ARLY

NEQUITIES

How Underfunding Early Intervention Leaves Low-Income Children of Color Behind

DECEMBER 2019

CREATED BY:

Advocates for Children of New York

Protecting every childs right to learn

About Advocates for Children of New York

Since 1971, Advocates for Children of New York (AFC) has worked to ensure a high-quality education for New York students who face barriers to academic success, focusing on students from low-income backgrounds who are at greatest risk for failure or discrimination in school because of their poverty, disability, race, ethnicity, immigrant or English Language Learner status, sexual orientation, gender identity, homelessness, or involvement in the foster care or juvenile/criminal justice systems. AFC uses four integrated strategies: free advice and legal representation for families of students; free trainings and workshops for parents, communities, and educators and other professionals to equip them to advocate on behalf of students; policy advocacy to effect change in the education system and improve education outcomes; and impact litigation to protect the right to quality education and compel needed reform.

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About Citizens' Committee for Children of New York

Citizens' Committee for Children of New York (CCC) is an independent, nonpartisan child advocacy organization. Since 1944, CCC's advocacy has combined public policy research and data analysis with citizen action. We engage members of our board and advocacy council, youth volunteers, and partners in government, philanthropy, and direct service in data-driven discussions about the needs of New York City's children and families. In doing so, we identify and promote practical solutions to ensure that every New York child is healthy, housed, educated and safe.

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Executive Summary

The first few years of life present a critical window of opportunity to detect and address developmental delays. Research shows that services have the greatest impact when children are young, while their brains are rapidly developing.

The Early Intervention (EI) program provides evaluations and services to infants and toddlers under the age of three with developmental delays or disabilities and their families. In 1986, the United States Congress added the legal right to EI to the federal Individuals with Disabilities Education Act (IDEA)—the nation's special education law—recognizing that intervening as early as possible would not only help children reach their full potential, but would also save money in the long run.

In 1992, Governor Mario Cuomo signed the landmark legislation that established New York's Early Intervention program. The New York State Department of Health (DOH) serves as the lead agency responsible for administration and oversight of the EI program, and each county has a designated public agency responsible for local administration. In New York City, that agency is the Department of Health and Mental Hygiene (DOHMH).

When New York's EI program first launched, it was seen as a model for the rest of the country. However, over the past two decades, inadequate State investment has put children's access to the program at risk. After years of stagnant payment rates and multiple cuts imposed by the State, agencies in New York City and around the State have closed their EI programs.

Today, payment rates for EI providers are lower than they were in the 1990s. While Governor Andrew Cuomo took a positive step by increasing rates for occupational therapists, physical therapists, and speech-language pathologists by 5% in the 2019-2020 fiscal year, this adjustment does not cover EI evaluators, service coordinators, special education teachers, and other service providers. Furthermore, the 5% bump is not nearly enough to address the disparities in compensation between EI and other employment settings where EI providers can receive significantly higher salaries and benefits. Inadequate rates are contributing to provider shortages and service capacity challenges in communities.

Provider shortages have impacted children in New York City and around the State, with a growing number of families being told their children will have to wait for services because no providers are available. **In fact, in 2018, *one out of every four children* found eligible for EI services in New York State had to wait for EI services, losing valuable opportunities to address their developmental delays. In the Bronx, for instance, only 61% of children found eligible for EI services received them by the 30-day legal deadline—less than in any other borough.**

With this report, Advocates for Children of New York (AFC) and Citizens' Committee for Children of New York (CCC) seek to further examine those points at which children in New York City are at risk of being denied the evaluations and services they need. Our analysis is based on data from the New York City Department of Health and Mental Hygiene, obtained by Maya Miller, a data and health journalist with Measure of America, through a Freedom of Information Law (FOIL) request and shared with AFC and CCC. The data track children's progress through the EI program—from referral, to evaluation, to eligibility determination, to service receipt—disaggregated

by race and United Hospital Fund (UHF) neighborhood.[1] The law requires EI services to take place in the child's "natural environment"—their home, child care program, or another community setting—to the maximum extent appropriate to the needs of the child. However, this report finds that access to EI evaluations and services varies widely across communities in New York City.

