NEW YORK CITY EARLY INTERVENTION COORDINATING COUNCIL (LEICC)
MEETING OF JULY 26, 2016

AGENDA ITEMS	DISCUSSION
MEETING CONVENED at 10:07 A.M.	The following members were present: **Marie B. Casalino, Assistant Commissioner, Bureau of Early Intervention, NYC DOHMH** **Tracey LeBright, Chair of LEICC** **Nicole Brown** **Kelvin Chan** **Cindy Lin Chau** **Agatha Guadagno** **Kathleen Hoskins** **Elizabeth Isakson** **Lois Kessler** **Rosalba Maistoru** **Dawn Oakley** **Karen Samet** **Jacqueline Shannon** **Linda Silver** **Cynthia Winograd**
WELCOME AND MEMBERSHIP UPDATE **INTRODUCTIONS** **Minutes of March 31, 2016**	I. **Tracey LeBright, LEICC Chair** 1. Tracey LeBright is the new Chairperson of the NYC LEICC. Christopher Treiber, the previous Chairperson, had completed his term on the Council. Other Local Early Intervention Coordinating Council (LEICC) members who have completed their terms as of June 30, 2016 include: Catherine Warkala, Toni Rodriguez, Mary DeBey, and Lisa Shulman. 2. 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 during the meeting. c. Audience members may sign up with Nannette Blaize or Felicia Poteat to speak during the "Public Comment" section. 3. 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. 4. Transcription is available for this meeting. Written meeting minutes will also be made available. 5. Introductions of all LEICC members. New LEICC members include: Agatha Guadagno, Karen Samet, and Jacqueline Shannon. 6. Minutes from March 31, 2016 meetings were approved.

LEICC OPERATING PRINCIPLES	**Dr. Marie B. Casalino, Assistant Commissioner** 7. Revisions to the Operating Principles of the LEICC were reviewed and approved. Last update was in December 2010. (Assistant Commissioner) a. Section One: Modified to comply with Public Health Law 2554 regarding appointment of LEICC members by the Early Intervention (EI) Official. b. Section Two: Modified to eliminate the requirement for Co-Chair and clarify position of Chair. A designated EI Official must notify Division of Family and Child Health of appointment which then is reported to the Commissioner of Health. The EI Chair also sits on the Health and Mental Hygiene Advisory Council. c. Section Four: Clarifies appointments, specifies term limits and transition of members. d. Section Eleven: Modified requirement of reviews and revisions to Operating Principles to every three (3) years instead of two (2).
EMILY FENICHEL AWARD TO DR. JEANETTE GONG NEW YORK ZERO-TO-THREE NETWORK	II. **Dr. Marie B. Casalino, Assistant Commissioner** **1.** Jeanette Gong Ph.D., Bureau of Early Intervention Director of Intervention Quality Initiatives, received the Annual Emily Fenichel Award, presented by Zero to Three: The National Center for Infants, Toddlers and Families on May 6, 2016.
SEICC REPORT The NEW YORK STATE EARLY INTERVENTION COORDINATING COUNCIL (SEICC) REPORTS	**2.** March 3, 2016 SEICC Meeting [Documents from New York State Early Intervention Coordinating Council (SEICC) were made available to LEICC members prior to the meeting] a. Lauren Tobias replaced Brad Hutton in the oversight of the Early Intervention Program in New York State (NYS) b. SEICC reviewed State Law regarding council duties, quorum, and majority voting. o Reviewed council responsibilities: advise, assist the lead agency in performance of its duties o Current membership = 27 members o Statute establishing the SEICC • is silent on what constitutes a quorum • Exception: "The council, upon a majority vote of its members, may require that an alternative approach to the proposed rules and regulations be published with a notice of the proposed rules and regulations …" o Since statute is silent on what constitutes a quorum, the default is to refer to 1) General Construction Law, or 2) Bylaws. Majority of members (14) must be present and needed to pass a motion. o Next Steps: Bylaws change to comply with General Construction Law c. Joint Task Force on Social-Emotional Development

DATA REPORT	○ The Task Force Chair is Mary McHugh, NYS Office of Mental Health and also an SEICC member. Bob Frawley, ECAC Co-Chair is the editor of the final document. Several BEI staff are involved, including Dr. Faith Sheiber and Dr. Jeanette Gong. ○ Ongoing work with significant revisions is underway ○ Current status • Revising documents to consolidate into one document • Will have EI-specific information ○ Document will be sent to Task Force members in summer 2017 in preparation for distribution to SEICC at the September 2017 meeting. Document has been received and reviewed by Task Force members. Feedback will be submitted by August 8, 2016. d. Health Home Model to Serve Children ○ Presentation by Colette Poulin, NYS Office of Health Insurance Programs, and Brenda Knudson-Chouffi, New York State Department of Health (SDOH), Bureau of Early Intervention (BEI) ○ EI is currently working with Health Homes (HH) to get provider networks in place ○ SDOH is meeting bi-weekly with State HH staff to identify the methods to integrate HH with EI Ongoing Service Coordination activities ○ Will begin to enroll non-EI children in October 2016 ○ Projected enrollment date for EI children is March 2017 ○ Ongoing webinars will be presented by SDOH e. State Fiscal Agent Update: Billing and claiming ○ There is a decrease in denials from commercial insurance. ○ There is also a decrease in the dollar amount of claims submitted to commercial insurance. f. Additional detail is provided in the SDOH report. g. SDOH Activities: ○ Change to Service Coordination rate methodology is awaiting State Plan Amendment (SPA) approval ○ No update on the Executive Budget proposals III. **Nora Puffett, Director of Administration and Data Management** 1. Data Report – As NYEIS data input becomes more specific, data analysis will become more complex. a. Current data ○ Number of referrals per year/by borough have been consistent year to year. From January 2013 to December 2015, approximately 30,000-32,000 children were referred each year. There were nearly 15,000 referrals in January-May 2016. ○ Analysis of referrals by race/ethnicity indicate that 34-35% of referrals are White and 36-38% are Hispanic. It seems that the White (non-Hispanic) population is over-represented and the Black (non-Hispanic) population

is under-represented, while the Hispanic population is close to being accurately represented relative to the citywide percentage of children 0-3 who are Hispanic.
- 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.
- The number of children receiving ***any*** type of EI service (Service Coordination, Evaluation and/or General Services) was approximately 48,000 in each of 2013, 2014, and 2015, and 35,000 in January-April 2016.

b. Further data analysis:
- Twenty percent of children are re-referred. A review of service coordination notes found a variety of reasons that the child left the EI process after the first referral, including that parents they didn't want services, or were experiencing family circumstances that prevented them from receiving services.
- One EI data focus is determining what is the "right number" of children in services by looking at evaluations. The number is hard to determine. Focus is now on making sure that children are receiving the appropriate evaluations/assessments. Rates from evaluation to services have been consistent. Data indicates that, although the evaluation process can be challenging for the family, families whose children are found eligible ultimately receive services.
- Data on race indicate disproportionate rates of referral and receiving services by race. Rates of referral and rates of receiving services, by race are not consistent, indicating that race can be an issue in children receiving Early Intervention services. Hispanic and Black children together make up less than half of the children receiving services, while White children make up more than half.
- NYEIS data on insurance is not accurate: Information on insurance is not universally collected. Data mistakenly cites that 19% of families have no insurance. Analysis of the discrepancy indicates that some parents decline to share the insurance information or decline to answer. Service coordinators' explanation of how insurance is used in EI may be misleading families.

LEICC Discussion:
- Jacqueline Shannon asked about the proportions of rate of referrals in borough by age (infant vs toddler). Ms. Puffett explained that data compiled is rate by ethnicity, and referral by borough, and not age within borough.
- Elizabeth Isakson liked the layout of the current graphs.
- Dr. Marie Casalino added that Health Equity concerns are reflected in the data presented. Outreach efforts have increased in areas where referrals are low.
- Nicole Brown asked if data can be analyzed based on primary language. Ms. Puffett responded that the data is not consistently collected or reliable and could be misleading.
- Ms. LeBright added that explaining the role of insurance in EI is very confusing. For example, some parents may have private company insurance which is self-financed/self-insured and NYEIS does not capture that.

PARENT SURVEY **PROVIDER OVERSIGHT REPORT**	- Linda Silver inquired on updates on PCG workgroups to aid in payments to providers for EI services. Providers want to see better recovery from escrow money. Dr. Casalino responded that there are various workgroups working on payments from the State Fiscal Agent. Claims by provider communities have to be complete and submitted and are in process. Ms. Silver commented that some claims are not being approved by insurance companies (e.g., Aetna) which may delay the process. 2. Parent Survey. EI will be conducting phone surveys with families. a. Parents will receive a letter requesting written consent to be contacted by a survey firm. The firm will contact those parents who agree and conduct a 20-minute phone survey. b. Topics cover parent experience in EI. c. Previous survey conducted in 2014 included 200 families. d. Analysis from 2014 pilot: Families did not recognize the term "Embedded Coaching," but reported that their therapists were conducting family-centered best practices. e. Current survey will not be distributed, or be public, at this time, in order to avoid influencing responses. Parents are not asked to identify their providers by name. f. Surveys are conducted in English and Spanish. 3. Provider Oversight Reports a. The quality of Multidisciplinary Evaluations has declined. Despite Provider Oversight support, city-wide training and website tools, more than half of providers are failing to comply with regulatory standards on evaluation. Clinical guidelines and technical assistance are available to support providers. One issue: MDE summaries written by an impermissible author (anyone who was not a member of the MDE team). The Evaluation Standards Unit reports: o Findings are not synthesized in the MDE summary o Evaluation documentation is inadequate o Supplemental evaluations are recommended with little to no justification o Evaluators may not be trained be trained to assess the domain being evaluated o Parental concerns are not included o Evaluators have limited understanding of EI eligibility requirements b. The quality of Ongoing Service Coordination has declined. More providers are failing to comply with audit standards. c. Alert for new agencies: Independent therapists and/or providers who have previously submitted poor quality or incomplete evaluations are approaching new agencies for employment. Thorough background and reference checks should be done. LEICC Discussion:

