NEW YORK CITY

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NYC LOCAL EARLY INTERVENTION COORDINATING COUNCIL

(LEICC)

MEETING

NOVEMBER 15, 2019

PRESENTERS:

Jacqueline Shannon, PhD, Chair, LEICC

Lidiya Lednyak, Assistant Commissioner, Bureau of Early Intervention, Department of Health and Mental Hygiene

Daniel Stephens, MD, Deputy Commissioner, Division of Family and Child Health, Department of Health and Mental Hygiene

Kandrea Higgins, Director, Early Intervention Regional Office Operations, Bureau of Early Intervention, Department of Health and Mental Hygiene

Dolores Giurdanella, Director, Manhattan Regional Office, Bureau of Early Intervention, Department of Health and Mental Hygiene

Nora Puffett, Director of Administration and Data Management, Bureau of Early Intervention, Department of Health and Mental Hygiene

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

David Harrington, Co-Director of United for Brownsville, Community Solutions

David Alexis, United for Brownsville

Karen E. McFadden, PhD, Assistant Professor, Early Childhood Education/Art Education, Brooklyn College

Shanaya A. John, Director of Training and Child Care Communications, Bureau of Child Care, Department of Health and Mental Hygiene

Alicia Calev, Director, Bronx Regional Office, Bureau of Early Intervention, Department of Health and Mental Hygiene

Caitlyn Moore, Early Intervention Transition Manager, 0-5 Services, NYC Department of Education

DR. SHANNON: Welcome, everybody. It's great to see so many of you. But we are here today and yesterday and a couple days ago.

UNIDENTIFIED FEMALE: I can't --

DR. SHANNON: Is this better? Okay, great. So welcome, everyone. It's wonderful to see all of you here. So, I want to just remind everybody of some of the policies. So as of May 15, 2014, New York City's local law number 103 of 2013 and New York State open meetings law require that open meetings be both webcast and archived. This meeting is being recorded today. Attendees should also preregister on the New York City Bureau of Early Intervention website for the LEICC meetings. Meetings are open to the public, but the audience does not address the LEICC members during the meeting. Audience members may sign up with Aracelis Rodriguez or Felicia Poteat to speak during the public comments section. They are -- where, where is that?

UNIDENTIFIED FEMALE: On here or outside.

DR. SHANNON: They're here. So, they're at the back and the front. Transcription is also available for the meeting. Written meeting minutes will still be made available as well. So, I'd like to first introduce Lidiya, our new assistant commissioner, which all of you know under her leadership, many of these -- many amazing initiatives have been undertaken. So, as Lidiya now is our assistant commissioner of the Bureau of Early Intervention, her interest in disability advocacy began with her work at the New York State Developmental Disabilities Planning Council, where she developed the commitment to equity for individuals with developmental disabilities. She has been with the Department for more than 12 years and with the Bureau of Early Intervention for nine years. And then, her most recent role as the bureau's senior director of policy and program initiatives, Lidiya created policies governing, not only the work of the bureau's five regional offices, but also of the 165 contracted agencies and 8,500 teachers and therapists who provide EI

services to New York City children. This included engaging stakeholders to enact changes to state and federal regulations to public health law, the New York City charter, and New York City health code. She also initiated several partnerships with six New York City universities to develop specialties and certificate programs to improve the early intervention service delivery and expand service capacity in New York City. Most recently, Lidiya has advanced the bureau's equity agenda through new partnerships with community organizations and collective impact projects. These are just a few of the amazing things she has created under her leadership. Lidiya holds a BA in political science from the State University of New York at Albany and Master's Degree in Public Law and Policy from the Rockefeller College of Public Affairs and Policy. I would like to give a warm welcome and congratulations.

MS. LIDIYA LEDNYAK: I'm very shy, so I'll have for you to go.

DR. SHANNON: And we've also got two new

members that are impressive that I'd like to introduce. Rosanne Saltzman over here. She is a clinical social worker. She has been the program director of the early intervention program at Up Wee Grow for over 20 years. Prior to this, she worked for several New York City hospitals as a department head and administrator overseeing psychiatry and mental health services, child development and physical medicine and rehabilitation. Ms. Saltzman has also been an adjunct assistant professor of social work at Columbia School of Social Work, field faculty at the NYU School of Social Work, and a part-time faculty member at Adelphi School of Social Work. We'd like to welcome her to the LEICC.

And sitting right next to her is Yurij Pawluk. It's great to have you, Yurij. He is an attorney and a policy advisor, whose career has spanned the public nonprofit and private sectors. Currently, he is an associate commissioner at the New York City Administration for Children's Services, a role in which he oversees education, employment, and college access-related services

and its cohorts for children and youth in the child welfare system. During his previous time in New York City government, he helped to lead a city-wide special education reform initiative and advised the mayor and deputy mayors on aging, homelessness, housing, and other social policy issues. Before joining ACS, he served on the senior leadership teams of the Wesley College and Columbia University's School of Professional Studies. Early in his career, he practiced corporate law at a large international law firm in Manhattan. Yurij is a graduate of Cornell University where he is a member of the university council in Columbia Law School, and he lives in Brooklyn. So again, we'd like to welcome him to LEICC. Two impressive additions to our group. So now, we will move on to approving of the minutes.

UNIDENTIFIED FEMALE: I'll make a motion to approve.

UNIDENTIFIED FEMALE: I can second.

DR. SHANNON: Approved. Okay, perfect. So, we'll move on.

MS. LEDNYAK: So, first, I would like to introduce Dr. Daniel Stephens who started as the deputy commissioner of the Division of Family and Child Health in July of 2019. And as you know, the mission of the division is to promote health, prevent disease and advance health equity amongst New York City's children and families. Not only does Dr. Stephens oversee the Bureau of Early Intervention, he also oversees the Bureau of School Health and also the Bureau of Maternal, Infant and Reproductive Health. His most -- he most recently served the children at Children's Aid in New York City as the vice president of the health and wellness division where he oversaw all clinical services and programs for the youth and families in both community and in foster care. Dr. Stephens earned a bachelor's degree at Harvard University and a doctor of medicine from Columbia University. He completed his residency training in pediatrics at Morgan Stanley Children's Hospital in New York and Columbia University. So, I like to turn it over to Dr. Stephens for some remarks.

DR. DANIEL STEPHENS: Thanks. Thanks, Lidiya. First off, on a cold morning, it's really nice to see as many people have made it. So, first off, a warm thank you to everybody for coming. I'm excited to be here meeting everyone at my first Local Early Intervention Coordinating Council. This is my first time here. I want to reiterate the Department of Health's commitment to our Early Intervention Program and its mission to provide services to eligible children with known suspected developmental delays and their families. It is some of the work that attracted me to the Department of Health. I'm about four months in and the more I learn, the more good work I understand that we do. But this is one of the programs, this is some of the work that I was familiar with in a previous life as a pediatrician. The work is impressive. I got to know it as a pediatrician and also in my time at Children's Aid because it affects some of our most vulnerable kids, and was very happy to become a part of it and collaborate and provide some leadership. Providing Early Intervention

services, meaning to ensure that all children can benefit from these important services and interventions. That's why I was so glad to find that the bureau is committed to the equity goals of improving referrals and retention rates in communities with low referrals. It's really important. From previous work, having good services isn't the same as the communities that need them having access to those services. So, I'm really excited to be a part of some of that work grounding us in how to get the need to where the services are. Not only does that work require building trust with communities and changing the way the services are perceived, but it also involves the close examination of how the professionals and the programs are interacting with families once they are referred and before they are referred. And that's also a very important piece of this work. In addition, I am committed to strengthening the Early Intervention Program's relationship with the agencies and healthcare delivery systems. So, I'm very glad to see new partners at the table, meeting

partners for the first time. I think collaborating, removing barriers is really where we need to go. And the hat and the mantra that you'll hear me kind of harp on all the time is, many, many agencies collaborating doesn't mean that that has to be the experience of our families and children on, on the back end, right? We can be 17 agencies collaborating, it shouldn't feel like that to a family. And I think it's really important to ground ourselves in that. So, more collaboration is a good thing, seen with collaboration is a challenge, but that's where I'm excited that we're headed.

And finally, a system the size of ours can never lose sight of the importance of building our workforce, and I'm hoping to further build upon the work and the academic collaborations to strengthen the current future EI and early childhood workforce. Supporting the pipeline, building a more inclusive pipeline and making sure that we're continuing to train and develop posts. It's really the important part of the work. So, I look forward to working with the

committee and today's presentation and discussions.

MS. LEDNYAK: So let's, let's do some -- I will do an LEICC report, which is a little bit lengthy this time because I wanted to highlight a couple of key things that are going on at the state level that, I think, is going to be very important to the provider community. And also, a couple of just bureau announcements before we launch into our presentations for today which all emphasize our equity work, our collaboration work, and also, one of the presentations I know that you all are interested in hearing about. We have Shanaya here who is from our Bureau of Child Care who's going to be talking to us about religious exemptions and the new clearance requirements. So, let's get started.

Okay. Alright. So, a lot was discussed at the September SEICC meeting. I'm only going to be talking with you about the highlighted items because I think those are the most relevant to the work here, but of course, the LEICC members received all of the area state-level

PowerPoint presentations. So, we start off with a bit of good news. So, New York State received its determinations from OSEP, the Office of Special Education Programs for federal fiscal year 2017. And it is the first time the state -- New York State received a fully meets requirements for its Part C program, I think, in the last -- at least in the last 12 years. I don't know about earlier. New York City has received a fully meets requirements for the last three years. So, we are happy to see that this is sort of happening in the rest of the state as well. And a big thank you to the provider community for all of your work to submit the data to us, to inform the federal determination.

Also, on June 13th, the Center for Medicaid Services approved an early intervention state plan amendment. So, this is interesting because it moves early intervention services out of the rehab classification and into early pediatric screening diagnostic and treatment services.

So, some state plan highlights that I

think will be of interest, first, four mental health practitioner types have been added to the list of approved providers, which include: licensed mental health counselor, licensed marriage and family therapist, licensed psychoanalyst, and licensed creative arts therapist. Notably, school psychologist practitioner type was not added, so FYI. However, the state plan amendment doesn't mean that these professionals can be used automatically. We still need to await further public health law and regulatory changes in order to implement any of these professionals. In addition, the state plan amendment makes a distinction and a clarification about the differentiation between "under the supervision of" and "under the direction of." So, "under the supervision of" only applies to licensed master social workers working under a plan of supervision of an LCSW. And most notable here is that, there is now, at least, two hours-a-month in-person individual or group clinical supervision requirements. So, I think at this

point, it's a good idea to start looking at what those plans and what those supervision structures look like as we get closer to implementation. "Under the direction of" applies to all other therapist under -- working under a plan of direction, right? So, it's a little bit different. Whereby, based on each discipline, a more specific sort of a plan can be delivered for those therapists. The requirements do not apply, obviously, to special educators, right?

