have to work social-emotional development measurements and we have Rochelle and the State working with us to do the work that we need to get done in New York City. So, that's the end of my presentation, but we actually arranged our agenda today so that Rochelle can step in now and talk about what we're going to do about social-emotional development. But is there any -- do you want to -- if there are questions about my presentation,

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let's do that. But Rochelle, please.

MS. CHAMBERS: Sorry, one quick question.

DR. CASALINO: Sure.

MS. CHAMBERS: I'm not sure if this is on. I had a quick question about the SEICC, some of -- one of the SEICC reports, which was the Early Intervention Program Rate Structure and Methodology.

DR. CASALINO: Yeah.

MS. CHAMBERS: I looked through that and it seems to have looked only at the rate structure and methodology for evaluations. And it seems to be saying between -- a comparison between New York and a couple of other states in saying that, that New York is paying at a higher rate than other states, what was the overall conclusion of this? Was there a commitment to increase rates? Was there not a commitment to increase rates? And then, is there any effort at the state level to look into rates or service provision, as well as evals?

DR. CASALINO: So, Cara, thank you for

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asking that question. This has been an ongoing discussion with the State and I -- since you're new to our committee, what we're going to do is I'm going to send you some of the other PowerPoints --

MS. CHAMBERS: Okay.

DR. CASALINO: -- from the state because they've been looking at this over the course, I would say, of the last six months to a year. And I can tell you that we have a lot of questions at the SEICC about where this is going because the issue of the rates comes up all the time. So, this is a reminder to Felicia to remind me to send you some of the PowerPoints --

MS. CHAMBERS: Alright.

DR. CASALINO: -- so you can look at that. I can tell you, I do not have the impression that they're going to a very specific endpoint. So, there are maybe an endpoint that is not being shared with us at this point and time, but I'm happy to share that information, information with you. And we can have a conversation also offline --

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MS. CHAMBERS: Okay.

DR. CASALINO: -- about where we're going.

MS. CHAMBERS: Great. Thank you.

DR. CASALINO: Sure.

MS. CHAMBERS: Thanks.

MS. ROCHELLE MACER: Good morning. So, as Marie talked about, I am chairing the dissemination workgroup for this wonderful guidance document that was created by the Early Childhood Advisory Committee and the Early Intervention SEICC. The guidance document was created for Early Intervention as well as any other early childhood professional working in the field. So, in the guidance document, there are really four main goals, but the ones that are most significant for Early Intervention are the last two here, which is to improve the early identification of children who may have already experienced SED, which is [unintelligible 00:41:06] developmental delays. And also, that children in the Early Intervention Program are really receiving adequate assessments and that

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all providers, including service coordinators, evaluators and interventionists are really taking into account the social-emotional development of children and that's in line with everything that Marie was talking about a few minutes ago.

So, the dissemination work before the SEICC was really brought together in November of 2017 to put things in place for the Early Intervention Program within that next year. We're going through about the end of that process. And we thought about what things could be done really quickly, to do that. So, three habits really stood out. One was as Marie mentioned before, the reference guide. It is a supplement to this social-emotional guidance document that is specifically pulling out information for early intervention. And we're really looking in New York City because our own Faith Sheiber and Amy Teish are leading that workgroup and doing a phenomenal job. We are about to move things forward for SC- SDOH which we'll cover that in a little bit. Then, there are the learning modules that are going to be

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creating WebEx and I'll talk about that in a few minutes as well. Relates specifically to the original guidance document. And then, there's a web page for families that is going to be placed on the SDOH Early Intervention web page, main web page.

So, for the guidance document folks, they really looked at the entire document, pulled out the early intervention specific information and then, sectioned it to specific roles for own intervention, service coordinator's evaluation, interventionist. And of course, EIOs. And this is going to be electronically available on the SDOH website, so that folks can actually go into the document and specifically click to the pieces that they want to read and as well is relevant to them. And we're, like I mentioned, we're almost at the point of that completing that draft. We're going to be putting it to the main dissemination workgroup and then, giving it to SDOH to finalize. Right now, they're saying it's going to be available only electronic, but we're hoping that people can print that out as well.

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So, the early intervention E modules are -- is actually something that's going to be created in WebEx. It will be available on the -- it's not going to be live. It's just going to be prerecorded. It's going to be available on the SDOH website as well and they are broken down into three WebEx sections according to the main guidance document, which is the overview, the promotion of social-emotional development, specific information again for service coordinator's evaluationists and interventionists. And then, general information about making referrals, supporting transition, skill development, which is really work force development. And module 1 and 2 are already sent in state. They're actually piloting it internally with their own -- the IT folks to see how it's going. And then they'll give us feedback and then, we're going to create the -- I've already created them, but really modify the best of the modules so that it's consistent and then, the State will have those.

So, we're excited to talk about, a

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little bit, information specific to families, which is a web page for families on the early intervention website. They -- we figured the web page, we worked with our communications department at the SDOH and we've created an announcement and SDOH is going to be following, making announcement next week because it's almost ready to go. So, this is what it looks like, the web page for families. It really speaks to what is social-emotional development, what does it mean to a family, what do I do about it, how do I identify it and, and who do I talk to about this. I -- there's also some PDFs available that they can print out as well. So again, the next steps is just to finalize everything, get it to SDOH and be available for public use.

So, as Marie was talking about, we're very happy and recently announced on November 19th, the social-emotional modules that were created by a collaboration between the EI and Children, Youth and Families in DOH and/or created with content developed by Bill Foley [phonetic] and Susan Chenowitz, as who many of

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you know, are really experts on developmental early child's mental health. And they were -- but these modules were not so easy to create, it took a little bit of time and we're funded through five. There are three modules. I think most of you have probably opened them already, that we really designed them to increase understanding of social-emotional development for all folks in early intervention from the providers in the administrative office all the way down to the interventionist and supporting transitions as well. It is consistent with everything here in the social-emotional guidance document. In fact, in our announcement, we actually linked it in. So, people can remember that and, and have that as access. And then, it's also going to be informing evaluations and interventions for our retention. For those who haven't opened it, you will see that module 1 and 2 were really developed to give people foundation information, again, specific for bringing and specifically, you know, for early intervention, but it's really foundational knowledge and it's

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really good for anybody in the field of anyone looking for information on social-emotional development from infants and childhood. So, we start at pregnancy and we go all the way up to 36 months. We have that background information on attachment and fun -- relationship and reflect work and then, we get into module 3, which I think is really the biggest place that we provide specific guidance for early intervention. We talk about child centered, parent centered, family centered, environmental centered and cumulative risk related to children's problems, specific with the, the, the framework of social-emotional development. Again, we talk about attachment, we talk cases, we talk about the impact of trauma and toxic stress and we really talk very consistent what's in the guidance document about those clinical clues and red flags that early intervention folks should be looking out for in their work with early -- with the infants and toddlers. And then, what do you do about it, what guidance? How do we address it in early intervention? When should we think about a

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mental health provider to be involved? How do we share cases and what do we do going forward? So, I think that part was really informative. In the modules themselves, there is specific documents that people can print out. There's a growth chart, a social-emotional growth chart that we created that people can print out, as well as for guidance document that references and regulation references as well. And as all our Early Intervention training consists in Early Intervention, there are CEUs for occupational therapist, physical therapist, PT, assistance, social work and speech and language and [unintelligible 00:48:25] folks. So, right now, you can access the modules and they're all free, of course on the TTAC website. Again, they were announced on the 19th. After this LEICC meeting, we're going to be sending out another announcement to remind folks that they're there. And again, they, shortly, will be moved over also to the Bureau of Early Intervention's website.

