CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

of the

COMMITTEE ON MENTAL HEALTH, MENTAL RETARDATION, ALCOHOLISM, DRUG ABUSE AND DISABILITY SERVICES

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October 3, 2012
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HELD AT: Council Chambers
City Hall

B E F O R E:
G. OLIVER KOPPELL
Chairperson

COUNCIL MEMBERS:
Council Member Gale A. Brewer
Council Member David G. Greenfield
Council Member Daniel J. Halloran III
Council Member Ruben Wills

A P P E A R A N C E S (CONTINUED)

Marie Casalino
Assistant Commissioner, Bureau of Early Intervention
Department of Health and Mental Hygiene

Anthony Faciane
Senior Director of Revenue
Department of Health and Mental Hygiene

Randi Levine
Attorney, Project Director
Early Childhood Education Project at Advocates
Children of New York

Nina Lublin
Training Coordinator
Resources for Children with Special Needs

Bonnie Cohen
Director of Family and Clinical Services
University Settlement

Linda Cass
Occupational and Physical Therapist

Nellie Velez
Consumer Vice President
The Bronx Developmental Disabilities Council

Leslie Caravallo
Mother with son receiving EI services

Stephanie Codik
Parent of special needs child

Lynn Decker
Parent of special needs child

Diane Drozek
Parent of special needs child

A P P E A R A N C E S (CONTINUED)

Ann Breslaw
Occupational Therapist, New York City Regional Coordinator
United New York Early Intervention Parents and Providers

Leslie Grubler
Speech Language Pathologist
New York City Early Intervention

[pause, background noise, technical]

CHAIRPERSON KOPPELL: Okay. Thank you and good afternoon. I'm Council Member Oliver Koppell, Chair of the Council's Committee on Mental, Mental Retardation, Alcoholism, Drug Abuse and Disability Services. Today we'll be discussing the New York City Early Intervention Program, really the State program as implemented in New York City, in order to learn more about recent changes made to the program and what effects such changes, if any, have had or will have on outcomes of the programs--outcomes, to, I should say, the program's participants. Invited to testify at today's hearing are representatives from the New York City Department of Health and Mental Hygiene, and I'm glad that they're here; advocates and treatment providers. Just a little background, most of you here probably know this already, Congress created the National early intervention program for infants and toddlers up to age three with disabilities as part of the Individuals with Disabilities Education Act. The idea, created an entitlement to a wide range of

rehabilitative services for infants and toddlers from birth through age two. Under New York State Public Health Law, localities must offer early intervention services to infants and toddlers with development disabilities or delays. In 1993, New York State implemented an early intervention program which is administered by the New York State Department of Health. In New York City, the early intervention program is administered at least until now by the Department of Health and Mental Hygiene. The early intervention process begins when a child is referred to one of DOHMH's borough level offices. The referral can be made by a number of sources, including doctors, daycare providers, social service agencies and parents. The child is then assigned to an initial service coordinator and scheduled for a series of tests. If the child is determined to need EI services, an individual family service plan is developed for the child. And I would like to know if that's still going to be the process. You'll probably respond to that in your statement. In Fiscal Year '09, which is the last year that we have records for, more than 37,000 children received EI

services in New York City. The program offers a variety of therapeutic and support services to eligible infants and toddlers with disabilities and their families, including but not limited to family education and counseling, home visits, speech pathology and audiology, occupational therapy, physical therapy, and assistive technology devices and services. In 2012, this year, early intervention services cost approximately $500 million or will cost approximately that, in which the City share is $115.9 million, more than 25 percent of the Department's total budget, making it the single largest expense for DOHMH. In July 2011, in order to respond to City and State budget cuts, DOHMH implemented changes in the way the EI program operates and to promote embedded coaching. The therapist is to teach the parent to provide the services in order to incorporate them into the child's day-to-day routine. Prior to these changes, therapists went into the child's home, and provided services to the child during a certain number of visits per week. Parents, advocates and providers have expressed grave

concerns about the new model of service delivery. Additionally, in 2011 or 2012, New York State made significant changes to the EI program. Most notably, starting in April 2013, the responsibility for contracting with EI providers was transferred from local governments to the State Health Department, New York City DOHMH contracts out EI services to providers who bill the Department fiscal agent, who in turn pays the providers with DOHMH funds, seeks reimbursement from Medicaid and private insurance for enrolled children and bills the state for 49 percent of nonreimbursed costs. Under the new system, providers working through a State fiscal agent will submit insurance claims and receive reimbursement, a major shifting of responsibility. The City will then pay its share, which will be no more than 50 percent of the nonreimbursed costs of the program. These changes have raised concerns among parents, advocates and providers, as the ultimate decision about whether a provider will receive a new contract or renew an existing contract, now rests solely with the State. Today, we'll examine how the EI services are provided,

the types of services available, and how the prevention, I'm sorry, the provision of these essential services may change in the future. And we're obviously very concerned about this, this is a major program effecting, as we said, tens of thousands of kids, and a major cost to our City's budget. I'd like to acknowledge we've been joined by Mental Health Committee Members Gale Brewer and Ruben Wills, and who is at the end--Dan Halloran, who's usually at the end. I want to thank those members--

COUNCIL MEMBER HALLORAN: [off mic] Far right.

CHAIRPERSON KOPPELL: --who are [laughter] far right. Not so far, not s=o far. At least not with respect to the--

COUNCIL MEMBER HALLORAN: - -

CHAIRPERSON KOPPELL: --not with [laughter] not respect to the work of this Committee.

COUNCIL MEMBER HALLORAN: No.

CHAIRPERSON KOPPELL: I want to thank, also thank them for coming and for coming all through the year, which have been very

diligent. I want to thank the Mental Health Committee staff for their work, Jennifer Wilcox, who is to my right, Counsel; Michael Benjamin, Policy Analyst, who's to my left; and also to my right is Jay Mansour, my Counsel assigned to me and my Committee work, and who works diligently on all matters related to the Committee and others, as well. So, with that, do any of my colleagues want to make any comment? Hearing none, I'd like to again thank the representatives of the City Department. We look forward to being informed with respect to the matters that I've discussed. We have Dr. Marie Casalino, who's Assistant Commissioner at the Department of Health and Mental Hygiene; and we have also Anthony Faciane who is, I don't know if I pronounced that right, Senior Director of Revenue for the Department. And we look forward to hearing your remarks.

MARIE CASALINO: Good afternoon, Chairperson Koppell and Members of the Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse and Disability Services. I am Dr. Marie Casalino, Assistant Commissioner of the Bureau of Early Intervention at the New York City

Department of Health and Mental Hygiene. And I'm joined here today by Anthony Faciane, Senior Director for Revenue at the agency. On behalf of Commissioner Farley, we would like to thank you for the opportunity to testify. The Early Intervention Program serves approximately 35,000 children per year, under age three, with developmental delays, who require developmental interventions, such as speech therapy, special instruction and physical and occupational therapy. The program incurs costs of more than $400 million per year, and is the single largest expense for the Health Department, comprising more than 30 percent of the total budget. The Governor's 2012 to 2013 Budget introduced mandate relief to municipal governments with the stated goals of reducing administrative burden, providing fiscal relief to counties and establishing a state fiscal agent under the authority of the State Department of Health. Establishing a state fiscal agent is expected to increase insurance revenues, achieve efficiencies and improve accountability in fiscal operations statewide. Today, I will describe its anticipated effect on DOHMH, the provider

community, and most importantly the children and families who are or will be receiving services through this essential program. During the transition period of January 1st through April 1st 2013, all provider agencies currently in contract with DOHMH will be required to enter into new agreements with the State Department of Health to deliver evaluation, service coordination, or early intervention services. Then, as of April 1, 2013, DOHMH will no longer have the authority to enter into contract with providers of early intervention services with the exception of transportation and respite services. In addition, all early intervention providers will be required to initiate claiming and receiving payment through the State's billing system and fiscal agent for all services provided under the early intervention program. Providers will replace DOHMH as the providers of record for billing purposes, not just for service delivery. DOHMH continues to be responsible for the administration of key programmatic aspects of the Early Intervention program, including accepting and managing referrals, designating the initial service

coordinator, and insuring that evaluations and eligibility determinations for the Early Intervention program are in compliance with State regulations and clinical practice guidelines. Most important, DOHMH continues to convene the individualized family service planning meetings and ensures that high quality service plans are developed for each child and family as required by State regulation. In addition, as of April 1, 2013, DOHMH will have enhanced provider oversight authority. DOHMH may request that parents select a new service coordinator if that person fails to meet his/her regulatory and statutory responsibilities, or require that the service coordinator find a new service provider if services are not provided as authorized by the IFSP. The new law also expressly articulates that municipalities have the authority not only to audit, but now also to monitor, providers, including site visits, in accordance with State Department of Health regulations and guidance documents. DOHMH currently monitors early intervention provider agencies based on provisions in the municipal contract with providers, and will

continue to do so. Although the 2012 to 2013 early intervention reforms affect the administrative and business processes of municipalities and providers, the family experience in the early intervention program will not change. Children continue to enter the program via a referral to DOHMH where the early intervention process begins with the assignment of the initial service coordinator. Families continue to choose their child's evaluator and ongoing service coordinator. Services continue to be authorized based on the individual needs of the child and family at an individualized family service planning meeting, and are delivered at no cost to families. Thank you again for the opportunity to testify, we would be glad to take your questions.

CHAIRPERSON KOPPELL: [off mic] Thank you--[on mic] am I on now? I guess so. Let me start and then--I'll ask a couple of questions, then turn it over to colleagues and maybe come back, 'cause I have a number of questions. First of all, you ref--you didn't talk at all about new models that were adopted, some relatively recently

with respect to service provision. I'm going to ask you about that in a minute. But since you focused on the switch to the State, I have some questions. Right now, it's the City that provides reimbursement to the provider agencies, correct?

ANTHONY FACIANE: Correct.

CHAIRPERSON KOPPELL: So, and now it's going to be the State that provides the reimbursement.

ANTHONY FACIANE: Well, what's going to happen is the providers are going to bill utilizing the same system that they do today, they're going to bull private insurance and Medicaid directly. Any unreimbursed costs will be covered evenly by the City and State with the State administering the payments.

CHAIRPERSON KOPPELL: But what happ--who now goes to look for payments, let's say from private insurance providers?

ANTHONY FACIANE: The State fiscal agent will be overseeing this.

CHAIRPERSON KOPPELL: No, no, before the change? Who does it now?

ANTHONY FACIANE: New York City.

CHAIRPERSON KOPPELL: So the City will be out of that aspect.

ANTHONY FACIANE: Correct.

CHAIRPERSON KOPPELL: And I don't know what the impact of that will be, whether it'll be better or worse, but what I'm concerned about is if the State is paying these agencies directly, is the City going to have the kind of power to monitor and get compliance with, let's say, orders of change of procedure or process? Is the City going to be--in other words, City's not providing the money. Usually the one who provides the money is the one who has the clout. So, I'm concerned that even though you say the City's going to continue to monitor, then, City's not going to be able to cut the flow of money to the agencies. That has to be done by the State, right?

ANTHONY FACIANE: Right, but the City does reimburse 51 percent of unreimbursed costs. So we still have a $100 million stake in the program. It's just a mechanism by which it's going to be paid, is the State. But the City continues to pay both the City and the State's

share.

CHAIRPERSON KOPPELL: No, I under-- who continues to pay it?

ANTHONY FACIANE: The rest of, that's still CTL dollars that are going into this program.

CHAIRPERSON KOPPELL: Wait a minute, say that again, I couldn't understand it.

ANTHONY FACIANE: It's still CTL dollars that are going into the program.

CHAIRPERSON KOPPELL: No, no, I, that's--speak a little more slowly, I don't understand what you're saying.

ANTHONY FACIANE: Sorry. Yeah, there are still CTL dollars, city tax levy dollars, that are going to be funding the program. The vehicle by which these payments will be made is the State, no longer the City, so we still have a stake in this, in addition, as part of the new state law, we have the ability to monitor providers.

CHAIRPERSON KOPPELL: Yeah, I understand what you're saying, but maybe you're not understanding what I'm saying. If the check

comes from the State, it's going to be, I don't know that the providers will be as responsive to the City's critique, if you will, or the City's oversight, because they'll say, "You know, I don't care what you say, we're getting the money from the state." I mean, traditionally that, I mean, not traditionally, I mean, in practice that's the way it works. The person who pays the check is the one who has the clout. Now, you're going to, you're not going to have the clout. Yes, you can perhaps provide a report, but it's ultimately going to be the decision of the State whether they're going to pay the agency or not. Right? Isn't that a problem?

