

# Transcription Cover Page

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SOURCE LANGUAGE: English

TARGET LANGUAGE: Spanish

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## AUDIO INFORMATION

Title(s)
EICC Executive Meeting 7.22.21-20210722 1408-1
Total Time
29:31

## LEGEND

Acronym	Description
<i>KR</i>	<i>Katie Reksc</i>
<i>HB</i>	<i>Heidi Bond</i>
<i>SH</i>	<i>Steve Held</i>
<i>TJ</i>	<i>Talina Jones</i>
<i>ELL</i>	<i>Esther Lea Lax</i>
<i>RS</i>	<i>Robin Stegman</i>
<i>CD</i>	<i>Constance Donohue</i>
<i>KL</i>	<i>Kelli Lyndaker</i>
<i>US</i>	<i>Unidentified speaker</i>
U/I	Unintelligible
I/A	Inaudible
[ph]	Phonetic

**Transcription of EICC Executive Meeting 7.22.21-20210722 1408-1**

<b>Speaker</b>	<b>Transcript (English)</b>
KR	Good morning, everyone, and welcome to the Early Intervention Coordinating Council Executive Committee meeting for 07/22/21. My name is Katie Resk, health program administrator for the Early intervention. I just want to start this meeting quickly to go through who is on the call. So, please let me know if you're here. Heidi Bond?
HB	Here. I'm here.
KR	Thanks, Heidi. Let's see, go back. Is Amy DeVito on? She's in an emergency meeting. Okay, nothing yet. Steve Held?
SH	Yes.
KR	Welcome, Steve. Talina Jones? Talina, are you still there?
TJ	Hmm, of course you will call me when I went to go get my meds. Here.
KR	Sorry, I have perfect timing, you know that. All right, Leah Esther Lax?
ELL	Here.
KR	Morning. Linda Rennie cannot make it today. Robin Stegman? Are you coming in, Robin?
RS	I'm here. I'm kicked off, and I'm here now.
KR	Okay, perfect. Thanks Robin.
RS	Thank you, sorry.
KR	Angella Timothy? Don't worry. Angella Timothy, your name, I don't know if you were the 518 number I just needed. (I/U) Are you in there, Angella? Elina Tsenter, is she...? I know she mentioned she had a meeting prior to this, so she might be late. And then Marina Yoegel could not make it as well. So that is for the members and then from the Department of Health, it looks like we have Coni Donohue, Pete Baran, Jessica Simmons, Kelly Lyndaker, Ken Moehringer. And we also have Jackie Sheltry, who is our attorney for our bureau, and Yan Wu as well. And then listening in, we have Molly Fleming from our partners at EICC and Rob Lillpopp from PGC. Is there anyone I miss? Oh, and Dawn Smith, who is the best EICC helper ever. So glad to see you. Is there anyone else that I forgot? I think that's everyone. (U/I) Okay. I will pass it over to you Coni, and I'll bring up the agenda.
CD	Thank you, Katie. Good morning, everyone. Again, apologies for our late start. Hmm, so this meeting, as everyone knows, is to plan for the next Early Intervention Coordinating Council meeting, which will be on 09/15/21, and at that meeting, the 06/16/21 meeting minutes we voted on. Hmm, that's pro form, that's what normally happens. And then after that, there will be also some updates. So, we'll have an update on that Early Intervention Coordinating Council Task Force on provider workforce capacity. And then, there's a new, hmm, task force on rate setting methodology, and there'll be an update from that, from that, group as well. There will be some program updates. We usually provide some administrative updates for the early intervention program, hmm, general guidance that's happening in the moment. Hmm, we'll also be very happy to provide you with an update on a report that was recently approved on Early Intervention Program data that I think you'll find very interesting. Ian and the data team worked very hard on this report. And we had a lot of input from our principals as well, so I think that will be great. We'll give an Early Intervention hub update. The I-hub is coming along this summer and we'll give some updated fiscal agent data. There was one other discussion that we had this week with provider approval, and I think Kelly Lyndaker is on. Hmm, we have a new monitoring contractor and we wondered if the council would like to have to meet the new contractor and have just a short presentation with them. Hmm, and from them and, and see if you have any questions for that, for the new contractor, which is Keypro. Hmm, so I'll stop there and see, hmm, what folks have to say or what input there might be. The council interested in hearing from our new monitoring contract. Might there be any questions that you would have or any other things that we should be thinking about for this agenda?
SH	I'm very interested in hearing, I think we all would've, with the new contractor, about which specificity about... When they plan to possibly distribute protocol? And then based on the distribution or protocol, take questions and answers. And then when they