I also wanted to share with the LEICC the Early Childhood Mental Health Network, which

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is funded by Pride New York City. They are infant to early childhood providers working with children in innovational ways from birth to five years old, as well, you know, older children, they have capacity as well. But these particular seven clinics were designed to really support the work that the early childhood workforce needs as far as addressing children with significant concerns. So, of course, I'm available for questions, et cetera. I know that there is some technical assistance questions people have related to the modules. I'm available by e-mail, by phone. I'm getting a few phone calls from people concerned on where to click exactly to get into the modules. Once you open the modules, there's a sign in, there's a little button on top, it says, Sign Up. That's where folks should be accessing it.

DR. CASALINO: Any questions? Okay. No one?

MS. PUFFETT: So, as I believe was raised last time, we did have the first meeting of a data taskforce. It's a week or two ago and

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thank you to everybody who came over to the city for it. And we talked a lot about what kind of data is useful in your role as an LEICC member. And so, over the next couple of weeks, there's got to be some change in the data that we're bringing in. But for right now, this is one you're used to seeing. So, I'm going to go through and really, just try to focus on things I think might be interesting. This is the first indication that our outreach efforts are really starting to have an impact, specifically in the black community, as you know we have really focused on trying to improve the rates of referral and intervention of the children there. And they are referred and they are offered preventative services. It's only the first half year of data, but you can see for referrals, which are usually times two for the next six months of that work. We are on target to be slightly higher with 50 to 100 kids, which doesn't sound like a lot, but when you're trying to move and see all that's making us happy. And we're seeing something similar with general

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services. With both of those it looks like the total population is going to be just slightly larger than last year, which is interesting when you go back to those local determinations we looked at. We needed to [unintelligible] from birth to three populations getting bigger. The bar numbers are increasing, but are our percentages are going down. The main thing I just want to note is really this, the progress for the [unintelligible 00:51:55] so for the next folks, the bars are made up of the racial distribution of children and they all started out in 100 percent and it shows basically how many of them make it to each of the next stages. And what's a bit showing here is that all racial groups are down from last year. And it's very unusual for us to have a notable change for one year to another, we are so consistent. You have asked the question about, as we do more outreach, are we engaging the families who may not, you know, be ready to participate or children who may not quite reach eligibility criteria, but that's definitely a change and it's interesting that

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it's across the board. [unintelligible 00:52:37]

you look like you're --

UNKNOWN FEMALE: No, I'm just -- so, so
the 2008 are six months.

MS. PUFFETT: Yeah, it's the --

UNKNOWN FEMALE: The 2017 --

MS. PUFFETT: Yeah, but we have to --

UNKNOWN FEMALE: -- is 12 months.

MS. PUFFETT: Yeah.

UNKNOWN FEMALE: Okay.

MS. PUFFETT: We have to leave a long
lag --

[CROSSTALK] [00:52:46]

UNKNOWN FEMALE: That's fine. So, I was
just doing math in my head.

MS. PUFFETT: But you looked like you
were doing math in your head.

UNKNOWN FEMALE: Right.

MS. PUFFETT: This one is, as you know,
is, is my segue for my data hat tonight. Audit
hat, where I talked about the fact that it's not
possible that this many children have no
insurance in New York City in 2018 and why is it

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not being entered, please. This is something I come back to all the time, but it really is important to the sustainability of the program and it really is concerning when you hear anecdotally that some of the reasons it's not recorded are people telling parents they don't have to give their information. I'm not sure what's going on, but this has been constant ever since we switched from KIDS to NYEIS in terms of an IT system. And it is not improving and it's something that if we do do some work around service coordination and want to improve this because it's, it's really a concern.

UNKNOWN FEMALE: Sorry, random question, you know, thinking about the evilness of electronic medical records, one of things that people do is they put a stop in. So, is it possible for NYEIS to put a stop in that you can't actually go forward until you've put in something down?

MS. PUFFETT: No, because the point at which you would be collecting insurance would vary --

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UNKNOWN FEMALE: Yeah.

MS. PUFFETT: -- would vary, right?

It's -- NYEIS is a bit of a workflow system, but not to be that rigid and also, if the parents --

UNKNOWN FEMALE: Truly don't have as --

MS. PUFFETT: -- changes later --

UNKNOWN FEMALE: Yeah.

MS. PUFFETT: -- you have to go back and change it.

UNKNOWN FEMALE: Okay.

MS. PUFFETT: So unfortunately, I don't, I don't think that's possible. But it's --

UNKNOWN FEMALE: And everybody hates that anyway. So, I just --

MS. PUFFETT: Right, right. But the other thing that's interesting to me is, you know, when you talk about quality assurance, one of the things you need to be assuring in is NYEIS. And even people who check files, I'm not sure they go in and look at their staff's cases and see that Nora never has insurance information entered. Because we can see it. But it's an aspect of quality assurance that I really wish

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agencies would be valuing more. Okay. So, Provider Oversight.

MS. CHAMBERS: I'm sorry.

DR. CASALINO: What, Nora?

MS. PUFFETT: Yes.

MS. CHAMBERS: Can you take it back one slide, if you don't mind.

MS. PUFFETT: Sure.

MS. CHAMBERS: Back to the one, the slide about the progress of your referrals.

MS. PUFFETT: Yes.

MS. CHAMBERS: You, you had noted the decline in evaluation completion rates and the decline in, in children receiving services. I'm wondering, I don't know how much ability you have to drill down in those numbers, but I'm wondering if there's any way to separate out students who are highly -- children who are highly mobile, either those that, those who are in temporary housing or those are in foster care and see whether those children are represented just proportionate number of the kids who are not being fully evaluated and not ultimately getting

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services, they move around so much and that's such a barrier to completion of evals and receiving services. That I think that might be something worth looking at, if you're able to.

MS. PUFFETT: So that would be very difficult. There is a field for foster care, it's not broadly populated.