MARIE CASALINO: Well, let me just say that, as I mentioned in my testimony, we still have the authority to monitor providers. We are going to be using that information and that is one of the issues that we're going to be working at with the State Department of Health, regarding if we were to find something that needs to be brought to the attention of the State, exactly how are we going to operationalize that. So, we, as the City, still have the authority, responsibility, to

be sure that the services are delivered to the children, as authorized in the IFSP. And we have the additional authority to monitor. And, but I understand your question: how do we bring it back to the State? What happens at that point in time? I understand your question.

CHAIRPERSON KOPPELL: And the State, since they're the one paying the bill, presumably they'll do some monitoring of their own.

MARIE CASALINO: Yes, they, the State does monitor, separately from the City, they do have their own process.

CHAIRPERSON KOPPELL: Right now?

MARIE CASALINO: Yeah, there is a process that is in place now.

CHAIRPERSON KOPPELL: But is it a vigorous process?

MARIE CASALINO: I beli--it is their process, I do not want to speak to the State's process. I know that we have a vigorous process here in New York City.

CHAIRPERSON KOPPELL: Right, that's what concerns me. That now, they're going to be--

presumably, once the State is making the payments, the State may get a little bit more vigorous in its monitoring, and you still have the City there, in some ways the providers are now going to be facing two separate monitors, which may be a problem for the providers, 'cause it may be, they may not agree on everything. But the most important thing is that, now you, the City, 'cause I, I'm a City official, I trust the City more than I necessarily trust the State. The City's now not going to have the clout to mandate compliance. And I don't know why the Department was so willing to give up--what did we get out of this? What did the City gain by giving up control?

MARIE CASALINO: Well, I think, I don't believe that we've completely given up control. As I said, we do have the responsibility to be sure that he service is delivered, we do have the authority to monitor and I understand your issue. And that's the kind of work that we're doing with the State going forward, to determine what will happen when we find something in New York City that needs to be addressed. They will hold the agreements with the providers.

CHAIRPERSON KOPPELL: Well, I would suggest that you negotiate with the State that you have the power to enforce, you know, if you find something wrong, that the State will have to pay attention to that. 'Cause otherwise, I'm concerned.

MARIE CASALINO: Agreed.

CHAIRPERSON KOPPELL: At giving up this control. I mean--

MARIE CASALINO: Agreed.

CHAIRPERSON KOPPELL: --as an employer myself, I don't think that I would ask, you know, someone who's working for me, so to speak, to be controlled by, let someone else pay them. I want to pay them, I want them to be responsive to me. We've been joined by Council Member Greenfield from Brooklyn, thank you for joining us. We have the full Committee here now. I'm going to postpone my questions on the methodology, let my colleagues ask some questions. Council Member Brewer.

COUNCIL MEMBER BREWER: Thank you. I just have one, I have a couple questions, but-- How do you communicate with the State? I chaired

the technology for a long time, the Committee, and the platform issues in most human services are a problem. So, I worry about the children, I worry about the families, I worry about the providers. I don't worry so much about us, in government, but I worry about all those other people. And in order for them not to have to answer things six different times, and take time up with paperwork and so on, how are you going to literally communicate both technologically and otherwise with the State in something like this, regarding real people with real lives?

MARIE CASALINO: Mm-hmm. We have a very good relationship with the State Department of Health regarding the early intervention program. We do have frequent call--we have regularly scheduled calls, we have frequent calls, we have one-to-one calls. I sit on the State's advisory committee to the program, which is the SEICC. So there is an ongoing communication and I can assure you that even at this point in time, should we have a concern about a provider, should we have a concern about something that's happening regarding the provision of services to a child, we

have a very, we have very open communication with the State Department of--

COUNCIL MEMBER BREWER: But technologically, how is the case decided and discussed? Is there the same platform in terms of the case records? How does that work? 'Cause obviously if the State and you are really supposed to be doing this monitoring, I don't mean to pick on you, but normally that poor agency gets two or three, as the Chairman indicated, calls, etc., etc. How are you going to avoid that, technologically?

MARIE CASALINO: Well, we do have, we have a new statewide information system called NYEIS, it's New York Early Intervention System. And that system was launched in New York City, it is the State system. It was launched in New York City about a year or so ago, so if you're--

COUNCIL MEMBER BREWER: It works perfectly?

MARIE CASALINO: No, it does not. We, on the program side, we have invested a significant amount of time and effort to, and changed many of our business processes in order

for us to be able to work in the system. It is our program's move away from a totally paper based system, or primarily paper based system, into an electronic system. And on the program side, as far as the services to the children, it is working. But again, based on a significant amount of work that was done by the program here in New York City--

COUNCIL MEMBER BREWER: Okay.

MARIE CASALINO: --but there are some challenges to working in NYEIS.

COUNCIL MEMBER BREWER: Does the program, do the programs that you contract with, do they have access to this system? Or is it just government agencies?

MARIE CASALINO: Oh, no, the agencies are working in NYEIS also.

COUNCIL MEMBER BREWER: Okay, and they, and they like the system? Have you contacted them and had some kind of survey?

MARIE CASALINO: We haven't surveyed them, but we are in ongoing communication with our provider community. And we are aware of the issues. We actually, in the Bureau of Early

Intervention in New York City, we created our own provider help desk, to support the providers. There is help desk in Albany and I can tell you that the--

COUNCIL MEMBER BREWER: And the help desks talk to each other?

MARIE CASALINO: Yes, they do.

COUNCIL MEMBER BREWER: Okay. I mean, I'm just, I appreciate it, it's not normal to talk to each other. So, I mean, it is normal, but not in government. [laughter] The Department of Health has a--I'm just talking like it is, the silo world--the Department of Health has a proposed rulemaking open for comments right now, which would bar an agency from providing both an evaluation and services. I want to know, do you support this change, and what effect do you think this will have on agencies which specialize in this very important population?

MARIE CASALINO: Yes, there are some regulations out now for public comment. We refer to them as a conflict of interest regulations, this is something that had been proposed in last year's legislative package, and

then was removed, the State has now released those regulations since they do have the regulatory authority to do so, and New York City will be submitting its comments. I can tell you that we support these regulations, any appearance of conflict of interest in early intervention activities is certainly a concern to us. We support the regulations but we will be submitting public comment, because we want to be sure that the transition to this new process is as smooth as possible with as little disruption as possible to the children. Are we concerned? Yes, we are. Are we going to need to be vigilant? Absolutely, yes. We have heard concerns from the provider community. But it is something that we will be supporting.

COUNCIL MEMBER BREWER: Okay. Then just finally, what were, how were parents and others who are caretakers been involved with this process? Just in general, in other words, is there a--you know, along with the Chair and others we go to an awful lot of meetings in the mental health community and it is a very involved community, thank god. So my question is, in this

process, what has been the input of parents or caregivers? In general, for this transition.

MARIE CASALINO: For the transition, to--?

COUNCIL MEMBER BREWER: From the State, from the City to the State. And just in general. In other words, there will be changes.

MARIE CASALINO: Mm-hmm.

COUNCIL MEMBER BREWER: So have the parents and caregivers been involved?

MARIE CASALINO: Right. There has been, I can tell you certainly, at our level, within New York City, we have met with the provider community on an ongoing basis. We are aware of the concerns, we have heard that. At the SCEICC, there are, there has been public comments, so there is ongoing communication. We are, we are speaking to parents, when parents contact us, but I think it's important to remember, and I expect that we'll get into this in a little more detail as we go along. The changes that are going to be happening during this, within these next few months, six months or so, all of those changes should be virtually invisible to parents and

families. These are administrative payment changes. All of the responsibility for being sure that the children are evaluated, being sure that the services are provided, that is untouched. So, all of this should be invisible to families.

COUNCIL MEMBER BREWER: Okay, thank you, Mr. Chair.

CHAIRPERSON KOPPELL: [off mic] Council Member Halloran?

COUNCIL MEMBER HALLORAN: Thank you, Mr. Chair. I'd just like to briefly talk about the process as it will impact the spending of the money. I understand that basically the money is still coming out of City tax levy, so it's still our money. Will we receive--or was there a projection of us receiving some administrative cost benefit in cutting down this bureaucracy? 'Cause as I do the math, the early intervention program is $115.9 million, about 25 or 26 percent of the City's budget on mental, on DOHM budget, and then that runs out to be about $3,132 per student, per child helped, which is approximately 37,000 some odd students. Will we see any tangible increase by cutting out this

layer of bureaucracy? Or is this simply a matter of shuffling responsibility?

ANTHONY FACIANE: As part of the transition that--

CHAIRPERSON KOPPELL: By the way, you didn't identify yourself on the record, so if you would do that.

ANTHONY FACIANE: I'm sorry, my name is Anthony Faciane, I'm a Senior Director of Revenue at the Department of Health and Mental Hygiene.

CHAIRPERSON KOPPELL: Thank you.

ANTHONY FACIANE: Yeah. In response to your question, as part of the impact of this, there is an expectation that there will be some savings. At this time, it's too early to fully assess what those savings may look like.

COUNCIL MEMBER HALLORAN: So, you're hoping, maybe, kind of, sort of, possibly, that this might possibly result in something possibly, maybe.

ANTHONY FACIANE: Well, that's part of the State require--as part of the transition, part of this was that it would generate additional

private insurance revenue, as well as some Medicaid revenue, which would decrease the cost to CTL. In addition, with the State taking over, this expectation is that at some point, they will be able to contribute more than their 50 percent share that they are doing today.

COUNCIL MEMBER HALLORAN: Okay, so, on the one side, it's still city tax levy, which will come up to that I guess 49 percent or 50 percent mark.

ANTHONY FACIANE: Correct.

COUNCIL MEMBER HALLORAN: You're hoping that by pushing it into the State's bailiwick, you're going to gain some federal disbursement increase Medicare side, because it will now be a State expenditure rather than a municipality expenditure. Is that accurate?

ANTHONY FACIANE: No, the purpose of this is to achieve efficiencies and improve accountability in fiscal operations. By establishing one centralized fiscal agent, the expectation is that it will--

COUNCIL MEMBER HALLORAN: I heard the testimony.

ANTHONY FACIANE: Sorry?

COUNCIL MEMBER HALLORAN: No, no, could you--Look, reading a document to me is just regurgitating what's been submitted for the record. What I'm trying to understand, you're telling me there's been no analysis done that's going to be say this is actually going to cost save. You hope it will, but you don't know. You're saying that potentially we're going to get more money because in some way, shape or form, Medicare is a component in this. But I just asked you if it means more federal dollars, which is the genesis of Medicare, at least unless my knowledge of the United States government is wrong. So that's--

CHAIRPERSON KOPPELL: You mean Medicaid, don't you?

COUNCIL MEMBER HALLORAN: Medicaid, right, sorry, Medicaid. So, where exactly do you anticipate this additional revenue source actually physically coming from, if you're not taxing the citizens more, if you're not getting more federal dollars, is it the money tree? I'm just trying to understand where you're projecting this additional

revenue?

MARIE CASALINO: The--What we've provided in testimony is the information that the State has proposed to make these changes. And I understand your question entirely. There is an anticipation that by having this statewide fiscal agent, that working with all the providers across the State, all of the families, that there will be increased revenue from Medicaid and the commercial insurers. That's the anticipated fiscal impact.

COUNCIL MEMBER HALLORAN: So, so then, what we're looking at these numbers, we're collecting taxes here in New York City, and then a State agency is going to pay out the taxes that are collected in New York City, towards this program, with whatever the contribution is from the State component. But currently, the City pays out all of the funds, including the State's component. Right?

ANTHONY FACIANE: Correct, the City is the first payer of resort, paying Medicaid, private insurance, city and state dollars, that's right.

COUNCIL MEMBER HALLORAN: So, I

will refer back to my, the elder statesman in the room, our Chair, who [laughter] who I think quite articulately positioned himself to say, "Well, if we were doing it, have you identified an inefficiency in the City's method of doing it, that would be enhanced and augmented by this?" Or is this just a power grab by the State? That's sort of like what it looks like to me, and I think to our Chairman, it looks like we will have less influence over the purse string, which is the only control we seem to have with many of the programs that get run, because providers, while they can come here and testify, if they don't feel we're going to yank their funding, don't tend to necessarily give us everything we're asking for. So, has the City or State identified areas of our billing practice that are inefficient, redundant, or otherwise depleting resources? And is there anything you can venture a guess on, on what will be so much better when it's done by a bureaucrat in Albany, far away from these kids, as opposed to a bureaucrat in New York City who might actually have some contact?

MARIE CASALINO: Again, to answer

your question, we agree with your concern. I, we cannot give you any more details regarding the exact dollars that are anticipated to be saved. But that was the provision of the legislation as Albany set it forth. And we are, the anticipation is that we, a centralized statewide fiscal agent will be able to maximize revenue better than having the municipalities do it individually.

