

NEW YORK CITY EARLY INTERVENTION COORDINATING COUNCIL (LEICC)

4.20.2018

10:05 AM

CUNY School of Law

**LEICC
Members
Attendee**

Marie B. Casalino, Assistant Commissioner, Bureau of Early Intervention, NYC DOHMH
 Jacqueline D. Shannon, Chair of LEICC
 Carrie Bateman (New Member)
 Shanelle Bolton
 Tricia DeVito (New Member)
 Agatha Guadagno
 Elizabeth Leone (New Member)
 Angel Mendoza
 Rosalba Maistoru
 Karen Samet
 Linda F. Silver
 Dawn B. Oakley

Welcome – Jacqueline D. Shannon, LEICC Chair

Dr. Shannon opened the meeting by reminding attendees that, 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; therefore, today’s meeting was being recorded.

She reviewed the procedures for LEICC meetings, including that attendees should pre-register on the New York City Bureau of Early Intervention (NYC BEI) website, and the reminder that, while meetings are open to the public, the audience does not address the LEICC members during the meeting. Audience members may sign up in advance with Nannette Blaize or A. Felicia Poteat if they wish to speak during the “Public Comment” section. Dr. Shannon stated that transcription is available for this meeting, and that written meeting minutes will be made available.

Next, new members were introduced; these included Carrie Bateman (Deputy Director, Early Childhood Program Integration at NYC Department of Education); Tricia DeVito (CSE Chairperson), and Elizabeth Leone (parent representative and lead teacher at the Brooklyn College Early Childhood Center). LEICC members introduced themselves, and minutes from the March meeting were approved with a correction noted to Karen Samet’s committee role (Transition Committee, not Policy).

Dr. Marie B. Casalino, Assistant Commissioner, then gave a summary report of highlights from the State Early Intervention Coordinating Council (SEICC) meeting held on 12/07/2017.

- A letter from Governor Cuomo was read congratulating Brenda Knudson-Chouffi on her retirement and acknowledging her dedication to the EI program.
- Minutes from the 3/4/2017 [*sic*] SEICC meeting were approved, while minutes from the 12/8/2016, 3/8/2017 [*sic*], 6/14/2017, and 9/7/2017 meetings were not approved due to lack of a quorum for voting. In order to address the issue of establishing a quorum, SDOH is identifying teleconferencing sites.
- Provider Agreements will be renewed in early 2018; providers need to notify the Department regarding their interest in renewing.
- A presentation on the progress of the Social-Emotional Workgroup was presented by Chairperson Rochelle Macer and EI Mental Health Liaison, NYC DOHMH. Ms. Macer indicated that the goal of the workgroup is to facilitate the dissemination of the “Meeting the Social-Emotional Development Needs of Infants and Toddlers” document and promote its use. The workgroup is in the process of developing a strategic dissemination plan. Workgroup members include representatives of the SEICC, municipalities and state agencies, as well as parents; additional members would be welcome. Priorities identified by the workgroup include trainings, partnering with stakeholders, creating related documents, and creating an informational document for families.
- SDOH reported that the Annual Performance Report (APR) was due in February 2018. Preliminary data regarding timely services, natural environments, child and family outcomes, percent of children in the Program, timely IFSP completion, and transition was approved by the SEICC with a quorum vote.
- SDOH also reported that the initial meeting for the SSIP/IFaCT project in the NYC area was held at the University Centers for Excellence in Developmental Disabilities (UCEDD) at the Rose F. Kennedy Center on 1/18/2018. SDOH continues to recruit providers, parents, and municipal representatives to join the IFaCT project’s teams.
- SDOH also talked about rate methodology, reviewed the history of rate calculations and changes, and compared current EI rates to Medicaid, Medicare and CPSE payment rates. The next steps will include a review of the differences in provider structure over time, rate differentials, a time study, etc.

Because there had been two SEICC meetings between today’s LEICC meeting and the previous LEICC meeting on November 17, 2017, Dr. Casalino next reported on the SEICC meeting from 04/17/2018 that was held a few days prior.

- The minutes could not be voted on due to lack of a quorum. The New York State Assembly has passed legislation to establish a quorum based on the number of appointed members; the bill is currently being reviewed by the Senate.

- SDOH established teleconferencing sites to address the issue of establishing a quorum; the NYC site is located at the SDOH office in Manhattan.
- There was open discussion about the status of new SC rate methodology, with the SPA process underway, and about the status of provider re-approvals.
- Rochelle Macer gave an update on the status of the Social-Emotional workgroup, and indicated that the workgroup's identified priority projects include creating a reference guide to the Social-Emotional Development document itself; E-Learning, and creating a webpage.
- SDOH reported on the provider re-approval process: a total of 919 re-approvals are needed and, thus far, 618 agencies statewide have been re-approved for 5 years. The timelines for submission/completion have been extended due to the need for additional approvals required for municipalities, business modifications made within agencies since previous agency approval, etc. Discussion was held by the SEICC around IPRO and audit findings being taken into consideration by SDOH prior to approving renewal.
- SDOH stated that the Part C Application will be posted on the website on 5/2/18 and will be open for public comment.
- The EI Program proposed regulations were published last summer but, since substantive modifications are needed, the regulations will be republished in the State Register. The process must be completed before June 30th, 2018.
- There is nothing to report about EI in the 2019 Enacted State Budget.
- The SSIP/IFaCT project is now underway in all 3 regions under the direction of the UCEDDs. The evaluation plans for many of the teams focus on process measures, but they will ultimately need to collect data on family outcomes. The NYS Family Outcomes Survey has been expanded beyond English and Spanish to now include Arabic, Bengali, Chinese, Russian and Yiddish. The IFaCT project invitation letter now matches the survey languages. SDOH continues to recruit for the next cohort of IFaCT teams.
- The Medicaid Health Homes for Children update included that fact that Colette Poulin is the Program Director and Margaret Adeigbo is now the Health Program Administrator. Enrollment of EI children in Health Homes has been low, probably due to the fact that developmental disability conditions have not yet been included among the eligibility criteria. A new round of information sessions is planned regarding Health Homes and Waiver Transition. Dr. Casalino stated that SEICC members expressed that waiver transition information is not well understood across the State. SDOH replied that the goal is to achieve full waiver transition over a 3-year period. All existing waiver programs will transition to Health Homes and managed care by January 2019.
- The State Fiscal Agent gave an update and reported that, with respect to rendering and billing providers, the ratio of child to rendering therapist remains about the same. Work continues on improving the timeliness of payments to providers. Claims

submitted to commercial insurance have decreased since 2014; percent paid currently is approximately 17%. The number of claims submitted to Medicaid since 2014 has increased, but the percent reimbursed has decreased since 2014, currently at approximately 73%.

- EI rate structure and rate methodology was reviewed and discussed. SDOH reviewed the history of rate determination in the 1990s, with a COLA adjustment in 2002. Factors that are considered when determining rate structure include salary, fringe benefits, indirect rates (OTPS, rent, utilities), working days, contact time, and administrative time. Calculations by SDOH appear to illustrate that the current rate per session is adequate; there was discussion regarding the assumptions underlying the calculations. Data was presented comparing EI rates to Medicaid, Medicare and school-based rates. NYC BEI offered suggestions for next steps.

After Dr. Casalino's summary of the two previous SEICC meetings, **Linda F. Silver** asked where they got the information and statistics on salaries (such as speech therapists) for New York City, as the salary information does not make sense. **Dr. Casalino** replied that there are other issues beyond salary, such as number of workdays (250 days a year), travel time, administrative time, and so on. There was a lot of discussion and concerns, and SDOH is open to hear more from stakeholders for subsequent discussions.

Ms. Silver asked if there was any conversation about why the rate of Medicaid reimbursement decreased even though the submissions were higher. **Dr. Casalino** replied that there was no discussion about it specifically, but this has been observed for some time and our concerns about this have been raised to the State.

Next, **Nora Puffett, MPA**, reviewed the data report. Data was presented regarding referrals, receipt of service, and children's retention in the Program by borough and race.

Jacqueline D. Shannon asked if we can identify an increase in referrals in the zip codes that we have targeted for outreach. **Nora Puffett** replied affirmatively. She will include the data for targeted neighborhoods for the next LEICC meeting.

Ms. Puffett next gave the NYC Provider Oversight Annual Monitoring Results by Service Area, 2012 to 2017. Data was presented regarding overall monitoring results, 2016 to 2017, as well as results by service area. There were no questions.

Linda F. Silver and **Faith J. Sheiber, PhD** gave an update on the Evaluation Quality Improvement Project. **Dr. Sheiber** reported that the BEI Evaluation Standards Unit (ESU) is using a Lean Six Sigma approach to look at evaluation quality. As part of this approach, they solicited feedback on evaluation quality from ESU staff and from EIODs and ADs from all 5 Regional Offices. The meetings that were held with these internal groups focused on identifying issues and generating ideas for possible solutions. The main quality issues identified by BEI staff include knowledge gaps in the area of early childhood development and expected behaviors of young children; inadequacy of investigation and documentation of parent concerns, medical issues, and child functioning; lack of accountability for work submitted; lack of coordination among MDE team members; unclear agency oversight of evaluation practices; and apparent insensitivity to parents regarding the potential impact of evaluation report content. To solicit feedback externally, from providers, an Evaluation Quality Provider Workgroup was formed. Two meetings were conducted with the workgroup around how best to elicit input from providers: January 24, 2018 and April 12, 2018. The workgroup will create a survey to be sent out to providers, such as evaluators, agency QA personnel, and agency clinical supervisors. Next steps in the Evaluation Quality Improvement Project include soliciting information from providers about challenges with conducting evaluations (by looking at results from the survey); soliciting information from other BEI units including Provider Oversight, Technical Assistance, and Intervention Quality Initiatives; consolidating proposed solutions and considering the effort/impact of these possible solutions; and finally developing an action plan.

Jacqueline Shannon asked if these problems are seen across disciplines. **Linda Silver** replied affirmatively.

Ms. Silver added that trainings have been provided by ESU to specific agencies around issues with their own evaluations. These are appreciated and positively received by the attendees, but evaluators do not show any change in their practice. There appears to be some disconnect between understanding and practice.

Dr. Shannon asked why the number of children receiving services has not increased despite the higher number of children being referred. Are more children qualifying or fewer? **Dr. Sheiber** answered that she does not think there have been any changes in the eligibility rates, which have been stable for the past few years. MDE review sometimes reveals a child who should have been found eligible for services but was not because the agency was afraid that the eligibility finding might be challenged by the ESU. **Dr. Sheiber** added that we should include the academic partners in this work so that challenges in providing quality evaluations do not come across as new when graduates of these programs are working in the field. She mentioned that another problem is that the providers who have been in the field for a long time are used to doing things a certain way and are not as open to changing behaviors. She is more optimistic about the new providers who are starting in the field. As an additional response to Dr. Shannon's question about increased number of referrals but lack of increase in the number of children receiving services, **Dr. Casalino** added that the referral rates are just going up now. We need more time to evaluate how this increase in referrals might impact our

programs. The key point **Dr. Casalino** wanted to emphasize is that this evaluation project was launched about six to eight months ago. BEI has been working to improve the evaluation process using a Lean Six Sigma approach by identifying those things over which it has control and which it can change, such as oversight of evaluations that come to ESU from provider agencies. The people working in the field also have a responsibility to identify and address things that they can control and change. **Ms. Silver** mentioned that usually the providers take the path of least resistance by diagnosing the child as ineligible because they do not want to engage with the ESU. This apprehension might diminish though as they have more face-to-face interactions with the ESU. **Dr. Casalino** agreed, but it is still disconcerting and this issue needs to be addressed, as providing services to eligible children is the main point. **Ms. Silver** agreed, but emphasized that it is unfair to say that the agencies do not want to put the time and effort into fixing the issues that ESU identifies in its evaluation reviews. The main issue involves a lack of understanding of the expectations, not a lack of commitment. There are many other regulatory components such as being on time and making the 30-day deadline which can be more pressing than ensuring that the MDE is of high quality and presents an accurate picture of the child's eligibility. **Dr. Sheiber** added that both evaluators and oversight staff may lack understanding. More and more, staff at ESU are on the phone talking with the evaluators to explain the issues and provide them with the necessary information, but it is challenging when it's the same conversation over and over again and change is not seen. For example, the Catherine Crowley training two years ago on culturally and linguistically appropriate evaluations involved discipline specific training, but little change has been noted, which is frustrating. **Dr. Casalino** appreciated Ms. Silver's input and added that agencies and evaluators should not wait to look at their own practices internally but should do whatever is within their power to address the problems, even before BEI launches an evaluation improvement project.

