CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON MENTAL HEALTH,
DEVELOPMENTAL DISABILITY,
ALCOHOLISM, SUBSTANCE ABUSE
AND DISABILITY SERVICES

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December 15, 2014
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HELD AT: 250 Broadway - Committee Room
14th Floor

B E F O R E: ANDREW COHEN
Chairperson

COUNCIL MEMBERS:
Elizabeth S. Crowley
Ruben Wills
Corey D. Johnson
Paul Vallone

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

George Askew, MD, Deputy Commissioner
Division of Family and Child Health
NYC Department of Health and Mental Hygiene

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

Mary DeBey, Associate Professor
Early Childhood Program
Brooklyn College

Randi Levine, Policy Coordinator and Early
Childhood Education Project Director
Advocates for Children of New York

Sonya Ortiz, Physical Therapist & Interventionist
Department of Health for Early Intervention
Associate Adjunct Professor,
EI Certificate Program at Brooklyn College

Leo Genn
Northside Center for Child Development

[sound check, background comments, pause]

CHAIRPERSON COHEN: All right, good morning. It is morning. My name is Andrew Cohen, and I am the Chair of the Committee on Mental Health, Developmental Disabilities, Alcoholism, Drug Abuse and Disability Services. At today's hearing on the proposed legislation known as Intro 571, a Local Law to amend the New York City Charter in relation to the Early Intervention Program falls within the Disability Services portion of this committee's broad portfolio. By way of background, Congress created the National Early Intervention Program for infants and toddlers with disabilities as part of the Individuals with Disabilities Education Act, IDEA. The IDEA created an entitlement to a wide range of rehabilitative services for infants and toddlers from birth though ages two. Accordingly, in compliance with the federal law, under the New York State Public Health Law, localities must offer Early Intervention Services for infants and toddlers with developmental disabilities or delays. The Early Intervention Program in New York City is currently administered through Department of Health and Mental Hygiene's Division of Mental Hygiene as mandated by the New

York City Charter. The Proposed Intro 571 would allow the Early Intervention Program to be administered within the Department of Health and Mental Hygiene's newly created Division of Family and Child Health. At this juncture, I foresee no problem with the proposed change in proposing a dedicated division within DOHMH. It will allow for greater expertise, service management and oversight of the EI Program.

Today's hearing is to hear from DOHMH's representatives, advocates and others in the community to support the proposed change or to advise the committee why this change is not in the best interest of the vulnerable population served by EI. But, before calling our first witness, I want to introduce the other members of the committee who have joined us here today. And we are joined by Council Members Vallone and Council Crowley. I would like to thank the committee-- I'd like to thank the Committee Counsel, Ken Williams and Legislative Policy Analyst Michael Benjamin--I don't see Kremlin [sp?] here, but I'm sure he contributed in some important way--for their work in planning today's hearing. At this time, I would like to call and swear in our first

panel of witnesses. [background comment] Okay, Dr. George Askew and Dr. Marie-- How do I say that?

DR. MARIE CASALINO: [off mic] Casalino.

CHAIRPERSON COHEN: Casadino?

DR. MARIE CASALINO: [off mic] Casalino.

CHAIRPERSON COHEN: Casalino. Okay. Good morning. [pause] If you could raise your right hands. Do you swear that this testimony-- the testimony you're about to give before this committee shall be the truth?

DR. GEORGE ASKEW: Yes.

DR. MARIE CASALINO: Yes.

CHAIRPERSON COHEN: Thank you.

DR. GEORGE ASKEW: Shall I go?

CHAIRPERSON COHEN: Please.

DR. GEORGE ASKEW: Wonderful. Good morning, Chairman Cohen and members of the committee. I am George Askew, Deputy Commissioner for the Division of Family and Child Health in the New York City Department of Health and Mental Hygiene. I'm joined today by Dr. Marie Casalino, Assistant Commissioner for the Department--Bureau of Early Intervention. On behalf of Commissioner Bassett, I want to thank you for the opportunity to testify on

the topic of Early Intervention. Early Intervention or EI is one of the department's most critically important programs. And it is exciting to be able share why EI has so much value for the New York City children and families it serves. Before I discuss EI, however, I must acknowledge that this is my first time testify before the Council and this committee. I'm excited to be her, and I thought I should tell you a bit about myself. I'm a pediatrician and spent the vast majority of my professional career dedicated to addressing the health and wellbeing of young children and their families through direct service, advocacy and policy change.

I joined the department last week from the U.S. Department of Health and Human Services where I was the first Chief Medical Officer for the Administration for Children and Families. In that role, I developed and administered initiatives and policies and addressing the health needs of children, particularly young children and families facing significant economic and social challenges. I have previously served as the Deputy CEO and Chief Development Office for Voices for America's Children, and as CEO and President of Jump Start for young

children. Additionally, I am the founder of Docs for Tots, a pediatrician led child advocacy organization that helps doctors advocate beyond their clinical practice walls on behalf of our youngest children. I could not be happier to have joined the country's premier health department.