COUNCIL MEMBER HALLORAN: Okay, let me just ask one more question. I appreciate the indulgence of the Chair on this. Because I have not been focused on Albany legislation lately, but federal legislation, for obvious reasons, let me ask you this. Is this aimed at New York City, or was this aimed at other municipalities, and we just happened to be caught in the gut of Albany wanting to reform upstate municipalities, which are incapable of efficiently doling out this kind of money? And therefore, looked past the City of New York which has an extensive EI program, which has supplemental components inside our educational system, in the DOE. Are we the victims of the blanket being thrown over a statewide problem when a City with nine million people, roughly a quarter

of the population of the whole state, and I think 57 percent of the tax revenue of the entire state, is getting the short shrift because the rest of the state can't do what it's supposed to do on a local level?

MARIE CASALINO: Again, we agree with your concern. I don't believe we're in a position to answer that question.

COUNCIL MEMBER HALLORAN: Mr. Chair I'm going to yield back to you and--

CHAIRPERSON KOPPELL: Thank you.

COUNCIL MEMBER HALLORAN: --I appreciate your time.

CHAIRPERSON KOPPELL: I would only observe that we're 50 percent of the state's population, not a quarter.

COUNCIL MEMBER HALLORAN: That's it, there you go, sir, thank you, thank you. [laughter]

CHAIRPERSON KOPPELL: But, and it is a concern, I mean especially when you read in the press about the problems dealing with the reimbursement by the State of special education services to young kids, which is sort of related

to this and that the tremendous problems there, which have been highlighted in the press recently. Fortunately, we haven't seen problems of that sort with the EI program, isn't that correct? We haven't seen that kind of overspending and overbilling and so on, we haven't seen that, right? Hopefully it isn't there.

MARIE CASALINO: Hopefully it's not there.

CHAIRPERSON KOPPELL: And but, and this is a program that you've overseen for the City, right?

MARIE CASALINO: Yes.

CHAIRPERSON KOPPELL: So we're turning it over to the State, which has wasted hundreds of millions of dollars in the special education arena, if you believe the stories correctly. It just makes no sense. Now, maybe the City had no choice, 'cause it's state legislation. But I'm very troubled by it, and I think that in, you know, we'll take a look at it maybe again before this particular Council goes out of business, but I think this has got to be monitored. Because I'm very concerned about

turning this over to the State, when it seems to have worked pretty well. You would agree that it's worked pretty well for the City?

MARIE CASALINO: Our program?

CHAIRPERSON KOPPELL: Would you agree with that?

MARIE CASALINO: Our program--

CHAIRPERSON KOPPELL: And so, I hope you feel that way.

MARIE CASALINO: --works well. Oh, I do feel [laughter] that it works well. And it works better every day.

CHAIRPERSON KOPPELL: Well, as I say, we're going to hear from the providers and the parents later today, but I'm very concerned about this. I still want to ask about the programmatic component, but before that, Council Member Greenfield.

COUNCIL MEMBER GREENFIELD: Thank you, Mr. Chairman. I will just note that Council Member Halloran is such an expert in federal law that he's in fact running for Congress. [laughter]

COUNCIL MEMBER HALLORAN: Thank you

for mentioning that, I appreciate that, Council Member.

COUNCIL MEMBER GREENFIELD: Taking, thank his skills on the road. I actually did want to just follow up, that was my question, just to clarify the Chair's remarks. You are being--this is a mandate now that you are being given by the State Legislature, or rather a law that's passing by Albany that you have to listen to, is that correct?

MARIE CASALINO: That's correct.

COUNCIL MEMBER GREENFIELD: Okay. So this is not optional.

MARIE CASALINO: This is not optional.

COUNCIL MEMBER GREENFIELD: Okay, just want to clarify that point. As far as the, as far as the agencies, so, I think you said something before to the effect of it, it should be seamless, the parents shouldn't notice any difference, etc. Does that mean that all the contractors are going to stay the same, the providers will stay the same? 'Cause it wasn't so clear to me on that point. So are you saying that

all the providers will in fact stay the same, and the parents will have the same exact services that they've always had?

MARIE CASALINO: Yes, let me clarify that for you. What is going to be happening over the course of the next number of months, but by April 1, 2013, all of the agencies and individuals that are currently in contract with municipalities in the State, will be offered agreements with the State Department of Health in order for them to continue to provide the services to the children. So here in New York City, all of our currently contracted agencies will be offered those agreements. It will be handled basically in a several step process. After and--basically those agencies are being grandfathered in, so that we can continue to provide services to the children. After all of those agencies and individuals are in place with agreements with the State Department of Health, the State Department of Health will then offer agreements to other agencies and other individuals who might want to work within the early intervention program. So to answer your question specifically, yes, in New

York City, all of our agencies will continue to be operating and the children that are currently receiving services form those agencies will continue to receive those services.

COUNCIL MEMBER GREENFIELD: So the new agencies that will receive contracts from the state that you just mentioned, they will not have the ability to service children in New York City?

MARIE CASALINO: Not until they're in, not until they have an established agreement with the State Department of Health.

COUNCIL MEMBER GREENFIELD: No, I understand, but let's say, my point is, you said it was seamless, I don't understand how this is going to be seamless, I'm just trying to figure that out. So, you have child who's one year old, who's getting services from ABC Agency. ABC Agency you're saying now is going to be grandfathered in, and they're going to continue to get the contract, which means that this child can get the services. But now the State has now decided to contract with XYZ Agency.

MARIE CASALINO: Yes.

COUNCIL MEMBER GREENFIELD: The

State does not have the ability to now to say, "Well, this child will now be getting services from XYZ Agency?" ABC will be the agency, you're guaranteeing that? I mean, that's what seamless means, seamless means right--the reason I'm asking this, by the way, and I'm not trying to be nitpicky, just we had a similar situation over the last few weeks with the Department of Education on a special ed issue in regard to related services, where basically hundreds of parents woke up one day and realized that they're no longer getting the same agencies and the same therapists, and obviously they were very frustrated, as a result, and I got dozens of calls and reached out to Department of Education and their response was, "Well, I guess we could've done a better job communicating with parents." And I agreed with them that they could've done a lot better job. So, my concern is that, you know, when parents are receiving the services, are you guaranteeing that they're going to get the same providers, meaning the same therapists, right, it's going to be in fact a seamless transition, or will there be a situation where these new contractors, right I

imagine there if there are new contractors they probably want to have children who they're going to provide services to. So, where do these new contractors come in and do we have, in fact, have assurances that these parents and these kids will continue to get the service that they've received throughout the school year?

MARIE CASALINO: Well, if we're talking about the early intervention population, of children, the authorization and the provision of services to those children remains our responsibility. If those agencies continue to be, continue with an agreement with the State Department of Health, there would be no reason, as long as they are continuing to provide the services to the children, there would be no reason for us to change agency. The State would not--

COUNCIL MEMBER GREENFIELD: Okay.

MARIE CASALINO: --step in.

COUNCIL MEMBER GREENFIELD: I hate to be lawyerly, but when I hear the word "if," I get nervous. What do you mean "if"? You're saying that it's a possibility that some of the agencies will not in fact contract with the State

for any particular reason?

MARIE CASALINO: Well, this is--

COUNCIL MEMBER GREENFIELD: I mean, if you're giving the same thing--

MARIE CASALINO: Yes.

COUNCIL MEMBER GREENFIELD: --why wouldn't they? Right, unless you're lowering the terms or changing the--unless they're changing the terms of the agreement. So, is there an anticipation that some agencies--I have no problem, by the way, I'm not saying it's a bad thing, I just want to know, information is our friend, and the biggest frustration that I think, that I think public has is that all these mega changes happen and they never have any idea what's going on. and the bureaucrats all are having a great time, "This is great! We got the agencies under our regulation, we're going to hire new staff, we're going to all meet, we're going to get together, this is wonderful." And the parents who are stuck there with the kids, they have no idea what's flying. All I want to know is what exactly is going to happen? And I'm not being critical, just tell me what's going to happen. So it's

possible that some parents, their agencies will not get a contract with the State, for whatever reason.

MARIE CASALINO: We've been assured by the State Department of Health that agencies that are currently in contract with us will be offered the agreement.

COUNCIL MEMBER GREENFIELD: Similar terms?

MARIE CASALINO: That I can't speak to that, we have not seen the agreements yet.

COUNCIL MEMBER GREENFIELD: Okay, so it's possible, I just want to get it out there, just so we're on the same page, it's possible, right, if the terms change, and I'm an agency and I'm unhappy with the terms that the State gives me, I may say, "Well, I'm not going to do this anymore, because I can't make a profit," right, and these agencies have to make a living, right, so it's possible that some agencies will not in fact re-up, in which case those children will in fact have to get a new agency, that you will assign them, right?

MARIE CASALINO: Yes. Rest assured

that we are concerned with any system change as you are. We want these children to have continuity of care.

COUNCIL MEMBER GREENFIELD: I trust that the folks that are sitting here today are wonderful people who genuinely care about children. It's not my question.

MARIE CASALINO: Okay.

COUNCIL MEMBER GREENFIELD: I am just concerned about something a little bit different, and that is the communication aspect, just so that everybody knows what's happening. I don't want parents waking up one day to find out that the therapist that they've been accustomed to for the last year-and-a-half is suddenly gone because that agency didn't get a contract. So, I think if that's going to happen, parents need to be aware. The other question that I have, moving on, because I think we have the answer to the first question, is are you speaking with the State about which agencies do better work? Which agencies do not such good work? I imagine you track these things, right, so are you communicating with the State and saying, "Hey,

these are the good guys and these guys suck"?

MARIE CASALINO: We do communicate with the State, based on our oversight and monitoring of providers, we do communicate with the State when we find an agency that is, has some problems. And they're not--

COUNCIL MEMBER GREENFIELD: I'm sorry, I mean specifically in this transition period. Are you giving the agency a list and saying, "Listen, of all the providers that we have, be aware that the following agencies are good agencies, the following agencies are mediocre agencies and the following agencies are bad agencies," I think that's information that you have that State is not privy to, that might be helpful information for the State. Are you doing that?

MARIE CASALINO: We haven't--

COUNCIL MEMBER GREENFIELD: If you weren't doing that, will you now perhaps consider doing it?

MARIE CASALINO: Yes. We have not done that, to date, but that is certainly something that we are considering.

COUNCIL MEMBER GREENFIELD: Appreciate that, thank you very much.

CHAIRPERSON KOPPELL: Thank you. You know, I don't know, at this point, it's the mandate or the State, but I think it's got to be monitored carefully. To change the subject a little bit, I said in the opening statement that you implemented changes in the way the program operates and to promote embedded coaching. Can you tell me is it true that you changed the treatment methods, if you will, over the last year or so? And could you tell, if that is so, what do you feel about the outcome of those changes?

MARIE CASALINO: Mm-hmm. Yes, we did make some changes, and we are promoting the embedded coaching approach, for the delivery of services to children, in early intervention. Based on the growing literature and national experts, it is clear that children learn best in their natural environment, in the course of routine activities, and they learn best from individuals with whom they're familiar, which is families, caregivers, grandmothers, aunts, siblings, daycare workers, who--babysitters--

whoever is interacting with their child on a regular basis. So, beginning with that is a basic principle, what we have done and we have rolled out an initiative within the last year or two, is to partner with our provider community to be sure that the services that are delivered to the children are provided within this approach, this model, which we call embedded coaching. What it entails is the interventionist, working with the child, for a period of time, but also working with the caregivers of this child, so that the activities, the interventions, can happen most effectively and within an accepted standard of care, best clinical practices. All of these activities can happen between sessions, when we know children learn the best. So, we started changing how we were provide--authorizing services. We started promoting this particular approach among the provider community. Parents, once parents, families, once they understand the approach, understand that their role continues as the child's caregiver but we are now giving them information and methods in order to be able to work with the child in between the sessions. And

if I could give you an example, from the pediatric, the medical community, when a child has a chronic illness or let's take asthma, for example, the child will go in for a doctor visit. The doctor will prescribe medications, possibly an inhaler, will talk to the family about the possible triggers, what to do, in between the medical visits. Where does the good work really happen? Not within that setting with the physicians, the nurses, the people in the office, but in between those visits where the family will know how to manage this child, how to prevent the asthma. So, if we take that clinical medical model and back out of it, and think about early intervention, where does the good work really happen? Yes, it happens at the session with the therapist there, modeling for the mother, working with the child. But really, working with this family about "This is what you can do at meal time, this is what you can do at bath time, this is what you can do when you're in the park." That's when the child will learn most effectively, children of the age in that they are, in the early intervention program.

CHAIRPERSON KOPPELL: I think it was anticipated that by changing the methodology somewhat, there would be less visits, less home visits. Is that correct?