Karen Samet stated that she is glad we are working on this project. From the Direction Center point of view, there are not that many referrals of children transitioning to CPSE, but often they will not be deemed eligible for CPSE services. It would be helpful if we could look at data about who is found ineligible when they get to the CPSE level. **Dr. Sheiber** replied that it would be interesting to look at, but one should remember that there are different eligibility criteria with Early Intervention focusing on development and CPSE focusing on learning.

Dr. Shannon asked if more of the evaluators are trained in working with older kids (such as ages 3, 4, and 5) rather than the EI population. **Dr. Sheiber** replied affirmatively that there are more providers for whom EI is not their main focus. It is especially challenging with evaluating an infant or a medically fragile child. The agency is responsible for putting together a team based on experience and training.

Lidiya Lednyak, MA, PMP presented outreach data including the 2018 outreach zip codes, first quarter 2018 outreach activities, and comparison data for the first quarter of 2017 vs 2018. She mentioned the ongoing collaborations with DOE Family Welcome Centers, the Office of Students in Temporary Housing, DHS child care liaisons, DOHMH Neighborhood Health Action Centers, the Referral and Provider Resource Consortium, DOE Information Sessions, and the Hispanic Federation for Health Fairs (Bronx). She then reviewed the various types of outreach events that the Bureau of Early Intervention Outreach Unit is involved in, including presentation/information sessions for staff, families, and parent groups; agency staff development training; tabling events; and partnerships with community-based organizations. There were no questions.

Ms. Lednyak next presented information about the communications projects in which BEI is currently involved, including radio ads; translation of EI materials into additional languages; referral toolkits for child care providers and for the medical community; and disseminating EI materials to CBOs, medical offices, DHS, DOE, and to community small businesses in southwest Queens and Jamaica. Videos are being developed, one around families sharing insurance information with the EIP and another geared toward the faith-based community around EI referral. There were no questions.

Ms. Lednyak then provided an update about EI providers and agencies. Eighty (80) new and existing providers are engaged in the NYC EIP Technical Assistance process. Forty-four (44) legacy providers completed the TA process to expand, either to provide additional services or to expand the number of boroughs they serve. Thirteen (13) providers participated in or completed TA but are either inactive, closed, or withdrawn. Thirteen (13) Health Home CMA/OSC Providers have agreements with SDOH, with 6 having completed TA.

Linda Silver stated that we have seen gigantic growth in the number of providers. The feedback she received from some Coalition members is that there are some relatively new providers that are using questionable methods of recruiting children. They may be in violation of the marketing standards and SDOH guidelines. There needs to be more ethical considerations about their practices. **Ms. Lednyak** replied that these troubling practices should be reported to NYC BEI by the professional in the field. We will look into these agencies' practices. There may be other options to address the issue if there is continued concern. **Dr. Casalino** added that it is incumbent upon those who see any irregularity with the practices and regulations to report them to NYC BEI or SDOH.

Agatha Guadagno asked if the new providers are currently taking cases. **Ms. Lednyak** answered that the providers who have completed TA usually do take cases. It is usually providers who are still in the TA process that might not yet be taking cases. The recommendation to new providers is that they start small and not take too many cases; they should focus on sustainability.

Carrie Bateman presented about the DOE’s Division of Early Childhood Education Pre-K, 3-K and Birth-to-Five Programs.

Since Pre-K for All was launched in 2014, New York City has tripled the number of children in free and full-day pre-K. The program has seen expansion in access, quality instruction, and family engagement. Enrollment has been high across every community.

The Pre-K for All model utilizes a mixed delivery model with community-based organizations and district school-based programs. It includes in-person professional learning sessions for leaders and teachers and involves interdisciplinary instructional units. It includes family engagement supports such as resources on social-emotional development, extending learning into the home, and successfully transitioning into and out of pre-K.

3-K for All, free and full-day early education for three-year-olds in New York City, was launched in 2017. It is offered in district schools, DOE 3-K/Pre-K Centers, and community-based organizations. The benefits of this intervention have been demonstrated by extensive research. This is part of the broader effort to strengthen a continuum of early care and education programs for New York City children. It has so far been launched in 2 districts (South Bronx and Brownsville) and will be launched in 10 more by fall 2020.

The EarlyLearn system, currently with the Administration for Children’s Services (ACS), will transition from ACS to the DOE in February 2019 to create a unified birth-to-five early care and education system in New York City.

The functions of DOE in providing services to children with developmental delays and disabilities were explained.

Linda F. Silver expressed her astonishment at the scale and scope of the project, and commended this work.

Dr. Casalino expressed gratitude and excitement about this work.

Rochelle Macer spoke about the Social-Emotional Guidance Document developed by the ECAC and the SEICC Joint Task Force for meeting the social-emotional needs of infants and toddlers. The Early Childhood Advisory Council (ECAC) released the document in June 2017 and SDOH released it in July 2017.

The Guidance Document aims to ensure that all young children receive routine and ongoing developmental screening for social-emotional development (SED). The Guidance Document is for Early Intervention Program providers and other early childhood professionals. NYC BEI plans to disseminate the information in the Guidance Document through E-Learning modules.

The Guidance Document provides specific guidance to initial service coordinators, evaluators, Individualized Family Service Plan (IFSP) team members, ongoing service coordinators, and service providers. It lists factors that need to be considered at each point in the EI process in order to identify children with delays and address SED.

The Guidance Dissemination Workgroup's purpose and goals are to promote and disseminate the Guidance Document by way of three (3) priority projects: 1) the development of a reference guide for the EIP workforce; 2) E-Learning for the EIP workforce through the SDOH Learning Management Systems platform; and 3) the creation of a NYS EIP Webpage on SE development for families. All three items will be placed on a new NYS BEI SE Development Webpage. Rochelle Macer spoke about the progress to date on each project.

BEI plans to facilitate the implementation of the guidance document recommendations through an EI online series on SED in infants and toddlers which has been developed in collaboration with NYC Early Childhood Mental Health Network.

Linda F. Silver asked for clarification about the social-emotional component of Early Intervention: it seems to be more about understanding where we can help the parent seek additional help for their child instead of being a direct service. **Ms. Macer** confirmed this; it is about supporting parents and professionals who can help the parents and child. **Ms. Silver** mentioned that this will be helpful for evaluations when dealing with social-emotional issues. **Ms. Silver** asked if Ms. Macer has thought about CPSE programs as they could also benefit from a social-emotional framework. **Ms. Macer** replied that the focus is on EI right now, but the document will be posted on the EI website and will be available for all; it will be available for about 2,000 users per month upon kick-off. The information in the document will be helpful as a basic foundation for anyone working with young children. The problems are not exclusive to children in the birth to 3 age range.

Krystal Reyes spoke about the Early Development Instrument (EDI) Pilot in New York City. EDI focuses on five (5) domains: physical health, social competence, emotional maturity, language and cognition, and communication skills. Each EDI domain is composed of multiple subdomains.

This is the first time EDI has been piloted in NYC. The pilot was implemented in 2 neighborhoods: Washington Heights (Manhattan) and Morrisania (Bronx). Ms. Reyes spoke about the 2017 accomplishments. A survey method was used to evaluate the pilot, with the survey completed by teachers. The project was overall well-received by the UPK directors and teachers. The teachers were motivated to participate in the pilot in order to learn about their school community. The Lakeshore gift card offered as an incentive was appreciated by the participants. The teachers felt that EDI questions were familiar and therefore felt comfortable answering them.

She spoke about some of the limitations of the pilot, such as the lack of a representative sample, lack of generalizability, and lack of ability to geocode data.

Ms. Reyes spoke about the Year 2/Cohort 2 goals, which include expanding the EDI pilot within the two neighborhoods to attain a representative sample, and conducting qualitative interviews to provide additional information to help determine whether expanding these initiatives might make a community- or population-level difference. Ms. Reyes spoke about the work so far on Cohort 2 and about EDI projects in Washington DC and Hartford, CT.

Linda F. Silver thanked Dr. Casalino for putting together this incredible meeting. She is looking forward to seeing how this unfolds.

It was asked if there are thoughts to start this in Pre-K. **Ms. Reyes** replied that it is being done in Pre-K too, although it is mostly done in kindergarten, usually in the spring. The only requirement is that the teacher needs to know the student for at least three months. EDI has been validated for children between 4 to 6 years of age, but changes can be made.

Jacqueline D. Shannon reported on the work of the Academic Preparation and Professional Development Committee. The SUNY Downstate OT department and five CUNY schools are trying to teach best practices of EI to the next generation of the EI workforce. A meeting is scheduled in May to finalize the program evaluation plan. After that, the next steps will focus on providing opportunities for the students to work for EI providers. There will also be a focus on getting students involved with home visits by addressing the liability issues involved. There were no questions.

Karen Samet reported on the work of the Transition Committee, which includes a number of representatives from different organizations which have provided valuable input. Newer regulations have now been approved for NYC EI. This hopefully will help

make transition smoother and eliminate gaps in services. The committee is looking at the notification system, especially for children in foster care, and is working with NYC DOHMH to assist with this task. There were no questions.

The floor was opened for public comment; there was none. The meeting was then adjourned.

