



NEW YORK CITY EARLY INTERVENTION COORDINATING COUNCIL (LEICC)
MEETING OF JULY 14, 2017

- b. SEICC Quorum, Voting and Discussions. It was decided that: There will be thirty (30) members including three (3) new members who are representatives from health plans: Sixteen (16) members are necessary to constitute a quorum.
- c. Social-Emotional Task Force Update - Mary McHugh, (NYS Office of Mental Health) Chair:
 - o The final guidance document was distributed on 6/14/17.
 - o NYC DOHMH BEI contributors: Dr. Faith Sheiber, Dr. Jeanette Gong and BEI Liaison to DOHMH Division of Mental Hygiene, Rochelle Macer.
 - o NYC DOHMH BEI will create a webinar series to build and strengthen competencies in the EI provider community/workforce.
- d. SDOH Reports - The State was funded by the FAR Fund to focus on two projects on Autism Spectrum Disorder. One project is on education to physicians on Autism Spectrum Disorder and the other is video training modules available on YouTube on the diagnosis/recognition of ASD, available resources and family experiences.
- e. Update on the Autism Clinical Practice Guidelines
 - o A panel of 20 experts
 - o SDOH is working with the Bureau of Marketing and Communications on a final document
 - o Guideline updates include: a new section on screening and diagnosis (developmental assessments remain unchanged), consolidation of medical information (diagnosis and treatment), and guidelines for interventions which include family-centered best practices
- f. Health Home Model to Serve Children
 - o Projected enrollment date for EI was postponed from March 2017 to September 1, 2017.
 - o SDOH has contacted agencies who had been previously identified for implementation to assess for readiness. Some agencies were prepared to launch for 6/15/17 and others are preparing for the 9/1/17 launch.
- g. Insurance Tool Kit: The percentage of children with no insurance recorded in NYEIS has increased from 2% to 12%. The expectation is that Service Coordinators will work with families to ensure that insurance information is obtained. The parent declination form is no longer being used. Insurance programs support the Early Intervention Program at no cost to the parent, and it should not impact on the families' insurance benefits/ceilings.
- h. Notice of Proposed Rulemaking. To initiate a regulatory proposal, NYS Administrative Procedures Act requires submission of a Notice of Proposed Rulemaking to the Secretary of State for publication in the New York State Register. If no public hearing is required, the notice must precede adoption by at least 45 days (30 days for revised rulemaking).
The notice was issued on July 12, 2017 in the New York Registrar. Comments are due 45 days after the date of posting, (August 28, 2017). Two public hearings are scheduled:
 - o Hearing 1:
Date: August 15, 2017
 - o Hearing 2:



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<p>DATA REPORT</p> <p>OUTREACH CAMPAIGN</p>	<p>Date: August 17, 2017</p> <p>III. Nora Puffett, Director of Administration and Data Management</p> <ol style="list-style-type: none">1. Data Report – Efforts to enroll more black children in the program have not had an impact on data yet. The data show that black children have low referral rates and high dropout rates. Insurance information is not consistently collected. 15% of children are missing insurance information. <p>IV. Maxine Wilson, Director of Training and Outreach</p> <p>Outreach Initiatives - BEI has expanded its outreach initiatives to improve equity in referral and retention. The outreach focus expanded from 12 zip codes to 38 zip codes with low referral rates.</p> <ol style="list-style-type: none">1. Focus areas:<ol style="list-style-type: none">a. Bronx – Northeast Bronx, High Bridge-Morrisania, Pelham-Throgs Neckb. Brooklyn – Bedford-Stuyvesant and Crown Heights, East Flatbush, Canarsie-Flatlands, East New York, Williamsburg-Bushwickc. Manhattan – Central Harlem, Morningside Heights, East Harlemd. Queens – Southeast Queens, Jamaica, Rockaway, Southwest Queense. Staten Island – Port Richmond, Stapleton-St. George2. Activities are tailored to the group, event and population, and include:<ol style="list-style-type: none">a. Presentations for staff, families and parent groupsb. Professional staff development training with certificates of attendance for staff at EI agenciesc. Tabling events at health and community fairs, libraries, and hospitalsd. Presentations to pediatric practices and hospitals3. January to June 2017: The number of activities completed within the priority zip codes.<ol style="list-style-type: none">a. Early Learn: 117b. DHS: 56c. Library: 195d. Childcare: 40e. Faith-Based: 260f. Other: 220g. Other Zip Codes: 1129
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<p>PROVIDER/AGENCY UPDATE</p>	<p>Total: 2017</p> <ol style="list-style-type: none">4. Distribution of materials:<ol style="list-style-type: none">a. NYC BEI Clinicians' Guide and Algorithm: mailed to more than 1,000 pediatric care providers in NYCb. Early Intervention City Health Information (CHI): distributed electronically to 29,000 health care professionals5. Outreach efforts via radio campaign:<ol style="list-style-type: none">a. BEI collaborated with Power 105.1 FM and WBSL 107.5 FM to promote the NYC Early Intervention Program (NYC EIP) among underserved populations. A total of nearly 600 promotional radio ads about the NYC EIP aired between May 29, 2017 and June 30, 2017 on Power 105.1, WBSL 107.5 and WLIB 1190.b. DJs Angie Martinez at Power 105.1 and Shaila Scott at WBSL 107.5 hosted roundtable conversations with parents, BEI staff, and therapists to address common myths about the NYC EIP that may discourage families from participating in the Program. BEI will notify the field when the roundtables are available for viewing. Note: One of the ads was played at the meeting.6. To receive pamphlets, brochures, posters or to partner with Early Intervention, Maxine Wilson can be reached at mwilson3@health.nyc.gov <p>LEICC DISCUSSION</p> <ul style="list-style-type: none">- Elizabeth Isakson asked if the radio ad is available online. Ms. Wilson responded that efforts would be made to have the link available on the Early Intervention website. Ms. Wilson also explained that the role of the radio ad is to reach the public.- Karen Samet asked if there would be data available regarding the impact of the radio ad on the target zip codes. Ms. Puffett replied that the data could be made available and provided the disclaimer that stratifying the data by multiple factors, including referral rate, race, zip code, etc., may not be very informative, because the population in each group will be very small.- Tracy LeBright asked for strategies on how EI or the provider community can address retention in the program after referral. Dr. Casalino stated the importance of reporting data on outreach at the LEICC meeting to discuss how outreach serves to dispel myths and misconceptions in the community. Dr. Casalino called on providers to partner with EI to bring about health equity. Linda Silver suggested that BEI partner with the Citizens Committee for Children. <p>V. Lidiya Lednyak – Director of Policy and Quality Assurance</p> <ol style="list-style-type: none">1. Provider/Agency Update<ol style="list-style-type: none">a. Total EI Providers: 85 as of April 1, 2013. 143 as of July 11, 2017. (68% change)<ul style="list-style-type: none">o Agency Providers: 85 as of April 1, 2013. versus 141 As of July 11, 2017 (65% change)
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- Individual Providers: 0 as of April 1, 2013 versus 16 as of July 11, 2017
 - Group Providers: 41 as of April 1, 2013 versus 42 as of July 11, 2017 (2% change)
 - ABA Providers: 31 as of April 1, 2013 versus 85* as of July 11, 2017 (174% change)
 - *Breakdown of ABA Providers:
 - Home/Community ABA only=60
 - Group/ABA only=1
 - Home/Community and Group ABA=24
 - Service Coordination Providers: 76 as of April 1, 2013 versus 106 as of July 11, 2017 (39% change)
 - Multidisciplinary Evaluation Providers: 74 as of April 1, 2013 versus 91 as of July 11, 2017 (27% change)
- b. Year-to-date Agency Closure Count:
- Year to date in 2017 – Four (4) agencies have closed. 3500 children were moved to other agencies/services.
 - Around 40 BEI staff at Gotham and in the Regional Offices have been mobilized to work on transitioning children.

LEICC DISCUSSION

- Lidiya Lednyak started discussion on the reasons behind agency closings, focusing on EI system stability issues. Ms. Silver added that agencies close and open in an “ebb and flow movement.”
- Elizabeth Isakson commented that families need stability and asked if there was a way for BEI to quantify the cost and time that the instability is causing. Dr. Isakson also expressed concern around children “slipping through the cracks” in the process of transition.
- Linda Silver asked if system instability is being experienced statewide in New York State. Dr. Casalino responded that NYC is feeling the impact more due to its larger EI population. Dr. Casalino also mentioned that the presentation on the Statewide Systemic Improvement Plan (to be made later in the meeting) would be informative for the process of addressing issues in EI.
- Tracy LeBright mentioned that the closing and transition process had been smooth at Public Health Solutions. They transitioned 2400 children. Staff was also transitioning to other agencies while children were being transitioned. Unfortunately, the agency where many of the staff moved to also closed shortly afterwards.
- Elizabeth Isakson commented on the irony that agency closures are coinciding with the Social-Emotional Guidance document being recently released. Transition can be hard on families as well as service coordinators.