This analysis finds disparities in access to EI evaluations and services based on borough, neighborhood demographics, and race:

- The neighborhoods where children **referred** for EI evaluations are least likely to **receive evaluations** are consistently low-income communities of color.
- The neighborhoods where children **found eligible** for EI services are least likely to **receive those services** are primarily low-income communities of color.
- Even in neighborhoods where higher rates of eligible children receive services, there are significant racial disparities, with Black children being less likely to receive services than White children.

Though the data in this analysis is specific to New York City, it helps illustrate systemic challenges facing EI programs across New York State. The State and the City must take action to tackle these disparities.

New York State should:

1. Increase rates for EI evaluators, service providers, and service coordinators by ten percent in the New York State Fiscal Year 2020-2021 budget to help address provider shortages and ensure all young children who need evaluations and services can access them regardless of neighborhood, socioeconomic status, or race.
2. Fund a cost-study to assess and recommend changes to the methodology used to determine payment for EI evaluations, service provision, and service coordination to help address capacity challenges in low-income and underserved communities.
3. Adopt policies to ensure that commercial health insurance companies pay their fair share to help cover the cost of EI services.
4. Conduct a statewide analysis of disparities in access to evaluations and services and develop a plan to address such disparities.

New York City should:

1. Enact Intro. 1406-2019, requiring the City to issue annual public reports on the provision of EI evaluations and services so the public can hold the City and State accountable for addressing disparities and ensuring children receive their mandated services.
2. Analyze the disparities in access to EI evaluations and services and develop a plan to address such disparities, including plans to recruit evaluators and providers for underserved neighborhoods, train service coordinators and providers in culturally responsive practices, and follow up with families whose children have not received evaluations or services.

[1] There are 42 UHF neighborhoods in New York City, each composed of two or more adjacent zip code areas. Their geographic boundaries approximate the City's Community Districts; they are primarily used by the NYC Department of Health and Mental Hygiene (DOHMH). See: http://a816-dohbesp.nyc.gov/IndicatorPublic/EPHTPDF/uhf42.pdf.

Early Intervention Funding and Capacity Challenges

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When two-year-old Samuel stopped speaking and responding to his name, his mother was distraught. After multiple visits to doctors, Samuel, who is Latino, was diagnosed with autism. Samuel's pediatrician emphasized the urgency of referring Samuel to the Early Intervention (EI) program, which provides evaluations and services to young children with developmental delays or disabilities. Following EI evaluations, the EI program convened a meeting to develop a service plan for Samuel. Based on his needs, Samuel's service plan entitled him to receive part-time instruction from a special education teacher, speech therapy to help him communicate, and occupational therapy to help him with daily activities at home.

Samuel's mother knew her son needed to get help right away, and she was anxious for services to begin. However, Samuel's EI service coordinator, tasked with arranging these services, could not find any providers to work with Samuel in his home in Brooklyn. The service coordinator reported that, given the shortage of providers, it was hard to find providers to go to "certain neighborhoods" that were farther away from where the providers lived and where it was "difficult to find parking." As a result, Samuel had to wait several months to begin receiving any of his legally mandated services.