CLINICIANS' GUIDE AND ALGORITHM	- Karen Samet asked if there is information on the training of the evaluators. Dr. Casalino responded that the agency conducting the evaluation is responsible for the accuracy and quality of the evaluations and for ensuring that they are conducted appropriately. **IV. Catherine Canary, MD, MPH. Medical Director** **1.** Clinicians' Guide and EI Algorithm a. Rationale behind development of the Guide include: o Tool for clinicians to use with any child < 3 years who presents in primary care re: when and how to refer. o Clarification of which children should be referred to the NYC EIP. o Clarification of the EI process from point of referral to IFSP to services and transition at 3 years old. o Definition of the importance of the pediatric provider's role. b. Plan for Dissemination
MD PRESCRIPTIONS	o Hold webinar with NYS American Academy of Pediatrics leadership o Provide Grand Rounds presentations and other provider group presentations o Make information available on EI website and mailings. **2.** Pediatrician Prescription for Services a. Therapy Prescriptions: Mandatory electronic prescribing is in effect as of March 27, 2016.
HEALTH HOMES UPDATE	o Practitioners are mandated to prescribe both controlled and non-controlled substances electronically, effective March 27, 2016. However, there are a number of exceptions in which a practitioner may issue an Official New York State prescription (ONYSRx) form, oral prescription or a fax of an ONYSRx o Therapies and assistive technology devices do not fall into the above categories **V. Lidiya Lednyak, Director of Policy and Quality Assurance** 1. Health Homes Update a. Statewide enrollment of children who are eligible (due to certain diagnoses) in Health Homes starts December 2016. b. Tentative EI roll-out is March 1, 2017 c. Implementation will require separate State Plan Amendment and CMS approval d. NYS DOH goal is to establish clear, documented guidance regarding the roles of the EI initial service coordinator and the Health Home care manager.
HEALTH CODE AMENDMENT – Article 47	e. Current NYC concerns include children involved in the ACS system (already in HH concurrent with EI) and the gap between December 2016 and March 2017. 2. Health Code Amendment Article 47 - EI and Committee for Preschool Special Education (CPSE) Therapists and Teachers in Child Care

PROVIDER AGENCY UPDATE **TECHNICAL ASSISTANCE**	a. New York City (NYC) Department of Health and Mental Hygiene (DOHMH) proposes to amend the NYC Health Code to improve access to children with IFSPs or IEPs in Child Care settings b. NYC Health Code amendment clarifies the requirements for Access for Support Service Personnel in Article 47.19 c. Health Code currently requires child care permittees to arrange for fingerprinting and clearance through State Central Register of Child Abuse and Maltreatment (SCR) for all staff, volunteers, contractors (unless there is direct supervision). Reduces redundancy of therapists working in both EI and CPSE settings. d. Proposal clarifies that: o Centers must allow EI and CPSE providers to deliver services in child care settings o Center need not conduct redundant SCR clearances and fingerprinting e. Next steps: o NYC DOHMH will hold a public hearing on the proposed rules. The public hearing will take place from 10 AM to 12 PM on July 27, 2016. o Written comments must be received on or before 5:00 p.m. on July 27, 2016. o The proposed Article 47 amendments will be voted on by the Board of Health in September 2016. o More info: http://www1.nyc.gov/site/doh/about/hearings-and-notices/official-notices.page 3. Provider/Agency Update: a. Data was presented on the expansion of available NYC EI Provider Agencies b. 65 new and existing providers are engaged in the NYC EIP Technical Assistance process c. The revised provider directory is complete and available at: http://www1.nyc.gov/site/doh/providers/resources/early-intervention-information-for-providers.page d. For more information about the NYC DOHMH BEI Technical Assistance process, email: EITA@health.nyc.gov 4. Technical Assistance Unit: Service Request Data i. Increase in demand: o The number of contacts with the Technical Assistance Unit (TAU) increased from 130 in 2012 to 1,414 in 2015. o There were 704 contacts in the first four (4) months of 2016 alone. o Contacts by year • 2012:130 • 2013: 285 • 2014: 749 • 2015: 1,404

- January-April 2016: 704
- Total: 3,272

ii. Differences in volume across boroughs are independent of borough size.
- Proportion of contacts from Bronx and Brooklyn has increased, while the proportion from Manhattan has decreased.
- Bronx is notable for having contacts concentrated in eight (8) zip codes that account for half of all contacts.
- Contacts by borough, 2012 versus January-April 2016
  - Bronx 2012: 20 (15%), Jan-April 2016: 212 (30%)
  - Brooklyn 2012: 16 (12%), Jan – April 2016: 205 (29%)
  - Manhattan 2012: 78 (60%), Jan – April 2016: 121 (17%)
  - Queens Year: 2012 (9%), Jan – April 2016: 134 (19%)
  - Staten Island 2012, contacts: 4 (3%), Jan – April 2016: 32 (5%)
  - Total 2012: 130, Jan – April 2016: 704 contacts

iii. Service Types:
- Occupational therapy (OT) was the most commonly requested service type, but it has been surpassed by physical therapy (PT) in recent years.
- OT and PT have always accounted for at least 50% of requests
- The proportion of requests that are for speech therapy have nearly doubled since 2012. The three (3) together (OT, PT, ST) accounted for 84% of requests in January-April 2016
- By service type requested: 2012 vs. Jan-April 2016
  - Occupational therapy: 2012 (68), Jan-April 2016 (188)
  - Physical therapy: 2012 (21), Jan-April 2016 (273)
  - Special Instruction: 2012 (16), Jan-April 2016 (50)
  - Speech: 2012 (26), Jan-April 2016 (241)
  - Feeding: 2012 (4), Jan-April 2016 (51)
  - Other service types: 2012 (17), Jan-April 2016 (31)
  - Total: 2012 (152), Jan-April 2016 (834)

iv. Language

2. Requests for services in languages other than English showed a different pattern than that overall, with the most commonly sought service type being speech – 47% of requests in January-April 2016.

3. Service types requested in a language other than English: 2012 vs Jan-April 2016.
- Occupational therapy: 2012 (5), Jan-April 2016 (29)
- Physical therapy: 2012 (0), Jan-April 2016 (33)
- Special Instruction: 2012 (1), Jan-April 2016 (23)
- Speech: 2012 (13), Jan-April 2016 (89)

GROUP DEVELOPMENTAL SERVICES **QUALITY INITIATIVES**	• Feeding: 2012 (2), Jan-April 2016 (9) • Other service types: 2012 (1), Jan-April 2016 (7) • Total: 2012 (22), Jan-April 2016 (190) LEICC Discussion: - Dr. Isakson expressed a concern in BEI staff capacity in relation to increase in service requests. Ms. Lednyak responded that the TAU is recruiting for additional staff. - Kelvin Chan expressed a concern regarding the increase in service requests and if the increase in requests truly reflects capacity issues. Ms. Lednyak responded that an analysis is done of the request to identify pressing issues that need immediate attention. The TAU also analyzes trends in service need to accurately report data. - Ms. LeBright suggested creating a taskforce to aid in system quality and reporting. 5. Group Developmental Services a. SDOH issued Group Developmental Intervention (GDI) Services Standards in November 2013 b. Guidance clarified group length expectations: o The duration of GDI must be a minimum of 120 minutes and a maximum of 180 minutes o When more than one GDI session is authorized per day, each group must be a minimum of 120 minutes c. In order for NYC to ensure compliance with these standards, EI: o Informed agencies regarding necessary changes to group length o Worked with agencies regarding authorizations d. System-wide Implementation date: August 15, 2016 e. Standards are available on the SDOH website at: http://www.health.ny.gov/community/infants_children/early_intervention/docs/2013_11_grp_dev_inter_serv_standards.pdf **VI. Jeanette Gong, Director, Intervention Quality Initiatives** **1.** Academic Partnerships – Partners are formalizing their fieldwork placements i. Brooklyn College, CUNY: Early Childhood Education and Art Program: Advanced Certificate in Early Intervention and Parenting. Contacts are Dr. Jacqueline Shannon: shannon@brooklyn.cuny.edu and Amanda Lopez: Alopez@brooklyn.cuny.edu o Preparing for their On-line Advanced Certificate in Early Intervention and Parenting, which was approved by the State Education Department in June 2016. o Establishing a 2-year Early Childhood program in Infants and Toddlers at the Borough of Manhattan Community College (BMCC), proposing a five-year Infancy/EI Study Plan which would allow BMCC students to get their BA at BMCC, and then their MSED at Brooklyn College. o Developing an Advanced Certificate in Developmental-Applied Behavior Analysis.

ii. 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
   - Competitive first cohort completed in June 2016
   - Courses included: Introduction to Early Intervention, Occupational Therapy in EI, and Topics in EI, focusing on the Family Partnership Experience and family observations.
   - Also working with the NICU at SUNY Downstate and Kings County Hospital for fieldwork.

iii. Hunter College CUNY: Silberman School of Social Work: Professional Development and Continuing Education. A multi-disciplinary program that will deliver evidence-based best practices to social work and other professionals interested in working with infants and toddlers and their families through continuing education courses. Contacts are Prof. Patricia Gray: pg202@hunter.cuny.edu (new director) and Christine Kim: ck666@hunter.cuny.edu.
   - Program has been reformatted to multiple 4-6 week long courses.
   - Hunter is planning to apply for CEUs across disciplines to encourage wider enrollment.

iv. Queens College CUNY: Graduate Program in Special Education, Educational and Community Programs. A new integrated 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, Dr. Peishi Wang: Peishi.wang@qc.cuny.edu, Dr. Patricia M. Velasco: Patricia.Velasco@qc.cuny.edu
   - Completed curriculum for 8 courses.
   - New courses are being presented to CUNY Board of Trustees and NYS Department of Education.
   - Also working on their Fieldwork Practicum Manual.

b. New BEI Academic Partners:
   a. Brooklyn College, Dept. of Speech, Communication Arts, and Sciences, Master's Program in Speech-Language Pathology. Specialization in Early Intervention in the Master's Program in Speech-Language Pathology. Contacts: Dr. Elaine Geller, Program Director, egeller@brooklyn.cuny.edu, Dr. Michael Bergen, Clinic Director, Diana Rogovin Davidow, Speech-Language-Hearing Center, MBergen@brooklyn.cuny.edu
   b. Lehman College, Dept. of Speech, Language and Hearing Sciences, Master's Program in Speech-Language Pathology. Early Intervention Specialty Track in Lehman College's MA Program of Speech, Language, and Hearing Sciences. Contact: Prof. Leslie Grubler, Director of Clinical Education and Clinical Services, Leslie.Grubler@lehman.cuny.edu

3. Professional Development Training on Cultural Competency. The training will cover topics such as:
   a. Culture and its impact: Understanding that there are different types of cultures (home, community, society, ethnicity, race, religion) and how this impacts the work we do with EI children and families, especially in providing family-centered evaluations and services.

