NEW YORK CITY EARLY INTERVENTION COORDINATING COUNCIL (LEICC)
MEETING OF MARCH 31, 2016

AGENDA ITEMS	DISCUSSION
MEETING CONVENED at 10.07 A.M. Meeting held at InterAgency Council, 150 West 30th Street, 15th Floor, New York, NY 10001	The following members were present: **Marie B. Casalino, Assistant Commissioner, Bureau of Early Intervention, NYC DOHMH** **Christopher Treiber, Chair of LEICC** **Cindy Lin Chau** **Mary DeBey** **Kathleen Hoskins** **Lois Kessler** **Tracy LeBright** **Rosalba Maistoru** **Dawn Oakley** **Toni Rodriguez** **Linda Silver** **Catherine Warkala** **Cynthia Winograd**
WELCOME AND INTRODUCTIONS **LEICC MEMBERSHIP**	I. **Christopher Treiber, LEICC Chair** 1. Review of procedures for LEICC meetings: a. Attendees should pre-register on the NYC BEI website for LEICC meetings. b. Meetings are open to the public, but the audience does not address the LEICC members during the meeting. c. Audience members may sign up with Felicia Poteat to speak during the "Public Comment" section. 2. As of May 15, 2014, New York City's Local Law No. 103 of 2013 and the New York State Open Meetings Law require "open" meetings to be both webcast and archived. This meeting is being recorded today. 3. Transcription is available for this meeting. Written meeting minutes are still available. 4. Introductions of all LEICC members. Several LEICC members' terms ends on June 30, 2016. If members are interested in participating for next term, please contact Felicia Poteat and send resume to fpoteat@health.nyc.gov . Christopher Treiber has reached his term limit. 5. Minutes from November 10, 2015 meeting were sent out. LEICC members will provide feedback by April 1, 2016. 6. Assistant Commissioner, Marie Casalino will speak briefly on points from the State Early Intervention Coordinating Council (SEICC) meeting as they are relevant to New York City. Additional information will be discussed by appropriate staff while being projected in a PowerPoint presentation.

THE NEW YORK STATE EARLY INTERVENTION COORDINATING COUNCIL (SEICC) REPORTS

II. **Dr. Marie B Casalino, Assistant Commissioner**

1. March 3, 2016 SEICC Meeting (Documents from SEICC were made available to LEICC members)

a. Joint Task Force on Social-Emotional Development (looking at the intersection of social-emotional development in Early Intervention (EI) and infant mental health) working on a guidance document for EI professionals and community.

- The Task Force Chair is Mary McHugh, New York State (NYS) Office of Mental Health and also a SEICC member. Bob Frawley, ECAC Co-Chair, is the editor. Several BEI staff are involved, including Dr. Faith Sheiber and Dr. Jeanette Gong.
- Draft guidance document had been sent to Task Force members two weeks before SEICC meeting, but was not ready for distribution to SEICC:
  - Section I: The Importance of Social-Emotional Development – for all professionals across disciplines
    - Neuroscience
    - Responsive and Consistent Care
    - Parental Well-being
    - Family Culture
  - Section II: Early Intervention
    - Clinical clues for social-emotional delays
    - Referral and Evaluation, including Informed Clinical Opinion
    - IFSP and Transition
- Additional Discussion
  - Placement of information about screening instruments
  - Concern that the document is too long. Task Force discussed need for a "quick reference guide"
  - Balance between best practices in Section I and regulatory requirements in Section II
  - Clarifying intersection with other NYS Department of Health (SDOH) guidance
- Guidance document is approximately 100 pages long

b. EI Program regulation/NPRM - Proposed changes to NYS regulations would bring State into conformity with Federal regulations.

- Proposals include:
  - Definition of Assistive Technology amended to exclude devices that are surgically implanted
  - Updated requirements for submission of Systems Complaints
  - Authorization for SDOH to amend the service coordination rate methodology to reflect a per month, per week, and/or service component basis
- Public Hearing and public comments completed in December 2015; SDOH is moving forward with changes

c. Proposal for support on legislation to create an "Insurance Pool": motion was made for SEICC to support legislation that had been proposed in previous years.
   - Insurance companies would be assessed based on "covered lines" and would then contribute a designated amount of money into a "pool", from which providers would be paid. Benefit to insurance companies would be less paperwork; benefit to providers would be faster reimbursement for services provided. Insurance companies have been opposed to this proposed legislation
   - Insurance pool legislation proposed in previous years will possibly be re-introduced this year by Assembly members Richard Gottfried and Amy Paulin
   - Discussion held regarding how this legislation would align with current legislative proposals.
   - The motion was not passed

d. State Systemic Improvement Plan (SSIP)
   - Phase I completed 4/1/2015: performance measures selected
   - Phase II: current status
     - Align state infrastructure: SDOH staff identified; establishing a statewide stakeholder team
     - Allocate funding for Centers of Excellence
     - Strengthen family outcomes data collection
   - Centers of Excellence (these centers have not been identified)
     - Develop centralized repository of information on evidence-based practices, data collection, sharing resources
     - Implement evaluation plan
     - Establish and support Learning Collaboratives: provide coaching, mentoring, and training for participants
   - Learning Collaboratives will last about 12 months: every county will participate.

e. Executive Budget Proposals – 2016-2017 fiscal year
   - Streamlining the EI eligibility determination process
     - Require screening for children with suspected delay and no diagnosed condition
     - Abbreviate evaluations for children with diagnosed conditions
     - Establish new rates for screening and abbreviated evaluations
     - Both houses have rejected this proposal
   - Improve insurance reimbursement for providers
     - Submit claims within 90 days and enroll in clearinghouses
     - Orders/referrals/Individualized Family Service Plans (IFSPs) would meet medical necessity requirements
     - Prohibit insurers from denying reimbursement based on location, duration or not a covered benefit if an essential benefit
     - Both houses have rejected this proposal
   - Increase EI service rates by 1% based on increased administrative activities for claiming to third-party payers.

	○ State budget has not been finalized **Discussion**: - Linda Silver asked if it was likely that the budget would pass. Christopher Treiber responded that he could not predict.
DATA REPORT	III. **Nora Puffett, Director of Administration and Data Management** Data Report a. Current data ○ Number of referrals and active children receiving services per year, by borough have been consistent year to year. Each year from Jan 2012 – Dec 2015, approximately 30-32 thousand children received services. ○ Referral rates by borough indicate that Staten Island has the highest rate of referrals and Manhattan has the lowest rate of referrals. Number of referrals are relative to the population of the borough. ○ Number of referrals by race/ethnicity indicate that 33% of referrals are White and 33% Hispanic. This is not reflective of the racial/ethnic distribution of the general population. ○ General services reflect the pattern of referral with the exception of the Bronx, where referrals are high, but rate of children receiving services is low. ○ Data indicate that, when you consider children receiving only service coordination and/or evaluation, EI touches a much larger number of children than only the 30,000 a year who are found eligible and receive services. b. Further data analysis: ○ In following a cohort of children through the EI process (from referral to evaluation, then eligibility, then services), it was found that 20% of children were re-referred. In many cases, parents declined EI the first time because they did not want services, or had some family circumstances that prevented them from receiving services. ○ One EI data focus is determining the "right number" of children receiving services. How many children in NYC should be receiving EI services? The number is hard to determine. Focus is now on making sure that children are receiving the appropriate evaluations/assessments. Rates of children evaluated and found eligible who go on to receive services have been consistent over the years. ○ Data on race indicates disproportionate rates of referral and receiving services by race. White children make up the largest group of children in EI, greater than the proportion of the general population that is White; while Black, Hispanic, and Asian children are underrepresented. ○ DOHMH Commissioner Bassett is focused on advancing health equity in NYC.

Discussion:

- Mr. Treiber asked if the data on EI services included all services or just those provided to eligible children. Ms. Puffett replied that EI services included any billable service to EI.

LEICC Discussion – continued

- Mr. Treiber reported that he saw data indicate that once Black and Hispanic children reach five (5) years old, in the school system, children with disabilities and/or delays are overrepresented. Ms. Puffett commented that EI is voluntary and school is not. This may impact the number of children in EI services and the focus should be on empowering parents/caregivers to access EI services.
- Mr. Treiber highlighted the need for the Social-Emotional Task Force to provide guidance on evaluation for Black and Hispanic children. Data indicate that Black and Hispanic children are disproportionally impacted by trauma and, therefore, at high risk for delays. Mr. Treiber also suggested that, in certain areas of NYC, children may not have one (1) main primary care provider to be able to track a child's social-emotional development to be able to make an accurate referral.
- Ms. Silver commented that referrals may vary depending on where the children from birth to three (3) years old spend their time. She asked if there was a way to conduct focused outreach: daycare centers. Tracking development is hard in children who stay at home. Ms. Puffett added that Ms. Lednyak is working on focused outreach in ACS Early Learn centers.
- Mary DeBey asked if there is a difference in groups or communities in Brooklyn vs. the Bronx. Ms. Puffett explained that breaking down data by zip codes makes data analysis difficult, as it segments data so finely that it is harder to identify trends. Tracking by United Hospital Fund neighborhood (UHF) is easier to analyze. EI has a new Director of Research and Analysis, Allan Uribe, who will work on more specific data analysis.
- Toni Rodriguez commented that the parent's mental health or trauma may impact the access and trust in day care and may lead to other factors in EI children. Ms. Puffett commented that there are many issues facing families that are beyond EI's scope. EI is partnering with other city agencies to address challenges facing families. Ms. Rodriguez suggested more training and support should be given to Service Coordinators to help address the families' needs. Ms. Puffett says that, in 2015, EI created a comprehensive Resource Guide which has been recently updated. It is available in PDF on the EI website.
- Christopher Treiber commented that data by borough indicate that Manhattan families have a low rate of referral and low rates of active children. White families are overrepresented in Manhattan, but there is a low rate of children receiving services on the Upper East Side, and in Gramercy and Chelsea. Ms. Puffett commented that more affluent families, particularly those living in Manhattan may be accessing services outside of EI.
- Linda Silver questioned the data that indicated that half of children evaluated are found eligible. Ms. Puffett confirmed, saying that it is consistent with the statewide average. Citywide, in 2015, 22,000 children were

EQUITY PROJECTS	evaluated, and 13,700 of those were found eligible. Ms. Rodriguez commented that children may not be found eligible but still have delays. Dr. Casalino noted the resource of Developmental Monitoring for those children. **IV. Marie B. Casalino, Assistant Commissioner** NYC Early Intervention Program 2016: Promoting Equity in Access to EI Services 1. Issue: Black children have lower rates of EIP referral and retention than children of other races. 2. As a first step in addressing this problem, BEI is focusing outreach and retention efforts in three (3) neighborhoods with large numbers of Black children and low rates of referral: a. Bedford-Stuyvesant, Brooklyn (11212,11233,11213,11216,11238) b. East Flatbush-Flatbush, Brooklyn (11226, 11203,11225, 11210) c. Jamaica, Queens (11434, 11412, 11433) 3. Strategies a. Outreach, Referral, and Retention o Community-based and faith-based organizations o Administration for Children's Services (ACS) and Department of Homeless Services o Pediatric community o Community events 4. Strategies a. Training b. Provider Oversight c. Next Steps: focusing on evaluations **Discussion:** - Christopher Treiber asked if it would be helpful if LEICC members helped with the outreach efforts. Mr. Treiber added that outreach efforts should emphasize that there is an overrepresentation of delays in school-age children that could have been prevented. Receiving EI services would alleviate the amount of services children need when they reach school age. Lidiya Lednyak added that she is also working with Kathleen Hoskins to collaborate with ACS, in addition to working with the Department of Homeless Services to do outreach work in shelters. The aim is to train social workers in EI and early childhood development in the shelters to promote the program. LEICC members were asked for feedback and support in reaching those zip codes.

