New York City Local Early Intervention Coordinating Council
November 15, 2016

Marie B. Casalino, MD, MPH, Assistant Commissioner
Nora Puffett, MPA, Director of Administration and Data Management
Lidiya Lednyak, MA, PMP, Director, Policy and Quality Assurance
Jeanette Gong, PhD, Director, Intervention Quality Initiatives

Bureau of Early Intervention
Division of Family and Child Health

NEW YORK CITY EARLY INTERVENTION COORDINATING COUNCIL (LEICC)
MEETING OF NOVEMBER 15, 2016

AGENDA ITEMS	DISCUSSION
MEETING CONVENED 10:11 AM.	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**
INTRODUCTIONS	**I. Tracey LeBright, Local Early Intervention Coordinating Council (LEICC) Chair** 1. Review of procedures for LEICC meetings: a. Attendees should pre-register on the New York City Bureau of Early Intervention (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 Nannette Blaize or Felicia Poteat to speak during the “Public Comment” section. d. 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. e. Transcription is available for this meeting. Written meeting minutes will still be made available 2. Minutes from last meeting were reviewed and approved with correction to Public Comment. The federal overtime provisions are contained in the Fair Labor Standards Act (FLSA). Unless exempt, employees covered by the Act must receive overtime pay for hours worked over 40 in a workweek at a rate not less than time and one-half their regular rates of pay. Key provisions of the final rule include updating the salary and compensation levels needed

BUREAU UPDATES	for Executive, Administrative and Professional workers to be exempt. Specifically, the Final Rule sets the standard salary level at the 40th percentile of earnings of full-time salaried workers in the lowest-wage Census Region, currently the South ($913. per week; $47,476. annually for a full-year worker) **II. Dr. Marie B. Casalino, Assistant Commissioner** 1. **General Announcements**: a. Early Intervention services will continue as usual, and have not changed as a result of the recent presidential election. Our mission has not changed. Early Intervention (EI) will continue to provide services to eligible children and their families regardless of race, ethnicity, religion, or immigration status. b. Dr. Jeanne Clancy, former Director of Queens Regional Office and Director of the Families as Partners Project, passed away on 11/14/16. 2. **Bureau Transition Announcements:** a. The Acting Director of Early Intervention Services is Agatha Guadagno, Director of the Queens Regional Office b. Re-organization of Bureau Administrative Units: • Developmental Monitoring Unit will report to Lidiya Lednyak • NYEIS Administration (including Help Desk and Transportation) will report to Nora Puffett
SEICC REPORT	3. **New York State Early Intervention Coordinating Council (SEICC) 9/15/2016** a. Revisions to Bylaws regarding Quorum and Majority Voting • Current membership = 27 members • There must be 14 members present for a vote. • An SEICC Bylaws change would align with current statute. • Since there were fewer than 14 members present at the SEICC, there was no vote on the quorum. • Voting is postponed and will be discussed at the next SEICC meeting. b. **Social-Emotional Task Force Update** • Mary McHugh, New York State (NYS) Office of Mental Health, is the Task Force Chair • Bob Frawley was the editor • From September's meeting there was a focus on: • Ongoing work to finalize document • Discussion of next steps • Any additions necessary? • Is information useful for caregivers and families?

	• Does the document adequately describe the goals, objectives, and strategies? c. Update: • Document [a Joint Task Force of the SEICC and NYS Early Childhood Advisory Council (ECAC) document] was being advanced to the ECAC but there could not be a vote because there was no quorum. There was a decision to pass it on to the ECAC d. **State Department of Health (SDOH) Activities** • Change to Service Coordination rate methodology awaiting State Plan Amendment (SPA) approval • No update on the Executive Budget proposals **e. Health Home Model to Serve Children** • Projected enrollment date for EI continues to be March 2017 • Discussion about webinars presented by State to The New York State Association of Counties (NYSAC) f. **Maternal Child Health (MCH) Block Grant State Plan** • Presentation by Lauren Tobias, Director, Division of Family Health • Title V Block Grant funding based on evidence-based strategies to achieve health outcomes. This grant aims to improve the health and well-being of women (particularly mothers) and children. • Framework for the work of the Division of Family and Child Health o MCH Essential Services o Reduce maternal morbidity/mortality o Reduce infant morbidity/mortality o Early Intervention o School Health Program o Adolescent Health o Support oral health and preventive services o Children with Special Health Care Needs o Home visiting o Health equity **g. Early Intervention Program (EIP) Proposed Regulations** • Will be published for public comment

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Goal: Adoption prior to 2017
Areas covered:
Evaluation and screening of child, and assessment of child and family
Screening and multidisciplinary evaluation
Individual Family Service Plan (IFSPs)
Monitoring of service providers
Procedural safeguards
Third-party payments
Provider approval
Conflict of Interest
Office for People With Developmental Disabilities (OPWDD) Notice

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<tr><td>CLINICIANS’ GUIDE AND ALGORITHM</td><td>
4. NYC EI Clinicians’ Guide and Algorithm: 2016
a. Rationale behind development of Algorithm and Guide:

Tool for clinicians to use with any child < 3 years presenting in primary care
Clarify which children should be referred to the NYC EIP
Define the importance of the pediatric provider’s role

b. Dissemination:

Grand Rounds presentations, other provider group presentations
Available in hardcopy and online:
Website: http://www1.nyc.gov/assets/doh/downloads/pdf/earlyint/ei-algorithm-guide.pdf
Mailings

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<tr><td>CDC SURVEILLANCE REPORT</td><td>
1. Central Nervous System (CNS) Defects Surveillance Project 2016-2017 – Centers for Disease Control and Prevention (CDC) Funded Project
a. NYC has received funding to help conduct population-based surveillance of microcephaly and other adverse outcomes (such as hydrocephalus, arthrogryposis, malformations of the corpus callosum) possibly linked to maternal Zika infection
b. Participate in pooled CDC data projects
c. Ensure that obstetric and pediatric providers link affected infants to services (beyond EI)
d. Population-based surveillance in collaboration with NYS Congenital Malformations Registry (CMR)
e. Active case-finding, including use of electronic data systems
f. Outreach to health care and social service providers, as well as to communities
g. Next Steps
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	• Hire project staff • Expand/develop databases and establish mechanisms for data collection • Initiate outreach to perinatal care centers, obstetric care providers, and the pediatric community • Develop communications for health care providers
LEICC DISCUSSION	LEICC Discussion: - Jacqueline Shannon asked if a pregnant mother with Zika was eligible for EI services. Dr. Casalino clarified that a pregnant woman with Zika is not eligible for EI services because the EIP is for children with disabilities birth to three (3) years old. Therefore, if a Zika-affected woman gives birth to a child with birth defects that result in disability (e.g., microcephaly), then the child would be eligible for EI services.
DATA REPORT	**III. Nora Puffett, Director of Administration and Data Management** 1. **Current data** a. NYC EIP is a little more than half way through the year, and data is showing the same general trend. Data is reflecting a downturn in performance in evaluation and ongoing service coordination. NYC BEI will be providing an end-of-year report (which will include new and existing agencies) 2. **Data Report** a. **Referrals:** • Consistency since 2012. NYC BEI is on track to see the same data for 2016. • Number of referrals per year/by borough has been consistent year to year. b. **General services:** • Data indicate that there is a larger number of children receiving some form of EI services (Service Coordination, Evaluation and/or General Services) than those who have been found eligible for services and are receiving them. c. **Further data analysis:** • In following a cohort of children through the EIP (from referral, evaluation, eligibility, to services and transition, citywide, by borough, and by race), 20% of children were re-referred. Some reasons offered by parents for not following through on the first referral include lack of interest in services, or family circumstances that prevented them from receiving services.

	• Focus is now on making sure that children are receiving the appropriate evaluations. Rates of children making it from eligibility finding to services have been consistent. Data indicate that, although the evaluation process can be challenging for the family, children who are found eligible ultimately receive services. • Data indicate disproportionate rates of referral and service receipt by race. Particularly for black children, rates of referral and rates of service receipt are not proportionate to the percentage of the birth-to-three population that is black. d. **NYEIS (New York Early Intervention Systems) Data:** • Service coordinators' explanation of insurance use in the EIP may be confusing or misleading to families, leading to inconsistent reporting.
HEALTH EQUITY OUTREACH ACTIVITIES	**IV. Lidiya Lednyak – Director of Policy and Quality Assurance** 1. **Equity Initiative Update** a. Goal: Increase equity in referral and retention areas in Brooklyn: specifically Bedford Stuyvesant, Crown Heights, East Flatbush, and in Jamaica, Queens b. Outreach is focused in: **Bedford-Stuyvesant-Crown Heights** (zip codes 11212, 11233, 11213, 11216, 11238) **East Flatbush** (11226, 11203,11225, 11210) **Jamaica** (11434, 11412, 11433) c. The NYC BEI Outreach Unit tailors its outreach to the event, and is available during the day, weekends and evenings. d. Activities include: • Presentations for staff • Parent-friendly presentations for families and parent groups • Professional staff development training with certificates for staff at agencies • Tabling events at fairs, libraries, and hospitals • Presentations to pediatric practices and hospitals • Presentations in Spanish and other languages by BEI staff from the Intervention Quality Initiatives Unit and the Regional Offices 2. **Outreach Activities: Progress to Date** a. From April 2016 – September 2016, the total number of individuals, which includes staff and community/families, reached through outreach efforts is **2,332** in the priority zip codes.

