

1 *Kathryn Reksc:* Okay. So, first, I just want to start off with roll call. For the EICC  
2 Executive members, Heidi Bond.  
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4 *Heidi Bond:* Here.  
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6 *Kathryn Reksc:* Great. Is Amy De Vito on? Amy? Okay. Marina Yoegel.  
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8 *Marina Yoegel:* I'm here.  
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10 *Kathryn Reksc:* Got it, Marina. Steve Held.  
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12 *Steve Held:* Here.  
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14 *Kathryn Reksc:* Is Talina Jones on? No Talina. Okay. Paola Jordan?  
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16 *Paola Jordan:* Here.  
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18 *Kathryn Reksc:* Great. Elina Tsenter?  
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20 *Elina Tsenter:* Yes.  
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22 *Kathryn Reksc:* Elina. Some background noise. Thanks, Elina. Linda Rennie?  
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24 *Linda Rennie:* Yes, I'm here.  
25  
26 *Kathryn Reksc:* Good morning, Linda. And then Nora Yates is our other member  
27 and she is not able to attend today. And then for DOH staff, we  
28 have myself, *Kathryn* Reksc. We have Dawn Smith?  
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30 *Dawn Smith:* Yes.  
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32 *Kathryn Reksc:* Connie Donohue.  
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34 *Connie Donohue:* Here.  
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36 *Kathryn Reksc:* Pete Baran?  
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38 *Pete Baran:* Hi, I'm here.  
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40 *Kathryn Reksc:* Jessica Simmons.  
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42 *Jessica Simmons:* Hi, good morning, I'm here.  
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44 *Kathryn Reksc:* Good morning. Ken Moehringer.  
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46 *Ken Moehringer:* Good morning, I'm here.

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48 *Kathryn Reksc:* Yan Wu.  
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50 *Yan Wu:* Here, good morning.  
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52 *Kathryn Reksc:* Mike Iorio.  
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54 *Mike Iorio:* Hi, good morning, everyone. Yes, I'm here.  
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56 *Kathryn Reksc:* Morning. And is there anyone else from DOH that I missed? I  
57 didn't think so, okay. And then from PCG we have Rob \_\_\_\_\_.  
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59 *Rob:* I am here.  
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61 *Kathryn Reksc:* And then we have Rob **Dietz**, is that, did I say that right, your last  
62 name?  
63  
64 *Robert Dietz:* Dietz, Robert Dietz from \_\_\_\_\_ HO, hi, everyone.  
65  
66 *Kathryn Reksc:* Hi, Robert. Sorry about the last name. Okay. And is there anyone  
67 else on the call that I missed? All right, thanks. Then we'll get  
68 started and I'll had it over to Connie.  
69  
70 *Connie Donohue:* Okay, thanks a lot Katie. Good morning, everyone. Thanks for  
71 joining us. And as we know, our purpose here is to set the agenda  
72 for the next Early Intervention Coordinating Council full meeting  
73 which is gonna be September 24th, 2020, and I suspect it will be in  
74 the same format that we're looking at right now, based on  
75 everything that seems to be going on.  
76  
77 So, the proposed agenda items, so I'll just run through the list and  
78 please chime in. But first thing is the EICC update, so the June  
79 10th, 2020 meeting minutes will be voted on at the September  
80 24th, 2020 meeting. We'll also have an update – we're proposing to  
81 have an update of the EICC social emotional guidance document  
82 and the plans for dissemination and where the workgroup is at this  
83 point.  
84  
85 Third on our list is an EICC taskforce on provider workforce  
86 capacity update, and you'll remember at the June meeting, we  
87 added teletherapy as a subset of that workforce – the taskforce's  
88 work. So I'm sure we'll have some discussion about teletherapy.  
89 Program updates that are proposed include these, one is an update  
90 on our EI Hub project, which is support for operational  
91 management of the EIP and the implementation of that RFP. We're  
92 a long way from the RFP and we're way into that EI Hub

development so we're happy to share that information.

Updated fiscal agent data and some information on where we are in our State Systemic Improvement Plan. I'll stop there and see if anybody has any comments or wants to add anything to those items before I get to the next set. So far, so good, okay.