	- Mary DeBey asked if zip codes will be made available. Target zip codes will be distributed to LEICC members. Ms. Lednyak answered that information is needed on daycare centers and ACS Early Learn. Ms. Lednyak also explained that parents are misinformed that their EI record will be sent to the Department of Education (DOE) and possibly negatively impact their child. - Tracey LeBright commented that there is a high turnover of Service Coordinators who work with homeless families. Additionally, homeless families are transient. She suggests more training and support for Service Coordinators. Dr. Casalino confirmed the need to support Service Coordinators and families to stay in EI from referral to evaluation. - Toni Rodriguez asked why the Bronx is not on the list of outreach neighborhoods. Dr. Casalino answered that the target zip codes are where referrals for EI services are the lowest but the target list will eventually expand to include more areas.
PROVIDER OVERSIGHT	**V. Nora Puffett, Director of Administration and Data Management** 1. Provider Oversight a. Information provided includes data from 2011-2015. b. Ongoing Service Coordination has improved. c. Evaluation: Agencies have been struggling in this area. Provider Oversight is working with the Evaluation Standards Unit to help understand the problem. Standards and indicators are not being met. d. Provider Oversight will be focusing on evaluations and on agencies with repeat failures in this area. **Discussion:** - Linda Silver commented that it was unusual that, except for evaluations, agencies were doing fine last year, but have been slowly declining. Nora Puffett responded that Provider Oversight is unsure why agencies are continuing to fail. Ms. Silver asked if there were any indicators that were particularly problematic in evaluation. Christopher Treiber asked if there was a way to identify trends in the noncompliance to be able to correct them. Ms. Puffett responded that agencies receive their audit reports which show the indicators failed. - Patricia Pate stated that 63% of agencies that did evaluations have failed in the indicator "Multidisciplinary Evaluation Summary is complete" in both 2014 and 2015. Linda Silver commented that the summary is hard to write and requires experience.
NEW AGENCY UPDATES	**VI. Lidiya Lednyak – Director of Policy and Quality Assurance** 1. New Agency Updates a. Total EI Providers: 85 on 4/1/13, and 118 as of 3/29/16 o Agency Providers: 85 on 4/1/13, and 110 as of 3/29/16 o Individual Providers: 0 on 4/1/13, and 8 as of 3/29/16 o Group Providers: 41 on 4/1/13, and 41 as of 3/29/16

TEXT 2 FAMILIES	o ABA Providers: 31 on 4/1/13, and over 62 as of 3/29/16 o SC Providers: 76 on 4/1/13, and 89 as of 3/29/16 o MDE Providers: 74 on 4/1/13, and 82 as of 3/29/16 b. 59 new and existing providers are engaged in NYC EIP Technical Assistance orientation c. The revised Provider Directory is complete. It has been sent to providers on 3/17/16 and is posted on the NYC DOHMH website. d. ABA Providers: o Home/Community ABA only: 59 o Group ABA only: 23 o Home/Community and Group ABA: 21 e. For more information about the NYC DOHMH BEI Technical Assistance process you can email: EITA@health.nyc.gov 2. Text 2 Families (version 2.0) a. Text 2 Families Background: o Engaged community partners and parents in developing a text messaging program for families who are in the NYC EIP to support their experience. o Text 2 Families implemented in August 2014 o Current number of enrolled families: 465 b. Current status: Preparing to roll out enhancements o Additional community resources o A feature that provides subscribers the option to receive voluntary IFSP (Individualized Family Service Plan) meeting reminders o A Public/Non-EI track with resources to support parents/caregivers whose children are not in EI but who may have concerns about their child's development o New messages to reinforce the importance and impact of EI on children and families, to encourage families to stay in EI o Translation of the text messages to Spanish c. All updated text messaging content is being reviewed by LEICC Workgroup and SDOH d. All enhancements being reviewed by experts in the field of text messaging programs to ensure success e. Hope to roll out by late summer 2016 f. Text EI to 877877 **Discussion:**

QUALITY INITIATIVES	- Kathleen Hoskins asked if it is available for foster parents and if there is a track for Developmental Monitoring. Ms. Ledynak replied that it is available to any caregiver and there is a specified track for Developmental Monitoring. Ms. Hoskins asked if the phone numbers of subscribers were stored and how change of phone numbers was handled. Ms. Lednyak answered that the service is anonymous and there would not be a way to track parents. **VII. Jeanette Gong, Director, Intervention Quality Initiatives** 1. Supporting Family-Centered Best Practices in NYC Early Intervention Services a. Focusing on cultural competency and family-centered practices to support EI professionals to: o Understand how family culture, language, and diversity impact evaluations and services, and o Integrate each family's information, history, ideas, and expectations about development, and their parenting style, for EI professionals to better understand each child's developmental and functional status b. By understanding each family's culture, EI professionals can: o Perform more individualized evaluations and services; and o Communicate and partner with families better 2. NYC BEI Intervention Quality Initiatives a. Implementing Family-Centered Training Modules on the NYC EIP website o Content was reviewed by national experts on family-centered practices and coaching: Dathan D. Rush, Ed.D., CCC-SLP and M'Lisa Shelden, PT, Ph.D. o Participants will receive a certificate of completion for each module for a total of 9 (nine) hours of training. o Physical therapists may also apply for Continuing Education Units (CEUs) from NYPTA. NYC BEI is in the process of applying for CEUs in other disciplines. o NYC BEI is approved by NYS DOE Office of the Professions as a sponsor of continuing competency for occupational therapists and occupational therapy assistants for these modules. b. Structured Technical Assistance (STA) training for Clinical Supervisors and Quality Assurance professionals o Designed specifically to support the use of family-centered best practices in EI o Beginning to schedule Structured Technical Assistance training for provider agencies 3. Academic Partnerships – Three programs are formalizing their fieldwork placements. Brooklyn College, SUNY Downstate, and Queens College are seeking Early Intervention Providers for fieldwork placements in home and community settings. This is an opportunity to help graduate students learn how to work in the EIP, and increase future EI workforce capacity. This is the contact information for each program: a. Brooklyn College, CUNY: Early Childhood Education and Art Program: Advanced Certificate in Early Intervention and Parenting o Contacts are Dr. Jacqueline Shannon (shannon@brooklyn.cuny.edu) and Amanda Lopez (Alopez@brooklyn.cuny.edu)

b. SUNY Downstate Medical Center: Occupational Therapy (OT) Program: Early Intervention Core Curriculum within the graduate OT program:
   - Contacts are Dr. Beth Elenko (Beth.Elenko@downstate.edu) and Jasmin Thomas (Jasmin.Thomas@downstate.edu)

c. Hunter College CUNY: Silberman School of Social Work: Professional Development and Continuing Education A multi-disciplinary continuing education course:
   - Contacts are Dr. Shelley Horwitz (shorwitz@hunter.cuny.edu) and Christine Kim (ck666@hunter.cuny.edu).

d. Queens College CUNY: Graduate Program in Special Education, Educational and Community Programs. Masters of Science in Education in Early Childhood Special Education (ECSE) and Bilingual Education (45 credits).
   - Contacts are Dr. Sara Woolf (Sara.Woolf@qc.cuny.edu) and Dr. Peishi Wang (Peishi.wang@qc.cuny.edu).

4. Professional Staff Development Trainings
   a. ***Supporting and Retaining Early Intervention Families through Reflective Practice*** training
      - Co-sponsored with Brooklyn College and the City College of NY, CUNY
      - Completed on December 11, 2016 with 112 clinical supervisors, quality assurance managers, and academic partners
   b. ***Culturally and Linguistically Appropriate EI Evaluations: What Every Early Intervention Evaluator Needs To Know*** training with Catherine Crowley, CCC-SLP, JD, Ph.D. (Spring 2016)
      - To date, trained 300 NYC BEI staff, EI provider evaluation coordinators, Quality Assurance managers, administrators, teachers and therapists.
      - Final training series scheduled for April 11 and 14, 2016 for Speech Language Pathologists.
      - 145 Speech Language Pathologists are registered to date.
      - ASHA CEUs will be available for the training.
      - Seats are still available for the April training.

5. **Faith Sheiber, Director Evaluation Standards Unit (ESU)**: *Culturally and Linguistically Appropriate EI Evaluations* training. A question was posed at the training that required clarification: "Will BEI accept MDEs in which there was no standardized test used to establish a developmental delay?"
   Answer: Yes.
   a. However, NYSDOH EI regulations and guidance require that an evaluator use a standardized instrument when it is appropriate to the child's culture, language and developmental concern, and the instrument has appropriate levels of sensitivity and specificity. It is incumbent on the MDE team to determine whether specific instruments meet the above requirement in relation to the unique characteristics of the child.
   b. Regardless of whether an instrument is used during the evaluation, all evaluators must:

	○ Provide detailed and clearly stated clinical observations, informed clinical opinion, parent perceptions and observations about their child's development and any other pertinent information such as medical history, family history, etc. to support the child's reported level of functioning and developmental domain status. ○ Reference developmental milestones and clinical clues/risk factors from NYSDOH Clinical Practice Guidelines. c. When a standardized instrument is used, scores should not be used in isolation to establish eligibility. Special attention should be paid to whether the test/instrument items are appropriate, given specific knowledge of the individual child's prior experiences and the relevance for the individual family's culture and background, as well as the functional relevance and the individual child's ability to acquire skills. 6. To learn more about Structured Technical Assistance (STA) training, Academic Partnerships, or other NYC Early Intervention Quality Initiatives, email: EmbeddedCoaching@health.nyc.gov. For any questions regarding the appropriate use of standardized instruments, or evaluation requirements in general, email: esu@health.nyc.gov. **Discussion:** - Mary DeBey commented that in the fall, Brooklyn College enrollment was 38 students. - Toni Rodriguez asked if Social Workers could receive CEUs from attending trainings. Dr. Gong answered that BEI has received approval for CEUs under Occupational Therapy and is currently applying to be able to grant CEUs for Social Work. A certificate of completion will be given to each participant who has successfully completed training.
LEICC COMMITTEES **TRANSITION COMMITTEE** **POLICY REVIEW COMMITTEE** **MENTOR SUPPORT EDUCATION NETWORK COMMITTEE**	**I. Christopher Treiber, LEICC Chairperson** No updates. **II. Catherine Warkala, LEICC Transition Committee –** Committee submitted their proposed changes on the transition portion of the NYC EI Policy and Procedures manual and is now waiting to hear from the State. **III. Tracy LeBright – LEICC Policy Review Committee,** Policy Review Committee has not met. **IV. Mary DeBey – LEICC Mentor Support Education Network Committee** In the planning stages of creating a "Developmental ABA Program" focusing on the child and family.