MS. CHAMBERS: Okay.

MS. PUFFETT: What would happen with addresses is that we overwrite. So, all I would see is the most recent.

MS. CHAMBERS: You don't see an address history?

MS. PUFFETT: We would have to take this really seriously and do something like take a population of kids and every time the data would refresh, save, you know, to do that comparison. So, we might try to think are there proxies for that? You know, is there information that I might have that would sort of clue you in to that being the case. But I don't know the answer to that right away, but let me think about it.

MS. CHAMBERS: Okay. Thanks.

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MS. SAMET: And then, you got something you could think about in the committee. As we're about to pass --

MS. PUFFETT: Yeah. And that would be great actually.

MS. SAMET: Yeah, yeah.

MS. CHAMBERS: Right.

MS. PUFFETT: Yes, there's a need to do something about service coordination. Over on the left are the initial and ongoing. It's rather shocking that initial has gotten so dramatically worse, but it's also really sad that, obviously, we know how to fix ongoing service coordination and we did for a while and then it's gone back up. Very concerning if we are going to have a subcommittee, we really need to think about how to unpack this. Internally, we've actually started talking about, you know, there's Provider Oversight, which is monitoring, and frankly, we're compliance and so forth. We do have Technical Assistance. We do have other resources. At this point, just saying over and over, but they're getting paid to do it. They

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got a contract to do it, why aren't they doing it? It's just not effective for the kids and we probably do have to think about how we can influence the field a little bit more. It's a hard one because it's, you know, when you talk about rates, that's an issue that's been in plan in the state for, for years. It's definitely, as Chris said, a mobile workforce, it's a workforce that's coming from home very often, but the, but the performance there is just terribly concerning in terms of -- your average family gets through the program fine. You know, they don't -- one phone call a month is plenty, but for families who have any kind of challenges at all with their providers with, you know, particular aspects of their children, with needing another evaluation. The idea that one of the major indicators is just calling every month and they're not doing that is, is really disheartening.

MR. TREIBER: Well, I --

MS. PUFFETT: I don't know a better evaluation, but I know that that is also such a good intention.

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MR. TREIBER: I just -- I had two, two questions to ask. One, in terms of -- I, I know that one of the data points we were talking about was children getting from, basically, referral to services and when you look at the initial service coordination, you have more than 20 percent at fail. You know, that in and of itself, is an alarming number given the percentages. You know, when you look at the data report, how many kids end up from start to finish and the numbers are -- you know, get smaller and smaller as you get across. The other thing I'm wondering about and, and again, I don't remember the exact date, when the service coordinators basically had to take over a lot of the responsibility for the medical piece, the medical billing, putting the insurance and all of that stuff. Because you could see that the progression had certainly gone up, certainly starting in like 2013, 2014, especially and ongoing, which is really that people would have to do a lot of that stuff.

MS. PUFFETT: That would have been April

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2013 when the state took over the contracts.

MR. TREIBER: So, I'm just, I'm just wondering if that's something that should start to be looked at in regard to -- because you see it. I mean, really, if you look at the number, that started 2013 and then, it just kind of kept climbing. The, the initial -- not as much, but initial is not as directly responsible for maintaining all of that information. And it's a lot of responsibility that wasn't there before that point. And I do think it's a legitimate point to start to ask the question in regard to how much of an impact is that having on the quality of service coordination. I mean, I totally get the rates. I absolutely agree with that, but I'm -- just because I'm looking at the 2013 and I remember that's sort of when the fiscal agent and that whole thing sort of shifted.

MS. PUFFETT: You know, what's interesting when you look at this two ways, is the red is so eye-catching, but look at the dark green. They are equally variable in terms of

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being really good. I think that's an interesting point. My guess is it's sort of a conflux of factors. NYEIS itself, I mean, any SC will tell you that they find it horrific and it is a lot of work. And it is a lot of time. There's probably been a lot of things packed in there, which is why we haven't necessarily solved this problem yet, but the fact that there has been that level of dark green makes me think at least we know how to do this. The other thing to keep in mind that I find very interesting, we might want to bring it up at the end of the year is after getting those being sort of the new agencies that came in post '13 and then, the old ones. The new agencies in general tend to be the spectacular failures, but actually, old agencies are fine on the marginal line. So, it's not just expertise or experience or years of doing this. There's more to it than that. And that may also be partially because therapists in particular who work with agency to agency, you should be a new agency to have new therapists.

DR. CASALINO: One quick comment. We

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may want to also think about those that are very high. What's the one --

MS. PUFFETT: Exactly.

DR. CASALINO: -- well.

MS. PUFFETT: Exactly.

DR. CASALINO: Right.

MS. PUFFETT: Yeah.

DR. CASALINO: It's on the chair and how do we --

MS. PUFFETT: If we're going to do surveys or interviews or anything like that, I think we want some markers and so on.

DR. CASALINO: Right. Okay. Great. Thank you. Onto Oved [phonetic] and James. And let's make sure we use mics because not everybody in the back can hear us.

MR. GONZALEZ: Good morning, Board members. I'll take the opportunity to speak about some Article 47, Article 43 declarations, how the Bureau of Child Care is responding to a trend that we've seen in child care and how to improve best practices in child care. As many of you know the Bureau of Child Care is responsible

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for regulating much health care services in a number of areas, but within New York City. But today, primarily, I'm going to speak about Article 47 and Article 43 regulations as we convene to the health and safety of the children in these, in these centers. And I'll go right into it. I'll preface it by saying that my main focus here is going to be about the flu vaccine and about the epinephrine oral injectors. But let's move on. So, Article 47 are -- is a regulation that's covered group child care centers, commercial child care centers. Of course, that means they're nonresidential and these programs have to have a permit in order to be considered un- under Article 47. And they cover children ages birth through under six or birth through 59 months. Article 43 is a, a certificate of filing and notice to the Department of the existence of a child care program based in a school. So, we call these school-based child care programs. And they're typically registered with New York State as an educational institute and then they submit a

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notice of filing to the Department so that we know they exist and that we can inspect their location at least once annually to make sure that they comply with basic compensation requirements.