MARIE CASALINO: We changed the way services are delivered. We are actually promoting the use of more 60 minute visits and fewer 30 minute visits, based on the example I just gave you. In order for the interventionist to have enough time to assess the child, work with the child, work with the mother, 30 minutes is just not an adequate amount of time. So we started working with our provider community on authorizing more 60 minute sessions rather than the 30 minute sessions. Let me give you an example of something I heard about two weeks or so ago, when I was sitting at a meeting with the folks that are out there in the field, the folks that are working with these families. An interventionist, and this was a group of interventionists, working with each other, talking about their experiences, how they were applying the embedded coaching approach. This particular interventionist talked about the fact that she had been working with the child in

the home, and you know, the vast majority of our services are provided in the home. She had been working with this child and mother in the home, but the mother, the mother expressed to her, her frustration, disappointment, that because of her child's diagnosis and his behavior problems, she was not able to go out to lunch with her child. Simple things that mothers and their little ones do all the time. So, the interventionist, at the next visit, went with the mom and this child, to the local diner. And she spent time with them going through, working with the mother and the child at a diner. And at the end of this experience, working within the embedded coaching model of the natural routine, the diner, the mother, the child, it worked. This mother could now take her child to the diner for lunch. That's the cornerstone, that's what this program is about. And even better to illustrate this example, this interventionist said at this meeting, she said, "Yes, I worked with, it was very successful, the mother and the child, mother knew how to manage the child during the course of lunch, but the individual who was serving this

mother and child at the table, became involved and asked what was going on." So, our interventionist in our system spoke to the server and told her about what was happening in this setting. I think that's a success story. I think that's what early intervention should be about. We now have a mother and child who can go out for lunch, but we now have someone else in that community setting, whether it's this mother and this child or another mom and another child with a behavioral problem, we have someone who understands working with children with developmental disabilities.

CHAIRPERSON KOPPELL: I'm glad to hear about that little anecdote, that success story. I think one of the anticipations was that the model would reduce costs. Has that proven to be the fact?

ANTHONY FACIANE: Yes, as a result of this new model, we have saved approximately $5 million of city tax levy funding.

CHAIRPERSON KOPPELL: This is because the agencies have been reimbursed less?

MARIE CASALINO: It's because we're authorizing more 60 minutes sessions, and not

quite as many 30, so we're doing more 60 minutes rather than two 30 minutes.

CHAIRPERSON KOPPELL: And have you gotten criticism from either parents or agencies because of this?

MARIE CASALINO: We've, they have expressed their concern, we are promoting this model, we believe it is the right way to deliver services to children, the national experts, the national literature, supports it. We feel that this is the right way to deliver services. Our provider community is working with us, to be sure that our interventionists understand that this is not simply about someone going into the home for a discrete period of time to provide services to the child, but needs to spend time with the child, the mom, in a community setting. The 30 minute session would just really truncate that experience, and we really want to give these families the maximum experience, which we feel needs to happen in a 60 minute session.

CHAIRPERSON KOPPELL: So, I'm looking forward to hearing from some of the people who are here today what they feel about this, but

now let's after April of next year, who's going to determine whether this model should continue, be expanded, changed? Is it going to be the State or the City?

MARIE CASALINO: Now we still, we retain the authority to convene the IFSPs, work with the families, the providers, the evaluators, to determine the services that the child will provide. That remains our responsibility and authority.

CHAIRPERSON KOPPELL: I take it that the providers, let's assume providing home visits, let's not look at other things, let's just look at that. Let's assume right now there's one home visit a week. And you want to reduce that to one home visit every two weeks but a longer visit. Can you still make that decision in the future?

MARIE CASALINO: Well, all of the decisions are individualized for the child and determined at the IFSP. So, yes, that is still our authority, that would still happen in the setting of the IFSP. With--

CHAIRPERSON KOPPELL: What if you don't use initials--

MARIE CASALINO: I'm sorry, the individualized family service plan.

CHAIRPERSON KOPPELL: Okay.

MARIE CASALINO: That's where the decisions are made regarding the services that will be provided to the child. It is individualized to each child, that remains our authority. We still have the ability to authorize 60 minutes, 30 minutes, all individualized to the child, the family, the goals.

CHAIRPERSON KOPPELL: Are there limits to how much each child gets?

MARIE CASALINO: No, there are no--

CHAIRPERSON KOPPELL: Is able to get?

MARIE CASALINO: --there are no limits.

CHAIRPERSON KOPPELL: So, they, you could conceivably have a session every day?

MARIE CASALINO: If that's appropriate for a child, we authorize what's appropriate for that child and family.

CHAIRPERSON KOPPELL: And that will still be your function, not the State?

MARIE CASALINO: That is, that will continue to be our responsibility and authority.

CHAIRPERSON KOPPELL: So, the State will not be able to come in and say, "Hey, this is just costing too much for Joseph Smith."

MARIE CASALINO: It's, it remains our responsibility, to authorize the services at the individualized family service plan.

CHAIRPERSON KOPPELL: And the State will have no oversight over that.

MARIE CASALINO: Well, they have, we, they do have regulatory authority over us. But the services that are provided to the children in New York City are our responsibility.

CHAIRPERSON KOPPELL: And just to understand it, in the future, let's assume a parent feels that they're not, let's assume for the moment that there's a change in circumstance of one sort or another, and the parent now thinks they should get two visits a week rather than one visit a week. They'll apply, how will they have that service plan amended? How will they apply to have it amended?

MARIE CASALINO: All families

coming into the program have due process rights. That, the process for amending the individualized family service plan will remain unchanged.

CHAIRPERSON KOPPELL: And that process is with the City?

MARIE CASALINO: With the City.

CHAIRPERSON KOPPELL: So when someone comes in and says, "I want to now have it one--every visit every week rather than every other week" they go to the agency first? Or they go to the City?

MARIE CASALINO: No, they come to, they come to the bureau, to discuss an amendment.

CHAIRPERSON KOPPELL: I see, and the State will have no control over whether that amendment is permitted or not.

MARIE CASALINO: We continue to have the authority to authorize the services.

CHAIRPERSON KOPPELL: I see. Well, thank you for enlightening us, as you have. Does anybody have any other questions? No? Then we'll look forward to hearing from some of the providers. Thank you and we'll look forward to continuing to see what happens next year. Thank

you. - - [pause, background noise] I'm now going to call Randi Levine, Advocates for Children of New York and Nina Lublin [phonetic], Resources for Children with Special Needs. And when we hear from the Department or the City Administration, we don't have time limits, but for other witnesses, we do have time limits. I'm going to have a time limit of five minutes for initial presentation. We won't put time limits on questions. And if you have a longer statement than five minutes, please summarize it. And I'd ask the Sergeant-at-Arms to put on the clock so you can see how the time is passing. [pause, background noise] No, five minutes. [pause, background noise] Just wait until the person starts, and then we'll start the clock. Okay, Randi Levin.

RANDI LEVINE: [off mic] Thank you for the opportunity to discuss the New York City Early Inter--Oh. [on mic] Thank you for the opportunity to discuss the New York City Early Intervention program today. My name is Randi Levine, and I'm an attorney and Project Director of the Early Childhood Education Project at Advocates for Children of New York. For more than

40 years, Advocates for Children has promoted access to the best education New York can provide for all students, especially students of color and low income students. Every year, we helped thousands of parents navigate the early intervention, preschool and school aged special education programs. Research shows the efficacy of engaging parents in their children's learning, beginning at an early age. Teaching parents how to work effectively with their infants and toddlers, when therapists are not present, can have a lasting impact on a child and can ease a family's life by giving the parent techniques to help with a child's daily routines. However, embedded coaching must enhance services provided by trained professionals, and not substitute for them. While we support embedded coaching and believe that it is a good model when implemented well, we are concerned by some calls we have received from parents stating that their early intervention program has used embedded coaching as a justification for reducing a child's level of services. For example [applause] for example, we heard from the parent of a young child who had

severe delays in his communication, cognitive, fine motor and gross motor skills. The child had started receiving early intervention services in New York City prior to the implementation of embedded coaching, the family then had to move out of the City for a little while and returned. The child was reevaluated and it showed that he had the same significant delays that he had when the family had left. Therefore, his parent was very confused when she went to the new meeting with Early Intervention and was told that her child's services were going to be reduced significantly. Contrary to the recommendations of this child's evaluators, therapists, doctors, the Early Intervention program decreased his occupational therapy from three 30 minute sessions per week to two 60 minute sessions per month. The early intervention program decreased his physical therapy from two 30 minute sessions per week to one 60 minute session per month. In total, his services were reduced by 13 hours per month. What had changed? The Early Intervention official explained that there was a new policy in place, whereby Early Intervention would provide fewer

services and parents would fill in the gap. This parent was concerned that she had no training in special education or in speech, physical therapy or occupational therapy, but was expected overnight to be able to provide all of these services to her child. She was very eager to learn techniques for working with her child, but did not understand how one physical therapy session per month could prepare her to provide physical therapy to her child for the other 29 days. Given how young her child was, she was concerned that her child's physical therapy needs would likely change over the course of the month, but we would have no interaction with the therapist. Furthermore, the doctors and evaluators explained that her son could not tolerate a full 60 minute session of physical therapy at such a young age. We have also heard concerns around cultural sensitivity and parents' work schedules, and I'd be happy to talk more about that as well. While the implementation of embedded coaching may be well intentioned, and again we agree that it's a good model if used well, it has emerged at a time when the State has

slashed the Early Intervention budget. State funding for Early Intervention decreased by nearly 30 percent, from Fiscal Year 2010/2011. With such a focus on cost containment, it's no surprise that Early Intervention officials would use embedded coaching as a justification for reduced services. The City Council should continue to monitor the implementation of embedded coaching, we also urge the City Council to ensure that there's adequate funding to provide appropriate early intervention services, including using the embedded coaching model. By providing services at a time when children's brains have the most elasticity, early intervention services provide the best opportunity to address developmental delays, saving taxpayers money in the long run. In question and answer, I'd be happy to address any questions that you have about the other topics that were covered today and how they might impact families as well. Thanks so much for holding this hearing and for the opportunity to speak with you today.

CHAIRPERSON KOPPELL: Thank you, we'll now [time bell] hear from Ms. Lublin before we ask questions.

NINA LUBLIN: Good afternoon, my name is Nina Lublin, and I'm here representing Resources for Children with Special Needs. We're RCSN, we are one of the federally funded parent training and information centers here in New York City. I've worked there as the early childhood specialist since 1993. In 1993, as some of you will remember, in New York State, some 4,000 or so families of infants and toddlers with disabilities and special needs were expected to begin the new Early Intervention program, but over 20,000 did. Since that time, I've served on state and local committee, helped develop training curriculum and conducted trainings for New York City parents caregivers, and professionals, both through the State's EI training initiative and on behalf of resources for children. I was also a member of the New York City LAICC for about ten years. Within that capacity, I was part of the group that provided input and feedback on the pre-embedded coaching approach, families as partners, and subsequently became an outspoken critic of key aspects of its implementation. I'm concerned today about the continued rollout of the current

embedded coaching approach, and I would remind everybody that embedded coaching is an approach, a methodology, it is not a policy, and it's not a regulation, to more and more families. We are here to advocate for further consideration of the research and outcome data to-date and to remind the New York City Early Intervention Program that differentiating individual service authorizations based on true child need and ability are essential. New York City's parents and caregivers have many different points of entry, skills and abilities to become their child's therapist. Infants and toddlers have a wide range of disability. For some babies, more is better. And the current approach seems to start with the assertion that less is better and sometimes less is more. Families must participate in IFSP meetings with a full understanding of the intent of embedded coaching and have an opportunity to access more intensive services when they are needed. Not as stated earlier, based on exercise our due process rights. Families must have a complete explanation and orientation when services begin so they will feel confident about their role

and engagement in the process. The age of the child and the probable duration of their early intervention services, till they turn three, should be considered before beginning this methodology. There is, after some 40 years of research, great consensus that yes, early intervention works. We are at a unique point where there are so many infants and toddlers in need of services at the same time as the newest research and evidence based approaches are in demand and are required. Each eligible child's IFSP must be better tailored to their individual abilities and needs with the authorized services, therapies and methodologies, as well as frequency and duration, appropriate to the specific special need. The child requires a particular intervention three or four times a week for 60 minutes to begin, provided if the family needs a particular type of coaching or methodology three or four times a week, authorize it. For so many of our families starting with more and eventually requiring less should be automatic, and not a challenge at the initial IFSP meeting. An infant who is medically fragile with developmental

disabilities and an overwhelmed mother may require more services initially, while a two year old with significant behavior and communication disorders, whose parent is participating in an Early Head Start program, might require fewer and different services. The more rigorous and recent analysis of early intervention research by Harvard University's Center for the Developing Child, led by Jack Shonkoff, who's a mentor to all of us, reinforces the fact that intervention is likely to be more effective and less costly when it is provided earlier in life rather than later. The correct investments and more appropriate services now at this very early age can decrease the need for special education and other services when the child turns three and later when the child turns five. It should continue to be the City's priority the earlier the better. And I just wanted to make one comment, that really does concern me. I understand that, you know, Early Intervention and providing services to kids is a very fluid moving target, children change, the needs of the families and the abilities change, also. There has to be a really significant

conversation that goes on between families and their service coordinators and their providers, about when the need to amend an individualized family services plan can be made. And people shouldn't have to think that the only way to have that happen is to go to due process, to ask for mediation, or go to an impartial hearing. Our parents are overwhelmed enough, some of them are working, many of them are homeless, they are challenged enough without having to be challenged further by early intervention. Thank you.