The division I oversee was created by Commissioner Bassett by bringing together existing programs within the department under one office. Because she believes we have to prioritize the mental and physical wellbeing of New York City children. If we get the early years right, ensuring appropriate nourishment, stable caring family relationships, adequate housing, and quality education, we will set the foundation for healthier, longer, and more productive lives. Early Intervention is one program that help us meet these goals. EI provides comprehensive services to infants and toddlers with developmental delays or disabilities, and empowers families to meet their children's needs. Annually, our program serves approximately 32,000 New York City children from birth to age three.

Approximately 10% of all children within this age group citywide. The program is funded by a

combination of federal, state, and city dollars. In New York the State Department of Health is responsible for oversight of the program within individual municipalities and state DOH jointly responsible for ensuring service delivery and quality. Infants or toddler suspected of having a developmental delay or disability can be referred to the EI Program by a wide range of individuals including family members, doctors, social service workers, childcare workers, and staff at community organizations.

After the referral, a comprehensive evaluation of the child's physical, cognitive, communications, social, emotional, and adaptive development is conducted to determine if the child meets the eligibility standards set by New York State. If the evaluation shows that a child is eligible, a meeting is held with the family, the department's Early Intervention official designee, service coordinator, and evaluator in order to develop goals and a plan called an Individualized Family Service Plan that meets the developmental needs of the child and concerns of the family.

EI provides a broad array of services including speech therapy, special instruction, and physical and occupational therapy. Due to federal requirements, the majority of EI services are provided in the home. Throughout a family's time in the program, a service coordinator works closely with them to ensure EI is working for both the family and their child. EI services in New York City including those related to care coordination, evaluation, and intervention are provided by a network of more than 95 provider agencies. These agencies operate under an agreement with State DOH with comprehensive annual monitoring conducted by our department. Separate from the services that EI provides, I also want to highlight a change to the billing structure of the program that occurred over the past two years. This change, a result of reforms introduced in the 2013 Governor's Budget were intended to reduce the administrative burden and provide fiscal relief to municipal governments with the overall goal of ensuring the continued viability of the EI Program. Although there were initial reports of payment delays to New York City providers in the immediate period following the April 2013 transition, the New York

State Department of Health now reports significant and continued improvements in payment processing. In addition, New York City has seen an increase in the number of provider agencies serving families since implementation of the reforms. The department continues to monitor system capacity to ensure EI continues to provide the highest-level services to support children and their families.

Now, I would like to address Intro 571, which the department strongly, strongly supports. I would like to thank Chairman Cohen for introducing this bill on behalf of the Administration. This legislation would amend the New York City Charter to allow the EI program to move from the Department's Division of Mental Health-- I'm sorry. Mental Hygiene and to the Division of Family and Child Health. This new division, which I referred to earlier, brings together programs from various parts of the agency to focus on the health and development of children in the context of their families. In addition to the EI Program, it already includes the Bureau of Maternal, Infant, and Reproductive Health; the Bureau of School Health; and the Oral Health Program. The work of the EI Program intersects with

other programs in this division, and we will work closely with them to ensure we are reaching all children who may need services. For example, the Newborn Home Visiting Program and Nurse Family Partnership Program will help to identify and refer at-risk children to EI, create closer collaborations for supportive services in home and community settings, and improve coordination of follow up for at-risk families. From the family and community perspective the proposed move of EI will enhance program operations, the services provided to children and their families.

We are pleased that in our conversations with EI providers there has been strong support for this proposal. I would like to end by affirming the Department's continued commitment to maintaining close communication and collaboration between early intervention staff and our colleagues in the Division of Mental Hygiene. We will continue to collaborate to maintain strong linkages to mental health, and substance use services for parents and appropriate social and emotional screenings and assessments for children. The Early Intervention Program is an integral component of the Administration's goal to

improve health outcomes and the developmental trajectory of New York City children. EI plays a critical role in addressing developmental delays or disabilities as early as possible in a child's life and is a key component of the department's commitment to focus on and improve the lives of our city's youngest residents. Thank you again so much for the opportunity to testify. We, and I definitely mean we [laughter] would be happy to answer any questions. Thank you.

CHAIRPERSON COHEN: Thank you very much. I'm not sure how wise it is to tell everybody that this is your first time testifying. I don't know if the panel is going to-- [laughs]

DR. GEORGE ASKEW: Be kind. [laugher]

CHAIRPERSON COHEN: I was wondering if you could just take a moment to sort of expand on the Family and Child Health Portfolio, the integration and why think separating this out or weaving this EI into that or under that division you think makes sense.

DR. GEORGE ASKEW: Certainly. I think we're bringing EI into the division with like services, like commitment, and a strong focus on

working with children in the context of their families. So the programs that we have already are modeled after that strategy, and I think what we'll do is really enhance the services that we provide to children who are referred to EI, improve coordination, improve follow-up and improve referral given our engagement with the Nurse Home Visiting Program and the Nurse Family Partnership.

CHAIRPERSON COHEN: Do you think that because it's an integrated approach with families, do you think that there are other services that might fall under this umbrella that are not there now but should be or could be?

DR. GEORGE ASKEW: I think as you scan the wide range of activities going on in the Department of Health and Mental Hygiene, you could certain I think identify other programs, which might under an umbrella of family and child health services that might benefit from an additional look as to where they're located. But I wouldn't-- I can't speak to that specifically at this point.

CHAIRPERSON COHEN: Thank you and I'm going to defer to Council Member Crowley and I thank you.

