

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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June 5, 2017  
Start: 1:08 p.m.  
Recess: 2:20 p.m.

HELD AT: 250 Broadway - Committee Rm.

B E F O R E: ANDREW COHEN  
Chairperson

COUNCIL MEMBERS: Elizabeth S. Crowley  
Ruben Wills  
Corey D. Johnson  
Paul A. Vallone  
Barry S. Grodenchik  
Joseph C. Borelli

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

Janice Chisholm, Assistant Commissioner  
Bureau of Developmental Disabilities  
NYC Department of Health and Mental Hygiene

Amber Levin Seligson, Bureau of Epidemiology Services  
NYC Department of Health and Mental Hygiene

Christina Foti, Chief Executive Director  
Office of Special Education  
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Joshua Morgenstern, Deputy Chief Executive  
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Dr. Marie Casalino, Assistant Commissioner  
Bureau of Early Intervention  
NYC Department of Health and Mental Hygiene

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Parent Education and Support  
Ramapo for Children



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2 [sound check, pause] [background  
3 comments, pause] [gavel]

4 CHAIRPERSON COHEN: Okay. [coughs] Good  
5 afternoon. I'm Council Member Andrew Cohen, and I'm  
6 the Chair of the Council's Committee on Mental  
7 Health, Developmental Disabilities, Alcoholism, Drug  
8 Abuse and Disability Services. Thank, you for  
9 attending today's hearing on bills Intro No. 1424, a  
10 bill I introduced and Intro 1236, a bill by Council  
11 Member Borelli. [coughs] Both bills are on Autism  
12 Spectrum Disorder. Intro 1424 is a local law to  
13 amend the Administrative Code of the city of New York  
14 by requiring Autism Spectrum Disorder reporting per  
15 community school district from the DOE. Likewise,  
16 Intro 1236 is a Local Law to amend the Administrative  
17 Code of the city of New York by requiring Autism  
18 Spectrum Disorder reporting by community district,  
19 but the Department of Health and Mental Hygiene. I  
20 am proud to sign on as-in support of Council Member  
21 Borelli's bill as well as my own. [coughs] Autism  
22 Spectrum Disorder is a development disability that is  
23 caused by differences in how the brain functions.  
24 People with ASD may communicate indirect, behave and  
25 learn in different ways. The Center for Disease

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2 Control and prevention estimates that 1 in 68  
3 children in the United States have been identified  
4 with ASD. This committee held an oversight hearing  
5 in October of 2016 about family support and  
6 culturally competent care for individuals diagnosed  
7 with Autism Spectrum Disorder. During that hearing I  
8 asked how many children in New York City public  
9 schools have been diagnosed with ASD. The  
10 administration was not able to provide that  
11 information at that time. Having access to data like  
12 this is important from an educational perspective,  
13 but also to ensure that individuals are getting the  
14 services they need outside of school, and for us to  
15 make resource dispersion decisions. [coughs] Data  
16 like this is also important to discovering  
17 environmental causes of the condition like we've done  
18 in the past, with aut-with asthma research, among  
19 children in New York City. Furthermore, we can  
20 discover if there is a prevalence of a disparate  
21 diagnosis as in certain communities being over-  
22 diagnosed with or under-diagnosed. The more  
23 information we have about the number of children and  
24 adults in New York City with ASD, the better we will  
25 be able to serve them. Today, I'm interested to

1  
2 learn from the administration—what the administration  
3 is doing to reach different communities and provide  
4 services for all individuals with ASD. I am look  
5 forward to understanding how we can obtain useful  
6 data on ASD, and use the information to inform our  
7 work. I want to acknowledge that we have been—we  
8 have practically the whole crew here. Council Member  
9 Vallone, Council Member Wills, Council Member  
10 Grodenchik and Council Member Borelli. I'd like to  
11 thank our Finance Analyst who's is probably out  
12 working on the budget Jeanette Merrill, Nicole Levine  
13 and Michael Benjamin, and my Legislative Counsel Kate  
14 Diebold is her. I'm now going to turn the mic over  
15 to Council Member Borelli, who would like to say a  
16 few words about Intro 1256.

17 COUNCIL MEMBER BORELLI: Thank you  
18 Chairman Cohen, and just to be brief, I want to thank  
19 you for your support on this measure and for  
20 introducing a similar measure, which deals with the  
21 Department of Education. I also want to thank my—my  
22 colleagues. I believe everyone here is a co-sponsor  
23 on this bill, and I just want to point out that we  
24 are a Council that has been proactive in dealing with  
25 funding really early intervention services, and more—

1  
2 I mean everything from door locks to Avonte's Law  
3 where we continually seem to treat the symptoms of  
4 Autism Spectrum Disorder, but we do that without  
5 relying on some of the fundamental data that we  
6 believe as policymakers we should have in making  
7 future decisions. Right now, we—we rely on some CDC  
8 data, which is generated I believe from 14 states,  
9 which New York State isn't even one of them, and much  
10 of the other data we get when we have it available is  
11 from the Department of Education, which often times  
12 you're dealing with a combination of parental  
13 advocacy, people being denied services, people being  
14 misdiagnosed. We want these diagnoses to happen and  
15 be recorded well earlier into a child's developmental  
16 process so that when we talk about things as critical  
17 as EI, we know how many children we should expect to  
18 have in services. So, with that, I turn it over to  
19 you guys.

20 CHAIRPERSON COHEN: The Council is now  
21 going to administer the oath and then who is  
22 starting? The DOE or the Department of Health?  
23 Okay.

24 LEGAL COUNSEL: Please raise your right  
25 hand. Do you affirm to tell the truth, the whole

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2 truth, and nothing but the truth in your testimony  
3 today, and to answer Council Member questions  
4 honestly?

5 ASSISTANT COMMISSIONER CHISHOLM: [off  
6 mic] I do.

7 LEGAL COUNSEL: Thank you.

8 ASSISTANT COMMISSIONER CHISHOLM: Good  
9 afternoon, Chairman Cohen and members of the  
10 committee. My name is Janice Chisholm. I and the  
11 Assistant Commissioner for the New York City  
12 Department of Health and Mental Hygiene where I  
13 direct the Bureau of Developmental Disabilities.

14 CHAIRPERSON COHEN: I'm sorry. Could you  
15 hold the-push the mic a little closer?

16 ASSISTANT COMMISSIONER CHISHOLM:  
17 Absolutely. Is this better? Okay. I'm pleased to be  
18 here today to testify on autism care and support in  
19 New York City. As Chairman Cohen noted, the U.S.  
20 Centers of Disease Control and Prevention informs us  
21 that current prevalence rates for Autism Spectrum  
22 Disorder suggests 1 in 68 children and 1 in 42 boys  
23 in the U.S. are on the Autism Spectrum. The  
24 department's works on behalf of individuals with  
25 development disabilities including individuals with



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Autism Spectrum Disorder by promoting early diagnosis and intervention, and providing assistance to individuals, family members and caregivers. Early identification and treatment can lead to lifelong improvement in health, development and functioning for children with Autism Spectrum Disorder especially with early services are followed by effective transition to coordinated health, mental health, educational and community supports. The Departments' Early Intervention program is a federal entitlement program governed by Part C of the Individuals with Disabilities Education Act. This comprehensive program supports infants and toddlers with developmental delays to realize their full potential. This program provides services to children from birth to three years of age with either a confirmed disability such as Autism Spectrum Disorder or with a delay in physical, cognitive communication, social emotional and/or adaptive development. In 2016, this program served approximately 30,000 eligible children citywide. This includes approximately 4,000 children with an ASD diagnosis. Early intervention services are confidential, voluntary and free for families regardless of income, immigration or insurance

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2 status. Young children are referred to Early  
3 Intervention Program if development surveillance or  
4 screening done by the child's pediatrician suggests  
5 the possibility of Autism Spectrum Disorder. Once  
6 referred, the program provides a comprehensive multi-  
7 disciplinary evaluation that includes observation  
8 with the child's behavior and developmental skills,  
9 informed clinical opinion, and the use of  
10 standardized tools or structured observational  
11 assessment. If a child receives a confirmed  
12 diagnosis, the program works with the child's family  
13 to develop an individualized family service plan.  
14 This plan authorizes services that typically include  
15 applied behavioral analysis, and intensive form of  
16 individualized special instruction along with speech  
17 therapy, physical therapy and occupational therapy  
18 depending on the child and family's unique strength  
19 and needs parent supports and training are often  
20 provided as well. Once children turn three years old,  
21 the Department of Education Office of Special  
22 Education becomes the primary Autism service provider  
23 for New York City children. The Health Department  
24 complements this programming by contracting with  
25 providers to develop—to develop and deliver added

