NEW YORK CITY

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NYC LOCAL EARLY INTERVENTION COORDINATING COUNCIL (LEICC)

BOARD MEETING

MARCH 31, 2015

Transcribed by: Geneva Worldwide, Inc.

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

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Paula Francis-Crick, MPH, Unit Chief, Program Support Unit, Bureau of Immunization

LEICC MEMBERS:
Christopher Treiber, LMSW, LEICC Chair, MS, SAS

Nancy Calderon-Cruz, MA
Cindy Lin Chau, BS, MA Ed
Mary DeBey, PhD
Tracy LeBright, LMSW
Lois Kessler
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Toni Rodriguez, LMSW
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Linda Silver
Mina Sputz, MS, SAS
Catherine Warkala, MS, SAS

MR. CHRISTOPHER TREIBER: Okay, good morning. I think we're going to get started. There are some more seats up here in the front if you need a chair. Welcome. My name is Christopher Treiber. I'm the Chair of the LEICC, and I'm also with the InterAgency Council. So before we get started, I just want to review the procedures for the LEICC meetings. Attendees should preregister for the LEICC meeting on the New York City Department of Health and Mental Hygiene Bureau of Early Intervention website for the meetings. The meetings are open to the public but the audience does not address the LEICC members during the meeting. Audience members may sign up with Felicia, who is right there, if you want to speak during the public comments section. And then as of May 15, 2014, the New York City Local Law number 103 of 2013 and the New York State Open Meeting Law require that open meetings be both webcast and archived, and this meeting is being recorded today. Transcription is available for the meeting, and written minutes for the meeting will be available. Good morning. I first would like to

introduce to everyone a new member of the LEICC. I'm very happy that we have a new parent member, Cindy Chau, and I'll just give you a little bit of information about Cindy. Cindy is a teacher and an advocate and a mother of two. Her four-year old daughter received Early Intervention services since birth. Cindy holds a Masters in Elementary Education from Teachers College and a Masters in Marriage and Family Counseling. She's a mentor for families with children with multiple disabilities and is currently working on a project helping international offerings with special needs. Cindy is excited about being a member of the council and advocating for families receiving Early Intervention services and we're really happy to have a new parent member of the council. So, before we get started, I think I'd just like to go around so Cindy has an idea of who everybody is and so maybe we should start from here].

MS. MARIE CASALINO: Marie Casalino, Assistant Commissioner, Bureau of Early Intervention.

DR. GEORGE ASKEW: I'm George Askew, the

new Deputy Commissioner for the Division of Family and Child Health at the Department of Health and Mental Hygiene.

MS. ANITA RICHICHI: Anita Richichi, Bureau of Child Care, Department of Health and Mental Hygiene.

MS. TONI RODRIGUEZ: Toni Rodriguez, Early Childhood Direction Center.

MS. NANCY CALDERON-CRUZ: I'm Nancy Calderon-Cruz, provider, TheraCare.

MS. LOIS KESSLER: I'm Lois Kessler, New York City Department of Education.

MS. TRACY LEBRIGHT: Tracy LeBright, Public Health Solutions.

DR. MARY DEBEY: Mary DeBey, Higher Education, Brooklyn College.

MS.ROSALBA MAISTORU: Rosalba Maistoru provider, Little Wonders[unintelligible 00:05:01].

MS. LINDA SILVER: Linda Silver, Village Child Development Center.

MS. CATHY WARKALA: Cathy Warkala, Early Childhood Direction Center.

MS. MINA SPUTZ: Mina Sputz, Yeled

V'Yalda.

MR. TREIBER: Good morning. So, I first would like to introduce Dr. Askew, who is the Deputy Commissioner for the New Division of Family and Child Health, and we're really happy that you're able to join us today. So Dr. Askew is a pediatrician who has spent the vast majority of his professional career dedicated to addressing the health and well-being of young children and their families through a direct service advocacy and policy change. He joined the Department in November from the US Department of Health and Human Services where he was the first Chief Medical Officer for the Administration for Children and Families. In that role, he helped develop and administer initiatives and policies aimed at addressing the health needs of children, particularly young children and families facing significant economic and social challenges. Dr. Askew previously served as the Deputy CEO and Chief Development Officer for Voices for America and as CEO and President of Jumpstart for Young Children. Additionally, he is the founder of Docs for Tots,

a pediatrician-led child advocacy organization that helps doctors advocate beyond their clinical practices on behalf of the youngest children. The Division of Family and Child Health that Dr. Askew oversees was created by Commissioner Bassett and includes the Bureau of Maternal, Infant and Reproductive Health; the Office of School Health; and most recently the Bureau of Early Intervention.

[OFF MIC CONVERSATION]

DR. ASKEW: I should say something? Great. I like to stand so I can see everybody, first of all, and also as a pediatrician, you know, I have a fairly soft voice, which is great as a pediatrician, but sometimes not so great for public speaking, especially without, without a microphone. So thank you for allowing me to be here today. I'm actually very excited. How many -- raise your hands if you, if you walked into that construction as you were coming in here today? There you go, so I'm not the only dummy. How many people were delayed this morning? A lot of people delayed on the, on the subway? I was delayed, but we all made it. I'm also very happy

to see a smattering of men in the room. Being in this field for a very long time. You don't see many, many gents who are doing this kind of work and I really appreciate men who enter a field where we nurture and raise and support young children. So we're not seen very often, but I know that the ones that are there are very committed to this work. So thank you, gents, for your efforts. You know, when I met Mary Bassett, Dr. Bassett back in June of last year over coffee, it was because I had been recommended by First Deputy Barbeau who is an old colleague as a, as a senior person who can lead an early childhood effort and, and in performance supervision, I guess she means senior, she means older. I must be getting up there in my career. When she, when she told me about this new division, sort of bringing together all the child and family facing efforts in the Department and trying to put them all under one umbrella, I was, I was excited. So she said, well, you know there will also be School Health, which, which gave me a smile and there would be the Bureau of Maternal and Infant and Reproductive Health, which gave me

a smile, and then she said and we're trying to move Early Intervention into this new division and that really gave me a really big smile. And that really -- and that really was kind of a make or break, to be honest with you about a job, because if you were going to, you know, if we're really going to attack early childhood, this is one -- this is where you want to start, you know. I certainly, you know, value the Bureau of Maternal and Infant and Reproductive Health, you know, Office of School Health, but then there -- but then there's a gap, that zero to three gap, and we were able to sort of fill that zero to three gap, and still have the gap, that three to four or five gap before you get to UPK, well, we're going to work on that too. So I was really excited when, when this actually came to fruition. It really is a big part of why I'm here. So, you know, the work that you're doing and the efforts that you're making are really part, a significant part of why I chose to take this job when I left Washington D.C., and left my family back there to come be here with you all. They don't mind. They get to see me on the

weekends. But when I, when I came, I didn't want to set my own vision here. I didn't want to come here and say I think this is how it should be done. I really thought that we should have a shared vision within the Division, something that we all could participate in, really did some visioning work with the team and took them offsite with a facilitator and we came away with some -- with a vision that every child, woman and family in the City of New York be empowered to reach their full health and development potential. And I think that really speaks very directly to the work that you do here, especially with regard to the word empower. You know, that's what we're trying to do with families. That's what we're trying to do with kids. And we really want the kids that we serve to reach their full health and development potential. And that is something that's a theme that flows through the entire division. So know that -- know that that's there. And then we wanted to focus on a couple of priorities and one of those priorities that emerged was early childhood. We really want to focus on something, and one of the things we

want to look at is early screening. And we're going to be pushing for universal screening of kids. And so we're really going to be banging on that, the, the childcare providers' doors and offices and saying that everybody has to do this, that this is a part of your job. And you know it is and you want to do it, I'm going to see if we can make sure you get paid to do it too. A lot of, a lot of complications in there. And also preventing unintended pregnancies is another one of our, of our big efforts. But I just wanted you to sort of know what the Division kind of looks like, what we're thinking as we're moving forward, how you fit in to the work that we're trying to do and how important you think it is, what you're doing and that my door is open. I am still in the learning mode. I've only been here for four and a half months, believe it or not. Gosh, it seems like it's much longer, because I'm having so much fun. I haven't had this much fun in a long time. So feel free to call me, send me messages, text me. I'm on Twitter. Stop in and see me. I love meeting, meeting folks and learning what you're doing. And so my door is

open and I'm sorry to say that I'm going to have to leave here about 11:00, but I'm going to get hopefully a good feel for what goes on here and certainly will be back. So, thank you.