LEICC DISCUSSION	b. From April 2016 – September 2016, the total number of individuals, which includes staff and community/families, reached through outreach efforts is **1,412** in other zip codes. c. NYC BEI has also updated all of its outreach and informational materials available on the DOHMH website. LEICC Discussion: - Ms. LeBright asked Ms. Lednyak if NYC BEI has seen any referrals as a result of these outreach. Ms. Lednyak answered that NYC BEI just started with this type of outreach work and is encouraged by the retention numbers that Ms. Puffett presented. Since NYC BEI is doing better at retention of families, Ms. Lednyak thinks that this has a lot to do with the training NYC BEI has provided to our staff for the families and communities. - Ms. Silver asked which of your outreach activities have had the greatest impact. Ms. Lednyak answered that we cannot tell at the moment since we do not have enough data gathered. - Ms. Lednyak stated that referrals are difficult to track because the person making the referral to EI is not always specified on the form or available in NYEIS. - Ms. Puffett reiterated that data in NYEIS on referral source is not consistent and the data is unreliable.
PROVIDER/AGENCY UPDATE	3. **Provider/Agency Update** a. **New York City Early Intervention Provider Landscape:** • From April 2013 - November 2016 we have experienced a 54% increase in EI providers in NYC. • 10 individual providers for all disciplines • 145% increase in Applied Behavior Analysis (ABA) Providers (among new and existing providers) • 68 new and existing providers engaged in the (NYC EIP Technical Assistance. b. Provider directory updated and available at: http://www1.nyc.gov/site/doh/providers/resources/early-intervention-information-for-providers.page
LEICC DISCUSSION	LEICC Discussion: - Ms. Silver stated that being an EI provider requires compliance and guidance in order to be an approved provider that meets ALL regulatory requirements. Also, when applying as a NYS EI provider you are now required to be an approved Medicaid provider in NYEIS.
Group Developmental Services	4. **Group Developmental Services** a. SDOH issued Group Developmental Intervention (GDI) Services Standards in November 2013 http://www.health.ny.gov/community/infants_children/early_intervention/memoranda.htm b. To support compliance with these standards, NYC BEI informed EI agencies regarding required changes to the duration of their group developmental services c. Between 7/20/16 and 8/12/16, BEI collaborated with 15 EI provider agencies to modify group models

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LEICC Discussion

HEALTH HOMES UPDATE

QUALITY INITIATIVES: CULTURAL COMPETENCE TRAINING

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d. System-wide implementation dates: between 8/16/16 – 8/31/16
e. Working with the SDOH to ensure ongoing compliance with Global Development Indicator (GDI) Standards
f. Thank you to all the NYC Regional Offices, NYEIS Administration, and the Technical Assistance Unit staff for their help with internal service authorizations.

LEICC Discussion:
- Dr. Casalino also recognized the Regional Offices, NYEIS Administration, and TA staff for their collaboration and their work within the administration units.

5. **Health Homes (HH) Update:**
a. EI roll-out: March 1, 2017
b. Between 12/1/16 and 3/1/17 all children with an active IFSP will continue to receive EIP Ongoing Service Coordination
c. Children who are age-eligible for EI, who receive Medicaid, and who may meet the criteria for HH must first be referred to EI to receive Initial Service Coordination.
d. If found eligible for EI, Ongoing Service Coordination remains with an EI agency
e. If not found eligible for EI, or upon transition out of EI, child is referred back to the HH that referred the child to EI
f. Health Homes Designated to Serve Children in New York City: *https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_children_designations.pdf*

V. Jeanette Gong, Director, Intervention Quality Initiatives
1. Professional Development Training on Cultural Competence:
a. The Importance of Cultural Competency for NYC EIP:
• To enhance retention of families referred to the NYC EIP.
• To support EI Professionals' use of ***family-centered*** best practices in their interactions with families. This includes:
o Demonstrating sensitivity and respect for the culture and values of families, the way they do their routine activities, and beliefs that are important to them.
o Should be reflected in service coordination, evaluations, during the IFSP meeting and the creation of the functional outcomes, and during services.
b. Two (2) professional development trainings are being created to address cultural competency:
• **On-line modules**: The Service Coordinator (SC) and SC Supervisor trainings developed by the EI Local Early Intervention Coordinating Council (LEICC) Equity and Access subcommittee will be transformed to

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	on-line modules and updated to include more info on reflective practice. Content for on-line modules will be reviewed by a LEICC Subcommittee • **In-person training:** Lenora Reid-Rose and the Coordinated Care Services, Inc. staff (CCSI) and Dr. Marianna Souto-Manning (Teachers College) created the curriculum and will provide training on cultural competence in the early childhood field. The in-person training will cover topics such as: o **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. o **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. o **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. o **Self-awareness:** Reflecting on one's own ideas, values, bias, and perceptions of other cultures and how these impact our interactions and communication with others (i.e., families and other EI professionals). o **Principles of Effective Practice**: Presenting ten principles of effective practice on providing culturally competent services and incorporating recommendations from families.] c. The audience for these cultural competency trainings will be: • EI Provider Agency Directors/Administrators • NYC EIP Service Coordinators • Clinical Supervisors and Quality Assurance Managers • NYC Bureau of Early Intervention Staff 2. Additional information about the professional development trainings: • All EI professionals can use these training hours toward the NYSDOH EI Provider Agreement annual requirement for 10 hours of training. • NYC BEI is an approved provider of Continuing Education Units (CEUs) by the State Education Department Office of the Professions for: o Occupational Therapists (OTs)/OT Assistants, o Physical Therapists (PTs)/PT Assistants, o Speech-Language Pathologists/Audiologists, and o Licensed Clinical Social Workers (LCSWs)/Licensed Master Social Workers (LMSWs)
LEICC DISCUSSION	LEICC Discussion:

- Ms. LeBright asked what the target date for training is. Dr. Gong answered that for the in-person training Spring 2017. The online modules; once approved have to be transformed into webinar/trainings by the Training Unit staff so that date is tentative.

HEALTHLY HOMES PROGRAM

VI. Deborah Nagin, MPH, Healthy Homes Program (HHP)

1. **DOHMH Healthy Homes Program:**
   a. Reduce environmental lead exposure in the homes of children with diseases.
2. **Environmental Investigation:**
   a. Go into homes with inspectors to inspect for lead poisoning. Also respond to unsafe work conditions that can create lead dust, and lead paint hazards.
   b. Referrals from health care providers or inspections in the homes of children with asthma with special focus on pests
   c. Care coordination for children, pregnant women and their newborns exposed to lead poison.
   d. Outreach team works with community housing and faith based organizations. Partnership plan to expand reach.
   e. Data/Surveillance
3. **Lead Poisoning**
   a. 69% decline since 2005
   b. No safe level of exposure
   c. Neurologic damage impacting on learning, behavior, and can cause lower intelligence
   d. Exposure prevention is key
   e. Lead paint primary cause, but other sources contribute to exposure
4. **Risk Factors:**
   a. Children < 3 years of age
   b. Low income children living in deteriorated housing
   c. Foreign-born children
   d. Recent travel
   e. Use of imported products found to contain lead
   f. Recent renovation
   g. Pica behavior- 40% of children over 6 years old tend to have developmental delays.
5. **What you can do:**
   a. Test children for lead poisoning at age 1 and again at age 2 – It's a NYS Law
   b. Test older children with a risk of exposure
   c. Assess the home environment
      - Peeling and deteriorated paint creates lead dust hazards
      - Building owners are required to safely repair

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d. Advise families to call 311 if peeling paint or unsafe renovation
6. Asthma:
a. Most common childhood chronic disease- 13% of NYC children
• Leading cause of school absenteeism for children 5-12 years old
• Children living in low-income neighborhoods are more likely to have asthma and are hospitalized more often than children in high-income neighborhoods
b. Pests:
• Children with asthma living with largely pest-free homes have fewer symptomatic days of school absences and hospitalizations than those living with pests.
• Effective safe pest reduction thru Integrated Pest Management (IPM) I the key to success!
7. HHP Services: Asthma
a. Multiple strategies to reduce pest-related asthma triggers in homes of children with asthma:
• Asthma/IPM Enforcement
• Partnership with health care providers for children with asthma
• Referral triggers an inspection by HHP
• Delivery System Reform Incentive Payment (DSRIP)- Asthma/IPM
• Asthma/IPM Return on Investment (ROI) Study- real allergens reduction services
8. What you can do:
a. Assess home environment for pests and other housing related problems
b. Make referrals via health care provider to access IPM services for children with asthma
c. Educate families: Proper medication along with reduction of asthma triggers like pests can make a real difference in reducing exposure to allergens
9. Ways we can work together and benefits:
a. Staff and service providers training, especially home visitors
b. Visual assessment for home environmental hazards
c. Effective ways to address the problem
d. Technical Assistance
• Develop an assessment checklist
• Review educational information for families and providers
• Referral pathways
e. Making referrals to HHP or other appropriate agencies to address home environmental hazards
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<tr><td>LEICC DISCUSSION</td><td>LEICC Discussion:</td></tr>
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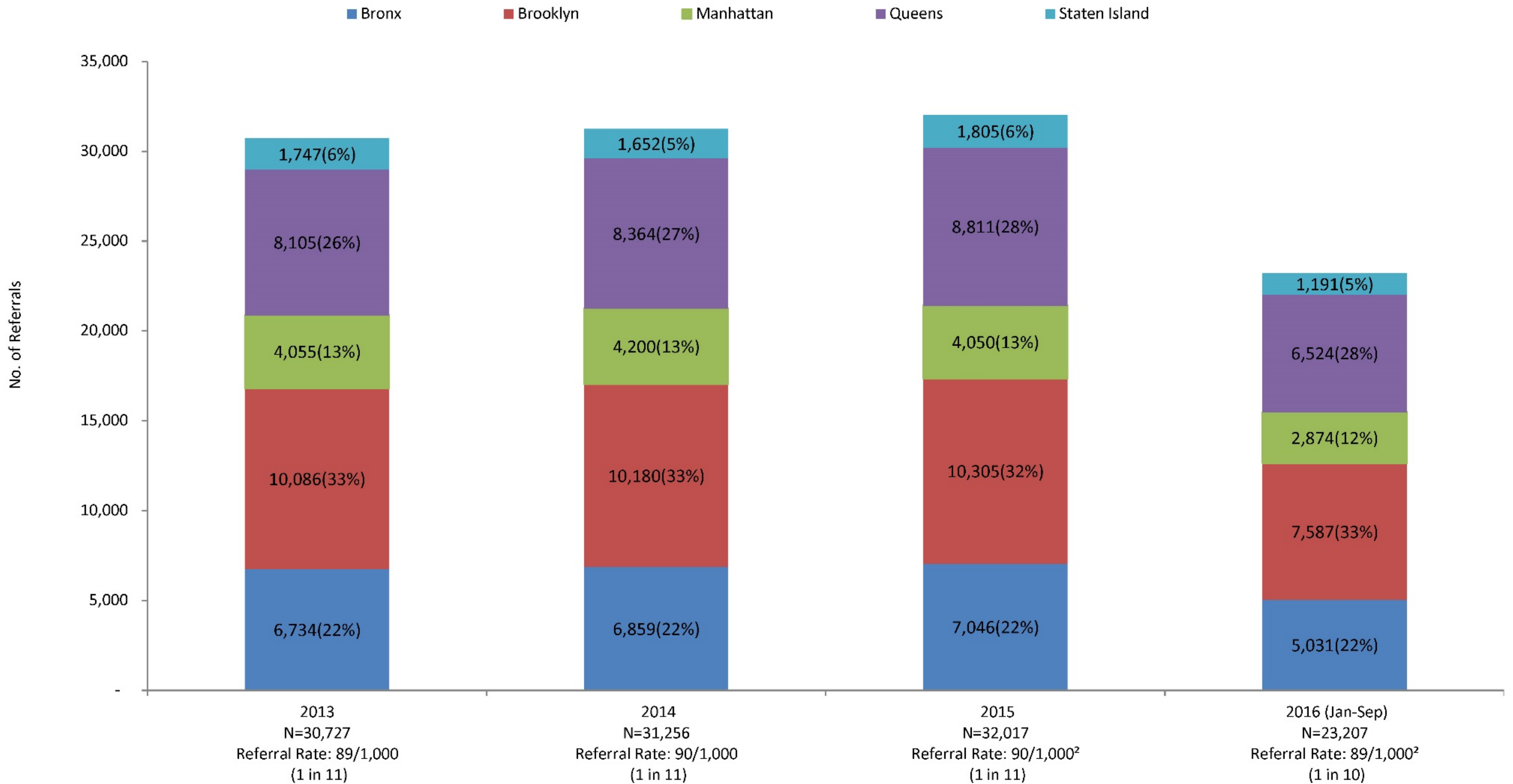
CODE 35	- Ms. Silver asked Ms. Nagin what she would recommend if a service coordinator sees the conditions mentioned, calls 311 to report, but continues to see them on numerous subsequent visits. Ms. Nagin answered that it is important to let families know they have lead and asthma resources available. If something seems off or you are not sure about something, the SDOH manual states that the service coordinator should inform the Early Intervention Official Designee (EIOD). - Ms. Silver also asked how families get linked to physicians. Ms. Nagin answered that HHP has partnerships with asthma clinics. It's always a family's choice if they want HHP to get involved and provide resources and inspections. Any child who is being followed by an asthma clinic is part of the program. Healthy Home staff come and do trainings that are highly recommended for all service coordinators. VII. **Umair Waseem, Division of Finance- Code 35** The State has taken over the process of activating all Code 35 cases prior to May 1st. A fund is established in the Department of Finance, under the provision of Section 6-207 of the City Charter. 1. Prior to this, Division of Finance was activating all Code 35s on behalf of the providers to reduce administration workload. 2. SDOH does not want to have two (2) separate processes. If stakeholders have any questions, they should direct all calls to the SDOH.
LEICC DISCUSSION	LEICC Discussion: - Ms. Silver asked when the State implemented Code 35. Mr. **Waseem** answered that implementation date was on August 29, 2016. The Division of Finance is still receiving calls but there are no concerns. Mr. **Waseem** stated they are redirecting all calls to the SDOH. (Timeline: 3- 4 weeks). Ms. Silver also asked if any committee members are feeling the impact of this change. Mr. **Waseem** answered that the only impact has been on billing and routing.
LEICC COMMITTEES	**1. Academic Preparation and Professional Development Committee -** Meeting will be in early January-February 2017 **2. Transition Committee – No meeting – waiting for SDOH. Committee very close to getting an answer.** 3. **Policy Review Committee -** No Report since no policies have been received. a. **Service Capacity Task Force -** Held two meetings since the last meeting. Everyone agrees there is an issue with capacity. Need data on: • Has there been a decrease in the number of therapists available to provide services? • Are there children waiting for services? • When therapists are no longer working for an agency, can they be deactivated in NYEIS?
PUBLIC COMMENT	1. Minutes were approved with the changes to the last meeting's comment from Scott Mesh of *Los Niños*