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support outside of school hours for youth and their families and caregivers. In total, we contract with 70 non-profit organizations including providers funded through the generous support of the City Council to provide a range of recreational and socialization programs that help approximately 1,300 New Yorkers by offering meaningful activities that enhance the quality of living. These programs are designed to reach individuals outside of school hours both onsite at schools and at other program locations in the community. Some of these programs are designed to further socialization experiences, foster community integration and enhance interpersonal communication and peer relations. Other programs provide educational enrichment and academic support as well as opportunities to reinforce and practice skills learned in the classroom. An important feature of these programs is that they provide both direct services for individuals with Autism Spectrum Disorder, and also indirect services that support families and caregivers. Some of the indirect services that support families and caregivers include respite services, autism awareness education, coping skills and behavior modification for parents and

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2 siblings, and navigation assistance for families  
3 seeking to access other available supports.  
4 Contracted providers are required to offer services  
5 that are culturally and linguistically appropriate to  
6 the individuals served. When applying to become a  
7 provider applicant groups were asked to specify  
8 personnel linguistic and cultural competence and to  
9 detail plans for addressing the needs of individuals  
10 and families who are not English language proficient.  
11 In addition, to better support the needs of their  
12 clients, we require these providers to seek and  
13 maintain effective collaboration with key internal  
14 and external partners including community-based  
15 organizations, schools and educational organizations.  
16 Finally, individuals with Autism Spectrum Disorder  
17 and their families will also benefit from many of the  
18 Thrive NYC initiatives. For example, we're working  
19 to create more employment opportunities for  
20 individuals with intellectual and development  
21 disabilities. This initiative sponsor a new program  
22 in each borough to increase competitive employment  
23 for individuals in its selection with developmental  
24 disabilities including two programs that specifically  
25 target individuals with an Autism Spectrum Disorder.

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To date, over 100 individuals with intellectual and developmental disabilities have been enrolled in five programs, and of those, close to 50 have achieved competitive employment opportunities. Regarding Introduction 1236, the legislation being heard today, Autism Spectrum Disorder is currently not a reportable condition in New York State meaning that physicians are not required to report diagnoses to central reporting databases. This greatly limits the department's ability to report on the prevalence of Autism diagnosis. The department conducts the NYC Community Health Survey annually to gather data on the health of adult New Yorkers including neighborhood, borough and citywide estimate on a broad range of chronic diseases and behavioral risk factors. The CHS is a timely surveillance instrument that is able to inform up-to-date agency priorities and we determine the list of questions based on their ability to serve this purpose. However, the CHS does not always have the power to yield reliable prevalence estimates at the neighborhood level for diagnoses of low prevalence conditions. Existing CDC data suggests that Autism Spectrum Disorders have a prevalence between one and two percent in children

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2 nationwide. If the rates are similar among New  
3 Yorkers, it is unlikely that the CHS would be able to  
4 reliably estimate Autism diagnoses among adults at  
5 the community district level. Developing an accurate  
6 prevalence estimate in the city would involve a  
7 robust surveillance system that requires substantial  
8 investment including dedicate staff, technical  
9 infrastructure and policy changes. We're happy to  
10 discuss this further with the Council and to explore  
11 ways to meet the intention of this legislation. The  
12 department would be happy to report to the Council on  
13 services provided to children with Autism Spectrum  
14 Disorder served through the Early Intervention  
15 Program, and by organizations contracted by our  
16 Bureau of Developmental Disabilities with appropriate  
17 controls in place to protect the children's  
18 confidentiality. I want to thank the Council for  
19 their continued support of services for individuals  
20 with Autism and their families in New York City. I  
21 also look forward to hearing the testimony of some of  
22 the autism service providers who are here today, and  
23 to my colleagues from the Department of Education.  
24 Thank you again for the opportunity to testify. We're  
25 happy to take questions following testimony from DOE.

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CHRISTINA FOTI: Thank you. Good afternoon, Chair Cohen and members of the Committee. I am Christina Foti the Chief Executive Director of the Office of Special Education within the Division of Specialized Instruction and Student Support. I'm joined today by Joshua Morgenstern, our Deputy Chief Executive. Thank you for the opportunity to testify on Intro Nos. 1424 in relation—in relation to Autism reporting and to discuss the department's work to support students on the Autism Spectrum. The Department of Education is committed to providing comprehensive continuum of services to support children with ASD also know as Autism Spectrum Disorder. Our work has three areas of focus: To provide inclusive opportunities for students with Autism to succeed in their home zoned schools, to develop strong specialized programs within local district schools to serve the individual needs of students on the spectrum and to provide targeted instruction to students with more intensive needs in District 75 settings. As you're aware, the academic behavioral, and social needs of students on the Autism Spector—Spectrum can vary significantly from student to student, and with a particular student

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throughout their educational career. The overarching goal of our work is to offer a broad range of supports and services enabling us to meet individual student needs with an appropriate level of support so that families, teachers and administrators can confidently move students with Autism to less restrictive environments also known as LRE, and they develop student social skills and modes of communication. This continual movement to LRE and access to typically developing peers will better prepare students on the Autism Spectrum for college, career and independent living. As for federal and state legislation, when we develop individualized IEP programs—Individualized Education Programs also known as the IEP, for a disability—for a student with a disability, we determine the student’s disability. We determine a student’s disability classification based on the category of disability that most significantly affects the student’s educational performance. The 13 disability classifications for school age students includes a classification for autism, which is defined by federal and state regulations as a developmental disability significantly affecting verbal and non-verbal



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2 communication and social interaction generally  
3 evident before age 3 that adversely affects the  
4 student's educational performance. Other  
5 characteristics—characteristics that often associated  
6 with Autism are engagement and repetitive activities  
7 and stereotyped movements, resistance to  
8 environmental change, or change in daily routine—  
9 routines and unusual responses to the sensory  
10 experiences. For all students with disabilities  
11 regardless of classification, IEP—the IEP includes  
12 detailed information about the student's cognitive  
13 abilities, social and emotional development and other  
14 characteristics. This is based on comprehensive  
15 evaluations conducted by the Department of Education  
16 along with teacher and service provider reports, and  
17 information and any reports on evaluations presented  
18 by the student's parents. The IEP is provided to the  
19 student's parents and all teachers and service  
20 providers to ensure that they—that all have an in-  
21 depth understanding of the student, and their  
22 educational needs and characteristics. We develop  
23 programs with special education and related services  
24 that are customized to each student's individual  
25 needs and characteristics as determined through the

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evaluation process, and never solely on a student's disability classification. This school year there are 20,450 students with the IEP classification of Autism in New York City, 17,015 of whom are being served in Department in Department of Education or charter schools. For a second straight school year, we have seen a 20% increase in the number of students with Autism receiving services in district school settings. These students receive—receive—pardon me. These students receive individualized supports and services including around 3,000 children who received specialized instruction along their typically developing peers and in general education settings. Included in the student population are over 1,000 children who are served in our ASD Nest program. The ASD Nest program was developed in collaboration with York University's ASD Nest Support Project. The program serves students with ASD alongside typically developing peers in a reduced sized—in a reduced class size integrated co-teaching class with one special education teacher and one general education teacher. Staff receive training in specialized teaching strategies for students with ASD including social development intervention, a program developed

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2 by NYU that uses evidence based practices to support  
3 the social and emotional development of students with  
4 Autism. Our district schools also serve nearly 450  
5 students in our ASD Horizon Program. The ASD Horizon  
6 Program was developed by the Department of Education  
7 in collaboration with the New England Center for  
8 Children also known as NECC. This program serves a  
9 maximum of eight student in a—with ASD in a special  
10 class with one special education teacher and one  
11 paraprofessional. And students develop necessary  
12 academic and social skills, opportunities for  
13 inclusion with typically developing peers are—are  
14 encouraged. ASD Horizon Program staff are trained in  
15 specialized teaching strategies for students with ASD  
16 including the Autism curricula—curriculum,  
17 encyclopedia developed by NECC. The Autism  
18 Curriculum Encyclopedia is an evidence—evidence based  
19 program based on applied behavioral analysis, which  
20 supports the academic and social and emotional  
21 development of students with ASD. The growth of ASD  
22 and Horizon and ASD Nest programs each year is  
23 indicative of this administration's unwavering  
24 commitment to meeting the specialized needs of  
25 students with ASD in this city. Students with Autism