FAMILY RESOURCE CENTERS OF NYC AND CIRCLE OF SECURITY PARENT COACHING	b. Culture impacts how we live our lives: Learning about each family's culture, values, and expectations about parenting and development to better collaborate with EI families and to better understand each child's developmental status within the context of the family. c. Perceptions of Disability and Services: Understanding how different cultures and religious groups may perceive disability and receiving EI services to enhance engagement and retention of families in the NYC EIP. d. Self-awareness: Reflecting on one's own ideas, values, and perceptions of other cultures and how it impacts our interactions and communication with others (i.e., families and other EI professionals). **VII. Angela Mora-Vargas, Assistant Vice President of Programs, Family Resource Centers (MHA of NYC)** 1. There are nine (9) Family Resource Centers city-wide (1 in Staten Island, 2 in each of the other boroughs), assisting and strengthening families in NYC. 2. Currently conducting outreach to establish parenting classes: Circle of Security parent coaching group. Classes are free and can be provided on-site 3. Circle of Security parent coaching group/classes details: a. Internationally recognized evidence-based model based on Attachment Theory b. 8 week session model, 1.5 hours each c. DVD-based sessions Provided: Onsite childcare, MetroCard, healthy light refreshments.
LEICC COMMITTEES REPORTS **ACADEMIC PREPARATION AND PROFESSIONAL DEVELOPMENT COMMITTEE**	**I. Jacqueline Shannon, Chair, LEICC Academic Preparation and Professional Development Committee (previously the Mentor Support Education Network Committee)** 1. As an addendum to Dr. Gong's presentation: Brooklyn College will also include courses on Reflective Practice in the fall. 2. Goal of the committee is to troubleshoot and support providers in EI pre-service preparation and post-graduate education and support. Six target areas. a. Integrating family centered-based models (Embedded Coaching). b. Focusing education efforts on typical and atypical development during assessments, and creating strategies. c. Understanding cultural and linguistic diversity factors that impact families and evaluation. d. Using the family-child dyad and creating a strategy to support families. e. Knowing and using reflective practice. f. Facilitating and enhancing fieldwork placements for academic partnerships **II. Karen Samet, Chair, LEICC Transition Committee**

TRANSITION COMMITTEE	1. NYC BEI submitted their proposed changes to the Transition Tool Kit to the State Department of Health and is now waiting to hear from the State. Information will be made public once feedback from the State is received. 2. Hope to hold a second EISC and CPSE training or meeting once the Transition Chapter is amended.
POLICY REVIEW COMMITTEE	**III. Tracy LeBright – Chair, LEICC Policy Review Committee** No report.
PUBLIC COMMENT	Scott Mesh from Los Ninos Wanted to make EI providers aware that US Department of Labor Regulations has changed to require that those who make under $46,467 a year must be classified as hourly employees depending on the type of work that they do. This impacts contracted Service Coordinators. Effective December 1, 2016.
MEETING ADJOURNED 11:53 AM.	Next meeting scheduled for November 2016

LEICC Data Report

July 26, 2016

NYC EARLY INTERVENTION LEICC DATA REPORT	July 26, 2016

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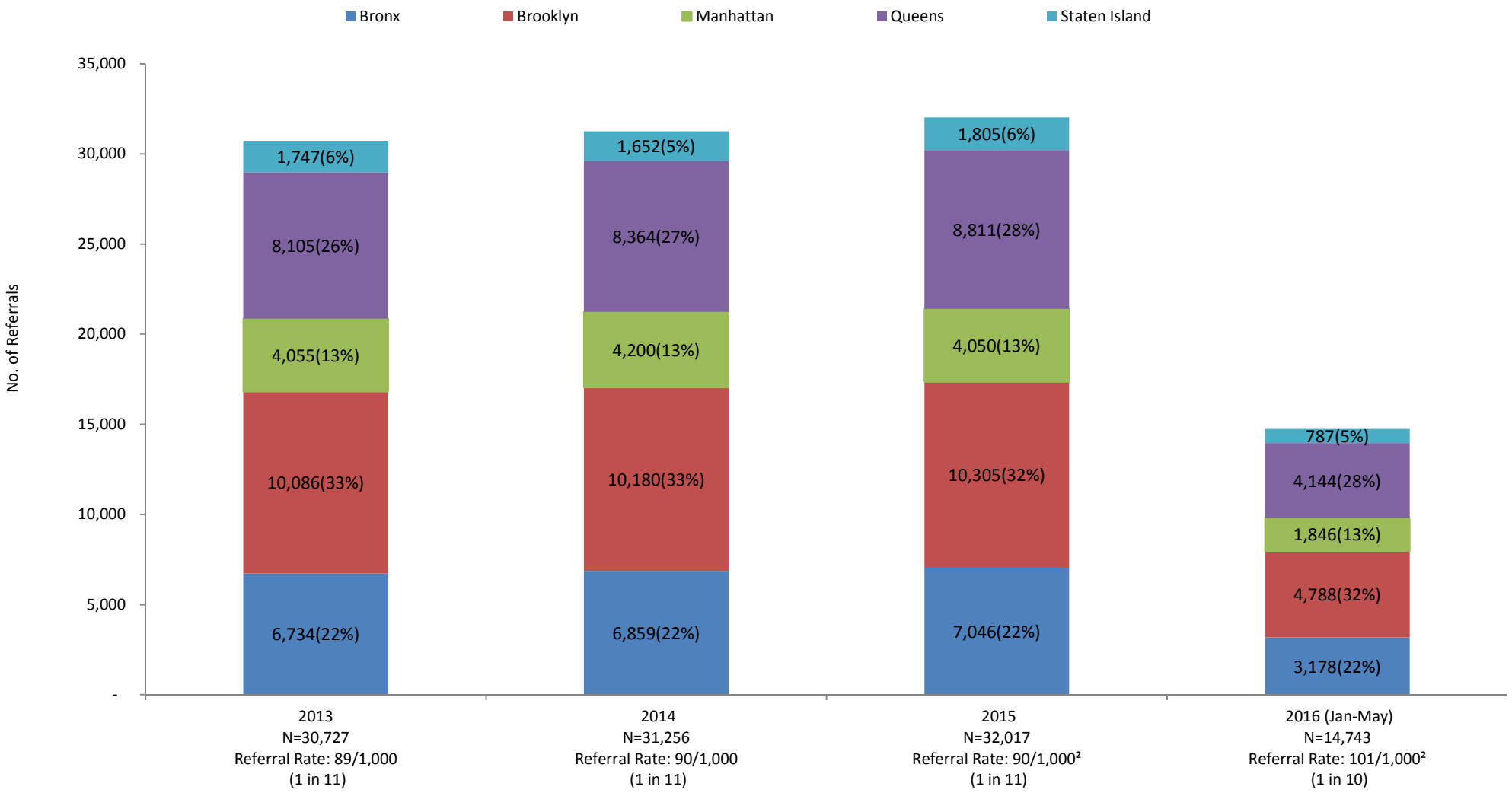
Number of Referrals[1] Per Year, by Borough
January 2013 - May 2016



Notes:

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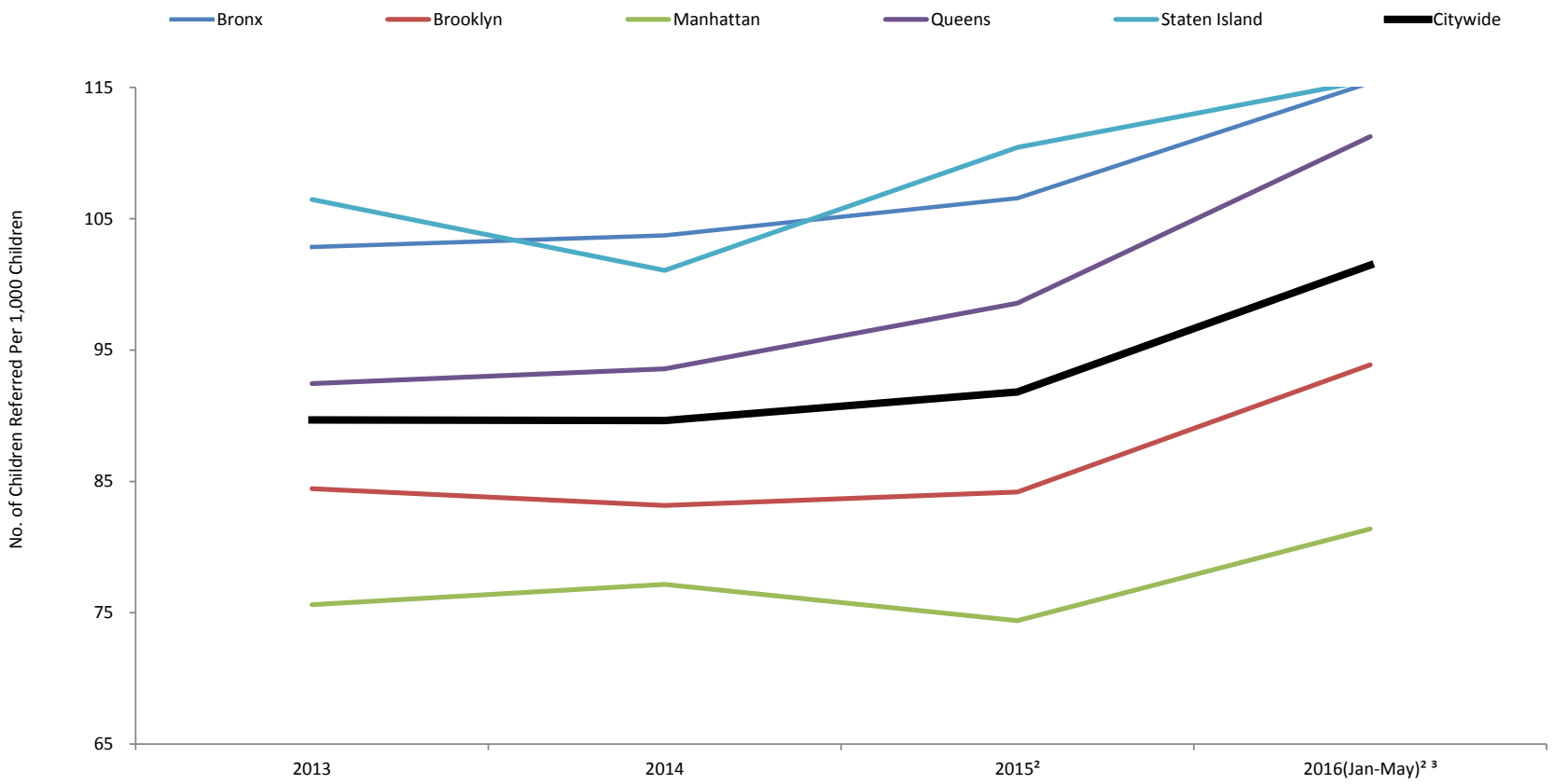
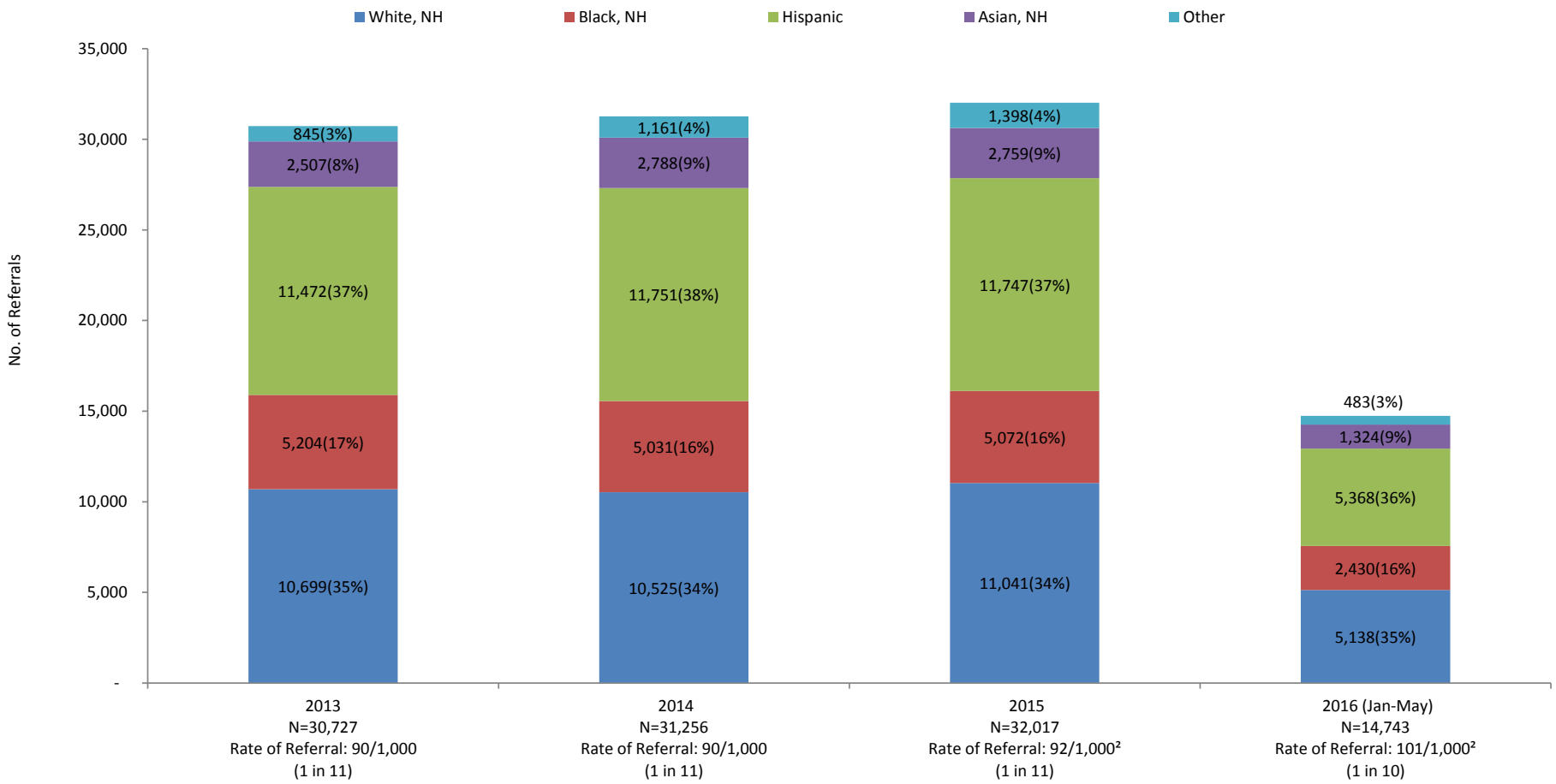
Rate of Referral[1] Per Year, by Borough
January 2013 - May 2016