The state plan amendment, I think, also quite appropriately clarifies some of the covered -- Medicaid-covered activities for EI service providers, specifically speech language pathologist, occupational therapist, and physical therapist. All of these services, it's now explicitly stated that the name be provided to the child's caregiver when they directly benefit the child. And I think -- this has been actually a point that has been discussed for quite a while as we try to implement family-centered best practices. But I think this clearly says that, if you are delivering a unit of physical therapy,

that it is completely appropriate and can be billed for where part of that is -- a part of that intervention is with the parent when it goes toward furthering the child's IFSP outcomes. For special instruction services, I think that this is also interesting because it's not only the areas where special instruction is allowed to cover. It extends beyond what we traditionally think of as education and moves more into the areas of motor development, physical, and growth and development sort of area. So, if a special instructor feels competent and confident to work in the area -- in sort of like motor goals that can now be considered. And I think it's good when we start thinking about when you have an IFSP and you're having staffing issues, you know, what other professional on the team can cover certain goals.

So the state launched, and we're very happy, New York City has been invited to participate on it, a provider workforce capacity taskforce where the charge is to make the recommendations to the New York State Department

of Health to increase EI provider workforce capacity. Specifically, the items that we have asked to be on this agenda are connections with high schools, colleges, and universities that prepare students, meaning potential EI providers, a review of the 1,600-hour requirement for independent contractors, what conditional approval of EI providers looks like and under what conditions -- conditional approval should be given, quality assurance plans, and professional requirements and also, specific emphasis on enhancing capacity of underserved areas and specifically identifying underserved zip codes. And you know, I will point out that underserved areas are all over the state. And so, I think that it's not just a city issue. In fact, I think the city does better than other areas of the state in terms of bringing services to its children. So, I think that this is very much needed because if we're going to actually take an equity approach to early intervention services, we really need to consider how early intervention services are reimbursed and the rates. So, I

think we're very much looking forward to starting those conversations at the state level.

MR. TREIBER: Lidiya, I just want to ask. Has there been any consideration of asking current people who are doing these jobs, you know, why are they doing it, why did they choose to field like -- I think we need to identify how you engage young people to be interested in these professions. I think that's what we're missing right now. And I think the people who are still doing the job, obviously, have a commitment to it and they might, it might be helpful to talk to some of them or get some feedback from them as to why they're still doing it and how they got engaged in it, who inspired them to enter the field so that you can sort of identify how we can, again, elicit a greater interest in young people to enter these fields because right now, there aren't any. The numbers are so low in most places. We talked to a lot of people at universities and others, they don't have the numbers that they used to have in terms of interest of young people in these professions.

MS. LEDNYAK: Jacqueline, do you want, do you want to talk about that? I don't know if you -- if you're having the same experiences in Brooklyn College that young people are not interested in EI.

MR. TREIBER: Well, I'm talking general about helping, but yeah.

DR. SHANNON: I think part of the issue is just getting the word out, like just PR.

MR. TREIBER: Uh-huh.

DR. SHANNON: And I mean, we at Brooklyn College, we have almost 500 students who are early childhood education majors, half of them special ed. And we've started to integrate more of the content about EI at the younger -- right at the undergrad level and seeing more of an interest. And I think it's also intimidation. Students feel a little bit intimidated. But I was just talking with Chris earlier too. There, at Brooklyn College, so there's a children, youth and family studies program, which is not an accrediting program, worrying about certification and all that, but they may be people that we may

want to try to reach out to, letting them know about service coordination.

MR. TREIBER: Okay, great.

DR. SHANNON: So, I think -- yeah. So brainstorming ways to get the word out.

MS. LEDNYAK: And I think that -- there is a lot happening in New York City particularly with the academic partnerships. But I think that that's not happening in the rest of the state, right? So I think that part of our role on this work group will be to share what we've done in New York City and also, some of the challenges that we've had because it's not necessarily been an easy road because there are regulatory requirements at the state level that are, that are challenging to work with, particularly when we want to do fieldwork placements with early intervention providers. So, that's definitely something that needs to be discussed.

UNIDENTIFIED FEMALE: So, I just would have to follow up Lidiya's suggestion about where the rest of the state is compared to New York City. I don't sit on the statewide LEICC, but I

do a lot of statewide work, including on ECAC and they've been talking about the integration of early intervention with so many other systems. And I've learned a lot that, I think, although we have issues with access and equity for sure and quality for sure. Many other counties across the state are not even at the level of questioning those things. So, I think there's a real potential for leadership here in -- for New York City to show what we've been doing both at the academic level and even at the using data for quality improvement level. I would have to agree.

MS. LEDNYAK: So, I want to pivot over and give an update on the state fiscal agent contract and the ultimate conversion to a new case management system. So, the contract was finally registered in September for Public Consulting Group, which is the entity that is going to build our new case management system that is going to replace NYEIS. What you will see on the slide is their projected timeline. When I reported to you last, it was April 2020,

now it's the summer of 2020. So, you know, I think we'll see how the timeline evolves as they start gathering all of their requirements. We, in New York City, have definitely submitted our recommendations based on our experience with NYEIS and what the issues and challenges have been. So, just in terms of the current state of what the functionality of the new case management system is going to be, so there will be enhancements to what the state calls provider management, right? So, they will migrate all provider information from NYEIS, including approval and agreement history, qualified personnel, and service models. They're going to capture all provider-related data, including the type of agreement, affiliation, service categories and various identifiers such as NPIs. The new system will now capture all the system technology vendors, which we haven't had up until this point. And it will also capture respite and transportation vendor information, which for respite, we've been keying it in, transportation -- is complicated. So, specifically for case

management, all data will be migrated. So, we will not be working in two systems. That was our number one point of advocacy so far. And there -- the system will facilitate data collection as we currently see it, but it will be enhanced to capture APR data and also child outcome summary information. So hopefully, it will require less manual work for both our bureau staff as well as the providers because we all collect this information manually now. And finally, it will continue to allow for storing of attachments, which was kind of a deal breaker for New York because we can't also have a separate paper record because it creates a lot of inefficiency for our offices. So, that is where we are with the conversion to the case management system.

UNIDENTIFIED FEMALE: Just a quick question, I know that with the current NYEIS system, New York City has a special arrangement where you're able to access and analyze your data directly, where many other counties aren't able to do that. They have to ask the state. Are we going to maintain that -- I'm hoping that we will

be able to maintain that special status even when moving to a new database.

MS. LEDNYAK: So, Nora says yes.

UNIDENTIFIED FEMALE: Okay. Well, if Nora says yes.

MS. LEDNYAK: So, you know, we have an agreement with the state where we get a data extract of our own data in order for us to be able to report and basically, be able to run the program. So, we think that that's going to stay in place. We'll tell you if we hear otherwise, but I think we're going to be okay. And we're hoping that we're going to be able to -- whatever system is built is going to have a more efficient backend and it will allow for us to more easily analyze our data because it was a big challenge for us to get the data into the appropriate kind of shape so that we can actually do the kinds of analysis that we've been doing and also share data with various agencies and things like that in order to improve and launch our various retention efforts.

UNIDENTIFIED FEMALE: Okay.

MS. LEDNYAK: So, I want to do just two quick other announcements and then, we will launch into our speakers. So, the first announcement is, I'm really happy to report that our learning management system has been up and running for seven months. And we are pursuing quite an aggressive schedule for rolling out new trainings. Most of them are -- a lot of them are, obviously, clinical in nature, but we are moving into having trainings that are much more about the nuts and bolts of our policies and procedures that we hope to do that over the course of the next two years. And I think it'll be timely because we'll have a new system and we'll have to revise our entire manual to show the intersections with whatever the new case management system is going to be. So, since we launched our assistive technology training in August, we -- our subscription has more than doubled and I think it shows that folks like the assistive technology training, but I think it shows a good amount of rope within our LMS. And so, as we keep adding new trainings, I encourage

everybody to keep signing up and we, obviously, will tell you when new trainings are launched and in order to sign up for these announcements, you can always e-mail us embeddedcoaching@health.nyc.gov. I think the last update that I wanted to give you is that our evaluation standards unit has launched an enhancement to our provider letter function on November 12th. So, congratulations to ESU for making that happen. We will be providing more detailed feedback to providers in letters going forward. We will be detailing follow-up actions that must be completed to remediate any quality concerns in children's evaluations. We will also be providing the names of the MDE team members, who should receive a copy of the letter. And we will also be asking for resubmissions to have a separate addendum, where the specific issues are addressed and New York City will no longer accept amended MDEs or amended individual reports because we need this information, all clinical information to be appropriately integrated so that we can properly assess. And so, we have

proper documentations of children's eligibility status. In addition, we are starting to roll out and launch new letters. We are starting to move from compliance to quality of evaluations. And so, we're going to be launching a quality letter. And what that means is, is that, the MDE -- the child's eligibility isn't in question. The IFSP is proceeding and we refuse to hold up the meeting. However, we want providers and clinical supervisors to specifically know that there were some clinical quality issues within the MDE that you may want to utilize that information in your work with your evaluators. So, I think we are going to -- I'm done and -- unless there's any questions. I'm sorry that the SEICC presentation is so long, but I thought it was important for everybody to know where we were with the new data system, the new tracking system. So, I think we're going to have Kandrea Higgins and Dolores Giurdanella. They'll be speaking about the regional office implementation of case continuity and recurring scheduling.

MS. KANDREA HIGGINS: Good morning.

ALL: Good morning.

MS. HIGGINS: So, I am really excited to announce that as of November 4th of this year, about two weeks ago, all of our regional offices have implemented a model of best practice which is called case continuity and recurring scheduling. I'll talk about recurring scheduling a little bit later. What case continuity really means is that, from the time that -- at the initial IFSP, the EIOD that's assigned to work with the child will continue to work with the child throughout the child's life in the Early Intervention Program. And case continuity really works to ensure that all children and families receive timely and high-quality services. This model, we tested it before system-wide roll out. We started in our Staten Island office a long time ago and over the past two years, the other four regional offices have worked on city-wide implementation.