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have more intensive needs in academic—in academic,  
social or physical development and/or management are  
usually served in specific class settings in the  
Department of Education's District 75, a citywide  
network of specialized schools. Here students  
acquire language and social skills, supported by  
speech and language therapy—and speech and language  
and other therapists as well as by augmentative and  
alternative communication support. Classes have one  
special education teacher and one or more  
paraprofessionals. Many District 75 programs also  
offer opportunities for inclusion through strong  
partnerships with their co-located district schools.  
This year District 75 programs are serving nearly  
11,000 students on the Spectrum. The DOE also serves  
roughly 3,500 students with ASD who attend non-public  
schools. This includes students who attend private  
or religious schools and receive special education  
and/or related services through the Department of  
Education and students who have IEPs that recommend  
specialized private schools approved by the New York  
State Department of Education to serve students whose  
needs are more intensive and can be addressed in the  
public school setting. We remain committed to

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2 serving and supporting families of students with a  
3 disability before, during and after their child's  
4 school age journey. Examples of these supports  
5 include parent counseling and training for families  
6 with students of—of students with Autism, partnership  
7 with the citywide councils, the citywide education  
8 councils including regular participation at their  
9 meetings, co-facilitation of parent trainings with  
10 advocacy groups and other community-based  
11 organizations, and ongoing support provided at the  
12 local level via the Department of Education's  
13 District Level Teams and field support center, and  
14 as—and at individual schools. Of particular note,  
15 representatives from the Department of Education met  
16 with 1,721 participants at 17 Turning 5 kindergarten  
17 orientations—orientation sessions held across the  
18 five boroughs this school year. These meetings are  
19 intended to support families with students with  
20 disabilities through their transition to—to  
21 kindergarten and included information about our ASD  
22 programs. The Division of Specialized Instruction  
23 and Student Support offers a wide range of  
24 professional learning opportunities through District  
25 75 and the Special Education Office that are open to

1  
2 all special education teachers, related service  
3 providers, school administration and  
4 paraprofessionals. Examples of profession learning  
5 topics offered are verbal behavior, designing  
6 effective classrooms for students with Autism,  
7 teaching communication and transition skills in the-  
8 in the Autism classroom. Through our partnerships  
9 with NYU, we provide workshops for educators and  
10 administrators in community schools on Autism basics  
11 and strategies that work. We are proud of the robust  
12 professional learning and specialized program  
13 offerings that continue to expand, and we continually  
14 search for innovative ways to serve our students  
15 especially in inclusive settings. This school year  
16 we are partnering with NYU on a collaborative study  
17 group looking at current DOE practices in Autism  
18 education within district schools. The group's goal  
19 is to make recommendations for models that better  
20 serve students on the Autism Spectrum in district  
21 schools. Having conducted site-site visits and  
22 interviews with teachers, administrators and  
23 families, the study group will for-will formulate  
24 recommendations that will be aligned with the vision  
25 of the central office as well as the needs of

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2 educators and families who work with children  
3 everyday. The group's recommendations expected in  
4 July will help inform the ongoing development of our  
5 programs for children with Autism Spectrum Disorder.  
6 Right now, I'd like to turn to the proposed  
7 legislation. Intro No. 1424 requires Autism Spectrum  
8 Disorder reporting from the Department of Education.  
9 As part of the Department of Education's commitment  
10 to ensure that parents, advocates, elected officials  
11 and other stakeholders have helpful information  
12 regarding special education, in 2015 we worked with  
13 the City Council to enact Local Law 27, which  
14 requires the DOE to submit a comp-submit a  
15 comprehensive annual report. This report includes  
16 citywide data on the number of DOE students who have  
17 an IEP disability classification of Autism. While we  
18 support the goal of the proposed legislation, we have  
19 concerns about singling out a specific disability as  
20 part of a report on student demographics. The  
21 proposed legislation seeks revised-revisions to  
22 Sections 21-957 and 21-958 of the New York City  
23 Administrative Code Reporting on Demographic Data in  
24 the New York City Public schools. These sections  
25 require reporting on broad categories of student

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2 demographic information. Intro No. 1424 in contrast  
3 seeks information about one disability—one category  
4 of disability. As such, we believe that a different  
5 section of the Administrative Code would be—would be  
6 more appropriate for this type of reporting. Though  
7 the DOE would not be able to comply with the proposed  
8 legislation as written, we look forward to working  
9 with the Council on revising which—to reflect the  
10 addition—additional demographic and district level  
11 data—district level information DOE is able to report  
12 to the Council on students with an IEP classification  
13 of Autism. Thank you for the opportunity to testify  
14 to day. We look forward to our continued partnership  
15 with the City Council on this important work, and we  
16 would be happy to answer any questions you may have.

17 CHAIRPERSON COHEN: Thank you very much  
18 for your testimony. A bunch—a number of my  
19 colleagues have questions, and I just have a couple.  
20 I'm going to just focus on 1424 for a second, and  
21 then I will pass it onto my colleagues. [coughs] But  
22 essentially from your testimony today, it's—I mean  
23 the answer is to how many children are in—who—who  
24 have the—an ASD diagnosis, according to the DOE is



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2 20,450 students, right? They have IEPs that indicate  
3 that they have--

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CHRISTINA FOTI: The educational  
5 classification of Autism.

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CHAIRPERSON COHEN: So, that--alright that  
7 information really is clear that we now have and it  
8 is--

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CHRISTINA FOTI: Yes.

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CHAIRPERSON COHEN: Alright, well that--  
11 that is I think an improvement and I'm appreciative  
12 of getting that information.

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CHRISTINA FOTI: Yes

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CHAIRPERSON COHEN: I just a-a couple.  
15 The--the number--do you know the number of students--I'm  
16 sure you do--

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CHRISTINA FOTI: Uh-huh.

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CHAIRPERSON COHEN: --who are not--who  
19 have an Autism diagnosis who are not able to be  
20 served by New York City Public Schools?

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CHRISTINA FOTI: We do.

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CHAIRPERSON COHEN: Do you know what that  
23 number is?

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CHRISTINA FOTI: There ae 48,000 students  
25 attending non-public schools, and I apologize. 3,500

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2 of them have the educational classification of  
3 autism.

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CHAIRPERSON COHEN: Are there—but you're—  
5 in other words there—there is a parent who might  
6 send—choose to send their kid to a Yushiva for  
7 instance and then you supplement the services versus  
8 a student who is—the DOE is not able to serve in a  
9 DOE school?

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CHRISTINA FOTI: We'll get you that.

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JOSHUA MORGENSTERN: That breakout is not  
12 something we have right now, but we can get that to  
13 you, the number of kids who are—have a recommendation  
14 from the DOE that the appropriate setting would be a  
15 non-public school that's approved to serve students  
16 with Autism.

17

CHAIRPERSON COHEN: Just to be sure,  
18 there are—there are children who their parents might  
19 choose to send them parochial school who if—who if  
20 they chose to send them to a DOE school, you would be  
21 able to serve, would supplement with the services  
22 available at the DOE?

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JOSHUA MORGENSTERN: Right.

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CHAIRPERSON COHEN: Okay, then--so you understand my question that you'll provide additional when you have it. That would be it

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CHRISTINA FOTI: Yes.

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CHAIRPERSON COHEN: --that would be--just on a couple of the--by--by the way from just my rough map on my phone, which I ran for office because I didn't think there would be any map, but [laughter] I came up with like 58.7 kids of the number of students served as having an IEP that says they have--that--that they are on the spectrum, which is greater than--

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JOSHUA MORGENSTERN: No, it's about 20,000 kids with that classification and out of close to 200,000 kids in public schools in public schools with an IEP. So, it's--it's moving--

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CHAIRPERSON COHEN: No, but out--out of the total number of students, 1.1, 1.2 million.

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CHRISTINA FOTI: There--there are--we serve approximately 200,000 students and of--of those students--

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CHAIRPERSON COHEN: [interposing] No, how many students do you serve in total?

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CHRISTINA FOTI: This and yeah, we can answer that. So, we serve approximately 200,000

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students with IEPs and of those students

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approximately 9% of them have the educational

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classification of Autism.