	2. Scott Mesh spoke again in this meeting. He wants to make EI providers aware of that the US Department of Labor Regulations have changed - those who make under $46,467 have to be classified as hourly employees depending on the type of work that they do. This impacts Service Coordinators and fee-for-service Coordinators. This is effective as of December 1, 2016.
MEETING ADJOURNED 11:38 AM.	Next meeting scheduled for March 2017

Data Report

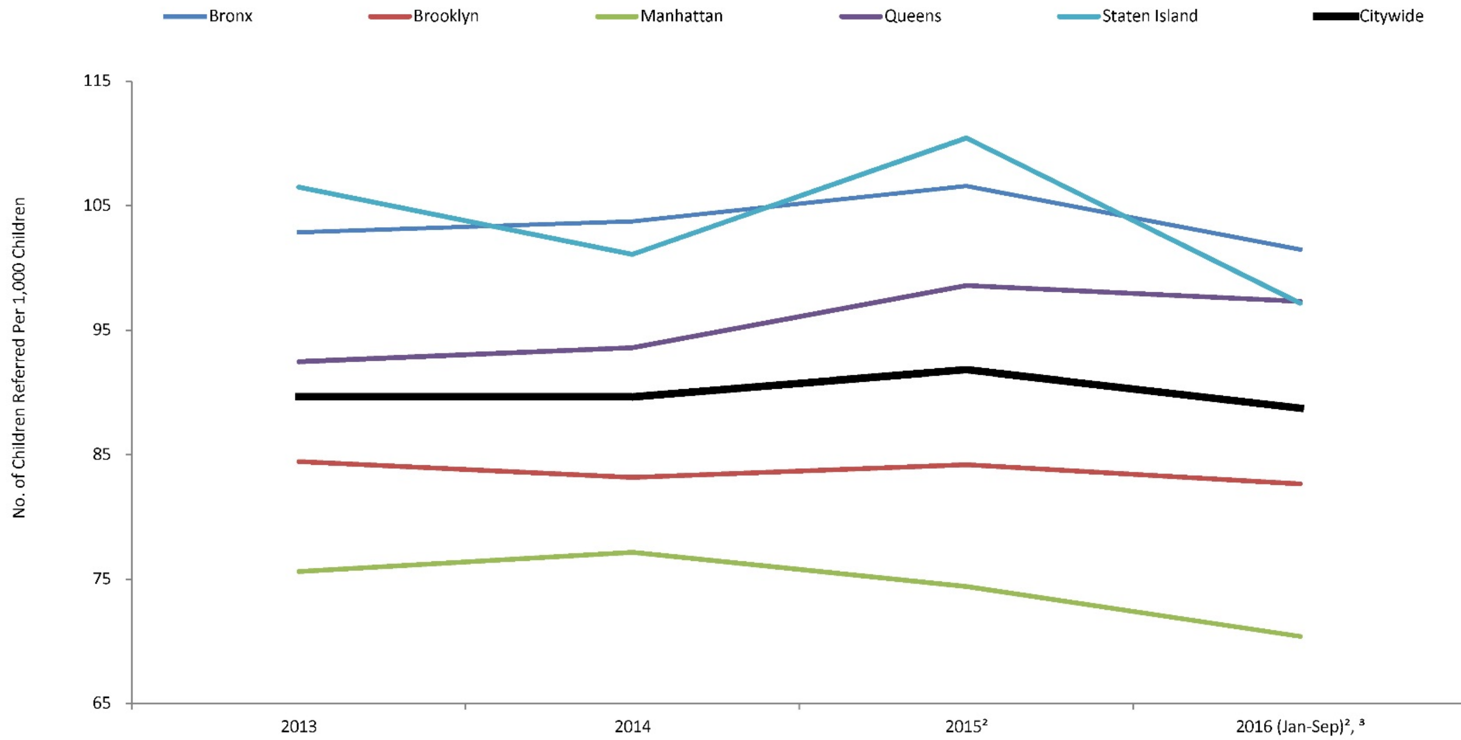
Nora Puffett, MPA

NYC Health



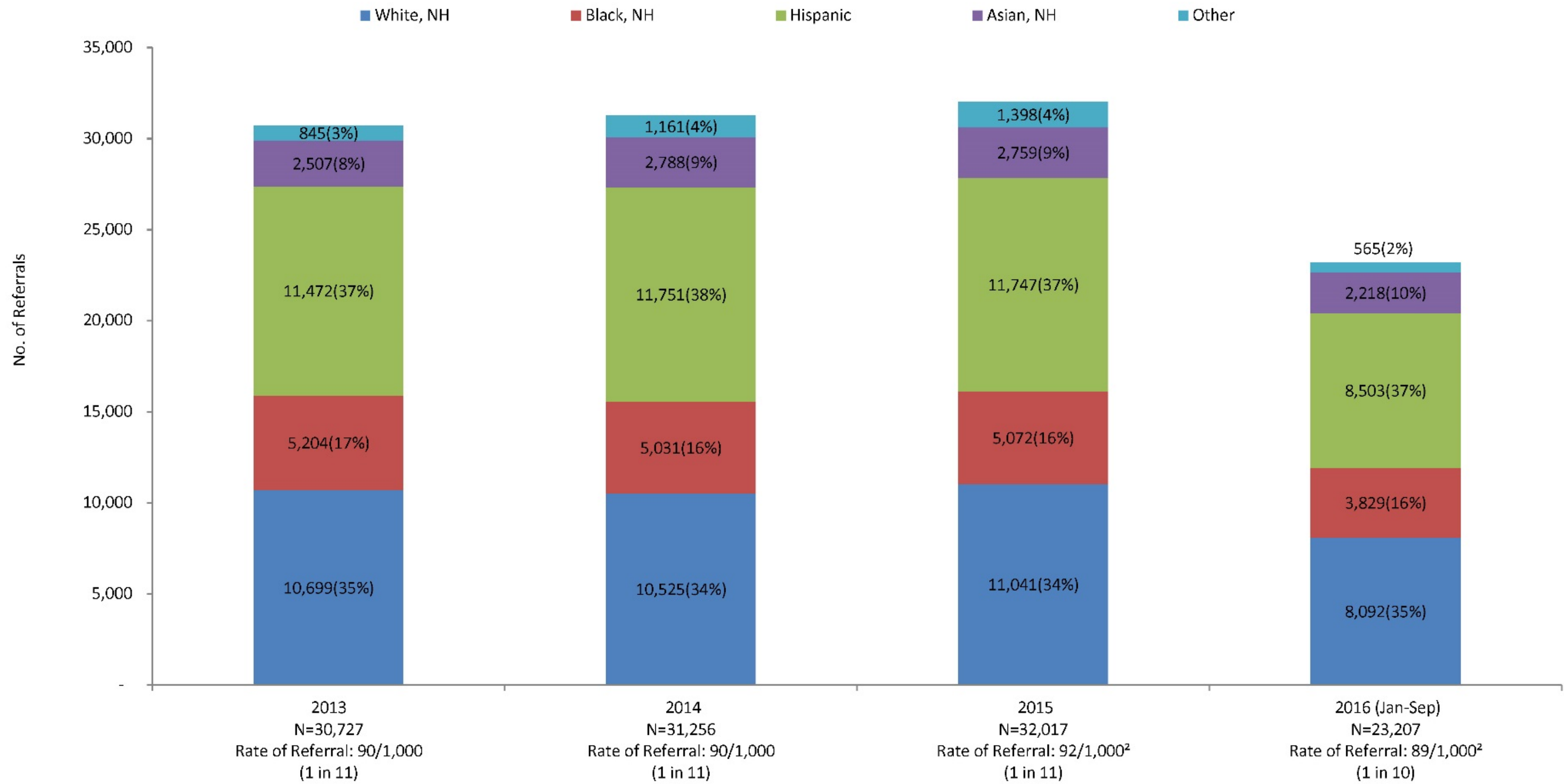
Notes:
1. Includes new and re-referrals.
2.. The number of children 0-3 year is drawn from US Census data. For 2015 and 2016 this chart uses population figures from 2014, which is the most recent data available.