PUBLIC COMMENT	No public comment.
MEETING ADJOURNED 11:53 AM.	Next meeting scheduled for July 26, 2016

LEICC Data Report

March 31, 2016

NYC EARLY INTERVENTION LEICC DATA REPORT March 31, 2016

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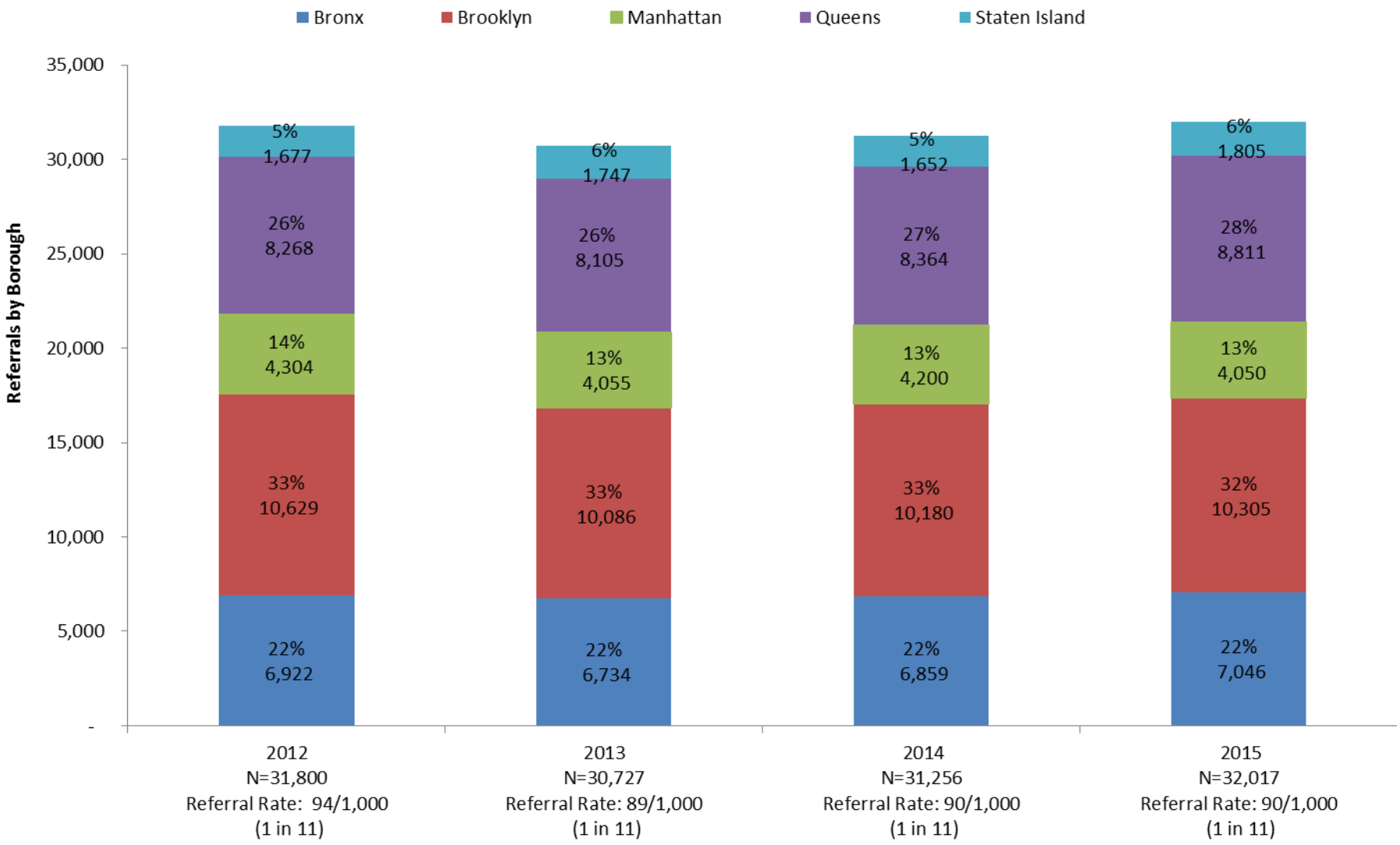
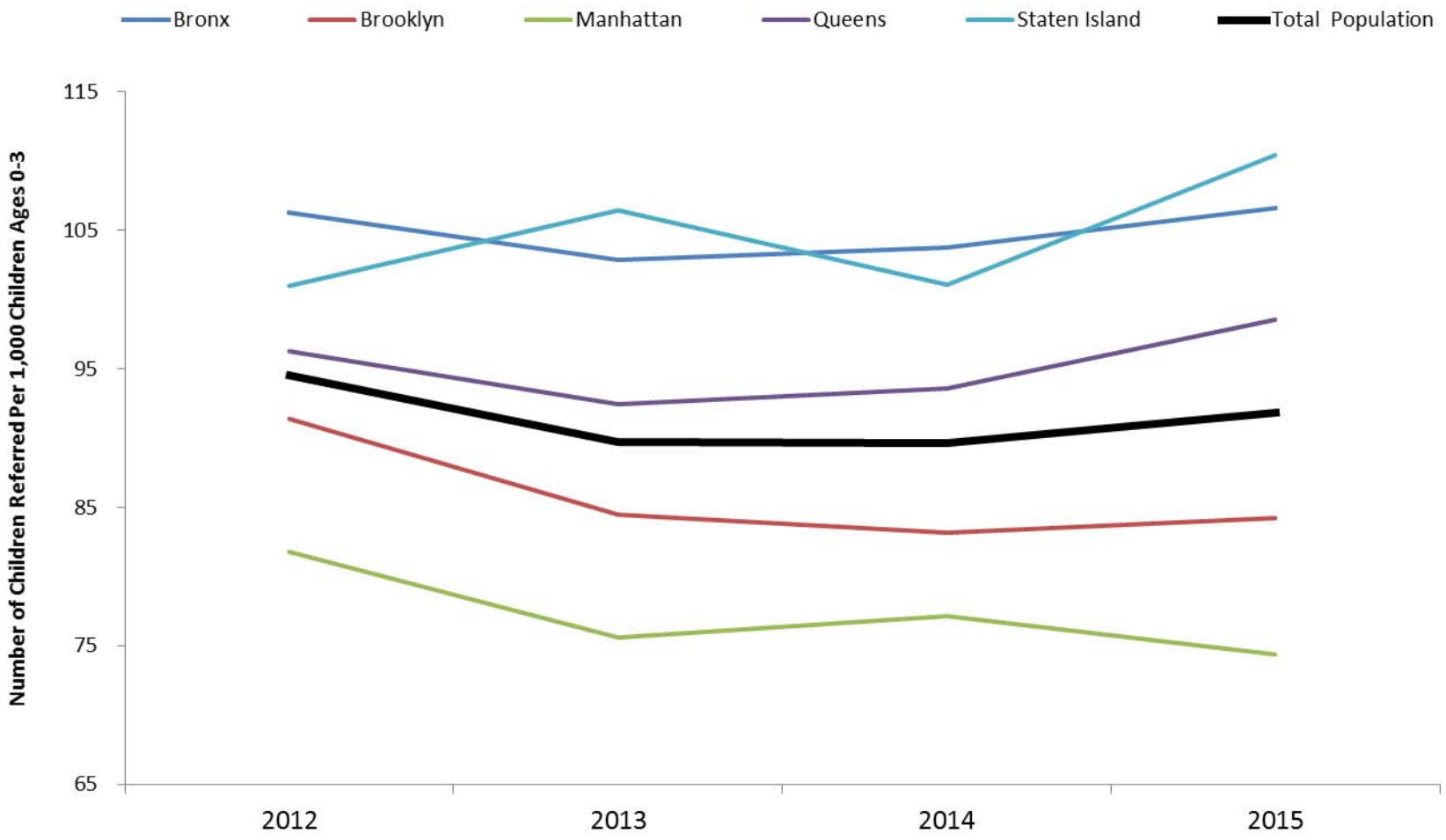
Number of Referrals Per Year, by Borough
January 2012 - December 2015



*Includes both new and re-referrals

Rate of Referral Per Year, by Borough
January 2012 - December 2015



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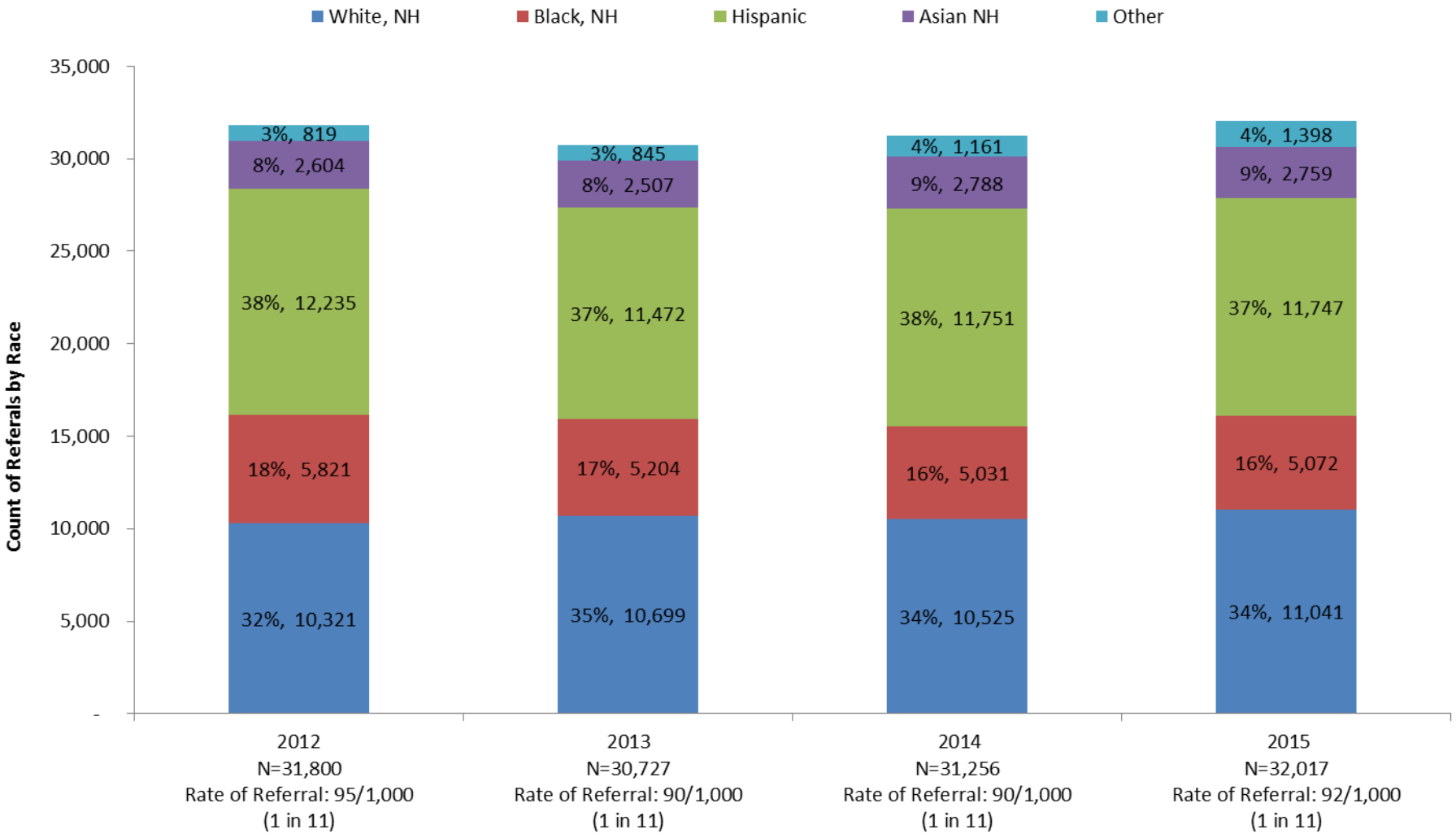
**The number of children 0-3 is drawn from US Census data. For 2015 this chart uses population figures from 2014 which is the most recent data available.