DR. CASALINO: So, thank you all. Special thanks to IEP and Chris for hosting us today. We are usually in a room at Gotham, but it has been taken over for other purposes for the Department. So we were displaced temporarily and taken in. So thank you. I'm going to start off with our Department report about talking about the local determination, which is really an annual performance report for the city and the city's Early Intervention Program, and for the work that everyone in this room is doing. So each year, we submit performance data to the State Department of Health. The State Department of Health in turn submits that performance data to the Federal Government. Over the past few years, the State Department of Health's assessment of our work showed that we needed to make some improvements. So what did we do? We updated our policies and procedures, we changed some of the aspects of the Bureau's work,

starting in the Regional Offices, and all the way up to how data was managed, how we analyze data, and how we work together within the provider community, including our enhanced provider oversight process, and are working with the provider community to improve performance. I'm pleased to report that all of that hard work and those years of efforts have paid off. Dedication to the program has shown the results and this year's local determination for New York City shows that our compliance meets requirements, which is the highest possible ranking you can get. So thank you to all. I'm going to go through some of the information that put us in that category. While we still have some work to do on our 45-day compliance, as I present some of the numbers to you, you'll hear that, we also continue to exceed state targets for, excuse me, for important indicators such as percent of children served in New York City. So indicators. The state target for the start date of services, we all know that as the 30-day, it is 100 percent. So the compliance, the target is 100 percent, but the Federal indicator says that we

should be achieving 100 percent. In New York City, Federal fiscal year ’11 to ’12, our performance was 69 percent. Federal fiscal year ’12-’13, 88.7 percent. The statewide performance was 88.5 percent. So just a touch over the statewide performance. State target 45-day compliance again one of the Federal indicators 100 percent is the target and Federal fiscal year ’11-’12, New York City compliance was at 72 percent. We increased in the next fiscal year to 75.6 percent; statewide performance 82.5. So we still have some work to do on our 45-day but we’re definitely going in the right direction. State target for percent of children served birth to one years of age, 1.22 percent. New York City Federal fiscal year ’11-’12, we were at 1.11 percent. The next year, 1.25 percent with a statewide average of 1.22. Again, slightly exceeding the statewide average. State target for percent of children served birth to three, 4.09 percent. Federal fiscal year ’11-’12 New York City 4.12. The next year we were at 4.57 percent, with the state average being 4.04. So it’s important to remember that the work of the

Bureau is a collaboration between the Bureau, provider community. It has to do with how data is collected, how data is analyzed but it comes down to the fact that everyone is working very hard within this program to ensure that the children and the families are getting the service that they, they have been authorized for and that they should be getting in our program. It is about delivering the services to the children and families. So thank you to everyone who participated in this, beginning in the Bureau but certainly going out into the provider community. The next part of my report is on the SEICC, the early -- State Early Intervention Coordinating Council. Since our last meeting there have been two meetings. So I'm going to report on two meetings, the December meeting and the March meeting. I'm going to start off with the December meeting talking about the task force on social and emotional development and we presented some data to the task force, which was subsequently presented to the SEICC. We're going to present that data to you here, but I'm going to leave it till the end of the discussion of the

March meeting, because just to give the committee some opportunity to have a good discussion about the data that was presented statewide from New York City. So the task force on social and emotional development, we've talked about before, was created about a year and a half or so ago, by the SEICC. There are SEICC and non-SEICC members on this task force and the focus of the task force is to create a guidance document for the field. To address and highlight critical relationship between children and their parents, caregivers, promote family-driven approach to services, promote the concept of trauma informed care. By the December SEICC meeting, there had already been some draft documents presented to the committee. At the December meeting, the state informed us that they had identified some funds to be able to bring on a consultant editor to take the work of the various workgroups to put it together into one voice and make it a cohesive document because there are a number of workgroups. And this was, this was the meeting that -- this was the SEICC meeting that the task force brought the New York City data for

discussion. And as I said, we're going to -- I'm going to delay it till the end of the SEICC report, so that you can see the data. We are going to project the data on the screen and allow you some opportunity to discuss the New York City experience. Also at the December meeting, there was a report by the state on the annual performance report that is to be submitted to the Federal government. This was the 2013-14 preliminary data. There was extensive discussion on timely services, children receiving services and the natural environment, some child outcome data, percent of children in New York State participating in EIP, timely IFSP or what we know as the 45-day, full discussion by the committee and there was a vote by the SEICC to submit the information to, to the Federal government. NYEIS updates. Considerable discussion. The overarching theme in any of the NYEIS discussions presented by the state is that they continue to work on enhancements on reports and functionality. There was also a presentation on the state fiscal agent and post-April 2013 transition. Looking at data at the time of

transition and the subsequent years, what the state presented was that enrollment in the program essentially unchanged 2012, ’13, ’14. Rendering provider capacity has increased 5.8 percent. Ratio of providers to children remains constant at approximately four therapists per child. This is statewide data. The number of billing providers has declined 20.4 percent, but the presentation proposed that this was probably due to rendering providers consolidating into fewer agencies. Payment cycles have improved. Mean time for full payment to provider agencies equals 15 days. Mean time for payments to independent providers, 20 days. As of the SEICC in December. The number of days from date of service -- the number of days from the date of service to the date the claim was submitted to the EIP by the provider community, mean time 54 days in 2012, decreased to 39 days in 2014. Commercial insurance claims submitted and adjudicated by commercial insurance within 60 days, 91.6 percent, 15 percent of submitted claims were reimbursed by third quarter of 2014. I'm going to go back to the issue of commercial

insurers because that did provoke some discussion at the table. The state also talked about the AT process that had been implemented in October 2014 in New York City and was going to be incrementally rolled out to the rest of the state. There was discussion about the percent of payments received from the insurers. Brad Hutton stepped in at that point in time to clarify that there are two percentages that the state is looking at regarding the statewide fiscal agent and commercial insurance billing claiming. Two percent is the percent of all dollars spent on EI in New York State that is supported by dollars from commercial insurers, 2 percent. Fifteen percent is the percent of claims submitted to commercials that are paid. Two different percentages that the state is monitoring. There was also discussion at this particular meeting regarding the administrative burden to providers for billing post April 2013, and consideration of a rate increase to cover that burden. I'm going to switch now to the March meeting, March 12, 2015 meeting. Very short beginning to the meeting because the majority of time spent at

this meeting was spent on a discussion and decisions regarding the SSIP, which is the State Systemic Improvement Plan. State now informed us at the beginning of the meeting that the update to regulations that we worked on about a year or so ago. I think many -- some of the people around the table may have presented or been involved or looked at some of the proposed regulations. And remember, these are regulations that have to be modified at the state level to come into compliance with recent changes to federal regs. So the state informed us that they were far along in the process. They still need to have public hearings. They should take place late spring/early summer, and the next package -- there were two packages of regulations that were going to be sent out to us. The first package is the one we saw that they felt were the easier fixes to the regulations, but the next package that should be coming out soon was -- would involve more complex regulatory changes. Health Homes, Lidiya Lednyak is going to do a more extensive update on Health Homes as it applies to New York City and what's -- what that's going to

mean, but I can tell you from the presentation at the March meeting the state informed the committee on locations had been received, the Health Home applications from the provider community had been received. The planned implementation October 2015. EI phase-in early 2016. Considerable discussion around the table regarding exactly what that was going to mean to the families. A lot of questions about eligibility determination versus determination of acuity. The CANS, those of you who have been involved, the tool that is being assessed to determine level of acuity, there is still work being done on that to be sure that it's applicable to the child population. So the remainder of the March meeting was dedicated to identifying the measure for the State Systemic Improvement Plan and this is coming from the Federal government. It is a Federal requirement for each state to identify a comprehensive ambitious achievable plan designed to improve results for infants, toddlers and their families. These have to be measurable indicators. They have to be measured, measurable, there has to be

an infrastructure in place, there has to be experience with this, there has to be involvement of stakeholders that is a significant plan for improvement focused on outcomes that will take place in the state over a number of years. The state actions to date were data analysis, extensive data analysis, infrastructure assessment, measurable -- identifying measurable results, again, important outcome not process measure and identifying the improvement strategies. So to that end, the state presented to the SEICC a multi-year experience with outcome, surveys and work. The state for approximately ten years has been doing a child outcome study and many of you have been involved in this. These are the child outcome surveys that are completed by the IFSP team at entry and at exit. I see lots of nodding heads. Yes, you have been doing this work. The items that are assessed, child functioning compared to other children his/her age, and really improvement of those skills from the point of entry to the time the child is transitioning out of the program. So child outcome survey, identifying child

outcomes as our SSIP was one of the considerations. The second consideration was family outcomes, and the state over the course of these number of years, almost ten years of work, has developed with consultants a family survey that has been either mailed to the parent hard copy or they have invited the family to complete the survey online. Three key elements to family outcomes. One is helping the family know their rights. Two, effectively communicating their children's needs and helping their children develop and learn. So presented to the SEICC, focusing the SSIP for the next number of years on child outcomes or family outcomes. The measuring scales had all been identified for both. So two paths that the SSIP could have gone down and the SEICC would be supporting. The state, at the meeting, was promoting family outcomes. I can tell you it was well received by the SEICC. The SEICC had a very rich discussion, very good discussion with the individual who had developed the scales, the surveys, presented the data, talked about the analysis that had occurred to date and the potential for the analysis. And

after much discussion, the SEICC voted to focus its SSIP on family outcomes for New York State using the tools that had been created to date. The basis for this decision is as we know it, surely as we know it in New York City is there is a strong relationship between increasing or improving family outcomes, their knowledge, their self-efficacy, their access to support. We know that family support, family knowledge, family empowerment will work to the benefit of the children. So the SEICC supported this, New York City has been working on this. Clearly, New York City supported it at the table, and the focus going forward for these next few years will be on global family outcomes. I gave you three examples, but the other items that are included in the survey are parents expressing their feeling that -- feel that my efforts are helping my child, feel more confident in my skills as a parent, find resources in the community to meet my child's needs, use services to address my child's health needs, advocate for my child. It is a very long list. I picked out some of what I believe are the most salient elements to the

survey. We are obviously entirely supportive of this plan. I am confident that the work we've been doing in the Bureau and within our provider community is going to put us in good stead and certainly shine some very positive light on the work we've been doing. So that was -- there will be more to come I'm certain on the SSIP.

MS. SILVER: I just have a question.

DR. CASALINO: Sure.

MS. SILVER: Not so much in the determination of focusing on family outcomes, but my question is did they mention -- they had how many years of data on child outcome? Did they present that data? Are they doing anything with that data? We just fill out those forms and then never know what they do with them?

DR. CASALINO: Yes, they presented some of -- yes.

MS. SILVER: Okay.

DR. CASALINO: They present -- presented some of the data at the meeting with them. I'm not sure how much of the data I have, either electr- -- if I, I will go back, because it was a very long, very detailed discussion.