	would be planning on actively doing site audits, if that's what they're if, if, if that's what the contract suggests.
CD	Okay, perfect. Thanks for that, Steve. Hmm, as far as, you know, the initial question about the protocol, my understanding, and Kelly you dive in if I have it wrong, is that we'll continue, hmm, really with the existing protocols for a time and then as time goes on, there may be changes. But I think the initial plan is to start with what's familiar and go from there. And Kelly, if I have it wrong, let me know.
KL	That is Connie, that's accurate. We'll start with the existing protocols, with nothing changing at the start. And then as, you know, reg changes or, or we update the protocols, then we would be making those changes.
CD	Okay. Thanks, Kelly. All right. So, we'll add, we'll add the Keypro, hmm, discussion. Is there anything else that, hmm, top of mind or thoughts?
SH	Well, I had a couple of things, Connie. I was wondering if Katie or, or if the department had received any feedback on the letter based on the motion that Talina and I, I sig--, I cosigned about the motion with the supporting that covered lives legislation, so...
CD	Good question. No, none to date, Steve, that I know of. But we will certainly look into that, hmm, with our principals and we can certainly add that to the 09/15 meeting.
SH	And, and I guess, I'm not being, I'm trying not to be a bit snarky about it, but with a body like the EICC not elevating it to a degree that even comes close to arrogance, but I think we would have expected some, uh... Something from either DOB, the chamber or something.
CD	Yeah, understood. And we, we certainly did our due diligence and transmitted, so I understand. So we will certainly, we certainly follow back.
SH	Okay, thank you.
CD	Any other? Any other?
SH	Well, I... Could I? I'm sorry to occupy this.
CD	Don't be sorry, go ahead.
SH	Hmm, many of us have heard, hmm... I don't... Conflicting statements from CDC, from DOH, from OCFS. Throne SCD although it doesn't have anything to do with EA per say. About changes for September. One of the things that we've heard is that for children from two and up the Academy of Pediatrics, which obviously is medical, has suggested masks and when it, I didn't know whether the department could at least recognize a number of, hmm, discussions that are going around and whether or not you could offer us anything in order to prepare for... For any shifting which we know has to happen one way or another in the EA, both in the face, the home-based service as well as developmental toddler.
RS	I agree with that one, Steve, I was solely that's where my next question was going to go. I had a few after that, but it was definitely one on the forefront of my mind.
CD	Hmm, it's Connie, I, I understand your question. I actually watched the news last evening and heard the same questions from multiple school superintendents, so and I, so there is a connection, right? We're all everyone wants to know what's going to happen in the fall and it's not that far away. So, we'll take that back, we understand about the conflicting statements for them, and I certainly take that back as a, as a, to the, you know, our principals. The other, hmm, from the EI, you know, perspective per say, hmm, the current guidance is status quo, we're awaiting approval on additional guidance. So, we will certainly aim to be conveying that in advance of, in advance of September. And, hmm, we'll keep in mind that we'll add that to the Bureau Administrative update section when we have that meeting, so I'm writing a note. So, we'll talk about EI service delivery for sure, and we'll take the other back. You can gain any more understanding than what people has right now.
TJ	Hi, good morning, Connie, this is Talina, how are you?
CD	Good morning, I'm okay, Talina, how are you?
TJ	I'm excellent. And good morning to the rest of my colleagues on the line. I see under program updates you have the Early Intervention Program, Race and Ethnicity Data. Is it just, is it just going to be a presentation of the data? I'm asking because I would really like some built in time to have some questions and just discussion as we're thinking about like time afforded to each in the agenda. I'm saying.