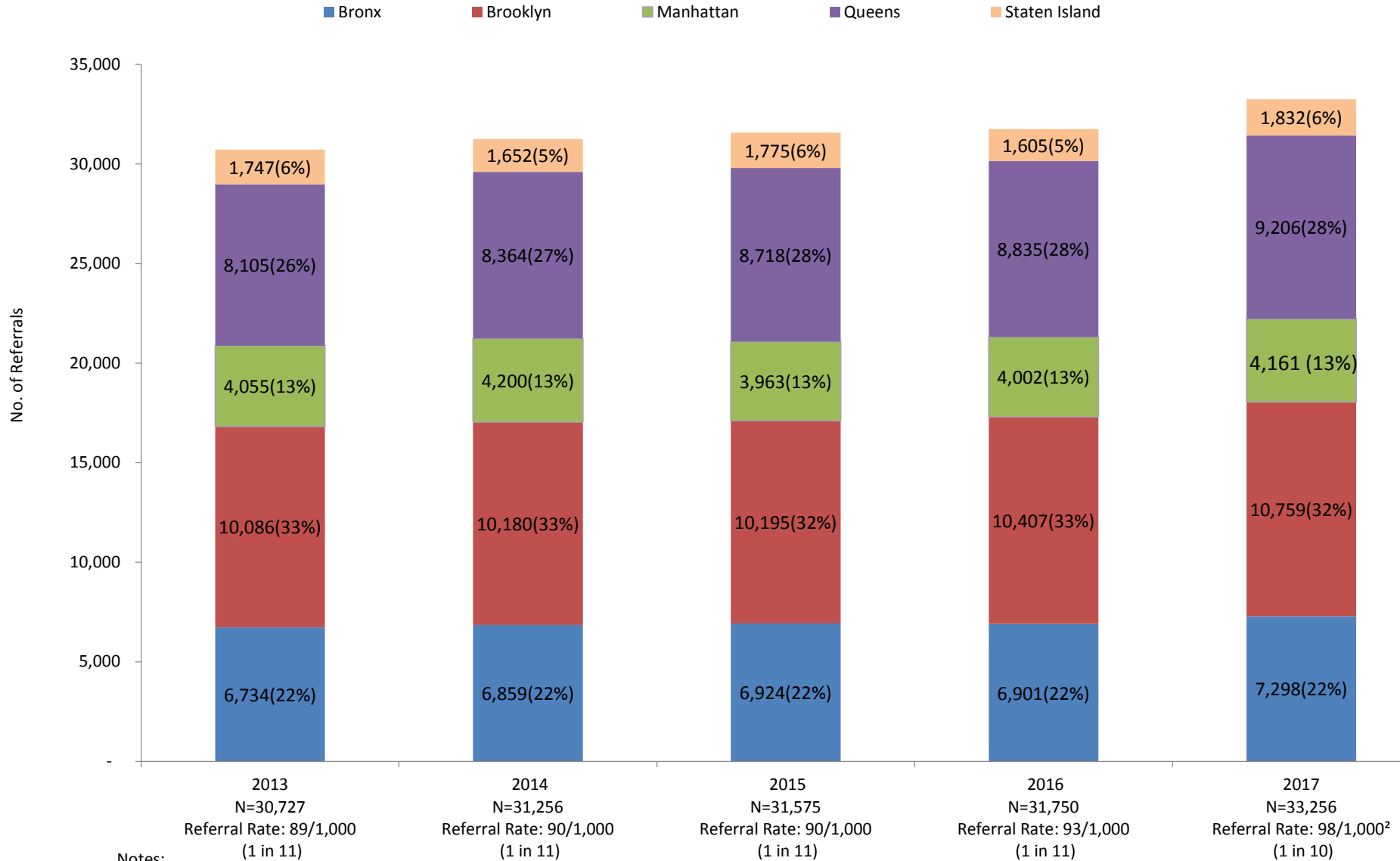


LEICC DATA REPORT

April 20, 2018



Number of Referrals¹ Per Year, by Borough 2017



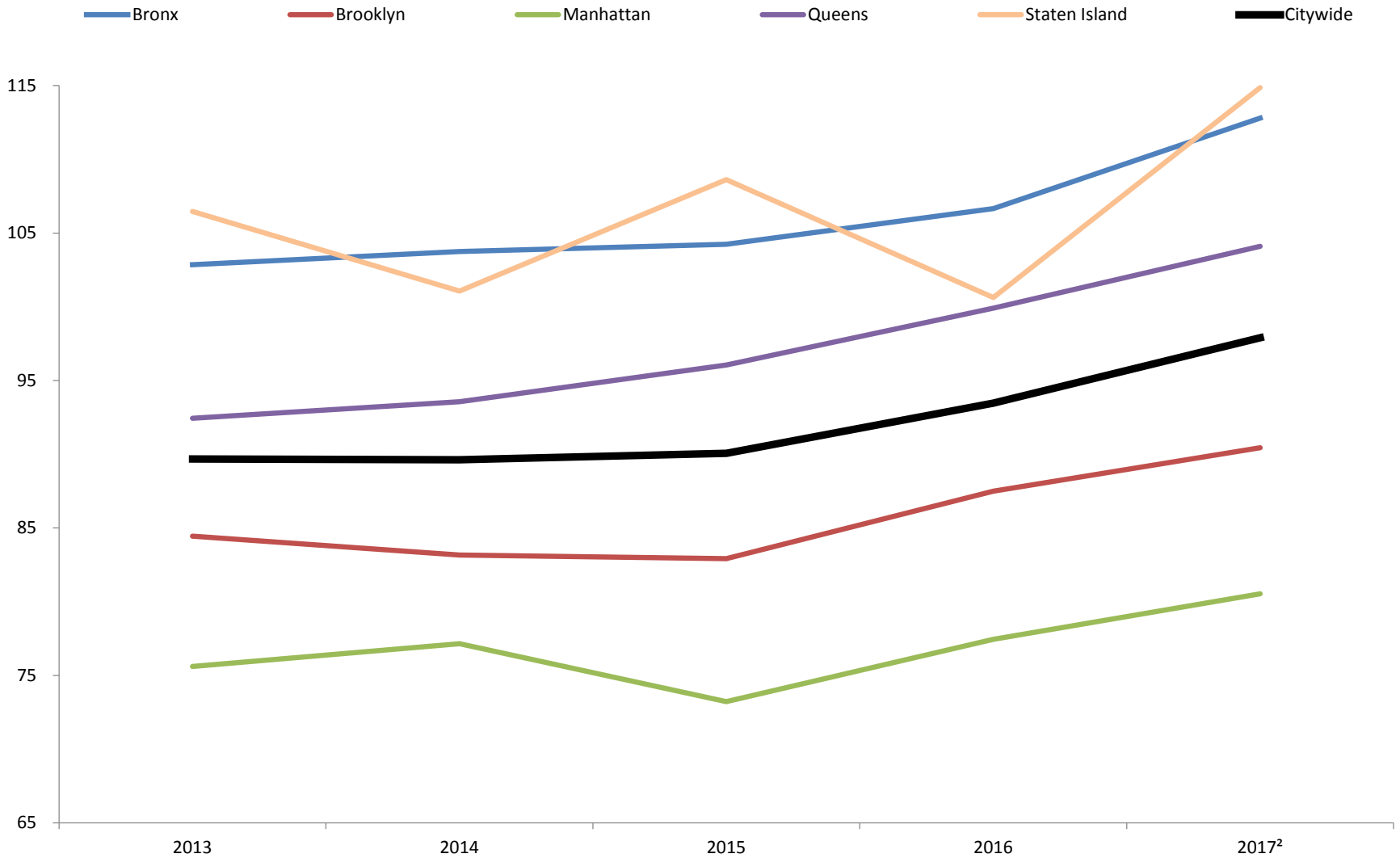
Notes:

1. Includes new and re-referrals.

2. The number of children 0-3 per year is drawn from US Census data. For 2017 this chart uses population figures from 2016, the most recent data available

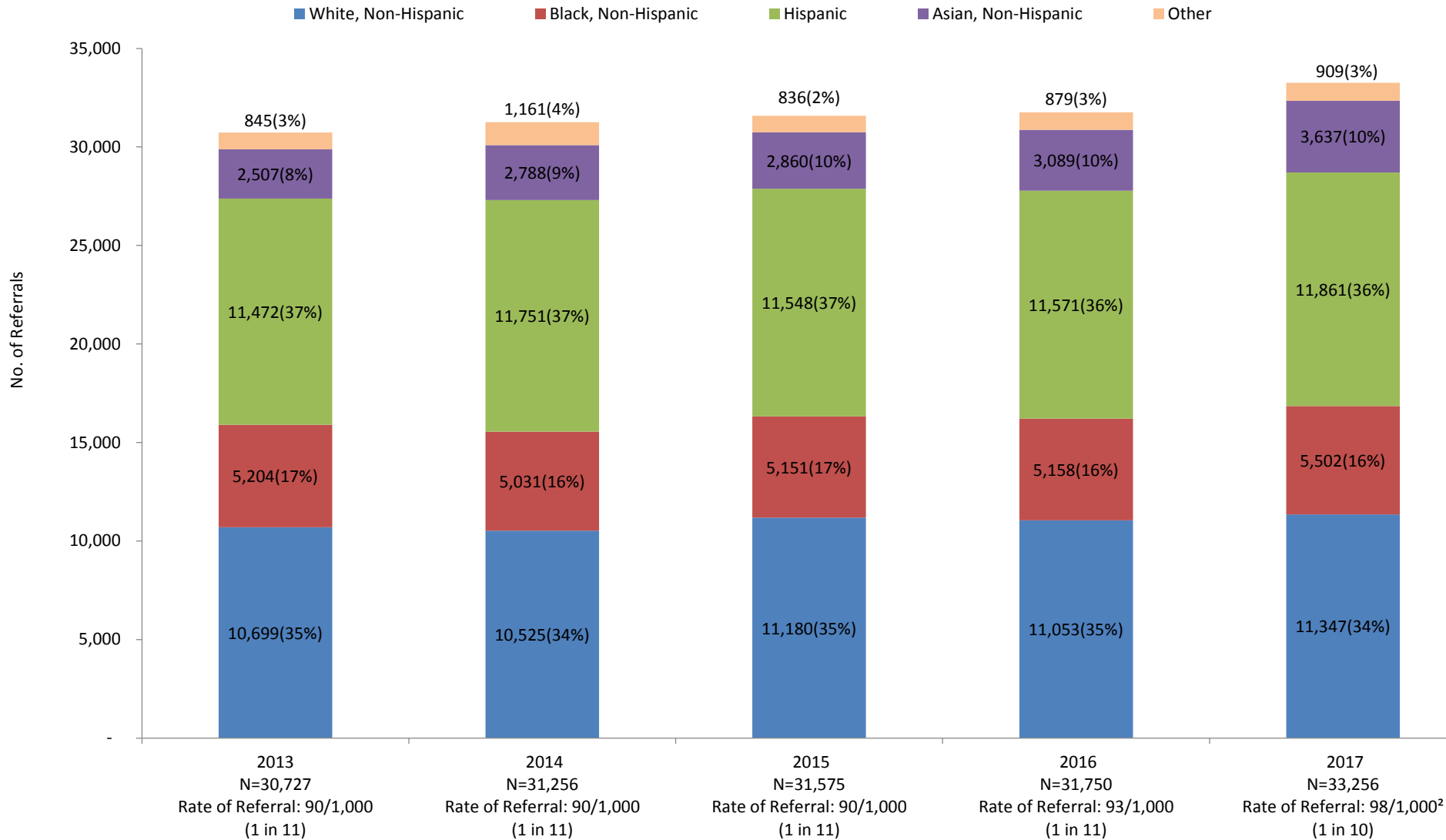
Rate of Referral¹ Per Year, by Borough

January 2013 - December 2017



Note:
1. Referrals include new and re-referrals.
2. The number of children 0-3 per year is drawn from US Census data. For 2017 this chart uses population figures from 2016, the most recent data available.