MS. SILVER: I'm sure.

DR. CASALINO: Very interesting, I can assure you very interesting. The consultant who had been working on this, a very extensive presentation. There is some data, but there is still more work to do and that's why the SSIP is important for us to continue to do this. So I will share with you --

MS. SILVER: Okay.

DR. CASALINO: -- what they have said to date.

MS. SILVER: I mean I just like kind of wonder because I mean, obviously I'm listening to you who is listening to them, but one wonders if they have what 10-15 years of data, I can't -- as long as they've been doing outcome studies of, of how children have come in at entrance and leave at exit, and do -- what do they do with that data and then I would wonder if the focus is going to be on family and family outcome, would there ever be a measure, you know, against the newer data of family outcome and outcomes for children against the older data that didn't focus on family, you know, family participation. That's what I would

have -- that would have been like an interesting study. But I'm just -- so it's kind of up in the air.

DR. CASALINO: So, good question, good question. There -- the focus of the meeting really was on which of these --

MS. SILVER: Right.

DR. CASALINO: -- which of these outcomes are we going to focus on. I will, as I said, we've got subsequent information. I can send to you what I can send to you --

MS. SILVER: Right, right, right.

DR. CASALINO: -- what I can share with you. I expect there will be more discussion --

MS. SILVER: And I get, I get what you're saying, because they have a giant thing to start working on, even though they had, what, ten years to do it or some enormous thing. They have to start doing it. It's a long, long project.

DR. CASALINO: It's a, it's a long project, but my understanding of the process is it started out focusing on one area and then developed, there were these -- there was layering on of different aspects.

MS. SILVER: Right.

DR. CASALINO: Which in a way is going to really serve us well because we have this many years of the statewide --

MS. SILVER: Right.

DR. CASALINO: -- experience to get to a family outcome survey that I think is going to --

[CROSSTALK]

MS. SILVER: It's interesting and I'm glad I'm not the one who has to do it but I think it's good. Okay, thanks.

DR. CASALINO: Any other discussions, questions about SEICC? What I want to do now -- we're done on the SEICC, yes?

MS. SILVER: I guess I had one other question. And I'm assuming like the easy package versus the more complicated packaging? There was, I remember when Donna had done the original presentation on the whole systemic improvement, they were talking about, you know, capitating, fixating, whatever, whatever word they're using in terms of service coordination rates, wasn't that part of that whole improvement, that they were going to do as far as legislation?

DR. CASALINO: I'm trying to -- you're right. There was, well, yes, there was this RAP, the Reimbursement Advisory Panel, and the one very specific recommendation that came from the RAP was to look at the payment structure for service coordination. And I'm trying to -- I'm trying to remember --

MS. SILVER: I seem to remember when Donna originally made a presentation --.

DR. CASALINO: Yes, it was in, it was in the regulatory corrective.

MS. SILVER: It was, right?

DR. CASALINO: Right, yes.

MS. SILVER: Because I remember a lot of the stuff was just conforming to the regulatory, I mean, to the Federal regulatory language and it wasn’t a big deal.

DR. CASALINO: Right.

MS. SILVER: Which I'm assuming is in this first package that you referred to.

DR. CASALINO: Yes.

MS. SILVER But then there was something about the service coordination.

DR. CASALINO: Yes, that’s right.

MS. SILVER: And changing the rate structure, and that wasn't spoken about, I guess?

DR. CASALINO: Not specifically.

MS. SILVER: Okay.

DR. CASALINO: Not specifically.

MS. SILVER:: So it's still out there? Okay.

DR. DEBEY: So when, when you asked, when you said the global family outcome, does that mean just more variables or are they looking longitudinally or is --

DR. CASALINO: There were more variables. I just went down this very long list of the items that are included in the family survey and picked out a few that I thought would be most pertinent for our discussion, but it is a -- the family survey has many more elements to it, many more questions to it.

DR. DEBEY: So they're not increasing like the longevity of the study? They're looking at more variables in the global --

DR. CASALINO: To my understanding, yes.

DR. DEBEY: Thanks.

DR. CASALINO: Sure.

MS. RODRIGUEZ: So you mention as part of it is family's ability or their feeling about community resources between Early Intervention within the communities or other services that could complement Early Intervention in those communities?

DR. CASALINO: From my reading of the survey, it goes beyond Early Intervention and it's really in a sense empowering -- not in a sense, but empowering families to reach beyond Early Intervention for other services they would need to support their child and family. And I, I have, we, a copy of the survey was distributed at the SEICC. I don't believe I have it electronically, but I can scan it in and I can send it to the members of our LEICC for you to see. I'm not certain that that's exactly the survey that's going to be used going forward, but you can at least see the, the elements included in that, there are many questions and they're all -- I read through them and like this is good, you know, this is good, this is good, this is good. So I can, I can scan that in and send it to you. Okay? Great.

MS. WARKALA: I don't know if I missed it, did you, was there a discussion about how long that would be sent out – how would it be sent out?

DR. CASALINO: No, we didn't get that to that point.

MS. WARKALA: Okay.

DR. CASALINO: So what I wanted to do is go back to the data that was presented to the S-E -- the Social Emotional Task Force, from New York City, and the Social Emotional Task Force presented this information to the SEICC. So I'm going to ask Nora to do this presentation.

MS. NORA PUFFETT: So this was really to answer the underlying constant belief that no child is diagnosed with a social emotional delay. That was really kind of where that idea was coming from. And we were able to -- we happened to have some old data around this issue and the first thing I can tell you is that it's true. No child is diagnosed with a social emotional delay alone. I think I found three. But when you think of children zero to three that makes perfect sense that they're not -- if they have a

truly severe delay in social and emotional, that's not the only thing that's going to be manifesting. And so we looked at the data to come back to people who were saying, well, we don't see children, you know, who only a social emotional or, you know, what kind of services, if it's not this service, it's not a true social emotional. We have a lot of children with social emotional delays. We chose to make a distinction between autism spectrum disorder and other social emotional delays because they are a pretty significant spectrum even beyond the autism spectrum. And as usual, we made our usual distinction between children at the age in which they come into the program, because we do find that their delay profile tends to look very differently depending on whether they are over or under 18 months of age at entry. And so what you could see though is that first set of columns is children who come in under 18 months of age. They tend to have, you know, physical problems usually is what we're seeing there and often just one domain. Well, even with only under 18 months of age, five percent already have an ASD

diagnosis and then another 17 percent have a social emotional delay of some kind. So that 22 percent of children, even under the age of 18 months coming in have a social emotional delay, basically a fifth of our kids. And when you look at the older children, that second set of columns, the over 18 months, what you see is that these days incredibly 19 percent of children with an ASD diagnosis, but another 24 percent with a different kind, other kind of social emotional delay, whether it just doesn't quite meet DSM criteria or it's, you know, very distinct, it should -- which would bring you up to, if you do the math, 43 percent of children in that age group with a social emotional delay. So what we were hearing is this Social Emotional Task Force was getting underway was this is such an under recognized condition, and of course it is, the implication at times that it's completely unrecognized, that no one acknowledges the social emotional delays of very young children, it's just not true. So that even when you look at them as a whole, 13 percent of all our children regardless of age have ASD, have a diagnosis.

Most of them pick it up while they're in the program but they do get it, and then 21 percent have another social emotional delay. So 44 percent of children have some form of social emotional delay that has been identified and addressed in their IFSP plan. And as I said, this was really very specific to the concern as this group got going about what is the level of awareness, do people know about these issues, do they know how to evaluate for these issues, and do they know what services to provide to address these issues. And while there's needs in all those areas, I think that the recognition piece is not as dire as people made it out to be, because we already know as while they're in our program that this many of them, we are aware of the problem. And then the next slide, I think was just a visual of the same thing. Maybe easier to look at. Next slide, next. Next page, sorry. No, we can just skip that it's just the same data. So the next slide was really a pie chart showing the data.

[CROSSTALK]

MS. PUFFETT: So it was social emotional

dark pic ASD, later pic other types of social emotional. So you can just see it jumps out a little bit more clearly that we're usually looking at anywhere from a fifth to a quarter of the kids.

DR. ASKEW: How's that?

MS. PUFFETT: Perfect.

DR. ASKEW: Good for something, right?

DR. CASALINO: So we, we presented this data, as I said, at the task force because there had been this discussion, ongoing discussion the children are not being identified with the delay. We knew that in New York City we were recognizing this delay in our children. This data was presented really to inform the work of the task force to guide the writers in preparing their drafts for the guidance document. They were extremely appreciative that New York City presented this data. There was a request to the State Department of Health to generate the same data statewide.

DR. SHULMAN: I'm wondering what, and if you do qualify for Early Intervention. Coming with significant severe tantrums, the parent

describing unusual emotional delay symptoms, and they don't have other delays, is a very hard population to get into Early Intervention and get services for. And so I, I'm wondering if there's some way to calculate the percentage of kids who are referred to Early Intervention with an emotional behavioral chief concern, and how they fare in terms of Early Intervention, because then that population that medically we seek to try to diagnose to give some diagnosed condition and a high probability of developmental delays in an effort to get these kids service when they don't have delays other than difficulties in that domain.

MS. PUFFETT: From a data perspective, that would be extremely difficult and the reason is because more than – I should have looked at this - - more 50 percent of children come in without a reason for referral. They just don't enter anything and so we don't know what the initial concern was and then they go ahead and they get an evaluation in all five domains. We could potentially try to pull out results by domain, but it would actually be extremely

difficult. So I think you're right that it might be there and I don't know if that population would be more or less likely to report their reason for referral, but just that huge piece if missing data is why we've actually never looked at that question.