Note:
1. Referrals include new and re-referrals.
2. The number of children 0-3 years is drawn from US Census data. For 2015 and 2016 this chart uses population figures from 2014 which is the most recent data available.
3. The citywide referral rate increased by 11% in the first five months of 2016 compared to 2015. The 2016 referral rates went up for all boroughs: Queens' rate increased by 13%; , Brooklyn's rate increased by 12%, Manhattan's rate increased by 9%, Bronx's rate increased by 8%, and Staten Island's rate increased by 5%.

Number of Referrals[1] Per Year, by Race and Ethnicity
January 2013 -May 2016



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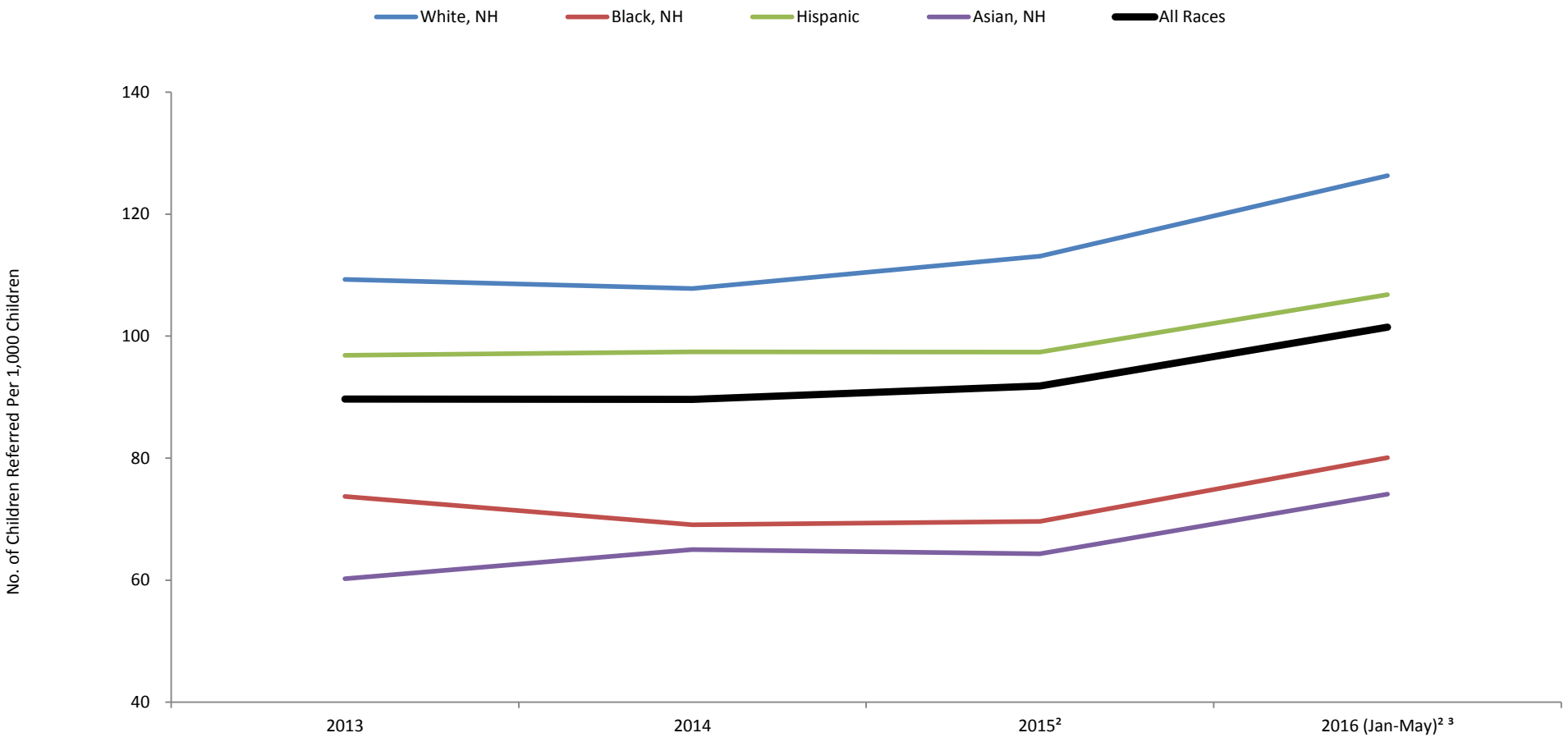
Rate of Referral[1] Per Year, by Race and Ethnicity
January 2013 - May 2016



Notes:
1. Includes new and re-referrals.
2. The number of children 0-3 years is drawn from US Census data. For 2015 this chart uses population figures from 2014 which is the most recent data available.
3. The citywide referral rate increased by 11% in the first five months of 2016 compared to 2015. Black and Asian childrens' referral rates went up the most by 15%, followed by White and Hispanic children with an increase of 12% and 10% respectively in the first five months of 2016.

Number of Children Receiving General Services[1] Per Year, by Borough
January 2013 - May 2016

Note:
1. General services include all those but service coordination, evaluation, assistive technology and transportation.
2. The number of children 0-3 years is drawn from US Census data. For 2015 and 2016 this chart uses population figures from 2014 which is the most recent data available.