And then on the last set of additional updates or discussion items, clearly we'll talk about telehealth, COVID-19 and the guidance that's been issued during this time, progress that PCG is making on the EI Hub along with the Bureau of Early Intervention and **NISTEC**, health homes and transportation policy is the other thing on the list. As people know, we're working toward implementation of the Medicaid state plan, that was approved in June of 2019 so we will – sorry, someone was at my door, so we will talk a little bit about transportation policy updates as well. Okay. Anything else? All sounds good? Quiet group this morning.

*Paola Jordan:* I have a question, Connie, good morning, this is Paola.

*Connie Donohue:* Hi, Paola, go ahead.

*Paola Jordan:* First of all, this is my first time as being part of this type of meeting, so please forgive me if I am not really familiarized with the rules and – but I, you know, it's a learning opportunity, right. When you guys provide the recommendations for the agenda, let's say the fifth point, where it says telehealth and COVID-19 and all of that.

*Connie Donohue:* Mm-hmm.

*Paola Jordan:* Can we also discuss exactly what is gonna be discussed or can we ask for recommendation for a specific topic to be included within the conversation or this is something general?

*Connie Donohue:* No, you can certainly – if there is a point that you want us to hit related to any of these items, you can certainly raise it as – and then we'll see if we can fold it in.

*Paola Jordan:* Got it. So one of the – some information that I'm interested in here is when we think about telehealth and kids in Early Intervention is what is the feedback that the department may provide for us in terms of how many families have been having access to technology, and this comes from a conversation that I'm having with a couple of parents here in the city when they were saying that you need to go to the Early Intervention and request the

assistive technology on the **IFSP**. And I was thinking, we're talking about two different things, that is just the child or the \_\_\_\_\_ definitely need the \_\_\_\_\_ device for communication purposes, but the other one is for family to connect, especially families that are having a hard time with technology or they don't have the means to have **an iPad**.

So here in the city the Department of Education intentionally are providing the iPads with Internet connection for families that needed it. But in Early Intervention, I honestly don't know what's the landscape and thinking about especially those families that are in the rural areas and families even in shelter, right. So I wondered if the department has any update about if families have contacted you guys or if you have been providing AT equipment, in this case probably a tablet for therapy to happen to telehealth.

*Connie Donohue:* That's a great question and Paola, we can certainly add it to this discussion. The department doesn't have data on that, though, and remember that in the municipality of New York City is one large county *[crosstalk]* five in one, and in the rest of the state and everywhere really, the administration of the program is at the local level. I don't know if Marina, from a prospective of a county or Linda, you have insight about whether folks needed technology, didn't have technology, but that insight is probably more at the local level and we could certainly have some discussion about what we might do to gather data about it. I don't think we will have data about it but we certainly should talk about it when we're together in September.

*Paola Jordan:* Absolutely. Yes, and I think that the message that I want to – if it's possible to share, is that it's possible, right. If the family needs it, they can ask, they can have that conversation and we can see if that's something that is feasible or not.

*Connie Donohue:* They certainly can bring it up, and we did issue in some of our 57 or so frequently asked questions, there was guidance about various ways to access technology and I know some of the cable companies were offering various Internet access that you don't ordinarily get during a declared state of emergency. So we did issue guidance along those lines to try to help people, but again, some of this would have been happening at the local level so we'd be less aware.

But it wasn't something that I heard or we heard here as a technical assistance question. I don't think that was – and I'll ask Jessica Simmons. I don't remember – we did get many trends in our

185 technical assistance questions. I don't remember that as one of  
186 them but it could be that I just –.

187

188 *Paola Jordan:* Interesting. Yes, because I did receive the guidance document, the  
189 Q&A document, and I \_\_\_\_\_ sharing one of the private groups that  
190 I'm part of, and that's when the conversation happened, when their  
191 – the families, they were confused on the AT, as an AT device for  
192 the child but not as something different in this case to facilitate the  
193 conversation so therapies can continue. So that was interesting to  
194 see how the conversation was not clear for what the parent was  
195 asking and they were trying to think, oh, we need to reopen the  
196 IFSP and I was like we're talking about two different things.

197

198 *Connie Donohue:* Right. Assistive technology devices and services are one thing,  
199 they're IFSP driven.

200

201 *Paola Jordan:* Exactly.

202

203 *Connie Donohue:* This is different. This is a need for a way to connect at all.

204

205 *Paola Jordan:* Exactly. Mm-hmm.