DR. CASALINO: Let me step in and just say that the work of this task force is to create a guidance document for the field, so that the field would have the basic information they need to do the quality evaluations that would identify the children to meet the eligibility standards for the Early Intervention Program, within the regulations that currently exist. The state has been very clear about the fact that there will be no change to the regulations at this point in time regarding the eligibility standards. And one of the things that has been discussed are the, the, the services that are available for children and families beyond the Early Intervention Program. So for those children that need to be monitored whether it's in the pediatric setting or in another setting, what guidance could be given to them. And we do have

different writing groups working on the different aspects of the guidance document. The guidance document is actually moving along much more quickly than I had ever anticipated and we should have a draft somewhere along the line. So if there's a way for us to generate the data, we would tell you that, but this guidance document is also for the field to present information regarding those children and families that would not be accessing Early Intervention services.

MR. TREIBER: I just have two questions. One is in terms of on the data, where have you got it specifically within the IFSP, within the evaluation? Like how, how did you sort of pull the information?

MS. PUFFETT: Yeah, so within the, within NYEIS or within the MDE and then reported within NYEIS, in the MDE summary, they have to give results by domain.

MR. TREIBER: Yeah.

MS. PUFFETT: And so we look for -- we pull out, is this just eligible children.

MR. TREIBER: Mm-hmm.

MS. PUFFETT: We pull out eligible

children, and then we have to see who had a domain delay. And then point out that it captures -- the delay may have only been like a 25 percent. It wasn't going to make the child eligible on its own.

MR. TREIBER:: It was just identified as --

MS. PUFFETT: Exactly, as part of their profile.

MR. TREIBER: As part of their profile.

MS. PUFFETT: Exactly.

MR. TREIBER: And then is there any, I know, I know at the last LEIC we talked about kids who were referred but sort of never got there.

MS. PUFFETT: Yes.

MR. TREIBER: And kids who were identified -- is there any way to look at these numbers in terms of were there kids who once were referred and then were found later like especially in regards to the social emotional issue.

MS. PUFFETT: So you think like maybe who were evaluated, not eligible but came back

and evaluated later?

MR. TREIBER: Exactly or --

MS. PUFFETT: That's --

MR. TRIBER: -- you know, like specifically if you think certainly children who, who are in like very traumatic situations, children who might be homeless and in shelters and other things, may not initially show at that young age, but certainly by 18 months --

MR. TREIBER: Yes.

UNIDENTIFIED FEMALE: Right.

MR. TREIBER: -- you're very, you know, so I'm just wondering because I know that was a discussion and things that the Department was starting to look at is in that issue, it might be something to look at in terms of are these kids being referred initially found not eligible and later found eligible?

MS. PUFFETT: Yes.

MR. TREIBER: I don't know if there's any way to look at that, but I think that would be important information.

MS. PUFFETT: I think we could try to look at that in the future. I think it may not

stand out as much as you expect because we actually, we were just doing some sort of hand data these days and almost 20 percent of children are re-referred and quite a lot of them get evaluated at both points.

MR. TREIBER: Mm-hmm.

MS. PUFFETT: And in particular delays like communication will show that same trend. --

MR. TREIBER: Mm-hmm.

MS. PUFFETT: -- we're not quite there now, but six months later you are. So instead of like something we could look at, I just don't know if it'll jump out as much as you might expect, but it's, it's something we could end up seeing.

MS. RODRIGUEZ: I mean, in terms of continuing that, I'm just wondering about the relationship between a parent, parent depression, post partum, poverty, noncompliance, and the social emotional piece as well.

MS. SILVER: I guess, I'm thinking about everything and listening to everybody and I think I'm probably going to answer my own question about something you had said, but I, I think

about kids with social emotional issues, I mean, I know you said these are kids where it may not be the primary handicapping condition. It's probably a secondary handicapping condition, and like Lisa said, you're more -- you're very concerned about the kids with the social emotional problems that might be the primary. But, and I, just as a thing, it's like in the three to five world, what I see a lot of are kids -- I don't know if I want to call it social emotional issues, but that's, for lack of a better term, that's what it is. It's like self-regulation, and I've been doing a lot of reading about self-regulation and that self-regulation in a lot of the journals how now been the major predictor of success in an adult, because you can't get your self-regulation going, you know, you have a tough time in life. So I just don't know where it all fits in, but I think where it all fits in is more that if you identify a child who might be depressed or might have some other kind of social emotional component, a self-regulatory component but don't meet the eligibility criteria, that the guidance document

is going to show, show you directions of where to go, but maybe not, I guess not an EI kid. But I think there just needs to be a greater focus. I mean, everything, every time you read a newspaper, it's some, you know, social emotional concern to just not taken seriously enough in this country or anywhere else. And so you have all these horrible things that are happening worldwide. So but it begins with the little guys. So is that the goal is to, to what, to make it clear what EI is all about and then resources if you identify a child who has a some sort of a social emotional component where to go and how to follow-up with it?

DR. CASALINO: There, there are set portions of the document that are being generated right now. We have -- it's a very wide spectrum of participants on this document, very wide spectrum, and if I were to go down the list, you would recognize many of the names. They are -- there is a section on clinical clues. We're involved in writing the section on evaluation. We're involved and with teams, each writing team is a team, we're involved in writing the section

on the IFSP, and each person on the writing team is going to bring the appropriate information to the document. It will be a document that will provide a broad spectrum of information to the field. Again, not to say that Early Intervention is the only program. You still have to meet your eligibility requirements. We still authorize services individualized for the child and family. So it will, that theme will continue but it will be a clarifying document.

MS. SILVER: Sort of like the speech and language with the clinical clues and --

[CROSSTALK]

MS. SILVER:: -- replicates that type of a guidance document? That's what I'm envisioning. Okay.

MS. WARKALA: Actually it's more of a comment. I see a strong tie between the Social Emotional Task Force and the outcome of the guidance document, with the family outcome survey, that I know you only highlighted some of those questions. I'd be really interested if there's other questions that are talking about the composition of the family, I mean, you know,

we have to -- I mean, I don't know, you know, if there's stressors, you know, different things that are not enabling them to move forward with their child stumbling blocks or those type of issues that are kind of not enabling them. So I see a nice bridge between that in helping to identify the children, more concerns, and resources, resources one thing we talked about, more resources. That's more of a comment.

DR. DEBEY: Nora, when you looked at data, a child has social emotional diagnosis, what's the primary diagnosis, communication?

MS. PUFFETT: Yeah, I think there was a little confusion around that. So what we don't see are children with only social emotional delay and nothing else, but that doesn't mean that the social emotional delay isn't really severe. It can be the primary diagnosis. It's just that it's causing ripples in other delays. I am going to have to go back and look because we did look at that, but I would guess that, you know, obviously communication is the common one but I actually think it's, it's pretty, because like with those little guys, you know, again, you're

not necessarily seeing it with the communication yet, because it's even almost too early for them to be doing much more communicating. It can be in the physical development as well.

DR. DEBEY: So then the affected could be --

MS. PUFFETT: Yeah, I mean, it really, I mean, there's no domain that can't be affected by social emotional. I would have to go look at the combinations. I don't remember any single domain like jumping out, as this is it communication seems likely.

DR. DEBEY: Mm-hmm.

MS. PUFFETT: But mostly what I remember coming away with it was the idea of like you just cannot take the child's -- that, that apart from the rest of the --

DR. DEBEY: But it would be good to see if it changes as a child ages.

MS. PUFFETT: Which is usually the case.

DR. DEBEY: Which is sometimes rhetorical.

MS. PUFFETT: Exactly, exactly. Yeah, we could definitely run like the common

combinations, but nothing stood out so strongly that, you know, we can't screen.

MS. CALDERON-CRUZ: I just want to make a comment about data and then we need to move on, Dr. Casalino this is another example of New York City pushing data, and all due respect if anybody is here from the state but, you know, I just, I think that my colleagues who continue to recommend support that the city really take the leap, because I think that the Department along with the providers provide a lot of good credible data to the state. So I commend you for that. I think it's helpful really to talk about eligibility. I know for the state that it would change that. But I think the more data, the more power it gives to make a reconsider looking at eligibility because we are missing a significant amount of children. The impact of them being small kids to what we are seeing in CPSE right now, it's, it's significant. So, again, this is another example of the city really taking the lead and providing the state with very credible data. So hopefully NYEIS will one day give us even more data. So I do appreciate that and

everyone else who provides that information to your Department.

DR. CASALINO: So -- oh, yes?

MR. TREIBER: I, I had forgot to review the minutes from the last meeting of October 28th, but I just wanted to make sure everybody got them and if everyone approves, then we can just have two people say they accept it. Thank you.

DR. CASALINO: So we're now going to do the rest of the department report. Lidiya Lednyak is going to be talking about agency updates, post April 1st, AT, Health Homes. Jeanette Gong will give us an update on academic collaborations. And Nora will talk about provider oversight and discussion we had previously about [unintelligible 00:59:34].

MS. LIDIYA LEDNYAK: Let's just wait for that PowerPoint to come up. Good morning. So as Dr. Casalino said, I'll be reporting on the April 1st transitions, new agencies and our technical assistance process. The implementation, the October 1st implementation of Assistive Technology. And so, sort of where we are with

our understanding and what the next steps are with Health Homes. Let me just grab that clicker. I'm sorry. Okay. So this is the -- the general message on the April 1, 2013 provider landscape is that in New York City, at least, is that the number of agencies continues to expand. I know that Dr. Casalino reported earlier from the state report that we have less agencies and more rendering providers and rendering providers are consolidating under less agencies but in New York City we kind of have a different story to tell on that. So as you can see, April 1, 2013 we had 85 providers. And as of March 30th, we have 105 providers. I think the largest increase we're seeing is around ABA providers. I keep reporting to you on this. April 1st we had 31. Now we have 58. SC providers, there's some growth in new providers, there's some growth. I think the -- and groups are pretty much remaining a constant but it's not the same mix of providers. So in New York City you have some providers exiting while you have other newer providers coming in to sort of take their place. And, and I think and there's 40 new and existing

providers that are right now in the technical assistance process. So there's a potential for at least 40 additional agencies. I mean, these agencies are in different stages of readiness and some of these are existing providers who want to broaden what they offer in New York City but most of that 40 is new people, new folks. So I guess sort of that's the story. It's a little bit different than the story, than the statewide perspective and we've talked many times about our, with our other municipal colleagues about their, New York City's experience is not their experience. It's different. And -- yeah?