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**HEALTH HOMES
UPDATE**

- Linda Silver stated that service coordinators are the most integral part of EI, yet their workload is higher than what is billable. That would create stress and impact services to families.

 - Lidiya Lednyak encourages agencies that are on the brink of closure to start reducing their caseloads prior to closing/announcing closure, or to close around a natural age-out period (end of December, or end of August). It is hard to move children when they are close to age-out compared to younger children.
2. Health Homes Update NYC – Health Home implementation and the intersection with the EIP :
- a. The goal of Health Homes (HH) is to expand the availability of Medicaid Care Coordination services to more than 200,000 children as part of an optional State Plan benefit created by the Affordable Care Act.
 - b. To be a part of a HH the person must be (1) enrolled in Medicaid; (2) have two or more chronic conditions, or one single qualifying condition with HIV/AIDS, or serious mental illness, or complex trauma; and (3) be Health Home care management appropriate. The “chronic conditions” in the current HH list are medical. There are very few EI auto-eligible conditions that are considered “chronic conditions.” Disability-related conditions (e.g., developmental delay, Autism Spectrum Disorder, Down Syndrome, Cerebral Palsy) will be added to the list of chronic conditions at a later date as the OPWDD process continues, and therefore, more EI children may meet the eligibility criteria for HH.
 - c. HH approvals for agencies to provide ongoing service coordination.
 - o Children’s Health Homes are required to subcontract with Case Management Agencies (CMAs) that have the expertise to serve sub-populations (EI children are a sub-population).
 - o A CMA identified to serve the EI population must be approved as an EI agency to provide ongoing service coordination.
 - d. HH implementation will begin in July 2017, with three Health Homes/Case Management agencies who have demonstrated readiness to SDOH. Additional CMAs are expected to be identified by September 2017.
 - o New York City will provide technical assistance to ensure that CMAs are prepared to provide ongoing service coordination to children in EI.
 - o The process for families: Children who are enrolled in a HH or are potentially eligible for a HH may be referred to EI. The child will be assigned an EI initial service coordinator, regardless of HH enrollment, and then be evaluated by the EI Program with the sole purpose of establishing EI eligibility. When a child is found eligible for EI, a CMA can be assigned as the family’s ongoing service coordinator at the initial IFSP, with parental consent. If HH eligibility is not established, the CMA will notify the Regional Office and another ongoing service coordination agency will be assigned.
 - o It is the expectation of NYC and NYS that HH eligibility will be established by the CMA while the CMA performs required ongoing service coordination tasks.



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**HEALTH CODE
AMENDMENT – Article 47**

**NEW YORK STATE
SYSTEMIC
IMPROVEMENT PLAN**

LEICC DISCUSSION:

- Dr. Isakson asked if medical providers were then responsible for both EI and HH referrals, and similarly is the opposite also true when EI gets a referral. Ms. Lednyak explained that EI and HH are two different billable services with different billing codes.

 - Linda Silver asked, if a service coordinator is a CMA, are they playing a dual role? Ms. Lednyak explained that CMA will be handling EI duties similar to Medicaid Case Management, but the billing will be cleaner.
3. Article 47: Early Intervention Service in Childcare Settings - the Amendment to Article 47 of the NYC Health Code was passed by the NYC Board of Health in September 2016.
- a. The amendment clarifies the requirements for Access for Support Service Personnel in Article 47.19. Specifically:
 - o Child care centers must allow EI providers to deliver services to children in child care settings
 - o EI professionals (“professional consultants” in health code) have all of the necessary clearances as required by SDOH and are in compliance with child care setting requirements
 - b. In order to document that the EI professional has been assigned to provide EI services in the child care setting, a form has been developed for the EI professional to present to the child care provider on the first day of EI services
 - c. BEI will disseminate the form and guidance to the EI community in July 2017
- VI. Statewide Systemic Improvement Plan - Kirsten Siegenthaler & Marie Ostoyich
- 1 The State Systemic Improvement Plan (SSIP) is a new federal requirement for state Early Intervention programs. The US Department of Education Office of Special Education Programs (OSEP) requires each state program to develop quality improvement plans. NYS chose to create an improvement plan focused on family outcomes.
 2. Improvements will be done using Quality Improvement methods, specifically a framework that was developed by the Institute for Healthcare Improvement. This includes:
 - a. Small changes implemented in daily routines/interactions
 - b. Support from outside experts, and from peers as coaches
 - c. Teams will use PDSA model:
 - o Plan (look at data, identify an issue, review evidence-based strategies)
 - o Do (implement the change)
 - o Study (collect data and review routinely – daily, weekly, monthly)
 - o Act (adopt if it works, adapt if needed or abandon if it doesn't)
- “Sequential building of knowledge” includes a wide range of conditions in the sequence of tests starting small and scaling up and becoming a part of routine practice when there is a “breakthrough.”



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**ACADEMIC
PREPARATION AND
PROFESSIONAL
DEVELOPMENT**

Training is approved for CEUs for: Physical therapists and PTAs, occupational therapists and OTAs, social workers, and speech-language pathologists.

- 189 participants completed both pre- and post-tests.
 - The mean scores were:
 - Pre-test = 58.23%
 - Post-test = 89.54%

Performance was significantly different between the pre- and post-tests.

- Composition (roles and disciplines) of training participants: please note that people could check off more than one role or discipline.
 - Early Childhood Special Educators/BCBA: 65 or 33.16%
 - Bureau of Early Intervention Staff: 55 or 28.06%
 - Director/Owner/Clinical Supervisor/QA Manager: 50 or 25.51%
 - Social Worker (LCSW or LMSW): 25 or 12.75%
 - Speech-Language Pathologist: 24 or 12.24%
 - Service Coordinator: 22 or 11.22%
 - Occupational Therapist: 9 or 4.6%
 - Physical Therapist: 6 or 3.06%
 - School Psychologist: 3 or 1.53%

2. Leslie Grubler, MA, CCC-SLP, TSHH, Director of Clinical Education and Clinical Services at Lehman College, presented on the Academic Preparation and Professional Development Committee (APPD). The first goal of the committee is to create a plan to evaluate the effectiveness of all of NYC BEI's academic partnerships.

- a. The six academic partners and their initiatives are:
 - Brooklyn College Early Childhood Education and Art Program: Advanced Certificate in Early Intervention and Parenting
 - SUNY Downstate Occupational Therapy (OT) Program: Specialization in Early Intervention
 - Hunter College, Silberman School of Social Work: Professional development and continuing education courses in Early Intervention
 - Queens College Graduate Program in Special Education, Educational and Community Programs: integrated Master's in Early Childhood Special Education and Bilingual Education
 - Lehman College, Dept. of Speech, Language and Hearing Sciences: Master's Program in Speech-Language Pathology with a core curriculum in Early Intervention
 - Brooklyn College, Dept. of Speech, Communication Arts, and Sciences, Master's Program in Speech-Language Pathology with a core curriculum in Early Intervention
- b. Current draft of the evaluation plan includes four tools:



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**MISCELLANEOUS
DISCUSSION**

- Course Evaluation Survey for students. Survey collects information about whether students are learning about family-centered best practices based on the course curriculum or fieldwork placement. Partners can use this information to further fine-tune their curricula.
- Application of the Natural Environments Rating Scale (NERS) (Campbell & Sawyer, 2007). The NERS contrasts elements of traditional versus family-centered practices (participation-based). The tool is used to observe the quality of students' skills when working with caregivers using family-centered best practices, taking the theory and integrating it into practice. Based on an overall score, the student is classified as using either traditional practices or best practices.
- Post-Specialization in Early Intervention Survey (in draft by the APPD). This survey is to find out from students whether they feel confident and competent to integrate EI best practices into their professional practices.
- Post-Graduate Evaluation Survey (in draft by the APPD). This survey is to find out from their graduates working in the field whether they feel they were adequately prepared to work as professionals in EI.