Number of Referrals Per Year, by Race/Ethnicity
January 2012 - December 2015



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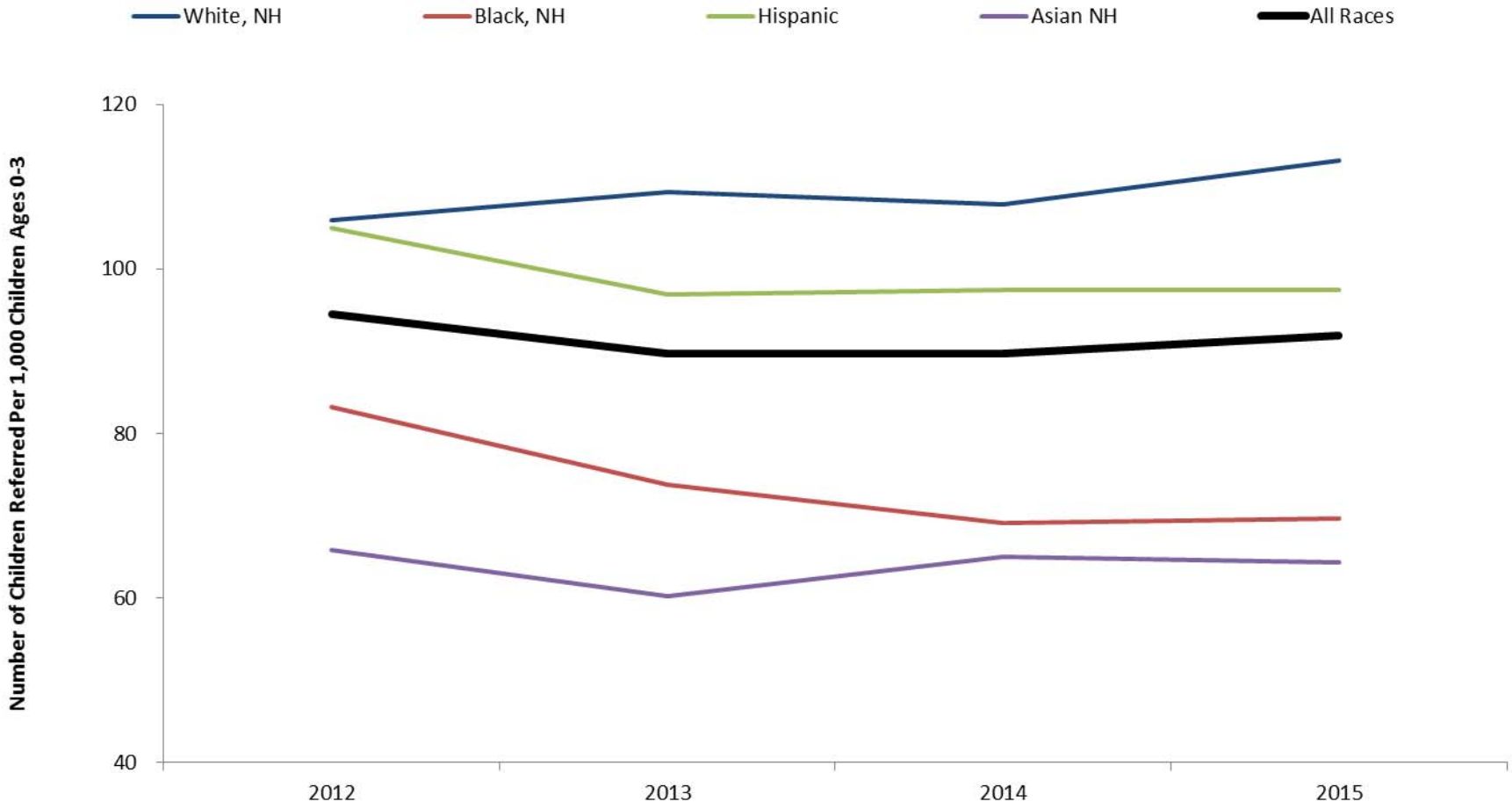

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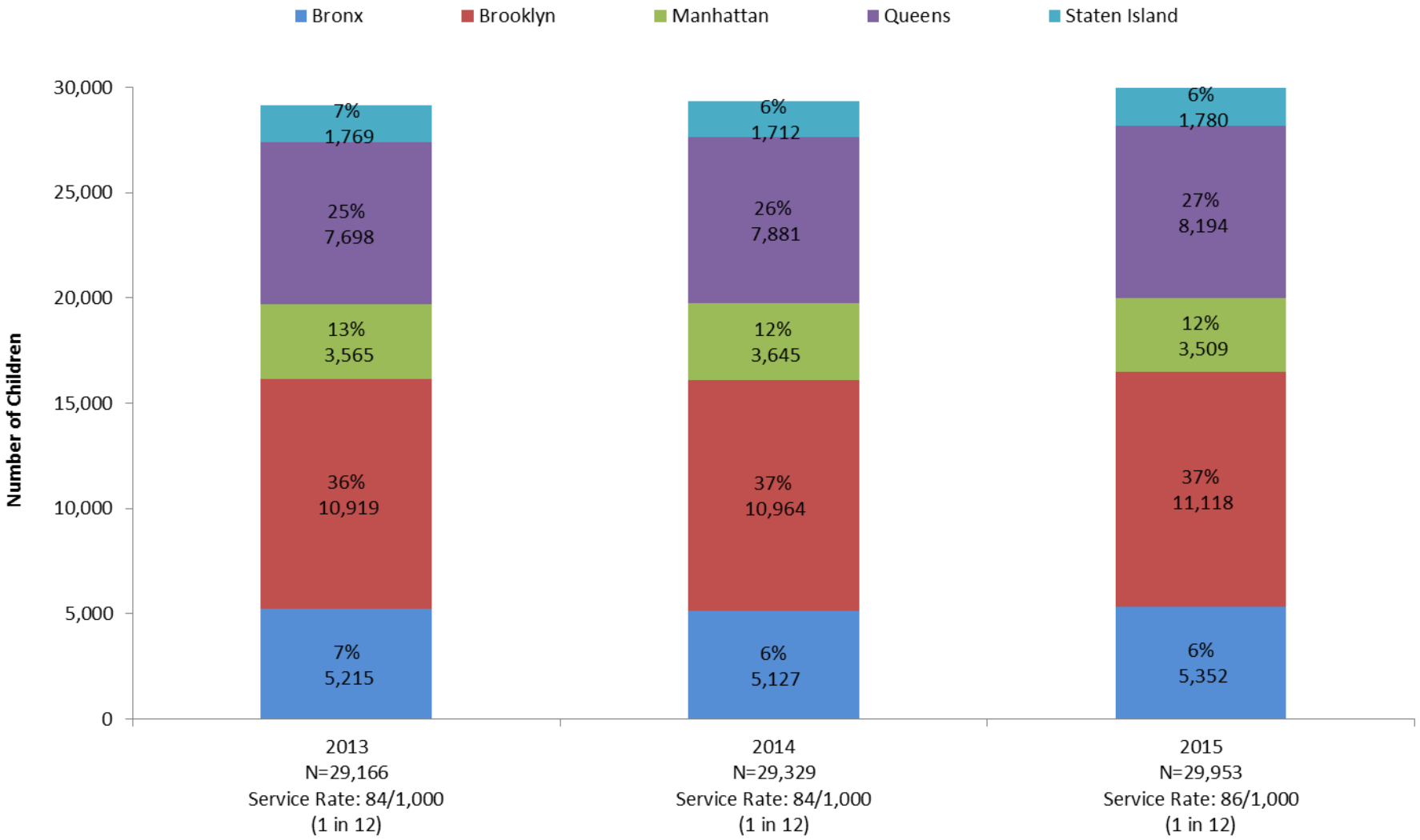
Number of Children Receiving General Services Per Year, by Borough
January 2013 - December 2015



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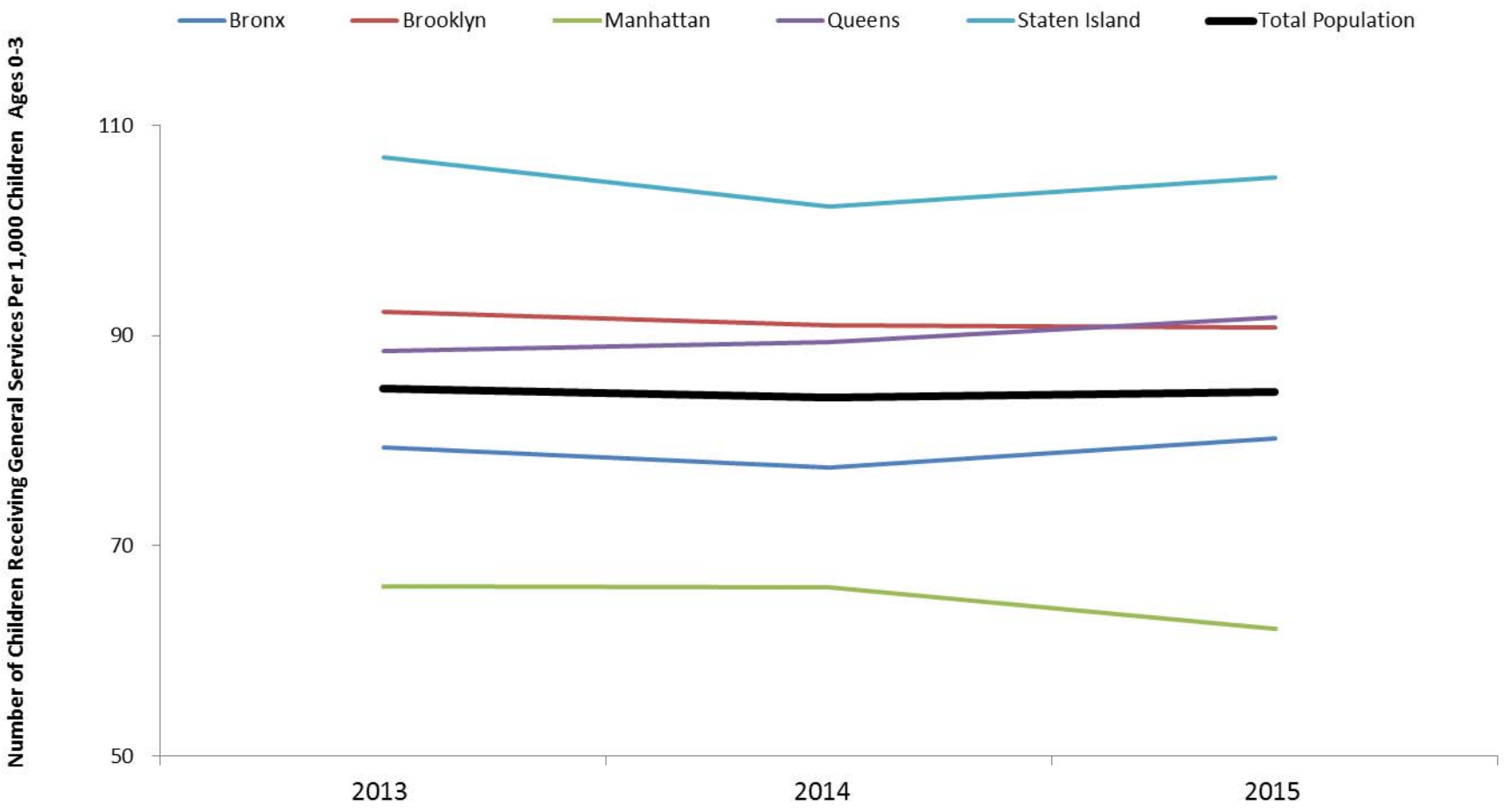