CD	That's a great question and we, we certainly (U/I), but we think this is an important report and we'll certainly make sure on the agenda that there's time to go over what we are learning and have some discussion about what we do with the information. So...
TJ	Okay, and, and question, does early intervention have an, hmm, diversity, equity and inclusion statement anywhere?
CD	Well, I think I'll defer to Angella a little bit the center and you'll remember from, hmm, you know, the earlier days when Nora was here, the Center for Community Health, which, hmm, which houses Early Intervention.
TJ	Right.
CD	We report to the division of Family House in the center, certainly has an agenda. So, we think from a department point of view, we certainly have that. So, maybe we could talk a little bit about that in the context of the data when we have the discussion in the fall.
TJ	Okay.
CD	That's helpful.
TJ	Okay.
CD	And I think it would be a larger maybe department kind of a discussion there. But I will make a note and specifically, Talina, you're thinking you're it's, hmm, sort of the larger view of inclusion. Tell me again the words that you use.
TJ	Diversity, equity and inclusion. I think it runs through the fabric, really particularly equity runs through the fabric of most of our services. And as usual, the department has supported my ability to be a part of the Office of Special Education Programs Leadership Conference. So, one, I thank you for that. But two, I notice that a large amount of the information that was coming out of DOE and specifically OCEP was around equity frameworks. And as we were talking about telehealth and access, and given the question that Steve kind of posed and put out there, it just really made me think of, so how does this play out in the field as status quo is present, moving forward after we learn after the presentation about what we learned from the data? You know, what, how do we move forward given the information that we learned? So just kind of one and overarching question and then really what this means for maybe some of changes that to be made in early intervention, just kind of a broad scope. But also really connecting it back to the data, what we do to move forward.
CD	That's really helpful. And teletherapy would have come up anyway, I believe in the capacity workforce discussion.
TJ	Yeah.
CD	So, would likely come up connected with this discussion and thoughts about, you know, in-person and or teletherapy services or a hybrid of the two. So, I think all those things are connected. I'll try to, I'll try to get them. Katie and I will get them in the notes and in the agenda.
TJ	Thank you.
CD	Any other thoughts for the good of the order, here?
SH	So the, the, the committee that we're going to be starting, what kind of, hmm, what kind of kick off is that?
CD	I'm going to defer to Katy on that because I know we, hmm, we had talked about, hmm, membership of that committee. So, I'm sure we have to understand who the members are and then in the first meeting will happen.
KR	Is this for the, the committee, you mean the rate setting methodology task force?
SH	Yes.
KR	Yes. So we're again the agreement was we would start it as soon as we receive the final documents and completion of the social emotional workgroup, which we haven't received yet, which is why we've been required on our end. Hopefully, we'll get that soon. Our plan is: I'll reach out to all the members. We do have to, have, I believe offhanded two providers, two parents, two munis, two agencies, and then we can fill in the others and have advisors on it as well. So that I'll have to get the membership and then the goal is to have a kickoff meeting in August at some point or early September prior to the September meeting. So, that way, this first presentation by the task force will really just be the thoughts and goals, what you're planning on doing, kind of to, kind of give your mission statement like we've done with the pride of resource capacity and go over that with the ICC and see if there's any specific thing

	that they want the task force to look at, like we mentioned in the last meeting and so forth. So...
SH	That's great, Kate.
KR	Thanks. So that's kind of our big plan.
US	I didn't get that.
KR	And I'm hoping that, again, we received the social emotional backing soon. If we don't receive them in the next week, you know, prior to the start of August, I probably will at minimum start getting interest in the task force, so we can get it together. So that way, at least as soon as that social emotional workgroup ends, we can already have the players in place for the task force to immediately get that meeting set up and start to work there. So, hopefully you'll hear from me in the next week or so.
CD	Thanks. I had forgotten about the other not quite being finished yet, so and we didn't want to have three, three, hmm, workgroup tasks, task forces at one time. So that's, that's exactly right. So, thanks, sounds good. And then the last couple of things on our list are usual items on PCG progress, and we haven't had a conversation about health homes in detail in a while. So, we will follow back with our health homes colleagues and see if and see if they're ready to do that at the September meeting. But that's our that's our plan. Okay. Anything any other item we should be thinking about?
RS	Hi, this is Robin. Hi, everybody. I just like to bring up two items that I had kind of alluded to in the last meeting on June 16 <sup>th</sup> as a provider, what I see out in the field and issues that need to be looked at. And I know I'm, I'm new to the council and the executive committee, so I'm hoping this is the place where we bring it up. As far as training of ongoing service coordinators and EIOD's, as per what hearing impairment in babies really is and the, you know, vast there's such a continuum of abilities, etcetera, in the population and what services should be given to those children at those babies at that age? And there's a misunderstanding of what hearing impairment is and what, hmm, Early Intervention really does for the families and for the babies at that point. In addition to... This addressing the disparity of types of services that are given to the children by different ongoings and EIOD's and what's agreed upon in. I think there needs to be some education in that area, actually a lot of education, so that there's an understanding. And also because the field is so heavy with technology, what this technology really does because there's misunderstanding of, of that. And I think, Steve, you had asked that at one meeting, and we really didn't address that about what cochlear implants do, etcetera.
SH	Right.
RS	And I think there needs to be some education about that across the board. And also, in addition, I, as a provider, get many, many complaints and concerns about the challenges that the parents face when going for hearing aids after their child is identified and going to the hearing unit dispensary getting tested, etcetera, etcetera. And the--and this is coming from my caseload in Nassau County, where the Long Island Jewish is, the hospital, is where the parents go to the dispensary and for the audiology services, and there needs to be some, I think, overseeing of that system to make it more effective. So, and I don't know if that's ever been looked into. But just coming from where, where I see it, so I just wanted to throw that out there.
CD	Thanks, Robin. So, I just want to, I want to take a step back. And I thank you for those comments. And I know, you know, I'm an audiologist. So, of course, these things are near and dear to my heart. This meeting, generally speaking, it really has the purpose of setting the agenda for the September EICC meeting, which, which is pretty full. But I want you to know there are other avenues to talk about, particularly the last thing. If parents are having complaints, concerns, difficulties with, hmm, obtaining amplification, and we would want to know that sort of separately through, through our, hmm, you know, we would want the parent to contact us or we would want, hmm, the county to we would have a conversation with the county. So those kinds of concerns, complaints, one of the best things I believe we can do for parents is to give them the tools, so that they know how to, hmm... And we do this through our, you know, through other avenues, through our family initiatives, contract and other things. But give those parents the tools to say this is how I, I, hmm, advise that, you know, hmm, either the service coordinator or failing that resolution, the County or if that doesn't work, the, you know, the Department of Health to help resolve those kinds of