Rate of Referral[1] Per Year, by Borough
January 2013 - September 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 decreasd by 3% in the first nine months of 2016 compared to 2015. The 2016 referral rates went down for all boroughs: Queen's rate decreased by 1%; , Brooklyn's rate decreased by 2%, Manhattan's rate decreased by 5%, Bronx's rate decreased by 5%, and Staten Island's rate decreased by 12%.

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



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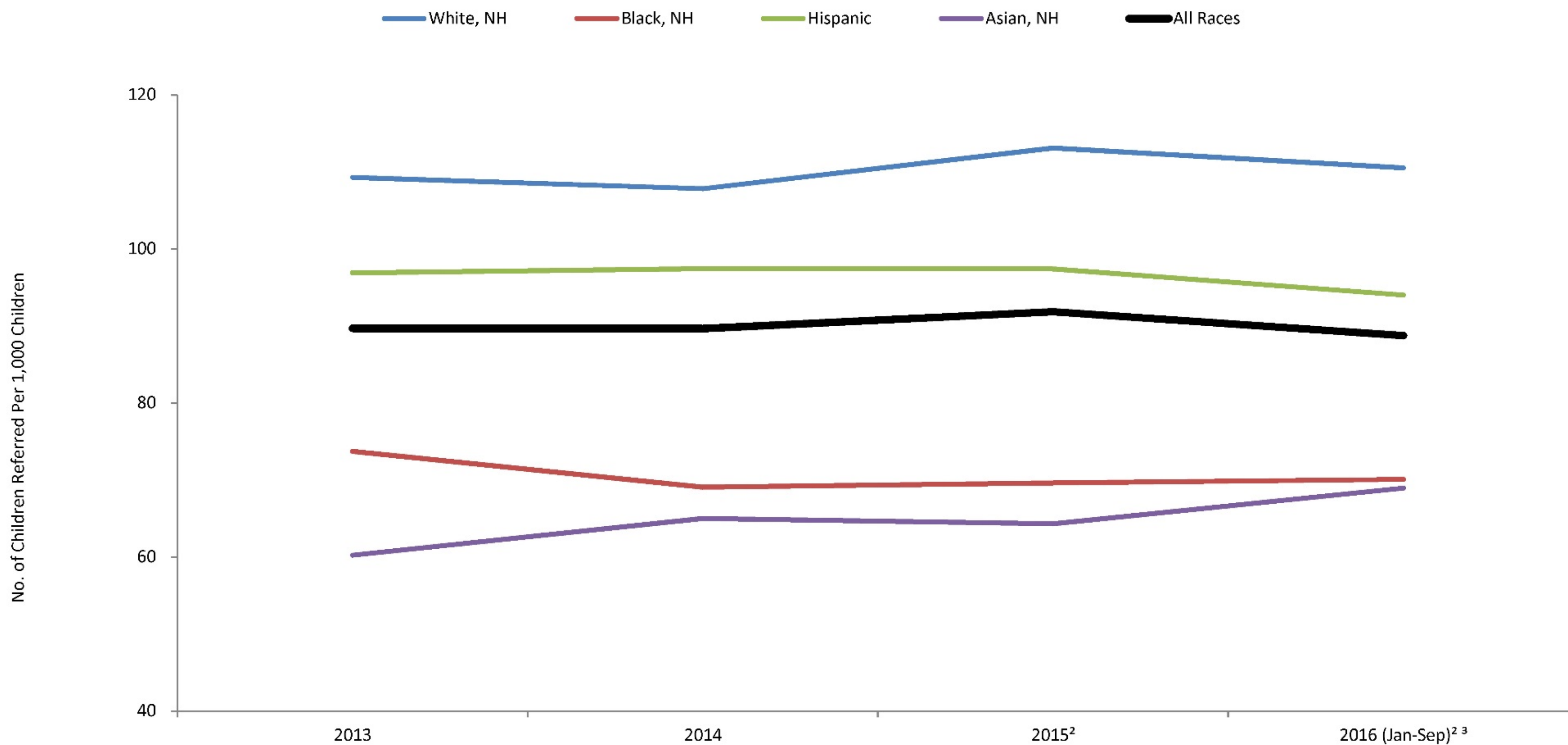
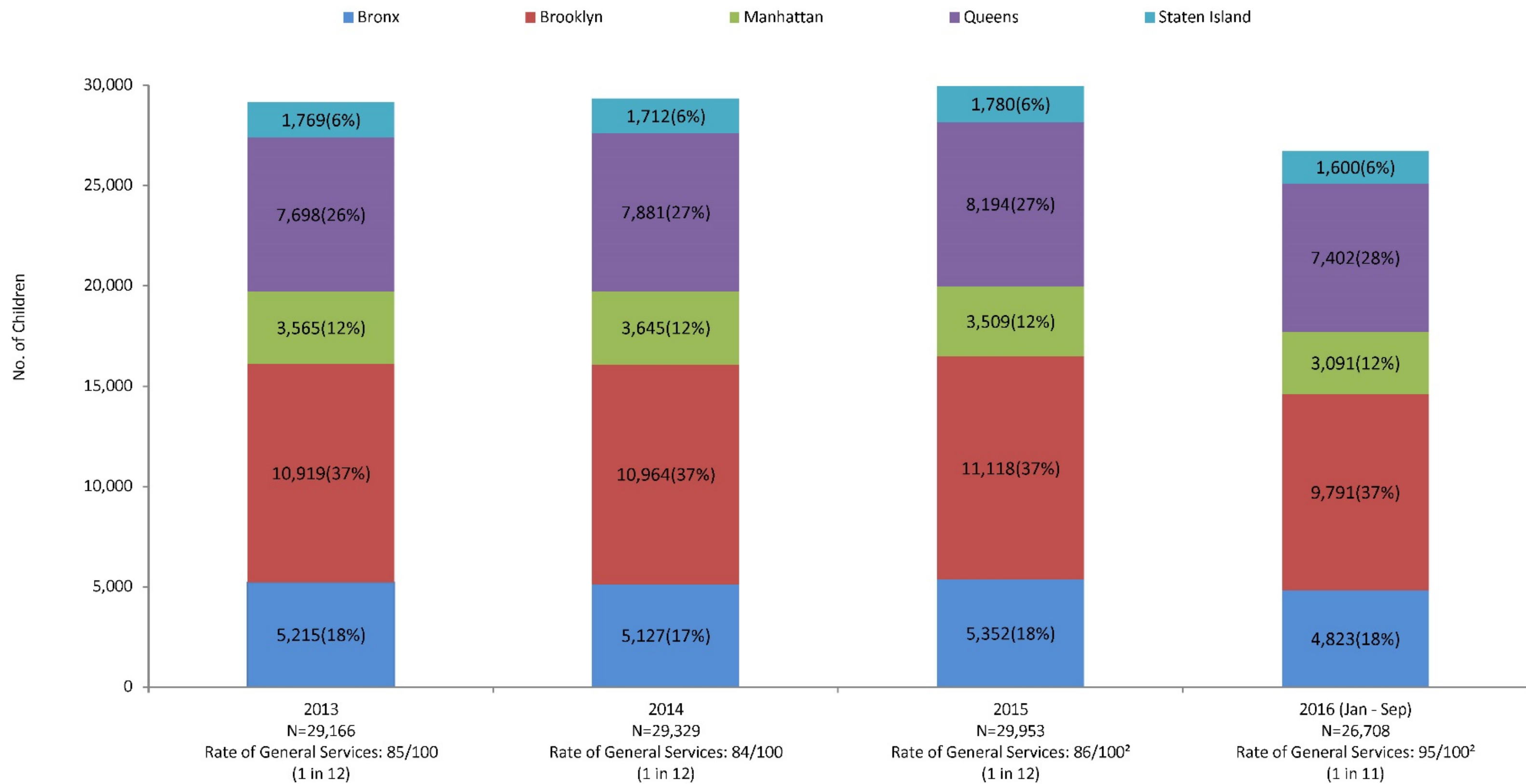
Rate of Referral[1], by Race and Ethnicity
January 2013 - September 2016



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 decreased by 3% in the first ninemonths of 2016 compared to 2015. Black and Asian childrens' referral rates went up by 1% and 7%. White and Hispanic children decreased by 2% and 3% .

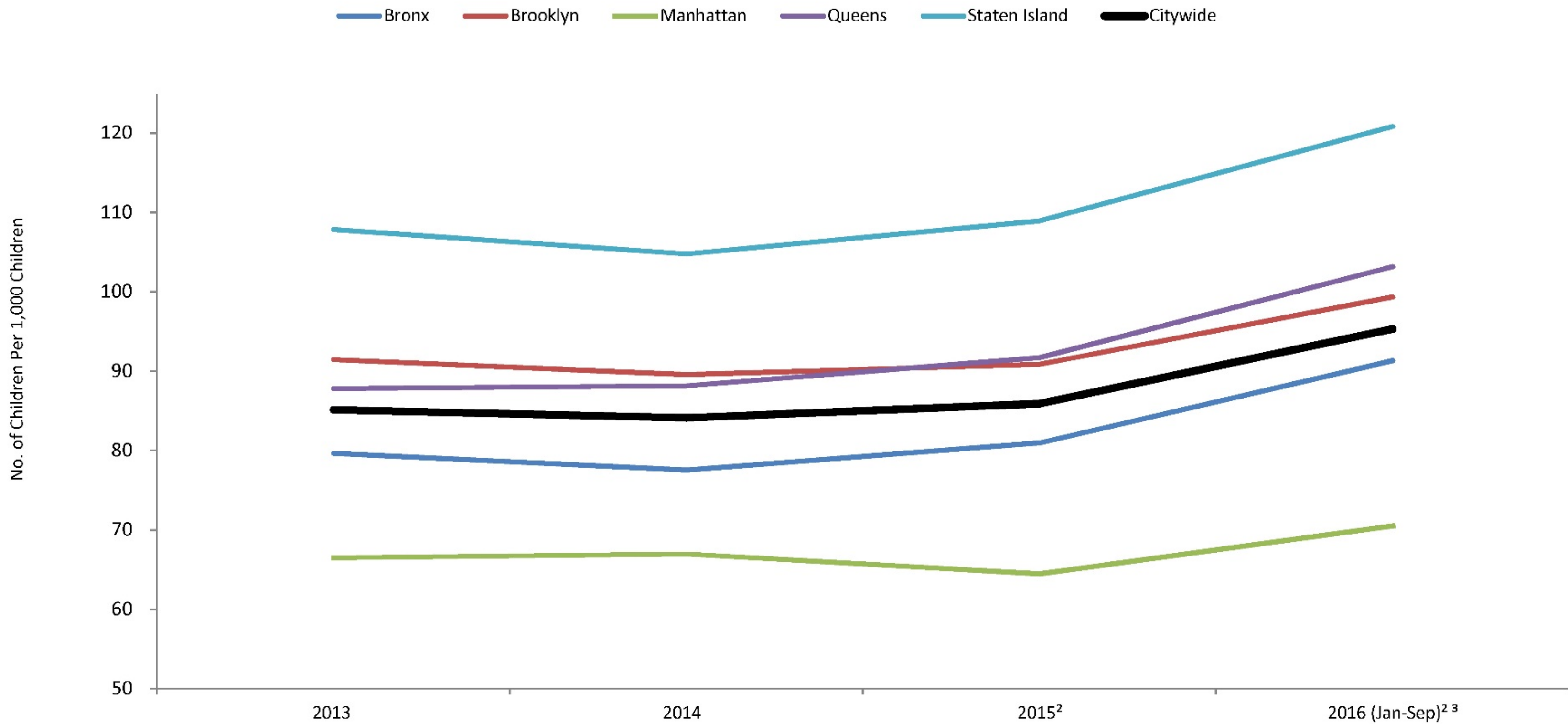
Number of Children Receiving General Services[1] Per Year, by Borough
January 2013 - September 2016