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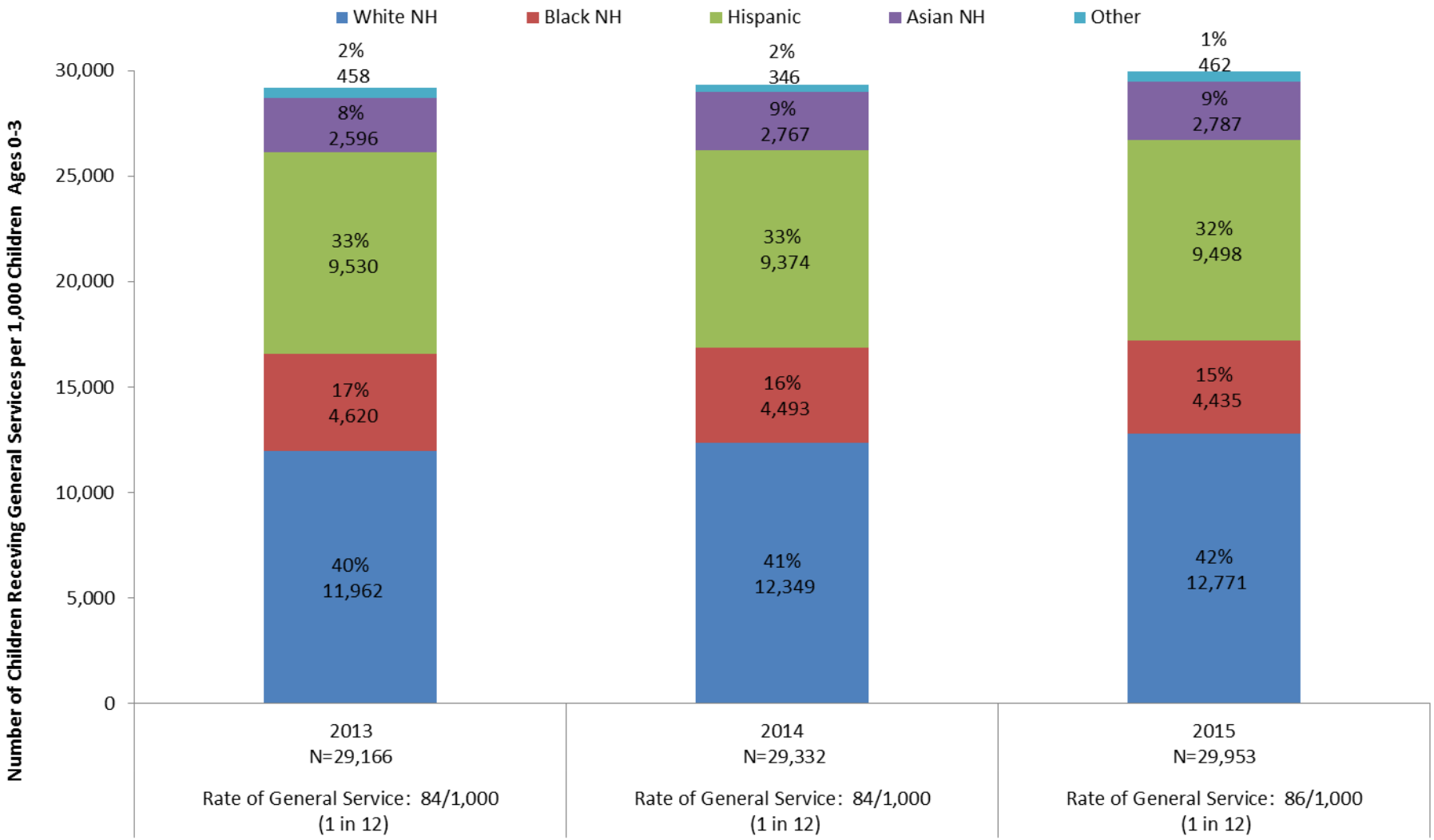
Number of Children Receiving General Services Per Year, by Race/Ethnicity
January 2013 - December 2015



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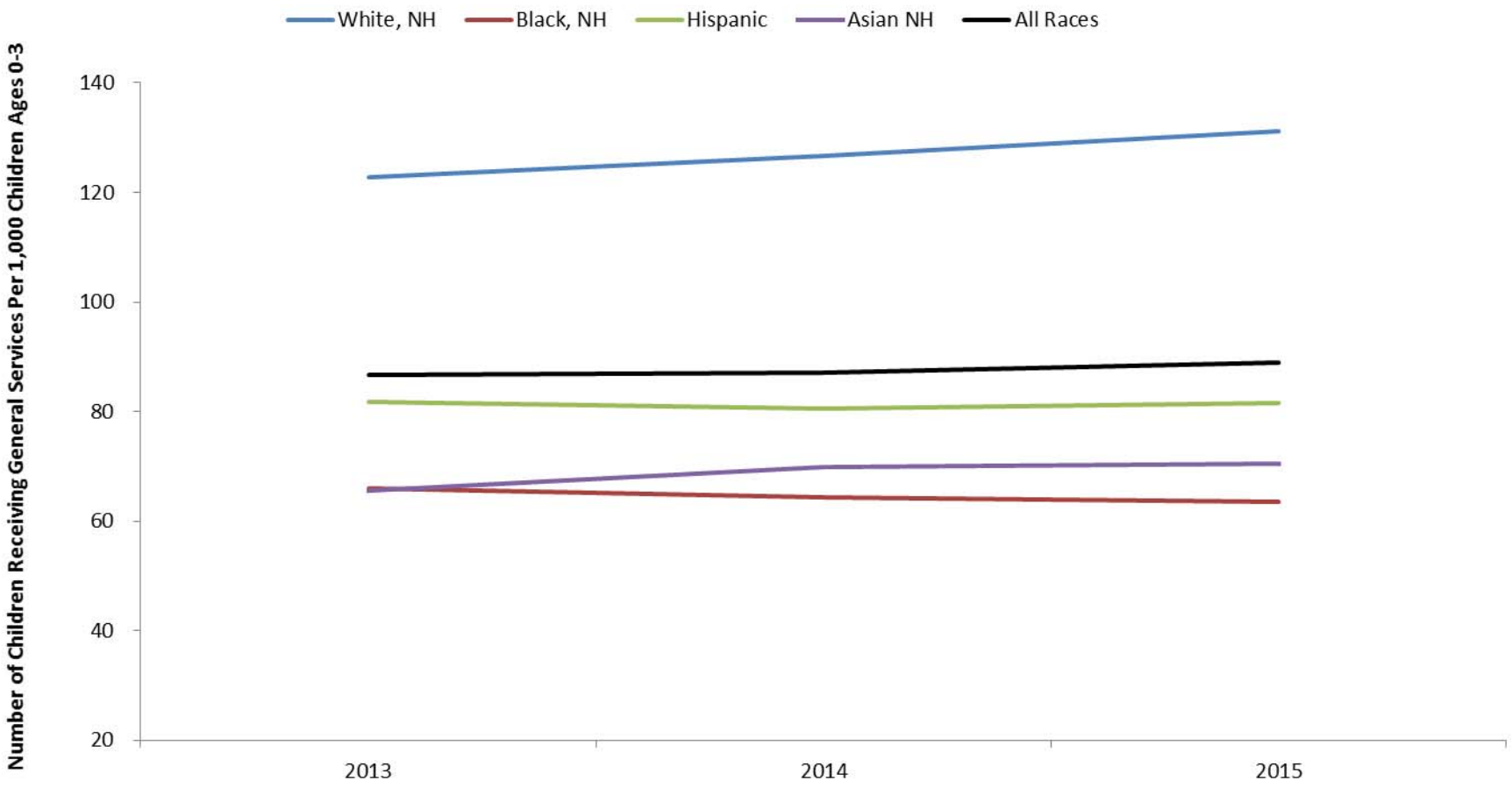
January 2013 - December 2015