Number of Referrals¹ Per Year, by Race and Ethnicity January 2013 - December 2017

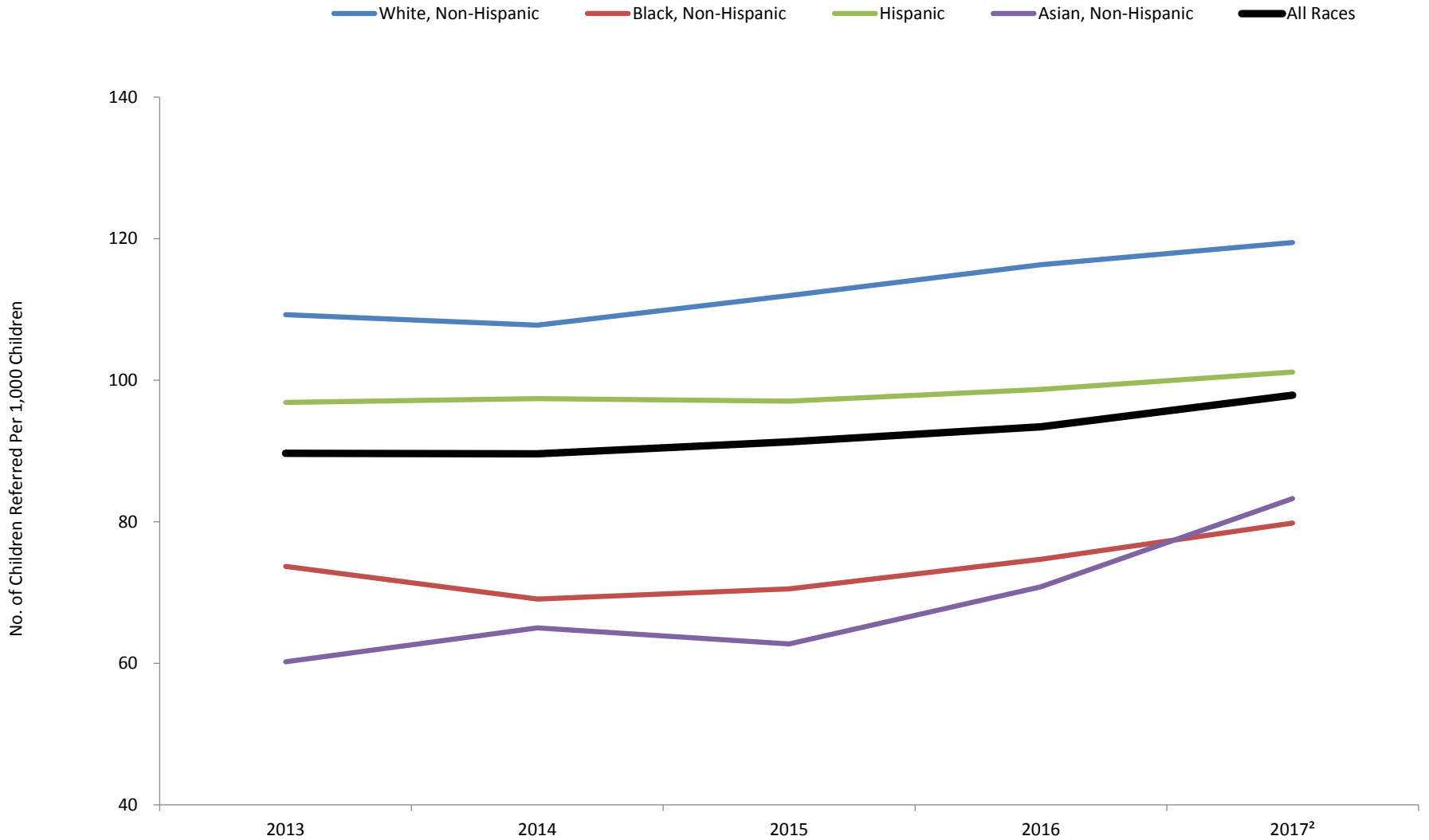


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Rate of Referral¹, by Race and Ethnicity January 2013 - December 2017

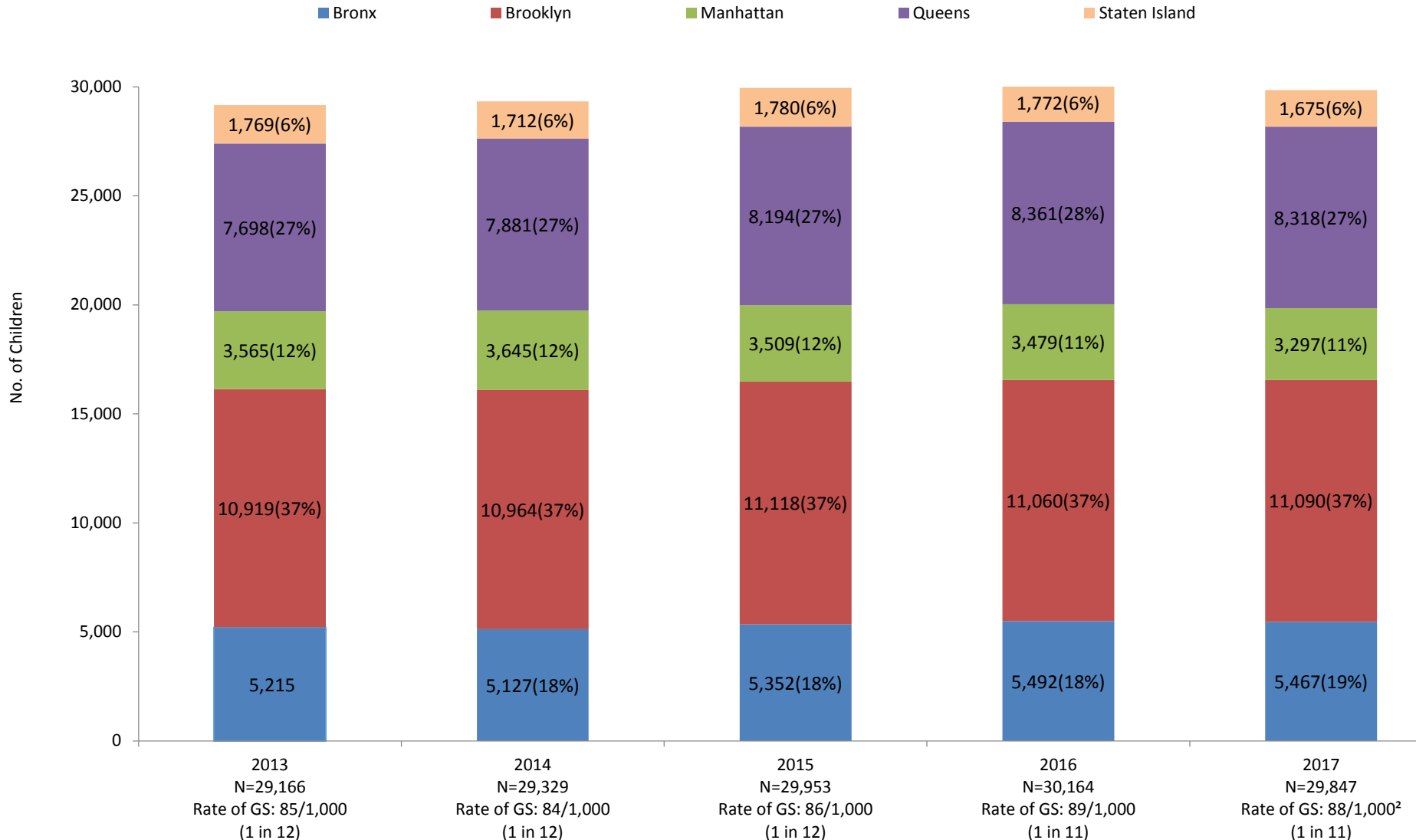


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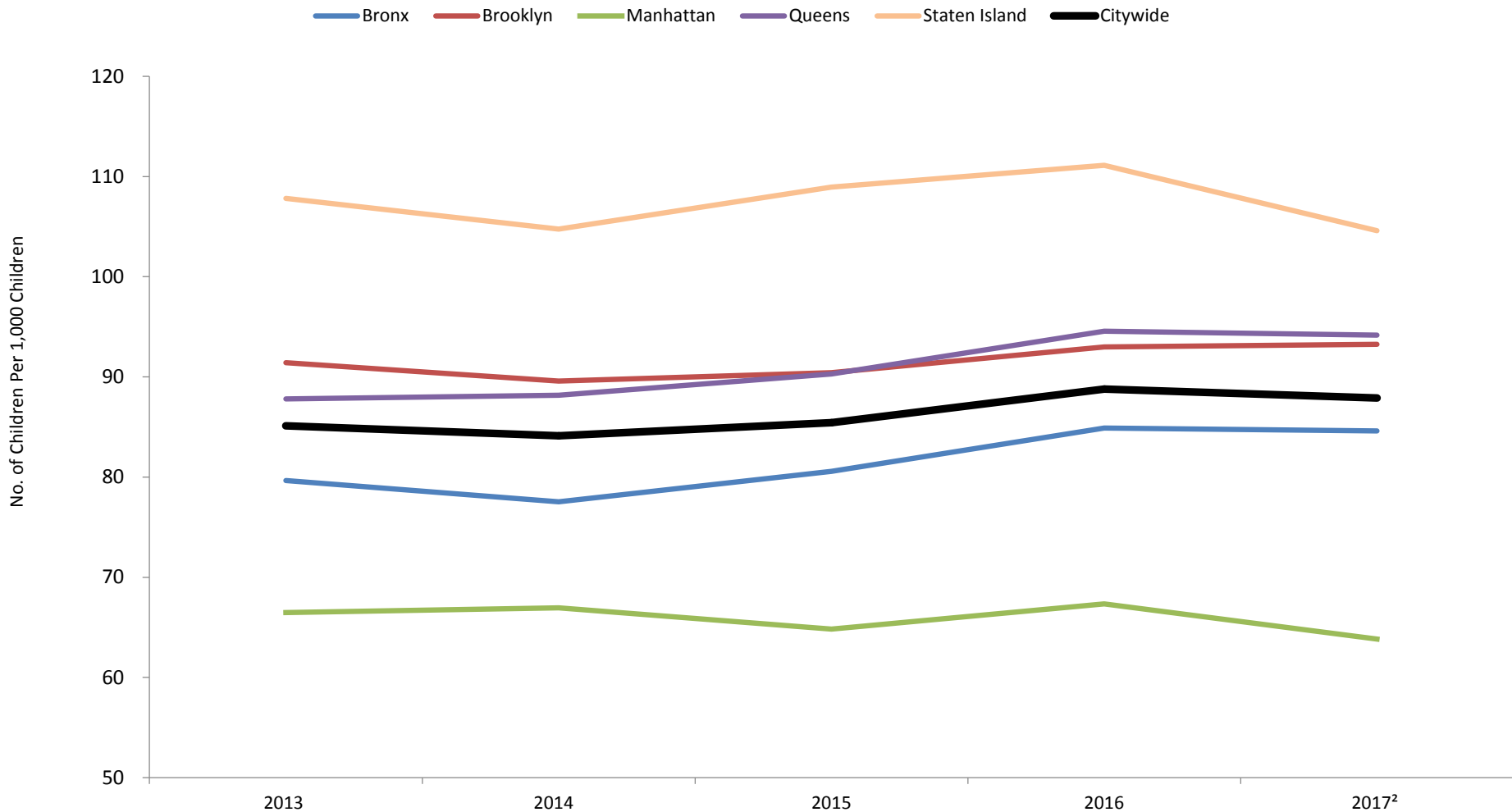
Number of Children Receiving General Services¹ Per Year, by Borough January 2013 - December 2017



Note:

1. General services include all those but service coordination, evaluation, assistive technology, respite care and transportation.
2. The number of children 0-3 per year is drawn from US Census data. For 2017 this chart uses population figures from 2016, the most recent data available.