CHAIRPERSON KOPPELL: One [time bell] one question I would ask is to both of you. What is your view of this shift in, if you will, authority from the City to the State? Are you, do you view that as a positive or a negative or have no opinion?

[laughter]

RANDI LEVINE: We talk all the time. You want to go first? I have to say, I'm really not sure how I feel about the State taking most of the, some of the responsibility away. I really am not the expert on the fiscal part of what goes on in early intervention, but I do know

that it costs an awful lot of money. But I also know that many programs would, and I apologize if I misstate this, might be, if the burden on the programs themselves becomes a better way of doing the paperwork and accounting for the dollars, and enables them to really provide the services, and spend less time worrying about the administrative piece of it, that would be wonderful. I think our State, for the most part, has, as far as early intervention is concerned, probably among the national, looking at it nationally, has a probably slightly better reputation than some of the other states. Having said that, one thing that we have going for us at the State I think is that some of the people who are administratively there have been with the program for the whole 20 years. So that you are dealing with people who have seen every evolution and really understand what change should be about. I think here at the City, I can't speak for the Department, but you know, they might be happy to be relieved of certain kinds of administrative and fiscal responsibilities, but you know, I think what we're hearing here today is they certainly have no intentions of reducing or

changing the way they provide the oversight and manage, other kinds of management to the program. But I think that if they are relieved of some of those administrative and bureaucratic kinds of things, then hopefully that the ear will be a little less tin and a little more responsive to parents.

NINA LUBLIN: I think my primary concern is in the transition from one system to the next, and that's something that we're going to have to closely monitor to make sure that there is a smooth transition. I think that there are some possible benefits, including alleviating the administrative burden of the City, and I think it's possible that a central fiscal agent could reap additional reimbursement from Medicaid which we do, we already do a good job of getting Medicaid reimbursement, we do a poorer job of getting reimbursement from private health insurance companies, and a state fiscal agent that can develop expertise in that may do a better job in getting some of those funding sources to pay their fair share and contribute to the cost of early intervention. I think to parents, a bigger

concern is the current State proposed regulations that would separate the agencies who evaluate the child from the agencies that provide services to the child. In New York City we have some agencies that have really developed specialization and focus on a very specific segment of the population, a specific disability. And to say that now that agency that has expertise in evaluating and surveying a child who has autism or a child who has a hearing impairment, can no longer both evaluate and provide services, is troubling, because how is that child going to be evaluated if that agency is now only going to be providing services.

CHAIRPERSON KOPPELL: Well, thank you for that. One question I would have on the last thing you said, I mean, are they evaluating the children that they're providing services to? Or other children?

RANDI LEVINE: I think--Oh.

NINA LUBLIN: Some agencies are currently evaluating children and then providing the services, because they have expertise in a particular disability. So if you have a child

with a visual impairment, you need to have a evaluators who know how to work with an infant or a toddler who has that visual impairment. The parent gets to choose the evaluation agency, so the parent is probably going to choose to have their young child evaluated by the agency that has that expertise. Under these regulations, that agency would now not be able to provide the services to that child, even though they also have the expertise in providing services to a young child with visual impairment. We understand that the State and the City are saying that there's a conflict of interest, but we think that there are already safeguards in place. There's a whole team that decides on the child's level of services, and it's really the Early Intervention program, that gets the final say on what those service are. So, I'm not sure that that conflict of interest really exists in the way that we're hearing.

RANDI LEVINE: And I would add to that by saying we shouldn't confuse an agency with the individuals who work for it. And within many of the agencies that are highly specialized, that have people who conduct really very specific kinds

of evaluations for children with very specific kinds of disabilities and special needs, in many cases those evaluators, those individuals, are not necessarily the same people who are providing the services, once an individualized family service plan is developed. And I think we have to be very careful with our language here, because an agency is made up of many individuals, the agency went through an approval process, a contracting process, they had to hire highly qualified personnel according to the federal regulations, and I think that we have to be careful and look at the language in the proposed regulations, again, and make sure that we understand that, you know, an agency is an agency, but it's made up of individuals, some of whom evaluate, some of whom provide direct service. And we are--I think that for the most part people try to separate that out within their own agencies.

CHAIRPERSON KOPPELL: It does seem to me there's a difference bet--if you're talking about evaluation, in order to provide a treatment plan, that, I mean, that doesn't disturb me, I mean, that's true of every medical professional.

I mean, you don't go to a doctor and have one person evaluate you and then somebody else provide the treatment, as long--I mean, sometimes that happens, but mostly, you know, if you got to a doctor they evaluate what you need and then they give you a prescription, or they provide whatever treatment is provided, and then they get reimbursed for that from insurance company or from the government. So, I'm not sure that it's a conflict in terms of the initial evaluation. But if it's an evaluation done after a period of time, to see whether the treatment is working, that's a different thing.

RANDI LEVINE: That's--

CHAIRPERSON KOPPELL: So, I think that's a distinction that ought to be made. It just doesn't make any sense to me that you can't go to someone and get evaluated and then they provide the treatment. That com--there may be a theoretical conflict of interest, but--

RANDI LEVINE: Well, I am sure there are people here who are far more expert in idea and our State regulations than I am, but I think the intent of the law, the federal law,

originally, was to kind of separate everybody. I mean, here in New York City, you know, outside of New York City, individuals are providing direct ser--are doing evaluations and direct service. It's only in New York City and I believe in some of the other large urban areas in the State, where agencies are the contractors and they have individuals within them that are evaluating or providing the direct service. It's a very--

CHAIRPERSON KOPPELL: I'm not sure that's a distinction that makes any sense, though, because if they're all working for the same organization, the same conflicts could apply. But anyway, I hear what you're saying. Anyone other?

COUNCIL MEMBER BREWER: I had asked earlier about input from parents and caregivers, but just input from agencies on the transition or on the coaching, how does this input get transferred to the, either the City or the State? How do you guys have input?

NINA LUBLIN: The City has a local early intervention coordinating council. There are members who work at the City's Early Childhood Direction Centers, who sit on that council and

they have interaction with parents every day. There is also at least one parent member at this time on the local Early Intervention Coordinating Council. On the State Early Intervention Coordinating Council, there also is a parent or possibly multiple parents--

RANDI LEVINE: There are three parents.

NINA LUBLIN: --three parent, who sit on that council, as well as some professionals who work with parents. I think that early intervention can do a better job of engaging parents and those of us who work with parents, on a daily basis, in the decision making and making sure that they have parent feedback as they go about transitioning the system and creating new policy.

RANDI LEVINE: I would add to that, as somebody, as in my regular job at Resources, I talk to parents daily, sometimes several parents a day, with questions and concerns about their current, where they are in the current early intervention process. I also hear from parents after they've had an individualized family service

plan meeting. Sometimes immediately, sometimes after it's been in effect for a while, with questions about things. Occasionally, I will direct parents to the New York City Early Intervention person who's the Director of Consumer Affairs, who I think has been outstanding ombudsman for responding to parent concerns, questions and complaints that perhaps are not necessarily a due process activity, but are kind of structural or procedural. The Early Intervention Coordinating Council here in New York City at one point was I think more parent rich, if you will, but I think it's very hard to figure out what, which parents should be on the LEICC. Should it be somebody who's currently receiving services? Not necessarily. Should it be somebody who's just had services and has transitioned out? They do make good members. For a while, we had representation from the Parent Training and Information Centers, both advocates and resources are, were members of the LEICC, both of, all of us are off that right now. And so, I think that the Department could have more parents in there. The other thing, and the reason I mentioned what was

going on early on in early intervention, early in early intervention, in the '90s and the early 2000s, there were some parents, there were more parent focused groups. Parents would be brought in for a number of reasons, to either give input on things that were going to be offered, or to solicit input on what kind of information the Department needed to put out to families. And if you go to the website right now for early intervention, it's not the most family friendly place in the world. But neither is the New York State Early Intervention website. So, you know, in terms of engaging families, everybody could improve a little.

COUNCIL MEMBER BREWER: So I mean, I don't want to add to the bureaucracy of the agencies, although sometimes it has to be done, but if we can help, I'm sure the Chairman would entertain legislation that says, "You need to do more on the parent agency input." You have to let us know. Maybe it's just a beefing up. Maybe that's what needs to be done. But this, I mean, I know these families not as well as you do, your two agencies are phenomenal. But we all have some

experience in this world. And without parent and provider input, it's not going to work. So, if we can help in any way along those lines, please let us know.

NINA LUBLIN: Thank you.

RANDI LEVINE: Thank you so much.

CHAIRPERSON KOPPELL: One thing I would like to say to everyone here, and I know we're going to hear from some parents, but you could, if you feel that this embedded coaching is not working as it apparently didn't work in some ins--if you give us examples, you don't need to give us names. We'll compile what we hear and share it with the Department, you can write to me as Chair or just to the Committee, and we're at 250 Broadway, 1007. And we, you know, where you think there are problems, we'll try and communicate those to the Department. Thank you very much to both of you for coming.

NINA LUBLIN: Thank you.

RANDI LEVINE: Thank you so much.

CHAIRPERSON KOPPELL: [background comment] Yeah, right. Next, we have Bonnie Cohen [phonetic] from University Settlement, and Bo Yung

Cho [phonetic] from Columbia University Teachers College. [pause, background noise] Is he--I guess it's the representative of the teacher college here? No? [background noise] Okay, if she's not here, we'll take--well, why don't you go ahead.

BONNIE COHEN: Okay. Thank you for the opportunity to address the Council regarding Early Intervention. I'm Bonnie Cohen, Director of Family and Clinical Services at University Settlement. And I've been a part of Early Intervention in New York City since its inception, first as a social worker and then as a director of programs. I'm also the sibling of a developmentally disabled adult who is employed in the private sector with one company for 35 years, and lives in a supported, he lives in a supportive apartment. I'm currently enrolled in a New York City training to be a practice mentor to therapists practicing embedded coaching. This is not as easily understood as we would all think. We have always known that early intervention works best with families who are engaged and involved, and when therapists use their skills to assist

families in their daily routines, by suggesting strategies and solving problems. This is not new. We know that children learn best when they are engaged in pleasurable activities that are meaningful to them, and that mastery of skills which promote independence is always our mission. This is not new. The reality is that early intervention includes children with surmountable delays who will eventually be discharged, as well as children with significant or profound delays, including paralysis, brain damage, genetic syndromes and autism. All of them will benefit from the embedded coaching model. But some need a more intensive skills, hands-on therapy program, as well. Parents vary in their ability to learn and practice, and in their availability to attend sessions and learn. Many children are in daycare, and while embedded coaching should and can be done with caregivers, the staffing patterns there don't really support this. As our federal law envisioned, the services should be based on individual needs of children, and one size does not fit all. Early intervention is program that has large and small agencies, experienced and new

therapists. Embedding coaching is a paradigm shift and it is an ambitious attempt in New York City. It requires training, coaching and monitoring. It requires case conferencing and individualization. Regulation changes alone will not accomplish the desired result. And if not fully implemented, embedded coaching is at risk of resembling a reduction in services wrapped in rhetoric. Training, meeting and supervision are not billable services and costs are not included in the reimbursement that agencies or individual therapists repeat, receive. So that this is an unfunded mandate. Early intervention is a meaningful, effective program and should embrace new ideas and evolve. There needs to be adequate funding to ensure that the actual practice lives up to the promise. Parents and children deserve our best. We can only do our best with a well-trained and supervised workforce. The current model does not go far enough in providing this support. In a time when we're all asked to do more with less, this is an overly ambitious shift with potentially dire consequences. In a more perfect universe, we would more adequately fund

early intervention programs, to ensure that parents, teachers, caregivers and therapists were prepared to implement well what we already know works. So I use considerably less than my five minutes.

CHAIRPERSON KOPPELL: Yes, it is, it is. So, your quarrel is not with the methodology, but with the resources that are being devoted to it.

BONNIE COHEN: Exactly.

CHAIRPERSON KOPPELL: We appreciate that, we look forward to hearing from people. Does anyone--

BONNIE COHEN: I would also add that parents have complained, and therapists have complained, if I went to school, if a parent went, a therapist went to school let's say for speech therapy, and received a master's degree and post-master's training and experience and supervision, how could they teach a parent what they know in one hour a week? How can you translate that into bite-sized interventions that need to be used? Parents need techniques for daily life, that is true. So we like that embedded model, we think

it's brilliant. But the children also need that skilled hands-on approach.