There are a lot of benefits to case continuity, but these are just the few of them that I will mention. Case continuity reinforces

a family-centered and team approach by providing an opportunity for the EIOD to develop an ongoing partnership with family -- with families. It makes it easier for information to be shared and it enables families to make informed decisions based on their concerns, their priorities, and their resources. And as I mentioned before, the EIOD that's assigned from the initial IFSP is the EIOD that will continue to work with the family throughout the life of the child's involvement in early intervention. And it also prevents the parent from having to repeat their story or concerns to different individuals. It also gives a better understanding of the child's case and it supports a better relationship between the family and the EIOD by building trust from the onset.

Now, recurring scheduling. Recurring scheduling is kind of patterned after the likes of a doctor's office. So, when you go to a doctor's appointment, you know when your next appointment is. So, at your current IFSP, you are given information for five months ahead when your review meeting is due. So, this, again, has

been in effect across all regional offices since 2000 -- I'm sorry, November 4, 2019. So, we offer a family's future meeting date. And this -- one of the benefits of that, it ensures that the meetings with families occur on a timely basis and it reduces the possibility of gaps and expired service authorizations. And it's important to note that recurring scheduling does not change the regulatory responsibilities of the ongoing service coordinator. The ongoing service coordinator still is responsible for submitting the meeting request -- the IFSP meeting request and confirmation form to the scheduling unit in the local -- in their regional office. And again, it's important to know that the IFSP meetings will continue to be scheduled at a time and location that's convenient to the family.

So, case continuity and recurring schedule will allow us, New York City Bureau of Early Intervention, to build stronger relationship with families. It will reinforce consistent practices across all of our regional offices and strengthen collaboration between us

and the provider community. Dolores and I are here to answer any questions you have generally, but if there's specific questions, you can reach out to the regional director in your specific borough. Thank you.

MS. LEDNYAK: Thank you. Terrific. We're going to have Nora Puffett providing the data report.

MS. NORA PUFFETT: Good morning.

UNIDENTIFIED FEMALE: Good morning.

UNIDENTIFIED FEMALE: Good morning.

MS. PUFFETT: Okay. So, starting out with referrals by borough, we increased by about 1000 children in the last year and what you can see is that the change was consistent across all the boroughs. It's not happening in any one particular place. And same when you look at it by race. So, what we're seeing is there is a fairly significant increase, but it was happening across all categories, all populations. For services, you're not seeing that same increase, but it makes sense that the service population is going to trail a bit behind the numbers for

referrals. What we do see is again complete consistency in terms of trends across either boroughs or across racial groups. And then, finally, children we have any interaction with. Trends are pretty much similar as to children getting services. We always like to include this just to underscore. In FY '19, we saw 56,000 children. 56,000 had some kind of interaction with the Early Intervention Program. Whether they only got service coordination or they got an evaluation or they went on to services, we met those families.

And then, the waterfall. So, you recall that this is a cohort-based analysis that takes children from their first referral and children are often re-referred and follows them through to services. You may also recall the numbers get a little bit better with time because children are being re-referred. What you're seeing here pretty much reflects what we saw in those first two sets of slides. We're getting referrals up, but we have not started focusing on retention and it hasn't carried over to that. So, we've really

been making a lot of outreach efforts. We're seeing that payoff, but we know that we need to expand our focus now and really consider once they're referred, what are we doing to retain them. And later on, in the presentation, Chris is going to talk a little bit about some of the work we're planning to do with the service coordinators and how they can help retain the families.

And finally, we always include the slide in a very programmatic perspective to remind everyone, we don't believe that 8 percent of New York City children under three have no insurance. We believe they have no insurance recorded in NYEIS. And we're going to continue to repeat this for many years. I don't know how the new system might help address this. But the thing to remember is, insurance helps us sustain the program. Insurance information should be collected and reported on all children. So that's the data. Do you have questions?

MR. TREIBER: I just have just one quick question. I think the data on the slide that

talks about the progress, the new referrals and we talked about the total percentage of population. It would be helpful, I think, if that that is also sort of imposed next to the numbers, because if you look -- and I've done this like a few times in terms of looking. So, if you look at some of the slides where it's broken down by race and ethnicity and then, you see that this -- that the numbers are the total percentage in the population of the kids that year, correct?

MS. PUFFETT: Uh-huh, yes.

MR. TREIBER: And then, if you compare it to the percentage of the actual percentage of the population, you can determine whether or not there's either an underrepresentation or representation.

MS. PUFFETT: Whether there's parity in terms of their -- yes, absolutely.

MR. TREIBER: Exactly. So, it might be interesting if you could like do that in, in, in a way for some of this, like all children receiving any type of service. Because like when

I looked at it, you can see that some populations are underrepresented, some are right around where they should be and then, a few or one is actually overrepresented by, by almost five percent.

MS. PUFFETT: Correct, correct. It's always -- and it's consistent.

MR. TREIBER: Yeah, yeah.

MS. PUFFETT: I mean, as that when children are overrepresented, Black are under. Hispanic are strangely almost perfect to the representation in the population and Asian remain volatile because it's such a small group, but we can definitely add some things on there.

MR. TREIBER: Yeah. Because I think that would be helpful in terms of the slide than the visual --

MS. PUFFETT: Okay.

MR. TREIBER: -- in terms how it's presented.

MS. PUFFETT: Okay. We could do that. We're also thinking about other ways to represent that particular slide. We know that it's really confusing to people. It's worthwhile to talk

about a child's entire tenure and not just the single referral, but it is a little bit difficult. So, we're thinking about having possibly another slide to talk about that.

Okay. So, switching hats, monitoring, compliance. Let's see. So, the good news here is really around evaluation, which you can see has really steadily improved since about 2017. So, we're very happy with that -- we like to see both the extension of the green, but also the reduction of the red. It's a particular concern. That's where people are really failing and we're extremely concerned. And the other areas, we're mostly seeing some stability or slight improvement. Does anyone have any questions about that?

MR. TREIBER: One quick thought. Is there a breakdown -- because I see this all the time. Is there some way in terms of analyzing new versus like agencies that have been around a long time in terms of what this looks like for them?

MS. PUFFETT: Sure. I mean, we've done

that -- we did that after two years, I think. We can do it again. The bottom line is that your worst but over not --

MR. TREIBER: I'm more interested in --

MS. PUFFETT: Yeah.

MR. TREIBER: -- actually the, the established ones to see --

MS. PUFFETT: Yeah.

MR. TREIBER: The new, I think, is sort of given. I'd be more interested in the established ones to evaluate. Are they also sort of similar to this or really either significantly one way or another.

MS. LEDNYAK: Yeah. So how did you define new versus --

MS. PUFFETT: Is that 2013?

MS. LEDNYAK: Well, 2013, I mean, yes, it's an important year for all of us, but it was a while ago. So --

MR. TREIBER: I mean, I would think if an organization has been providing service for at least, like five years, you would think they would be -- I don't know what you would think.

But for certain amount of time, you would think that they've been established, they've had opportunity to have been evaluated a few times.

MS. PUFFETT: So, maybe what we should do, instead of making that decision is, try running the data a couple of different ways and see where it breaks.

MR. TREIBER: Yeah, that's perfect.

MS. PUFFETT: I will say that we haven't done an extensive amount of analysis like that. But to the extent that we have, we have not had a lot of predictors of performance.

MR. TREIBER: That's right.

MS. PUFFETT: Agency size, agency age, specialization. There hasn't been anything that's ever jumped out and said, this is the kind of agency that really knows what they're doing, but we can start by trying to make that kind of a break out.

MS. LEDNYAK: How many years would you say it makes for a provider to establish themselves in early intervention? Is that two years? Is it -- yeah. So, we'll -- I guess Nora

is right. We'll see how the data looks and then, we'll come back to you with a more thoughtful categorization.

MS. PUFFETT: To go to the earlier question, one thing to note, I'm absolutely confident that we will get the data. There may be a period of time where we have trouble constructing and analyzing the data, but we fully expect to get the data.

DR. ISAKSON: I have one more question on data.

MS. PUFFETT: Yeah, sure.

DR. ISAKSON: What's your wish -- wish list for the new data system?

MS. PUFFETT: Keep in mind that my wish list is not everyone else's wish list because everything that I want, someone else has to type in.

DR. ISAKSON: Okay.

MS. PUFFETT: So, staff would not share my wishes.

DR. ISAKSON: Alright.

MS. PUFFETT: We actually get a lot of

great data on the NYEIS base challenges. We've been able to analyze it. It's just extraordinarily complex.

DR. ISAKSON: So, by the ease of --

MS. PUFFETT: Just a simple database structure, preferably not a star snowflake would be great.

DR. ISAKSON: Okay.

MS. PUFFETT: Relational database, like 10 tables or less.

MS. LEDNYAK: Great. Thanks, Nora. Now, we will move on to the update of the United for Brownsville project. We'll have Kassa Belay, David Harrington, and David Alexis.

MR. KASSA BELAY: Is that next to but against the --

MS. LEDNYAK: Yes.

MR. BELAY: Alright. Good morning, everybody. My name is Kassa Belay.

UNIDENTIFIED MALE: Good morning.

MR. BELAY: Am I close enough to the mic? Can everyone hear me?

UNIDENTIFIED MALE: We can hear you.

MR. BELAY: So, my name is Kassa. I work for SCO Family of Services and I am one of two co-directors for United for Brownsville, which is an early childhood collective impact initiative in Brownsville, Brooklyn. Collective impact means that we are cross-sector and focused. We bring together folks and professionals from across different sectors, but we also partner with local residents. And we're seeking to improve, measurably improve the social and emotional skills and language development outcomes of infants and toddlers of children between zero and three in Brownsville, Brooklyn. And related to that, we are building a sustainable community infrastructure that positions parents and caregivers alongside service providers from across different sectors and work collaboratively towards those goals around social-emotional skills and for early development.

MR. DAVID HARRINGTON: And I'm David Harrington. I'm the other co-director of United for Brownsville. And I think to understand what

we're doing, you kind of have to understand how we operate. So, just quickly, this is an org chart. And one of the cool things about the org chart is, I think there are representatives of almost everyone on this chart in the room right now. But essentially, the way we work as collective impact is we're at the bottom of the chart. United for Brownsville, the backbone, is me and Kassa. And we come from two different organizations that are listed on the left side of the screen. So, I work for Community Solutions, which is a nonprofit that, nationally, focuses on ending homelessness, but use collective impact as a method for doing that. And Kassa works for SCO Family of Services. And then, we have our stakeholder groups, which are a leadership council composed of leaders from city agencies, nonprofits, advocacy organizations in the business world who are interested in early childhood education and, and services. We also have a family advisory board which is composed of residents of Brownsville and --

MR. ALEXIS: Myself -- sorry. I,

myself, am a member of the family.