206

207 *Connie Donohue:* And I don't know how much of an issue it remains with the  
208 reopening or resuming of some in-person services or if those  
209 families would be the first ones maybe who would access in -  
210 person because they had a hard time with the other. And I know  
211 that reopening is slow, it's happening slowly.

212

213 *Paola Jordan:* Yes.

214

215 *Connie Donohue:* But all good questions and these are the kinds of questions that we  
216 welcome to this group, Paola, and these are the kinds of questions  
217 that we can dive deeper in.

218

219 *Paola Jordan:* Yeah.

220

221 *Connie Donohue:* And if there was another whole topic that you thought of, you can  
222 raise it at this meeting and we can either say well, our agenda's  
223 pretty packed but we might just want to do it in December, or  
224 whatever the case may be, so.

225

226 *Paola Jordan:* Got it, appreciate it. And in terms of reopening, if this is part of  
227 that update that we can provide as well. Let's say that what's  
228 happening in terms of reopening, how many kids are being able to  
229 go to **center base** or in person services.

230

231 *Connie Donohue:* I don't know if we'll know the numbers. We didn't change billing  
232 rules so it's hard to collect data, other than we have those – you  
233 know, the forms that parents signed in order to consent to  
234 teletherapy services. But we don't have good data because we did  
235 not, in all that went on, we didn't change the billing rules, so we  
236 don't have a ready way to count how many children are doing  
237 which thing. We were talking about that with New York City  
238 yesterday because we don't have a good way to know if children  
239 are now getting blended services, so some by teletherapy and some  
240 in-person, we don't have an easy way to do that.  
241  
242 *Paola Jordan:* All right, thank you.  
243  
244 *Marina Yoegel:* Connie, it's Marina, can I ask a question?  
245  
246 *Connie Donohue:* Sure, absolutely.  
247  
248 *Marina Yoegel:* Well, I just – I don't know if you wanted a comment to Paola's sort  
249 of discussion, but here in Westchester with respect to assistive  
250 tech, the request for technology or getting some iPads or support  
251 for the families into telehealth, yes, they're two different things.  
252 We didn't have any requests for increased technology for that  
253 purpose but we were getting some inquiries about, you know, was  
254 there any technology available to families that couldn't access and,  
255 you know, could we provide.  
256  
257 So somehow or another it worked out. We didn't – somehow the  
258 family got it and there were just a few. But this question is  
259 happening more on the preschool level as we begin to discuss with  
260 school districts on the reopening plans and [interference]  
261 technology as a general topic with respect just to this, how \_\_\_\_\_  
262 access to technology for preschool kids, of course it falls to the  
263 school districts, but we're anticipating that that will be something  
264 that we may see more and more happen in the world of early  
265 intervention.  
266  
267 So we did approach our own county to see if there was any way  
268 that we could partner maybe with some vendor and maybe buy  
269 some iPads \_\_\_\_\_ whatever we needed so that we could  
270 disseminate to families in the event that there was a need. So that's  
271 where we are right now. I don't know what the answer there will  
272 be. We also approached our own loan closet or trade and asked if  
273 there was anything that they could spare and lend to families. They  
274 have a very small inventory but they definitely could consider it.  
275  
276 So, yes, that question has come up and yes, we're gonna see it

277 more and more, I think, as maybe families who didn't want  
278 telehealth before may now embrace it and want it, as maybe the  
279 reopening becomes a little more difficult and there will be a  
280 continuation of telehealth versus in-person, and we're gonna kind  
281 of go that way in September more than we anticipated.  
282  
283 *Connie Donohue:* Right.  
284  
285 *Marina Yoegel:* I think that's \_\_\_\_\_. So we're seeing similar trends.  
286  
287 *Connie Donohue:* That's really helpful. And the trade, loan closets are one avenue  
288 that we have talked about internally and we're working on a new –  
289 an updated interagency agreement with the trade centers. EI funds  
290 a small, you know, a small amount toward them, so we're gonna  
291 look at that as a possible place to get loaner devices too.  
292  
293 *Paola Jordan:* That's great, thank you. I just – I think that the bottom line is that –  
294 and my sense is that families are not asking for that because they  
295 may not know. If you don't know what you can ask, then you're not  
296 gonna be asking for that and this comes from my own experience  
297 when I was going through EI, I was very isolated and the only  
298 point of reference that I had was my service coordinator. And then  
299 when I went to partners my eyes opened to the things that I had  
300 rights to but I did not know before and \_\_\_\_\_.  
301  
302 *Connie Donohue:* Right. Yeah.  
303  
304 *Paola Jordan:* So I think this is one of those opportunities that as a council we can  
305 share the message that if something that is – we can look into it,  
306 right, for families.  
307  
308 *Connie Donohue:* Well, if – I mean the whole point of the service is to be able to  
309 access them, right. So we have to think about that as well.  
310  
311 *Paola Jordan:* Yeah.  
312  
313 *Connie Donohue:* We used to have the same – I worked in Medicaid for a long time  
314 and we used to have the same conversation there, what sense is it  
315 to have the service if you can't get transported to it, right. So –.  
316  
317 *Paola Jordan:* Yeah.  
318  
319 *Connie Donohue:* Same thing, we now have to figure out how to access the services,  
320 if in fact, we can't be all in the same room, so. So it's definitely a  
321 worthwhile discussion. Anything else? Hi Steve.  
322