CHAIRPERSON KOPPELL: I understand, I mean, everything is somewhat resource driven, though. We don't have unlimited resources, we've all learned that. Depending on the outcome of the election, they may be even more limited.

BONNIE COHEN: In the last 20 years, Early Intervention mandates have really reduced, and the funding, the reimbursement rate has been reduced. So the therapists who are providing early intervention for the last 20 years are earning less now than they did for the same amount of time involved.

CHAIRPERSON KOPPELL: But you as an observer of this for many years, you think it is a program that works.

BONNIE COHEN: I think it's a program that has potential to work.

CHAIRPERSON KOPPELL: Okay. [laughs] Thank you very much for your testimony. I'm going to now call, I believe these are mostly parents, and some have affiliations, as well: Linda Cass [phonetic]; Gene, and it's hard, it

looks like Erup [phonetic], is that correct? From Livingston Street [background comment] is that person here? It's hard to read the, it's Gene, G-E-A-N? [background comment] Oh, wrong form, okay. Nalida Velez [phonetic]. Please. And Leslie Caravallo. Why don't we go in order that I called you.

LINDA CASS: Hi, I'm Linda Cass, I'm an occupational therapist and a physical therapist, and I have over 29 years of experience. I've been working in early intervention over ten years, so I've been in the home a long time. I wanted to talk mostly about the methodology, but I just wanted to also briefly say, because I know the fiscal component is so important, and I've gotten two pay cuts over the past year, so that's about a 12 percent pay cut I've received. So, if you're looking--

CHAIRPERSON KOPPELL: Say again what happened in the past year.

LINDA CASS: I received approximately 12, over 12 percent pay cut, so making less than I was ten years ago.

CHAIRPERSON KOPPELL: From, a pay

cut from who?

LINDA CASS: In early intervention, so--

CHAIRPERSON KOPPELL: But as an individual provider?

LINDA CASS: As an individual provider, yeah.

CHAIRPERSON KOPPELL: I see.

LINDA CASS: So, just, I wanted to tell you this, because I wanted to, I know finances are important. Because I strongly believe in a continued, let's say a two times 30 mandate as opposed to one time 60, when it's appropriate. And I feel that the cuts that I receive actually balance out the one times 60 versus the two times 30, so I'm actually paying the difference, if we're concerned about cuts in that respect. And I was willing to take the cuts to be able to continue providing the services. Just that, you know, I just wanted to throw that in. So, I also wanted to let you know that I was trained in embedded coaching, we did six months' worth of training. And I strongly don't believe in it. I feel that I was doing that already.

I've always told parents to include daily activities with their children, and as a matter of fact, in the profession of occupational therapy, which is one of my licenses, that's what you do, you work on activities of daily living. So you're working with the kid already in the bathroom, you know, brushing his teeth. You're using a methodology, you know, to help, let's say, you know, for on pronation [phonetic] and I'll give, you know, explanations, if you need it for that. But we've really already been doing that. But we've really already been doing that, a good therapist does include the family. And that's actually the basis for early intervention, is that you're in the home, that the child is not going, let's say, to the hospital, for an appointment. So, I feel strongly, again, about that, and after taking the six months of training, I feel even more strongly that we were already doing what we needed to be doing. So, that's one thing. And then, I was, wanted to talk about the frequency, let's say one times 60 versus two times 30. Because I've recently had some cases that--

CHAIRPERSON KOPPELL: Is that--just

interrupt you just to understand.

LINDA CASS: Yeah.

CHAIRPERSON KOPPELL: Are you talking about per week?

LINDA CASS: Per week, yes, yeah, that's a standard, let's say, there's, they've been giving out some one times 60 per month cases, too, but I'm just right now speaking about what we just discussed. So, I find that if they have, let's say, one times 60 per week, there's such poor retention, in between sessions, and I feel that the parents have a lot of questions, so let's say I say to them, "Okay, you know, when you're having the kid play, have them use Pay-Doh, have them work on, you know, this movement, this movement, this movement, that movement. I'm talking to the parent, they're with the kid while I'm speaking to them, they're distracted as it is, because they have the kid. I'm showing them so many things that I've been trained, even though I'm using Play-Doh, it's based on physiological principles. So, they barely retain the information, you know, within that one session. So, for me to then wait a whole week, it's lost,

it's almost a waste of money, to me. So, I feel that when I got in twice per week it really makes a big difference. And that's an, you know, when I do, you know, use handouts and you know, pictures, I leave myself open to emailing and calls, which I don't get reimbursed or. Which is fine. But I really feel strongly about that, too, you know, that more frequency of a shorter session is better than one session. You know, in general, again it depends very strongly on the child, you know, and their specific needs.

CHAIRPERSON KOPPELL: Well, thank you for your insight.

LINDA CASS: Yeah.

CHAIRPERSON KOPPELL: And you know, again, if you wanted to perhaps give us something in writing, we have your testimony, but--

LINDA CASS: Okay, all right.

CHAIRPERSON KOPPELL: --if you want to give something in writing--

LINDA CASS: I will.

CHAIRPERSON KOPPELL: --we'll share that with the department.

LINDA CASS: Okay.

CHAIRPERSON KOPPELL: Also, when, if you do a 30 minute session, you also get paid for your time to and from the home?

LINDA CASS: I don't. And the other thing, and--

CHAIRPERSON KOPPELL: You do or you don't?

LINDA CASS: I don't. And--

CHAIRPERSON KOPPELL: So you only get reimbursed the cost--so, about how--

LINDA CASS: Right.

CHAIRPERSON KOPPELL: You're an individual providers?

LINDA CASS: I am.

CHAIRPERSON KOPPELL: So about how much do you get reimbursed for a 30 minute session.

LINDA CASS: It varies, but it's--can the administrator speak about that? But I do want to add that--

CHAIRPERSON KOPPELL: But do you know how much it is?

LINDA CASS: Yeah, but I feel, I don't feel comfortable giving my personal rates.

CHAIRPERSON KOPPELL: I see.

LINDA CASS: In public, yeah.

CHAIRPERSON KOPPELL: But you have different rates?

LINDA CASS: Well, yeah, they're a little bit different based, I have 29 years of experience, so I make a couple of dollars more per visit. [laughs]

CHAIRPERSON KOPPELL: I see. And [crosstalk]

LINDA CASS: Yeah.

CHAIRPERSON KOPPELL: Do you get--

LINDA CASS: But I--yeah.

CHAIRPERSON KOPPELL: Well, wait.

LINDA CASS: Go ahead, sorry, sorry.

CHAIRPERSON KOPPELL: I'm not going to ask you the exact number of dollars.

LINDA CASS: Yeah, okay.

CHAIRPERSON KOPPELL: But if you, do you get more for two 30 than one 60? Or the same?

LINDA CASS: Yeah, you get more and that's what I was saying earlier, is that it's not

much more. It's such a small percentage more, if you add up the two times 30, versus the one times 60, and that's why I was saying with the two pay cuts I got of 12, about 12 percent, it evens out anyway. So, I'm doing my share, you know, fiscally, to balance it out.

CHAIRPERSON KOPPELL: They said they save $5 million because of this change, that's what--

LINDA CASS: Yeah, and I don't, I mean, I'd like to hear more, and you know, I heard someone say, when one of you was asking what, what our role is, you know, formally, within all of this, and someone said that we've, you know, we're, we can make public comments and they've responded to some parents calling. I'm not exactly sure what the formal involvement has been, of therapists. I don't know, there might be formal involvement. I'm not sure about that.

CHAIRPERSON KOPPELL: Usually when they do regulations--

LINDA CASS: Yeah.

CHAIRPERSON KOPPELL: --you can comment on it.

LINDA CASS: Okay.

CHAIRPERSON KOPPELL: Well, thank you. We'll hear from the next witness. Ms. Velez.

NELLIE VELEZ: Thank you, good afternoon, Council Members. My name is Nellie Velez [phonetic], and I'm the Consumer Vice President of the Bronx Developmental Disabilities Council, and I'm also a parent. My child had EI services once upon a time, then he went on to get what we call - - preschool special education, and regular education. Unfortunately, he passed away in 1999. But I'm still here fighting for all the other children who come right behind him. I think embedded coaching can produce great results if implemented correctly. I applaud the New York City Bureau of Early Intervention for wanting to introduce best practices that will yield better outcomes for children and families; however, the implementation can be improved by paying attention to the following issues. And these are issues that we feel very strongly about as families. Preparation for embedded coaching, families should be better prepared from the start of early

intervention about family participation in the services. Embedded coaching entails coaching the family to work with their child. This is still sometimes unclear to families when interventionists start services. A large campaign should be introduced in new York City to educate families regarding the change in philosophy. For years, parents have learned to expect that when the professional arrives at the home, they would work with the child in order to make the child better. Some families question the interventionists that don't separate the child, but instead ask the family to participate in the session. And also in regard to the training, only some interventionists have been trained on embedded coaching and there is not a clear timeline from when all New York City interventionists will be trained. Some interventionists that are practicing embedded coaching have been asked to be taken off cases because families are still seeing therapists working with the child in isolation. Interventionists should work on all function outcomes. Many interventionists are still

resistive to this since they may never have gone through a formal training on embedded coaching. The parents also need to be trained in this new philosophy. The children remain in early intervention through their third birthday, and families need to understand that they make the biggest impact on their children's lives. This method of delivery services for family needs to be explained to the family so they understand that they will participate in this new philosophy. The family needs to understand that they will be a participant and be hands on with the therapist. IFSPs sometimes don't reflect embedded coaching. IFSPs should focus on family priorities. They should include daily routines and goals to become compatible with the goals, values and beliefs of the families in order to successfully implement embedded coaching techniques. The service authorization model needs to be better align with embedded coaching. New York City is now approving less use of service per child since the expectation is that parents will teach their children during every day family routines and activities. I agree with that. However, in order

for an interventionist to coach a parent and participate in families' activities, such as meal times, trust and rapport must be established. It is now normal for New York City to approve services two times a month. It is unrealistic to expect the family to trust a stranger that they see so infrequently. New York City should explore ways to improve services in a way that will foster collaboration between family members and interventionists. Perhaps services can be approved with a higher level of frequency in the beginning and decreasing the frequency at the six month review depending on the strides that have been with the family and the child. Co-treatment is also important. This is an option in New York City to conduct co-treatment sessions. In order for embedded coaching to succeed, the family should dictate the mode of service delivery. If a parent of an autistic child wants help during the child's birthday party, for example, this is not possible right now, since billing rules prohibit more than one interventionist in the home at time. New York City should create more flexibility in the service delivery system by approving more co-

treatment sessions. This will give not just the therapist teaching the parent, but it gives a therapist and an opportunity to present as a cohesive front when interacting with the family. The family will feel that the therapists have the best interests of the child and lend an opportunity for families to work better with them. The continuing session from beginning to end, it is important for a family to have consistency from evaluation to age out. In other states, where better coaching is done well, look at Connecticut, utilizing a clinical team for evaluation, service coordination and act as an EI - - to assist from this model. New York State wants to prohibit the evaluating agency from also being an option, for the family to choose as a service provider. Although many families choose services from the agencies that evaluated the child, they do not, they do so not [time bell] because they are coerced, they do so because they form a bond with the evaluation. As a parent of service coordination and proud advocate, I ask the Council to request a moratorium on this issue. Beginning in January, providers will not have contracts with

individual counties in New York State. All contract and payment responsibility will lie in Albany. This is not the time to introduce a change to the system. The New York City Council should request that the Governor's Office create a taskforce to explore the creation of a coordinator statewide early intervention program. I would be more than happy to join that council, for the betterment of the family. As elected officials, it is your duty to safeguard the rights of vulnerable citizens. I think parents of infants and toddlers with disabilities are in a very vulnerable stage in their lives. Please be a voice for the children and families of New York City and stop Albany from disrupting this very essential program.

CHAIRPERSON KOPPELL: I want to thank you for your statement, many interesting ideas. We're going to forward the statements that you've provided to the Department and I appreciate your insights.

NELLIE VELEZ: Thank you.

CHAIRPERSON KOPPELL: Next is Leslie Caravallo.

[pause, background noise]

LESLIE CARAVALLO: Hi.

CHAIRPERSON KOPPELL: The other two, well, I don't know, I guess do you have any questions for the other two? I won't call them back. Okay. Go ahead.

LESLIE CARAVALLO: My name is Leslie Caravallo, my son is currently and has received services through EI since February, and will do so until December. Whew. I have dealt with EIOD, Consumer Affairs, New York State, six different agencies, any of the questions you levied earlier, please throw them at me, because I am the guinea pig of 2012, and I can speak to many of the topics that were discussed. I'm here for EI children going forward. AA! I said I was going to keep it together.

CHAIRPERSON KOPPELL: Relax, we're just, you know, don't worry, just tell us what you're--

LESLIE CARAVALLO: I'm just going to read it.