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CHAIRPERSON COHEN: But my question is

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how many students do you serve in total who don't

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have an IEP and non-IEP within the 1.1 million?

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CHRISTINA FOTI: Oh, it'-it's-well, the-

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the most recent number that I looked out today is

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just under million.

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CHAIRPERSON COHEN: It was just under a

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million?

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CHRISTINA FOTI: Uh-huh.

14

CHAIRPERSON COHEN: So, what-does anyone-

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so that's not what I just got. I-I calculated it at

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1.1 or something like that, but it-it-it is within

17

ballpark of the national average of 1 in 68, right?

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CHRISTINA FOTI: Uh-huh, yes.

19

CHAIRPERSON COHEN: We could do the math.

20

JOSHUA MORGENSTERN: It is somewhere in

21

the range of 2%.

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CHRISTINA FOTI: Around there.

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CHAIRPERSON COHEN: Okay, thanks.

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CHRISTINA FOTI: It's in the ballpark of

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the national average. The-the rate of classification

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2 of the educational classification of Autism is in the  
3 ballpark of the national average in using CDC's  
4 numbers.

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CHAIRPERSON COHEN: I mean that--to me  
that's profoundly important information to make sure  
that we're--

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CHRISTINA FOTI: Yes.

CHAIRPERSON COHEN: --that, you know, if  
we're consistent with the national average that means  
in all likelihood we're doing a good job of  
identifying, you know, children who need this--these  
services. So, that's I think also very helpful. I  
have some questions about for Health regarding the  
service providers, but I think I'll save that until  
we go around once, and I--okay, I want to acknowledge  
we've been joined by Council Member Johnson, and  
Council Member Borelli had some questions.

COUNCIL MEMBER BORELLI: [background  
noise, pause] Thank you very much. Commissioner  
Chisholm, if you would just refer back to something  
you had said that--about the Community Health Survey.  
You had said that the CHS does not always have the  
power to yield reliable prevalence estimates at

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2 neighborhood level for diagnoses of low prevalence  
3 conditions. Can you explain that for a second?

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ASSISTANT COMMISSIONER CHISHOLM:

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[background comments, pause] What they're saying is

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that conditions that have a low prevalence in, you

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know, the population such as according to the CDC,

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the Autism Spectrum Disorder, when there's a low

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prevalence in the population, our surveys are really

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not designed to be sensitive in obtaining information

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about those kinds of conditions. I'm going to defer

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for further discussion to my colleague the

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[background noise] Epidemiology Office.

14

AMBER LEVIN-SELIGSON: My name is Amber

15

Levin and I work in the Bureau of Epidemiology

16

Services, and that's a very good description. When

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we design our surveys, we design them to represent

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particular geographic areas, the borough or what we

19

call a United Hospital Fund area. So the Community

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Health Survey is designed to represent United

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Hospital Fund areas. There are 34 or sometimes 42 if

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we can find years of data, but when we have a health

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indicator that has a small percentage of the

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population that has that health indicator, it can be

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hard to have reliable estimates at those small

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2 geographic levels. So that is the challenge that  
3 we've been faced with.

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5 COUNCIL MEMBER BORELLI: So, other  
6 conditions that CHS does track that have even lower—I  
7 mean an exponentially lower prevalence, how do you  
8 track it I notice asthma was 36 out of 10,000 and  
9 infant mortality was 2.9 and I think 10,000 as well.  
10 That's obviously far less than one out of 68. So, I  
11 mean are you getting those numbers from actual  
12 reporting from hospitals and that's why it's a  
13 precise number?

14

15 AMBER LEVIN-SELIGSON: So, I'm not sure  
16 about infant mortality. Those—those are a different  
17 data that—that the Community Health Survey doesn't  
18 track, but we do for things like asthma, and I'm not  
19 sure where that statistic comes from that you  
20 mentioned, but we do collect lots of data that we  
21 like to be able to get citywide prevalence estimates  
22 of or borough level estimates of. But—but these  
23 small geographic areas it can be hard for things  
24 like asthma or a small prevalence health outcomes to  
25 collect neighborhoods level estimates.

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COUNCIL MEMBER BORELLI: What would--what  
3 would be a higher prevalence condition than something  
4 that's affecting 1 to 2% of the population?

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AMBER LEVIN-SELIGSON: Well, for example  
7 diabetes, that's an example of the higher prevalence  
8 or we--we track--

8

9

COUNCIL MEMBER BORELLI: [interposing]  
10 That--that was like 612 out of 100,000. That's still  
11 not. It's like I'll pull it up.

11

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AMBER LEVIN-SELIGSON: So, I'm talking  
12 about the prevalence rates--

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COUNCIL MEMBER BORELLI: [interposing]  
14 Yeah.

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AMBER LEVIN-SELIGSON: --and so, you  
16 know, things like obesity and--and overweight, things  
17 where we have--

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19

COUNCIL MEMBER BORELLI: [interposing]  
19 Okay.

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AMBER LEVIN-SELIGSON: --between 16% or  
21 even--

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COUNCIL MEMBER BORELLI: [interposing]  
23 I'm sorry. I was looking at the adult  
24 hospitalizations through that.

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AMBER LEVIN-SELIGSON: Yeah, so that's a  
different data source and that was where maybe you  
got the asthma from but--

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COUNCIL MEMBER BORELLI: [interposing]  
But is--is that because from the hospitals you're able  
to get precise data on the number of cases.

8

AMBER LEVIN-SELIGSON: So, the--the  
Community Health Survey is a sample of the  
population, right. So, we just take a sample of the  
population, and then it represents the population.  
The hospitalization data, that's a very different  
kind of data source, where, yes we could have from  
the New York State the universe of all the  
hospitalizations that happen in the state of New York  
or the city of New York.

17

COUNCIL MEMBER BORELLI: Okay. You--you  
mentioned that developing an accurate prevalence  
estimate would involve a robust surveillance system  
that requires substantial investment including staff,  
technical structure policy changes. Is that  
something that as an agency given the--the prevalence  
that we do see, or we do see from the CEC numbers, is  
that something that the agency would look favorably  
on?

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CHRISTINA FOTI: These bills that have been introduced have really raised a lot of questions for the department, and we are at a very high level having multiple discussions about what all would be involved in collecting such data. There is great interest in understanding what the investment would be, and what the various areas of need might be in order to do so. So, there are ongoing discussions presently thanks to your presenting these bills.

COUNCIL MEMBER BORELLI: Good, you said the department would be happy to report to the Council on services based on EI. I guess it would be for the diagnosis, but people who are—have been evaluated for EI services and then have been granted EI services, can you—you think you can get the precise number of those children?

ASSISTANT COMMISSIONER CHISHOLM: Yes, we can tell you the number of families who have come to the EI program and who are receiving services. I'm going to ask my colleague, Assistant Commissioner Marie to come up to give a little bit more on that, but please understand that one of the things we want to emphasize is that the Early Intervention Program delivers voluntary services, which mean what? We're

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2 not speaking prevalence here. We are very happy to  
3 share with you both information about Early  
4 Intervention services, the recipients of as well as  
5 the other development disability services that the  
6 department supports.

7

COUNCIL MEMBER BORELLI: So, the-the  
8 delta between the number of people getting the  
9 services or qualified for the services, the  
10 likelihood of the number of people actually out  
11 there, it is based on variables such as parental  
12 involvement, you know, whether the kid showed signs  
13 at a particular age but are those that as a health  
14 agency is that a gap that you think through  
15 engagement and policy you could shrink?

16

ASSISTANT COMMISSIONER CHISHOLM: So, we  
17 are interested. As I said before, you know, your-  
18 your presentation of these bills has really brought a  
19 number of concerns to our attention. We're very  
20 interested in being able to be aware of who in New  
21 York needs what services. We do not currently have  
22 the ability to report on prevalence, however. We are  
23 very happy to share information about those  
24 individuals who have come to receive these voluntary  
25 services. You're right that there is a gap, and we

1  
2 can't really estimate what that gap looks like  
3 because we haven't a clue. There aren't any  
4 requirements to date that require reporting. So, we  
5 can't really speak to that. We're very interested.  
6 We recognize our role in being aware of, you know,  
7 what the needs for services are, and we're  
8 interested. We're having those conversations. I'd  
9 like you to listen to Dr. Casalino for just a moment  
10 regarding the Early Intervention program in  
11 particular.