DR. SHULMAN: Question after that?

MS. LEDNYAK: Sure.

DR. SHULMAN: So if the, the ABA providers and the group providers --

MS. LEDNYAK: Mm-hmm.

DR. SHULMAN -- of group providers, are the group providers ABA group providers, or just developmental --?

MS. LEDNYAK: Both. There's both.

DR. SHULMAN So there's no --

MS. LEDNYAK: I didn't, I didn't break

that out.

DR. SHULMAN You didn't break it out?

MS. LEDNYAK: No.

DR. SHULMAN So we don't know if there are more.

MS. LEDNYAK: I can, I can break that out next time.

DR. SHULMAN Right.

MS. LEDNYAK: We know that.

DR. SHULMAN Okay, alright.

MS. LEDNYAK: Mm-hmm. And just an updated provider directory, a mass update because we have so many new providers sort of coming in, will be initiated by Provider Oversight in April. So we probably should have an updated provider directory on the website hopefully in, sometime in early to mid-summer. Okay.

MS. SILVER: Is there a sense that all the boroughs are being adequately covered by the new providers?

MS. LEDNYAK: It's actually a very good mix, I would say. No, there isn't one borough that all the providers are flocking to. It might seem that way, but it's not. I mean, I think in

certain boroughs where there was already a lot of providers, new providers are sort of may go there and then they're like, oh, this is not -- maybe this is not the best sort of business move. So they'll call and we'll talk to them, technical assistance will talk to them and say, you know, maybe you'd have better luck going to a different borough and they have been doing that. So the, we the department have been -- we work with providers to sort of help them think through where they might go and where the needs are. We've been getting folks -- these are, these are the zip codes where we have, where we have difficulty, where we have need. We, when we work with them through the TA process we will, we'll, we, we look at that list to see, you know, where, where, where can you go and sort of what are, what are the capacity needs of the system.

MS. SILVER: Do they -- when a, when a new person comes on, do they, like I understand you have them determine where the needs are.

MS. LEDNYAK: Mm-hmm.

MS. SILVER: That makes total sense. But are they, are they the sort, are they

restricted to a particular -- when they finally become operational and decide where they want to be, are they restricted to that initial commitment?

MS. LEDNYAK: The initial commitment that they make to the state. So usually, they will, the new providers go and they will check off all of the five boroughs.

MS. SILVER: Right.

MS. LEDNYAK: But in terms of initiation, you know, in terms of from a planning perspective, they'll say, well, I'm going to start in a particular borough in a particular neighborhood and see how I fare. And then if they're not faring that well, they'll say, wait, maybe this wasn't the best idea.

MS. SILVER: So do they come back to --

MS. LEDNYAK: Yeah, we --

MS. SILVER: -- do they come back to the Department and go, okay, I decided I wanted to be in Manhattan, but that's not working out, so they go back to the department. So the Department kind of --

MS. LEDNYAK: We act as a broker kind of

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[CROSSTALK]

MS. LEDNYAK: -- you know?

MS. SILVER: I don't want to say the word approve.

MS. LEDNYAK: No, we don't approve --

MS. SILVER: It's not approval but --

MS. LEDNYAK: -- we, we help them, we, we don't want people to fail, okay, because if you come into our system and you take on 200 children and then all of a sudden something happens, it's a -- it's, it's a problem for the families, but it's also a problem for the system --

MS. SILVER: Right.

MS. LEDNYAK: -- and how is the system going to absorb, if that is to happen. So we need to be -- the reason that we developed this is because we need to be vigilant about, you know, what, what our system looks like now, particularly post-transition.

MS. SILVER: So basically the Department kind of -- I'm not going to say approve, but gives the okay to a particular borough and

there’s got to be communication between the new provider and the Department in terms of where they’re setting up shop, so to speak. Yes?

MS. LEDNYAK: Yes. You know, email eita@health.nyc.gov, if you’re a new provider or if you're an existing provider who wants to, I don’t know, do groups, do more OT, I don’t know, some, some new service that we all need. Hey, so Health Homes, so as you all know, I hope, so Health Homes, the goal of Health Homes is to expand the availability of Medicaid care coordination services to more than 200,000 children across the state who are eligible under the optional state plan benefit created by the Affordable Care Act. They -- the state sees Health Homes as being a natural linkage with EI. There have -- at the last LEICC meeting, I presented to you on what the eligibility criteria were for Health Homes. So it’s two chronic conditions and they are -- and a determination of need and how need is going to be determined is something that’s still being discussed up at the state. So I'm just -- I’m sort of going to glaze over that unless you guys want any sort of

additional detail on eligibility. Great. Current status, so the Health Home application period ended March 2, 2015. New York City Bureau of Early Intervention is part of a Health Home review committee at the Department of Health. So we've been looking at Health Home applications along with many other programs and offices in DOHMH. There are currently 34 agencies expressed interest to become a child-serving Health Home across the state. And so we're reviewing a portion of that. Once, so like with other things with state, Health Home approvals will be rolling. So between March 2nd and June 15th, is when they expect to take on all of the Health Homes that are, you know, sort of going to be operating, and then between June 15th and September 30th is when they're going to be conducting all of the system readiness, the training, the webinars, all of that for, for new Health Homes. So they expect to take children on in Health Homes in October of 2015. EI impact, though, even though they said that it might be more towards January 2016, they have not really announced a target enrollment date for kids in EI

into Health Homes. New York City along with other municipalities are sitting on NYSACHO, you know, New York State Association of County Health Officials, with a work order with SDOH and other municipalities to really talk about how, how Health Homes are going to be implemented in New York City. And so we just pretty much started talking about the specific operational details. We have not -- I think, you know, I think from a state perspective, their priority is really, well, how are we going to phase in all of the kids who are in various, you know, Medicaid case management programs into health homes. I think they're, I think they're still developing that mechanism. So early implementation phase in will come after they have sort of taken care of that. I think that the message around Health Homes is that, you know, Medicaid redesign is very real and it's affecting all of us and Early Intervention will ultimately be, you know, rolled into that in one way or another. So as a system, we have to be vigilant about sort of what the impacts are going to be on the families and, and the children that we serve. The other message is

that we, we know that many Early Intervention providers have joined Health Home networks to become downstream Health Home providers, and we would encourage more Early Intervention providers to think about that, take that seriously and consider doing that. So that when EI kids start getting rolled into Health Homes, that there is a built-in Early Intervention expertise there. Any questions? Health Homes.

MS. CALDERON-CRUZ: I just have a quick question, our organization had a phone conference with Home Health just to get some more information because we were confused.

MS. LEDNYAK: At the state?

MS. CALDERON-CRUZ: Yeah, I believe it was the state, and I think part of the confusion they had when we talked about Early Intervention service coordination roles and we looked at the, the evaluation tool that they used, which is not --

MS. LEDNYAK: The CANS.

MS. CALDERON-CRUZ: Yeah, and I know that all that’s going to be revised, and so what I'm hearing from you, Lidiya, there's, there's

going to be a liaison from EI working with them when we do the changes and the policy procedures that would be specific to EI? Because they were very confused with questions we asked regarding policies that currently --

MS. LEDNYAK: Mm-hmm.

MS. CALDERON-CRUZ: -- and they were like we have no idea.

MS. LEDNYAK: Yes.

MS. CALDERON-CRUZ: We're going to update all that? Because that's, that, that would be my concern is them understanding what we do, our rules and regulations and the burden on, is it the service coordinator going to be involved in doing that? Is it somebody else in addition to the service coordinator and all that?

MS. LEDNYAK: So we share your concern on that and that is really the work that this NYSACHO committed had started talking to -- so who's on this committee with, you know, Early Intervention, municipal representatives, is the lead, the lead Health Home team from the state and also Bureau of Early Intervention on the state side so that we could all speak together

about these issues. I think one of the, one of the big issues that was brought up on the last conference call was what's the impact on code 35 on all this. And so we're -- and, you know, they don't know. The, they're thinking about it. So, and, and I think it's sort of like we need to sort of answer the basics first, because if the state is going to keep their targeted case management approval for EI and also do Health Homes, which is also targeted case management, how does that overlap, how does that, how does that work itself out. So we're hoping that this municipal group is going to play a very active role in it.

MS. RODRIGUEZ: I'm just curious to know, I know previously there weren't that many independent providers.

MS. LEDNYAK: Mm-hmm.

MS. RODRIGUEZ: And you're talking about agencies. Are you still working with independent providers?

MS. LEDNYAK: Yes, we are.

MS. RODRIGUEZ: And they're increasing as well?

MS. LEDNYAK: Yes, they are. Not that many. I don't want to say that there's like, you know, 50, there's not. There's, you know, five, you know, but, but --

MS. RODRIGUEZ: But they're growing?

MS. LEDNYAK: -- it's, it's, it's starting to grow and in terms of disciplines, we've just seen speech, special instruction and now a couple of BCBAs. Nothing, no OT, no PT, no that sort of thing.