So that said, I'm going straight -- right into the flu vaccine because the flu vaccine requirement has actually been in place and on the books since December of 2013. So, it's not a requirement. But unfortunately, it's going to be a little bit different this year, but because of some history that's, that's happening since it was first put on the books. So, in December of 2013, the Board of Health did approve an amendment to Article 47 and 43 requiring the flu vaccine for children six months through 59 months. Since then, we had a, a brief enforcement period, at which point, a number of concerned parents brought Wall Street against the Department and New York State's Supreme Court did suspend our enforcement of, of the mandate. However, the mandate was never removed from the books, it maintained. It's, it's placed in Article 47 and Article 43, but the Department did

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not enforce during that time. After a, a, a strong battle and through a number of appeals processes, this bureau, we did finally receive an approval from New York State's highest court, Court of Appeals, to continue to enforce the flu requirement because New York State decided that it is well within New York State, the Department of Health according to propagate rules for the health and safety, specifically of the local area, which is New York City. And so, New York City Department of Health is going to continue this enforcement, which begins January 1st of this year. And we're allowing period from the, the point when this was put back onto -- into, into effect through December 31st for children to be vaccinated against the flu. The flu vaccine is a hot topic. In our current climate, there are a lot of people who are not interested and that's putting it lightly, in the flu vaccine. But there are some pathway that we think that, that families and providers need to be clear. So, first, there's always been a number of vaccines that are required by state law

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and that state law does allow processes and pathways for child care providers to review these -- to review an exemption the parents are claiming. Medical exemptions are pretty, pretty clear. They're pretty much cut and dry, ACIP requirement is the most common types of vaccines does have some guidelines for contraindications of the vaccines. And as long as New York State licensed physicians are providing the documentation that says that the child will be exempt from the vaccine because of a medical contraindication. We haven't had a problem with that that's filed and that's usually pretty straightforward. Religious exemptions are starting to come up for child care providers at a much higher frequency and we're noticing that there are very specific to the flu vaccine within the past couple of months. But I do want to make it very, very clear that the state law does allow the provider, this is the child care provider, actually, expect the child care provider to make a decision whether or not they're going to accept this medical -- sorry, this religious exemption

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or deny it. And that's something that programs really have a tough time understanding that it's actually their burden to, to review these order's exemptions. However, for most vaccines, the state-required vaccines, there, there is an appeal process where if the family feels that they are -- they were unfairly rejected, then they will file an appeal with New York State education just to make a determination whether or not this was an exclusion or a denial of their request with, with grounds. The flu vaccine, because it's a local requirement by the New York City Department of Health, that appeals process goes through different pathways, no longer for New York State. Because it's a local regulation, will have to go through the New York City Department of Health Commissioner. So, our current acting commissioner, Dr. Barbot would give the final say in whether or not this is, this is the exemptions based on grounds or whether she would uphold a denial from a child care provider. So that's something that I really want to make it clear because it's unique. It's

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not something that most, most providers are aware of. I think, certainly, a lot of physicians that are, that are consulted for these exemptions are not -- haven't been fully aware of. So I put the information on the slides for the appeals process, it's very straightforward in that if a, if a family feels that their unruly burdened by the decision of the child care provider, then they can make the pe-, the petition for appeal to, to our, our Department of Health Commissioner, I believe it's the, the Commissioner, Dr. Barbot.

So, that means that now, I'm going to go into recent Article 47 revisions. New revisions were placed -- were made to Article 47 and Article 43. I'm going to focus mostly on 47 because that has most of the changes. But a lot of the changes that, that I want to talk about today, the auto-injector, specifically, the auto-injector requirement had to do -- affects Article 43 as well. So, the Article 47 revisions and 43 revisions were primarily made in order to add some clarification to the language in these

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documents and to also help focus the social, emotional development of children or focus providers on the social development of, of children. We've recently begun regulating sector-based drop-off centers. So temporary housing for these children and we noticed there was a gap in a lot of the, the training that these workers received, the ones that are directly responding to the -- to, to children care. So, we wanted to make sure that they have the appropriate training to understand social-emotional development, brain development, milestones in children and possibly, make the referrals based on, based on that. So, we included it in Article 47, we included it in Article 43. And just to reiterate, Article 47 does include the shelter-based drop-off center. So, those locations will be affected too. We've made some changes to allowing programs -- this is Art-, specifically for Article 47 now, that you have child care permits. If they have multiple permits, two permits, they are co-indicated, then we will allow them to have one single education

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director overseeing those, which just lifts a little bit of burden for the child care programs. And then, we re-, we made some changes to some of the qualifications using an experience as a, as a validating point.

Okay. And now, for the hot topic, we have updated the codes to require that child care programs under 43 and 47 do have at least two auto-injectors on site at all times in order to respond to any possible events of anaphylaxis. So, what we are requiring is that every child care program have at least one person trained in being able to recognize anaphylaxis and to respond to anaphylaxis by way of auto-injector. We do require that the programs obtain emergency medical care in the events that anaphylaxis is observed. And then, we would -- we took it a step further in that all staff in the child care program must obtain training in the prevention of allergic reactions and also, in being able to identify what an allergic reaction is. So that that way, stipulations, like the recent death that happened in child care program because of

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the anaphylaxis of a child that was known to have severe allergies, could be prevented. Okay.

Going. Thank you. So, this -- so the Department, in order to respond to the concern about the cost of the auto-injectors has been able to obtain a, a donation from Kaleo. Kaleo is a pharmaceutical organization that's, has developed an AUVI-q device. An AUVI-q device is unique and that it's one of the first devices that can -- that provides an auto-injector for children under 33 pounds. So, the auto-injector will work for children 16 and -- about 16 pounds to 33 pounds, that's a 0.1 milligram dosage of the epinephrine. It's FDA approved of course and they're donating into the, the New York City Child Care programs. The caveat is that according to state law, any program that's going to obtain, one of the auto-injectors must have proof of training and must be an eligible entity. So, if they're filed with us or had a permit with us, they will be an eligible entity and they just have to submit their proof of training to us to send it out to them. So far, the deadline was --

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originally, the deadline to send the certificates to us so they can receive the free auto-injectors was October 1st. To date, we've only received about 1,600 proofs of training and there's about 2,700 programs out there. So, a lot of programs are not taking advantage of this free benefit and that come January in 2019, we will be enforcing and there will fines associated with, with not having the auto-injectors on site that we are providing for free. So, we really don't see what would be the actual barrier for programs to not have this on site. That being said, I do want to make a brief plug, that's autoinjector@health.nyc.gov is the e-mail address the certificate could be sent to. If there are specific questions on the auto-injector requirement, feel free to e-mail that e-mail address. And moving onto the next slide, I just want to also say, if there are any questions regarding the Article 47 changes, please feel free to e-mail BCC Regs and that's -- the question will be sent to the appropriate bureau office to respond and health care programs

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directly or it could be as relating to an administrative directors in the bureau to get you the best answer. My e-mail address is also there. If you wanted to e-mail me directly for whatever reason, I'll be happy to answer your questions direct them as appropriate. So that's all that I wanted to present to you, make it brief and hopefully cover some of the hot topic items that we've been hearing and allow you an opportunity now to -- for some, for some QA for us.

MS. SAMET: I just have -- maybe he can't hear me.

DR. SHANNON: Yeah. Make sure it's working.