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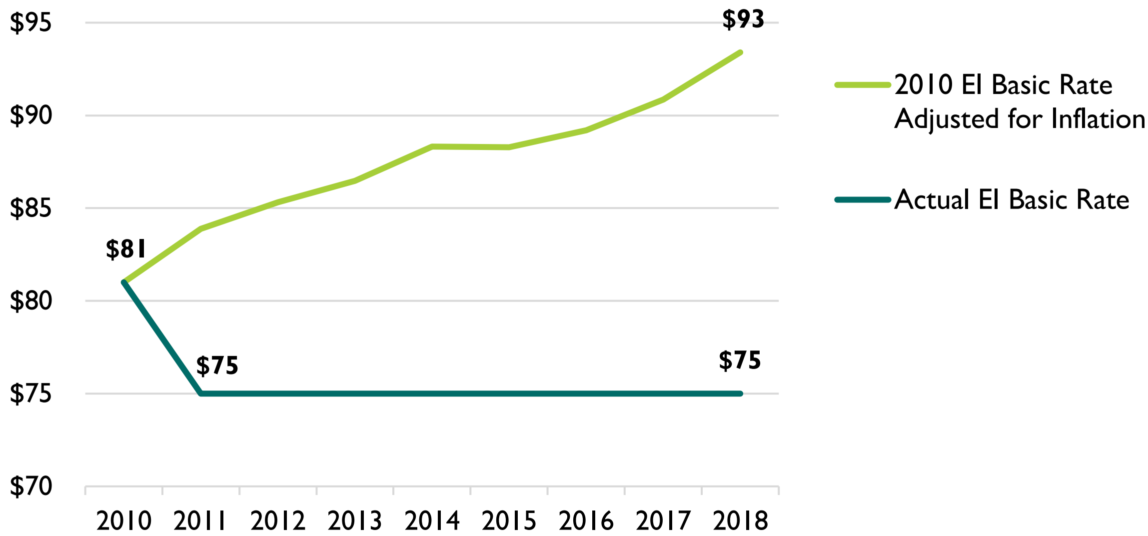
New York State sets the payment rates for EI evaluations, services, and service coordination. Unfortunately, EI payment rates are lower today than they were in the 1990s. Until this year, EI providers had gone decades with no increase in rates despite rising costs. In fact, in April 2010, the State imposed a *10% cut* to the rates for all EI services taking place in children's homes or community settings such as child care programs, impacting the vast majority of EI services. The State cut the rate for all EI services by an additional 5% in April 2011 (see Figure 1). Meanwhile, the State implemented a new process for seeking reimbursement, placing significant administrative burdens on EI service coordinators, evaluators, and service providers.

As a result, experienced, high-quality EI providers in New York City and throughout the State have shut their doors or stopped taking EI cases. Even large organizations that provide multiple types of services determined that they could no longer afford to sustain their EI programs. For example, in New York City alone:

- In 2011, Birch Family Services, a non-profit organization focused on assisting individuals with autism in New York City, closed its EI program due to the State's cuts to EI rates.
- In 2017, Public Health Solutions—one of the largest public health service non-profits in New York City—ended its EI service coordination program after 24 years because the organization's board of directors determined the program was "no longer financially viable" despite their desire to continue serving the community. At the time, the agency had offices in all five boroughs and was serving 2,400 children.
- In fall 2019, the social service agency University Settlement, which employed EI therapists speaking 11 different languages and provided EI services to 350 children in the Bronx and Manhattan, closed its EI program.

FIGURE 1. NYC Basic Home and Community-Based Individual Service Rate, 2010 to 2018.



The chart above indicates the rate New York City EI providers would be paid in 2018 if rates had kept pace with inflation after 2010.

In the State's Fiscal Year 2019-2020 budget, Governor Andrew Cuomo increased payment rates by 5% for EI services provided by occupational therapists, physical therapists, and speech-language pathologists. The Governor explained that the State was increasing these rates "to mitigate provider shortages and recognize the education and training of these specialized service providers." This rate increase is set to take effect this year and will be retroactive to April 1, 2019. While this much-needed rate increase is certainly a positive step, it applies only to three types of providers, leaving out evaluators, service coordinators, special education teachers, and other service providers. Moreover, this 5% bump is not nearly enough to address the disparities in compensation between EI and other employment settings where EI providers can receive significantly higher salaries and benefits.

Increased rates are particularly important to addressing capacity challenges in underserved communities. Evaluators and therapists serving children in low-income neighborhoods often have longer travel times from their homes or offices, affecting the number of children they can serve each day. With large demand and limited capacity, therapists often choose to serve children in their own communities rather than travel further afield, leaving families in high-needs communities struggling to get timely services. These challenges are exacerbated for children who need bilingual services, who are also more likely to reside in underserved communities.