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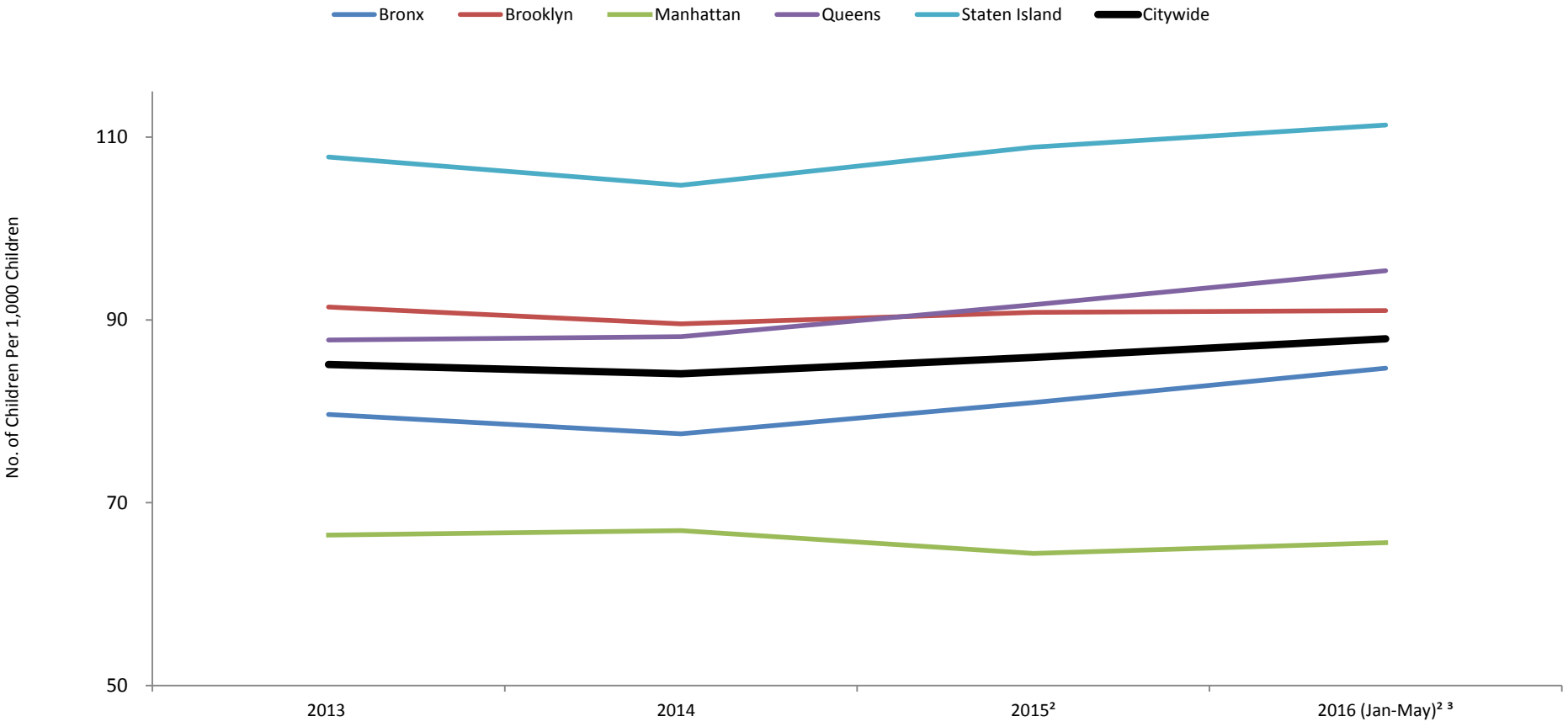
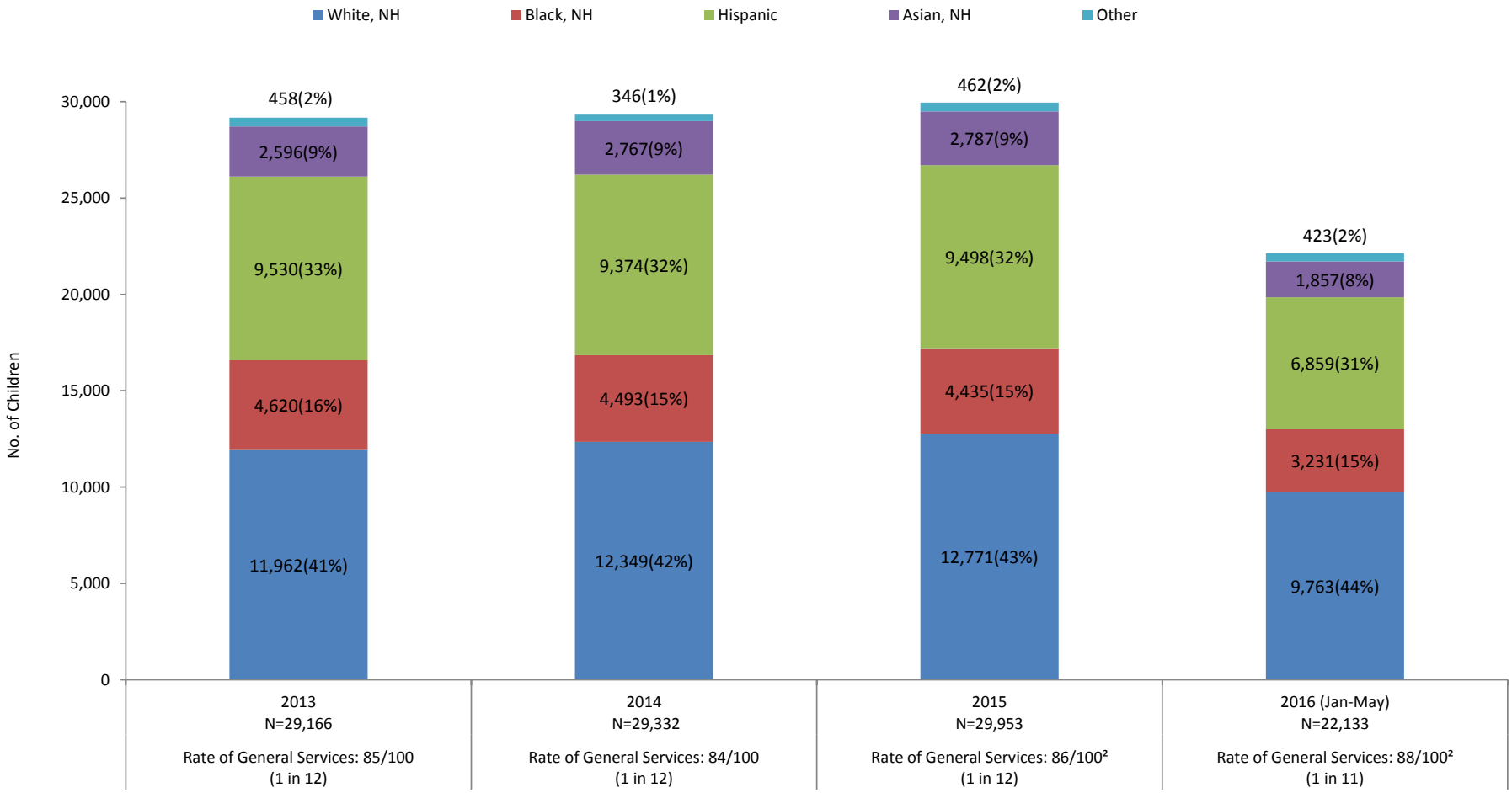


Note:
1. General services include all those but service coordination, evaluation, assistive technology and transportation.
2. The number of children 0-3 years is drawn from US Census data. For 2015 and 2016 this chart uses population figures from 2014 which is the most recent data available.
3. The citywide general service rate increased by 2% in the first five months of 2016 compared to 2015. The 2016 rates went up for all boroughs: Bronx's rate increased by 5%; Queens' rate increased by 4%; Manhattan's rate increased by 2%; Staten Island's rate increased by 2%, and Brooklyn's rate increased by 0.2 %.

Number of Children Receiving General Services[1] Per Year, by Race and Ethnicity, January 2013 - May 2016



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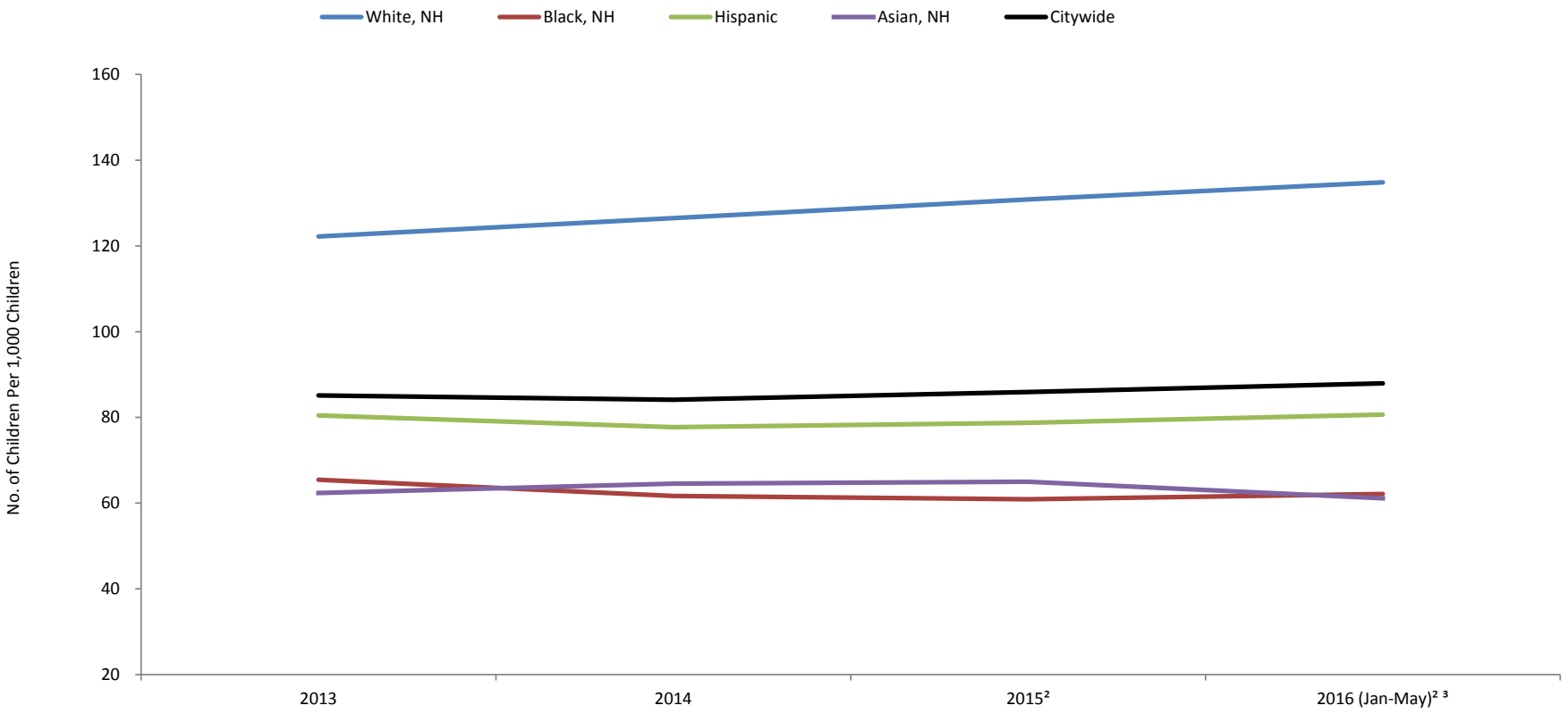

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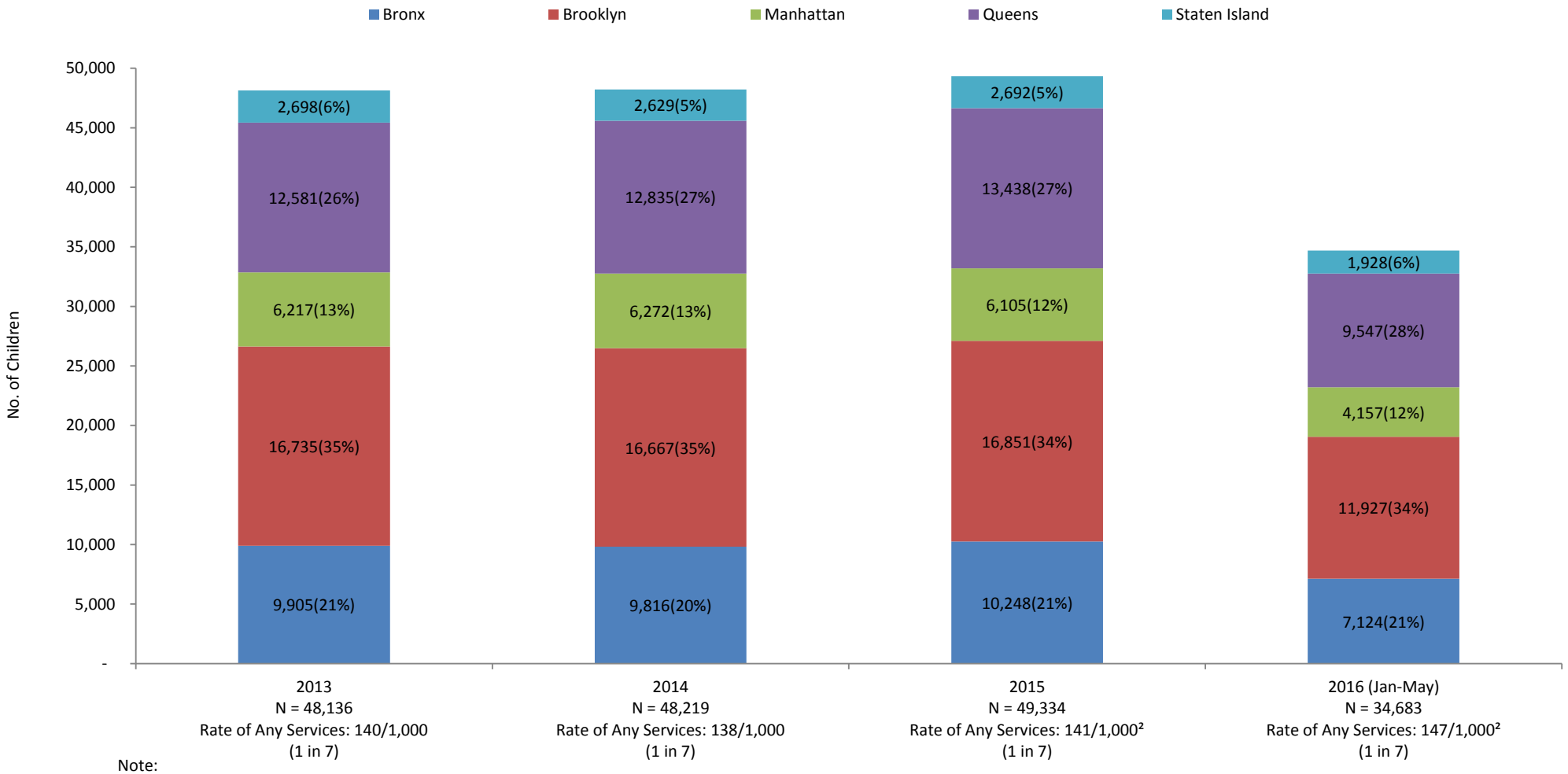
1. General services include all those but service coordination, evaluation, assistive technology and transportation.
2. The number of children 0-3 years is drawn from US Census data. For 2015 and 2016 this chart uses population figures from 2014 which is the most recent data available.
3. The citywide general service rate increased by 2% in 2016 compared to 2015. The 2016 rates for White, Black and Hispanic children increased by 3%, 2%, 2% respectively; the rate for Asian children decreased by 6%.