CHAIRPERSON KOPPELL: --concerned about.

LESLIE CARAVALLO: The proposed plan of substituting direct therapeutic services with embedded coaching is not the answer and will cost the City more in the long run than perhaps the DOH and this Council may realize. My son was diagnosed at two-and-a-half, what is considered late in the context of EI. Although it was recommended that he receive an immediate battery of therapy, ABA, speech, occupational and physical therapies, it too four months to get all of those services and only after I spent a great deal of time advocating for them. From February to June, I was on the phone requesting evaluations, following up with my coordinator, and personally seeking an OT because there is a shortage of exceptional occupational therapists in the City. But as a parent, I was a good situation, I had a job that paid well, offered a flexible schedule, and even with those resources advocating and treating my son, is and was overwhelming. It took all of my time. Every day, every minute, of my days, at work and after. I attended as many therapy sessions as I could, read almost every possible book to learn how to work with my child.

And in all that time, I always thought of other parents, like my mother who worked for the City for over 30 years who did not have the resources I had: a master's level education and a lot of flexible time to do the things I needed to do. So, what about the mom working 9 to 5 or longer; the parent with multiple children, I only have one; elderly grandparents that watch over their children during the day, but who would have great difficulty getting down on the floor with their grandchildren to administer, much less learn new therapies or who hold cultural beliefs that go against the very idea of intervention. Children who are in daycare. Most therapists are highly educated professionals. They hold master's degrees, it boggles my mind that the DOH thinks that effective therapy can come from therapists imparting several years of training to a varied population of parents at different educational levels, and with different employment situations, in an hour at a time. Speech, OTs and PTs are required to take anatomy, physiology, neuroscience, psychiatry and neuromuscular studies among others. These are two to three year master

and doctoral programs, and most ABAs are special education teachers, they hold master's degrees in the, in addition to their prescribed ABA training. Family training is a very important part of effective EI therapy, in fact I do believe it should be given more emphasis. I didn't get enough emphasis, even though embedded coaching was supposed to be happening more during 2012. But it is a component, it is a piece of the whole, it is not the whole. No parent ever wants to be in this position, to need outside help so that they their children may become functional members of society. The silver lining of the situation is that better outcomes can be had with effective, early professional intervention. Eliminating direct therapy service would be detrimental to the children, their families, therapists and to this City and State. The children that do not receive effective therapy at the earliest years will only continue to be a burden on the City and State, the educational system that will struggle to accommodate these children that are not ready for the classroom, and the mental health system that will have to deal with these teens and adults

whose diagnoses worsen instead of improve, because as we know, the years between birth and three are vital in mental development and it becomes increasingly difficult to help a delayed child after the age of five. And finally, the burden will rest on the residents of the City and the State, and the criminal just system as studies show that children with unchecked behavioral problems become adults with behavioral problems that lead to crime and incarceration. It is a vicious circle. To end, direct therapeutic services, to cut them dramatically, to once or twice a month, would be at best irresponsible, at worst criminal. I feel that strongly about it. The computer system is working, that Gale Brewer talked about, but there's one big thing that we're missing is that embedded coaching is already a part of therapy and it works better with certain therapies, not all. You cannot replace physical therapy, OT, speech therapies with embedded coaching. It is a brilliant component of ABH therapy. [time bell] It works in some therapies, but not all. And EI in, I've dealt with the State, they're very on top of it and much more

responsive than the City. The City preys on uneducated parents, they do not volunteer information, they bury information on obscure websites, and it is not an opaque system. Like I said, I'm an educated person, it was still very difficult, I just worry about those that are not in the same position. Thank you.

CHAIRPERSON KOPPELL: Well, thank you for your insights. And we will share your insights, I will share the recording of this hearing with the Department, and I, many of the points you make are, seem to me to be well taken, with respect to limitations of coaching parents.

LESLIE CARAVALLO: Thank you.

CHAIRPERSON KOPPELL: So thank you very much. We now have three other parents. I believe parents. Diane, looks like Drozek [phonetic]; Steven, no, Stephanie, I'm sorry, Stephanie Cudick; and Lynn Decker, or Deck, Lynn Deck.

LYNN DECKER: [off mic] Decker.

CHAIRPERSON KOPPELL: Decker. [laughs] [pause, background noise]

STEPHANIE CODIK: Hi, I am

Stephanie Codik [phonetic], thank you for the opportunity to speak today. I am the mother of a lovable, wonderful, special needs child names Ezra Olcrest [phonetic]. Ezra has been diagnosed with PDD, NRS and autistic spectrum disorders, speech delay, failure to thrive and sensory processing disorder. Just recently, Ezra was evaluated for PT services. The physical therapist who was an advocate for embedded coaching kept telling me, I and my son's therapist, and that my son won't need as many services because of this. This is not true. I am not Ezra's therapist, I am his mom, I am an involved mom who believes in carry over but not at the cost of appropriate services. Asking parents to become their child's therapist, places an unrealistic burden on people who already live extremely complex lives. Most of these families need dual incomes just to make ends meet and so most won't have the bandwidth to participate in embedded coaching not to mention single parents who will never have the opportunity. With this said, it's obvious parents will not get the benefits of embedded coaching when the realities of life are factored into the equation. While

carry over is necessary and wonderful, some parents and children need more time in order to have this occur successfully. Plus, parents can never truly achieve the level of expertise as therapists. Most therapists take from six to nine years to complete their education and certification, this is including undergrad, graduate and then certifications and continuing education. A therapist working on a child and simultaneously being able to teach parents to become the expert it took them years to become, sounds like magic to me. If EI truly wants to make parents qualified therapists, they would have to pay for parents to get degrees in all the different fields their children are receiving therapies in; otherwise, why does a therapist need to be certified if a parent can be a therapist with a few hours of demonstration? Embedded coaching means less visits, which will not only teach parents less, but will hurt these wonderful children more.

CHAIRPERSON KOPPELL: [off mic] Thank you, and you're reading your statement, we do have recording of these statements, but if you

can print it out and send it to us, that would be fine, and we'll share your, I think your observations are both interesting and make sense to me. So, our next witness is Lynn, is it Decker?

LYNN DECKER: Mm-hmm.

CHAIRPERSON KOPPELL: Okay.

LYNN DECKER: My name is Lynn Decker, and I have two sons with autism spectrum disorder. Evan is now 16 and Justin is 14. One or both of my sons were receiving early intervention services from late spring of 1998 when Evan was diagnosed, through August 2001, when Justin began preschool. They have subsequently had a long journey through NYC's special education placements and a variety of OPWDD funded programs. So, my own early intervention experience is pretty much old news, but since around 2000, I have coordinated a parent support group with a focus on children with autism spectrum. In 2005, we added an email listserve to complement that group, and today only the listserve is active, but it has more than 300 subscribers. And this list is a valued resource for prospective resource finding

and a chance to know others who are traveling a similar road. Through this list, I've been able to stay in touch with issues families of young children similar to my own or encountering in the EI service system. So that I don't leave out that detail, parents and guardians of children with ASD who live in the New York Metro area can become members of the group, which is called spectrumparentnyc@yahoogroups.com. So, New York City launched EI services back in 1993, as mandated by the IDEA amendments of 1986, although I understand there was previously something called infant enrichment, and so New York City was in the game even before. By the time my household came on the early intervention scene, New York City was offering intensive behavioral therapies to children with autism and related disorders, under a consent decree. That was, so there, and I didn't ever really find out the details about that, and I'm sure that the representative from Advocates for Children can tell you more. But I learned, therefore, very early in my own career as a special needs parent to appreciate that access to things my family needed quite desperately were

the result of a fight by families who came before us. At the federal level and then at the local level, for this very specific thing. So I am here to advocate that the robust intervention program that was provided to my children continues to exist for a young child diagnosed today. I've testified elsewhere on the profound impact EI services had on our family and though my children were not among those who responded most robustly to this type of therapy, who have moved on to less restrictive settings and often study at grade level, I believe that early intensive instruction made a huge difference in my household and my boys' ongoing engagement with the world, and in my, and my husband's capacity, to believe that we could be effective teachers in a more, not in a, not in the way that professional teachers are, but in the way, that we could be effective parents and provide my children with the special kind of parenting that they require. And around the time Justin was aging out of early intervention, New York State issued practice guidelines for young children with autism that carried forward some of the key elements of that consent decree, and

favored some types, specifically ABA, over other such as floor time, RDI and some play based therapies. Those practice guidelines are scheduled to be revised and revised next year, and that's proper because it's been a decade and the evidence base has grown a lot. [pause] My overarching concern about embed--Oh, I'm sorry, embedded coaching doesn't seem to be offered--my understanding is that it was not offered as aggressively for autism spectrum children because those practice guidelines clarified a certain number of hours, an intensive program of direct service, but it still is part of the total mix. But my overarching concern about embedded coaching is one that I've had many times in many venues. Will it be executed here in a fashion that is faithful to the design, in this case crafted by a national expert brought in, such that any reasonable person would see the connection to the evidence based practice, or as so, as is so often and so tragically the case, will this new way of conducting business merely be a cover for achieving fiscal targets? In more soft form, I would applaud embedded coaching if it provides

endorsement for families and therapists which we did, and I felt was a best practice in our household, that we were conscious that the act-- that the regulations for direct service didn't really, didn't really foster that. I mean, we did it because it was the right thing to do; it wasn't, I would say that the service design didn't tell you that that was the right thing to do. I'm also concerned that this sort of approach with a focus on generalization and natural context will be offered essentially as a substitute for, rather than an adjunct to previous practice. And I'm aware that the extreme fiscal demand resulting from improved screening and awareness of autism is a key driver of increasing service volumes and costs. But I understand that this [time bell]--in closing, I want took the Committee to consider that early intervention is expensive and growing in expense because there is a growing need for such services and to look to the growing national evidence base that early services reduce intensity of service needs down the road, in the school and community as children mature.

CHAIRPERSON KOPPELL: Thank you

very much. I just--you sort of said two contradictory things, I think at one point you said your sons were not the most, you know, they weren't benefited as much as of other--

LYNN DECKER: My--

CHAIRPERSON KOPPELL: --children were. But then you said they were greatly benefited. So, I was, how do you come out on that? I think you said two somewhat contradictory things.

LYNN DECKER: Well, when I came on the scene, there was a lot of literature just gaining ground that a robust enough program of behavioral therapy for young children could bring certain autistic children to lose their label, to not be diag--to not be autistic somewhere down the road. My children are, continue to be, they don't talk, they aren't in a place where they're going to be in a non-segregated educational environment, ever. However, I do feel they still benefited, they are engaged with the world, they are not remote and isolated in the way that I believe they would have been had this not happened. But the real cost savings to the total system is not

household like my household, where my children still need fairly intense specialized services. But in other peer families that I know, whose children had a phenomenally robust response. So I want to be honest, I'm not saying behavioral therapy was a magic wand that made my children all better. It did not. It did for some, not mine. But I'm unspeakably grateful for the fact that we received it and I think that it had an enormous impact, but one that is more subtle than a child who can read and write and go to fifth grade with other fifth graders.

CHAIRPERSON KOPPELL: Well, I'm glad you clarified that, I understand what you're saying, and I appreciate your testimony, and we have recorded--you don't have copies of your--

LYNN DECKER: I will leave my copy.

CHAIRPERSON KOPPELL: Okay, fine. Thank you, thank you both very much for testifying. We have remaining two witnesses. We have Anne Ridgelaw [phonetic] from NYN--UNYEIP, and Leslie Grubler [phonetic] from same organization, I guess, in Queens.

[pause, background noise]

May I begin? Thank you.

CHAIRPERSON KOPPELL: Well, just wait a minute, until we get the statements.

Okay.

[pause, background noise]

CHAIRPERSON KOPPELL: We won't start timing you until you [laughs] until you begin. [pause, background noise] If anybody else wishes to testify, now is your chance to fill out a form; otherwise, we will close after we hear from these witnesses.

[pause, background noise]

CHAIRPERSON KOPPELL: Okay.

Okay. Well, thank you for allowing us to be here to present on behalf of providers and parents, primarily.

CHAIRPERSON KOPPELL: Yes, speak up and speak into the mic. Is it on?

I think so.

CHAIRPERSON KOPPELL: Okay.

Here we go.

CHAIRPERSON KOPPELL: Speak into the mic and identify yourself first.