MR. HARRINGTON: Exactly. And we have a provider action team which is composed of health, educational, and service providers -- social service providers who are working in Brownsville. So, if you hear a state provider, in our context, a service provider means anyone working in any of those fields. And where the Bureau of Early Intervention sits actually is kind of straddling both the provider action team because Lidiya and Nora and other folks have been coming out to a lot of those meetings to talk about early intervention in Brownsville with us, which has really been a great partnership, but also coming to our leadership council meetings as well.

MR. BELAY: So, I'll just say very quickly that really at the heart of our work is a family advisory board. It is just composed of about 20 families that are raising children in Brownsville, Brooklyn. They help us to start planning conversations. They surface priorities and they help us plan projects and activities such as our work intersecting with early

intervention. But rather than hearing from me about the family advisory board, we brought David Alexis along, so can hear directly from them.

MR. DAVID ALEXIS: Yeah. So, one of the best parts of being a member of a family activities board is an opportunity to have a bigger impact in a lot of the programs that have been available to improve outcomes for our families in our community. There is a very big, I think, a lot of stigmas and biases that have been present at institution in very, I think -- it's direct and indirect ways, have altered the course of development for many members in the community. And having a chance to have a direct hand in that and having our experiences as people who have experienced some of the worst. And, and treat it as a form of expertise is something that, I think, is not only just gratifying, but I think creates the conditions necessary for us to empower ourselves and also, make a difference for ourselves, for our family member, and hopefully, something that can be used and make a difference all over the place. So --

MR. HARRINGTON: And the corollary to the family advisory board is the provider action team as I've said before. And this is the group of local service providers. We have participants from over 40 different agencies and programs that are operating in Brownsville, who come to those monthly meetings, as well as family advisory board members also attend these meetings. And they're really great local planning sessions. And we think to-, that together, the, the family advisory board and provider action team really act as a think-tank and then, it's the role of the backbone staff, Kassa and me in United for Brownsville to take the ideas of the think-tank and help propel them into action along with the help of our, our local stakeholders and other partners. Is there anything else you want to add about the past?

MR. BELAY: Only, only that, I think, the reason that we have such strong participation with over 40 provider organizations that operate in Brownsville, is that we have assembled this family advisory board that really harnesses the

wisdom of people who live in Brownsville. And I think that's been a departure from the way traditional collective impact has worked. So, the provider action team is part of what we do, but I think what, what distinguishes us and what would really propel us forward is adding a strong family advisory board of, of local folks from Brownsville.

MR. HARRINGTON: I'm just going to fast forward through this slide. So, this slide right here is a driver diagram about our early intervention work and it really started at the bottom in -- with the green box. And the, through conversations with, with local stakeholders and as well as with the Bureau of Early Intervention, which began about a year ago, actually. We definitely, we definitely heard that there were, there were inequities in the way Black and Hispanic children in Brownsville in particular, were, were going through that waterfall, the early intervention waterfall from referral to ultimately accessing services. And we heard from the family advisory board that this

is something that was really important to residents that, you know, that Brownsville should focus on. We heard from the provider action team that this was something they were seeing in their work and we're interested in working on. We also heard from the Bureau of Early Intervention that equity was a big priority for them, as well as building partnerships with, with the local communities to try and test out new ideas for bringing equity to the work. And so, it -- this seemed like a really promising path for us to start on about a year ago. And so, we began pursuing it. And over a series of many different meetings involving at least 60 different stakeholders, some large public meetings, some individual like in-depth conversations, we began sort of looking into the problem. And with data from the Bureau of Early Intervention, we hit upon two things, one that Black children in Brownsville compared to city-wide counterparts were under referred to early intervention. And two, that Black and Hispanic children were not moving through to the next stage of evaluation.

And we thought that we could achieve equity if we could tackle those two particular points, which are the, the yellow boxes you see second from the bottom. And then, we began talking to folks and trying to figure out, well, what are the reasons for, for these inequities, these specific data points that we've seen. We began collecting ideas for that. And then, once we, we had a good sense of what the, the causes might be, we decided to come up with ideas for interventions or projects we might pursue with our local stakeholders, with the Bureau of Early Intervention and other partners that might help us move the needle on these indicators and move towards equity in our -- in terms of early intervention in Brownsville. So, we'll spend a couple of minutes going through some of those ideas.

MR. BELAY: So, so the very first idea actually came out of the conversation with David Alexis to have a family ambassador. So why, why don't you tell us about that?

MR. ALEXIS: One of, one of the reasons

why I thought family ambassadors would make a lot of sense is just thinking of my own, my own personal experience going through early intervention. I actually have two little girls, three and two, both who -- one who received services and one who I just had eval-, initially referred, evaluated like about a month or two ago. And I remember -- so my -- one of the reasons why it was really important for us is that, my wife herself is someone who has, has a chronic illness. She has sickle cell disease. And so, she has been constantly in the hospital struggling to be consistently present in a lot of some of these kids' stuff, like that. So, when we had referred our kids, so first, we actually referred [unintelligible 00:57:01] actually. And it -- we found that having a service coordinator who was persistent despite the fact that, you know, there have been missed appointments, there are cracks, you know. Someone who was easily at the follow-up, contact us. Some people used the word hound, but I think, I think the more effective word is persistence and I think willing

to go the extra mile to ensure that we were helped. And honestly, my older daughter, Divina [phonetic], I think is the better for it. We've noticed marked improvement. When she was born, she was -- she had a stroke in utero. She had what was called bilateral damage in frontal lobe, cystic and [unintelligible 00:57:49] with respect to the diagnosis. We noticed that there were several significant delays in her development and have -- she had received physical therapy. She had received special instruction and she had also received speech therapy. And have -- and the process going through all three, three of those, it was like a load off of our chest in a lot of ways, right? So, our idea was that we're going -- the idea is that with a lot of families, especially in Brownville who have suffered a lot of the effects of discrimination bias, biases they may not so easily accept some of the recommendations or connect with some of the service coordinators or some of the other providers who are -- who will be coming to the space. So we figured that, someone who went

through it, someone who is in the same community and someone who make it identified because sometimes, the -- out of just trained habit, you, you are sometimes shut, have full hands even, you know, even when it comes to the best of intentions. And I -- and one thing that you see amongst Brownsville and I think any community that has suffered, this investment deterioration and, and, you know, lack of resources, you find that they have -- they're willing to trust and then, get a -- those whom the identify as one of the ilk or someone who they feel will really truly understand what they're going through. So for us, it's the family ambassador is someone who could go and speak with these residents, someone who they feel they can connect with, who'd be able to dispel some of the myths of early intervention, be able to understand that they're not going to give their information to ICE, make sure that's not -- let them know that's not going to persist. Matter of fact, they're not going to be expecting this to follow them into like, you know, special education of further past, you

know, their time with early intervention. I think it's something that's very huge and I know -- I heard a ton when we were initially going through the process when I -- when my wife and I consulted with other community members. I think also, it's being able to speak with providers who are coming into the community who work with these family members there. I think being very intentional of how you present with members in the community can make a really difference. And I think that having someone that kind of guides, guides you through, even if the family ambassador won't always be there for meetings. There, there a little tips and tricks I think that make -- that can make that initial impression and initial reading go off swimmingly. And that's something that I think the family advisor would be able to do. And then, finally, you know, out of -- I'm not as familiar with all the different organizational structures that, that goes into the provider for early intervention. I know my personal scheduler sheet, that was awesome, but I don't know about other positions. So, I think

that having a family ambassador to kind of follow up, to sit down with the families who are going -- who have to go into the, the chain of the process itself would make a material difference in their experience and also, advice with what is at the heart of why we -- what personally for me, drew me to the [unintelligible 01:01:07] in the sense that we believe that, by coming together, we can make a material difference. We can build the power in the way that it overcomes some of the obstacles that are put in front of us. So, I -- so that's one of the things I've got. We are really excited and had [unintelligible 01:01:26] so I got to make sense for others as well.

MR. BELAY: Thank you, David. Yeah. So just, just to round that out that we are looking to develop a position as a family ambassador that would be a sort of local credible messenger, somebody who is from Brownsville with personal experience with early intervention, help shepherd families to the referral process and work with the service providers on how they make referrals in early intervention. And that's one project

that we're focusing on to address the inequities and the referral rate, the referral rate and eventually, the evaluation rate. Alongside that, we're also planning projects around standardizing the referral process. So, we're having conversations with local stakeholders about what that best practices look like for referrals. We're looking -- we're working with organizations that have really good referral rates, as well as organizations that don't have great referrals rates and organizations that don't refer at all to understand what's going to work well for everybody and arrive at a standardized protocol. And then, similarly, we're, we're looking at even earlier upstream in the process, thinking about how service providers screen families and identify whether their children may be at risk of delay or disability and coming up -- and what we found is that there's a major variance in the way that families and providers screen. And so, we, we want to have similar conversations in referral protocol, where we can develop a standardized protocol for screening and make sure that there

is a sort of a set best practice in Brownsville at every stage to ensure that we're addressing these inequities in ways that works for families and works at -- and that works for providers.

MR. HARRINGTON: And just really quickly, two other projects that are up there, the evaluation stage and the idea is to bring an actual place into the community in Brownsville where folks can go to be evaluated and hopefully address those low evaluation rates. And that may be something that's partially underway right now. And then, local, local evaluator or provider hiring is something we're interested in too but haven't been talking a lot about. But the folks are here from the agencies who are interested in taping into the local networks that we have to find local evaluators and service providers for early intervention within Brownsville, please come talk to us after the meeting. We'll be happy to kind of set something up, maybe do some matchmaking to make inroads here.

MR. BELAY: And I think that offer stands for really any of the projects that we

just discussed. We, we are -- we have a really robust provider action team and as you can see, a really passionate family advisory, advisory board, but we're always looking to grow that community. And we don't have great participation from early intervention providers in particular. So, we have a few providers that we're working with, but we're really hoping to expand that network. Thank you.

MS. LEDNYAK: I just wanted to say that I think it's a really good opportunity for some early intervention providers to specifically join the conversation around the referral protocol and what has been early intervention providers' experience with sort of getting referrals or working with various referral sources in the community and sort of what would you recommend to be some of those best practices. I think that there is, I think that there is a lot of opportunity here because if you could shore that up, I mean, obviously there is benefits of the community, but there's also benefits to providers and, and ultimately, the early intervention

system. So, I think that that project, in particular, is one that the early intervention community should really, really consider showing, you know, sort of support.

MR. BELAY: But David Alexis has got a bunch of new business cards that he's looking to hand out. Please find us at the end, we're happy to follow up.