COUNCIL MEMBER CROWLEY: Good morning. Thank you Chair Cohen, and I just have a few questions. So this newly created division would be within the Division of Health and Human Services? Sorry, rather the Department of Health and Mental Hygiene?

DR. GEORGE ASKEW: Exactly.

COUNCIL MEMBER CROWLEY: Right, and it's just more of a friendly name for families that's why you're saying the Division of Family and Child Health?

DR. GEORGE ASKEW: Well, I think the name represents the idea of working with children and families within the context of the family. You can't separate out child work from family work. Because children grow up in the context of their families.

COUNCIL MEMBER CROWLEY: Great. Now, I support all services that could be given for early intervention programs.

DR. GEORGE ASKEW: Terrific.

COUNCIL MEMBER CROWLEY: And I do-- I am very pleased that Congress has created this National Early Intervention Program. And it calls on

municipalities to give a certain amount of programs to those in need, correct?

DR. GEORGE ASKEW: All children who are eligible I believe could be referred. Or all children who were thought to be eligible can be referred to the program.

COUNCIL MEMBER CROWLEY: And so, the program is not only in that-- Would not only be in New York City, but no matter where you live kids are going to accessing programs because Congress says that every municipality has to do this, right?

DR. GEORGE ASKEW: It's a nationwide program.

COUNCIL MEMBER CROWLEY: Nationwide. And so what are the host of services available? At what age can one start bringing their infant to services?

DR. GEORGE ASKEW: Sure. Again, this program is for kids zero to 36 months, and you have a wide range of services available. As we mentioned, I think occupational therapy, speech therapy, physical therapy. In addition to you're helping parents engage with their child. Again, it's whatever the child needs, including I believe we were able to give

sort of technical mechanical support to children at EI as well.

COUNCIL MEMBER CROWLEY: So if a parent has a difficult child, bringing the child outside the home these programs can be brought into them?

DR. GEORGE ASKEW: That's the--that's actually the main delivery system for the program is in-home evaluation and service and support.

COUNCIL MEMBER CROWLEY: And if the parent does not have any health coverage, the child would still be able to get the benefit of the service?

DR. GEORGE ASKEW: This is-- Yes, this is not a program where you need health insurance. But I would wan to just make sure of that for sure.

COUNCIL MEMBER CROWLEY: And so, the level of intervention is based on the need?

DR. GEORGE ASKEW: It's based on the need, and also the needs of the family. So it's really tailored to the child and the family's needs and circumstances.

COUNCIL MEMBER CROWLEY: And then how can we ensure that parents know this service is

available? Do pediatricians across the city know about the services?

DR. GEORGE ASKEW: Absolutely.

COUNCIL MEMBER CROWLEY: Okay.

DR. GEORGE ASKEW: Absolutely.

COUNCIL MEMBER CROWLEY: Good and have you seen an increase, you know, with children needing services as opposed to-- I know you're new, but early type of intervention programs, have we seen an increase in the city compared to years prior?

DR. GEORGE ASKEW: Yeah, I'll turn that over to you.

DR. MARIE CASALINO: Over the last we've seen basically or approximately the same number of children coming into the program. We serve-- we provide services to approximately 30,000 children a year, as Dr. Askew said, and that's about 10% of the population birth to three. Over the last I would say five to six years or so, we've seen about the same number. We do touch, which means providing other services like evaluations, service coordination to many more children. And it could be 40 to 50,000 children altogether, but direct services children found eligible approximately 30,000 a year.

COUNCIL MEMBER CROWLEY: Good, and my final question has to do with what happens if the services that are needed, unfortunately the child doesn't receive them as early as they should? Let's say, you started at zero but it's not until age three, how much further is that child set back at a disadvantage by not get as early intervention from a younger age?

DR. GEORGE ASKEW: Well, clearly the earlier we can intervene the better. So that's one of the beauties of the program is that it doesn't start off at 2 or 1-1/2. It really make children who are eligible, eligible from zero or at birth through age 36 months.

COUNCIL MEMBER CROWLEY: I knew that was my last question, but there is cost savings. There's cost savings in early intervention.

DR. GEORGE ASKEW: Absolutely. Any time, and this is my personal theory, any time you make investments in children especially the youngest children the benefits that you reap later in life are unfathomable.

COUNCIL MEMBER CROWLEY: Okay. No further questions. Thank you.

DR. GEORGE ASKEW: Okay, thank you.

COUNCIL MEMBER VALLONE: Chair Cohen, just a few. Good morning, and you're doing great on your first set of questions. What do you envision as your goal for this program, the next phase? I mean this is a great step. We're all in agreement here I think. What do you see as the next step we can take with this program?

DR. GEORGE ASKEW: I think that, you know, one of the things I've been reticent to do is come in before I've been here too long and make sweeping changes, and sweeping declarations about programs or programming. I can think broadly about how I would approach this like I would approach any other program. Because I am big on bridge building. I'm big on making connections and working across silos because I think that often we do too much siloed work. With a program like Early Intervention I feel like we now have sort of three islands here working in the city. We have Early Intervention. We have Universal Pre-K, and we have the K through 12 system. And one of my goals certainly broadly is to make sure that there is smooth and seamless transition for children who are identified early

through the Early Intervention system, through the Pre-K system through K through 12. So that they're followed. They're given all the services that they need, and that they get all of the support that they need to be healthy and successful.