LEICC DISCUSSION:

- Dr. Isakson commented that the attendance of occupational therapists and physical therapists at trainings was low. Dr. Gong mentioned that scheduling was difficult since it was 3-day training, but BEI is working on online courses for therapists.
- Linda Silver asked for a report on Provider Oversight audit results, since it was not on the meeting agenda. Dr. Casalino commented that this LEICC meeting favored the SSIP presentation over the Provider Oversight report. Ms. Puffett answered that it wasn't reported in this meeting, but made a general comment that agency performance is "not good." Ms. Silver suggested that BEI should focus on improving the quality of evaluations.
- Ms. Puffett explained that BEI is conducting a parent survey, with a focus on cultural competency. A random sample of approximately 1,000 families will be called.



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LEICC COMMITTEES TRANSITION COMMITTEE POLICY REVIEW COMMITTEE ACADEMIC PREPARATION AND PROFESSIONAL DEVELOPMENT COMMITTEE	COMMITTEE REPORTS Transition Committee – Karen Samet reports that the Transition Committee has not met this quarter and are awaiting a document. Policy Committee – Tracey LeBright reports that no policy has been sent for review. Academic Preparation and Professional Development Committee – Leslie Grubler presented for the Committee (documented above)
PUBLIC COMMENT	None
MEETING ADJOURNED 11:40 AM.	Next meeting scheduled for November 17, ²⁰¹⁷ at CUNY School of Law from 10:00 AM to 12:00 noon.

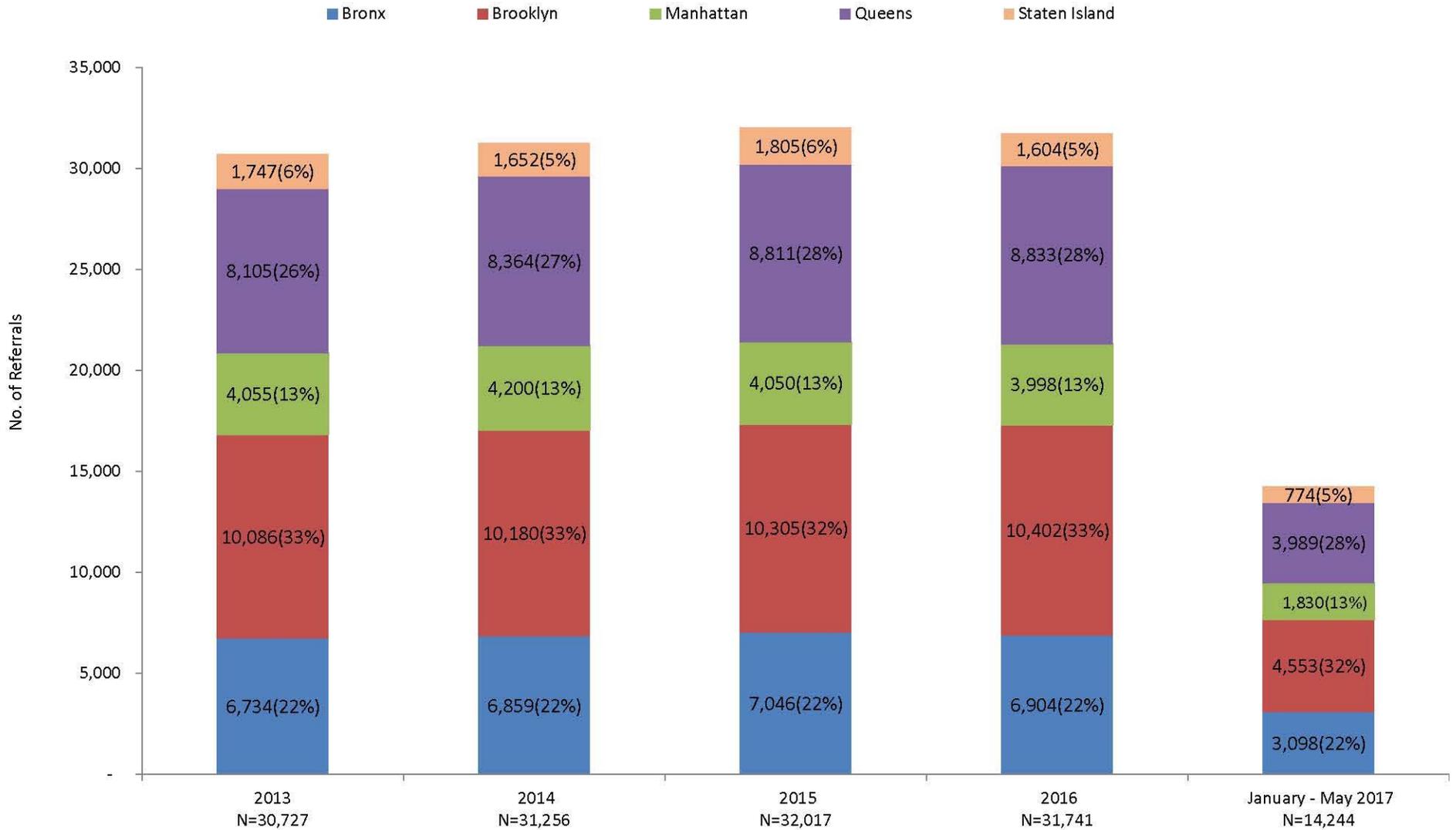
LEICC DATA REPORT

JULY 14, 2017



Number of Referrals¹ Per Year, by Borough

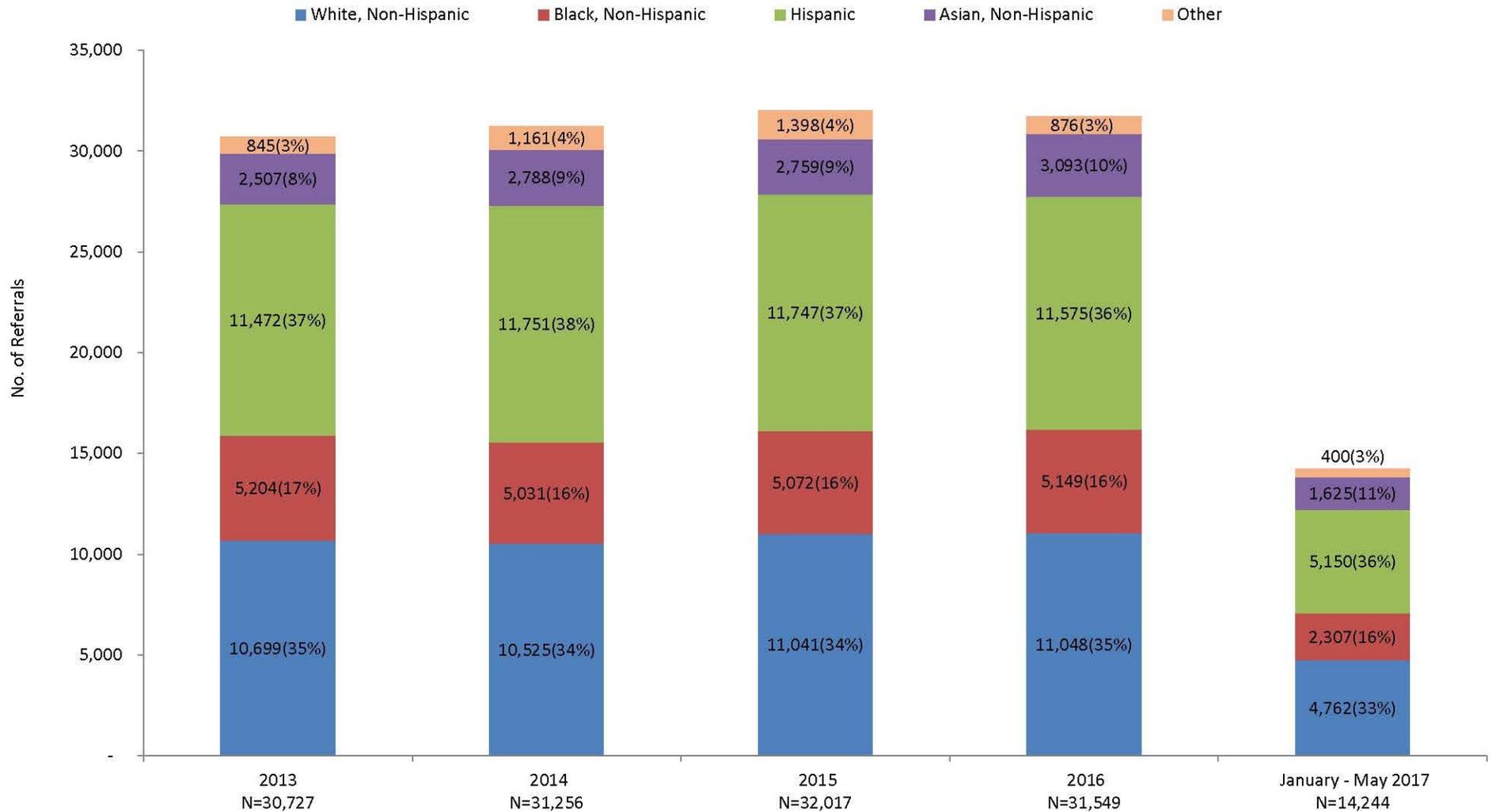
January 2013 - May 2017



Notes:

1. Includes new and re-referrals.

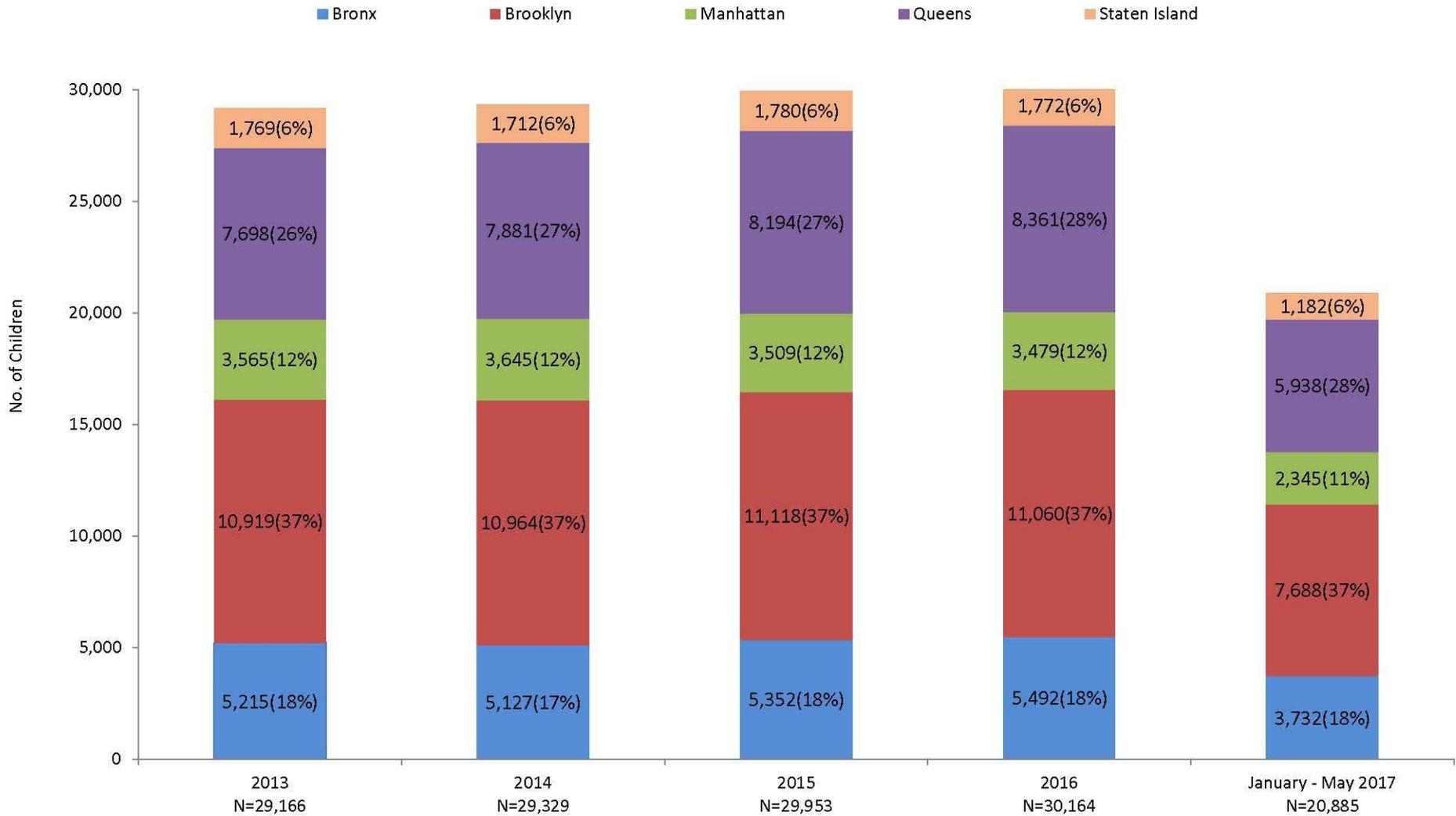
Number of Referrals¹ Per Year, by Race and Ethnicity January 2013 - May 2017



Notes:

1. Includes new and re-referrals.

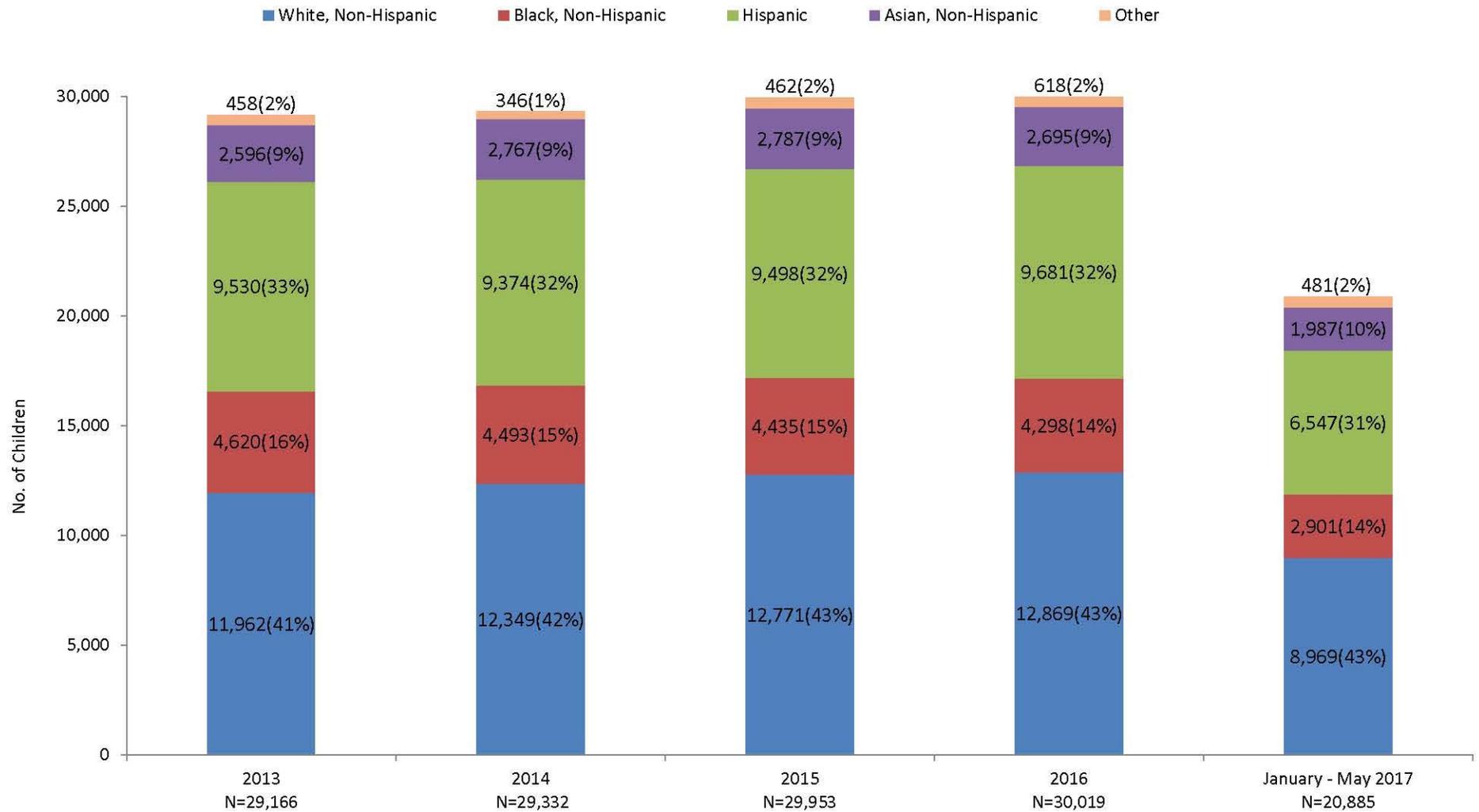
Number of Children Receiving General Services¹ Per Year, by Borough January 2013 - May 2017