12 ASSISTANT COMMISSIONER CASALINO: So, as  
13 you know, I'm Marie Casalino. I'm the Assistant  
14 Commissioner for the Bureau of Early Intervention in  
15 the Department of Health and Mental Hygiene. So, as  
16 my colleague Janice Chisholm has mentioned, we  
17 provide services to children on the Autism Spectrum  
18 Disorder, and we know that in 2016 of the  
19 approximately 30,000 children that received services,  
20 there were just over 4,000 children that had a  
21 diagnosis of Autism Spectrum Disorder. But again,  
22 our program is voluntary. So, we know that the  
23 children that have been referred the program with  
24 parental consent and have gone through our process,  
25 and have received services, but we can share with you

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2 the number of children by borough, by zip code, and  
3 as always we do our best to protect confidentiality  
4 based on the numbers we can provide.

5 COUNCIL MEMBER BORELLI: Okay and I just  
6 have one final question for the DOE about this. You  
7 know, thinking with my politician hat on, as we're  
8 sure some of my colleagues do.

9 CHAIRPERSON COHEN: Never, never.

10 COUNCIL MEMBER BORELLI: It's an election  
11 year. You should. You know, I'm not ashamed to say  
12 that this started from me looking into some—for some  
13 data in order to justify me making a call for more  
14 services, right. That's what we do. We see a  
15 statistic and we do a press conference saying we need  
16 more, we need more, and you see the Council taking  
17 actions as I mentioned earlier everything from door  
18 locks to Avonte's Law, all things based on ASD  
19 diagnosis. We're doing it sort of voluntarily, but  
20 you are faced with the children regardless of what we  
21 do and—and are—are essentially forced to confront the  
22 problem when the child is either four or in Pre-K or  
23 five and in kindergarten. Do—do the students come to  
24 you, or rather do you accept incoming classes in

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2 different school districts essentially blind to how  
3 many kids will need services?

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CHRISTINA FOTI: So, in terms of students  
5 attending their home zoned school, I just want to be  
6 clear on your--on the question. So, I mean one of  
7 the things that we're really proud of is that we have  
8 more students with the educational or classification  
9 of office and attending their home zoned schools now  
10 more than ever. And particularly on Staten Island  
11 we're seeing more and more inclusive practices and--  
12 and very much complement the work that's going on  
13 there. And so, in terms of resources and resource  
14 allocation I think is where you're going--

15

COUNCIL MEMBER BORELLI: Yes.

16

CHRISTINA FOTI: --with this question.  
17 As students--the funding follows the student, and we  
18 create programs based on the needs, and so, if a  
19 student is slotted to attend their home zone school,  
20 and they have the educational classification of  
21 Autism, then we look at the needs of the school, and  
22 work to make sure that--

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COUNCIL MEMBER BORELLI: [interposing]

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But--but the clock starts from the evaluation that you

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give the students in Pre-K or kindergarten at some point?

CHRISTINA FOTI: So, the--the Early Intervention hands-off students of--as was stated before to CPSE, which is the Committee on Pre-School Special Education as early as age 3.

COUNCIL MEMBER BORELLI: Okay.

CHRISTINA FOTI: And so, and then we work on--to create the IEP for the child at age 3, and then certainly work with--to place the child in an appropriate pre-school program.

COUNCIL MEMBER BORELLI: So, the gap I mentioned before about--

CHRISTINA FOTI: Uh-huh.

COUNCIL MEMBER BORELLI: --whether-- whether it be through parental involvement--

CHRISTINA FOTI: Sure.

COUNCIL MEMBER BORELLI: --or kids not showing signs, I meant that's--having the data that-- that we're talking about with the bill could potentially help if you sort of bridge that--that divide, you know, for--for a community district that doesn't have it, and it's involved--

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CHRISTINA FOTI: [interposing] With

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regard to the Department of Education and--and the

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bill and the data, we are more than willing to work

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with you on getting that information by district as

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requested, and certainly--

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COUNCIL MEMBER BORELLI: [interposing]

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Well, I'm trying--I'm trying to see if you would

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benefit from the--the data--from earlier in the other

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bill if that would be beneficial to you?

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CHRISTINA FOTI: Well, we could--we work

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closely with Early Intervention and the Department of

13

Health in making sure that that hand-off is as

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seamless as possible.

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COUNCIL MEMBER BORELLI: Okay, thank you.

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CHRISTINA FOTI: Thank you.

17

CHAIRPERSON COHEN: Council Member Wills.

18

COUNCIL MEMBER WILLS: No, sorry, Council

19

Member Grodenchik.

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COUNCIL MEMBER GRODENCHIK: That will be

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no. Thank you very much. It's nice to see all of

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you. It's nice to see nice to see all of you today,

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and Ms. Foti, you may have the longest title in the

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city of New York and I wonder if you can get that all

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on your business card. [laughter] I wonder who



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2 else—at the bottom of your first page of testimony,  
3 you said comprehensive evaluations conducted by the  
4 DOE along with teachers. Who else is the DOE  
5 responsible for making these evaluations, and joining  
6 into the pool of evaluators?

7 CHRISTINA FOTI: Do you mean in terms of  
8 the representation on the IEP Team?

9 COUNCIL MEMBER GRODENCHIK: Yes.

10 CHRISTINA FOTI: Yeah, so—so each IEP  
11 team that makes decisions for a child is comprise of—  
12 of certainly first and foremost the parent at least  
13 one general education teacher, one special education  
14 teacher, a school psychologist, a social worker, a  
15 district representing who's familiar with the IEP  
16 process. If necessary a school physician if the child  
17 has medical needs that require that level of  
18 intervention, and when old enough for the student.  
19 But certainly in younger years that—this is not  
20 always as appropriate.

21 COUNCIL MEMBER GRODENCHIK: And—and I  
22 want to follow up on some of what Council Member  
23 Borelli talked about. Do you have the same problems  
24 placing children in schools that we all seem to have  
25 and that there just aren't enough seats? Do your

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2 children—I have a lot of District 75. I’m not upset  
3 with that. I have two whole schools. I have P-4. I  
4 have 811. I have 993. I have 220. I go on and on,  
5 and many of those schools have within—have programs  
6 in my district. I have PS-23 as well, which has  
7 three locations in my district and that’s fine, you  
8 know, we—we work for that, but do you have the same  
9 issues that other schools have with overcrowding or  
10 has that not yet come your way?

11 CHRISTINA FOTI: Well, at first you have  
12 many District 75 schools that—to be very proud of,  
13 and that—that are beautiful.

14 COUNCIL MEMBER GRODENCHIK: I am—I am and  
15 I gave them a lot of money, you should know last  
16 year. [laughter] I don’t tell them what I gave them  
17 this year because we haven’t passed the budget yet.

18 CHRISTINA FOTI: I’ll let you deliver  
19 that message, but with regard to space and certainly  
20 New York City public schools consistently work with  
21 the Office of Space Planning, and certainly the  
22 Chancellor is consistently advocating for—to meet the  
23 needs of—of our schools, and I think the department  
24 does an excellent job of meeting that needs. As we  
25 need additional classes and programs we do open those

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2 classes and programs, and I can't speak  
3 specifically to any particular space concerns you may  
4 have, but I'm happy to go back and look into it.

5 COUNCIL MEMBER GRODENCHIK: I don't  
6 really. I mean I'd love to have more space, and I'm  
7 working on that with Ms. Grillo, but that's another  
8 topic for another day. The last question I have is  
9 there a limit on how far. Some of the students in my  
10 district not necessarily District 75 students, I have  
11 students who attend high school in my district that  
12 come from the Rockaways, which is an inordinately  
13 long amount of--

14 CHRISTINA FOTI: [interposing] Sure.

15 COUNCIL MEMBER GRODENCHIK: --distance  
16 and time, especially on a New York City bus. Not a  
17 school bus, but a regular bus or two or three buses.  
18 There may be a subway, on and on and on. Is there a  
19 limit in law in how far we can transport students who  
20 are special needs children?

21 CHRISTINA FOTI: Well, before we speak to  
22 the law, I mean just generally, of course, it's a  
23 best practice. We would--

24 COUNCIL MEMBER GRODENCHIK: [interposing]  
25 Right.

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CHRISTINA FOTI: --need to make sure that there is limited time travel. Certain students have very specialized needs and as a result, attend very specialized schools. Those programs are not always available in home zone-zoned district. As you mentioned earlier, with regard to DC-5 programs, but in terms of the--the legal aspect of things.