COUNCIL MEMBER VALLONE: So what would be the next step from the Early Intervention Program if a child was identified by any one of the program evaluators that we've had there? What would happen with the Universal Pre-K, which would be the next? What difference would that child have at that point, or what additional services?

DR. GEORGE ASKEW: If the child still required services, there is a system--and this is why I'm going to have to rely on my colleague-that would again you would again be able to received services. But then it would be through mostly the Education Program through the Department of Education on Special Ed. So it's a bit of a different system. And that's why my idea making sure that that transition is seamless is so important because it's really going from one system to another.

COUNCIL MEMBER VALLONE: And how are the parents kept in the loop as that transition goes

through from the Early Intervention to the Universal Pre-K? Where is the parental transition in that process? Because that would be a very difficult time.

DR. GEORGE ASKEW: Absolutely, and one of the great things is that we have service coordinators that are working with parents in the EI programs. And I'm going to speak again on what I assume should be happening is that that service coordinator is playing a significant role in making sure that the transition from the EI into the UPK system is smooth-- a smooth and a seamless one.

COUNCIL MEMBER VALLONE: So once the child is transitioned into the UPK, is there any additional follow up from your agency or program with UPK to make sure that the original or the evaluations that met and the services that are needed or are being provided?

DR. GEORGE ASKEW: That's a good question. I will let you speak to that.

DR. MARIE CASALINO: So, the Early Intervention Program provides services for children birth to three. And as children approach age three, we create a transition plan with the family. Some

children have met their developmental milestones, and they no longer need specialized services. But our transition plan is to be sure that the family is aware of what is potentially available within the education system. Which would include the Committee on CPSE or the Committee on Pre-School Education. So the--

COUNCIL MEMBER VALLONE: [interposing] So who follows with the transitional plan then? Do you hand it off, and then is it part of UPK at that point, or is there still a dialogue between the two agencies?

DR. MARIE CASALINO: There's a transition. The Service Coordinator will work with the family, and essentially then work with the family in the education system. But there's a point at which the CPSE will take over the child's care because we are a birth to three programs.

COUNCIL MEMBER VALLONE: And do you receive a follow-up report when that happens at that point. Because I'd like to see the continuation of services to make sure that there is no bump in the road, and that a parent is not left having to restart the process all over again. And that there is that

seamless integration between the agencies. I find that as a parent. I sometimes wonder well why do I have to start over again, and where is my information on my child?

DR. GEORGE ASKEW: No, that's something to definitely take into consideration or advisement, and that's exactly-- And that gets exactly at the point that I was trying to make earlier. That one of the things I want to work on is making sure that as a parent you're not left wondering what happens next with my child, and left in the cold. I don't think that that happens to folks on a regular basis, but I don't want it to happen at all.

COUNCIL MEMBER VALLONE: So do you see that there will be any additional-- I would envision a problem where a child is diagnosed or given a plan and it's a transitional plan going from one step to the next from three until four. And then maybe the district that the child is zoned for doesn't have the ability to provide that. What is the role with the DOE at that point to find a proper UPK program for that child?

DR. GEORGE ASKEW: I will let you speak to that.

DR. MARIE CASALINO: Well, UPK starts at four. We're talking about CPSE, which starts at three, which is the transition plan that happens from Early Intervention into the school system.

COUNCIL MEMBER VALLONE: I'm aware of that. I'm just--but once that transitional plan is coming from you to go to the child to UPK, I would assume that the plan that you're putting in place is going to affect the choice of the school or the UPK that the child is going to. To make sure it has the proper services to handle it for that child, correct?

DR. MARIE CASALINO: Yes, but--

COUNCIL MEMBER VALLONE: [interposing] But that's where my question is.

DR. MARIE CASALINO: Right. The decision really about the CPSE services are made within the CPSE system. But there is coordination that happens between Early Intervention and the CPSE system to the extent that both systems are integrated. And again, that's something we can follow through on.

COUNCIL MEMBER VALLONE: Okay, that's where I-- This is all great steps. I'm just making sure that the next step is handed off--

DR. MARIE CASALINO: [interposing] Yes.

COUNCIL MEMBER VALLONE: --and that it's not just okay our job is done. And that there is a follow up between the two because that's where the parents are going to have the most difficulty. Thank you very much.

CHAIRPERSON COHEN: Could you just tell us a little about how does someone know that they need EI? What is the outreach? How does that first--how does the child become identified as needing the services.

DR. GEORGE ASKEW: Again, one of the terrific things that anyone who comes in contact with the child has ability to access the program. And so, you could be--it could be your minister. It could be your aunt. It could be a parent. It could be the pediatrician. It could be the Nurse Family, the Home Visiting Program. Any of those folks can make the referrals. And our job is to make sure that all of those folks are looking at--looking for and making sure that children who are--potentially would benefit from the program are identified.

CHAIRPERSON COHEN: I'd like to acknowledge we've been joined by Council Member Johnson. I just want to follow up on that question.

How do you do that job? How do you--? What is the outreach? What does that consist of to make sure that people, the parents, people in the community know that these programs are available?

DR. GEORGE ASKEW: Okay, what have we done most recently?