MS. SAMET: Yeah, I think it's on. Yeah. Thank you so much. Fabulous to hear about the, the immunization and the social-emotional training, as well as the auto-injectors. A quick question about how you're defining the training for the administration in recognition of anaphylaxis and child care.

MR. GONZALEZ: Right.

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MS. SAMET: Is that something that you had -- has to -- like it's -- you know, obviously, the state has its medication administration training, which is quite onerous. I'm hoping that this is a little easier.

MR. GONZALEZ: So, we've worked with the State before, we developed its regulation. New York State, this is code 3000C. Does have the requirements for auto-injector administration training and they've reduced a lot of the barriers also. So, in order for a program to be just been considered as to being approved training --

MS. SAMET: Right.

MR. GONZALEZ: -- then that training curriculum would have been approved either by the state or provided by a national recognize organization. So, we've, on our website, have provided some -- a short list of where a program could get approved training. We worked with a program called -- and they offered free training for a period, the code that was available expired in October because the requirements was up to

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October 1st and now it's at cost for \$25.

American Red Cross had it available for 20 bucks. They bumped up the price after the regulation to \$30. But we're hoping to work with programming the kids to get that price -- to get promotional price with an additional purpose of getting that training for free.

MS. SAMET: Great. Thanks so much.

MR. TREIBER: Yeah. I just wanted to ask in regard to the flu vaccine.

MR. GONZALEZ: Sure.

MR. TREIBER: So I, I think the regulations are clear that programs are part -- kind of option to suspend children if they don't have the vaccine. I just did a brief survey just to give you some of your -- some of our, our providers preschool, specifically. 75 percent of the kids in our schools are not vaccinated. If you're talking about suspending all these kids, you're talking about suspending thousands of children, they have a legal right to special education services, yet they're going to be suspended from the daycare programs because of

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the potential fines. I think there's got to be something done in regard to some of this. I don't believe that there has been a lot of public information to families. I mean, we've had our, we've had our programs constantly sent out to notices to parents trying to get the vaccinations. And I think the real dilemma right now is that the regulation says, you have an, you have an option to suspend, it doesn't require suspension. So, the families are going to turn out and say, well, why is my child suspended because I chose not to get the vaccine? And that's kind of what we're hearing, is that -- like you said, they don't want it, there's not an exemption being claimed and the programs are in real difficulty in terms of trying to figure out what to do.

MR. GONZALEZ: So, we have recognized the extreme burden of programs right now after the, the flu requirement was suspended early in 2014. The fact that we've also been trying to push that the New York State has been requiring for years that all programs post information on

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the flu vaccine. And, and what we've noticed is that there have been a multiple deaths associated with the flu within New York City, there's been severe outbreaks of the flu. There -- it's, it's, it's not something that you want to see in childcare programs and something that we definitely can avoid. And I think that, that there's a lot of emphasis on that by, by getting this regulation back out there to, to really drive that message home to families and to child care providers. We understand that child care providers already in a tough situation because our group does say that if we go out for inspection and the children are not vaccinated, gets a flu vaccine, then the program should be fined as a result. But there is specific language in the code dealt that said programs could be fined per instance --

MR. TREIBER: Per child.

MR. GONZALEZ: Yeah, per child.

MR. TREIBER: Per child.

MR. GONZALEZ: And that makes it a little -- a lot more difficult for the program to

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keep the child in the center. That being said, the point is that we want the children vaccinated and, and we're going to keep pushing that point and this is what we've done through education to enforce, enforce and verification and also, by making sure that the information with the New York State with is out on the flu vaccine is out there. Unfortunately, I can't give you any other information that will sort of calm that concern, but it's really our concern that children should not be getting flu in child care programs. Especially this is something that could be vaccinated, yes.

MR. TREIBER: Sure. And I totally agree with that. I'm just, just sort of just kind of trying to educate people now in regard to what the situation is, in regard to -- it's very likely that most programs will make the decision to suspend given the potential of the enforcement and the fines for child. Most of these programs can't afford to stay, stay open.

MR. GONZALEZ: Sure.

MR. TREIBER: The one other thing I just

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wanted to ask. In regard to all of the trainings that are required in Article 47, I think it would be incredibly helpful to the field if the Department of Health issued a list of accessible trainings -- acceptable trainings that were consistent across all boroughs, all liaisons because we've had experience of where one liaison would accept one training and then they went and visited the same program in a different borough and, and that person decided that that wasn't acceptable and they were fined. So, I think if there was, you know, posted on the website a list of all the acceptable trainings for all the different kind of things, I think it will be incredibly helpful, it would help with the enforcement and would help providers know exactly what's acceptable and what's not.

MR. GONZALEZ: Thanks for that question, for that comment. Within two weeks, we will likely see this posted on our website.

MR. TREIBER: Great.

MR. GONZALEZ: We have developed the list of the required trainings. Those lists do

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include the addition for social-emotional development and learning. Likely, we'll see as one of these additional training areas, so yes. Thank you.

MR. TREIBER: Great.

UNIDENTIFIED MALE: And in addition, the regulation requires that all the training will be approved through the Aspire registry. And so, that is another avenue, which people can go and take a look and see what are actually approved trainers, approved curriculums, anything of that nature.

MR. TREIBER: Okay.

DR. CASALINO: I think, if it's possible also to provide that Aspire link to others so that they're aware.

MR. GONZALEZ: Yes.

DR. CASALINO: Just great, great. Excellent. Thank you.

MR. GONZALEZ: Thank you.

DR. CASALINO: Very important. And now, Jessica, can you --

DR. SHANNON: So we've been just getting

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in and we've been talking about working on transition and improving it in the early intervention program and we're very excited about this pilot project there just for all of seniors are going to provide for us this morning and to show our commitment, which is very high to this particular project, Kandrea Higgins Ahlawat who oversee our regional offices is sitting next to her. This is a collaboration. This is the way we should be doing things.

DR. CASALINO: Thank you.

MS. JESSICA WALLENSTEIN: Hi, everyone. Thank you so much for having me here today on behalf of the LEICC. I'm very excited to share a very new, currently forming initiative that the DOE is working on. I'll start by just providing some context by way of updates about the DOE's early childhood programs, which are currently going through some transitions. Then I'll talk broadly about what we're calling the Early Intervention Transition Initiative and then Kandrea and I will speak about the pilot. And then, Kandrea will speak about some of the next

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steps, which involve engagement with the LEICC.

So, as most of you probably know, we launched Pre-K for All back in 2014 and have tripled the number of children attending high quality pre-K. Based on success of that, we are also currently expanding 3-K for All, which launched in 2017 and this chart presents the districts where 3-K is first being rolled out. And the model is that we start with a proportion of the schools in first year roll out and then, we'll go universal by the second year. And I'll just call out that District 7 is one of the universal districts now and that is where the pilot will be taking place. So, we'll be talking about it in a little bit. Also, a report which just released publicly about this, but the early learning program, which the city system of contracted care that includes Head Start, Early Head Start, family child care and other programs, that would be coming over to the New York City DOE over the next two years. And our vision here is to start providing a more unified work divide system for the DOE.