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.

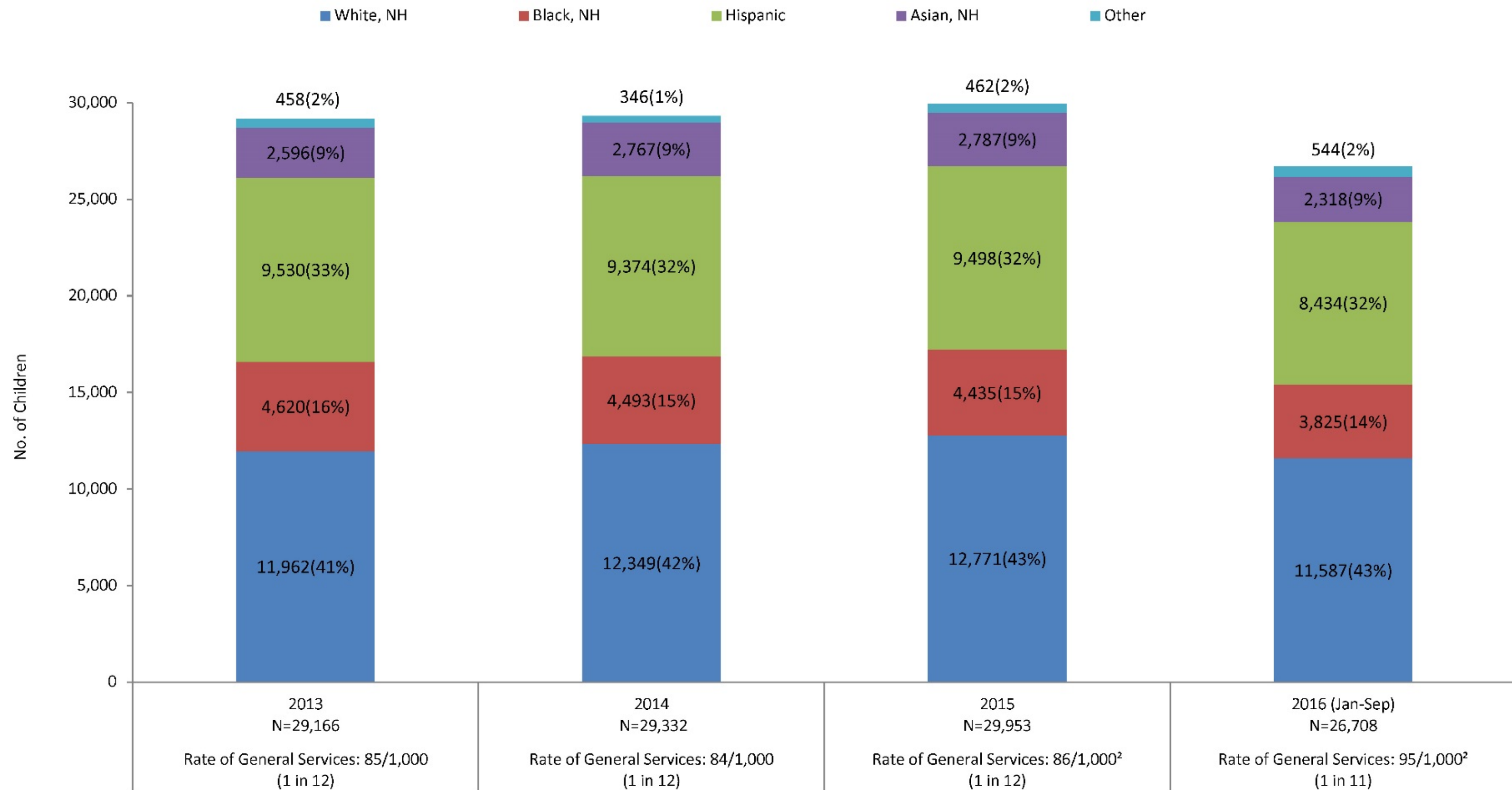
Rate of Children Receiving General Services[1] Per Year, by Borough
January 2013 - September 2016



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.
3. The citywide general service rate increased by 11% in the first nine months of 2016 compared to 2015. The 2016 rates went up for all boroughs: Bronx's rate increased by 13%; Queens' rate increased by 13%; Manhattan's rate increased by 9%; Staten Island's rate increased by 11%, and Brooklyn's rate increased by 9.3%.

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



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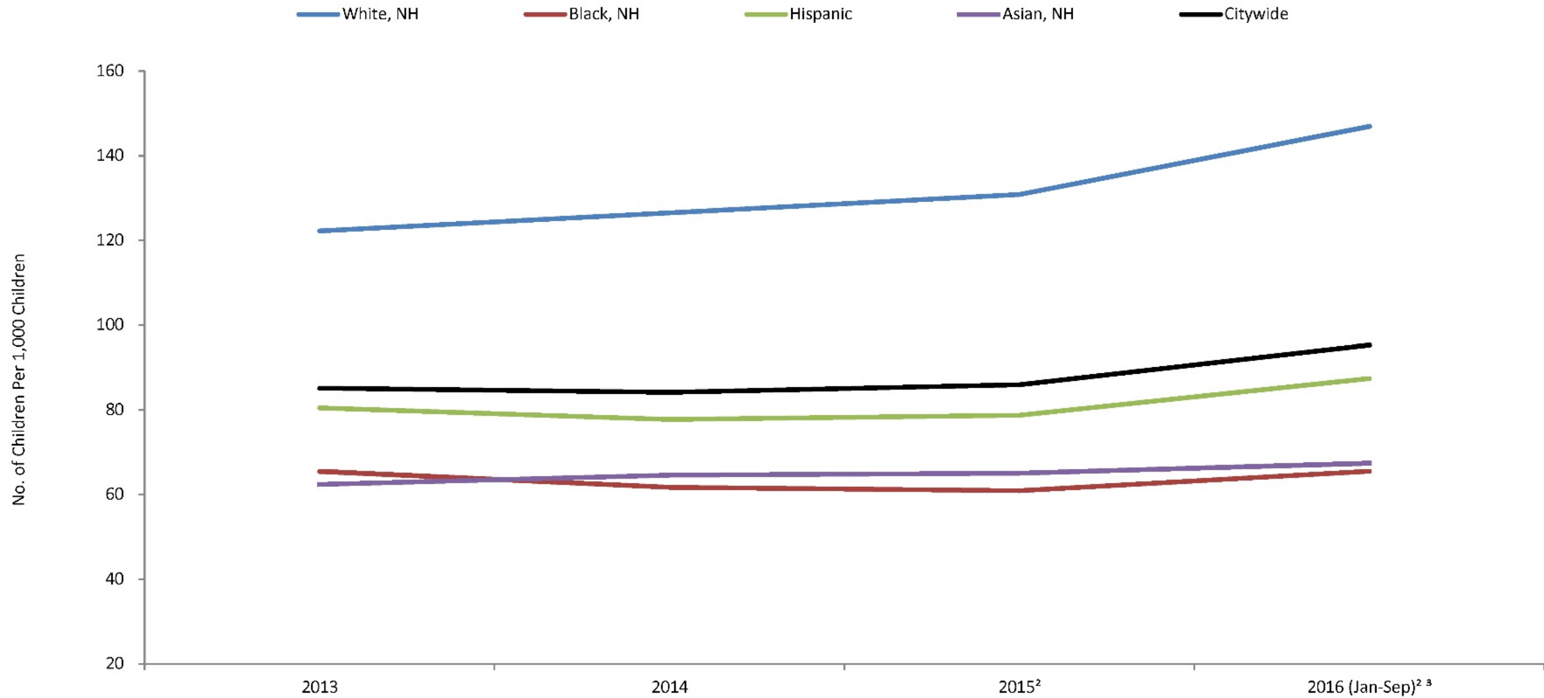
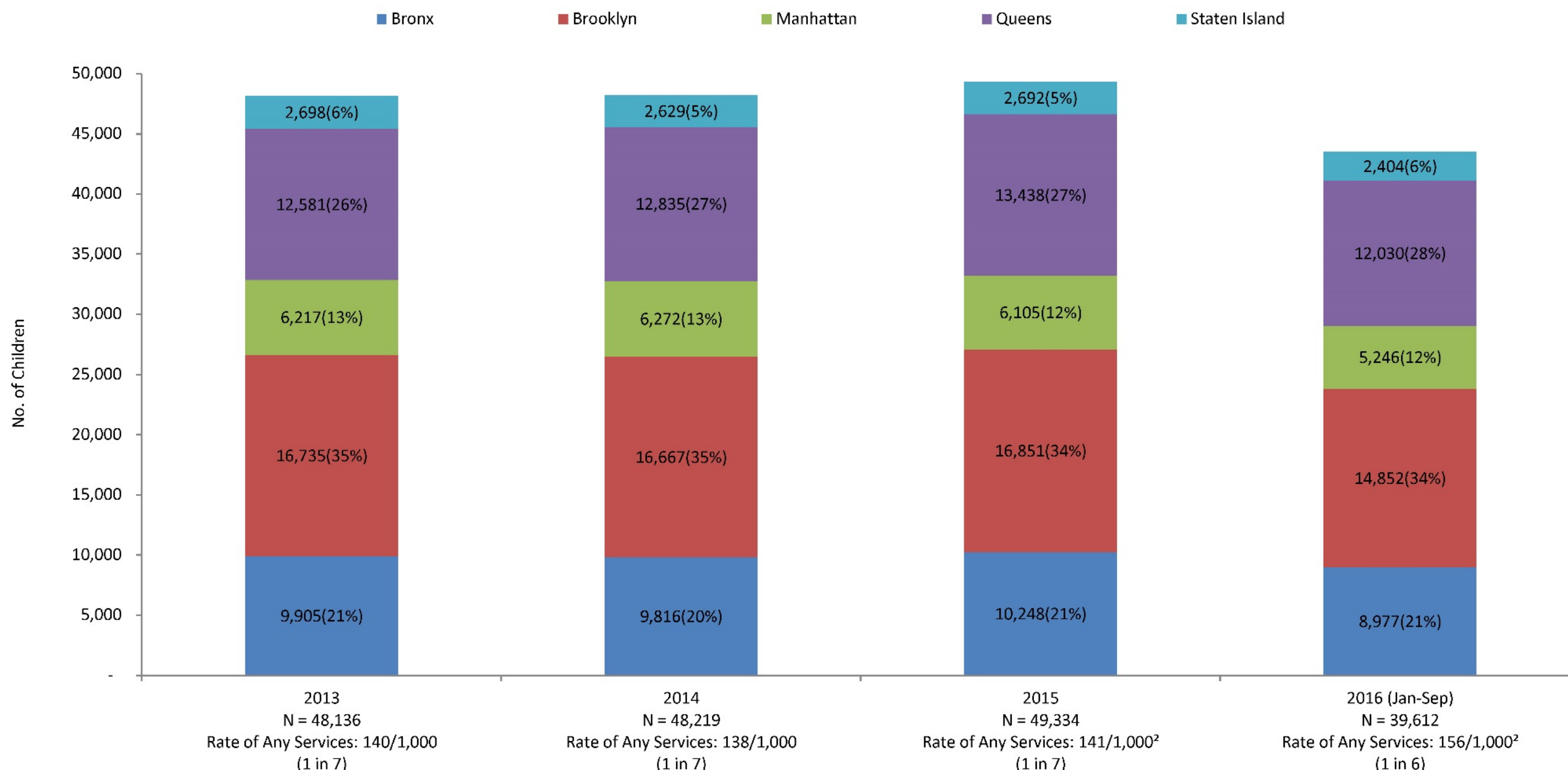
Rate of Children Receiving General Services[1] Per Year, by Race and Ethnicity
January 2013 - September 2016