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JOSHUA MORGENSTERN: But I think the--

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COUNCIL MEMBER GRODENCHIK: I'm not

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looking to write a law. Trust me. [laughs] I think

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my counsel is probably.

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JOSHUA MORGENSTERN: I think there are--

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the Office of People Transportation has targeted

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limits on the amount of time a student should be on

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bus a school bust. If there are any issues around a

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kid having to attend a school that's a great distance

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from home to get a specialized program, those are

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situation in which we'll look to open up a new class

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and work closer if possible. Occasionally, with very

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specific programs for small numbers of kids, it can

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be difficult to get a--a number students who need to

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have a functioning class in a certain location.

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COUNCIL MEMBER GRODENCHIK: No, I--I

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understand that I--I, you I, it's not so bad--you know,

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2 as bas as traffic has become in Eastern Queens it's  
3 not that—not like let's say the middle of Brooklyn  
4 or—or Western Queens. So, it's not too bad, but  
5 these kids also many of them travel. They have a lot  
6 of after school programs. They come to the Samuel  
7 Field Y. They, you know, there are all sorts of  
8 after school programs as well for these young people.  
9 I would like one of your business cards if you have  
10 one, though, so this—it—it will be a great resource  
11 to the students in my district, and I'll be—I'll be  
12 at 8:11 in the morning seeing how things are doing  
13 there as well. Thank you very much. Thank you Mr.  
14 Chairman.

15 CHAIRPERSON COHEN: Just anecdotally, I  
16 will say I had a parent tell me where the IEP said  
17 that the kids shouldn't be on the bus for more than  
18 45 minutes, and you can't get them there in 45  
19 minutes. So, you change the IEP to say that the kid  
20 should be on the bus for an hour, and that solves  
21 your problem, but that's not really [coughs]—the  
22 parents don't like it I don't that that's—Council  
23 Member Wills.

24 COUNCIL MEMBER WILLS: Thank you, Mr.  
25 Chair. So, I want to commend both the Chair the

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2 Council Member on the bills. I am signed onto one  
3 and as the oversight I'm not signing onto the other,  
4 which I'm doing today. These bills are very  
5 important. My questions begin at some of the answers  
6 that I've gotten or we've heard that I don't think  
7 are acceptable. One of them, which was the last one  
8 was a pupil transport with a hardship time that we  
9 just spoke about and the Chair followed up on that.  
10 Even if there is a—a trans—a pupil transport  
11 hardship, there has to be an allowance or a great  
12 discernment for us when we're dealing with children  
13 with these—these disorders. So, I don't understand  
14 how we can get an answer that's such a blatant answer  
15 saying that the Office of Pupil Transportation or  
16 whatever office you cited. That's acceptable to say  
17 that those children that are mainlined or  
18 mainstreamed without any problems and going to the  
19 mainstreams of IEPs or ASD should go on the same  
20 track. How is that acceptable?

21 JOSHUA MORGENSTERN: I didn't mean to  
22 suggest that there's the same level of transportation  
23 provided to kids with different disabilities.

24 COUNCIL MEMBER WILLS: So, if you didn't  
25 mean to suggest it, then what is the answer when—when

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2 the Councilman just asked you about the time that a  
3 child with AS—or Autism Spectrum Disorder, ASD or IEP  
4 can be transported on a bus. He just mean to mention  
5 an illustration from Far Rockaway to his part of  
6 Queens. That's unacceptable. That's more than 45  
7 minutes. It's more than an hour in some cases. So,  
8 if you didn't mean to say it, will you give us the  
9 correct answer or let me know if you will give it to  
10 us.

11 JOSHUA MORGENSTERN: The—the question I  
12 heard the Councilman mention is city buses. So  
13 they're different. Of course, types of  
14 transportation provided from Metro Cards on up to  
15 small buses or even ambulances for certain students.  
16 We can get you the full details on the standards for  
17 what type—what type of transportation is provide and  
18 the limits on school bus time, which vary according  
19 to whether a student is attending school within the  
20 borough or outside a borough, but certainly this is  
21 an issue of great concern. We don't want to have  
22 kids on buses for long periods of time, and  
23 especially not kids who have Autism Spectrum Disorder  
24 where that can be a real impediment to the student  
25 being able to arrive at school and prepared to learn,

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and this is something we pay a lot of attention to  
and have a lot of important conversations with  
parents about.

COUNCIL MEMBER WILLIS: Okay. So, in your  
testimony on page 3, your last paragraph it says,  
Intro 1424 requires Autism Spectrum Disorder  
important for the DOE as part of DOE's commitment to  
ensure that parents, advocates, elected officials and  
other stakeholders have helpful information regarding  
special education. In 2015, worked with the City  
Council to enact Law 27, which requires the DOE to  
submit a comprehensive annual report. This report  
includes citywide data on the number of DOE students  
who have an IEP disability classification of Autism.  
It says while we support the goal the proposed  
legislation, we have concerns about singling out a  
specific disability as part of a report on student  
demographics. The proposed legislation seeks to  
revisions to Sections 21957 and 21958. What I don't  
understand is how can—why is there a concern about  
singling out a specific disability when this  
particular disability has a prevalence that it has  
especially when DOHMH has said that they actually  
support the other bill, but I guess because of



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2 logistics, finances and things like that you would  
3 want to have a larger conversation about this bill  
4 going into effect.

5 ASSISTANT COMMISSIONER CHISHOLM: Nay I  
6 interrupt you?

7 COUNCIL MEMBER WILLS: Sure.

8 ASSISTANT COMMISSIONER CHISHOLM: I just  
9 want to make sure that I'm very clear we are  
10 absolutely in support of the intention of the bill.

11 COUNCIL MEMBER WILLS: I was talking  
12 about DOE. I know what you're saying--

13 ASSISTANT COMMISSIONER CHISHOLM: Right.

14 COUNCIL MEMBER WILLS: Right.

15 ASSISTANT COMMISSIONER CHISHOLM: So, I  
16 just want to make sure that--

17 COUNCIL MEMBER WILLS: No, I-I said that  
18 specifically. Like that you need this, and deal with  
19 issues that we have go with to make the bill more  
20 effective.

21 ASSISTANT COMMISSIONER CHISHOLM: To  
22 actually make the bill viable.

23 COUNCIL MEMBER WILLS: Viable, right.

24 ASSISTANT COMMISSIONER CHISHOLM: And  
25 feasible. Yes.

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COUNCIL MEMBER WILLS: Understood. Okay,

so that is very clear, but DOE is saying that they

have actually concerns about doing it at all. So,

we're not singling out a specific disability. You

said while we support the goal of the proposed

legislation, that's nice. That's aspirational, but

you said we have concerns about singling out a

specific disability as part of the report. That

means that specific bill that we have, you have

concerns about doing it at all.

JOSHUA MORGENSTERN: Not—not about doing

it all. We—we want to provide data on Autism,

specific data that's been referred to. We're talking

about the placement of it in—in that bill about

seeing demographics generally and why we would put

one disability there. We think it would make more

sense to have this piece of legislation.

COUNCIL MEMBER WILLS: Can you give me an

illustration please of which portion you would have a

concern about.

CHRISTINA FOTI: So, we—we are simply

saying that we would—if we're proposing to report on

Autism, we'd like to report on all 13 educational

classifications. So, we're not trying to say that

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2 we're not going to or that—we're—we're just saying  
3 that we're we don't want to single out one disability  
4 classification as over others, when we have students  
5 across the city that were serving with—with other  
6 educational classifications, and so we're just trying  
7 to highlight the importance of serving all—all  
8 students.

9 CHAIRPERSON COHEN: So, I just want to  
10 mention that I think that they are accurately  
11 representing it. There are, I think, productive  
12 negotiations going on about getting to a place where  
13 they feel that they educate them.

14 COUNCIL MEMBER WILLS: No, no, I—I  
15 understand that but we can—we can do that and still  
16 have language that doesn't seem to—it seems to shift  
17 later on, and my point was that why was the city  
18 arbitrary with this and actually lock in specific  
19 responsibilities or accountability measures, and  
20 this—and, I—I take this really personal because I  
21 have family members that have been diagnosed with  
22 this, and what I'm seeing is just like other measures  
23 we have good intentions, but our intentions sometimes  
24 are lost in the sea of everything else we are trying  
25 to do to get towards it.

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CHRISTINA FOTI: Understood.