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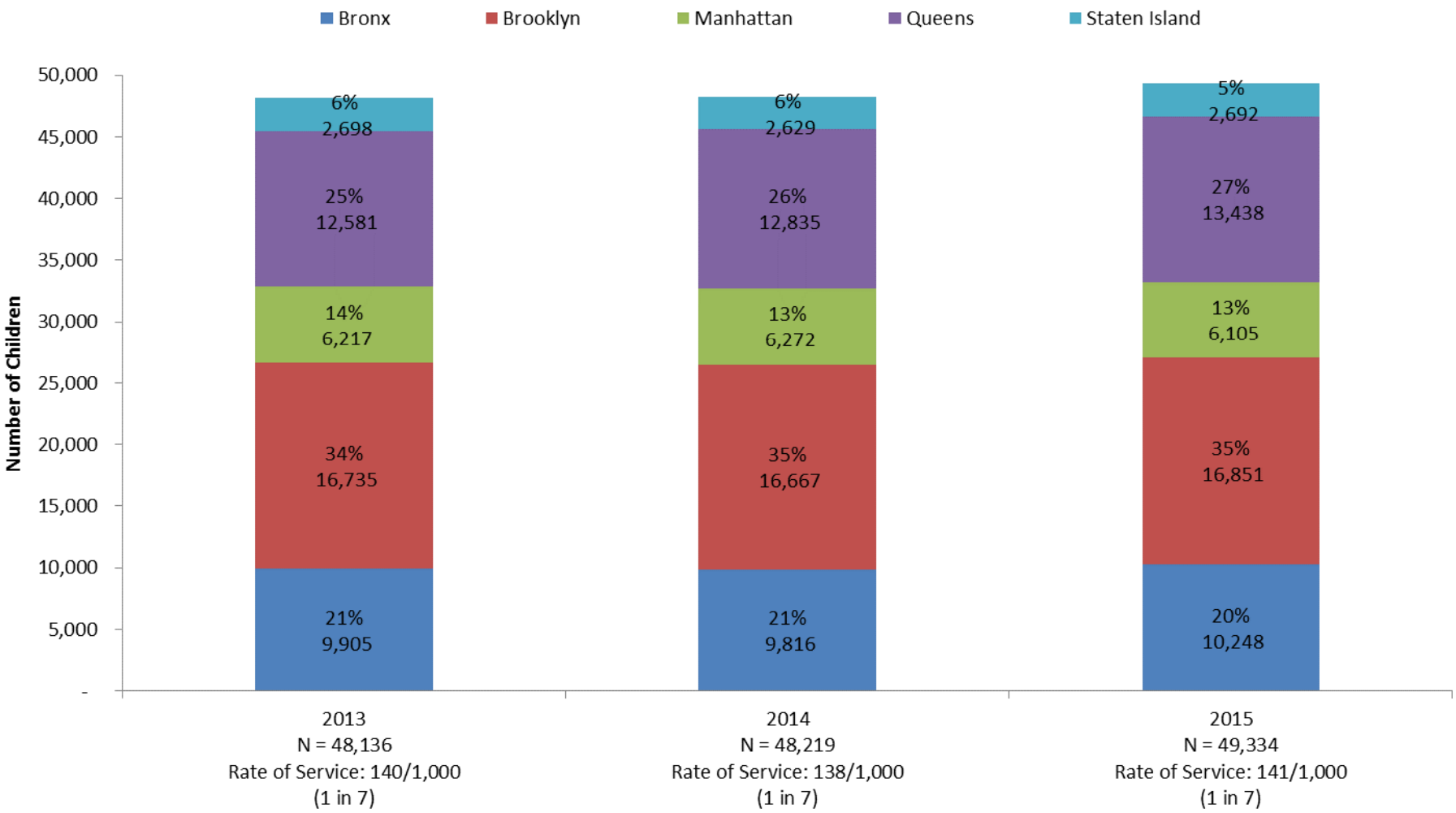
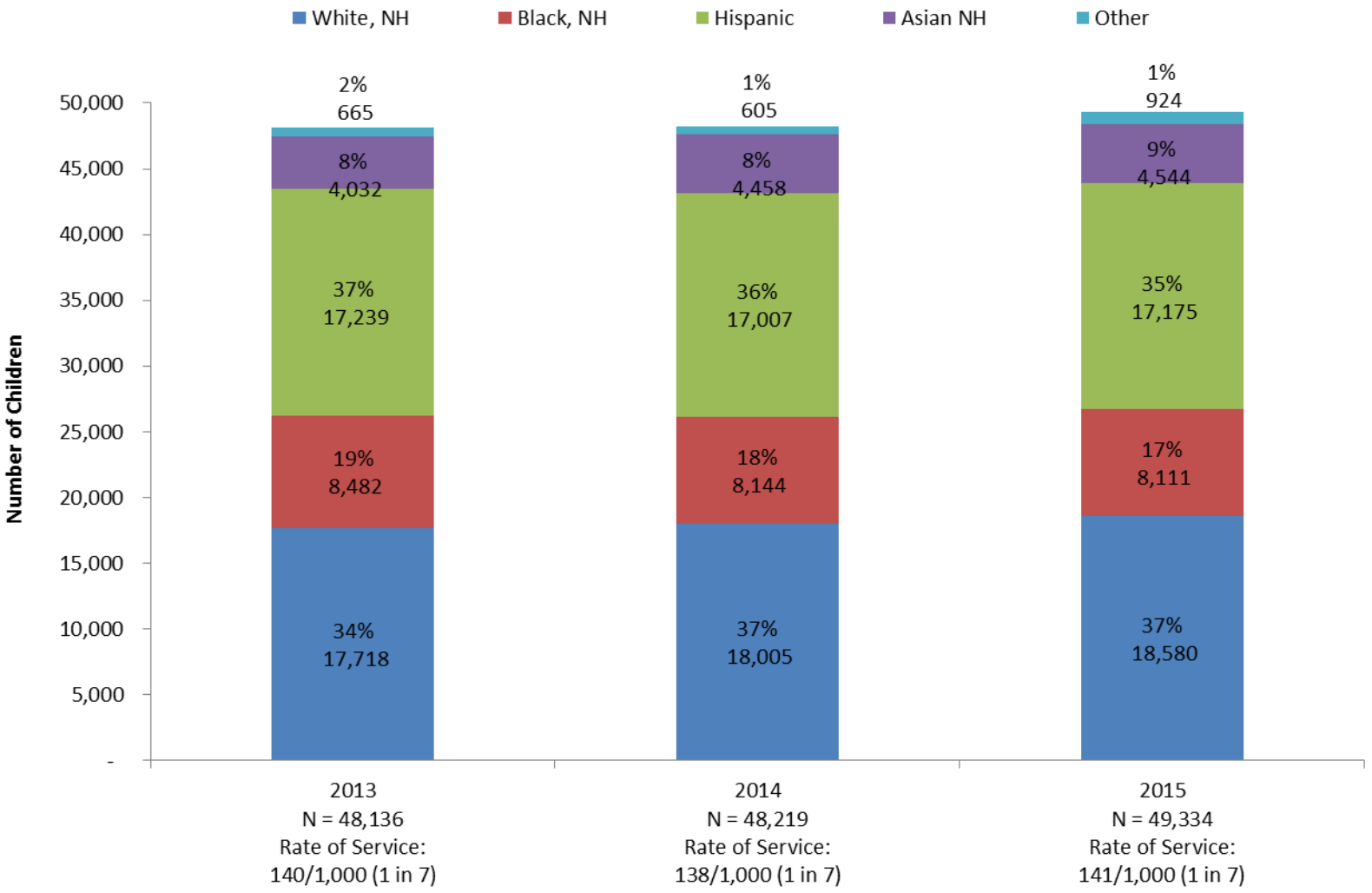
Children Receiving Any Type of Service, by Borough: Service Coordination, Evaluation and/or General Services January 2013 - December 2015

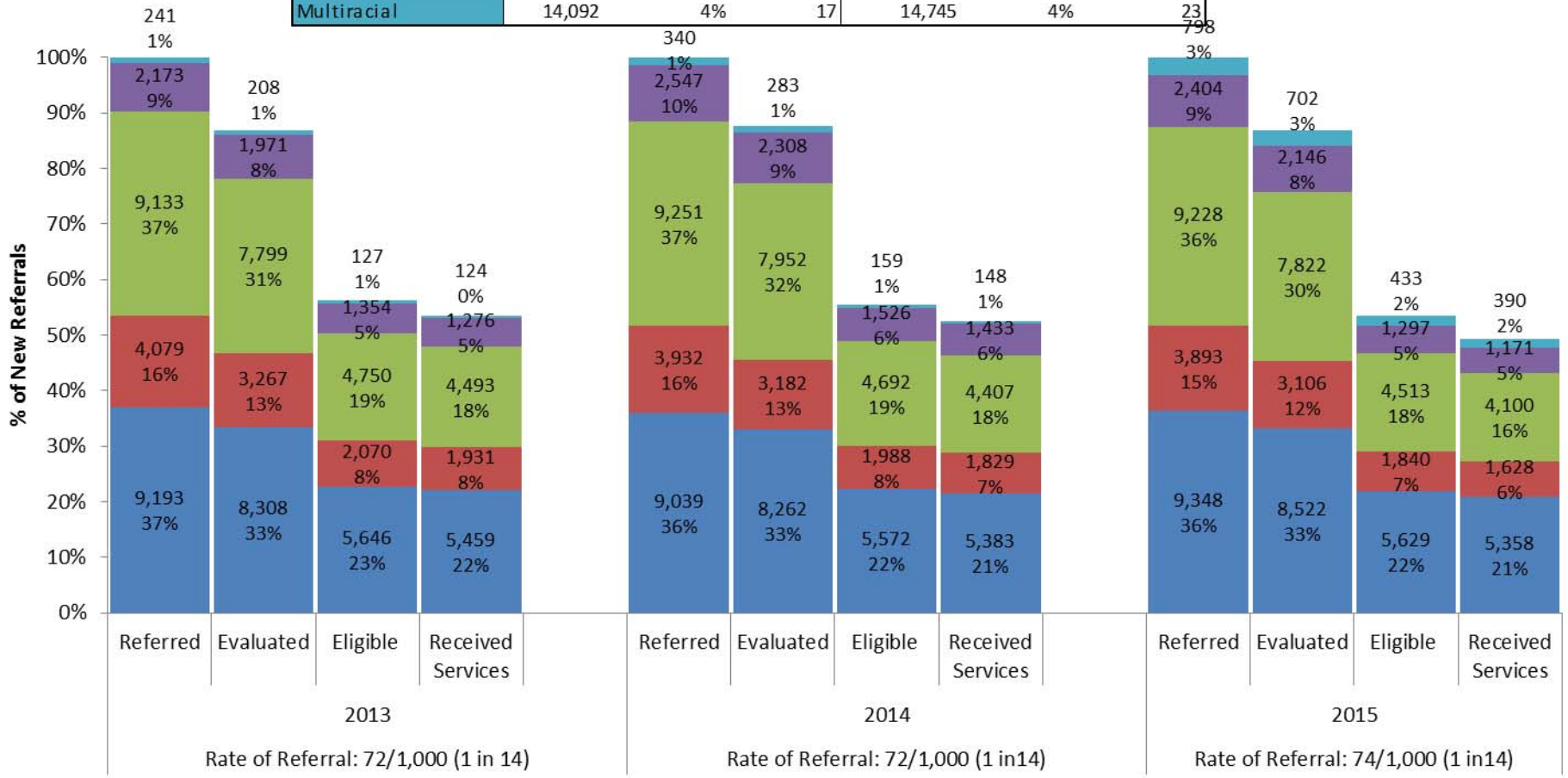


Children Receiving Any Type of Service, by Race/Ethnicity: Service Coordination, Evaluation and/or General Services January 2013 - December 2015



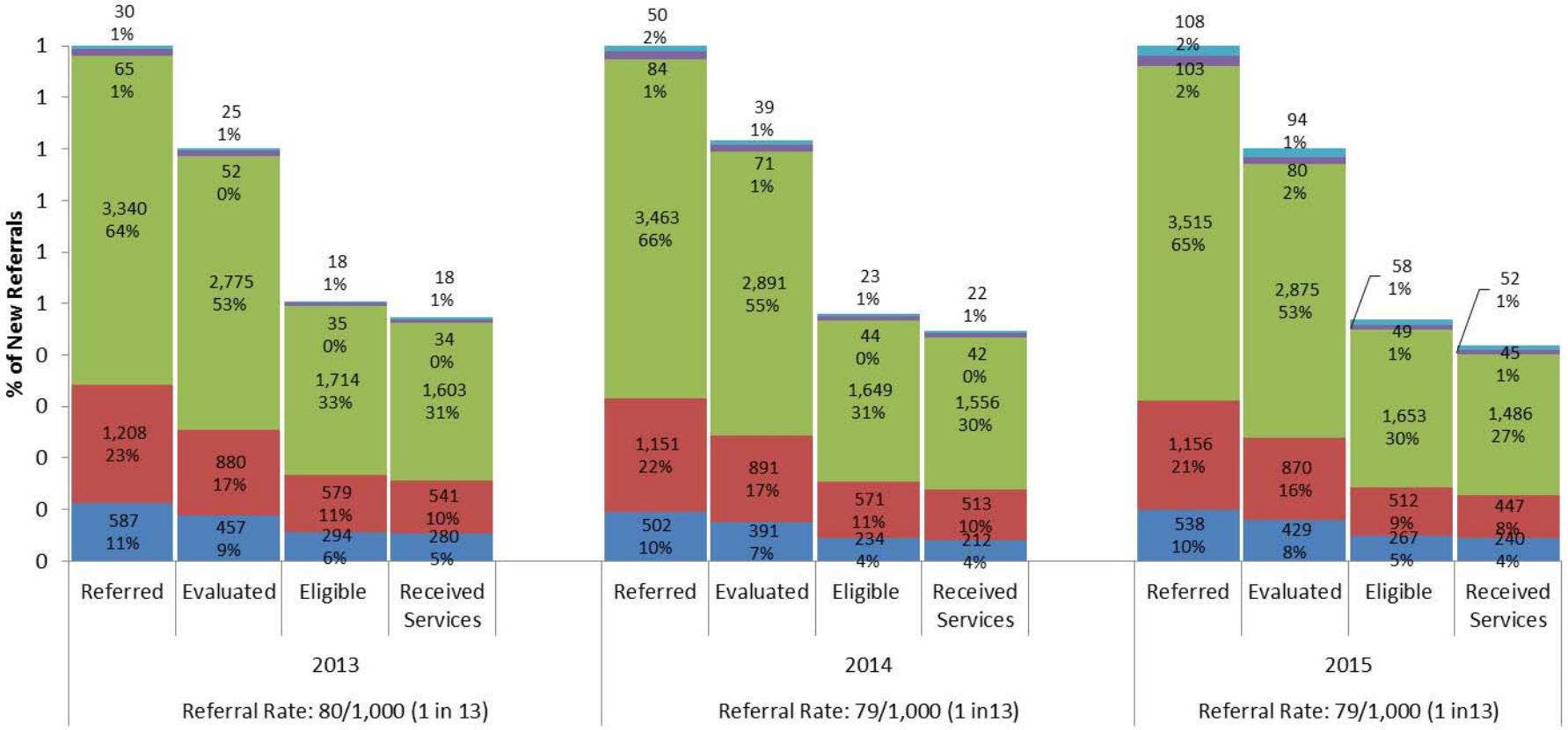
Progress of New Referrals Through the EIP by Race, Citywide, 2013-2015