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.
3. The citywide general service rate increased by 11% in 2016 compared to 2015. The 2016 rates for White, Black and Hispanic children increased by 12%, 8%, 11% respectively.

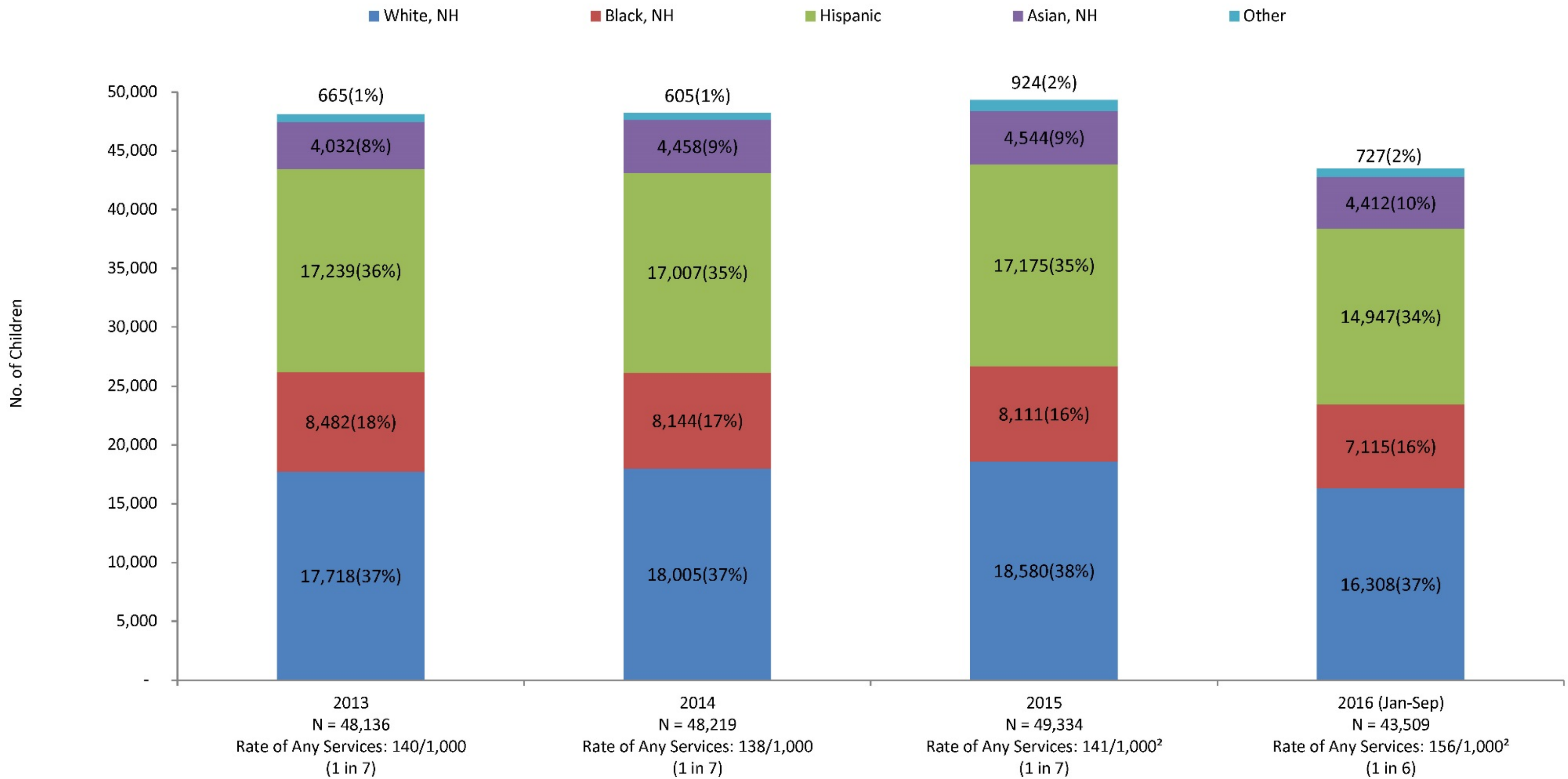
Children Receiving Any Type of Service, by Borough: Service Coordination, Evaluation and/or General Services[1] January 2013 - September 2016



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 - September 2016

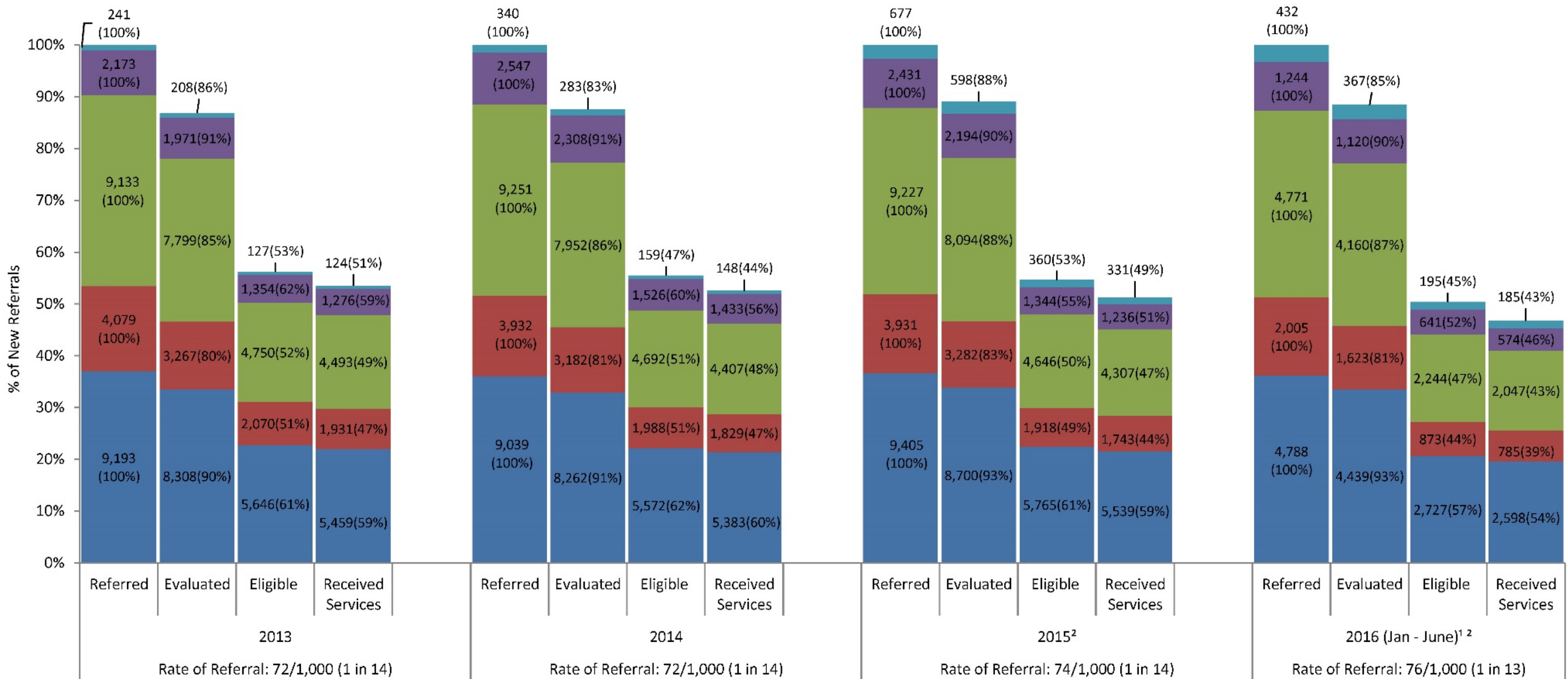


Note:

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 - June 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