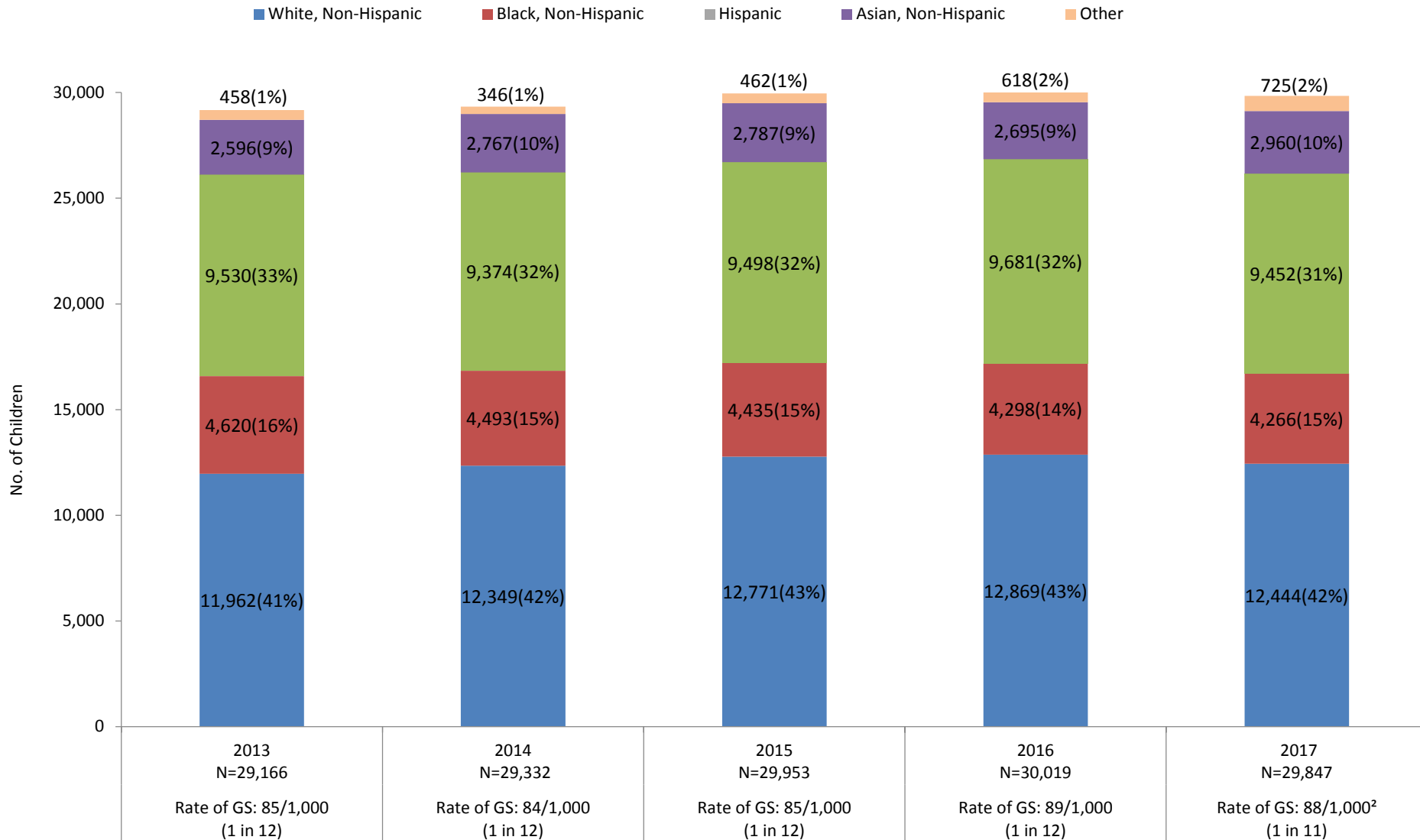
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Number of Children Receiving General Services¹ Per Year, by Race and Ethnicity January 2013 - December 2017

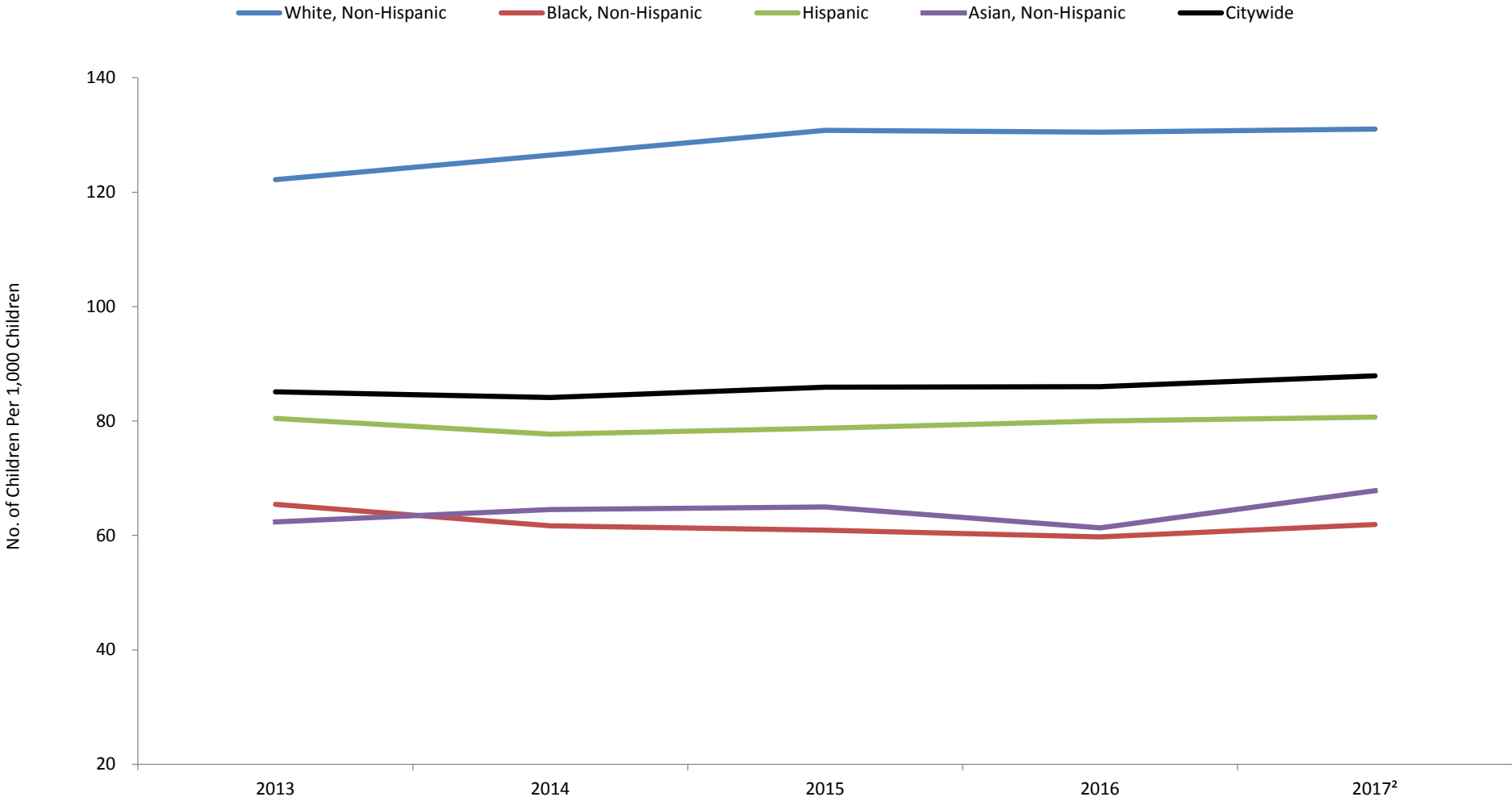


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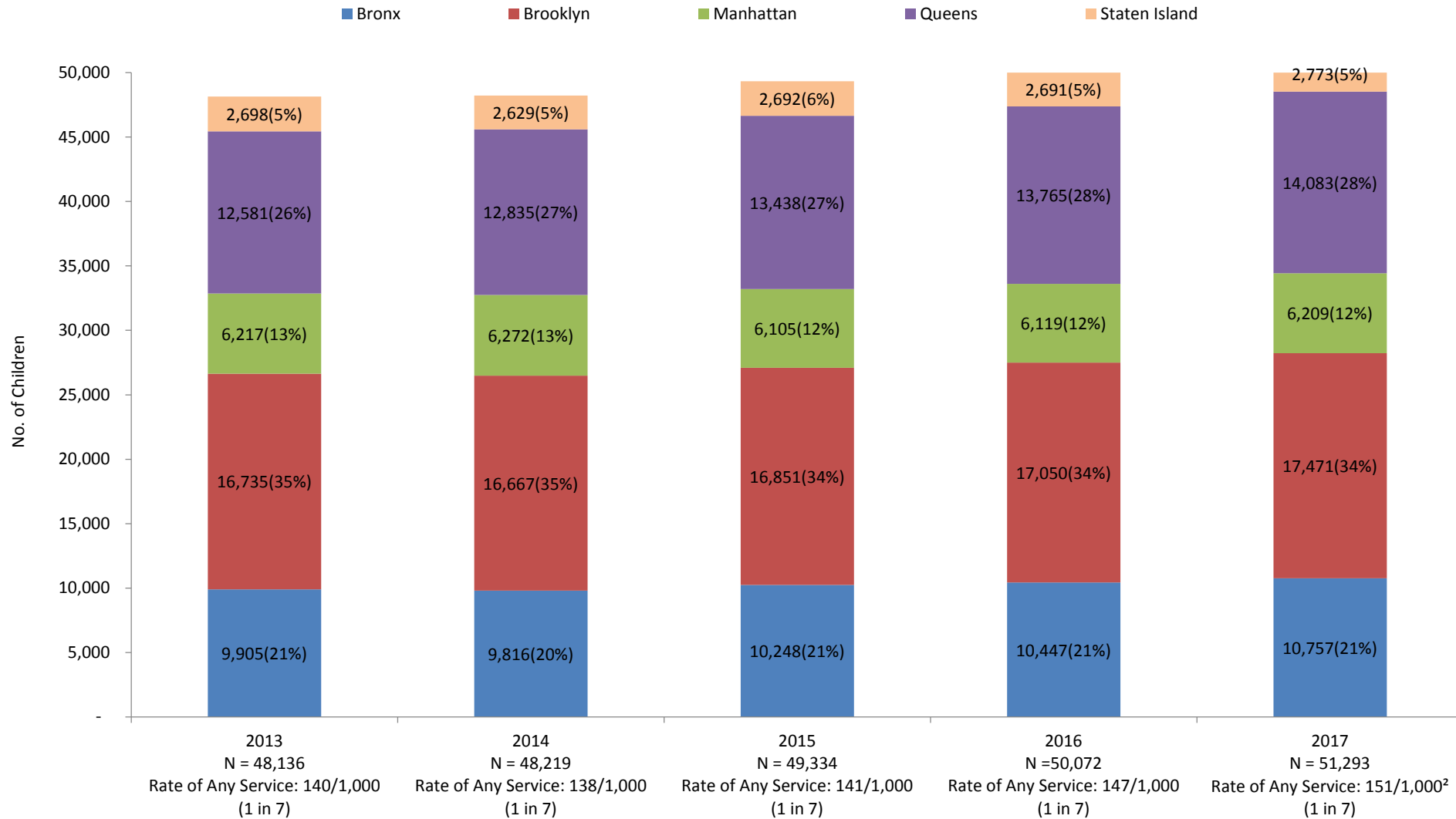
Rate of Children Receiving General Services¹ Per Year, by Race and Ethnicity January 2013 - December 2017