MS. SILVER: I, I hear everybody talking about Health Home, I'm not really sure, I'm still trying to understand it. But is there a difference between the new Health Homes and the old Medicaid Managed Care?

MS. LEDNYAK: Medicaid Case Management.

MS. SILVER: Huh?

MS. LEDNYAK: You meant --

MS. SILVER: I mean, like, like SKIP, you know?

MS. LEDNYAK: Mm-hmm.

MS. SILVER: I think of them.

MS. LEDNYAK: SKIP is going to be a Health Home provider.

MS. SILVER: So it's similar to that?

MS. LEDNYAK: It's, it is similar to that. The funding is different.

MS. SILVER: Okay.

MS. LEDNYAK: And, you know --

MS. SILVER: So it's a different funding scheme, but it's similar, it's very similar to that?

MS. LEDNYAK: And the eligibility is broadened.

MS. SILVER: And the eligibility is broadened.

MS. LEDNYAK: Right, so --

MS. SILVER: Okay, so that makes it easy.

MS. LEDNYAK: So, you know, two chronic conditions -- let's, let's just talk about it. So two chronic conditions, asthma, obesity, it's not, it's not what it is for, for, you know, for these kind of what we know today to be these Medicaid case management.

MS. SILVER: Right like these kids really sick kids.

MS. LEDNYAK: Right. This is very

different than that.

MS. SILVER: This is way broader?

MS. LEDNYAK: This is much broader, and so let's say you have a child with general developmental delay and the child has asthma, they technically met the two requirements. So that's not a --

MS. SILVER: Right, right, right.

MS. LEDNYAK: You know, the threshold isn't that -- but, I mean, then, then the other questions that come up afterwards is, well, what is the, you know, level of need? How do you determine if this child is "appropriate" for Health Homes, and that's the devil's going to be in the details on that.

MS. SILVER: And I remember, years ago, you know, doing this, like maybe too long, when, I mean, I was first beginning, there was, the providers were encouraged to become Medicaid managed care providers, because most of those kids were turning to be Early Intervention kids and so there were a number of agency, not a number, but a couple of agencies back then that did, that actually went and did that.

MS. LEDNYAK: Mm-hmm.

MS. SILVER: I don't necessarily know if they thought it was a successful thing to do at that time, and I know that dealing with the Medicaid managed cares that are in existence now from an EI perspective, they, they didn't understand EI.

MS. LEDNYAK: Mm-hmm.

MS. SILVER: It was very, very, very problematic. So I think it's like deja-vu all over again. I just get the sense it's -- but on a much broader scale.

MS. LEDNYAK: Mm-hmm.

DR. CASALINO: So should the, the -- there are a lot of concerns and I think that this, as I mentioned earlier, this came up at the SEICC, there are a lot of concerns, there are a lot of questions. As Lidiya said, there's a lot of work going on --

MS. LEDNYAK: A lot of work.

DR. CASALINO: -- at the state level, and fortunately the municipalities are being involved in the work. Our understanding of, of how this is going to happen in Early Intervention

is that the children, the children and families would get referred in for initial service coordination. At the point of assignment of the ongoing service coordination, would be the point at which and we have been told this will be a family decision.

MS. SILVER: Okay.

DR. CASALINO: Whether the child will stay with a traditional OSC within Early Intervention or the family would decide to follow the path of the Health Home care coordination. So there are many steps in between that have to be worked out and, again, going back to our concern about families, we're, we're working with families that will then have to make a decision at one point in time, but our concerns is the ongoing service coordinators performing Health Home responsibilities but being aware of the Early Intervention system and functioning in the role of an ongoing service coordinator.

[CROSSTALK]

MS. SILVER: The problem I think was not so much the EI, the EI coordinator had to become an expert in Medicaid, but even more difficult

was the essentially Medicaid case manager understanding what the requirements of an EI service coordinator are. That was even much more challenging, so.

DR. CASALINO: And that's why we have encouraged the Early Intervention community to become involved.

MS. SILVER: And the rate would be, I guess the rate, the rate would be the rate, right? You don't know?

MS. LEDNYAK: I'm working on the rate currently.

MS. SILVER: Okay, more questions than answers.

MS. LEDNYAK: Yeah, absolutely.

DR. CASALINO: A lot of work to be done.

UNIDENTIFIED FEMALE: Okay.

[CROSSTALK]

DR. CASALINO: And we have two presentations.

MS. LEDNYAK: Okay. So AT is implemented. There are issues but we're working through them. We can talk about any of these concerns offline. Thanks.

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DR. CASALINO: Jeanette with[Unintelligible 01:20:15] academic collaborations quickly then we will - -

[CROSSTALK]

DR. JEANETTE GONG: So while we're waiting for the PowerPoint to come on, I wanted to just introduce everyone to some of the faculty members that we have academic partnerships with. We have the chairperson, Dr. Shannon. And we have professor Haroula Ntalla from Brooklyn College. And then we have Jasmine Thomas, Jasmine, stand up so we can see you --

MS. JASMINE THOMAS: Hi everybody.

DR. GONG: From SUNY Downstate OT. So I just wanted to let everyone know that they're here today, just in case anyone is very interested in fieldwork placements for their students. You should come and approach them after the meeting today. Okay, so I'm going to briefly talk about just a status report of where we are in terms of the academic partnerships. Am I doing this right? Okay. So just to talk about what's happening with three of our main academic partners. At the Brooklyn College right now,

they are currently and will be meeting with partners to finalize fieldwork replacements. So they, they, we just actually met with the Infant and Child Learning Center at the Research Foundation at Downstate Medical Center and they plan to also meet with TheraCare, Little Wonders, University Settlement and Bellevue for other fieldwork placements for their students, and they were also completed their field work handbook and manual, which will include the responsibilities of the graduate students, the responsibilities of the clinical supervisors and any relevant forms or surveys and they have to complete. They're also applying for continuing education credits for any EI professionals or post-graduate students across different disciplines who want to participate in this certificate program, and again for Brooklyn College, they have a State Department of Education Approved Advanced Certificate Program in Early Intervention and Parenting. So pre-service graduate students can take this course, these courses, as well as post-graduate or EI professionals who are interested. There are also piloting the use of technology in

the Human Development I and II courses, which Professor Ntalla is teaching and what they're going to use is video equipment to record the interaction of the student with the family and the parents and then use that as a tool for self-reflection and assessment of the student's use of family-centered best practices and, and Embedded Coaching. And they're also meeting and supporting our other academic partners as they come aboard with us. We had a meeting with Hunter College back in early February. We met with SUNY Downstate just a couple weeks ago at ICLC, Infant and Child Learning Center, and we're probably meeting with other partners really soon. In fact, last night, I presented to the students at Brooklyn College that are taking Dr. Haroula's class, Ntalla's class right now, and last week I met with graduate students at Teachers College, part of the QUIERE program there, who are getting a dual degree in Early Childhood and Early Childhood Special Education. So we're doing a lot of outreach in the community. And they are also finalizing their evaluation plan for the advanced certificate program which will include

surveys completed by the students themselves and by the clinical supervisors, and, and they're looking at what kind of data to collect and what kind of tools to use. And some of the tools we're thinking about using are the Natural Environments Rating Scale and Rush and Shelden's Coaching Practices Rating Scale. So that's what we're doing so far with Brooklyn College. That's a lot that we have to do. SUNY Downstate Occupational Therapy Program, they decided to create a core EI curriculum for those graduate students in the occupational therapy program who want to work in Early Intervention after they graduate. So it will consist of three courses, Intro to Early Intervention, Topics in Early Intervention, and then an elective in Early Intervention. Two of those courses are going to be online. So right now, they're creating and finalizing the curriculum for those two online courses and they're also working on completing their fieldwork handbook as well, which also will outline the responsibilities of the graduate students, include the parent consents for those students to work with those families and also a -

- they have a self-assessment tool that they're going to give each student to complete prior to the start of the EI core curriculum, after they finish their coursework, before they do their fieldwork, after they do their fieldwork, and six months after they graduate from the program to get some feedback on how well the core curriculum prepared them to work in Early Intervention. So it’s like a self-assessment for competency in Early Intervention and Brooklyn College is going to do the same thing. I think they're going to do their post-assessment one year after to see how many people end up working in Early Intervention and how well the certificate program prepared them for Early Intervention as well. So we’ve been meeting also with Hunter College to prepare an academic partnership with them as well and they're finalizing their proposal for us to review. They're thinking about providing Early Intervention courses within their school of continuing education. In this way, graduate students or EI professionals or post-graduate students from different disciplines may register for these elective EI courses. We’re going to

maybe at the next meeting -- LEICC meeting be able to report more in detail about their academic partnership, and also we recently met -- Dr. Casalino, Lidiya Lednyak and I met recently with Dr. Wolf and Dr. Wang [phonetic] at Queens College and Dr. Rodriguez, Dr. Bacon and Dr. Gottlieb at Lehman College to see also if they would be interested in participating in some form of academic partnership with the Bureau. So are there any questions? It's a lot of work going on. Yeah. I keep doing this and I hope I'm doing this right. Is it the middle button?

UNIDENTIFIED FEMALE: No, the side button.

UNIDENTIFIED MALE: The side button.

DR. GONG: Ahh, so because we're firming up on all the field replacements, if anyone's interested in working with students from Brooklyn College, they can contact Amanda Lopez or Dr. Shannon. If anyone's interested in working, doing field work with the OT students from SUNY Downstate, please speak to Jasmine Thomas who is here today, that's her email as well, and Dr. Beth Elenko. And the last thing I want to

mention is that we have upcoming professional development trainings that will happen probably later this year, but we haven't finalized a date. One is on Reflective Supervision Training with Rebecca Shahmoon Shanok, Gail Gordon, Phyllis Ackman, and Elaine Geller, and the second training that we're going to offer from the bureau is on bilingual evaluations with Catherine Crowley. Okay, that's it. Thank you very much.