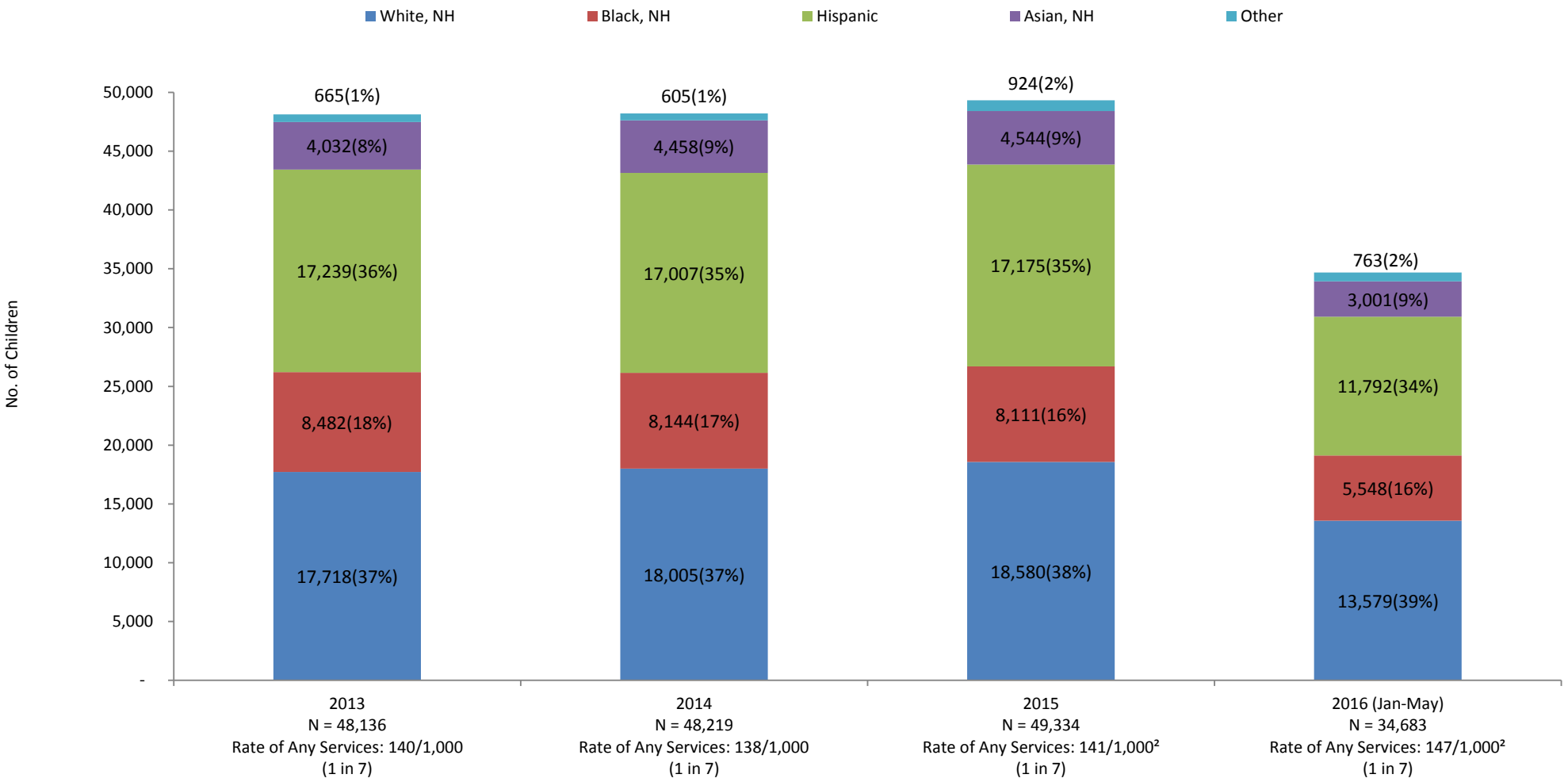
Children Receiving Any Type of Service, by Borough: Service Coordination, Evaluation and/or General Services[1] January 2013 - May 2016



Note:

1. General services include all those but service coordination, evaluation, assistive technology and transportation.
2. The number of children 0-3 years is drawn from US Census data. For 2015 and 2016 this chart uses population figures from 2014 which is the most recent data available.

Children Receiving Any Type of Service, by Race and Ethnicity: Service Coordination, Evaluation and/or General Services[1] January 2013 - May 2016

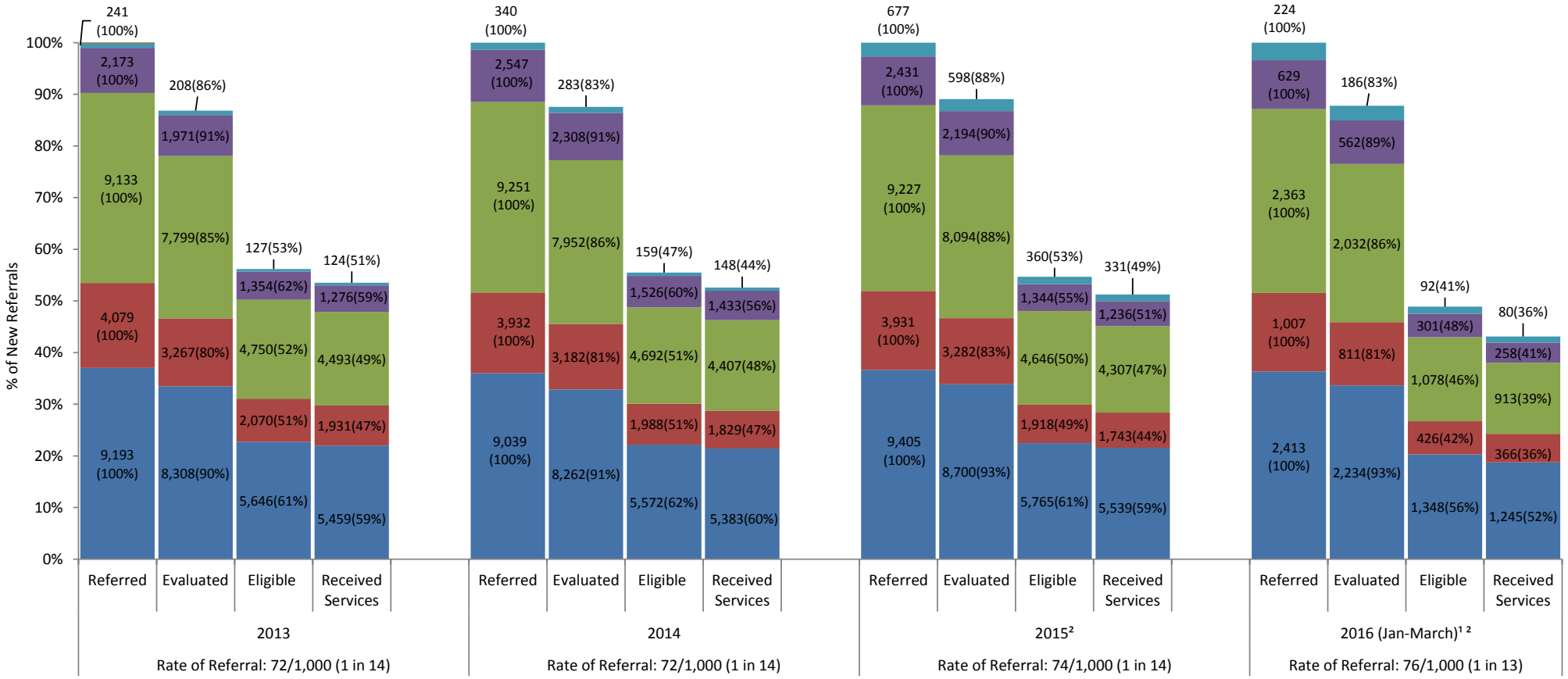


Note:

1. General services include all those but service coordination, evaluation, assistive technology and transportation.
2. The number of children 0-3 years is drawn from US Census data. For 2015 and 2016 this chart uses population figures from 2014 which is the most recent data available.