COUNCIL MEMBER WILLS: Okay.

CHRISTINA FOTI: No, and—and certainly I can very much appreciate your—your—the personal aspect of this, and—and very much to—to that point, we want to make sure that in addition to our students with Autism, we’re saying that if we’re going to highlight the importance of this, let’s do this for all educational classifications.

COUNCIL MEMBER WILLS: Okay, the—two more questions, Mr. Chair. With the financial resources that the city gives to parents that have children diagnosed with ASD, [coughing] how does vouchers play into that? Because if a child is not able or doesn’t fit into the community-based approach or the schools or daycares that they go to, how does vouchers paly into that? Because honestly in my district and districts that lines across the city, and I’m not talking about districts of color that have English as a second language. I’m talking about districts of color period. There’s not a lot of promotion to these problems, but communities of color the diagnosis rate has gone up over the last six years tremendously and I don’t see the same level of

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2 promotion to tell people hey, we're out here. We can  
3 help you. These are the resources. So, in addition  
4 to telling me what the promotion plan is, what-what  
5 does the voucher work out for that? Are there  
6 vouchers available for people with these-with these  
7 diagnoses?

8 CHRISTINA FOTI: So, by permission do you  
9 mean-I think you mean community engagement?

10 COUNCIL MEMBER WILLIS: Yeah, with the UPK  
11 for All. I guess everywhere I think that-but a lot  
12 of its people are coming up with vouchers. I mean a  
13 lot of people are coming up by giving these diagnoses  
14 and really don't know what to do, and now we're  
15 talking about 3-K for all.

16 CHRISTINA FOTI: Sure.

17 COUNCIL MEMBER WILLIS: So, they would  
18 have these diagnoses and earlier before they engage  
19 with the city.

20 CHRISTINA FOTI: Sure.

21 COUNCIL MEMBER WILLIS: So, how-what is  
22 the promotion plan for that?

23 CHRISTINA FOTI: Sure. Well-well,  
24 certainly we have a close eye on the-the needs that  
25 they develop and are certainly trying to be as

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proactive as possible and planning as early as—with  
regard to our 3-year-olds just as—as we’re planning  
for our students in upper grades. With regard to  
family and community—and community engagement, we—we  
certainly take those partnerships very seriously, and  
would like to consider ourselves active members of—of  
in—in terms of our relationship with community based  
organization, et cetera. With regard to our  
specialized programs, I had mentioned in my—in my  
testimony earlier and it’s just worth noting that we  
are very committed to ensuring that students  
transition seamlessly and successfully at each point  
of their educational careers, and one of those—those  
transitions is a transition to—to kindergarten and—[—  
and certainly we want that to be a successful  
transition that—for—for all parents and students but  
certainly those students with disabilities. And in  
our most recent orientation sessions, we specifically  
included information and on our specialized programs.  
With the hope of making sure that we are catching  
every group and making sure that everybody knows that  
these programs exist, and that there is access for  
all in terms of the specialized programs, and meeting  
the needs of students with Autism.

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COUNCIL MEMBER WILLIS: So, can I just suggest that with that, you push further into the city funded daycares. A lot of them—a lot of parents do not know this, and there are parents with children that have five and six children that at two and three that are coming right behind them, and maybe have the diagnosis or maybe giving the diagnosis, and they really don't know if they can go to these centers or if these centers are adequately equipped for this, or if the CBOs because there's not a huge contract now, but if the CBO is even culturally suitable, have culturally constructs for these communities. Thank you, Mr. Chair. Thank your bill, and what Council Member Borelli has done. Thank you, panel. I know I asked about the five questions, but he—the members are going to ask question also. Thank you very much.

CHAIRPERSON COHEN: Thank you. [coughs]  
Could I just go back to my—my math question? [laughs]  
Because now that it—if we revise—if there were a million kids in public schools and 20,450 of them have IEPs that say Spectrum Disorder, I get 49—one in 49 is that right. Which is higher than one in 68.

JOSHUA MORGENSTERN: I think that's—  
that's—your math I think is right.

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CHAIRPERSON COHEN: There you go. I'm a  
product of New York City public schools. [laughter]  
It's all working.

5

JOSHUA MORGENSTERN: Just one note on the  
CDC information they surveyed. I think it was 11  
states, the most—the closest of which I think was New  
Jersey, and I think the rate there is similar to  
that. Somewhere around 1 in—1 in 40 is what they came  
up with in New Jersey. So, it wouldn't be a surprise  
to find that that—the rate was closer to 1 in 50  
than—that 1 in 68.

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CHAIRPERSON COHEN: Do you think that  
there are factors about the—system so to speak. Like  
I don't how, you know what—you know, in terms of  
comparing the public school population to the private  
school population. I don't know, you know, it's more  
prevalent or less prevalent. So, do you think that  
the—that you might have a higher percentage of kids  
with ASD than all New York City kids going to school?

JOSHUA MORGENSTERN: I don't think we  
could make a—a guess at that. The data that we have  
is a number with that classification and IEP. For  
some reasons they're—that might include more—or fewer



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2 kids than or a higher rate or lower rate than if you  
3 were to be able to get an estimate of all children.

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CHAIRPERSON COHEN: That's sort of a  
5 place, though, where there is sort of an interagency.  
6 You know, there's--there's the number of kids in the  
7 DOE system, and then there's a number of kids in  
8 total going to school in New York City and, you know,  
9 DOE could be shouldering a larger responsibility, but  
10 it's not clear to me what's going on in the city as a  
11 whole if, you know, we only have this obviously a  
12 very big slice, but it's not--it's not the whole pie  
13 in terms of what's going on with kids in New York  
14 City and ASD. It's of some concern to me. In terms  
15 of the programs from DOHMH that you contract with, do  
16 you know how many of those are--it is a product of  
17 RFPs versus discretionary program?

18

ASSISTANT COMMISSIONER CHISHOLM: Yes,  
19 you may recall the RFP that we issued last year,  
20 there are 20 programs Security RFP.

21

CHAIRPERSON COHEN: So, then 50 programs  
22 are--are Council discretionary?

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ASSISTANT COMMISSIONER CHISHOLM: There  
24 are some, and there is the mover lot (sic) because

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2 some of the programs in the RFP are also receiving  
3 those support services from the Council.

4 CHAIRPERSON COHEN: Could you talk about--  
5 you--you said that you make them available, the  
6 programming available in languages. So you know how  
7 many languages you actually do make programming  
8 available in?

9 ASSISTANT COMMISSIONER CHISHOLM: We can  
10 get that information to you.

11 CHAIRPERSON COHEN: I would--

12 ASSISTANT COMMISSIONER CHISHOLM: Like  
13 that

14 CHAIRPERSON COHEN: I would be interested  
15 in that. I would be interested to know the number of  
16 people that the service providers identify as multi-  
17 lingual or bilingual, you know. Also, I think  
18 following up on--on your testimony, and I guess there  
19 was a point Council Member Borelli made in terms of  
20 the state identifying what pediatricians I guess in  
21 the schedule reporting and not reporting. Could you  
22 by regulation put a note and like ask or require by  
23 regulation every physician in the city to report to  
24 you on a diagnosis of ASD?

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ASSISTANT COMMISSIONER CHISHOLM: As

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noted previously, we are having those conversations

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at present. We are very interested in understanding

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what it is we don't know, and being better able to

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understand what we should. So, those conversations

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are ongoing presently. What I can tell your is that

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there is no municipality currently that is making

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that requirement though we are aware that there are

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some--several states that have actually determined the

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need for state required registry.

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CHAIRPERSON COHEN: But you believe you

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have the authority to do it on a municipal level?

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ASSISTANT COMMISSIONER CHISHOLM: We're

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reviewing--

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CHAIRPERSON COHEN: Okay.

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ASSISTANT COMMISSIONER CHISHOLM: --our

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responsibilities.

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CHAIRPERSON COHEN: Okay, alright then.

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[laughs] Because again, I think, you know,

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regardless of what the state does, I think that the

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information is profoundly important and the

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population in New York City, you know, if I had to

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guess, you know, the most vulnerable populations are

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getting under-diagnosed. So, it would be really I

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think of tremendous benefit for us to have a good

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handle on—on who in New York City is [coughs] are

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really getting, you know, who need these services,

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who are being diagnosed with and being under-

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diagnosed. I'm just going to run through a couple of

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the actual—let me see if I have it. Excuse me one

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second here, ma'am. [pause] We've been good. Okay.