Note:

1. General services include all those but service coordination, evaluation, assistive technology and transportation.

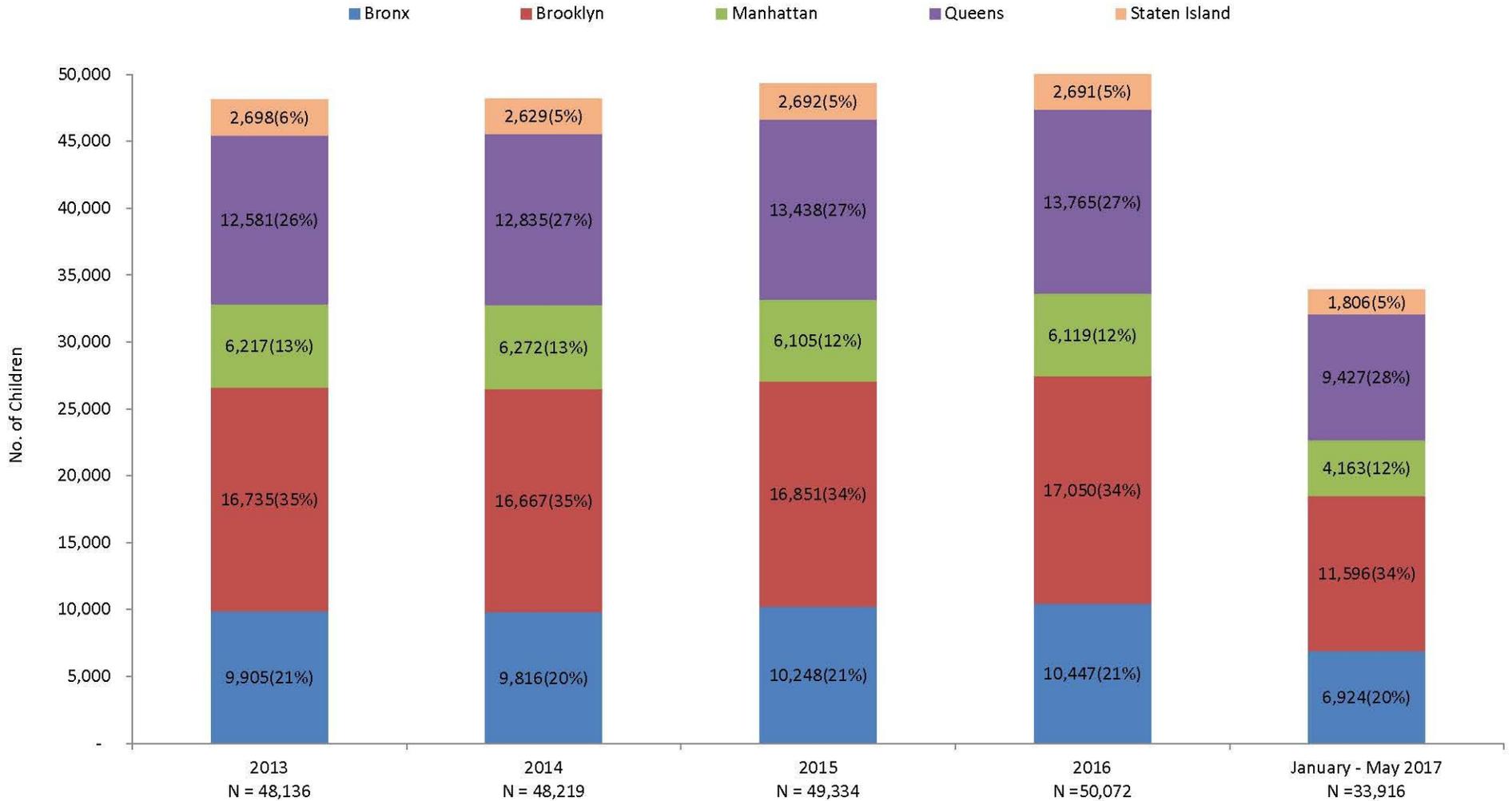
Number of Children Receiving General Services¹ Per Year, by Race and Ethnicity, January 2013 - May 2017



Note:

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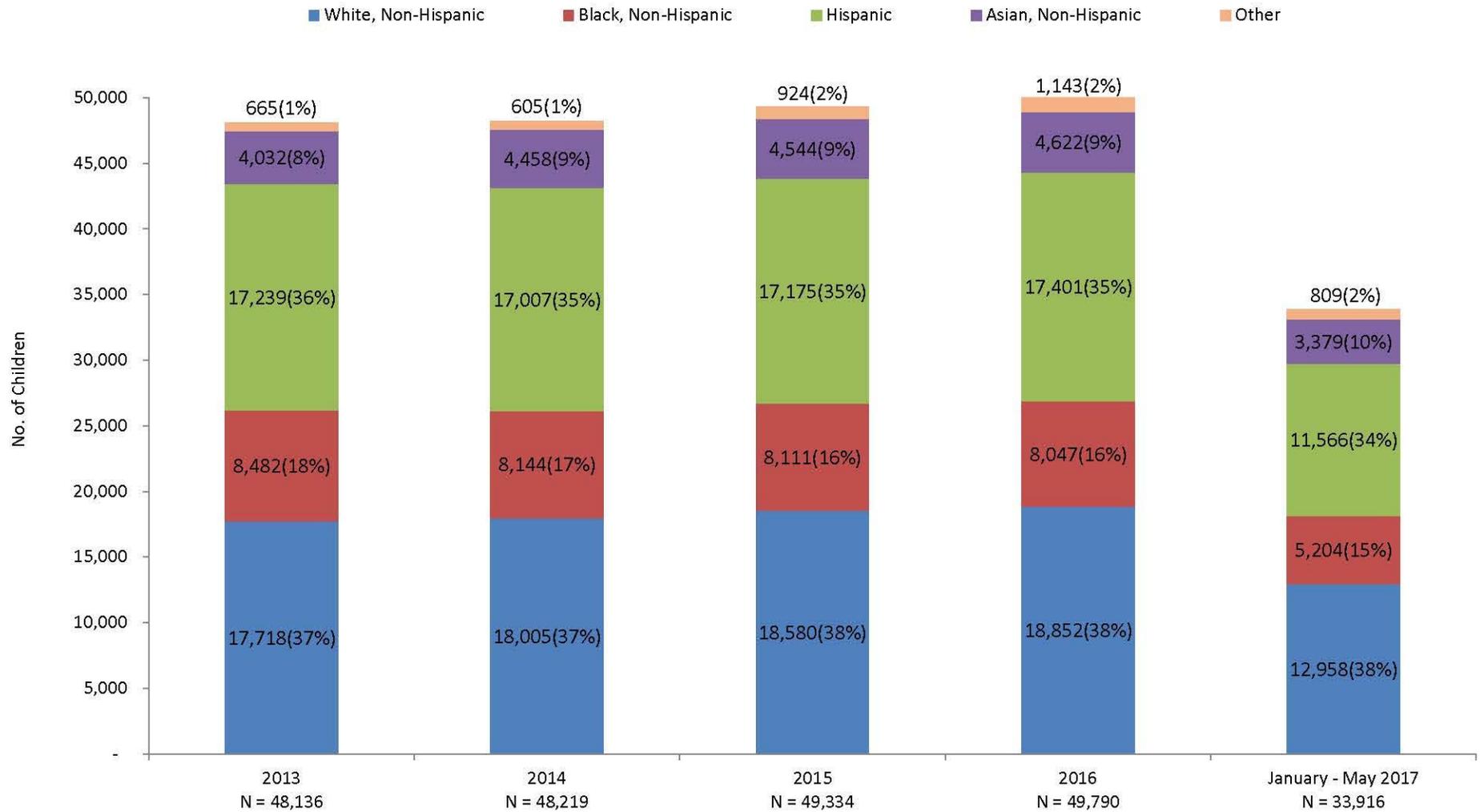
Children Receiving Any Type of Service, by Borough: Service Coordination, Evaluation and/or General Services¹ January 2013 - May 2017