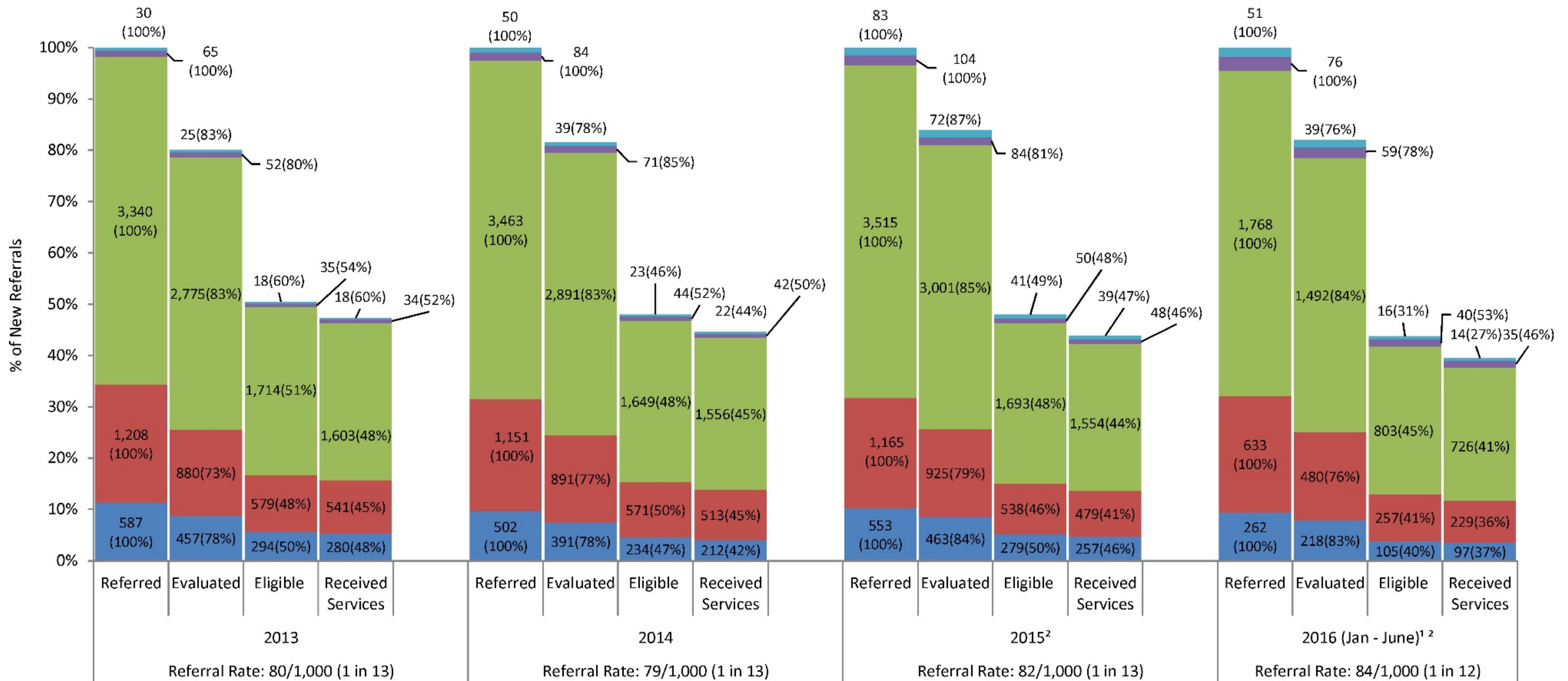


Notes:

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, for 2016 data is available through June, allowing approx 4 months for 2016 children to complete EI stages.
2. For 2015 and 2016, this chart uses population figures from 2014 which is most recent data available.

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

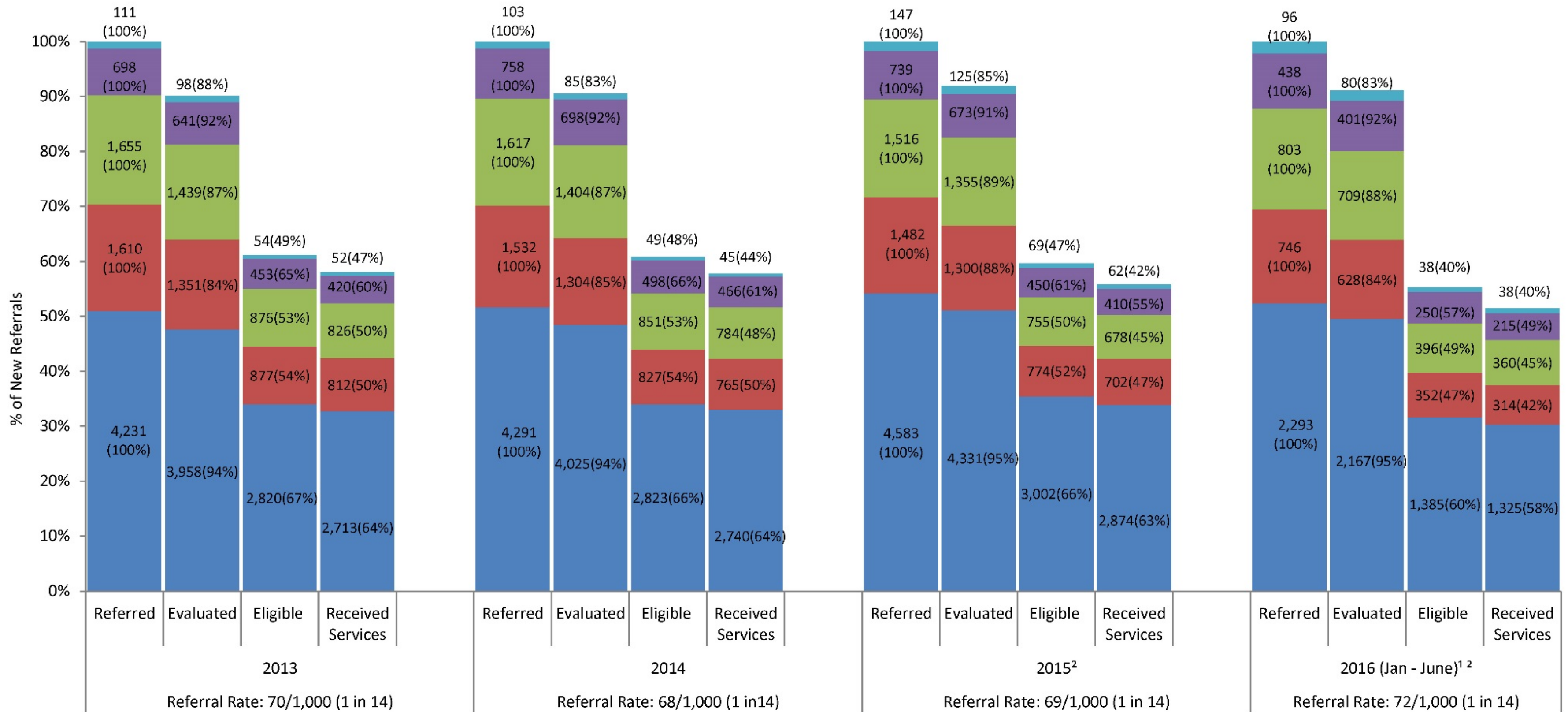


Notes:

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, for 2016 data is available through June, allowing approx 4 months for 2016 children to complete EI stages.
2. For 2015 and 2016, this chart uses population figures from 2014 which is most recent data available.

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

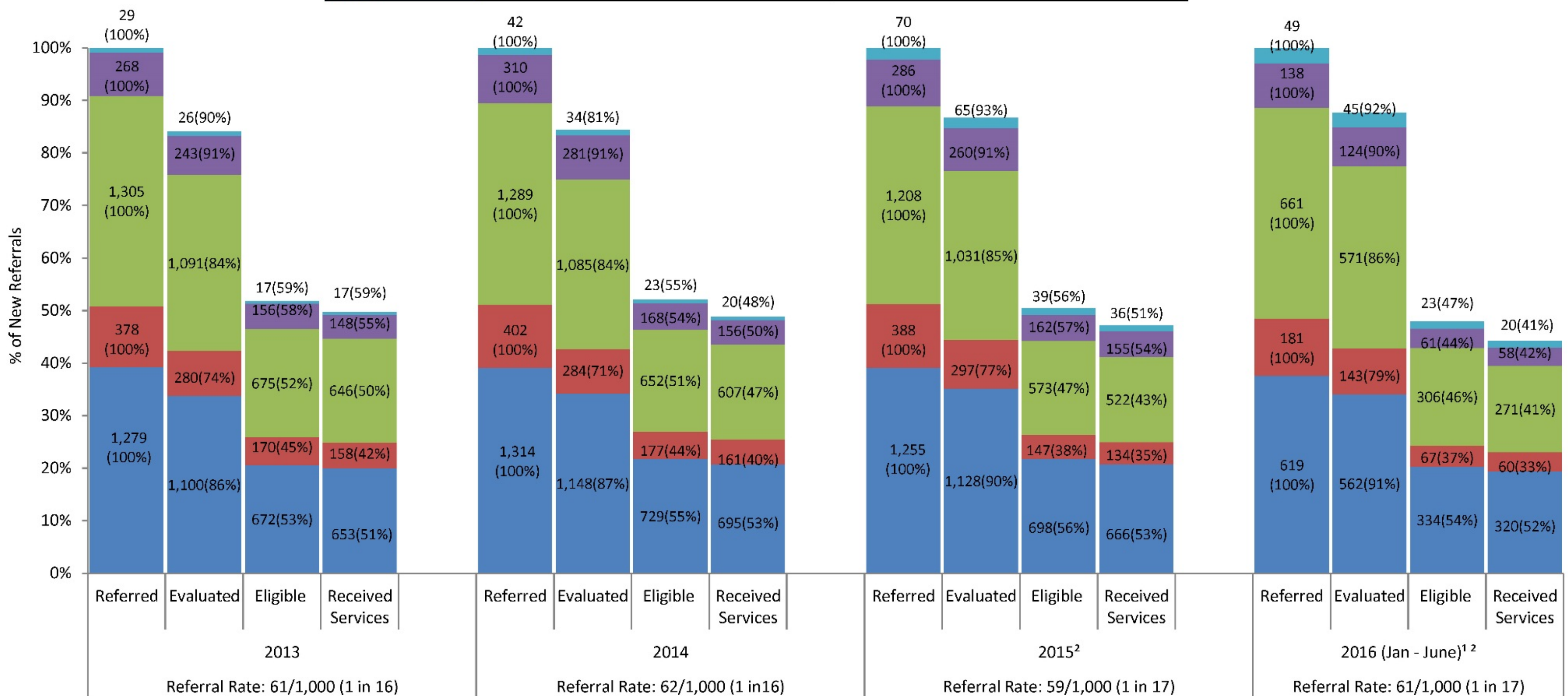


Notes:

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, for 2016 data is available through June, allowing approx 4 months for 2016 children to complete EI stages.
2. For 2015 and 2016, this chart uses population figures from 2014 which is most recent data available.