DR. SHANNON: No, it's great to see you all here. At Brooklyn College, we've been working closely with United for Brownsville. But David, this is the first time I've met you, and I'm thinking about -- we would love to have you come to some of our classes and have our students hear about your work because we do have lots of students who are from all over Brooklyn and our focus is really to try to target these communities in particular. So, I'll definitely want one of your cards, David.

UNIDENTIFIED FEMALE: Good morning. First, I want to say thank you. I think the approach that you're using is going to be a game changer in the community. I have two questions

for you. One is, to what extent you are working to engage students who are involved in the -- or children who are involved in the foster care system. I know that SCO in particular has a foster care branch and I'm wondering if there's any coordination there between, between the work you're doing and the foster care work that SCO does. And then, my second questions has to do with replication and how this work can be replicated in other areas of the city that are experiencing the same needs.

MR. BELAY: So, why don't we take the second question first. I think we are laser focused on Brownsville. So, that is the community that we're operating in, but we are also doing our best to sort of lift up the learning that we're doing and catalogue it in a way that it can be used to, to replicate this approach and bring it to field in other communities. And so, that's -- that is just to say that the first thing that we focus on, when we sit down with other collective impact initiatives. It's not to focus on the, the

projects that we're launching or, or even the priorities that we have, but to ask about organizational structure, which is, which is a way to bring up the importance of involving local voice and local residents in this work. As I said, initially, I think that's really what distinguishes this collective impact effort from others. And, and I think it's -- it should be -- hopefully, it's clear to everybody that it really does make the difference. The insights that we arrive at because we're able to, to harvest the wisdom of folks who are -- have lived the experience is really critical to our work. So, we, we do -- we are part of networks and, and, and relationships with other organizations around the city that are interested in this approach and we're seeing interest grow to that end.

MR. HARRINGTON: And I would say that we're not going to jealously guard anything. Like I know, I know that the, the challenges in different communities regarding early intervention may look different than they do in Brownsville. But the family ambassador role,

we're happy to share any details of that, for example, and then, help others learn from that knowing that they might be able to adjust to the specifics of the, of another community.

MR. BELAY: And I guess an answer your second question, we -- SCO does have its own foster care program. It's actually one of the largest foster care providers in the city. So, they're at the table, but other organizations as well are, are thinking about how this includes their foster care work. Graham Windham is one. So, I think it will be interesting as, as we have these conversations around referrals and screenings to see where the difference is like for the foster care context in particular. And that, I think, lies ahead for us in this work.

MS. LEDNYAK: Oh, just terrific. And just on a personal note, I had met Kassa actually in the Bronx, at the Bronx Rising Together initiative, that started before yours and it's been great to see the growth that you really helped bring to United for Brownsville. It's great. Thanks.

MR. BELAY: Yeah, yeah. The collective impact community in New York City is not a jealous group as David said. Folks share, share with each other and we learn from one another. So, a lot of what we've -- what we're doing here comes out of conversations with folks from Bronx Rising Together.

MS. LEDNYAK: Yeah. No. It's been great. Perfect. Thanks. And onto the next, so we have Karen McFadden. She's going to be presenting on the inclusive and family-centered infant toddler care research project.

DR. KAREN MCFADDEN: Hi. I'm Karen McFadden. I'm a professor at Brooklyn College in early childhood education. And it's, I think, very fitting and I'm sure it's planned that way so that I would present after the United for Brownsville because we have been working with them on this project. And we've also been working with the Bureau of Early Intervention and Child Health, which we titled inclusive and family-centered infant toddler care research project. And it's really in response to

knowledge from the field including data that was presented earlier and then, discussed earlier that young children from Black families access EI services at disproportionately lower rates than children from families of other racial backgrounds. And so, we wanted to connect that with the fact that we know that infant toddler educators. So many children are in care settings of various types and infant toddler educators can play a really important role in recognizing potential delays or disabilities in supporting referrals to EI and in supporting children with disabilities in their classroom also and working with early intervention providers, if -- that's the children's natural settings in, in a daily way. So, we are launching this project to help us understand what are the barriers in access to EI services within the context of the early childcare workforce. So, what's happening that leads to these disproportionately low rates. So, we worked with the Department of Health and Mental Hygiene to identify the neighborhoods in Brooklyn where EI referral rates were

particularly low or disproportionately low compared to averages. So, we will be -- we're interested in talking to infant and toddler educators in veterans [unintelligible 01:12:23] Brownsville, and East Flatbush. We plan to talk with approximately 70 infant toddler educators and 30, what we're calling meters in infant toddler childcare setting. So, this is because we want to look -- we want to talk with, with people in center-based care as well as family childcare providers. So, family childcare providers might be both the primary childcare provider who's, who's having that face to face interaction on a daily basis with children and also, be the leader. But then, in the central-based settings, we want to also talk with administrators and education directors and other folks, besides the, the people who are in day-to-day classroom settings with infants and toddlers, including early Head Start. We plan to conduct group or -- and qualitative interviews with, with these educators and leaders. We want to talk -- in cases where -- in central-based setting where

there's more a diverse array of people, so -- you know, so administrators, education directors, et cetera, we would be interviewing them separately. So, interviewing -- so teachers who are in the frontlines separately from their administrators. These interviews will be audio recorded and transcribed. So, in the research knowledge and literature, we know that we get better information when we have verbatim quotes from people instead of our remembrance of what people said. So, we want to make sure that we accurately reflect exactly what people are telling us. And that's the purpose of audio recording and transcribing verbatim what people are saying versus taking notes and us paraphrasing what people are saying. So, we will, we will be conducting these interviews as well as collecting a brief survey that gathers educators' demographic and professional background and their early intervention knowledge. So, we're, we're looking to understand what they, what they think about family, family-centered practice and what they

think about inclusiveness including children with, with delays and disabilities in their care settings. And we will be able to give, give teachers and administrators $50 donor's choice gift cards for their classroom so, so that they can sort of, you know, make a decision about resources that they want to have for their childcare setting that we can provide them with as a thank you for their time.

So the qualitative questions that we will be talking about infant toddler educators and leaders include questions about their knowledge of child development, how they understand family-centered care and early intervention, their experiences with, with the Bureau of Early Intervention as well with early interventionist who may or may not have -- they have interacted with in their care settings, as well as the supports that they need to increase access to EI inclusion and family-centered care. So, we want to know, you know, how can we, how can we better help and support these people to be able to serve children and connect them with the

services that they might need. So these -- and then, below that, those are some of our specific research questions that we'll be asking, you know, what is your understanding of early intervention and child development, what do you think about EI services and barriers or opportunities to accessing EI, what practices do you engage in to support access to EI services and to work with children and families, how do you perceive your work and experiences with children and their families with the event and, and with EI providers and what do you identify as areas in your practice that you like support -- that you would like support from, from, from the bureau or from other sources. So, I think it's fitting that we follow what people from United for Brownsville were just talking about. So, this is sort of like a baseline level to understand sort of how do you understand the early intervention system, you know, how do you understand when, when children may or may not be at risk for delays or disabilities, that should be referred. You know, what do you do, what is

that process like, what is it like talking with families to be able to, to connect them to these types of services. So, it's really, hopefully, to provide some kind of a baseline understanding of, of what's currently going on so that we could hopefully provide responses that would help to increase, to increase referrals to early intervention.

So, our next steps, I'm happy to say that -- so we were approved by Brooklyn College IRB earlier in this last spring. But we have just, yesterday morning, been approved also by the New York City Department of Education since all early, early learning classrooms and family childcare networks and other, and other types of care settings that we're interested in interviewing are now under the auspices of the, of the Department of Education. And we anticipate starting to collect data. Well, now that we have received approval immediately. So, in December -- you know, the rest of this month and in December and we have the ability to continue data collection into March of 2020. We

will come back and report our findings and recommendations to LEICC at the completion of our project. And please, please recommend childcare providers that are serving families in the three targeted neighborhood serving children -- that have children ages zero to three in those settings to me and that's my email address and we can -- come talk to me also. I'll distribute that information. So, thank you. Thank you for, you know, taking the time to talk about this, and for our funders, the New York Early Childhood PDI and the Isaac Simons Foundation. And you know, we're really -- we're so grateful for the valuable collaboration also with the New York City Department of Health, Bureau of Childcare, the Bureau of Early Intervention as well as the New York City Department of Education's division of early childhood.

DR. SHANNON: Thank you so much for a lovely presentation. It sounds like you will gain and we will all gain from your research, a lot of key information. I'm sitting here struggling to remember the term for -- it's in

toddler childcare where centers specifically have the teacher's stay with the children until they're 36 months and they don't transition from room-to-room.

DR. MCFADDEN: Yes.

DR. SHANNON: And I know that that's a quality indicator, but I didn't hear you mention it --

DR. MCFADDEN: Yeah.

DR. SHANNON: -- in your -- to -- in your variables.

DR. MCFADDEN: Right, yeah.

DR. SHANNON: Do you remember what the word is?

DR. MCFADDEN: I mean, there's different terms, I feel like.

DR. SHANNON: Yeah.

DR. MCFADDEN: Some --

DR. SHANNON: So, New York State definitely has --

DR. MCFADDEN: One term is a loop care. So that, so that, that you would stay --

DR. SHANNON: Maybe it is loop care.

DR. MCFADDEN: Yeah.

DR. SHANNON: Yeah. Because I would imagine -- because it's an important variable to put in there --

DR. MCFADDEN: Yeah.

DR. SHANNON: -- because of care -- teachers who's doing loop care practice, right, understand that child's development.

DR. MCFADDEN: Yeah.

DR. SHANNON: Or the alternative, if they've been with the child so long, they might not notice the delays and the new teacher may be more likely to see a problem that they didn't.

DR. MCFADDEN: Absolutely, absolutely.

DR. SHANNON: So it really could be a variable that go -- would go either way.

DR. MCFADDEN: Yes. Yeah, yeah. No. That's a really good point and, and it is something that, that could've -- that we think about in qualitative research in general is that, sometimes, sometimes people -- I didn't mention that, that we're recruiting interviewers from our graduate students who are, who are members of

these communities. So that's an important part, but that's also something that you think about in qualitative research. But sometimes, having that continuity of experience helps you recognize things and sometimes, it also helps you sort of -- like you're just used to it and you don't know. So yeah. But thank you, that's something I will definitely include in, in understanding, you know, sort of what we're doing.

MS. LEDNYAK: I guess just hearing some of what our United for Brownsville partners were saying in terms of that connection between seeing something, where the, where the teacher might think that there is a concern about a child's development and then being able to translate that into actually having an effective conversation with a family --

DR. MCFADDEN: Yeah.