DR. CASALINO: Nora, just do the provider update, because we're running really short on time.

MS. PUFFETT: Sure, okay.

DR. CASALINO: We do have an agenda item. Nora was going to talk about the new committee. Do you want to -- shall we postpone yours?

MS. PUFFETT: Yeah, don't worry about it.

DR. CASALINO: Let's postpone Nora's till the next time, because we have some guests.

MS. PUFFETT: That's fine.

[CROSSTALK]

DR. CASALINO: Robert Stephens?

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MR. ROBERT STEPHENS: Yes. Hello, how is everyone?

[CROSSTALK]

MR. STEPHENS: Good but very, very quickly, not going to take up a whole lot of your time, my name is Robert Stephens, liaison manager for the Office of Health Insurance Services, actually the new Preventive Primary Care Division under Dr. Bassett. The Office of Health Insurance Services has enjoyed a relationship with the Early Intervention Program for quite a while now, for, for a few years and basically what we've been doing is we've met with a number of the providers actually all of them and hopefully with the new providers will be meeting with you as well. Then what we've been doing is we've been training service coordinators on referring clients or their family members who may require health insurance, and it's been wonderful. We thank you for the efforts that you've made. We've conducted in the past three to four years, we've conducted close to 200 trainings, meeting with close to 1700 service coordinators. Of course, some of the older

service coordinators and a new service coordinator and we've received close to 4,000 referrals from you. So we thank you and we've been able to assist some 800 families with health insurance services. Not only do we do the health insurance services, but we also assist with food stamps to, to SSI and so forth. But health insurance has been primary. With the advent of the Affordable Care Act, the state has trained our facilitator enrollers and they're now all certified application counselors. So we've been able to do even greater things. We've been able to now assist anyone between the age of birth to 64 years old. And you know health insurance is extremely, extremely important for the Early Intervention population and the general public. And so if you know of anyone, if you have any concerns with your family or of neighbors or anyone that you would know, please refer them to us. This particular package that we've given to you, you can make a contact with it. We're actually right now making inroads hopefully with DC 75, to gain contact with family members and parents and so forth who may require health

insurance services. And what we need to understand is that health insurance is for everyone. All of us are affected by this. So again with the advent of the Affordable Care Act, we are able to do even greater things. We concentrate again on the Early Intervention Program and their families and the EI child, the sibling and family members as well. Again, we can able -- we are able to assist anyone between the age of birth and 64 years old. So, again, to the EIP program thank you for this collaboration, for the relationship, and to the providers, thank you, you're doing a marvelous job. Thank you.

DR. CASALINO: Thank you.

MS. RENEE NOEL: Hi, good morning everyone. I'm Renee Noel from the Bureau of Child Care, Department of Health and Mental Hygiene. Thank you. And I'm here to discuss with you the flu mandate that was recently enacted, and I wanted to let you know that it's a collaborative effort between two bureaus within the Department of Health: the Bureau of Child Care and the Bureau of Immunization, and I have a colleague here with me, Paula Francis-Crick, and

she will jump in when, you know, if any of you have questions. Okay, so the flu mandate, right? All children ages six months to 59 months just before turning five, enrolled in childcare, must receive the influenza vaccine before, you know, by December 31st of each year, okay? Okay, so who's affected by this mandate, and the, we, we, the programs that are affected by it are the child, the group childcare centers that are regulated under Article 47 of the New York City Health Code. Also, the school-based childcare regulated under Article 43. So Article 43 programs are children that are three to five years old within a school or elementary institution, educational institution. So like a Yeshiva or the Archdiocese, you know, these little private schools. So just that three to five-year old is regulated under Article 43. So those are the programs that would be affected by this flu mandate, okay? So the state programs are not covered under this mandate. And like, we have programs that we call legally exempt, you know, they are in the home. The home programs are not under this mandate. The legally exempt

are programs that have less than two kids or, you know, they're, they're not regulated at all. And so the reason behind, you know, the mandate, the high, the highest priority is the daycare centers, because of the environment that these children are in. You know, close proximity, you know, personal hygiene is not at the utmost. You know, it's hard to get a two-year old to, you know, cough into their arm. So that's the -- it's, the influenza can spread easily in that sort of environment. Okay. Oh, I'm sorry. And also we're, statistics were, you know, research and all of that done in regards to, you know, out-of-pocket expenses, out of stack, you know, having to go to the emergency room. The expenses that that posed. As well as parents having to stay home and lost wages. Okay, so all of that was put into, you know, brought up. And just giving you a, you know, a visual of how it can, you know, a child becomes the source of infection in the entire community, in, in to the family, to their peers, and to the larger community. And so vaccinating the child is, is promoting herd immunity. So you're helping the other

individuals in your classroom as well once you are being -- once you are vaccinated. Okay. And, sorry. Okay, so this diagram is just, it's a, it's giving you the numbers prior to the influenza mandate, the flu mandate. And we don't have -- we have some numbers for now, like recently since the mandate. So the mandate went into effect January of 2014. And so these are the, the coverage of the, of the age group that had at least one dose during the season, okay? So as of March 11th of this year, we received the data that it's at 63 percent and it's climbing obviously. And so the hope is that it would go up to 90, even 100 percent, but as high as possible. That's the goal. Alright, so all this statistical information was taken to the Board of Health. It has to be approved by the Board of Health prior to being enacted. And so we have public comments, we had -- it, it, and individuals spoke up at these public comments and we took all that information and the Board made a decision. And their decision was made on January 11th of 2014. They did -- it was enacted. So programs must be in compliance by December 31st

of 2015. So the reasoning behind that, we wanted to do education as an enforcement, instead of initially coming out and doing -- citing violations. So giving people, you know, programs, daycare centers, opportunities to speak with their parents, you know, get all the information that they need provided to their parents so that by December of this year, 2015, they would, they would all be, you know, understand and be able to be in compliance with the, with the mandate. So right now we're just doing enforcement. You know, the flu mandate, we had blast emails sent out to the programs letting them know about the public comment. Notices about the, you know, the providers after the -- we sent out notices to the providers after the Board of Health approval. We sent out flu mandate posters, letters that they can give to their parents. You know, we, we, we wanted to educate them and give them as much information as possible. We also did presentations at specific organizations. So the first year, education, which is promoting, sending out materials, letting them know we have a media campaign. If

you've noticed in the subways, you know, there's the flu posters in the subway stations. And so that was our hope to make sure -- so no violations are being cited. We're not issuing notices of violations to any of the programs. We're noting it in our reports. We're educating them. We're giving them the information. And year two, which is December 31, 2015, so that means January of 2016 is when we begin issuing the notices of violation. Okay? So programs will have to be in compliance by then. So the exemptions, you know, this is the main thing, you know, a lot of phone calls have been coming in. They want to know what to do. Parents are against it. A lot of parents they don't want their children vaccinated with the influenza. So there are only two exemptions, for medical contraindication and religious grounds. Okay? So for medical, you have to get a doctor's note. It has to be signed by the doctor. It cannot be the doctor which we've seen, the doctor says that the parent refuses to give the child a vaccine. That is not acceptable. It has to be it's a detriment to the child, the child is allergic to

it, the -- it would be, it would be counterintuitive, intuitive, you know, it won't do anything for the child. So that is the only reason. It has to be from a doctor and signed by the doctor. The program can ask for additional information. They can call the doctor. It's their prerogative. They can do that. Religious grounds, this is the parent giving the letter to the program, you know, just with their sincere and genuine religious belief. It cannot be philosophical or anything like that. It's just their religious belief that they don't, it's against their religion to vaccinate. And, and again the program, the director, the owner can ask for additional information. If they wish, they can ask from the clergy member or the rabbi, whoever that they, they request. But as a regulatory, we go in -- we, as long as we see the child, in the child's record that a medical doc-, the medical letter from the doctor or the religious letter from the parent, we accept that. We're not going to go dig further. You know, it's up to the program to do that. Okay, so the program's obligations. Retain completed medical

forms for all children enrolled, have medical forms readily available for our inspection, ensure all children enrolled have the required immunizations or the exemptions. Adhere to the Health Department Health Code in which they are governed under, which either 43 or 47, and the permittee may refuse, so the program may refuse to allow any child to attend a childcare service if they do not have the, the vaccine or the exemptions. As a -- we, when we go in, we're not going to say, okay, that child -- the child doesn't have anything. We are not going to say, oh, send that child home. We're going to issue the violation to the program and it's up to the program to make that corrective action, whatever that corrective action is, you know, and they can exclude the child, but we won't exclude the child or tell you this child must go home. Okay. These are the posters. I don't know, I'm not up there so I can't pull it up, but the posters are online and, and readily available and in different languages. Programs can call, parents can call, and to our 311 call center and it can be mailed out to them. And also the influenza

health bulletin is available as well on our website. Monitoring, all the -- oh, I can't even say the word anymore -- statistical information that we received is from our citywide immunization registry, which doctors, most pediatricians have this on, you know, their, they put all the information in there and we are able to monitor the what's coming in and who is being covered and who is getting the immunizations. And what we're doing with the programs, daycare centers, is asking them to register with the citywide immunization registry, which helps them in a sense because they can go in as well. They get their password and everything, they can go in and they can see if the child is up to date with their, with their immunizations. And so this is what it looks like, the citywide, it's on our website, citywide immunization registry. Sorry. And this is our contact information, the Bureau of Childcare website and borough office contact. We're decentralized. So we have all -- in four boroughs, not all five. Brooklyn and Staten Island are together in Brooklyn. And we have Queens, Bronx and Manhattan. And so all the

contact information is on our website at that link, and the phone number, our main number at central office in Manhattan is that number I just gave you, it's up there. And for immunization, the Bureau of Immunization, that's their link to the website and their contact information, their phone number. Okay? And that's it. Question?