9

Alright, I want to thank you for your testimony.

10

ASSISTANT COMMISSIONER CHISHOLM: Thank

11

you for the opportunity to testify.

12

CHAIRPERSON COHEN: Excellent.

13

[background comments, pause]

14

LEGAL COUNSEL: Next up is Alicia Berry

15

from Ramapo for children. [background comments,

16

pause] [sound check, pause]

17

CHAIRPERSON COHEN: Alright, sorry about

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that. We're ready.

19

ALICIA BERRY: No worries. Hi. So,

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thank you so much for your time. Hello, my name is

21

Alicia Berry, and I am the Associate Director of

22

Parent Education and Support Ramapo for Children, and

23

I again want to start by thanking you, the City

24

Council for our longstanding commitment to supporting

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parents and caregivers of children with Autism

1  
2 Spectrum Disorder. Ramapo for Children is a New York  
3 City based agency with an extraordinary track record  
4 of serving children and adults who worked with them  
5 since 1922 through direct service youth programs and  
6 highly regarded training programs for adults. Ramapo  
7 works on the behalf of children who face obstacles to  
8 learning including children of all abilities enabling  
9 them to succeed in the classroom, at home and in  
10 life. We do this by providing workshops and  
11 assistance to educators, youth workers and parents to  
12 help them better meet the needs of their children.  
13 In addition to collecting data related to the  
14 diagnosis of individuals, we must continue to provide  
15 access to parent education and support. We have been  
16 a parent education and support provider for the New  
17 York City Council Autism Awareness Initiative for the  
18 past eight years. Ramapo's workshops serve over  
19 3,000 families impacted with ASD. All parents and  
20 caregivers who have participated in Ramapo's Behavior  
21 Management Workshops have reported that the training  
22 helps them feel less alone as caregivers of children  
23 with Autism Spectrum Disorders and provided them with  
24 techniques and tools they use immediately to help  
25 their child. In the words of one parent: You were

1  
2 able to help me understand my son more in this one  
3 workshop than in the last four years of raising him.  
4 It was a struggle, but you made it easier. For  
5 parents and caregivers, our workshops are the only  
6 opportunities they have to receive vital skills to  
7 meet the unique needs of their children, and make  
8 daily life less stressful. One parent workshop—our  
9 parent workshops are relevant, substantial, and they  
10 provide information that is relatable. Too  
11 frequently parents have little access to information  
12 and support to help their children. Parent education  
13 and support is a low-cost high impact efficient way  
14 to ensure these New Yorkers have access to  
15 assistance. Ramapo is an itinerant service provider  
16 that targets underserved areas and travels to all  
17 five boroughs working for families for whom this is  
18 often their first access to support on how to manage  
19 the challenges of raising a child with a disability.  
20 We respond to racial, socio-economic,  
21 multigenerational and cultural diversity of New York  
22 City. Our workshops have served working parents,  
23 grandparents, immigrant populations, Russian, Latino,  
24 Chinese from Mott Haven to Staten Island to  
25 Bensonhurst just to name a few. We partner with

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2 hospitals, community centers, and public schools.

3 Each year we identify new groups of New Yorkers who

4 are parents and children with disabilities and set up

5 workshops to bring information and support to their

6 neighborhoods. While our programs have allowed us to

7 reach many diverse parent populations, there are

8 communities who still await help and need it

9 desperately. In addition, each day there are new

10 parents who receive a diagnosis of ASD for their

11 young children. These parents need immediate help to

12 understand the diagnosis and quickly learn skills to

13 utilize--sorry--learn skills and utilize tools to

14 support their children. We are hopeful that you will

15 understand how much this support provided through

16 parent education means to families who are impacted

17 by ASD. I think the New York City Council for their

18 time and support today. Thanks, guys.

19 CHAIRPERSON COHEN: [laughs] First, I

20 want to acknowledge we've been joined by Council

21 Member Crowley. One of the things that I'll just

22 take a moment to back the Council on. In fact, I'm

23 particularly proud of the fact that the Autism

24 Initiative umbrella goes to provide sort of wrap-

25 around comprehensive services for, you know, for the

1  
2 families the caregivers, educational support  
3 services, more than I think than the agency is able  
4 to or has chosen to through-through the RFP. So, I-I  
5 think it makes sense that, you know, Autism, you  
6 know, while usually, you know, the individual child  
7 has it, it really impacts the entire family and  
8 sometimes, you know, you know, community implications  
9 as well. So, I just want to say that I am proud of  
10 the way that we allocate in Autism. You talked about  
11 in your brief that your organization with the Russian  
12 community and like, you know, Chinese. Do you know,  
13 though, is there a—a demographic that you think that  
14 you've—you think that you particularly serve more of?  
15 Do you think that—that New York City as a whole is  
16 serving all of the communities that need to be  
17 served? Do you think there's under-suspect that  
18 there's under-served communities?

19 ALICIA BERRY: So, I would say the  
20 largest communities that we are serving right now  
21 with this specific source of funding are Spanish  
22 speaking families within the Bronx. That is where we  
23 allocate most of our resources currently. We're  
24 pushing into working with parents and caregivers  
25 within the Asian communities. We're starting to



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2 build relationships with the schools or community  
3 based organizations they attend, and this year we did  
4 also pilot some work to particularly support parents  
5 and caregivers of children who are pre-school age,  
6 and we had a very large amount of response to that.  
7 We did about two four-part series, and each one was  
8 packed with families and we're actually doing a third  
9 series right now to serve those families who were  
10 initially waitlisted.

11 CHAIRPERSON COHEN: Can you talk a little  
12 bit just about how families come into contact with  
13 your agency? Is it—are people seeking you out? Are  
14 you seeking them out?

15 ALICIA BERRY: So, it is a mixture.  
16 Primarily we are an itinerant service provider. So,  
17 we partner directly with schools, community-based  
18 organizations or hospitals who reach out to us. The  
19 variety—most of our business is through word of  
20 mouth. Folks will hear from a provider that we've  
21 worked with thought it was very successful and hey  
22 loved us, and then they will reach out. We do get  
23 also some individuals families who have gone through  
24 a workshop at another community, and are a parent  
25 themselves or work at a hospital or a community-based

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2 organization and want to bring in to support their  
3 community as well.

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CHAIRPERSON COHEN: So-so, but  
5 essentially you-it's incumbent upon you that a school  
6 or the other institutions sort of act as middle  
7 person to try this?

8

ALICIA BERRY: Yes.

9

CHAIRPERSON COHEN: I think that this is  
10 probably, you know, since I'm not a scientist and  
11 it's just my-my own hunch, but I-I think that it is  
12 clear that rise in-in diagnosis--

13

ALICIA BERRY: Uh-huh.

14

CHAIRPERSON COHEN: --is just as a  
15 society doing a better job of getting the word out so  
16 that, you know, you don't have to be, you know, super  
17 affluent to figure out that if there is a problem  
18 that we-we need to look into and I think that that is  
19 sort of making its way through--

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ALICIA BERRY: Uh-huh.

21

CHAIRPERSON COHEN: --through society as  
22 a whole trying to get the word out because it's  
23 heartening to me that you're--

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ALICIA BERRY: Yeah.

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CHAIRPERSON COHEN: --saying that you're  
doing, you know. Obviously, I'm Bronx biased, but I  
suspect that there's a tremendous need in the Bronx--

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ALICIA BERRY: [interposing] Yes .

6

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CHAIRPERSON COHEN: --for families that,  
you know, don't know, you know, don't know what  
Autism is. So, if you don't know what Autism is, it  
would be heard to--

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ALICIA BERRY: To figure out where to go.

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CHAIRPERSON COHEN: Say hey, look, you  
know, not only is it Autism but that's my kid. I  
think it would be heard I think for--it's very, very  
challenging for parents to--to seek help if they don't  
know what they're seeking help for.

16

ALICIA BERRY: Yes.

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CHAIRPERSON COHEN: So, I appreciate  
that. Council Member Crowley, do you have any  
questions.

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COUNCIL MEMBER CROWLEY: No, I don't.

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CHAIRPERSON COHEN: Okay. I appreciate  
your testimony.

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ALICIA BERRY: Thank you so much, guys.

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CHAIRPERSON COHEN: Thank you. Alright,  
it there's no one else, that's fine. We're calling  
this committee a wrap. [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 June 30, 2017