323 *Steve Held:* Just as a perspective on that. I think New York City Board of Ed  
324 kind of opened the floodgates on that because for three to five for  
325 our Far Rockaway site, we had already decided that through our 6  
326 19 6 11 funds we were gonna purchase iPads for families for  
327 remote learning. We did that, and then shortly thereafter, I think  
328 New York City said, well, we're gonna open up the purchase of  
329 that technology to 44 10, and honestly, I do believe in our plans  
330 that State Ed is requiring us to have tomorrow. The programs have  
331 6 19 6 11 funds, to me that's where we're supposed to purchase  
332 that.

333  
334 Personally, we purchased at Just Kids over 500 iPads so that  
335 families could have them during the remote learning, and yeah,  
336 some of them get broken, some come back, it's the way it will be  
337 but it enabled us to do what we were supposed to do during a  
338 remote portion.

339  
340 *Connie Donohue:* Thanks, Steve. And I think, you know, we all are starting to feel  
341 like the remote portion might last longer than we thought it would,  
342 so we have to think about how we'll manage it.

343  
344 *Steve Held:* Yep.

345  
346 *Connie Donohue:* Anything else?

347  
348 *Paola Jordan:* Yes, Connie. Having – continuing with that thought about the  
349 whole remote learning and how it's been literally \_\_\_\_\_ in  
350 general speaking, do you anticipate that for the social emotional  
351 guidance document, maybe later on once we have a better  
352 understanding of the impact of COVID-19 and being home for so  
353 long, what was gonna be the impact in the mental health not just  
354 for the child, for the family and maybe that can be an annex to the  
355 document? Do you think that's gonna be, I don't know, possible  
356 maybe in the next six months, one year when we have a better  
357 understanding?

358  
359 *Connie Donohue:* I think it would be reasonable to reach out to maybe our colleagues  
360 at the Office of Mental Health, and we do have a rep on the Early  
361 Intervention Full Council to talk about those impacts. As far as in  
362 the midst of some of the other competing priorities, actually a  
363 product, I am less certain. I don't think I could promise that, but we  
364 definitely should be talking to our colleagues at Mental Health and  
365 seeing what materials they may be producing during this time to  
366 support young people and I guess everyone whose been at home  
367 during this time.

368



369 *Paola Jordan:* Yeah. Good.  
370  
371 *Connie Donohue:* Okay. I don't think we set a record today but if there is nothing  
372 else, we can conclude. So any other items? I think we're pretty well  
373 set for this agenda. One other thing I would add is that PCG has  
374 done a number of demonstrations of the developing EI Hub, so as  
375 part of the discussion on PCG progress, we will hope to have  
376 something that you can actually see at the September meeting as  
377 well.  
378  
379 *Male:* Okay, great.  
380  
381 *Connie Donohue:* Okay. I think if nothing else, we will certainly see you in  
382 September, at least this way, and we will look forward to that.  
383 Thanks, everyone.  
384  
385 *Female:* Thank you.  
386  
387 *Male:* Bye now.  
388  
389 *Female:* Thank you.  
390  
391 *Female:* Take care now.  
392  
393 *Connie Donohue:* Bye, everyone. Have a great day.  
394  
395 *Female:* Thanks, you too, bye.  
396  
397 *Female:* Bye.  
398  
399 *[End of Audio]*