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This next slide provides an overview of children with disabilities who sit in the various settings. Some of which I was just referencing. So, you can see it for birth to five, children with disabilities are just through early intervention by DOHMH. And then, there's a transition at three, where children transition into preschool special ed which can be served in a variety of settings, including state approved 4410s, pre-K and 3-K and then, early learning spans, both EI and preschool. And then there's yet another transition as children turn five into school age special ed. So, by the time the child has turned five, that family has dealt with the diagnosis and gone through two pretty significant transitions. So, some of the challenges the DOE is aware of, when it comes to service delivery in New York City, we know there is inequitable access to services based on the number of factors. We know that families experienced, experienced difficulty navigating these transitions with the different processes. We know that there are providers that are

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contracted out and have different levels of expertise and information across different agencies. And then, officially, the city lacks the mechanism to share student information across agencies. So, the DOE's vision is that we begin to provide equitable access to services for all preschools, children with disabilities. We are also working to ensure that families are supported through the processes of transition, with minimal administrative burden. We're working to disseminate information to providers that is consistent and clear. And we're working across city agencies, so that we can make more informed policy on problematic decisions.

One way that we're specifically focusing on the piece related to supporting families through these transitions is through what we're calling the Early Intervention Transition Initiative. And with this initiative, our goal is to provide a model of support for families as they transition from DOHMH EI into DOE programs, whether they are continuing on to preschool special ed or to a general ed setting. And this

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is going to be a multiyear effort. For this year, here are our objectives that are laid out. We are starting by gathering information from different stakeholders about what families' experiences are during the transition and I'll talk a little bit more about that in a moment. We're working to test an alternative to the transmittal of student information so that we can get off the fax machine, which is currently being used. And that is probably the hardest part of the job right now. We are working to improve our array of monitored services that children are receiving and therefore, ensured quality service. And by doing all these, we hope that we will be increasing the number of children receiving timely preschool special ed evaluations and through all of this work with developing partnership with DOHMH. So, when we think about our work, we tend to talk about it terms of these five components that are at the bottom of the screen. So, the current state analysis is where we're gathering information both qualitatively and looking at the data that we do have. We're

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working on integrating our data systems across agencies and then, also within the DOE because preschool specialized data was across many systems. We have a strategic planning workgroup to yet another transition workgroup on the DOE side, but has some overlap with the LEICC, in fact. And of course, the transition coordinator pilot and then, beyond the pilot, we hope to start disseminating information to families citywide that can support them on their transition.

So, this is a very high level of some of the findings we've found so far to our current state analysis. This is developed through conversations and focus groups with families, with advocacy groups, with central office DOE staff, with special education office, as well as the division of early childhood and with the committees on preschool special education and the CPSE administrators. And also, there is an early childhood outreach team that provides information to families in the field about early childhood options and they often hear the concerns in

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families experiencing transition. So, we talk to them and soon, we hope to engage with EI field staff as well. And I'm sure, none of the information on this slide is new to you and some of it overlaps with the survey results that we've heard from Nora today, but we are hearing pretty consistently that families' experience a disconnect between early intervention and things with special ed. We know that there are issues with the CPSE process and in particular, families experience long delays in receiving the end of year evals and particularly for families that -- with bilingual evaluations. There's a concern that comes with preschool special ed that was stayed from EI, where there is this label of being a student with a disability and that could be a challenge for families. And then, we're hear on the staff side, they're struggling with not having access to student information that they need. And that goes back to some of the data integration and student permission transmission issues that I mentioned earlier. And of course, there are issues of caseloads on

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both sides of the equation, the DOHMH side and the DOE side. So, based on this initial research that we've done, we have created initial plans for the early intervention transition coordinator pilot and these have all been involved, includes collaboration with DOHMH with Kandrea and [unintelligible 01:29:39]. And overall, our goal is to provide a model of support or to develop a model of support for families as they go through this transition. And we are doing this by testing out some of our initial ideas through a pilot and then gathering information through that pilot that will inform a citywide model of support. The team that will be doing this will be a transition manager that will be based in District 7. And for transition coordinators, will be doing direct outreach to families and the team will be in close coordinator with the EI Bronx Regional Office as well. So, we have been conducting research, developing the roles and responsibilities, we've been hiring and we are looking to launch in January.

So, before I talk more about this

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transition coordinator of all in particular, I'm going to pass it over to Kandrea to say a few words about the impact on the service coordinators.

MS. KANDREA HIGGINS-AHLAWAT: Good morning. So, we are really, really excited about this collaboration with the Department of Education, especially because we know that transitioning out of EI can be a very confusing process for our families and we want to make sure that we support them. So, I know that there will be some initial question as to what is the difference between -- or what is the role of that EI service coordinator will play versus the role of the transition coordinator/manager. So that's the reason for this slide. It is really important to note that the transition coordinator from DOE does not replace the mandated responsibilities of the service coordinators to ensure how many transition of children out of EI into CPSE. The service coordinator, in fact, will continue to play a crucial role in all steps of transition as they collaborate with DOE

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regional office staff and more importantly, with the families. Some of the responsibilities that are mandated for service coordinators by the New York State regulation include explaining the transition, profit for the families, such as notification, referral and their consent to share EI records with CPSE. They will continue to arrange for transition meetings. For families that are specifically in District 7, they will inform the families of these pilot projects, which includes talking about specifically what is the responsibility of the transition coordinator, the transition manager and how they're all going to work together to provide a support system for families as they transition out. If the family is in agreement to have a DOE transition coordinator as part of the IFSP meeting to discuss transition, the service coordinator will get that consent and they will also explain the notification process and -- I'm sorry, the, the forms. Another -- they will provide also information to families so that they can have contact information for the, the transition

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coordinator, especially for families who may not yet feel like I want to have a transition coordinator present at the conference so that the conversation can happen before the conference, during the conference and after the conference as well. Those -- these are just some of the basic roles. We've also worked on a document that specifically outlines why are the roles of this - the DOE transition coordinator versus the role of the EI service coordinator at every stage before the IFSP, during the IFSP and after. And that will be shared with the service coordinator so that they have clarity and because we don't want them to think with the additional resource of the transition coordinator, it means, they don't have to deal with transition at all because that's quite completely the opposite.