	complaints. So, there's a, you know, a hierarchy and an escalation method, and we certainly want to make sure that assistive technology devices, services are supplied timely and as they should be, that's that was one thing. So, I want, I do, we're happy to provide technical assistance on that, and I think it's a T.A. issue. Hmm, and then the other, hmm, the ongoing, the other thing you raised about ongoing training, uhm, separately, the Early intervention (U/I)... of Early intervention houses also, hmm, newborn hearing, screening and follow up. And on that front, we have some efforts underway that involve a procurement. So, I can't exactly talk about them. But training for parents is certainly on our mind in terms of that, hmm, what happens early in the program. So that may also be an issue that we, we can take back more to talk about with our training arm and also with the Eddy program, which we also, which we also have. So, I think those are very important issues. I, you know, having been an audiologist a really long time, I agree on the need for training and those are things that we can take up, take up as well. And at some point it would be more than reasonable to have some discussion about the specific training needs and how we might, hmm, how we might adjust. Hmm, I'm not certain if the larger EICC is applied place for that or if there's a way to do it, but we're certainly aware and happy to figure out how the best way is to address that.
RS	Thank you.
CD	Thank you for bringing it up. Hmm, anything else? There's the good of the order, and we'll give some other thought, but again, on a on a parent issue, Robin, whenever I hear a parent has concerns or multiple parents, I think we, we need to hear directly from them after they've exhausted their options with their service coordinator and with their, with their County. And I, having lived it, I understand, you know, how the steps are confusing and, hmm, (U/I). I get it. Well, we'll we can talk more about that even offline.
US	So. sorry, why did you pull it open? (U/I).
CD	Anything else that we should? I think we have a pretty full, hmm, September agenda and we thank everybody for the input. Anything else before we, before we close?
US	I put it up. Oh.
CD	Okay. Thank you again, and I just want to take one quick second to say thank you all for, for being on this committee. This is this is my last, hmm, EICC Executive Committee meeting. I'll be retiring in a few weeks, and I want to also say thank you to Katie Rekse and to Don Smith, without whom we would not be able to have these kinds of meetings and or the EICC meeting or, you know, any of the things that go on here that they make look smooth and easy. But believe me, without their wind beneath my wings, this would not all happen.
SH	And we're going to miss you, Connie. So I--
CD	Maybe I will, I believe that.
SH	I don't know... What's that?
CD	I said, I don't think we're going to lose our connection, though.
CD	No, I hope not. I hope not. Your leadership has been phenomenal, so...
ELL	Especially in a time of probably the most crisis ever in history in the Early Intervention Program.
CD	Yeah, yeah, we certainly had quite a year together, didn't we? Or a little bit more than a year. It's been an adventure I have appreciated certainly all of you and I will talk to you again, I'm sure, in one form or another. Thanks, everyone.
ELL	Thank you.
SH	Okay. Thank you.
KR	Thanks. Everyone have a great day.
CD	Oh, my God. Good bye. All right, we'll close, thanks Katie. Thanks everyone.
KR	Thank you, Connie. Bye.
CD	Thanks. Bye, everyone.