Note:

1. General services include all those but service coordination, evaluation, assistive technology and transportation.

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

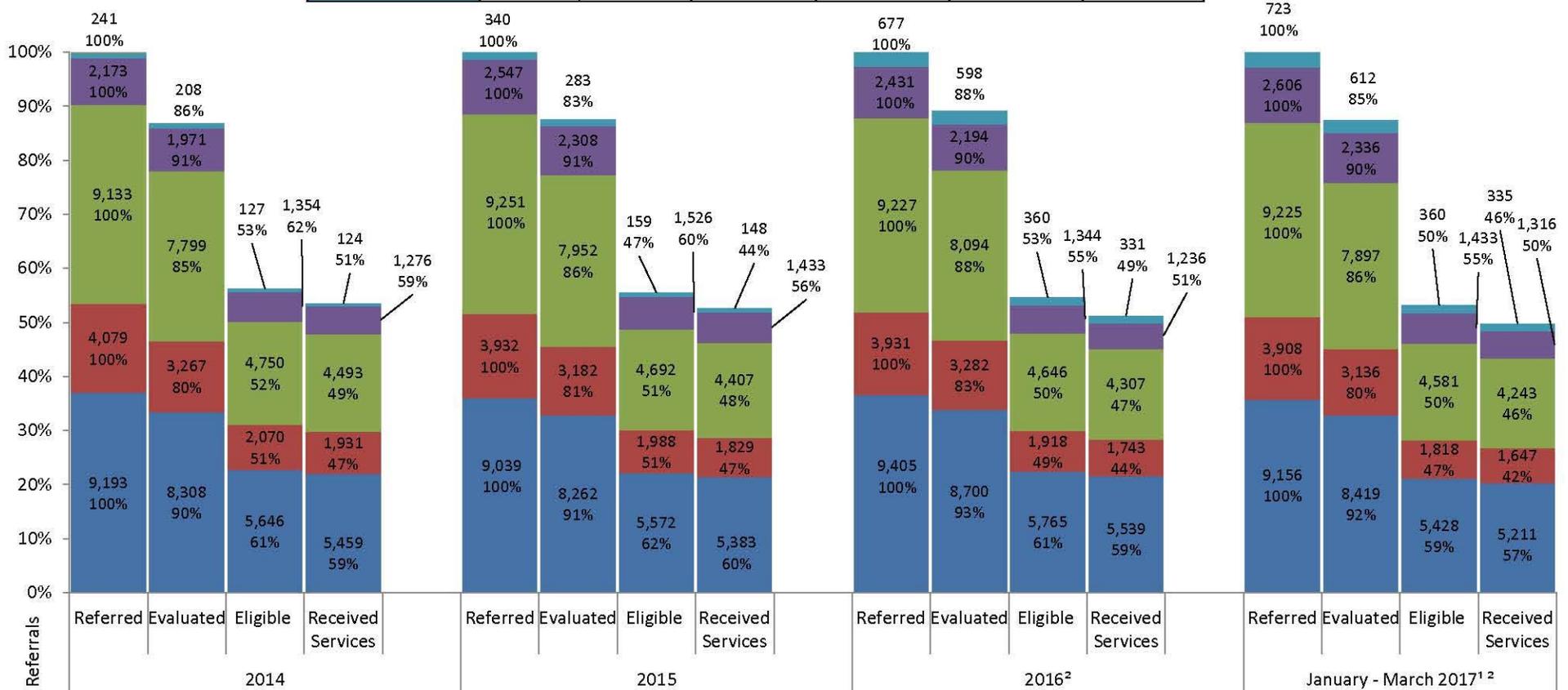


Note:

1. General services include all those but service coordination, evaluation, assistive technology and transportation.

Progress of New Referrals through the EIP by Race and Ethnicity, Citywide January 2014 – March 2017

	2016 ²			January - March 2017 ^{1, 2}		
	0-3 Pop	% of Pop	Ref. Rate (/1,000)	0-3 Pop	% of Pop	Ref. Rate (/1,000)
White Non-Hispanic	98,605	28%	93	41,085	28%	61
Black Non-Hispanic	71,918	21%	54	29,966	21%	36
Hispanic	121,039	35%	76	50,433	35%	49
Asian Non-Hispanic	43,961	13%	59	18,317	13%	43
Other	15,077	4%	48	6,282	4%	31

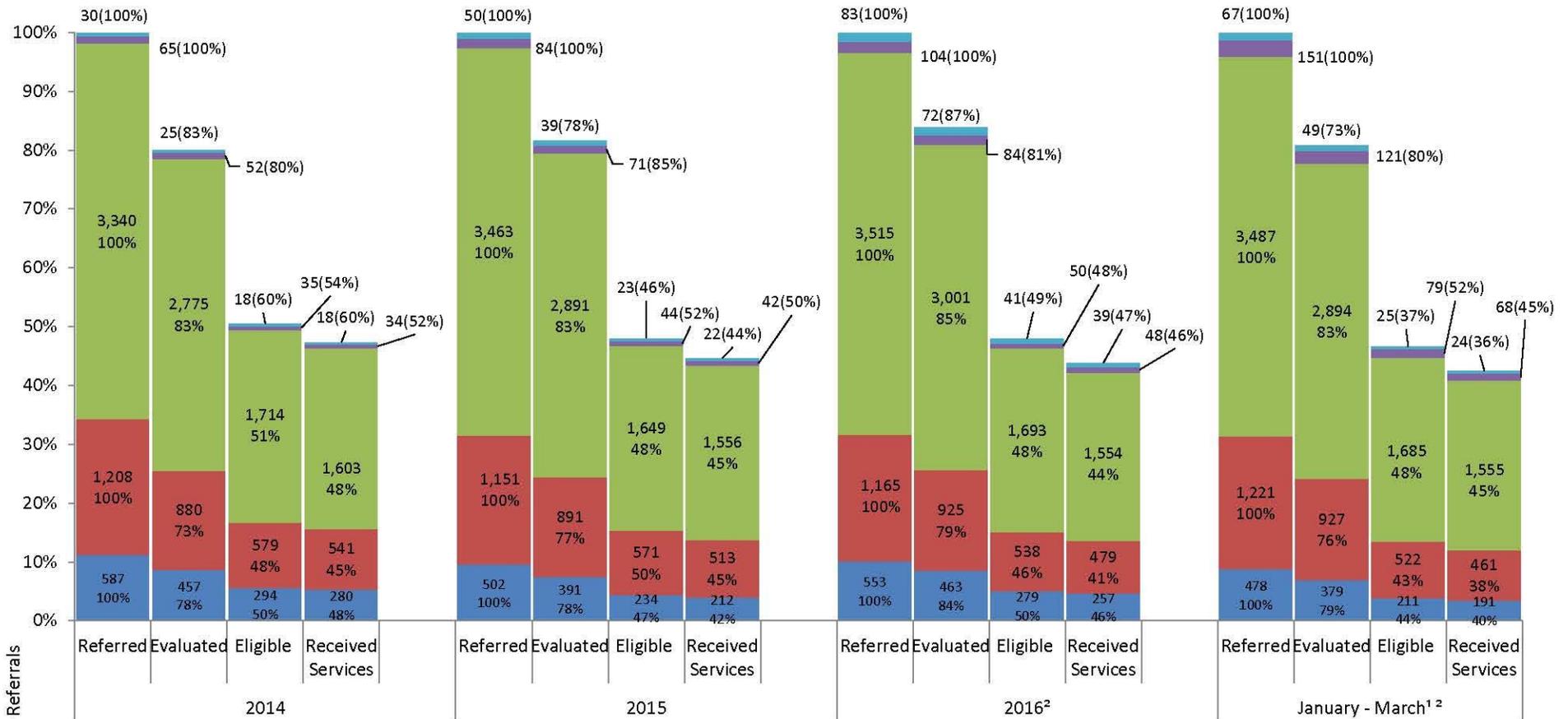


Note:

1. Progress of new referrals is typically reported on 3-month lag to ensure all children have time to reach final resolution, so data is presented only through March.
2. The number of children 0-3 years is drawn from US Census data. For 2016 and 2017 this chart uses population figures from 2015, which is the most recent data available.