MR. TREIBER: I just have one question.

MS. NOEL: Sure.

MR. TREIBER: In terms of the exclusion, the, I mean, I'm sure -- so if a program is going to be cited with a violation if they, if the child doesn't have the immunization, is there any other documentation that they can have to show, because I think the programs are in a really difficult position. I mean, because if you're not going to order them to send the child home, and, and I as a program send the child home, the parents are going to be really angry at me if I'm not ordered to do it. So I think that has to really be looked at.

MS. NOEL: Mm-hmm.

MR. TREIBER: And then secondarily, you know, if a program has notes from a parent that

they have a doctor's appointment in February or, you know, late February or whatever, is that sufficient to cover it? Because I think those are issues that programs are going to face because this year there was no enforcement so programs didn't exclude kids. What I've heard from program providers already is that they're planning to exclude kids as of January 1st, and the onus is going to be on them, if the Department isn't telling them to exclude kids.

MS. NOEL: Right. Okay, so we'll look into that, but we just, we, we would, we can't really -- we don't have that really, the relationship with the parent, do you understand?

MR. TREIBER: Mm-hmm.

MS. NOEL: It's the provider and the parent that has that relationship. We just oversee the daycare centers and the programs. So that's where the obligation is. So we cite the violation. We can't -- I don't know why it's written in the code that it, it's the provider's obli-, you know, decision. I believe, I believe it's because it's their business, their organization. We're just the regulatory, where

it’s -- I’ll, I’ll take it back but I’m not sure why, you know, I know they, they, they, they want something to fall back on. They want to say, well, the Health Department told me, you know, this is the, you know, and I, I'm, I've been getting the calls and I understand. I've spoken with parents. I've explained it to -- I explained that to them as well, but I don’t know. I’ll have to take that back.

MS. SILVER: I was going to just say the same thing, because it’s the word may.

MS. NOEL: Yeah.

MS. SILVER: That leaves it so open and like Chris was saying, the parent can come in but have an appointment next week and, and I know that happened this, this past year. Like you were saying, it wasn’t enforced. So people kind of gave the parents the wiggle room.

MS. NOEL: Mm-hmm.

MS. SILVER: But I think what you're saying is if the daycare come and you don’t have documentation to the exclusions that you mentioned --

MS. NOEL: Mm-hmm.

MS. SILVER: -- but there's a child here who doesn't have an immunization, then the daycare is going to get a violation.

MS. NOEL: Yes.

MS. SILVER: So it's kind of like, you know, kind of like a contradiction from the department then, you know, like you were saying, you're, you're putting the daycare or the, the school at a very difficult place.

MS. NOEL: Okay, alright. Duly noted. Paula --

MS. FRANCIS-CRICK: I do have a quick comment. In regards to, and we're not the regulatory department that oversees the childcare status of the Department.

MS. SILVER: Okay.

MS. FRANCIS-CRICK: But from the Bureau of Immunization's perspective, if a child has an appointment, a documented appointment in the record indicating that they have an appointment to get a vaccine, then it's a show of good faith, and most facility directors will accept that, and it would be considered more like a provisional the child is in a provisional status or they're

showing good faith that they will get the vaccine. It is then up to the daycare director to follow through if the child did in fact bring in documentation past that appointment date, the date of the vaccine.

MS. SILVER: So you can speak for the, for the daycare people but you're assuming that if they were to come and visit but they had that documentation, that they wouldn't be issued a violation, and then whatever that date is, they would show the documentation and send it to the --

MS. FRANCIS-CRICK: Yeah.

MS. SILVER: Okay.

MS. FRANCIS-CRICK: It's what was also tell schools, the private schools, public schools. Once a parent is showing good faith, then there's no reason to exclude the child, then up to the person, the director of the facility to follow through and ensure that the child kept the appointment, brought in documentation. If the due dates have passed and there is no documentation, then it is up to the director to take further action, and they may exclude the

child.

MS. SILVER: Fair enough. Thank you.

DR. SHULMAN: I feel the need to say as the medical provider that the flu vaccines, unlike all the other vaccines, flu season, you really have to have it by December or you're not going to be protected for the season. So this is one of those instances it’s not only a bureaucratic date, it’s an actual health indicated date.

MS. NOEL: Okay.

MR. TREIBER: Any other questions? Thank you very much. Thank you. Okay, so I'm going to make my report really, really quick. I did just want to give an update. The Early Intervention Provider Association got together, I think it was in December. I don’t know, it was snowing up in Albany, that’s all I remember. And we came up with a recommendation to ask the legislature for a 4.8 percent increase for EI rates. My understanding is that that was turned down, it wasn’t approved at all, what else is new. And one of the things, though, that, that came out from this is that there was some

questions regarding the lower utilization of Early Intervention services in the State of New York, the governor's budget lowered the amount of allocation for Early Intervention by $4 million, and part of the justification for that was that there were fewer kids using Early Intervention, also there was an abundance of providers. There were way more providers providing the service and so they didn't feel that there was a need for any kind of Early Intervention increase. So one of the things that the advocates did ask for was legis-, in the legislation and the, in the budget bill, that both the assembly and the senate put out, we asked for language regarding data collection and so much more intensive numbers on behalf of the state and the municipalities so that we would then be able to make some arguments regarding the need for these increases and other things, and also verify whether or not the numbers have actually changed that significantly to warrant changes in the amounts of money in the allocation. And I don't know at this point whether or not that language actually ended up in the final budget bill because all I know is

that's one small piece of it, but hopefully we'll have an answer at some point regarding that. The other thing I just wanted to give you an update on was regarding the school psychology issue. And it has impact in two ways. One, it certainly has an impact on the children leaving Early Intervention, whether or not they can be evaluated or not, and the school psychology issue started regarding State Education Department's enforcement of regulations that school psychologists are no longer seen as eligible to be able to do evaluations on children who are not enrolled in 4410 programs. And then the state issued another revised memo saying basically they weren't going to enforce it. The reality though is that there are many 4410 providers that are evaluation sites that are not doing evaluations unless they have a licensed psychologist doing them, which is someone with a PhD. It's also very complicated. There's very few licensed bilingual psychologists to do any kind of bilingual evaluations. I participated in a meeting a few weeks ago with members of the State Senate, members of the Assembly, people from

State Ed, Office of the Professions, and all of their legal counsel regarding this issue, a number of provider groups were there. And one of the things they came up was a debate about whether or not they were going to proceed with one of two tracks. One was going to be a waiver that would grant a waiver for school psychologists to conduct 4410 evaluations initially for kids, and then the other was whether or not they would create a new licensure for school psychologists. The Office of the Professions and people at State Ed and others said that would be a very difficult thing to accomplish. So it looks like they're moving towards a waiver for initial evaluations allowing school psychologists to conduct those. However, the language is problematic, and just so you're aware, what the language in the proposed bill says and it's an assembly bill 5325, it was introduced by Assembly Member Glick, and the challenge in the language is it basically says that the person conducting these evaluations has to be employed in a salary position by the center based provider, and the certified school

psychologist has to then be in a salaried position. Well, we've already sort of gotten an indication that most school psychologists right now are not salaried and they are, they are hired as a consultant at an hourly basis to do the evaluations. So most of them would not be eligible for the waiver under this. So we've already started to reach out to some of the members of the assembly to start to see if the language can be adjusted because we don't know exactly why they said salaried position. And we're trying to look into that. So hopefully we'll have some more updates on this.

MS. SILVER: But I thought that part of the bill was going to be in the governor's budget that is going to be due tomorrow, that's what Pam had originally said --

MR. TREIBER: This is a separate --

MS. SILVER: -- that portion was going to be in the budget and, and the possibility of, of licensing school psychologists would be in the [unintelligible 01:55:27].

MR. TREIBER: I'm not sure. What I know is that it's a separate bill now. I don't know

if it maybe [unintelligible 01:55:33].

MS. SILVER: I guess we'll find out tomorrow.

MR. TREIBER: Yeah.

MS. SILVER: So --

MR. TREIBER: Okay? Alright. Thank you. And then I think it's just the committee reports. Cathy?

MS. WARKALA: I have nothing.

MR. TREIBER: Tracy was the new chair of our policy review committee.

MS. LEBRIGHT: Yeah, just very quickly. We reviewed revisions to the transportation policy. I think the EI community happened to see that parent reimbursement and car service options are again going to be available for families that need them. Our review led to one major modification. Mainly, that distribution of Metro cards and gift cards which are part of the policy, is actually going to be assumed totally by the Department so service coordinators and providers won't be involved in that. And so Chris sent the policy out to the full LEICC for review last week and comments were due yesterday.

So hopefully we'll be seeing that policy coming out soon. I think our next task is going to be tackling transition and I'm told we will actually be working our way through the, most of the policy now.

MR. TREIBER: Mary, anything?: [Unintelligible 01:56:50]

DR. DEBEY: Jeanette has already --

MR. TREIBER: Okay.

DR. DEBEY: -- talked about the other CUNY meeting this quarter on how to have the family-centered emphasis throughout all Early Intervention.

[CROSSTALK]

MR. TREIBER: Okay, thank you.

[END OF MEETING]

CERTIFICATE OF ACCURACY

I, Andrew Slawsky, certify that the foregoing transcript of the Board Meeting of NYC Local Early Intervention Coordinating Council (LEICC) on March 31, 2015 was prepared using the required transcription equipment and is a true and accurate record of the proceedings.

Certified By

Date: May 8, 2015

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