DR. MARIE CASALINO: Well, we have a very, very robust website now. We have a lot of information that is available for families. If they go to our website, they can see how to access services and learn more about the program. We have individuals that go out, individuals working in the program that go out into the community. We're very active within the pediatric community. There are families that speak to families, and as Dr. Askew said, one of the star points of this program is virtually anybody that is concerned--who is concerned about a child can make a referral. It simply takes a phone call.

CHAIRPERSON COHEN: When you say you're active in the pediatric community, what does that-- Are there trainings, are there outreaches? What happens to someone so that the pediatrician should know that they have a concern and they make the call?

DR. MARIE CASALINO: Pediatricians are aware of the Early Intervention Program, and both Dr. Askew and I are pediatricians. We interact with our colleagues. I can tell you that I've given presentations at pediatric conferences, attend meetings. The pediatric community is aware of Early Intervention. It's been around for a long time, and they are aware that it is simply a referral, a phone call. An easy referral into our system.

CHAIRPERSON COHEN: You mentioned occupational therapy. Could you just kind of give us a little more of the sketch of what these services actually are?

DR. MARIE CASALINO: Well, there's a--

DR. GEORGE ASKEW: A local community. [sic] [laughter] They've done it all.

DR. MARIE CASALINO: It's an array of services that we provide to the children, and the families that are absolutely individualized to the child. And, occupational therapists may be working with the family in the home setting showing what the family can do in the course of their everyday routines. But again, you know, what does an occupational therapist do that's somewhat different

from a physical therapist or a speech therapist? It depends on the child in the family. We know that children learn in their natural routines. So what we do when we offer our services we identify those individuals who can work best together as a team. And it maybe simply working with the parent over dinner. And how best to use dinner, lunch as a learning opportunity.

CHAIRPERSON COHEN: Could you just talk a little bit about how the services are actually supplied? I assume that everything is contracted for services with the agency. What the role of the agency actually is in services, and what the role of the service provider is?

DR. MARIE CASALINO: So we now have more than 90 agencies that have agreements with the State Department of Health. They either employ or contract with therapists, interventionists who have this vast array of expertise. We offer--we the City--Early Intervention Programs. We at an individualized family service plan meeting along with the evaluator, the family, the service coordinator we identify the packages of services that the child would need. Based on those decisions that are made at that

meeting, we will identify through-- We will identify services that the child needs, and then the staff will identify the agency that will provide them through their employee or through the contracted interventionist.

CHAIRPERSON COHEN: So as it's envisioned right now, the Division of Family and Child Health will identify what services the child needs and then refer them to the contract service provider?

DR. MARIE CASALINO: The Early Intervention Program would be in the family, in the Division of Family and Child Health. The program would continue to function exactly as it functions now. There would be no changes to the way the program functions.

CHAIRPERSON COHEN: [off mic] Thank you for your testimony. [sic]

DR. GEORGE ASKEW: Thank you.

[Pause]

CHAIRPERSON COHEN: Okay, Dr. Mary DeBey and Randi Levene or Levine. We'll find out. You should be up, or either one of you.

MARY DEBEY: Okay, should I start? Okay. Hi, thank you for having me here. I'm Mary DeBey,

and I'm an Associate Professor in the Early Childhood Program at Brooklyn College. I'm testifying in support of the move to child--family and child health. Placing Early Intervention within family and child health builds a strong continuum of services as has been said before. And I would like to talk briefly why this move matters to the Early Childhood Program at the college. Working closely with families, as has been said is a key to quality early childhood education from Early Intervention through UPK. Research shows that the timing and the quality of services delivered to families with infants and toddlers with disabilities affects future outcomes. And thus, the quality of life of thousands of children and families in New York City. For example, infants who enrolled in Early Intervention prior to 11 months show, or demonstrate significantly larger vocabularies and better verbal reasoning skills at five years of age than those who later enrolled.

In addition to the importance of identifying and providing the EI services early, it is critical how the various EI professionals provide the service to the children and families. Numerous studies have found that intervening with families

using a family-centered approach within the infant and toddler's natural environment is the most effective. This is true for Early Intervention across all disciplines including speech and language, pathology, occupational and physical therapy, nursing, social work, and education. It is essential for Early Intervention professionals to coach families in how they best can incorporate the interventions into their daily lives. To do this successfully, intervention is key to develop skills in working with culturally and linguistically diverse families.

Surprisingly, and this is the main--my main point. In New York City and throughout the country, specific training and Early Intervention has been lacking within colleges and universities across education programs and in the allied disciplines. To address this need, in 2013, Brooklyn College Early Childhood Program partnered with Early Intervention to develop the New York State approved Advanced Certificate in Early Intervention and Parenting. The first cohort of early childhood graduate students began the SUNY program in September. At Brooklyn, we believe that we can strengthen this partnership as

the Bureau of Early Intervention moves to the Division of Family and Child Health. Thanks.

RANDI LEVINE: Thank you for the opportunity to speak with you. My name is Randi Levine, and I'm Policy Coordinator and Early Childhood Education Project Director at Advocates for Children of New York. For more than 40 years, Advocates for Children has worked to promote access to the best education New York can provide for all students especially students of color and students from low-income backgrounds. Each year, Advocates for Children helps thousands of parents navigate the process of getting education services for their children starting at birth. Advocates for Children supports proposed Intro 571, which would enable the Department of Health and Mental Hygiene to house the Early Intervention or EI Program within the new Division of Family and Child Health.