Progress of New Referrals Through the EIP by Race and Ethnicity, Citywide, January 2013-March 2016

	2013			2014, 2015, 2016[2]		
	0-3 Pop	*% of Pop*	*Ref. Rate (/1,000)*	*0-3 Pop*	*% of Pop*	*Ref. Rate (/1,000)*
White NH	97,894	29%	94	97,624	28%	93
Black NH	70,587	21%	58	72,826	21%	54
Hispanic	118,435	35%	77	120,622	35%	77
Asian NH	41,622	12%	52	42,886	12%	59
Other	14,095	4%	17	14,745	4%	23

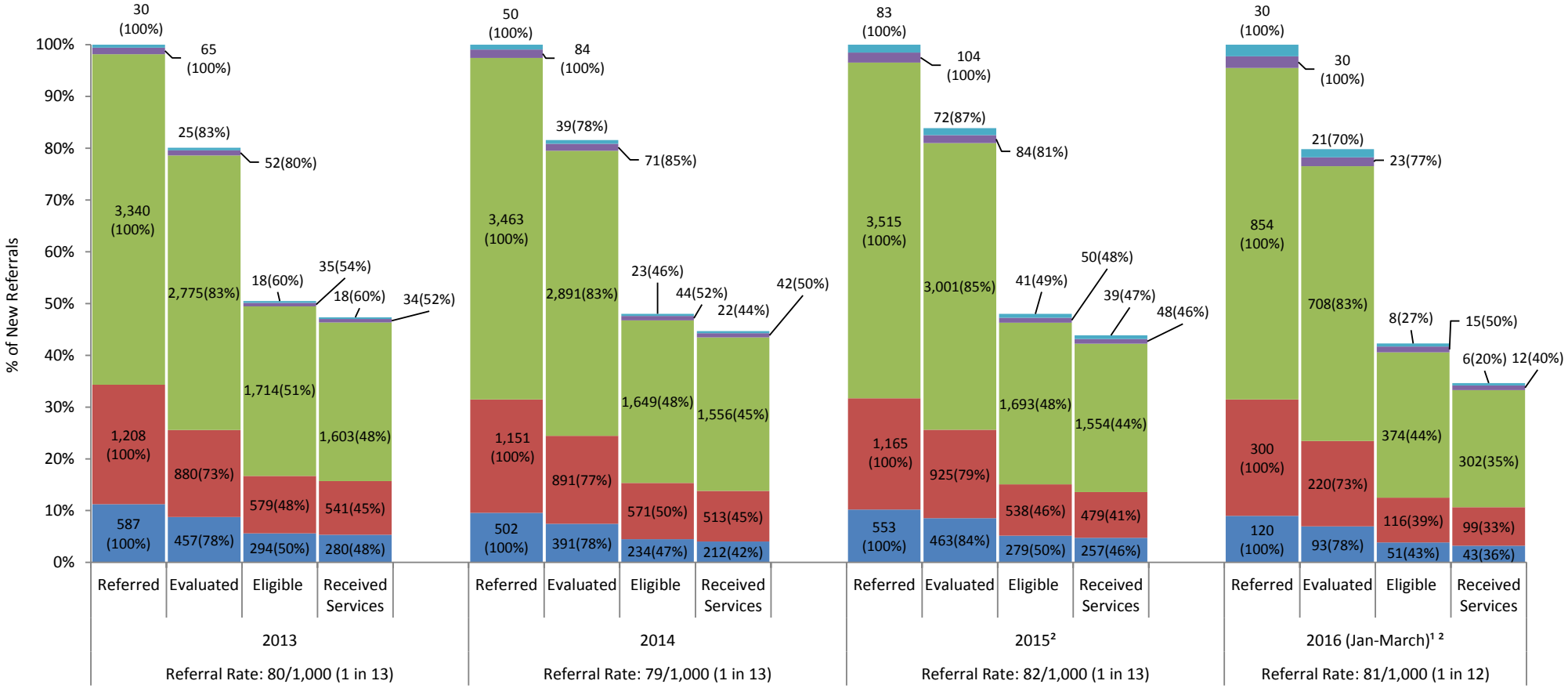


Notes:

1. Progress of new referrals is typically reported on a 3-month lag to ensure that all children have time to reach final resolution. However, at the time that this report was generated, data was only available through mid-June 2016, allowing only 2.5 months for resolution. Thus, these numbers may slightly understate the number of children at the later stages.
2. The number of children 0-3 is drawn from US Census data. For 2015 and 2016 this chart uses population figures from 2014 which is the most recent data available.

Progress of New Referrals Through the EIP by Race and Ethnicity, Bronx, January 2013-March 2016

	2013			2014, 2015, 2016[2]		
	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
Other	1,349	2%	29	1,442	2%	37



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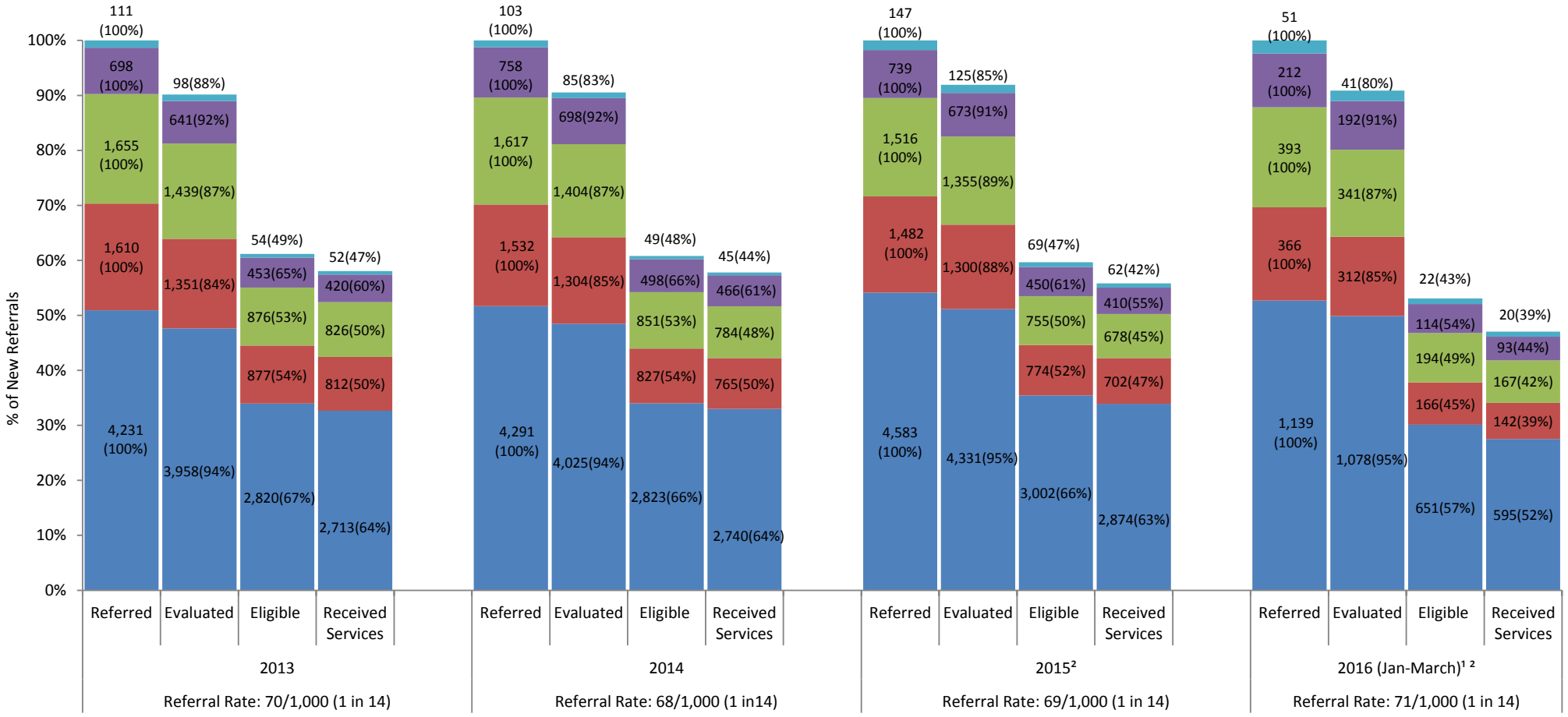
2. The number of children 0-3 is drawn from US Census data. For 2015 and 2016 this chart uses population figures from 2014 which is the most recent data available.

Progress of New Referrals Through the EIP by Race and Ethnicity, Brooklyn, January 2013-March 2016

	2013			2014, 2015, 2016[2]		
	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
Other	4,773	4%	23	5,215	4%	20



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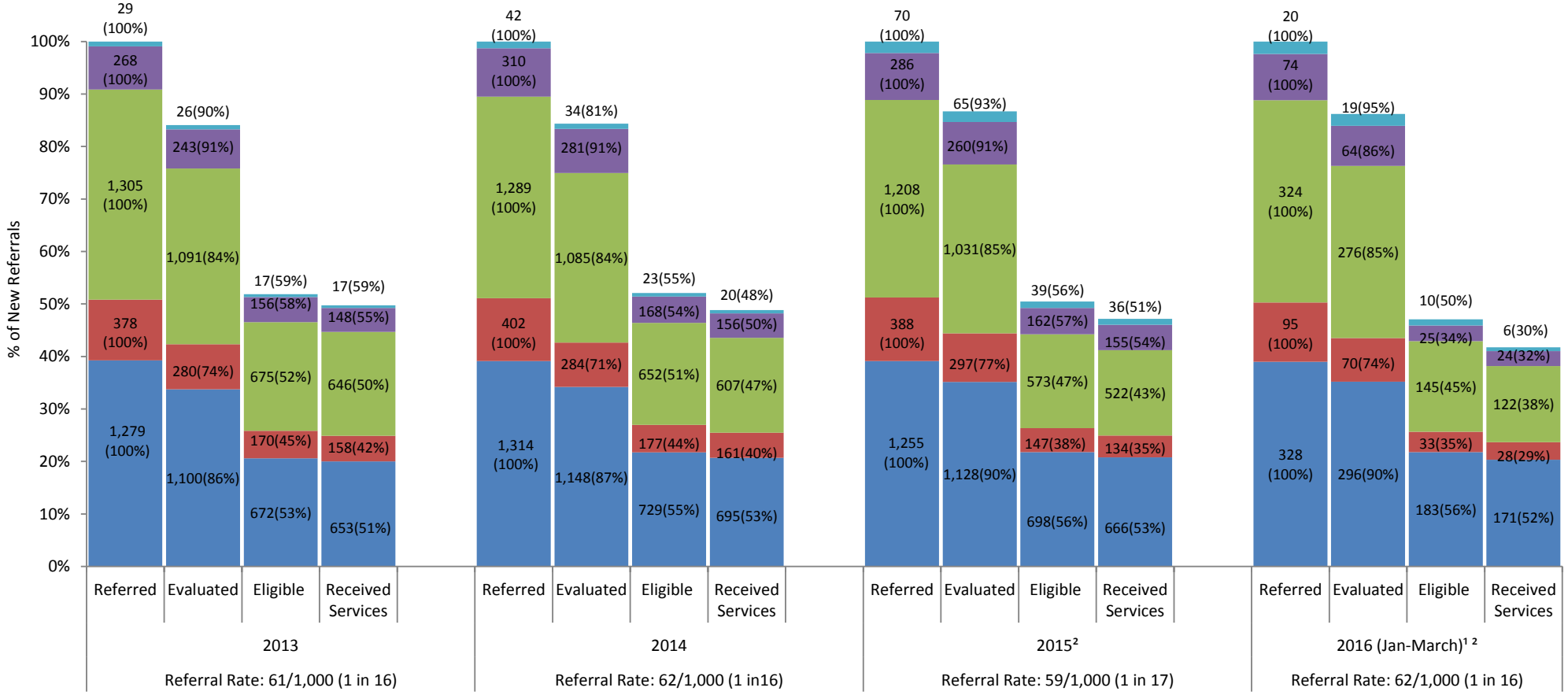
2. The number of children 0-3 is drawn from US Census data. For 2015 and 2016 this chart uses population figures from 2014 which is the most recent data available.