MS. LEDNYAK: -- where the family, you know, both feels supported by the childcare provider, but also feels confident to make the referral to Early Intervention. I think that's really what we are interested and sort of

understanding better because there are many disconnects in the way that these, that this information is presented to families along the way. And so, I'm just actually remembering when we were sitting with CUNY Professional Developmental Institute, and Shanaya from New York Child Care was actually at that table. It was actually her idea. Now, we just wanted to say that was her idea that we do this, this particular kind of study to see sort of what, what, what is the quality of those interactions that are happening --

DR. MCFADDEN: Yeah.

MS. LEDNYAK: -- between childcare providers and families of very young children.

DR. MCFADDEN: Yeah.

MS. LEDNYAK: So, we're -- I think we as, as a bureau, obviously, and as a partner, are very interested in learning from, from the study and seeing how we might change our practice and our policy moving forward to really shore that up.

DR. MCFADDEN: Yeah, yeah. And I think

that's so important as an educator myself who -- and have to teach early childhood educators and definitely hear lots of stories of their -- not what they know about children and, and how they have these conversations with parents that anecdotally can be, can be just sort of -- I think, challenging might be a word, but I think it has to be -- it's really ongoing, you know. So, it's going to, it's going to sort of take some time, but I think that we also don't really have a lot of systematic -- I have a lot of anecdotes about it, but we don't have a lot of systematic data about it. So, we're really excited to be able to, to sort of kind of provide that.

UNIDENTIFIED FEMALE: [Unintelligible 01:23:41].

DR. MCFADDEN: Yes. Well, for, for educators that serve children zero to 36 months. So, if you're in a classroom, in a classroom with three-year-olds, but we would be more looking for people who are in classrooms with younger children. Does that make sense?

UNIDENTIFIED FEMALE: [Unintelligible 01:24:03].

DR. MCFADDEN: Yeah, yeah. Exactly, yeah. Yeah. And to your point, I think that that there's a lot of different arrangements for, you know, how old are the children that educators are with. So, in some places, they might say, this is the two's classroom, this is the one's classroom or younger ones, older ones. But in other places, they might be sort of -- and obviously, a family childcare, it's all mixed ages.

UNIDENTIFIED FEMALE: So, are [unintelligible 01:24:30] the qualitative questionnaire? Are you going to compare with anything receiving knowledge of that with any, any [unintelligible 01:24:39]?

DR. MCFADDEN: I don't see that -- I'm not sure we are [unintelligible 01:24:40].

UNIDENTIFIED FEMALE: No. You said you are going to do the questionnaire to the provider.

DR. MCFADDEN: Yeah.

UNIDENTIFIED FEMALE: And then, are you planning to compare it with the standard? What is the standard that you have in mind or are you just thinking to gather the data?

DR. MCFADDEN: Well, in general, the project is taking a qualitative approach because being a sort of more standards-based, something would be a little bit more on the quantitative side where you had something to compare with. And I think there is really isn't a lot of systematic data in this area. And so, qualitative data is more exploratory sense so that you can really -- like instead of -- if we already had -- knew what the answers were, then we could ask, you know, where you fall in the, in relation to those questions. But in qualitative data, I think maybe I don't need to know the right questions, maybe I'm not asking the right questions. So, do you -- so we have a semi-structured questionnaire so that we have questions that we're interested in asking, but there's -- it can take a number of direction and you know, sort of the, the technical term would

be probing. So, we have -- if that question doesn't make sense to you, does this -- can I ask it in a different way. Yeah. So, it's a little -- it's a bit open ended and exploratory.

UNIDENTIFIED FEMALE: I mean, one way -- one thing, one thing we will be able to do is look to see certain -- you know, are, are there differences within these like neighborhoods or within the different kinds of childcare services they're receiving [unintelligible 01:26:10].

DR. MCFADDEN: Yeah. Sorry. That is, that is another part of our research question. It's sort of like, are there differences by community, are there differences by the providers' education level, are there differences by whether, you know, their appearance or not, you know. All kinds of -- so that's, that's why we want to collect all of that demographic information to be able to understand sort of what, what some of these differences are.

UNIDENTIFIED FEMALE: We're integrating [unintelligible 01:26:35].

DR. MCFADDEN: Yes, yes, yes.

Absolutely. Sorry. I didn't fully understand your question.

UNIDENTIFIED FEMALE: And then, the goal then, this is ultimately the services improved. The training that [unintelligible 01:26:49].

DR. MCFADDEN: Yeah. That's something we're definitely interested in sort of like how can we play a role on helping to support people to be -- you know, both conducting this, this sort of -- conducting screeners, understanding development, as well as supporting that to have those conversations with families when, when residents recognize them.

MS. LEDNYAK: Thanks, thanks. Alright. Now, we will move onto Shanaya presenting on the religious exemptions and state childcare regulations.

MS. SHANAYA JOHN: Good morning.

ALL: Good morning.

MS. JOHN: And now, for the fun part. And so, I'm going to speak to you about the repeal of religious exemptions for immunization and the comprehensive background checks recently

implemented. The statement on legislation removing nonmedical exemption from school vac- vaccination requirements. As you all know, in June of 2019, Governor Cuomo signed legislation removing nonmedical exemptions from school vaccination requirements as a result of the measles crisis that we faced in New York due to the low vaccination rates. This can be found under Public Health Law 2164, which applies to students attending all schools including public, private, parochial, childcare centers, day nurseries, daycare center agencies, nursery schools, kindergarten, elementary, intermediate, and secondary schools. So, who is impacted? Article 47 regulated programs including group childcare programs that have a permit to operate. Article 43 programs, those are school-based childcare programs that are affiliated with an educational institution and they have a certificate to operate. Also, group family daycare, family daycare, and school age childcare programs that are regulated by the New York State Office of Children and Family Services, all

private, public, and parochial schools. So, where are we now? Any child attending a daycare program, private, or parochial school must be vaccinated. Any prior religious exemptions that were accepted in the past are no longer valid in New York State. Parents and guardians of unvaccinated children have to demonstrate within 30 days of the child's first day of attendance in school that the child has age-appropriate doctor's appointments scheduled for the next follow-up doses so that they can be in compliance with the ACIP immunization schedule. Pursuant to 2164, only physicians licensed to practice medicine in New York State may issue medical exemptions. In the past, we had some exemptions that were not necessarily from doctors. These exemptions now have to be from licensed doctors on their letterhead. Alignment with Article 47, in order to get this new law aligned with Article 47 through a formal process that includes a public -- that includes public comments and a public hearing which is actually happening today at Gotham. Revisions to the health code are

currently being proposed to the Board of Health. The revisions will align Article 47 of the New York City Health Code which you know governs the childcare -- the regulation of childcare in New York. With the new state law regarding immunizations as well as the removal of the religious exemption allowance for the influence and mandate, we were already in the process of amending Article 47, 43, and 49. So, we were able to get this in -- and this will all, if passed, will also apply to the influenza vaccine. A valid medical exemption, as it said, it has to be on a medical exemption form approved by the Department. The Bureau of Immunizations also has samples of the forms that could be used. They must be signed by physicians licensed to practice medicine in the State of New York. They have to contain sufficient information to identify the medical contraindication to a specific immunization and the Department recommends that healthcare practitioners consult the ACIP. Please note that the guidelines under the ACIP recommended vaccines include some that we don't

require in New York State. Valid medical exemptions must also be confirmed annually or at the time of expiration if they are for less than a year.

So, I will move on to the new comprehensive background clearances unless you want --

MS. LEDNYAK: Just a quick question, if the health code proposal has gone in and everything goes according to plan, what is the projected implementation date just so that the community knows?

MS. JOHN: It'll be 2020. More than likely -- so the process even after the public hearing can still take a few months. So, I don't know the exact date, but it will definitely be in 2020.

MS. LEDNYAK: So, in --

MS. JOHN: But in --

MS. LEDNYAK: In the first part or -- so if you let us know, we'll look.

MS. JOHN: Yeah. I would have to get back to --

MS. LEDNYAK: Thank you.

MS. JOHN: -- with the proposed date because as to the comments, there can be another set of --

MS. LEDNYAK: Thank you.

MR. TREIBER: In terms of the forms, are they available on the Department of Health website in New York City?

MS. JOHN: Yes.

MR. TREIBER: They are? Okay.

MS. JOHN: And you can also go to the Bureau of Immunization's website.

MR. TREIBER: Okay, great. Thank you.

MS. JOHN: Comprehensive background clearances, effective September 25, 2019, the Childcare and Development Block Grants, affectionately known as CCDBG, also called the Childcare Development Fund in New York State, which is a primary source of childcare subsidies for low-income working families to improve childcare quality. Any state receiving funds under the CCDBG have to adhere to their requirements, which include inspectional cycles,

staff training, and security clearances. In 2014, CCDBG was reauthorized and the clearances were updated and changed. And so, this is where we are now. New York City -- we were in compliance with most of the CCDBG as far as the inspectional cycles, but the change in the security clearances are what impact us the most. So again, the legislation was reauthorized in April 2019 and New York State Office of Children and Family Services obtained statutory authority to implement the provisions of the CCDBG. The changes affect all childcare programs including New York City childcare programs regulated under Article, Article 47. Please note that any Article 43 programs that are subsidized with the CCBF dollars have to also comply, but the authorized, the authorizing agency for those programs is WHEDco, not New York City DOHMH.

So, what is the CBC? The clearances are required every five years for providers, employees, and volunteers. And I'll speak first about the clearances that we currently do. First is the state's central registry clearance.

That's the LDSS. That is a form that checks to see if an individual has any child abuse hit against them in New York State. We currently do that. Nothing gets changed about that except the expiration date. The second is the SEL, the New York State Staff Exclusion List. Many 4410 programs, EI programs are already using the self-exclusion list. This would be new to some childcare centers. The New York State Department of Criminal Justice Services and the National FBI clearances are currently screened under New York City Department of Health -- Department of Investigation fingerprints. So, if you were fingerprinted by DOI, we already have those clearances and we've already been doing those clearances for you. Those are not new. They are also cleared under PETS. So, if you were, if you were fingerprinted under PETS, under the New York City DOE, again, those clearances were also provided into PETS.

What is new is the National Sex Offender Registry, the New York State Sex Offender Registry and out-of-state checks for any place

that an individual has lived in. So, we provided a matrix that would demonstrate what will apply to group childcare programs. When the state released the clearance requirements, they released the packet. Many of you may have heard, called the 6000 packet. It includes a lot of documents and the 6000 packet is what has to be completed and used to determine if a staff member is eligible. We amended that packet for group childcare programs because we didn't require all of it and the state allowed us to do that. We call our packet the A series packet. Most of you may have -- should have received the A series packet by now and are currently using it to screen new staff. The A series packet includes four elements that I'll discuss in the next slide.