	2013			2014		
	0-3 Pop.	*% of Pop*	*Ref. Rate (/1,000)*	*0-3 Pop.*	*% of Pop*	*Ref. Rate (/1,000)*
White NH	97,896	29%	94	97,624	28%	93
Black NH	70,588	21%	58	72,826	21%	54
Hispanic	118,436	35%	77	120,622	35%	77
Asian	41,622	12%	52	42,886	12%	59
Multiracial	14,092	4%	17	14,745	4%	23



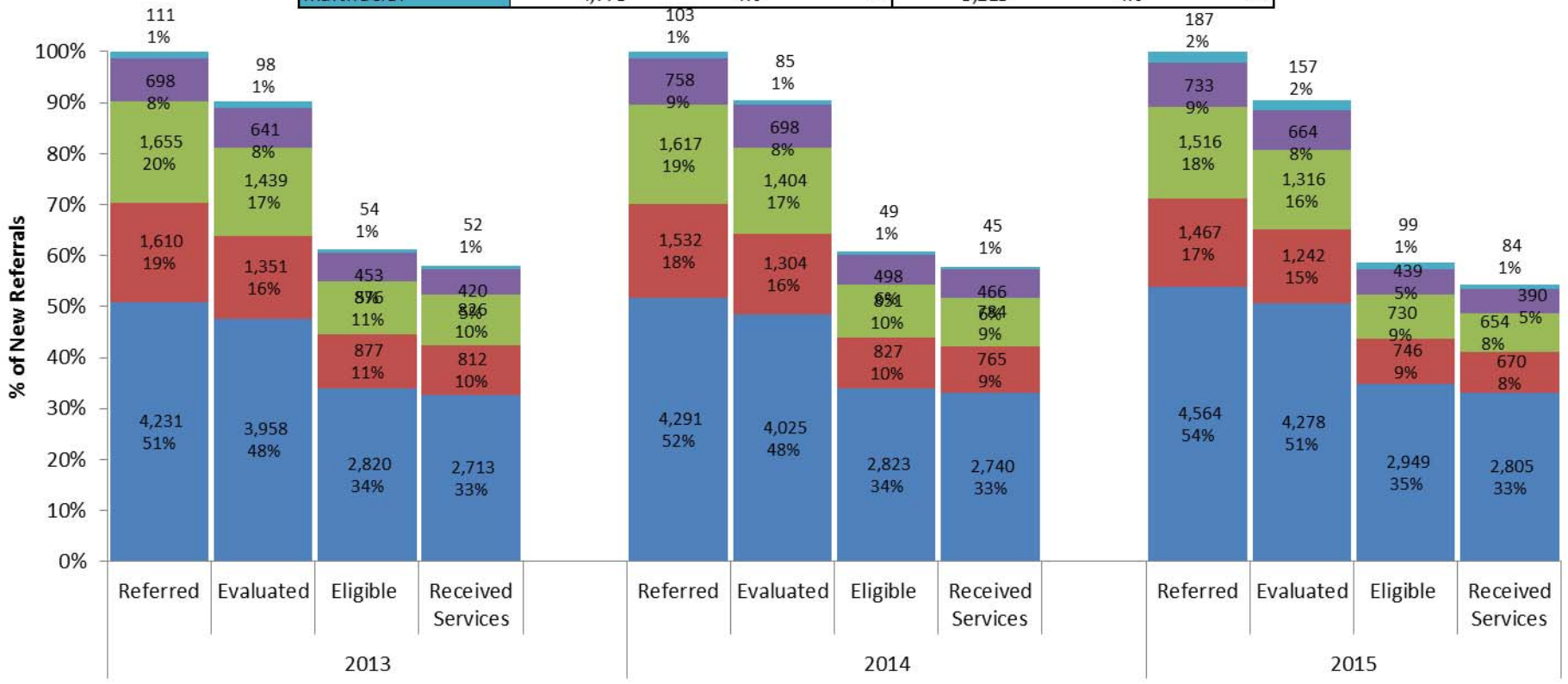
Progress of New Referrals Through the EIP by Race, Bronx, 2013-2015

	2013			2014		
	Pop. 0-3	*% of Pop*	*Ref Rate (/1,000)*	*Pop. 0-3*	*% of Pop*	*Ref Rate (/1,000)*
White NH	4,906	7%	80	4,888	7%	79
Black NH	17,701	27%	120	17,649	27%	103
Hispanic	39,297	60%	68	39,879	60%	65
Asian NH	2,221	3%	85	2,259	3%	87
Multiracial	1,349	2%	29	1,442	2%	37



Progress of New Referrals Through the EIP by Race, Brooklyn, 2013-2015

	2013			2014		
	0-3 Pop	*% of Pop*	*Ref. Rate (/1,000)*	*0-3 Pop*	*% of Pop*	*Ref. Rate (/1,000)*
White NH	44,417	37%	95	44,068	36%	97
Black NH	30,563	26%	53	32,452	27%	47
Hispanic	26,811	22%	62	27,238	22%	59
Asian NH	12,884	11%	54	13,431	11%	56
Multiracial	4,773	4%	23	5,215	4%	20



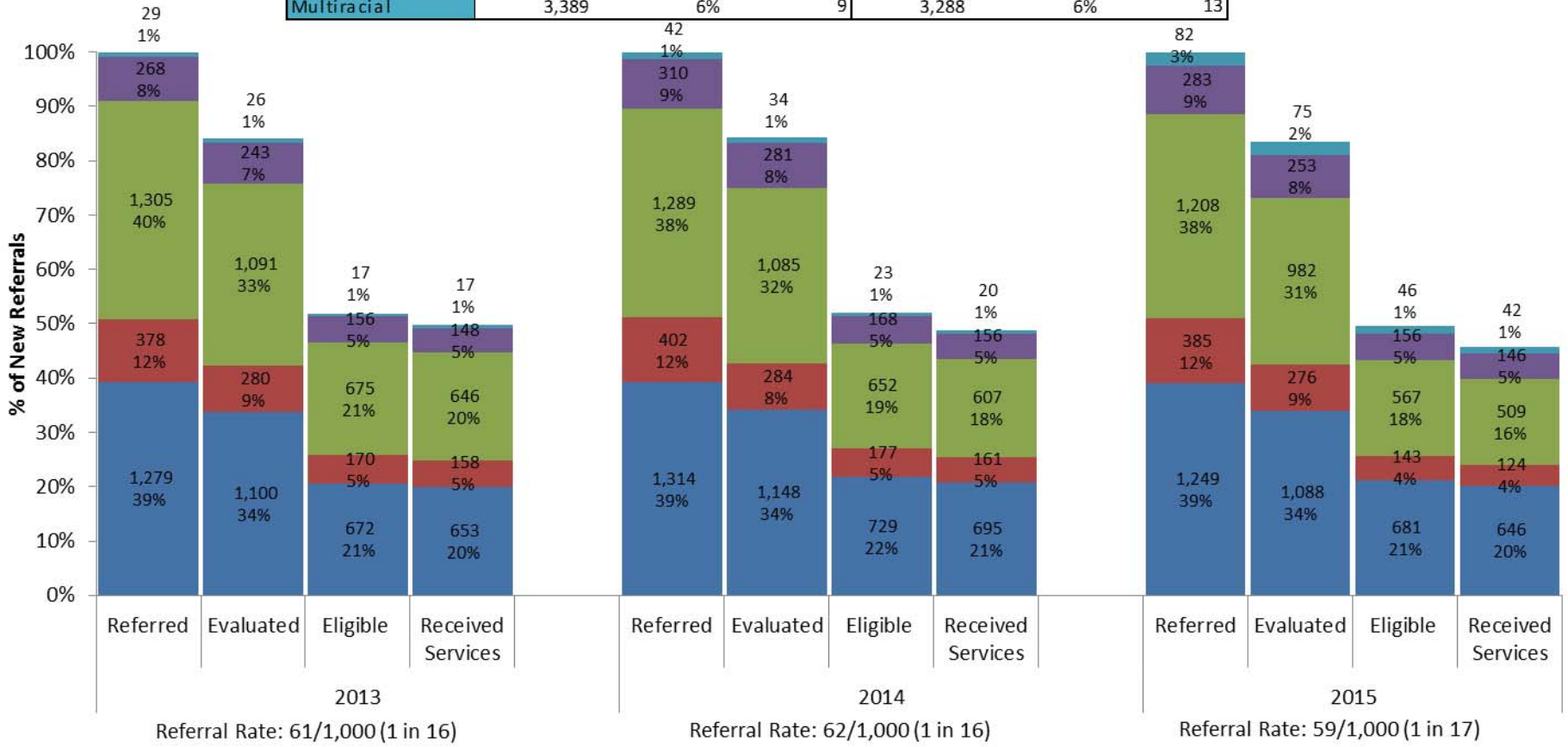
Referral Rate: 70/1,000 (1 in 14)

Referral Rate: 68/1,000 (1 in 15)

Referral Rate: 69/1,000 (1 in 14)

Progress of New Referrals Through the EIP by Race, Manhattan, 2013-2015

	2013			2014		
	0-3 Pop	*% of Pop*	*Ref. Rate (/1,000)*	*0-3 Pop*	*% of Pop*	*Ref. Rate (/1,000)*
White NH	21,655	40%	59	21,721	40%	60
Black NH	6,285	12%	60	6,302	12%	64
Hispanic	16,772	31%	78	17,229	32%	75
Asian NH	5,529	10%	48	5,903	11%	53
Multiracial	3,389	6%	9	3,288	6%	13