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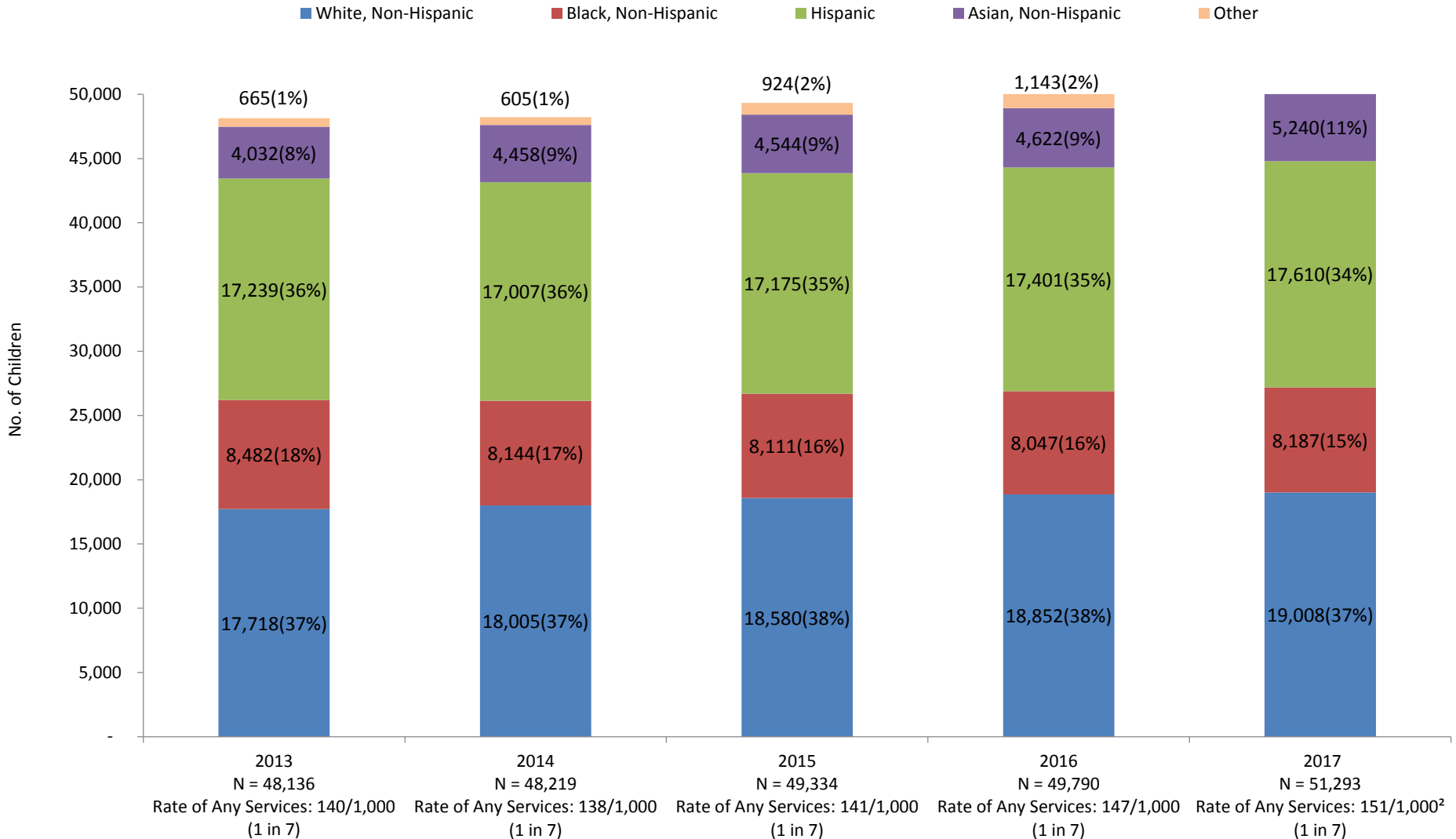
Children Receiving Any Type of Service, by Borough: Service Coordination, Evaluation and/or General Services¹ January 2013 - December 2017



Note:

1. General services include all those but service coordination, evaluation, assistive technology, respite care and transportation.
2. The number of children 0-3 per year is drawn from US Census data. For 2017 this chart uses population figures from 2016, the most recent data available.

Children Receiving Any Type of Service, by Race and Ethnicity: Service Coordination, Evaluation and/or General Services¹ January 2013 - December 2017



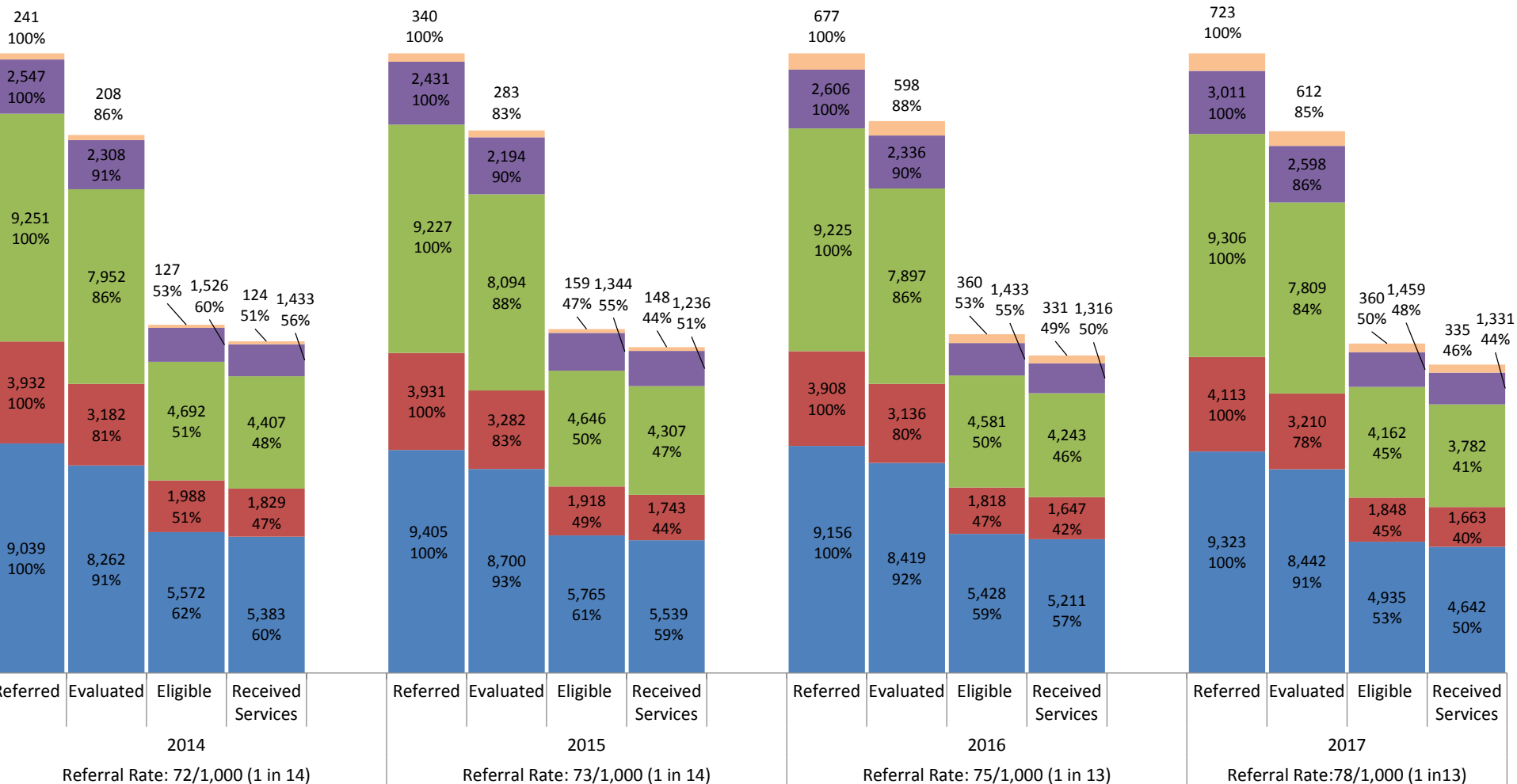
Note:

1. General services include all those but service coordination, evaluation, assistive technology, respite care, and transportation.
2. The number of children 0-3 per year is drawn from US Census data. For 2017 this chart uses population figures from 2016, the most recent data available.

Progress of New Referrals through the EIP by Race and Ethnicity, Citywide

January 2014 – December 2017

	2016			2017		
	0-3 Pop	% of Pop	Ref. Rate (75/1,000)	0-3 Pop	% of Pop	Ref. Rate (78/1,000)
White Non-Hispanic	94,976	28%	96	94,976	28%	98
Black Non-Hispanic	68,912	20%	57	68,912	20%	60
Hispanic	117,259	35%	79	117,259	35%	79
Asian Non-Hispanic	43,674	13%	60	43,674	13%	69
Other	14,888	4%	49	14,888	4%	49

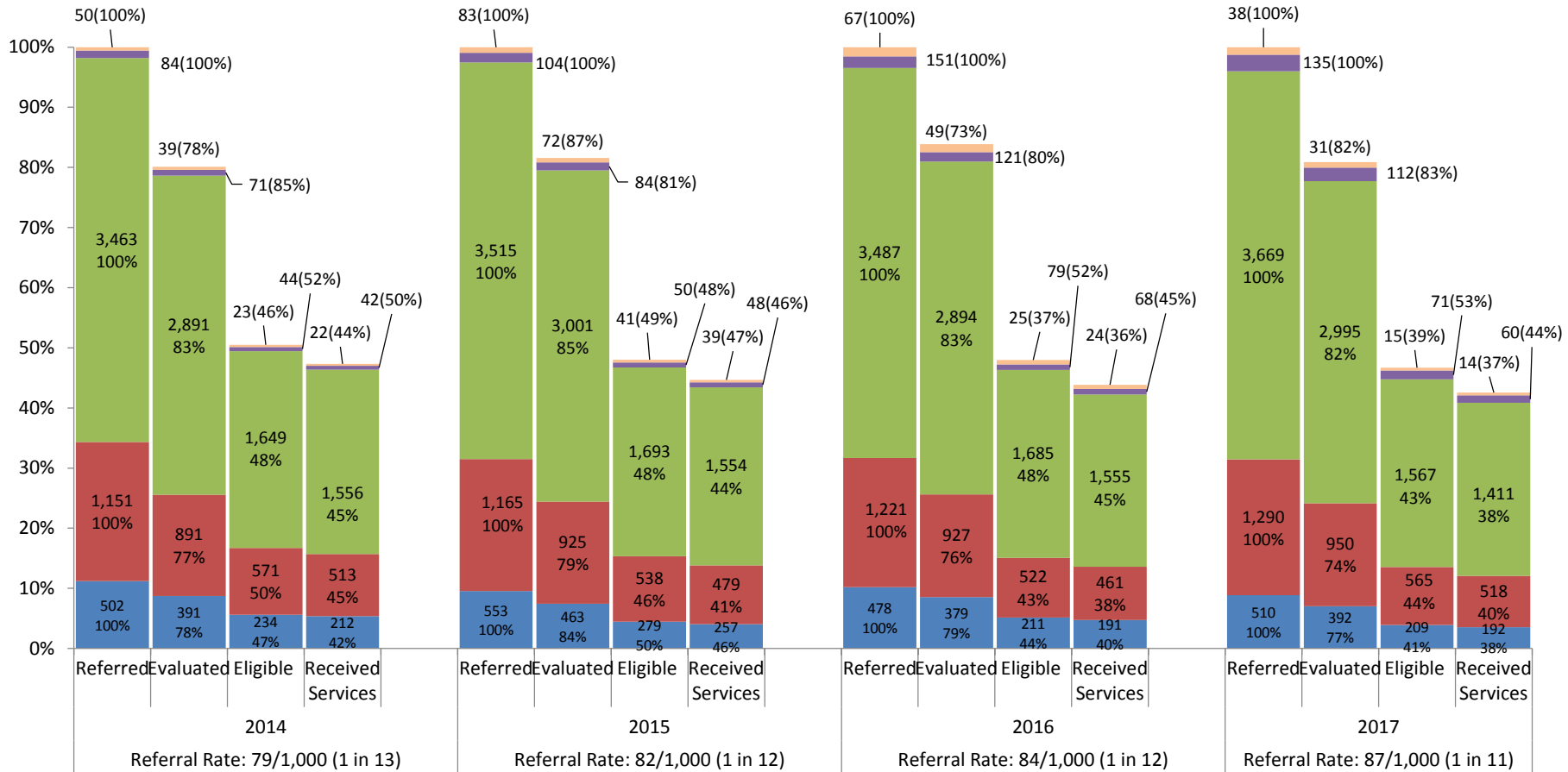


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The number of children 0-3 years is drawn from US Census data. For 2017 this chart uses population figures from 2016, which is the most recent data available.