Processing clearances. Now, I talked about what programs are required to do, what DMH will do and then, the turnaround time. First, programs are required to have their staff get fingerprinted, either by DOI or DOE. Where an individual is fingerprinted depends on who the

program contract is under. So, if it's, if it is a DOE contacted program that includes EarlyLearn, 3-K for all, or UPK, staff can be fingerprinted through PETS. The program is not a DOE contracted program, staff must be fingerprinted through DOI. If the program offers classrooms that are not funded or contracted through DOE and classrooms that are funded may have staff who have to obtain both sets of fingerprints. 4410 programs -- and this might be some new information. Yesterday, 4410 programs must be printed by both DOH and D- DOE. So that is DOI and PETS. After an individual is fingerprinted, they must complete the LDSS, that the SCR form and enter the individual -- each staff member's information into the online clearance system. Once they do that, they submit it for review and DOH's CCUUE will submit it to the state for a result. The program will then submit an A1 and A2 document to the DOHMHCC. What DMH will do is, again, submit the same SCR for processing, request, and obtain clearance from the state offender registry -- the Sex Offender Registry,

the SCL, the SCR, DOE and/or DOI and applicable all states that that individual has lived in. DOH will then provide a final or conditional eligibility letter to the program and the individual informing them if they are eligible to work, ineligible to work, or conditionally eligible to work. If required, DOH will process any appeals. We're currently working with our legal department to determine what that's going to look like. But generally, individuals who aren't ineligible to work, there is no appeal process.

Turnaround time. We can't provide an actual turnaround time. We're very, very early in the process and there have been a lot of situations that have -- it's been the turnaround time, which I'll talk about in the next slide. But results or the eligibility letter will be obtained faster if the application is complete, if there are no findings, and depending on how many states the individual has lived in, because we literally have to check every single state. And also, the number of inquiries that we

receive.

Most notable changes. In the past, providers receive clearance results for all of their staff. Providers will no longer receive clearance results directly. They will go through the CCU. The CCU will take those clearances and provide a letter of eligibility. New hires cannot begin working until the program receive an eligibility letter from the DOHMH. This is probably the most impactful change because people cannot work while clearances are still under review or in process. Existing staff of group child care centers should hold on submitting the A series packets and getting reprinted. So initially, the guidance was that all staff needed to be rescreened seven days before their birthday until seven days after. So, the state has relaxed their requirement of, for us because this is a very difficult ask. And we will be screening existing staff, that's staff who were hired before 9/25 until 2020. We're not starting that yet. So, no one will get fingerprinted, who is existing staff until 2020. However, if you

leave your program and you go to another program, you are considered a new staff. DOI is no longer issuing duplicate letters. So that, again, is another change. There's also no more triplicate forms. The DOI form that you'll use is a part of the A series and it's just a Xerox copy of the first page of the DOI application. The relevant forms are, again, the A series for group childcare centers and the 6000 packet for OCFS, that's group family daycare, family daycare, and SAC programs. All individuals must be cleared under the CBC by September 30th. So, starting next year, you'll get guidance as to when you can start clearing existing staff.

Who to contact? The DOHMH center clearance unit is currently completing all of the packets for new staff. One change, though, is that the borough offices will be completing clearance packages for any program that was suspended and then, hired as new staff or preliminary programs obtaining a permit. Outside of that, all packets will go to the CCU. And packets should be emailed to them. That is the

quickest way to get them turned around. They can be delivered to the borough offices, but then, the borough office will have to turn around and deliver them to the CCU. So, the quickest way to get them to CCU is to email the packets or you can fax them to the number listed.

MR. TREIBER: So, thank you for the information. Just one specific thing, I just do want to let people know, is that right now, anyone who submitted staff to be cleared, new staff in the first week of October, still have not received clearance. We're talking a significant amount of time and it's creating -- and I participated in the meeting yesterday and said sort of the same thing. It's creating a real dilemma for providers around the city and parts of the state where if they don't have enough staff or they lose staff, it's almost impossible right now to replace them. And I know you can't do anything about that. I'm just letting people understand that.

The question that I did have though is when you were talking about having staff

fingerprinted before they send in the A series forms, that wasn't my understanding. My understanding was that, for new staff, they can submit the A series forms, apply to get an appointment to be fingerprinted and that would be sufficient until they get fingerprinted because the fingerprint appointments at DOI are now literally almost the end of December. If you call today, beginning of January. So, I think if, if that's not the case, I think it needs to be clarified, like for everybody. And then, the other point, for staff who work out of state, my understanding is that there would be -- if they pass the New York State part of the clearance, they would be able to get conditional approval. So, I just want people to understand that.

MS. JOHN: Yes. So, staff who have worked at other states, they will get a letter that they are conditionally approved, right, because we -- it's taken significant amount of time for us to get results from the other states. And the clarification on the fingerprinting, the packet can be submitted once the individual has

been fingerprinted.

UNIDENTIFIED MALE: So, we're not seeing if they have an appointment?

MS. JOHN: No. They need to get fingerprinted first and then, submit the A series packet.

UNIDENTIFIED MALE: That -- okay. I think just that's a significant change from what we were told by the assistant commissioner. That's got to be clarified because if people are operating that way, these programs are going to be really in serious jeopardy. Because like I said, I know right now that if a provider calls and tries to get an appointment, they are going to get either December 30th or in January already for fingerprinting. And then, you're talking about probably at least another month, you know, ideal, or maybe two months to get cleared. So, you're talking about staff not being able to be replaced until like February and March. I, I mean, it really, it really is becoming a very critical issue that I think the government has to figure out what to do with.

MS. LEDNYAK: Okay. So, we'll take that back and get -- we could get clarification from the assistant commissioner on that. I have one -- can you just clarify what conditional approval means?

MS. JOHN: Okay. So, conditional approval, again, are for individuals who've worked in other states who we cannot get all of the clearance checks for. And what will happen is, that individual will be, will be allowed to work and then, once all of the checks are complete. Because right now, the National Sex Offender Registry, we kind of have a hold on that because it's a very intricate process and we don't want people to not be able to work until that situation has worked out. But then, we get conditional approval and once all of the checks are received, then they'll get an eligible letter.

MS. LEDNYAK: Okay. Thank you. So, you know, I -- so thank you for presenting and we really appreciate it. These are new, these are new requirements and obviously, folks are

concerned about how they are going to take their programs through implementation. So, we -- from our -- from the bureau's standpoint, we have been in close conversations with the Bureau of Child Care and we're also engaging the New York State Department of Health around these issues. Because for early intervention in particular, we need clarification about specifically the SCR, because right now, in EI, providers are allowed to go and clear their own SCR staff because for us, that's critical because we have folks going into people's homes, right? So, you know, I think that that is an area where we're going to work to -- toward additional clarification on, on that.

MS. JOHN: So, for itinerant staff, they are not required complete the entire A series packet. They are required to have the SCR and they are required to have the fingerprints. So, I guess the -- how they will receive the results of those prints is something that needs to be worked out.

MS. LEDNYAK: Yes.

MS. JOHN: But as far as the entire A series packet, the itinerant teachers are not required to go under the CBC process right now. So, that should make it a little easier. Also, for existing staff that have an SCR that was not expired before September 25th, that SCR is still good for five -- is now good for five years instead of two. So, people don't have to renew SCRs at this point for existing staff.

MS. LEDNYAK: Okay. Thank you for that. I appreciate it. And any other questions? Okay. Thank you. Thank you. Okay. Now, we'll have Alicia Calev and Caitlyn Moore provide an update on the Bronx transition coordinator pilot project in District 7.

MS. CAITLYN MOORE: Good morning, everyone. For today, we're going to be providing an update on our early intervention transition initiative, first going through the Bronx transition coordinator pilot with a couple of updates and then, talking about our city-wide information dissemination effort. So, starting with the transition coordinator pilot. So, this

is an overview I've shared quite a few times here so I'm going to go through it pretty quickly. We, as you know all or as many of you know, we launched this pilot in January of 2019 and we focused on District 7 as that is a district where we know there is a high rate of referral to the CPSE, but it was also a 3-K for all district, we knew that there were options for families. Very soon, this program will expand to Districts 9 and 10 as well. So, we will -- we are starting to cover all of CPSC region 1. This will provide the team with further access to region 1 and expand communication with DOHMH collaboration for early intervention of children and families requiring assistance. During this pilot, we've also tested out our new data transfer mechanism such as eFax, which I've talked about previously where families -- I'm sorry, early intervention service coordinators fax directly to its secured DOE system. And so, we will be expanding that now to all of CPSE regions. Our transition coordinators reach out to families proactively and conduct outreach to offer support to families

transitioning from EI into preschool. And through this pilot, we worked really closely to build consistency across the field. And particularly, we worked very closely with Alicia's team, the Bronx DOHMH regional office, but we also worked very closely with CPSC region 1 and also CPSC region 2. Will you do the other?

MS. ALICIA CALEV: Yeah. Some highlights from the regional office, the Bronx regional office was really excited to partner with the DOE to, to provide support to families transitioning from EI into this preschool. We modified the scheduling practices to ensure that the service coordinators can easily notify us on which families consented to have the transition coordinator participate in an IFSP meeting. We consulted with the TC team for individual cases, which could have otherwise been delayed. The TC team was able to act as a liaison between us and the CPSE. We provided technical support, training, and case list to agencies and service coordinators in District 7, identifying and following up on all pilot-eligible kids, in

total, 314. And there has been positive feedback from staff and parents about their involvement in the pilot project. And also, we saw the benefits of using eFax and we look forward to this collaboration to continue.

MS. LEDNYAK: Alicia.

MS. MOORE: So, I just wanted to quickly -- sorry, I'm getting out of breath. I just wanted to quickly go over how families can get support from our transition coordinators. The families can work or early intervention service coordinators ask for parental consent and then, we can reach out to families from there. Families can access us through coming to the Bronx Fordham Family Welcome Center at 1 Fordham Plaza. Families can text us and we will reach out to them and families can email us at eitopreschool@schools.nyc.gov. And I just wanted to make a distinction we've been making recently as we've been sharing more information about our pilot in the field, is that those last two in particular are available to families city-wide. So, any family can text or e-mail us. And I just

want to make the distinction that rather than receiving transition coordinator support, families outside of the Bronx, we would just provide information via text or email such as our DOE guide on the EI preschool transition and maybe a bit more support depending on their questions.