Progress of New Referrals Through the EIP by Race and Ethnicity, Manhattan January 2013-March 2016

	2013			2014, 2015, 2016[2]		
	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
Other	3,389	6%	9	3,288	6%	13



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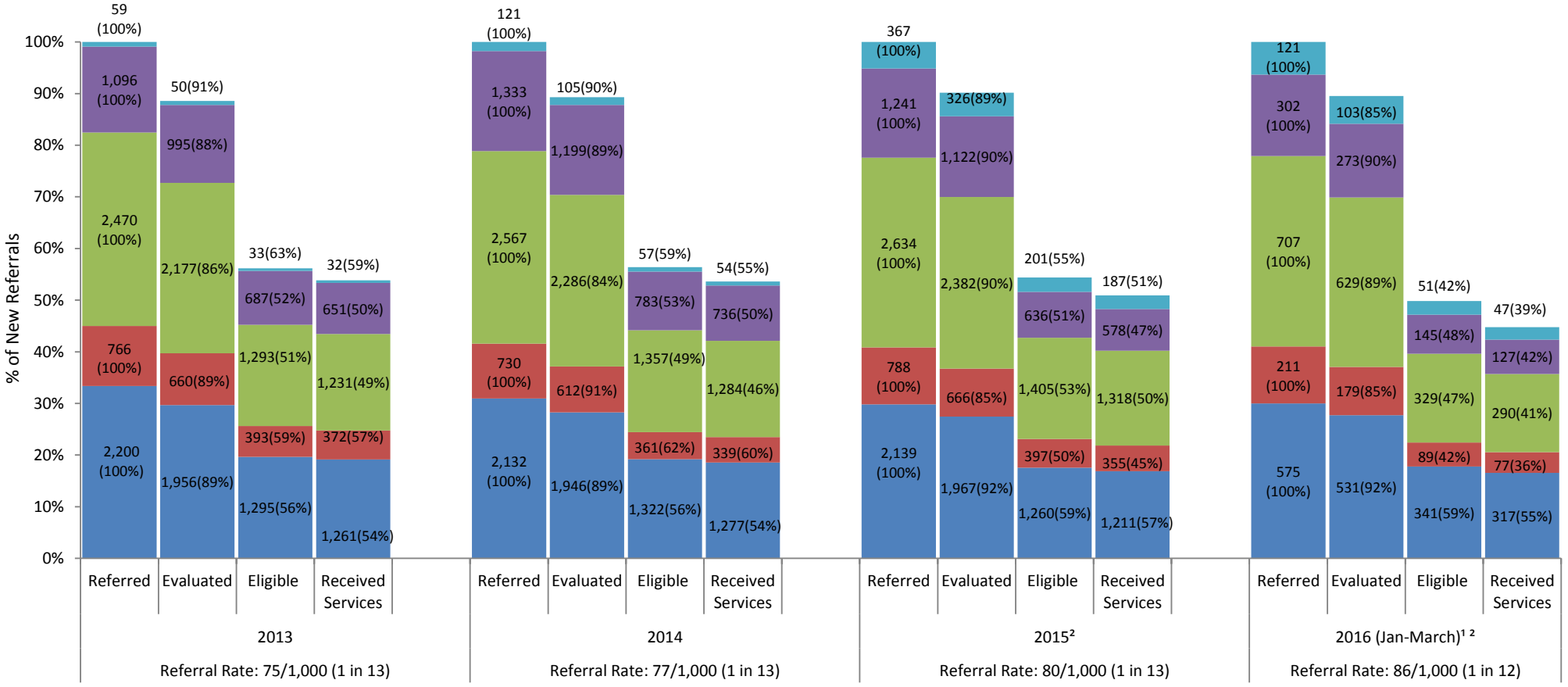
2. The number of children 0-3 is drawn from US Census data. For 2015 and 2016 this chart uses population figures from 2014 which is the most recent data available.

Progress of New Referrals Through the EIP by Race and Ethnicity, Queens, January 2013-March 2016

	2013			2014, 2015, 2016[2]		
	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
Other	3,977	5%	15	4,200	5%	29



Notes:

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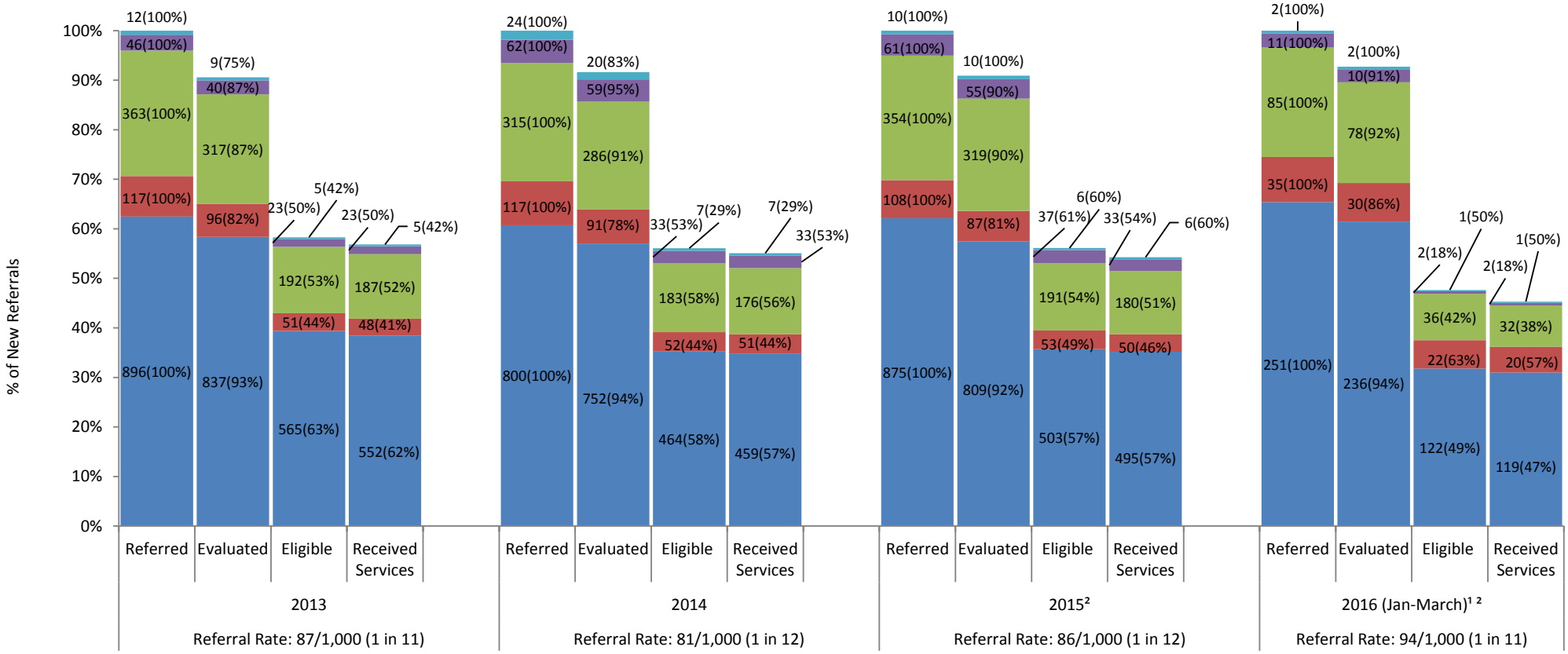
2. The number of children 0-3 is drawn from US Census data. For 2015 and 2016 this chart uses population figures from 2014 which is the most recent data available.

Progress of New Referrals Through the EIP by Race and Ethnicity, Staten Island, January 2013-March 2016

	2013			2014, 2015, 2016[2]		
	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
Other	604	4%	20	600	4%	40



Notes:

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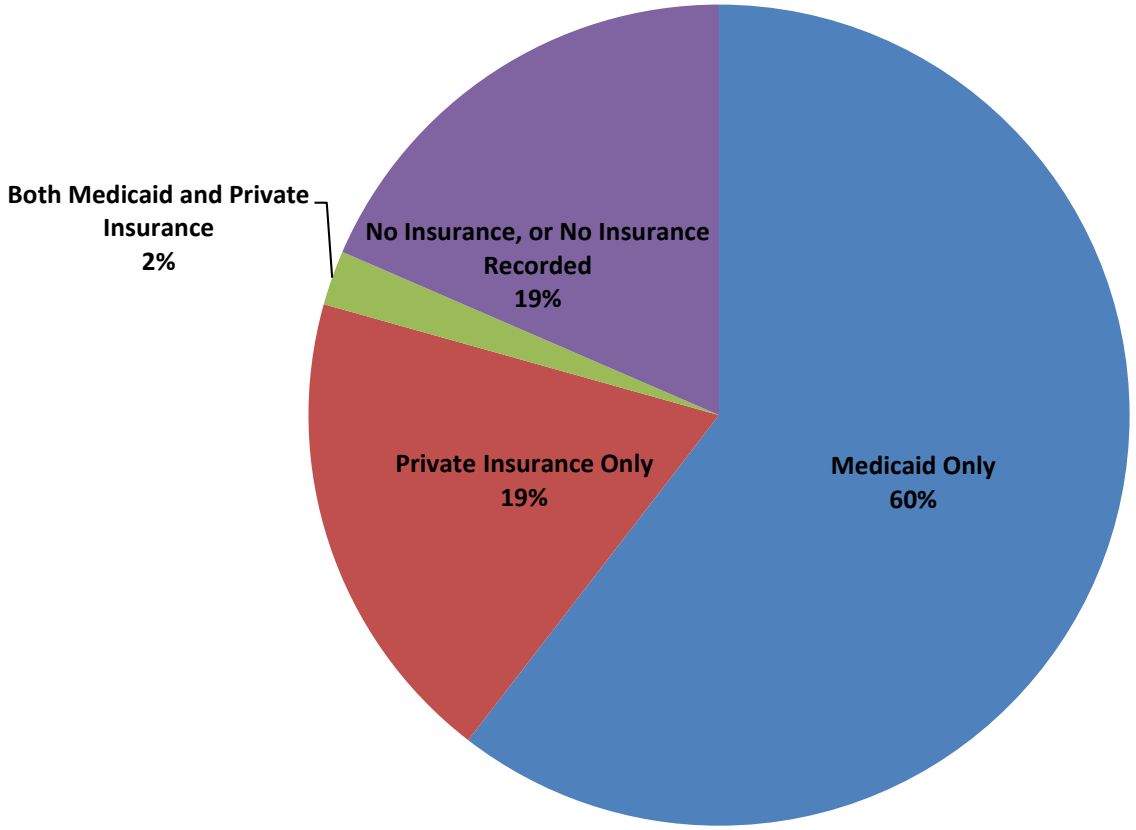
Insurance Status of Children Receiving General Services
January - May 2016
N=22,188



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