We are hopeful that this new division will take a holistic approach to child health services, and will work on building a continuum of services for children and families. We also hope that this new division will build strong partnerships with other governmental agencies working on behalf of

children. As a common problem that we hear from parents involves the complicated transition from Early Intervention Services administered by DOHMH to pre-school special education services administered by the DOE when children turn three years old. So some of you are nodding your heads. If you haven't gotten that before the testimony, I'd be happy to answer any other questions about that transition process.

So we support proposed Intro 571. We also do want to say this has been a momentous year for early childhood education in New York City. Advocates for Children has long championed the expansion of Pre-K and we celebrate the fact that more than 53,000 four-year-old children are sitting in full bay at public Pre-K seats right now. This expansion will make a significant difference in preparing children to succeed in school. This expansion will make a significant difference in preparing children to succeed in school. At the same time, research shows--

[pause, background comments]

RANDI LEVINE: [laughs] It's such a momentous time for early childhood. [laughter] That's involved right here. [sic] At the same time,

research shows that the brain is developing most rapidly during the first three years of children's lives from birth to age three. By detecting developmental delays and intervening at the time when children's brains have the most elasticity, the Early Intervention Program provides critical services, helps children prepare for school, and saves money in the long run. Despite this impact, Early Intervention has been the target of state budget cuts in recent years. In fact, State funding for EI decreased by 27% from Fiscal Year 2010 to '11 to Fiscal Year 2014 to '15.

These decreases included a 10% cut to the EI reimbursement rate for home and community based services in April 2010. And an additional 5% cut to the reimbursement rate for all EI services in April 2011. Meanwhile, in April 2014, the State implemented a new process for reimbursement placed administrative requirements on EI service coordinators and programs. Which have had to navigate a new complex process without additional administrative staff and with little training or assistance. As a result, we have seen some experienced EI providers in New York City shut their

doors or stop taking the EI cases. For example, in May 2014 at St. Mary's Healthcare System for Children, closed its EI Program, which had been in existence for 20 years, and had served more than 3,000 infants and toddlers in 2013 alone.

The program explained that it could no longer afford to operate due to the recent state budget cuts, and the fact that last year's state budget included no relief. The children who are hit hardest by these cuts are often children living in low-income neighbors where provider shortages are most acute. So, as the City Council advocates this year for the state to provide additional Pre-K funding, as it should, we hope that the Council will also prioritize funding for Early Intervention. We look forward to working with you to protect and strengthen Early Intervention. Thank you for the opportunity to speak with you, and I would be happy to answer any questions.

CHAIRPERSON COHEN: Thank you. I just want to point out on this page before I got to the second page, I note that maybe we should do some lobbying to expand this effort. And then, you asked to do that. So thank you.

RANDI LEVINE: You're very wise.

[laughter]

CHAIRPERSON COHEN: I'm paying attention. Does anybody have any questions of this panel?

COUNCIL MEMBER VALLONE: Well, it seems like you were--I actually put you in that spot to say the things right after my previous questions. So, what do you see as some of the burdens or the obstacles that you stated that the parents have at this point that maybe either the streamlining of this, what we're accomplishing today, or maybe like I had asked prior, the next evolution of the phase could go to alleviate some of those burdens?

RANDI LEVINE: One of the challenges that we see, as I noted, is in that transition when a child is aging out of the Early Intervention system and transitioning to Pre-School Special Education Services. Or, at least the child is being evaluated to determine whether or not they need those services. There are a number of different steps to that process. And, while the Early Intervention Program does provide a service coordinator, there is no comparable role in the Pre-School Special Education System. Right now we're seeing a Pre-School Special

Education system that has grown considerably in terms of the number of children who are taking advantage of the services. We think that there is a need for increased staffing in that program to make sure that there is adequate capacity to evaluate children in a timely fashion. Including children who speak a language other than English to hold the first Educational Planning meeting, the IEP meeting on a timely basis under the mandates of the law. And then--

COUNCIL MEMBER VALLONE: [interposing] Have you seen any--

RANDI LEVINE: --back to Information Services.

COUNCIL MEMBER VALLONE: --wait list as a result of the increased UPK attendance? Have you seen any extended wait list for services for parents as a result of the new numbers of parents taking advantage of the program? And then these type of early detection services that may be delayed?

RANDI LEVINE: I would say that it's hard to draw conclusions at this point the impact of the expansion of Universal Pre-K itself. We don't have the data yet. I can say that anecdotally, we have

heard from some Pre-K programs including Head Start, which serves children living in poverty. But they are seeing wait times for Pre-School Special Education evaluations that are longer than the wait times they have ever seen before. And that we are hearing from many families about wait times for getting services in places.

COUNCIL MEMBER VALLONE: That sounds like a future topic to review to make sure that with the increase of all of the services that the city provided prior to the increase of UPK that we can continue that for new children.

RANDI LEVINE: We agree and we're working closely with the Administration and with the Department of Education. And we believe that they hear the concerns, have said that this is a priority for them as well. And we look forward to hearing a plan in the coming weeks. And, of course, that has to be coupled with taking a look at the transition from Early Intervention Services into Pre-K Special Education Services.