So, some updates, I wanted to dive a little deeper into what the scaling across CPSC region 1 will look like. So, for our protocol, our transition coordinators will continue to provide direct supports to families as they're coming from EI where the CPSE community coordinators and other staff will support families that refer who are not coming from EI and it will be a really close collaboration between the two teams. DOHMH sent -- early intervention sent out a message on November 7th, actually, with the new eFax number and at our December 2nd launch date to go across CPSE region 1. And we feel that this will produce better accountability for sending and receiving notifications and receiving faxes between the

agencies because there will be an e-record of each document that we can -- and there -- they will be timestamped, so we can see when these documents come in and have record of those in a secured DOE system. We are using this as an opportunity to test what eFax across an entire region looks like and we are introducing it to CPSC region 1 staff. We've already trained the CPSC community coordinators and very soon, are training the CPSE administrative and clerical staff as well.

Through this pilot, as I've mentioned, we are exploring additional ways to expand. So, we, as always, are looking at ways potentially that transition coordinators can support other areas of the city. And we are exploring a scanning solution that could further improve data and document transfer between EI and CPSE. And what this means is it would be a, a step beyond actually eFax where EI SCs and EI field staff can scan documents directly into a secured DOE system. So, there would not be a fax transaction.

So, I wanted to just go through what some of our referral sources of our pilot cases are, and I mean referral of how we get the cases, not the CPSE referral. So, we received the majority of our cases through eFax. So, we receive faxes from the EI field and that initiates our outreach to the family. So that's the number one way we received cases, but we've also had a number of families that reach out to us directly through our calling, e-mailing, texting and coming to the Family Welcome Center. And that's actually our second highest way that we receive cases. We have also had a number of cases referred directly to us through the Bronx regional EI office, EI SCs and the EI referral unit. And the EI referral unit particularly for cases that referred to EI a bit too late and -- but they felt that they could benefit from our support if they chose to make referral to the CPSC or to apply for 3-K or EarlyLearn. We've also been hearing more and more from members of the community which we believe is from word of mouth and our outreach efforts. And this is

through doctors, case workers, and [unintelligible 01:58:10] staff. And we've also worked closely with several other CBOs and programs that have reached out to us directly.

So, just a couple of pilot updates. So, the number of children in families in our pilot, since I've made these slides, numbers have actually grown. I know now, we have over 340 cases and we are growing daily. We have trained over 200 EISCs on the transition coordinator pilot in our initial launch, which was what Alicia had mentioned earlier. We have participated in over 130 in-person meetings including IFSP meetings and meetings through our walk-in center. And we've also found that our family -- our RTCs are supporting families that speak over 15 languages including Spanish, Bambara, American sign language. For over 60 of our families that's made a referral 14 days or, or less before their third birthday, we were able to expedite those cases and support families in scheduling evaluations and hold the meeting with the CPSC before age out. Families have also

reached out to us in growing numbers after they've aged out of early interventions to request support navigating the CPSC process. And we're introducing 3-K referral and EarlyLearn programs to more and more family and have helped families and have helped many apply an ongoing reference. So, questions on the pilot before we move on to city-wide information dissemination?

MR. TREIBER: A question.

MS. MOORE: Sure.

MR. TREIBER: I think it's absolutely fantastic. It's a great model. I'm just wondering, is there a way to figure out how many total eligible families are versus some families are actually part of the pilot?

MS. MOORE: Sure.

MR. TREIBER: Just because if you're going to evaluate it in some way, if you know what the percentage of total families are versus the percentage of families that had joined for the support, you would have a good idea of how many of the families you're actually reaching.

MS. MOORE: So, we do. We collect a lot

of data on our families and as they complete the CPSE process, we are also collecting information on whether they are found eligible for CPSE services. Is that your question, or eligible for the title?

MR. TREIBER: No, no. Actually, just the -- so in District 7, for example.

MS. MOORE: Right.

MR. TREIBER: So how many total families under Early Intervention have children transitioning out and how many did you actually support through the process in terms of a percentage? Because I think that's an important point information to know in terms of looking at it as a global --

MS. MOORE: Sure.

MR. TREIBER: -- sort of model.

MS. MOORE: So, families particularly transitioning from EI into the DOE?

MR. TREIBER: Yeah. So, say, say there were 500 families in total. I'm just throwing the numbers.

MS. MOORE: Yeah, yeah.

MR. TREIBER: And you've got 300 --

MS. MOORE: Yeah.

MR. TREIBER: You know you got more than half.

MS. MOORE: Right.

MR. TREIBER: I'm just wondering.

MS. MOORE: Yeah, yeah. That's definitely something we hope to look at. Since we really launched our outreach efforts in February, we've been collecting information on families then. And I will just add, while we know what number have disclosed to us that they were in Early Intervention, not all families that worked with us. They may have heard of us through Early Intervention, but they may not share with us --

MR. TREIBER: Yeah.

MS. MOORE: -- that they were in Early Intervention. And so, it's not always a very, very clear distinction.

MR. TREIBER: Uh-huh.

DR. SHANNON: Just to answer what Chris said. With other case conclusion -- I'm sorry,

the other data point that would be really interested to look at would be whether the CPSE case conclusion rates are different for students in the pilot versus students who are transitioning who are not in the pilot.

MS. MOORE: That's definitely something we're interested in looking at as well.

DR. SHANNON: Great.

MS. MOORE: Any more questions? Okay. So, I just want to talk through some of the resources about -- that are going to be available or are available to families city-wide. So, first, we've shared a few times at the LEICCs that we've published the daily guide to the EI to preschool transition on the DOE website. It is also now available in Spanish and Chinese and actually, as of today, Korean and Bengali as well up on the website. Additional languages will be posted on a rolling basis and we are -- and this can be accessed on the DOE website at the moving to preschool page under transitioning from early intervention. We are prerecording a webinar that will also be posted on the same page in a video

format that's based on the guide. So, it will be a video to share how, how to transition from EI into preschool for families that are interested.

We are also excited to announce that we'll be kicking off our live informational sessions in the Bronx. So, we'll -- we have one confirmed for January 27th now actually and I have flyers up front with Felicia with this information and we will also be looking to many of you in the room to advertise to your families. And so, this will be an opportunity for families to interface with DOE staff. We hope to have representatives from EI there as well and our CPSCs to answer questions for families. And we will be doing an a.m. session and a p.m. session, and this is a model that we hope to bring across the five boroughs as well. Questions about our city-wide information dissemination?

UNIDENTIFIED FEMALE: [Unintelligible 02:03:48].

MS. MOORE: Sure.

UNIDENTIFIED FEMALE: [Unintelligible 02:03:52].

MS. MOORE: Sorry?

UNIDENTIFIED FEMALE: [Unintelligible 02:04:01].

MS. MOORE: So, we have had pediatricians reached out to us to request that we reach out to families that have consented. But we don't actually -- we -- it is our, our plan is to expand some of our community-based organization and community organization outreach as we expand across the CPSE region 1. And that's, the medical community, is definitely high up on our list of, of -- so that we want to proactively advertise our pilot, too. So, so we plan two more.

UNIDENTIFIED FEMALE: [Unintelligible 02:04:36].

MS. MOORE: Yeah.

UNIDENTIFIED FEMALE: It would be nice to have that [unintelligible 02:04:44].

MS. MOORE: So, you're saying as we work with families, sharing information with their pediatrician if families consent. It's something we can explore.

UNIDENTIFIED FEMALE: With your informational sections, are they available via email or something?

MS. MOORE: Yes, we have a PDF version we can share.

UNIDENTIFIED FEMALE: Okay.

MS. LEDNYAK: Thank you.

MS. MOORE: Thank you.

MS. LEDNYAK: So, so we're running over on time. So, we'll get better on that. But I think we should -- a couple of comments, because that would be appropriate. So, we have one person signed up for public comment. [unintelligible 02:05:35].

UNIDENTIFIED FEMALE: Where should I go? [Unintelligible 02:05:40]. Actually, I'm not commenting about background checks.

MS. LEDNYAK: Oh, you're not.

UNIDENTIFIED FEMALE: I just -- I wanted to make a comment about the state Medicaid plan that you had spoken about at the beginning. And it seems to me that the changeover in the category has made a big change in special

instruction. So if I'm reading it correctly, the only professionals who will, once this is approved, will be allowed to provide special instruction are actually special education teachers, as opposed to the original paradigm that has always been in effect that almost any qualified professional was allowed to provide special education services. So, I mean, that's nice for special education teachers that they finally have some recognition, that special education teachers are the people who should be providing special education services. But there were a couple of things I just wanted to comment on, even though I know it's probably a year-plus from actually any implementation. But when you look to see what they're saying a special education teachers allowed to do aside from the cognitive skills that we're accustomed to, is the motor and the sensory, which were typically under the purview of a PT and OT. But it's strange that they didn't put in communication, I don't know why.

And then, the other concern that I have

just projecting into the future is, you know, will a special education teacher really have the skills that are anticipated dealing with the sensory and motor issues and will a child who gets recommended for OT or PT because they have those concerns will then, because the teacher is the generalist, will the teacher be the person who ends up providing those services in the absence of an OT or PT. So, I know that's not under our purview at the moment, but I think what, what is the projection, July 2020?

MS. LEDNYAK: So, the state plan amendment just passed. So obviously, work needs to be done on the regulations. So, I mean, that's probably a couple of years off. However, I think the way that I pulled the information, it may have been misleading. The special educator is not the only one that could provide special instruction services. There are -- you know, other teachers are still -- fall under a category of the --

UNIDENTIFIED FEMALE: Oh right. There is a list of like visually impaired, whatever.

MS. LEDNYAK: Yes.

UNIDENTIFIED FEMALE: But the way it is right this second, social workers can provide special instruction, OTs, PTs, whoever is a qualified professional under the current paradigm of qualified professionals for EI. So, I know right this minute, there's like a lot of social workers out there who are providing special education services. So, that will make a major shift change in terms of the workforce, the people available and you know, how this will unfold. So, I just wanted to make a comment even though I know it has to be approved and regulations have to, have to -- but it's just something that we should be kind of looking out for.

UNIDENTIFIED FEMALE: Can I add something to that also, I'm not excited about the ABA providers listing only licensed and registered ABA people. And right now, most of the ABA is provided by special educators. So that would be another concern.

UNIDENTIFIED FEMALE: Social workers.

UNIDENTIFIED FEMALE: The social workers.

UNIDENTIFIED FEMALE: Alright.

DR. SHANNON: Great. Thanks, everybody. We'll adjourn and have a great holiday.

[END OF MEETING]

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