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

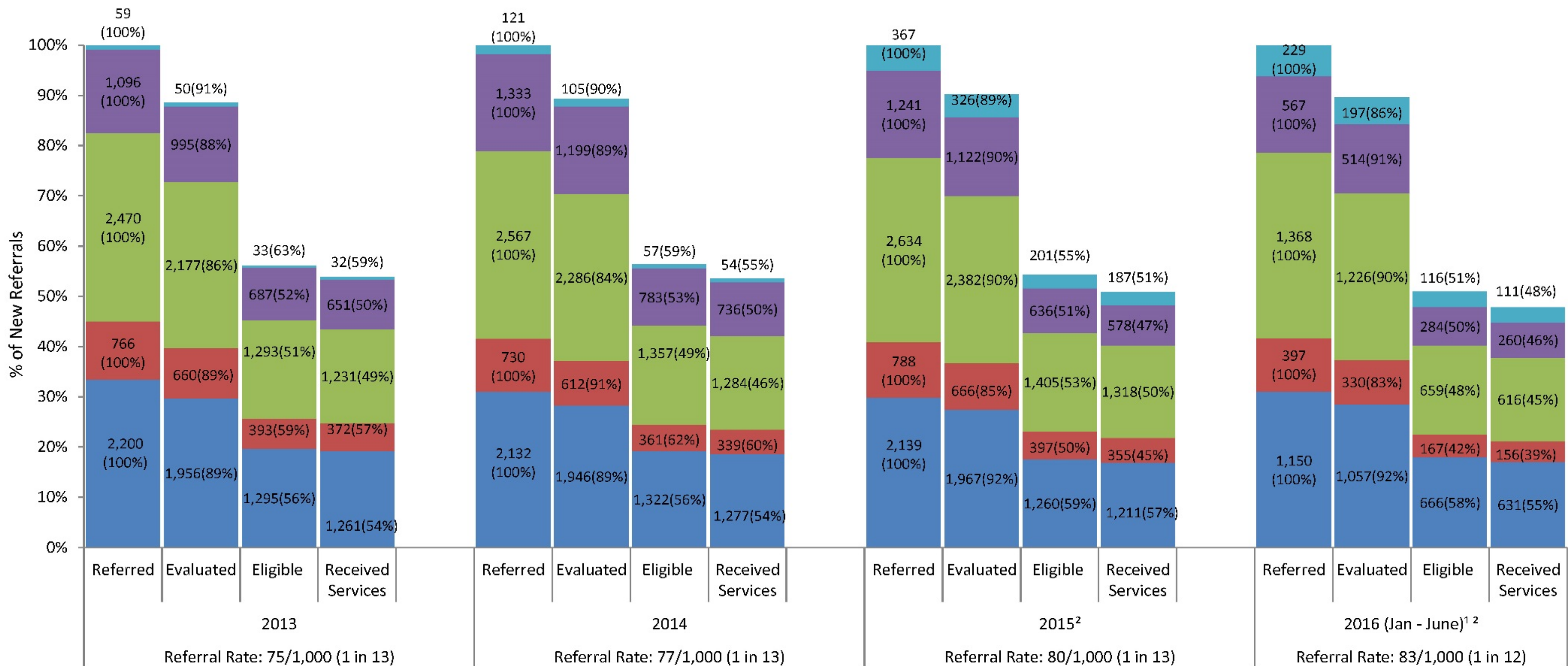


Notes:

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, for 2016 data is available through June, allowing approx 4 months for 2016 children to complete EI stages.
2. For 2015 and 2016, this chart uses population figures from 2014 which is most recent data available.

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

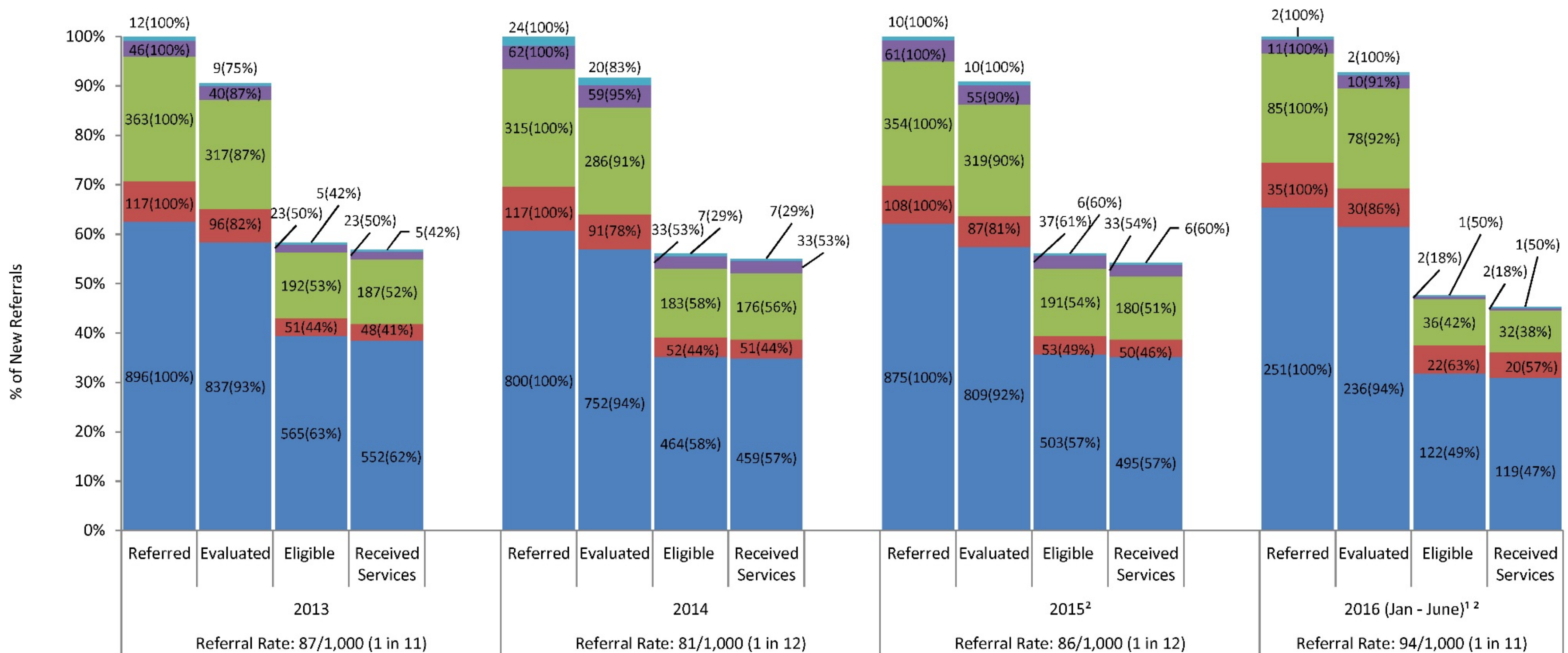
	2013			2014, 2015, 2016[2]		
	0-3 Pop	% of Pop	Ref. Rate (/1,000)	0-3 Pop	% of Pop	Ref. Rate (/1,000)
White NH	18,757	21%	117	18,838	21%	113
Black NH	13,978	16%	55	14,375	16%	51
Hispanic	31,057	35%	80	31,763	36%	81
Asian NH	19,904	23%	55	20,217	23%	66
Other	3,977	5%	15	4,200	5%	29



Notes:
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, for 2016 data is available through June, allowing approx 4 months for 2016 children to complete EI stages.
2. For 2015 and 2016, this chart uses population figures from 2014 which is most recent data available.

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

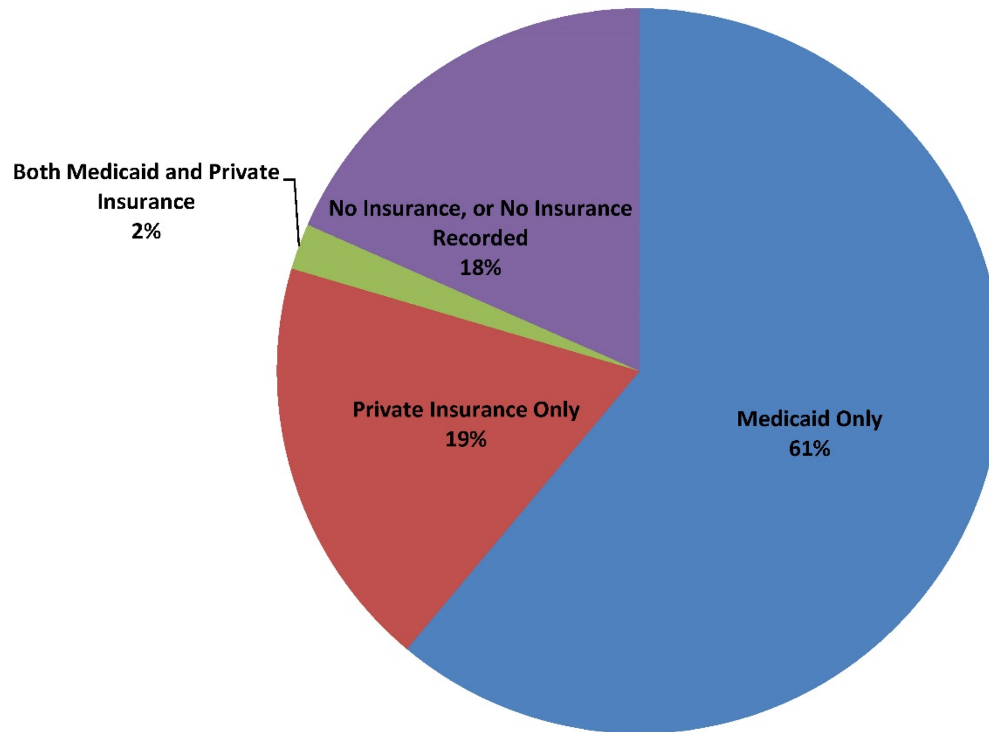
	2013			2014, 2015, 2016[2]		
	0-3 Pop	*% of Pop*	*Ref. Rate (/1,000)*	*0-3 Pop*	*% of Pop*	*Ref. Rate (/1,000)*
White NH	8,161	50%	110	8,109	50%	99
Black NH	2,061	13%	57	2,048	13%	57
Hispanic	4,499	27%	81	4,513	28%	70
Asian NH	1,084	7%	42	1,076	7%	58
Other	604	4%	20	600	4%	40



Notes:

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, for 2016 data is available through June, allowing approx 4 months for 2016 children to complete EI stages.
2. For 2015 and 2016, this chart uses population figures from 2014 which is most recent data available.

Insurance Status of Children Receiving General Services
January - September 2016
N=23,754



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