MS. WALLENSTEIN: And then, this slide presents a brief overview of the, the early transition coordinator responsibilities and which Kandrea gave a bit of a preview of. They will be working very closely with EI regional office staff and service coordinators, both to gain

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access to the families and learn which families are in EI that they could reach out to, and then, also, to coordinate them on the supports -- coordinate with them about the supports needed for families. So, their responsibilities are to coordinating buckets. The first is conducting outreach and providing support to families in District 7, who are -- have children between ages two and three. So, we will join IFSPs where transition planning is happening and where the parent gives consent for the transition coordinator to join. They will primarily be there to provide information about preschool options for children with disabilities and without disabilities and just support in the conversation about transition. They will additionally reach out to families for who you receive, receive notifications of potential eligibility to provide information about preschool options and transition. And they will also assist families as they encounter problems throughout their process in transition by troubleshooting and that's going to involve

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liaisoning with the EI field staff, as well as with CPSE administrators. And we are hopeful that they will physically be working very close to the CPSE as well and that will make this an easier transition. They will also be doing outreach to other organizations in the Bronx so that consistent information is going to this population about what the DOE is doing and about transition. They will also be supporting our piloting of an alternative fax system. And they will be data collectors at the same time, gathering information about where are the most troublesome pain points in the process for families so that we can really use the information, learn from this pilot, both to improve the pilot as it's being implemented and to think about what the citywide model support might look like. So, here are some next step that I'm going to let Kandrea talk to.

MS. HIGGINS-AHLAWAT: It feels like we've been having a lot of meetings to kind of review what will be needed from the aspect of the regional office, what would be needed from DOE.

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So, we're excited to have next steps. Right. After all of the conversations. So, some of the next steps are obviously internal, some are external. In the -- so we want to make sure we finalize all our internal protocols so that our EIODs and our field staff, as well as the transition team know exactly what, what they have to do in order to support the families. In the next few days, we can present specific EI transition protocol to the LEICC transition subcommittee for a review. We will continue to gather data to identify project-eligible children in District 7. Some of the data includes -- and, and this is so that we can be as [unintelligible 01:37:15] as possible, right? Looking at the zip codes that are in District 7, including the names of children who are going to be 2.7-plus years on December 31st, as well as those on August 31st, providing the service coordinator's information, their agency contact information as well. Again, finalize the internal systems and protocols to support this project. I mentioned earlier that we've already drafted some documents that talks

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about what the service coordinator, the EIOD, the transition coordinator, role is at every aspect from pre-IFSP meeting, the IFSP meeting, as well as post. So, those are some of the documents that we will be finalizing as well. And obviously, training relevant regional office staff, Alicia and one of -- Alicia Calev who is the director of the Bronx Regional Office, she has been in conversations as well and we have appointed one of our assistant directors in that office to be the main liaison. But now, we need to go further because the EI will be facilitating these IFSP meetings, we need to make sure we provide adequate training for them, also to the schedulers because, you know, you're going to be scheduling a little differently with family who are involved in the pilot project. And then, the finalized documents, we've talked a lot about making sure we have one-pagers or information sheets so that families can know exactly what the pilot project is about and also, having information sheets for service coordinators, as well as the provider communities. And having

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call guides and protocols, there is more focused support for the DOE transition coordinator because it's also a learning role for them as well. And then, transition resources for families and the other thing is the DOHMH [unintelligible], we are in talks to see how that can support this initiative.

And then, I'm sorry, I'm running out of breath. Then, the, the other thing is onboarding, Jessica mentioned that they have identified some staff for the transition for a major team, which includes the four coordinators as well as the managers. So once they're on board, making sure they get their training from DOE but also cross training so that they know what regional office operation looks like so that they will be better able to support the families and also, having ongoing meetings with the regional office staff and the transition team so that at the pilot goes on, we can plan for future modifications, or see how the systems that we -- the protocols that we create. If they are working, where do they need to be tweaked or

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modified? And then, we will obviously continue to gather information across CP and begin engagement with stakeholders in the Bronx and then, continue meeting between the transition coordinator team, the Bronx regional office staff and the Bronx CPSE to, to address any implementation challenges. So those are our next steps.

MS. WALLENSTEIN: I don't know whose went up first.

MS. CHAMBERS: Sure. Thanks. First of all, I want to say thank you for undertaking this. It is much needed. As a -- as an attorney at the Legal Aid Society, a lot of the referrals we receive and the request for assistance that we receive are for kids who are three years old and have somehow failed to make a successful transition from early intervention to CPSE and are -- find themselves, you know, three, three-and-a-half years old with no services. So, we're very excited about this effort. And I'm, I'm really hopeful that, that the process will become more seamless. I'm, I'm sure you're probably

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aware of this but in case it's helpful, the main problems that parents report to us are one, the fact that a written -- first of all, with the referral process. Again, Early Intervention, when they made a referral, all they have to do is pick up the phone and call. In the CPSE, a written referral is required. And that is often a barrier to a lot of families. They don't understand. They think, well, I made an oral request for the evaluation, why isn't it going forward? The second thing that is a big -- a surprise to parents is the lack of service coordination when it comes to CPSE. They're used to having -- I mean, for as much as we've criticized service coordination today, at least there is a service coordinator and that, that role doesn't exist at all within CPSE. So, when the parent gets this packet, they have no idea that they're supposed to select the evaluation sites and they don't get any support from the DOE to select an evaluation site. A lot of cases end up administratively closed because the parents is sitting back and just waiting for someone to

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contact them and say, here's your evaluation date. So, to the extent that these transition coordinators can help with that or maybe come up with a new system that is more proactive and puts less burden on the parents to, to be doing that - - taking those steps, that would be phenomenal.

I have two very specific questions for you. One is who these transition coordinators will be? Are they going to be filled by people who are currently employed related new positions? Will they be CPSE administrators or someone else? And then secondly, what are the success metrics that you're using to determine whether the pilot is or is not success- successful?

MS. WALLENSTEIN: Thank you for those questions and for sharing, the feedback -- that feedback which we have heard and it's really the reason why we're doing this entire initiative. As far as who they are, they are new positions that were posted and we had identified top candidates. And it's -- the pool involved people who generally either had EI experience or preschool special ed experience or both. We are

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trying to build a team that has a nice balance of the two. And the second question in terms of success metrics, we are using a combination of implementa- implementation metrics and outcome metrics. So we are looking at the number of families that we are reaching, the number of families that come to the walk-in center, the number that we reach through our outgoing calls that we made contact with and those that are able to submit timely referrals and have hit different guideposts within the CPSE process.

MS. CHAMBERS: Okay. Thank you.

MS. WALLENSTEIN: Yeah.

DR. PERIASAMY: Okay. Part of the question, part of the question was already asked, but I just want to find out, currently, how long does it take for the transition period from the time they go into it, how long does it take? Do you know that?