Progress of New Referrals Through the EIP by Race and Ethnicity, Bronx January 2014 – December 2017

	2016			2017		
	0-3 Pop	% of Pop	Ref. Rate (84/1,000)	0-3 Pop	% of Pop	Ref. Rate (87/1,000)
White Non-Hispanic	3,996	6%	120	3,996	6%	128
Black Non-Hispanic	17,215	27%	71	17,215	27%	75
Hispanic	40,050	62%	87	40,050	62%	92
Asian Non-Hispanic	2,120	3%	71	2,120	3%	64
Other	1,322	2%	51	1,322	2%	29

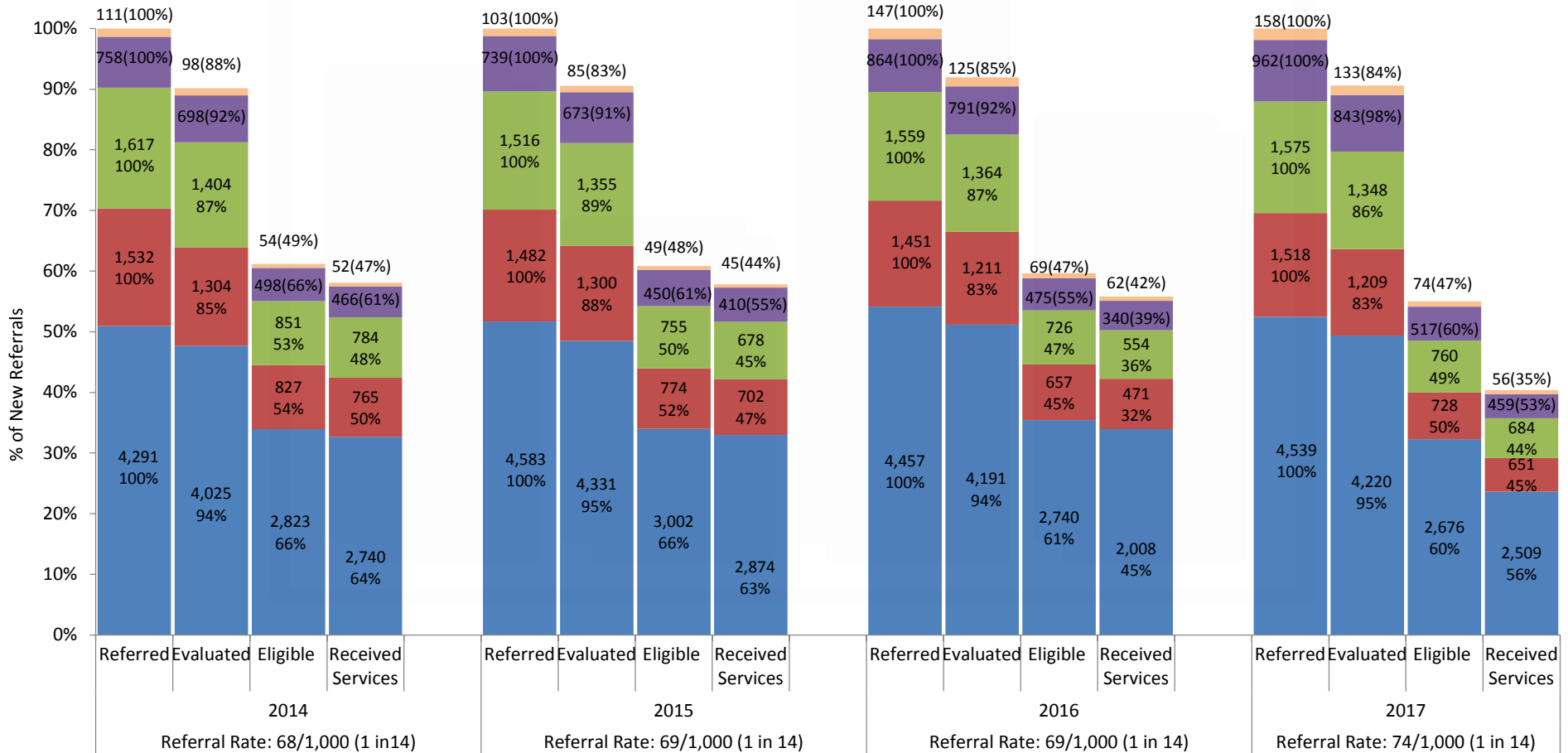


Note:

* The number of children 0-3 years is drawn from US Census data. For 2017 this chart uses population figures from 2016, which is the most recent data available.

Progress of New Referrals Through the EIP by Race and Ethnicity, Brooklyn January 2014 – December 2017

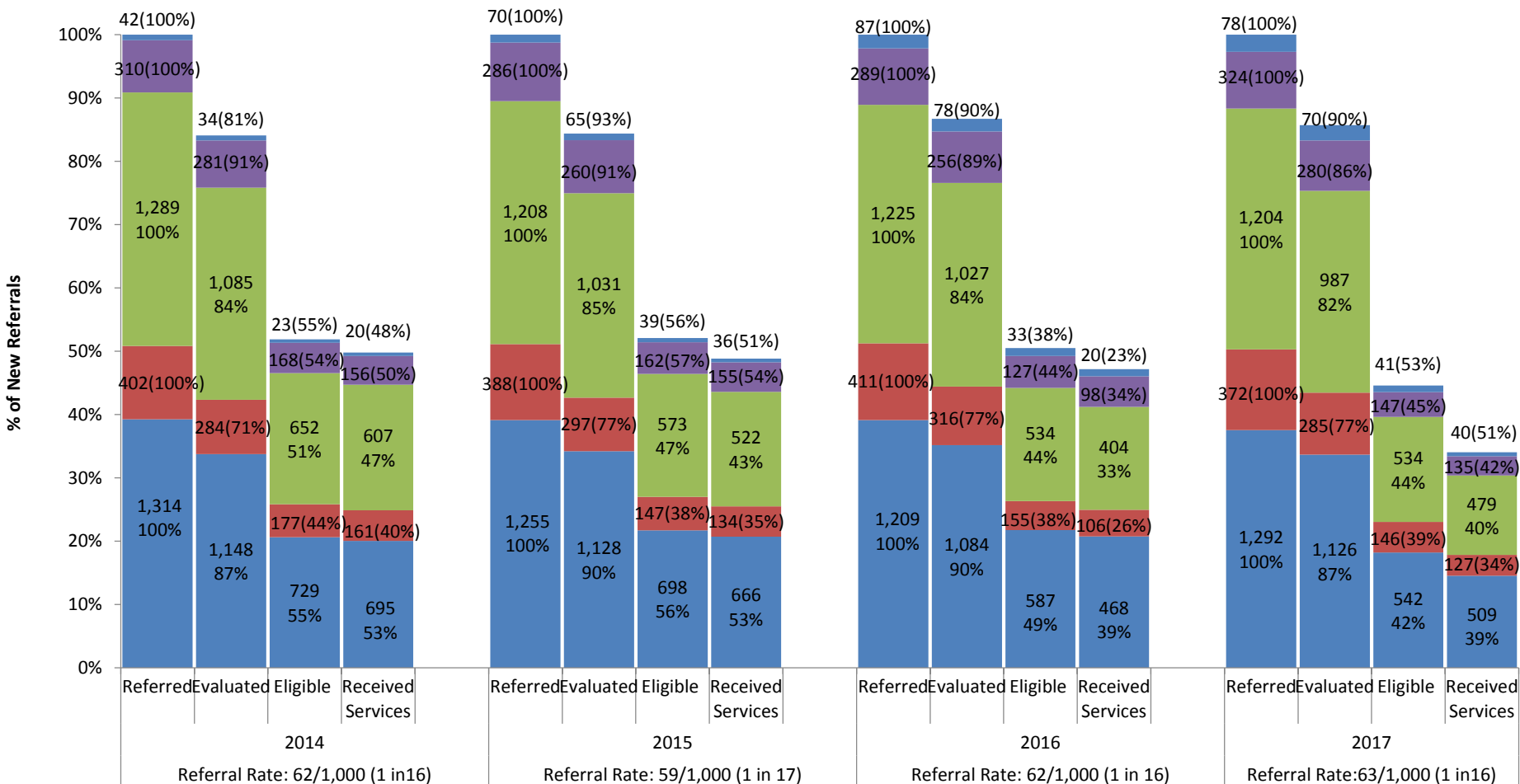
	2016			2017		
	0-3 Pop	% of Pop	Ref. Rate (71/1,000)	0-3 Pop	% of Pop	Ref. Rate (74/1,000)
White Non-Hispanic	44,507	37%	100	44,507	37%	102
Black Non-Hispanic	30,156	25%	48	30,156	25%	50
Hispanic	25,157	21%	62	25,157	21%	63
Asian Non-Hispanic	13,718	12%	63	13,718	12%	70
Other	5,419	5%	29	5,419	5%	34



Note:
* The number of children 0-3 years is drawn from US Census data. For 2017 this chart uses population figures from 2016, which is the most recent data available.