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

	2016 ²			January - March 2017 ^{1,2}		
	0-3 Pop	% of Pop	Ref. Rate (/1,000)	0-3 Pop	% of Pop	Ref. Rate (/1,000)
White Non-Hispanic	4,933	7%	97	2,055	7%	66
Black Non-Hispanic	17,603	26%	69	7,335	26%	45
Hispanic	40,175	60%	87	16,740	60%	57
Asian Non-Hispanic	2,291	3%	66	955	3%	46
Other	1,443	2%	46	601	2%	15

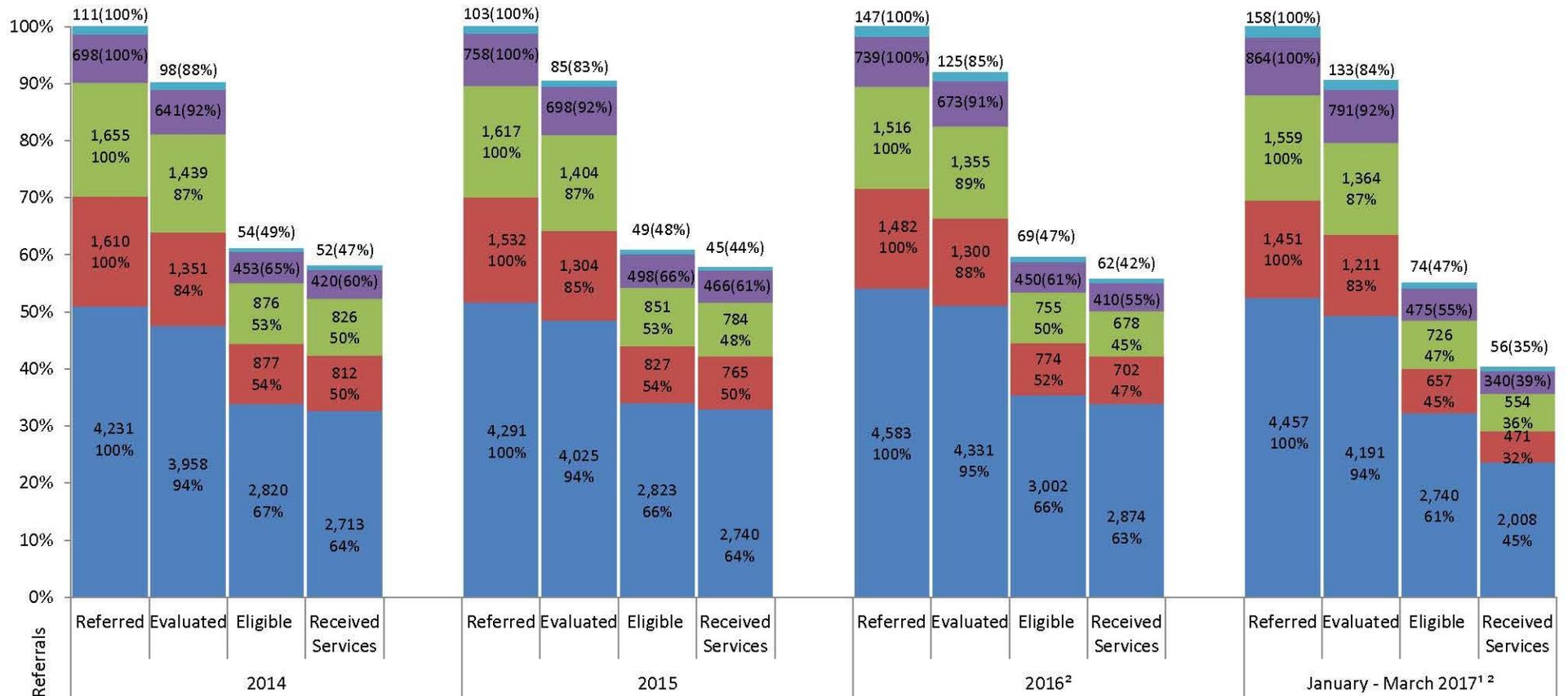


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Progress of New Referrals through the EIP by Race and Ethnicity, Brooklyn January 2014 – March 2017

	2016 ²			January - March 2017 ^{1 2}		
	0-3 Pop	% of Pop	Ref. Rate (/1,000)	0-3 Pop	% of Pop	Ref. Rate (/1,000)
White Non-Hispanic	44,919	37%	99	18,716	37%	66
Black Non-Hispanic	31,734	26%	46	13,222	26%	32
Hispanic	26,962	22%	58	11,234	22%	36
Asian Non-Hispanic	13,919	11%	62	5,800	11%	43
Other	5,420	4%	29	2,258	4%	18

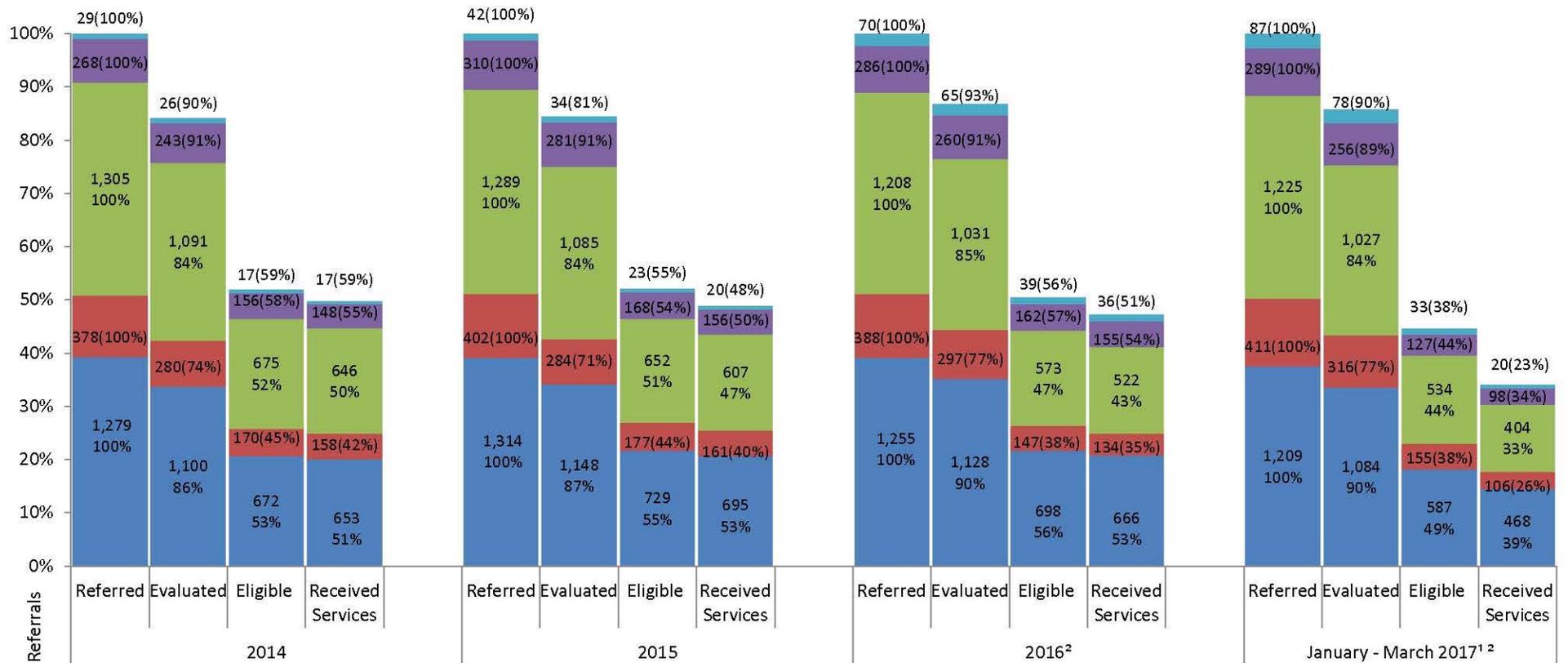


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Progress of New Referrals through the EIP by Race and Ethnicity, Manhattan January 2014 – March 2017

	2016 ²			January - March 2017 ^{1,2}		
	0-3 Pop	% of Pop	Ref. Rate (/1,000)	0-3 Pop	% of Pop	Ref. Rate (/1,000)
White Non-Hispanic	21,595	40%	56	8,998	40%	38
Black Non-Hispanic	6,311	12%	64	2,629	12%	46
Hispanic	17,054	32%	75	7,106	32%	46
Asian Non-Hispanic	5,862	11%	53	2,442	11%	36
Other	3,299	6%	13	1,375	6%	14