MS. WALLENSTEIN: So, it's recommended that families submit a referral in about three months before the child is turning three when they are no longer eligible for EI services. And

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as far as how long it actually takes to go through the process, I know it can be variable based some of the factors that we mentioned earlier in terms of are there bilingual evaluation is needed, how much support the family receives through the transition. So, we are hoping that one of our outcomes will be that we will reduce some of that variability through this work.

DR. PERIASAMY: Yeah, that's what I was thinking. If you had like a data as to like you took six months and now [unintelligible 01:45:06] is what number? That's my one question. Just like to the experience of care as a pediatrician practicing in the area, most of the time we find that clients do not understand what is the transition process. So that's why [unintelligible 01:45:21] just to take to [unintelligible 01:45:22] it would be nice to have like multiple languages like French especially, in that area.

DR. ISAKSON: Okay. Last question, I'll try to make it quick or actually, it's more of a

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statement and then, it builds a little bit on Sundari Periasamy's comments. A stakeholder or actually, an integral partner that I notice was missing was actually the pediatrician. Because although the child has three different systems before age of five, families often see the same - - maybe not the same pediatrician, but the same health center for that entire period and was often the pediatrician in the first place refer them to EI and it's often the pediatrician that they go back to and say, they tell me I have to go to another place and, and we're standing by it. Like not that we understand it. So if you're going to do this, I think that could be third leg of a three-legged stool because that, if you're going to come to us for a medical form and you're going to come to us for a prescription, you might as well bring us on from the beginning and then we can also help with the family with that.

DR. SHANNON: Alright. Any other questions?

MR. TREIBER: Just a quick comment. One

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of the things that I know is a challenge is the point of transition, I mean, and you're probably aware of it, but because -- you know, one of the things that is important to help families understand is, because it's a school system, when you're entering it at three, transitioning at the end of December is really not a really good idea. And we know based on the numbers of preschool providers and the seats, they're all full right now, that children who are leaving EI as this point, you're probably not going to have a lot of availability for services. So, I think it's really important to start to really drive that message home about when is an important time to transition and what is available at that time versus if you leave in December. So, there's going to be very few options for families until July, as the earliest.

DR. CASALINO: Yeah. And I think, too, just with pre-K, there's such a large number of children in the pre-K, who most teachers don't often know about the -- either of these systems or isn't thinking about that.

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MS. WALLENSTEIN: Yeah.

DR. CASALINO: Thanks.

MS. WALLENSTEIN: Thank you.

DR. SHANNON: Thank you both.

MS. HIGGINS-AHLAWAT: Thank you.

DR. SHANNON: Okay. So, we'll have some quick committee reports out. So just to remind everybody that we've got the academic partner group that I'm on with Jeanette Gong. That the academic partners, again, consists of the early child and art education department program, early childhood with Ephraim College and we also have a speech partner there as well as SUNY Downstate OT who's here tonight. And the Lehman SLP and the Queens College Early Childhood Special Ed Program. So, we've been meeting regularly and met in June and sort of finalized our evaluation and have met twice since the September beginning our process to look at the fieldwork placements. And because we've received many questions from providers about fieldwork placements for the students, we have -- worked closely, we have Barbara Bieyro from the Technical Assistance

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Department here and helped create a handout for providers that outlines the process that's required. For example, before a field replacement can be done, provider agencies must have a plan of supervision by discipline that is approved by the Bureau's protective close assistance unit. We have several copies here, if anyone is interested. And we also have an electronic version too that can -- if you've got questions, you can reach out to the embeddedcoaching@healthnyc.gov. I guess that's it. We will be meeting, we will be meeting again in February. So again, reach out -- if you've got questions and I've got handouts here. And it's great. We're excited to be trying to work more closely -- I know me, as in college level is very excited about working more closely with many of you. And some, some of my students have already been working closely with, with the groups and it's, it's exciting to be building that relationship. Thanks. And Karen?

MS. SAMET: Hello?

DR. SHANNON: Yeah.

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MS. SAMET: Okay. Ready. Okay. I just want to reiterate what Dr. Casalino said about the Department of transition pilot project that really is a wonderful collaboration. And it really has everybody from the ECDCs and advocacy groups and the Department of Ed and Early Intervention. So, they're really getting quite a bit of information from the field about what really happens with many of our families. And they actually said what I was going to say is that the pilot project that they have created is passed along to the early -- will be submitted to early intervention transition committee and the committee will review the project and make their - give their input. So, we'll hear about that soon.

DR. SHANNON: Okay. That's it. So, for public comment, was Natalie able to attend today?

MS. NATALIE ADLER: Yeah.

DR. CASALINO: Okay. Natalie Adler from the UCEDD that's working with the State Health Department and with New York City on the [unintelligible 01:51:32] project.

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MS. ADLER: Hi.

DR. SHANNON: Hi.

MS. ADLER: Over there. Hi. Did I mute the mic? Yeah. Okay. Hello and hello. Last time I was here, I faced this way, but this time, I'm facing this way. Okay. So, I'm here from the Rose F Cen-, Rose F. Kennedy Center, UCEDD, that's the University Center of Excellence in Developmental Disabilities, feeling this might not be on.

DR. CASALINO: Okay.

MS. ADLER: So, I presented to you about a year ago about the IFACT project, which is Improving Family Centeredness Together. It's part of the state systemic improvement plan, which is an initiative to improve EI services for kids across New York State. And I'm managing the project for New York City and Long Island. We completed our first report for New York City. We're completing it next week actually. And we initiated one in Long Island last month. So, we have one last aspect of the project, which is for Spanish and Mandarin Chinese-speaking families

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and we are doing recruitment for this project for any -- all stakeholders, providers, service coordinators, anybody who works with these communities who is also bilingual in Spanish or in Mandarin Chinese. So, we have two kickoffs. It's coming pretty soon. It's actually next week, but if you can't make the kickoff off next week because of the community and the commitments that we get ourselves involved in, that's okay, we can still take part. I can get you up to speed on that. So, it's a project for improving family centeredness in any sort of receiving EI services. It's bilingual and it's a project that takes place on the course of the year, where we work in small teams of stakeholders brainstorming and then implementing and then evaluating ways to make small changes in the EI program that can then be imp- implemented to be on the line of state level. So, my time is free. So, I just wanted to introduce that. Do we have time for any quick questions or --

DR. CASALINO: Yeah.

MS. ADLER: -- or are we good?

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DR. CASALINO: Oh, actually, probably a comment.

MS. ADLER: Oh, yeah. Of course. So, they know. Alright. So afterwards, ask me a question. I'll be here.

DR. CASALINO: So, you'll be able to stay so that --

MS. ADLER: Yes.

DR. CASALINO: -- anybody can approach you and ask more about the projects?

MS. ADLER: Absolutely.

DR. CASALINO: Okay. Thank you.

DR. SHANNON: We're, we're adjourned. Great. Thanks, everybody. Have a great weekend.

[END OF MEETING]