Progress of New Referrals Through the EIP by Race and Ethnicity, Manhattan January 2014 – December 2017

	2016			2017		
	0-3 Pop	% of Pop	Ref. Rate (62/1,000)	0-3 Pop	% of Pop	Ref. Rate (63/1,000)
White Non-Hispanic	20,496	40%	59	20,496	40%	63
Black Non-Hispanic	5,902	11%	64	5,902	11%	63
Hispanic	16,453	32%	75	16,453	32%	73
Asian Non-Hispanic	5,691	11%	53	5,691	11%	57
Other	3,129	6%	13	3,129	6%	25

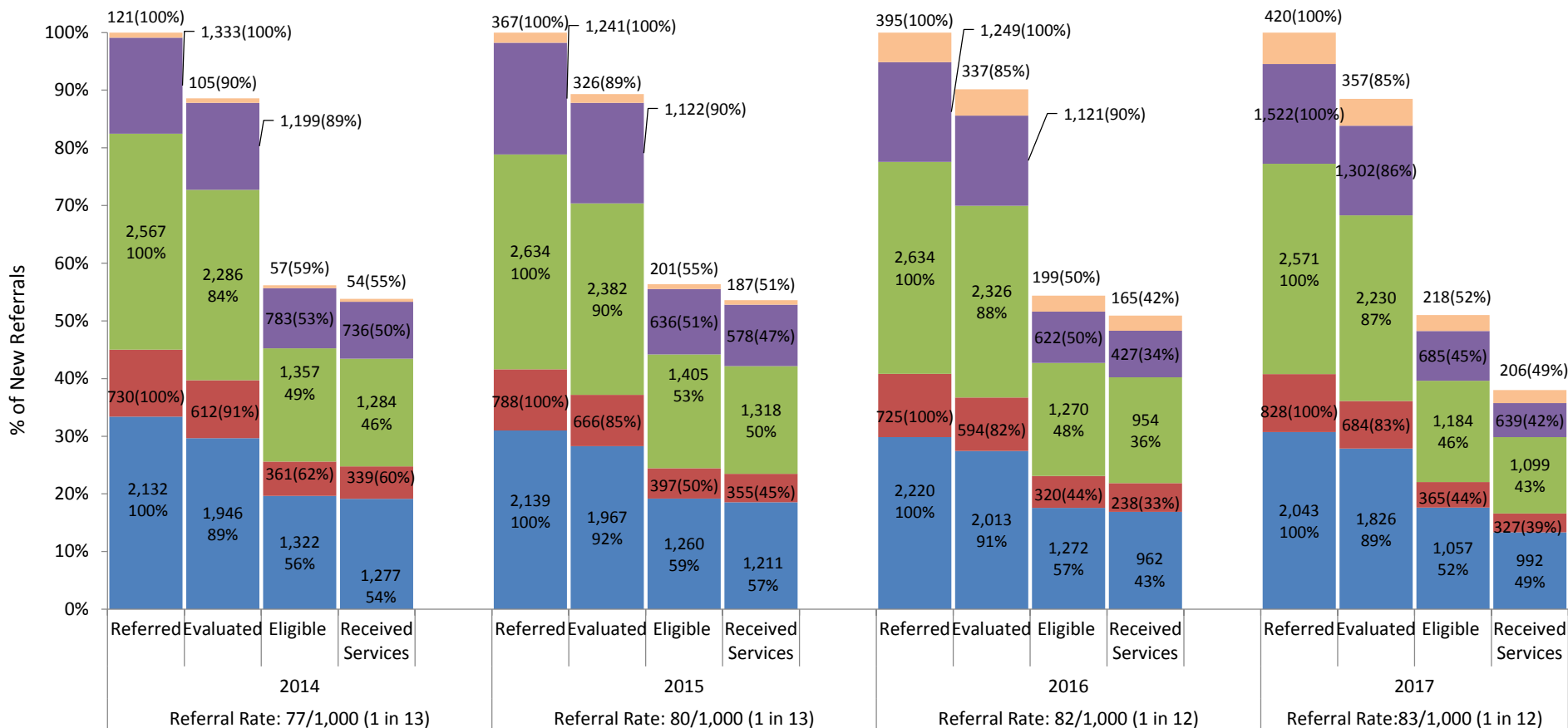


Note:

* The number of children 0-3 years is drawn from US Census data. For 2017 this chart uses population figures from 2016, which is the most recent data available.

Progress of New Referrals Through the EIP by Race and Ethnicity, Queens January 2014 – December 2017

	2016			2017		
	0-3 Pop	% of Pop	Ref. Rate (82/1,000)	0-3 Pop	% of Pop	Ref. Rate (83/1,000)
White Non-Hispanic	18,001	20%	123	18,001	20%	113
Black Non-Hispanic	13,799	16%	53	13,799	16%	60
Hispanic	31,135	35%	85	31,135	35%	83
Asian Non-Hispanic	21,043	24%	59	21,043	24%	72
Other	4,551	5%	87	4,551	5%	92

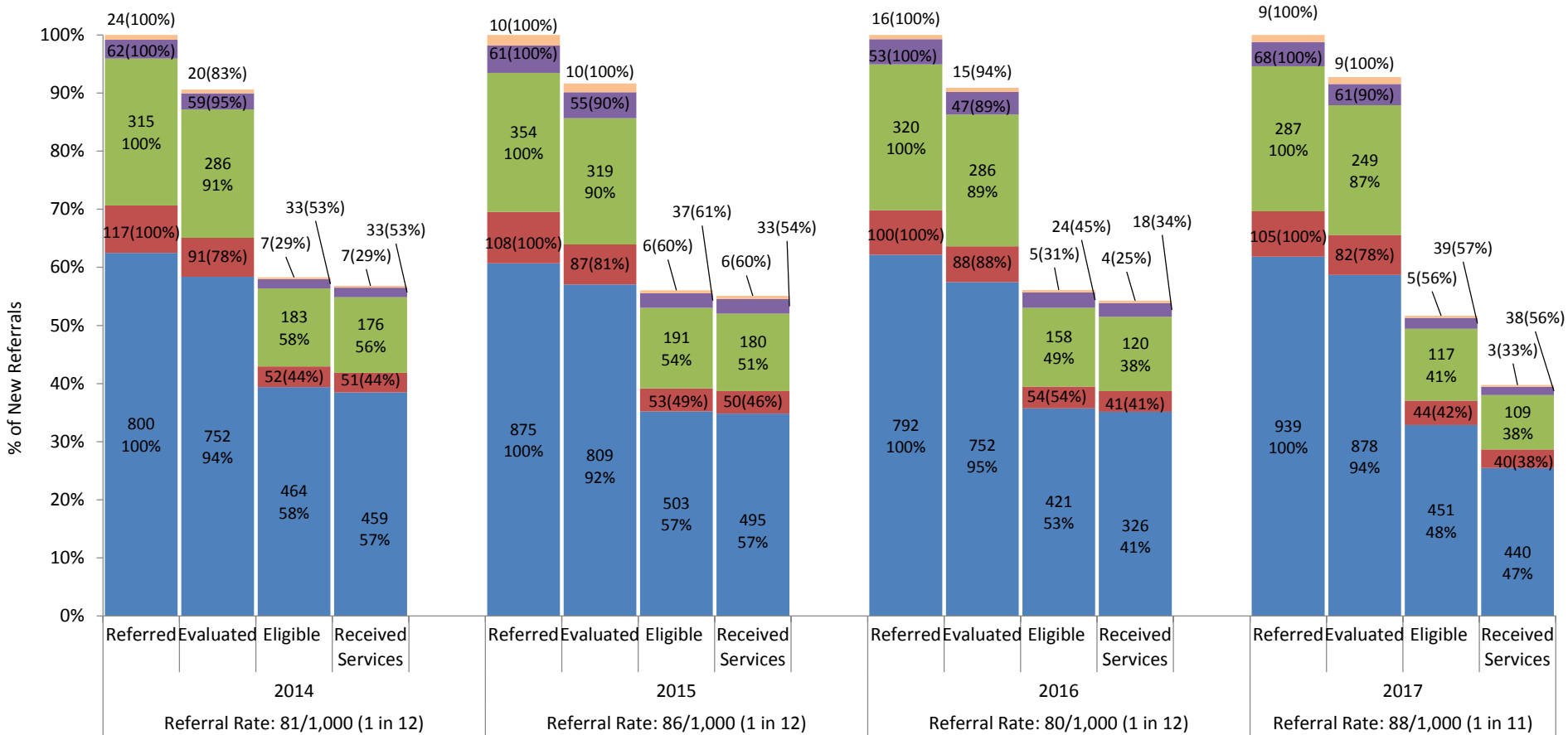


Note:

* The number of children 0-3 years is drawn from US Census data. For 2017 this chart uses population figures from 2016, which is the most recent data available.

Progress of New Referrals through the EIP by Race and Ethnicity, Staten Island January 2014 – December 2017

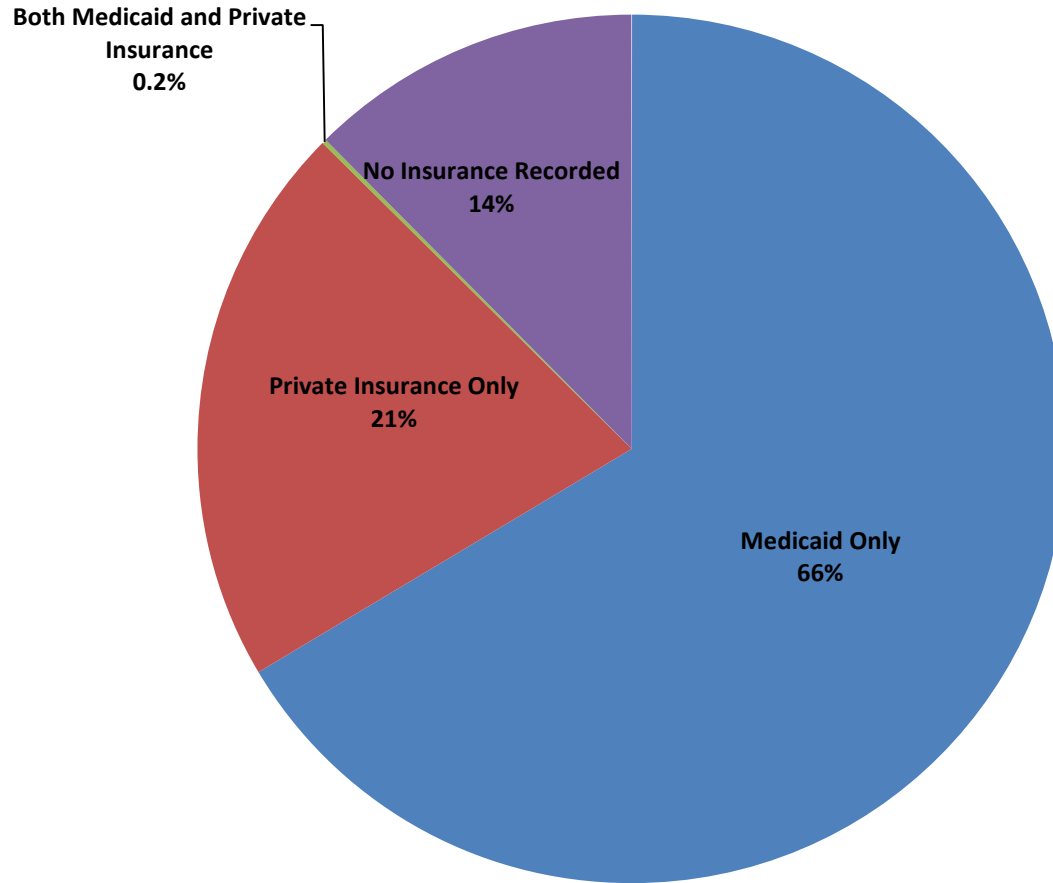
	2016			2017		
	0-3 Pop	% of Pop	Ref. Rate (80/1,000)	0-3 Pop	% of Pop	Ref. Rate (88/1,000)
White Non-Hispanic	7,976	50%	118	7,976	50%	118
Black Non-Hispanic	1,840	12%	57	1,840	12%	57
Hispanic	4,463	28%	64	4,463	28%	64
Asian Non-Hispanic	1,102	7%	62	1,102	7%	62
Other	568	4%	16	568	4%	16



Note:

* The number of children 0-3 years is drawn from US Census data. For 2017 this chart uses population figures from 2016, which is the most recent data available.

**Insurance Status of Children Receiving General Services
January - December 2017
N = 29,847**



Note: Medicaid Managed Care plans and Child Health Plus are categorized as Medicaid. This chart shows the most recent or current insurance policy.