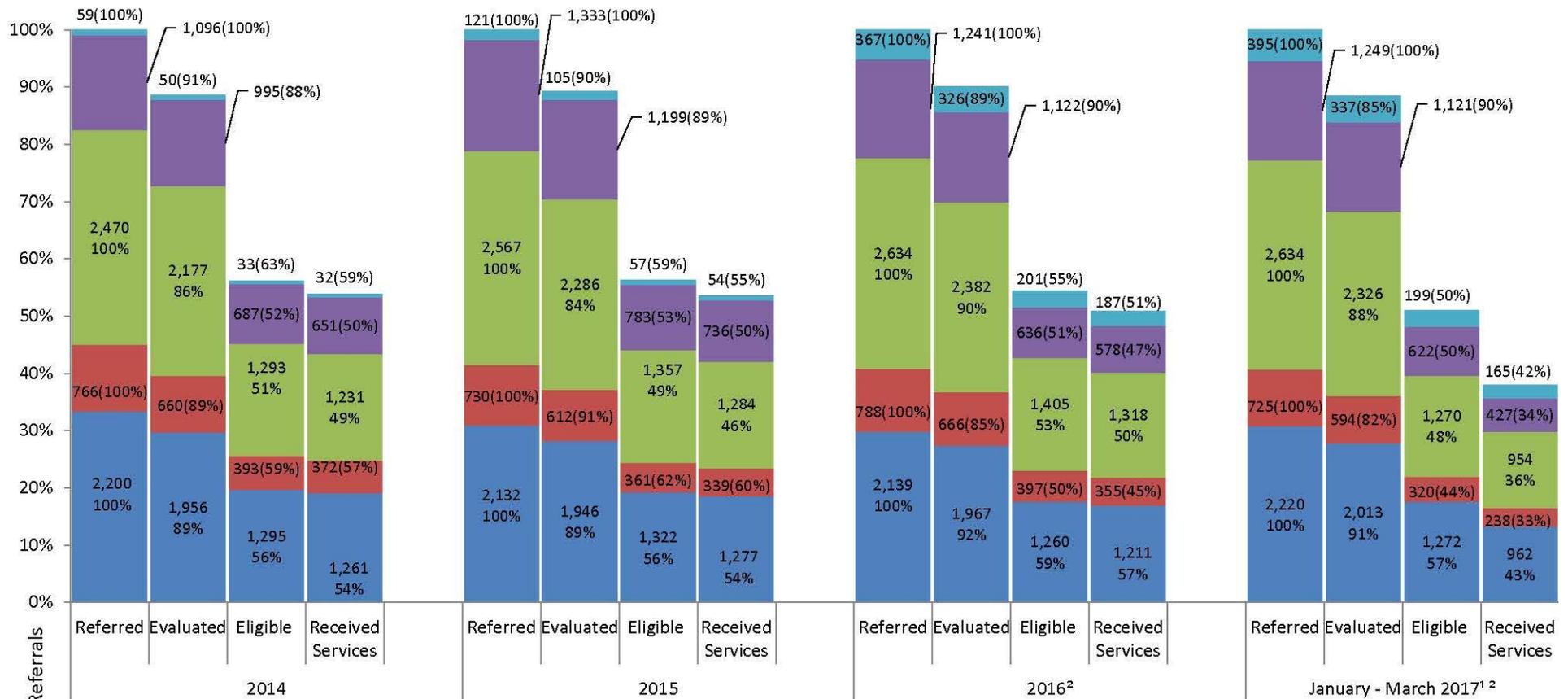


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Progress of New Referrals through the EIP by Race and Ethnicity, Queens January 2014 – March 2017

	2016 ²			January - March 2017 ^{1 2}		
	0-3 Pop	% of Pop	Ref. Rate (/1,000)	0-3 Pop	% of Pop	Ref. Rate (/1,000)
White Non-Hispanic	19,058	21%	116	7,941	21%	66
Black Non-Hispanic	14,243	16%	51	5,935	16%	32
Hispanic	32,338	36%	81	13,474	36%	52
Asian Non-Hispanic	20,785	23%	60	8,660	23%	45
Other	4,336	5%	91	1,806	5%	69

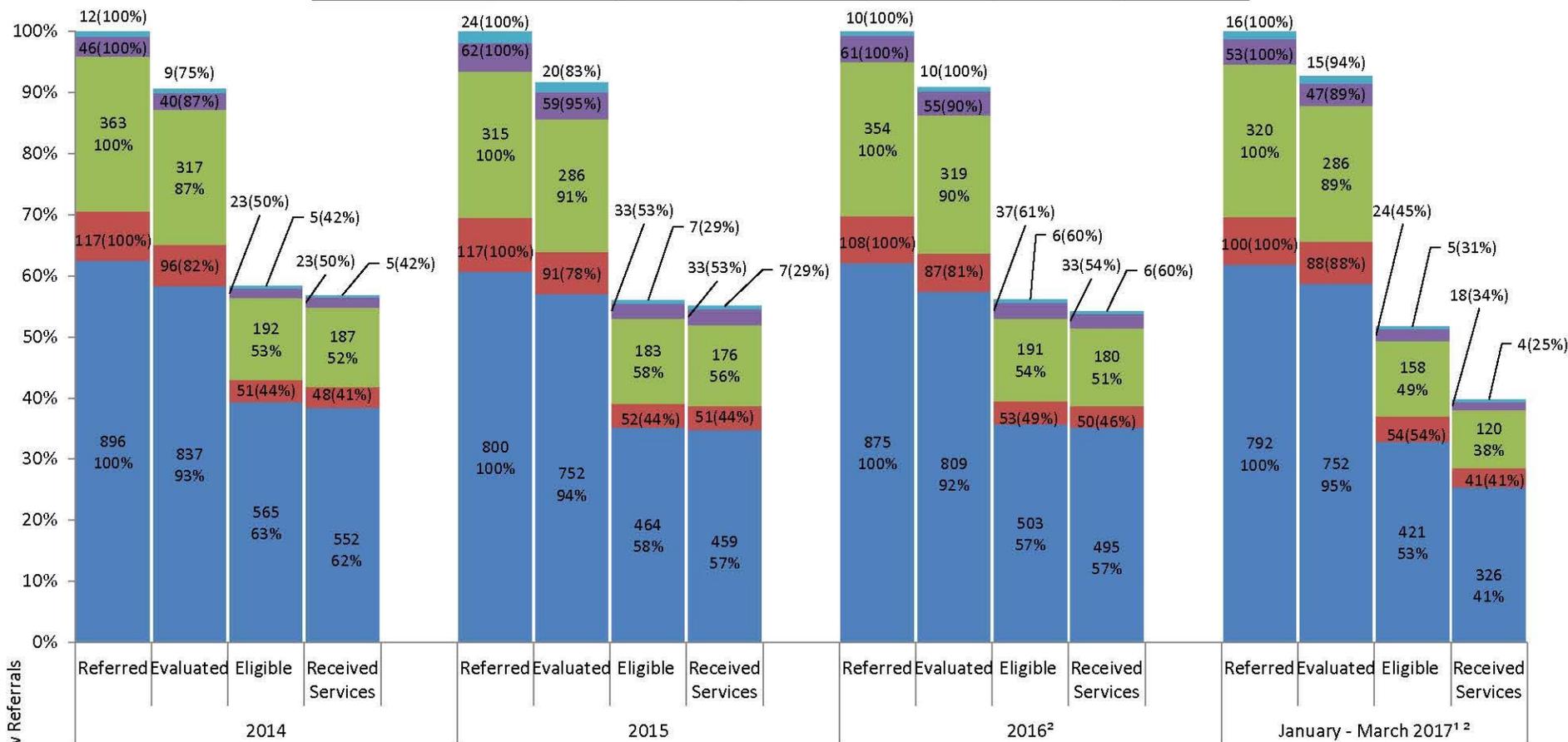


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Progress of New Referrals through the EIP by Race and Ethnicity, Staten Island January 2014 – March 2017

	2016 ²			January - March 2017 ^{1 2}		
	0-3 Pop	% of Pop	Ref. Rate (/1,000)	0-3 Pop	% of Pop	Ref. Rate (/1,000)
White Non-Hispanic	8,099	50%	76	3,375	50%	76
Black Non-Hispanic	2,028	12%	27	845	12%	27
Hispanic	4,509	28%	47	1,879	28%	47
Asian Non-Hispanic	1,105	7%	48	460	7%	48
Other	599	4%	0	250	4%	0



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