ANN BRESLAW: Okay. My name is Ann

Breslaw [phonetic], I'm an occupational therapist, I'm also a New York City Regional Coordinator with the group United New York Early Intervention Parents and Providers, as partners. In section 303.700(b), State monitoring and enforcement of Part C regulations 2011, the primary focus of the State's monitoring activities must be on one improving early intervention results, and functional outcomes, for all infants and toddlers with disabilities; and two, ensuring that early intervention State programs meet the program requirements under Part C of the Act with a particular emphasis on those requirements that are most closely related to improving intervention results, for infants and toddlers with disabilities, and I quote here, "embedded coaching addresses child development outcomes through a shift from direct hands-on treatment to supporting families through collaboration and consultation. And this I took from literature that I received when I attended embedded coaching classes. From the frontline of ongoing service provision, the feedback relating to implementation of embedded coaching has listed and overwhelming outcry of

indignance by most parents and providers. The majority of parents on my caseload have expressed anger with confusion as to the purpose of forcing them to work with their child while the therapist sits down and watches, apparently only getting help for their child through suggestions and once in a while incidental demonstrations by a therapist of what is expected. Parents have seen noticeable improvement in their child when specialized techniques were successfully applied by the therapists and wondered how they could be expected to promote the same progressive results for their child. Parents express satisfaction, improved determination to further challenge your child more often after collaborative intervention where the child struggle less and tolerate greater difficulty using routing tasks. Parents showed increased eagerness to volunteer updates on how they have changed their child's performance patterns in between sessions, as their understanding of an ability to implement effective motor responses strengthen through collaborative therapists caregiver efforts. A parent has an integral role of providing firsthand details of

their child's performance patterns and their concerns with skill deficits as their child shows frustration, task avoidance or limited responses and predictable preferences during routine activities. Parents readily voice that they are happy to collaborate but not substitute or replace a highly skilled, specially trained and experienced therapist. Working together to the parent and therapist can use independent observations of the child's responses through a trained eye of a therapist and parent respectively to most effectively formulate functional short and long term objectives to address the underlying triggers causing the developmental delay in function. Therapists utilize evidence based practice in - - knowledge of developmental milestones as strong balanced clinical reasoning to analyze the performance and patterns of routine functional task engagement of the infant or toddler in their natural environment. Throughout a therapeutic process, the therapist is mindful of any cultural relevances while exposing the child to the mainstream culture of this educational system. Body function structures encompassing

neuromuscular sensory visual, perceptual cognitive and mental functions, along with cardiovascular, digestive and integumentary systems, are critically assessed for a level of impact on child's ability to successfully traverse age appropriate tasks encountered. Working directly with an infant or toddler through hand-on approach, allows the therapist the most accurately identified internal and/or external factors limiting functional performance and impacting the developmental, the development of age appropriate skills. Direct, one-on-one service provision is essential for example to ascertain abnormal high or low muscle tone, active and passive range emotional extremities, spasms, tender to touch muscle tissues, subtle compensatory positioning of proximal or distal joints, changes in respiration, variations in body temperatures during therapeutic handling, any new bumps, especially to the head, presence or absence of reflexes, teeth grinding, laxity in joints, sensory defensive issues and soft tissue contractures. Identification of any or a combination of these restricting movement and expiration in a child's natural setting is

critical in applying function, enhancing therapeutic interventions. Analysis [time bell] of subsequent advancement of functional outcomes through direct method of therapeutic intervention provides hope to the most important stakeholder in a child's life, the parent. Of embedded life enhancing abilities possible for the infant or toddler. Parents can use facilitory techniques observed and educated on, along with their self-initiated strategies to always raise the bar for their child's ultimate goal of participation in mainstream education with their peers.

CHAIRPERSON KOPPELL: Thank you. We'll now hear from your colleague.

LESLIE GRUBER: Yes, good afternoon, my name is Leslie Grubler. I'm a speech language pathologist and I've been working as a subcontractor in New York City Early Intervention since 1998. I'm on the faculty of Queens College in the Department of Linguistics and Communication Disorders, and as an adjunct lecturer where I teach both introduction to communication disorders to students entering the major of speech language pathology, as well as

child and adult language disorders to upper classmen. I'm also the founding director of the United New York Early Intervention and Related Service Providers with Parents as Partners. I'd like to thank the City Council on Mental Health, Mental Retardation, Alcoholism, Drug Abuse and Disability Services, for extending and invitation to NYEIP to provide testimony today and for providing all of us the privilege to address the issue of embedded coaching in New York City Early Intervention as part of the democratic processes of the responsibility of government. UNEYIP is a grassroots coalition of parent and professional volunteers formed in, on April 15, 2010, to represent the needs of parents and children and providers inclusive of independent contractors and small agencies, as they move through the New York State Bureau of Early Intervention. UNEYIP charges no fees and accepts no membership dues. Our mission has always been to provide policymakers with vital input, that vital input that they often do not readily have; that is, data from the primary stakeholders, those on the front lines both parents and professionals. In order to

appropriately share our position on this initiative of New York City DOH, it is important that we frame it in the context of the following. IDEA Part C, the structure of New York City DOH, a brief but relevant history of EI in New York City, as well as the initial implementation of embedded coaching, relevant definitions and summary recommendations. You'll see that my summary here is quite extensive but know that I'm going to jump around a bit, so that I stay within my, what's left of three minutes. But there is a nice summary at the end, so I hope that will help you. In that section one which is listed New York City early intervention as per IDEA Part C, a couple of things I wanted to stress in that the I in IFSP means Individualized Family Service Plan. And that a service plan reflects the services necessary to meet the unique needs of the child. Two, the structure of New York City Early Intervention, the provision of services is implemented by parents and frontline providers who are independent contractors that subcontract for for-profit and/or not-for-profit agencies in New York City. Subcontracting from agencies is

presently the only way that independent contractors can receive referrals in New York City Early Intervention. Agencies subcontract for therapeutic services on the average and on the average assume 25 to 40 percent of the established state reimbursement rate for overhead and administrative costs, which yields on the average a 25 percent reduction per session whose duration is 30 minutes, and on the average a 40 percent rate reduction for sessions whose duration is 60 minutes. Effective 4/13, all subcontractors of early intervention in New York City will no longer have to subcontract with agencies. They will be able to enter into agreements directly with the State. New York City provider agencies will no longer contract directly with the municipality of New York City, but will enter into agreements directly with the State as well. The important history piece in Section 3, let's see, from the first quarter of 2011, the New York City DOH, according to its Assistant Commissioner, began authorizing services differently. An increasing preponderance of singular, 60 minute session and significantly reduced service authorizations per

child occurred consistent simultaneously with the introduction of embedded coaching. In the first quarter of 2011, through this "learning collaborative," no consultation with providers occurred or beta testing, as noted previously it was on the heels of at least a ten percent reimbursement reduction and associated reduction service authorizations. Service providers were and are expected to simply comply and accept a new title as interventionist, the matter and timing of introduction and implementation during a significant period of financial insecurity on the part of frontline providers created an erosion of public trust and decreased morale from the provider community. Let's see. I wanted to highlight section C. Two experts in the field of embedded coaching, Dr. Carl Duntz [phonetic] had no idea that New York City was involved in this, in my correspondence with him. He actually referred me to Dr. Lisa Sheldon who indicated the following, and I do think this is critical. The characteristics and operational definition of the teeming approach we describe [time bell] places no limits on the frequency and intensity of services,

only requirements on how the services are implemented.

CHAIRPERSON KOPPELL: Go a little longer, so--

LESLIE GRUBLER: Thank you.

CHAIRPERSON KOPPELL: --you don't to rush.

LESLIE GRUBLER: Thank you, thank you. Basically, instead of multiple providers visiting a family on a regular basis, one primary provider is selected as the lead from the team to interact with the family regularly with joint visits scheduled by other team members as needed. The thinking should not be to go from multiple providers a week, for example, to one provider a week, because the team is using a primary provider approach; in fact, we recommend front loading or burst of services to meet the child's and family's need, especially when the child is new to the program. She indicated that, I reiterate, and I loved it, "Use of a primary provider does not dictate the amount of service needed by individual children and families." New York City DOH has published that they are linking service

authorizations to the embedded coaching methodology. That is, they have adapted embedded coaching, to meet their fiscal needs. Embedded coaching therefore cannot be said to be in its pure, research based form, which further erodes its credibility in New York City, early intervention and eliminates it from consideration as part of IDEA Part C inclusion, and I've given that quote in section J as well. The other piece that's so, so important to this, and if you jump over to definitions on Section 4, is that the definition of independent contractor. It's basic. And it says that you as an independent contractor cannot be controlled by an employer. Basically, you cannot be told how to do your job. Well, embedded coaching is telling every independent contractor in fact how to do their job. Now, P.S., routines based intervention has merits, in its pure form. And I don't think you'll find any interventionist today in New York City that doesn't recognize that. Why? Because we already use that and have since 1993. Therapists aren't trained in all of these policies, procedures, strategies and methodologies. Certainly EI has

always been a parent driven program from the very beginning. We cannot forget that ever. We know why we're in a parent's home, and we know exactly what we need to do. Summary and recommendations. The [pause, background noise] well, you know what, I think you can read all of those and get from this what you need to.

CHAIRPERSON KOPPELL: Yeah, I hear what you're saying and I think that obviously it makes sense to continue the role of a professional therapist, a number of people have made that point. Why did you say that it's 40 percent, it takes more money out of the budget for administrative costs for a single session--

LESLIE GRUBLER: Well, it doesn't--right--

CHAIRPERSON KOPPELL: --than for --

LESLIE GRUBLER: --it doesn't necessarily take that, but remember, we are subcontracting from agencies. So we don't take that. They do take that, and it is to cover their overhead and administrative costs.

CHAIRPERSON KOPPELL: But you're

saying that it's 40 percent, when you have an hour--

LESLIE GRUBLER: Correct. Yes.

CHAIRPERSON KOPPELL: --program, but it's only 25 percent if you have a half our program?

LESLIE GRUBLER: That's correct. Yes, and that is based upon surveys which - -

CHAIRPERSON KOPPELL: But why should that be?

LESLIE GRUBLER: I don't know. And it seems as though--

CHAIRPERSON KOPPELL: [laughs]

LESLIE GRUBLER: I have been talking about this issue for the last two years. And also to New York City DOH, and we're being dismissed. So, I'm bringing this to you in the hopes that perhaps something can be done to address it. I also have, I'm glad that you had indicated that you're accepting feedback, because we just put out another survey about embedded coaching and it was actually almost 80 pages in length, and I certainly couldn't make 20 copies of that, but I would like to email it to each of the

members so that you can read what each of the providers is saying, pros and cons, those that are in embedded coaching and those who are not in embedded coaching, those who have been trained and those who have not been trained, etc., so that you have an idea from the front lines, of what is happening.

CHAIRPERSON KOPPELL: I think that'd be helpful to us, and we would welcome that. And we'll try and be doing a summary of what we've heard today and obviously we're doing an oversight hearing, we don't have control over these services, and I'm not sure we can manipulate them legislatively but we certainly can make recommendations.

LESLIE GRUBLER: And I will tell you I know that you are concerned about New York City's control of early intervention being withdrawn, and we have, to their credit as Leslie had indicated, had numerous meetings with New York State DOH, and the Deputy Secretary of Health, over the last two-and-a-half years. They have opened their doors to us, we have consulted with them collaborated, teamed with them on a number of

philosophies, strategies, etc., and I agree, they understand what early intervention is. I can't say I have received the same from New York City DOH. I wish I have, but I can't say that.

CHAIRPERSON KOPPELL: Well, I'm, on one side I'm glad to hear that; on the other hand, I'm troubled because of the recent revelations about the State conduct of the, you know, the early childhood special education program. I don't want to see that happen to this program.

LESLIE GRUBLER: I don't either, and I'm not sure if it can, I will tell you that New York State Ed is based on cost reports, and early intervention is fee based. Right now, in order to be able to identify similar circumstances that happened in New York State Ed, the Department of Health in New York State has requested, has begun the process of requesting agencies to provide cost reports. I don't ever think there's going to be that cost book that exists for New York State Ed where it tells you exactly what you can charge off or what you can't--I don't think it's every going to be that way. But at least they are starting the process of taking a look at

agencies and how they spend their money.

CHAIRPERSON KOPPELL: Thank you very much, both of you.

LESLIE GRUBLER: Okay, thank you.

CHAIRPERSON KOPPELL: For your testimony, I think it's been a most interesting, enlightening hearing. I have mixed feelings about this new approach, I must say to you. And remain concerned about the way the program's going to be administered, but we'll see. Thank you all.

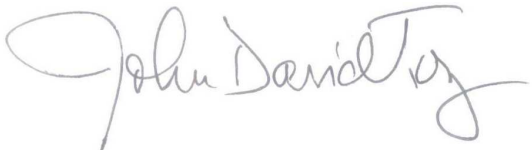
LESLIE GRUBLER: Thank you.

CHAIRPERSON KOPPELL: Anybody else? If not, we're going to adjourn the hearing.

[gavel]

C E R T I F I C A T E

I, JOHN DAVID TONG certify that the foregoing transcript is a true and accurate record of the proceedings. I further certify that I am not related to any of the parties to this action by blood or marriage, and that I am in no way interested in the outcome of this matter.



Signature

Date October 22, 2012