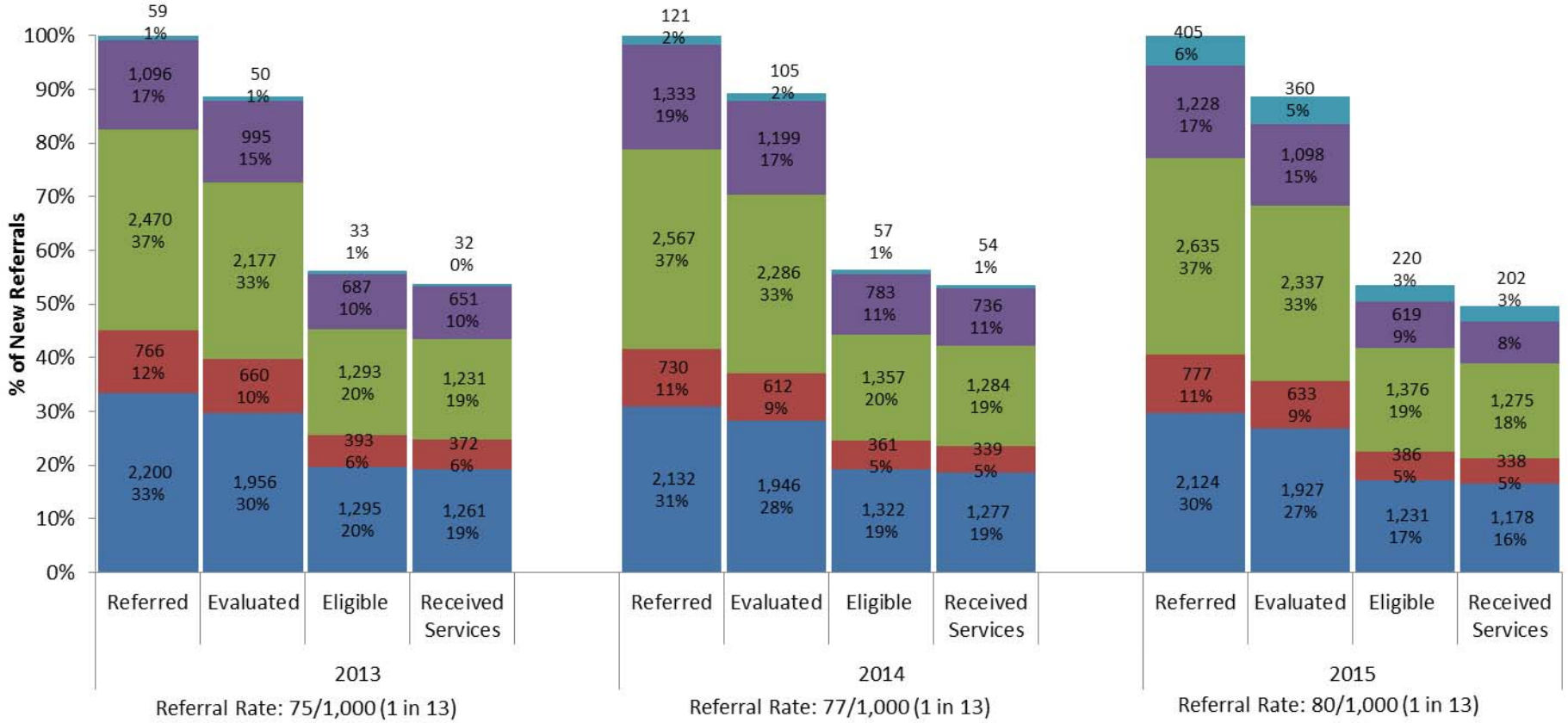
Referral Rate: 61/1,000 (1 in 16)

Referral Rate: 62/1,000 (1 in 16)

Referral Rate: 59/1,000 (1 in 17)

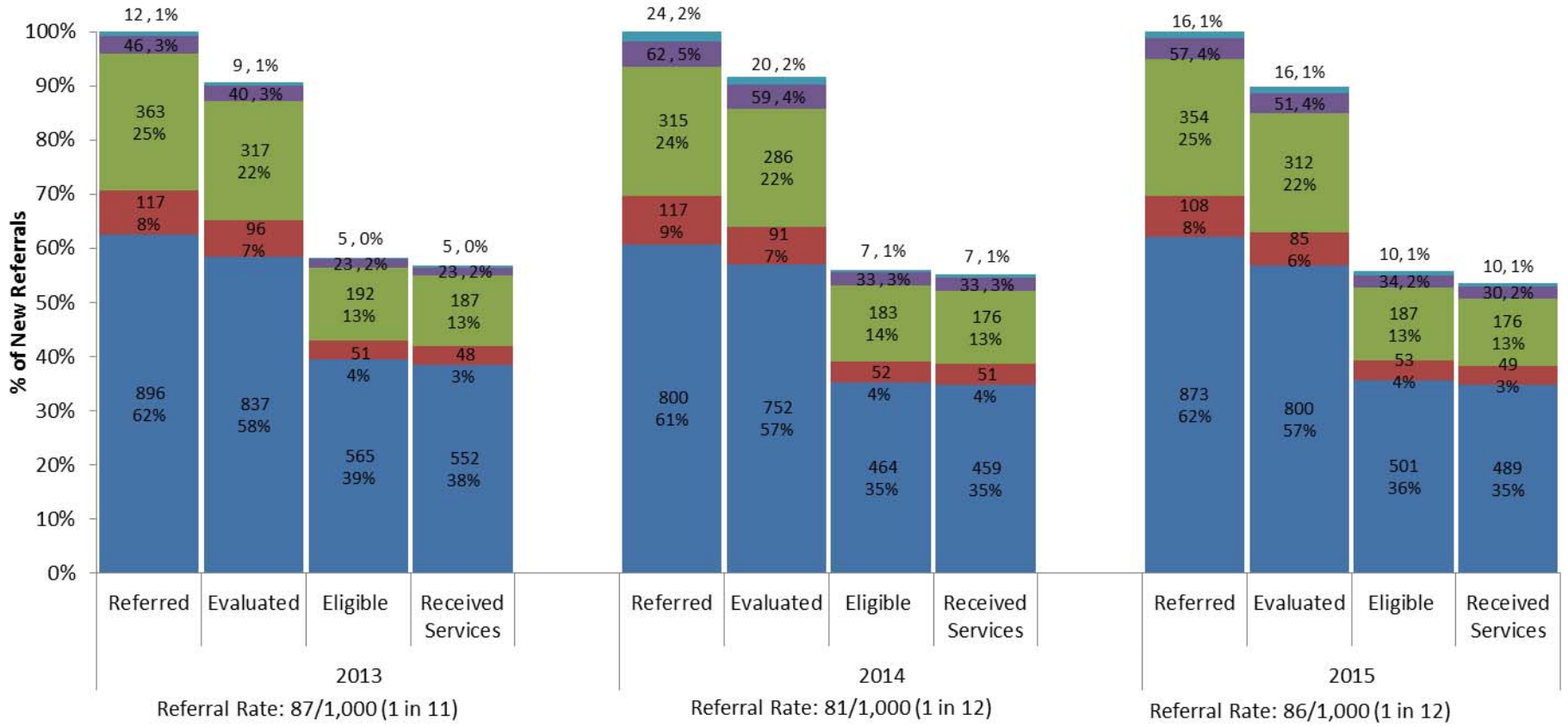
Progress of New Referrals Through the EIP by Race, Queens, 2013-2015

	2013			2014		
	0-3 Pop	*% of Pop*	*Ref. Rate (/1,000)*	*0-3 Pop*	*% of Pop*	*Ref. Rate (/1,000)*
White NH	18,757	21%	117	18,838	21%	113
Black NH	13,978	16%	55	14,375	16%	51
Hispanic	31,057	35%	80	31,763	36%	81
Asian NH	19,904	23%	55	20,217	23%	66
Multiracial	3,977	5%	15	4,200	5%	29

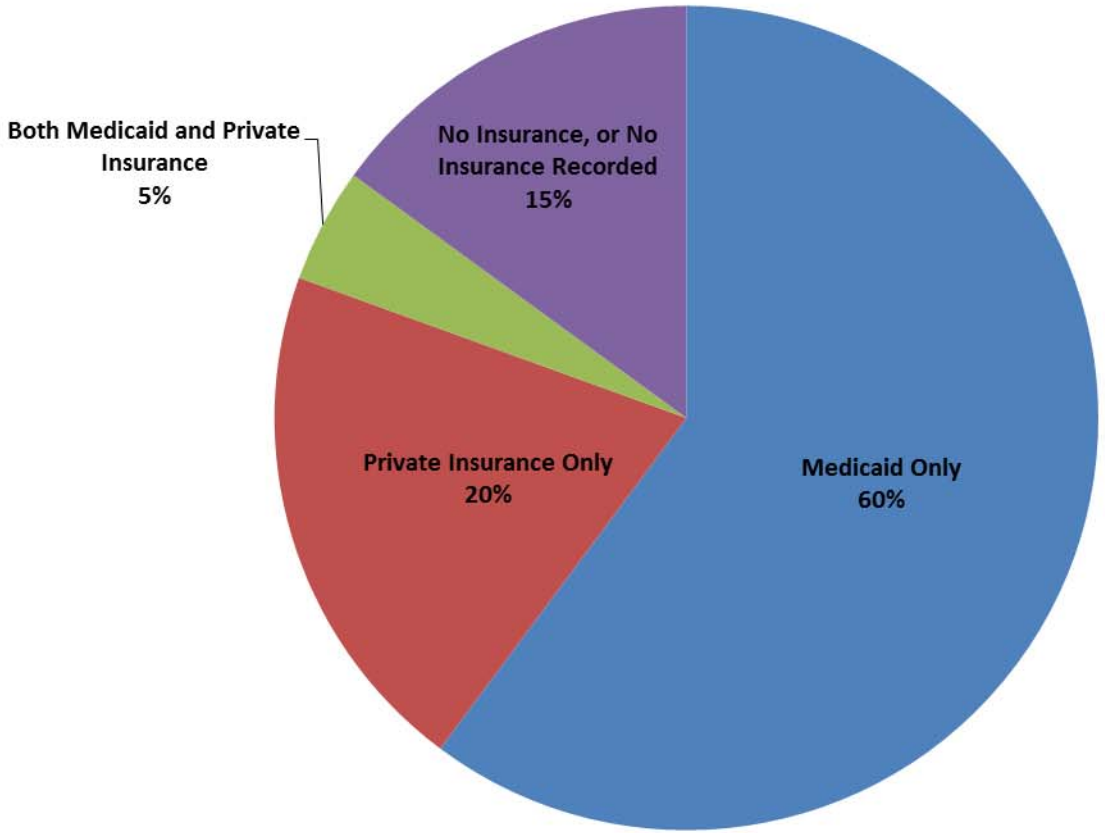


Progress of New Referrals Through the EIP by Race, Staten Island, 2013-2015

	2013			2014		
	0-3 Pop	*% of Pop*	*Ref. Rate (/1,000)*	*0-3 Pop*	*% of Pop*	*Ref. Rate (/1,000)*
White NH	8,161	50%	110	8,109	50%	99
Black NH	2,061	13%	57	2,048	13%	57
Hispanic	4,499	27%	81	4,513	28%	70
Asian NH	1,084	7%	42	1,076	7%	58
Multiracial	604	4%	20	600	4%	40



Insurance Status of Children Receiving General Services
January - December 2015
(N=29,953)



Note: Medicaid Managed Care plans and Child Health Plus are considered as Medicaid in this chart.