COUNCIL MEMBER VALLONE: Well, I think my last point would be that I would like to see, not just for everyone that's in the room, but I think

that as we as parents and as educators and as electives want to see a streamline, or a continuation of services from the minute a child from Early Intervention through graduation of high school. Okay, I've heard the same transition from grammar school into middle school and from middle school into high school that are concerns for parents. And whether that same school district can handle those things. So I think it might be something that we can hopefully in a child's file that follows that child that will forever be watched and make sure that the services continue on and on until they graduate completely.

RANDI LEVINE: Well, we agree that there is work to do on the transition, and we were pleased that Early Intervention and the Department of Education worked with us last years to host a forum for all of the Early Intervention official designees who helped create the children's Early Intervention plans. And all of the Department of Education's Committee on Pre-School Special Education administrators who helped create the Pre-School Special Education Plans for both sets of officials to get training on the transition process, and to meet

each other. To get to see who each other is, and work together in borough meetings. So that they could see who is referring children from the eye [sic] and who is on the receiving end getting these pieces as children start the Committee on Pre-School Special Education Services. And we would love to see more of that, more training for both sets of coordinators, and more opportunities for collaboration.

COUNCIL MEMBER VALLONE: Thank you. Professor, did you want to jump in there. I know your head was nodding, but before I conclude.

MARY DEBEY: I have two things is that one is that in your earlier questions, there is this-- We hear it all the time at the college as so many of the good early childhood educated teachers have moved to UPK, and there is a dearth now at three. That we really need to have great education, not just starting at four, but also at three. That would be a great push because that's where the teachers have come from often now are UPK. The other thing I just want to say is that services are only as good, just as education is only as good as the teachers who provide them. And so, the education of the providers

to the families is just essential. And again, there is--it's not like spread through the country and through New York City. That there is not specific training in EI for the providers. And again, services are only as good as that provider. So that's my push.

COUNCIL MEMBER VALLONE: Thank you, ma'am.

MARY DEBEY: Thank you.

COUNCIL MEMBER VALLONE: Happy holidays.

CHAIRPERSON COHEN: If I could just follow up for one second just so I can-- You think it's--Ms. Levine, you think it's both. There needs to be greater integration as well as greater resources devoted to that integration?

RANDI LEVINE: Yes.

CHAIRPERSON COHEN: Thank you.

MARY DEBEY: Thank you.

RANDI LEVINE: Thank you.

CHAIRPERSON COHEN: Our final panel is Leo Genn from Northside and Sonya Ortiz.

[Pause]

CHAIRPERSON COHEN: Do you mind if we start with Mr. Gen?

SONYA ORTIZ: I'm sorry?

CHAIRPERSON COHEN: Do you mind if we start with Mr. Genn?

SONYA ORTIZ: We worked it out the other way, but that's fine.

CHAIRPERSON COHEN: Well, you that is fine. You know, that is fine.

LEO GENN: [off mic] Do you want to go?

SONYA ORTIZ: Let's go. Okay. First, I apologize for my call. I had a call at the wrong time, but you know they are sending notice. So please forgive. I want to say good morning Chairman and members of the committee. My name is Sonya Ortiz. I'm a physical therapist in practice for 32 years. I currently am an Interventionist for the Department of Health under agencies that provide Early Intervention Services. I'm also an Associate Adjunct Professor at Brooklyn College in the newly developed EI Certificate Programs in which I'm teaching special educators normal and abnormal motor development of babies and children. And I am also pleased to say that I do evaluations for the CPSE, for the Committee for Pre-School Special Education. And I have sat in hundreds of transition meetings. I

just did 12 last week, and I will be happy to answer some questions based on that experience if you have them.

I am here to support and attest to the efficacy of the new quality initiatives implemented by the New York City Early Intervention Program, and why WRO [sic] should be part of the new Family and Child Health Division. I arrived very young--and please take note of that--to New York after I graduated in 1982 from the University of Puerto Rico with a degree in physical therapy. I had done most of my rotation in pediatrics, but could not find one physician working with babies. I settled for adult geriatric rehab while pursuing my master in motor learning from Columbia Teachers College. I completed my masters by 1986, and continued to look for pediatric positions without success.

Shortly thereafter, I found out that some of the children were receiving therapy from kindergarten up in their schools. That was shocking to me as I thought to myself, how do you undo five years. By 1990, I found one agency in Brooklyn that was providing PTOT and speech therapy for children--OTPT and speech therapy for children with severe

disabilities under the New York City Family Court. It surprised me how a judge had to order services, and you had to wait until a judge ordered the services. I began to do evaluations for them only part-time as the caseload was not enough for a full-time position. By 1991-92, EI finally arrived in New York City under the Department of Education. And I was able to work full-time with children from birth to three finally.

Knowing that then what I thought was best, I took the therapy clinic with me. My car became a therapy closet on wheels. I carried mats, balancing, therapy balls, weighted balls, parachutes. You name it, Sonya had it in her trunk. The children made progress, but it was slow, and often they did things with me only. By slow I mean many months, and sometimes even years. It was obvious to me that however-- It was obvious to me that however-- It was obvious to me that most of the children who made progress were the children that the parents that the parents got involved. Several years later, EI moved under the Department of Health. As a result of that change, my documentation changed dramatically to reflect all my medical knowledge as much as possible.

I was satisfied--I was very satisfied with my work most of the time, but something was still missing. Around 2008, I began to take advantage of the new seminars, lectures and resources made available by the new Department of Health EI Quality Initiatives. I learned how babies learn best. I learned how to embed myself into family routine and coach caregivers. I basically stopped trying to teach parents how to become therapists. I stopped bringing the therapy clinic into their homes. I began to, as I call it, bring back to the parent the belief that they could teach and help their child develop. This belief very often is taken away from them when told, for example, your child is autistic. Go get as many hours of therapy as you can. I began to restore families.

One mother made it very clear to me when she told me in tears, Oh, my God, Sonya, I stopped being a mother for almost two years, and allowed others to care for my baby. This occurred during one of my--in my first family-centered embedded coaching session in which my verbal coaching--with my verbal coaching she was able to make her baby feed himself for the first time, and he was almost three years

old. I finally felt nothing was missing. I said to myself this is it, Sonya. Then, the next day, she called me and she said, Sonya, you're not going to believe this. I did the same thing with the toothbrush this morning. He brought it to his mouth. It worked with teeth brushing, too. I was surprised? Of course not. Because parents are the best teachers. Thank you.

LEO GENN: Good morning Chairman Cohen and members of the Mental Health Committee, the Mental Health Development, Disabilities, Alcoholism and Substance Abuse and Disabilities Committee. I'm Leo Genn representing Northside Center for Child Development whose headquarters location is 1301 Fifth Avenue, New York, New York 10029. Northside has been providing services for children under three years of age for over 25 years, and now provides Center Based Early Childhood Intervention classroom five days a week for eight children. Northside's home based program has 64 service providers serving over 200 children. Thank you for the opportunity to testify. I want to note the excellence of everyone who has testified today, and the substance of their remarks.

In representing Northside here today, I'm here to announce our support for Intro 571, and to offer six recommendations for how the city can provide better Early Intervention Services and why doing so will be so extraordinarily cost-effective. First, we suggest that the city maintain an ongoing series of public service announcements to educate new parents about the critical importance of seeking early intervention and evaluations between birth and 36 months of age. About the need for these services: Occupational, physical, and speech therapy treatment for autism and special instruction. Special instruction involves helping toddlers in a variety of developmental areas including cognitive processes and social interaction. Such public service announcements-- (coughs) Excuse me. Such public service announcements should help us fight false and counterproductive stigmas about children under age three who have real and sometimes profound needs for EI services. PSAs to undo these stigmas will encourage parents to get critical time sensitive help for their children before their children's problems worsen and spread to other areas of their lives.

Second, we note that while embedded coaching of parents who receive EI services is helpful and necessary, it cannot work as a complete substantive for the complex and sensitive array of professionally administered Early Intervention Services. Third, the full cost of providing center based EI programs, which offers socialization activity is never completely covered by municipal funding. This is the reason very few center-based EI programs still exist. We suggest the city commit to funding greatly--commit to funding a greatly expanded number of center-based EI services with funding to cover actual costs.

Fourth, we note that EI service coordinators continue to be required to do more and more unnecessary administrative-- I'm sorry. Administrative work that is not billable. The city cannot expect EI providers to stay in business without funding to pay for the full scope of administrative work that EI service coordinators are quite appropriately required to perform. The city should consider making all administrative work service coordinators are required to perform billable.

The fifth recommendation might be the easiest to implement. We note that at present EI supervisors cannot get access--cannot get full access to data on the State's NYEIS database. Supervisors cannot go online and see all treatment notes generated by their own staff members they supervise. EI supervisors should be given full access to their employer's client files on their NYEIS database.

Sixth, and please note that although this is my last comment, it might be the most important one. We hope that legislators, such as yourselves and the lobby--and your peers in Albany appreciate the superb human and economic return on Early Intervention Services and also appreciate, on the other hand, the false economy created by underfunding Early Intervention Services. We not that if a toddler needs occupational therapy, physical therapy, speech therapy, treatment for autism or Early Intervention Special Instruction, delay of such services will again tease compounding developmental delays in toddlers who are already struggling to overcome these untreated deficits. Stated positively, the sooner in life children who need Early Intervention Services get them, the more they

will feel confident about themselves, and the better they will function at home, at school for the rest of their childhood and for the rest of their lives. The earlier we fully address the developmental delays of children who need EI Services, the more cost-effective and cost-preemptive municipal efforts to help such children will be. Thank you very much for the opportunity to testify. I'm happy to answer any questions within my limitations.

CHAIRPERSON VALLONE: I do have one comment. Well, thank you for passionate story. Those are the ones that lead us to get to the next level, and thank you for-- We always ask for the recommendations for the next for those. And I appreciate you taking the time to do that. They are listened to, and they do incorporate the next hearings and the next legislation. So I do thank you for that. Thank you.

SONYA ORTIZ: You're welcome.

LEO GENN: Thank you.

CHAIRPERSON COHEN: Thank you for your testimony. I would just like to acknowledge and thank Dr. Askew and Dr. Casalino for staying for the

duration of the hearing. I think that concludes our hearing. Thank you very much. [gavel]

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.

Date December 21, 2014