SPOTLIGHT
St. Mary's Healthcare System for Children

In 2014, St. Mary's Healthcare System for Children closed its Early Intervention program, which had provided EI evaluations, services, and service coordination for two decades. Many of the nearly 3,000 children St. Mary's served in 2013 lived in underserved neighborhoods.

- More than 35% of St. Mary's EI services were provided to children in zip codes with a median family income of $40,000 or less.
- More than 70% of St. Mary's EI services were provided to children in zip codes with a median family income of $60,000 or less.

When closing its EI program, St. Mary's issued a press release highlighting the ways that EI rates are particularly insufficient to serve children in underserved areas. St. Mary's described the added expense of providing services to underserved areas due to issues like higher transportation costs and the need for higher provider compensation given the low supply and high demand for services, including bilingual services, in certain neighborhoods.

Analysis of New York City Early Intervention Data

The challenges of low payment rates and insufficient capacity have helped create a system in which some of the City's neighborhoods struggle more than others to ensure that all children receive the evaluations and services they need. Addressing the two major "drop-off" points in the EI process—(1) referral to evaluation and (2) eligibility to service receipt—is key to ensuring equitable and timely access to critical developmental supports. Though the following analysis is based on NYC data, we believe it helps illustrate systemic challenges facing EI programs across the State.

Drop-Off Point #1: Referral to Evaluation

Once children are referred to the Early Intervention program, the next step is arranging multi-disciplinary evaluations to determine if they meet the eligibility criteria for EI services. On average across New York City, 88.1% of children who are referred for services receive an evaluation (i.e., the average citywide drop-off rate between referral and evaluation is 11.9%).

The neighborhoods where children who are referred for EI evaluations are least likely to receive evaluations are consistently low-income communities of color. Over the course of three years, the largest average drop-off rates between referral and evaluation were in:

1. Hunts Point-Mott Haven, Bronx *(UHF 107)* (where there was an average 19.3% decline in the number of children progressing through the EI program);
2. Crotona-Tremont, Bronx *(UHF 105)* (an average 19.3% decline);
3. Central Harlem-Morningside Heights, Manhattan *(UHF 302)* (an average 18.9% decline);
4. High Bridge-Morrisania, Bronx *(UHF 106)* (an average 18.6% decline); and
5. East Harlem, Manhattan *(UHF 303)* (an average 18.0% decline).

In these neighborhoods, nearly one in five children referred for an EI evaluation due to a concern about a possible developmental delay or disability never received an evaluation.

On average, 88% of children referred for EI evaluations in these neighborhoods were Black or Hispanic. These are also areas of the City where there are a limited number of EI providers.[2] There are <u>no</u> agencies that perform core evaluations physically located in Central Harlem-Morningside Heights or East Harlem. Only one agency in Hunts Point-Mott Haven, two in Crotona-Tremont, and two in High Bridge-Morrisania provide core evaluations. Overall, close to half (46%)

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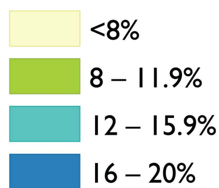
[2] See NYC Early Intervention Provider Directories at https://www1.nyc.gov/site/doh/providers/resources/early-intervention-information-for-providers.page. When counting providers, we looked at their physical locations and matched zip codes from unique provider addresses to UHF neighborhoods. Overall, there are 64 EI providers located in Brooklyn, 53 in Queens, 36 in Manhattan, 24 in the Bronx, and 11 on Staten Island.

of all core evaluators are located in just eight[3] of the City's 42 United Hospital Fund (UHF) neighborhoods; none of those eight are in the Bronx.

It is important to note that the majority of EI evaluations and services are provided in homes or at a location other than a provider's physical location, so we cannot definitively draw a correlation between gaps in EI evaluations and the number of local EI providers. However, our experience working with families and providers and the findings of this report strongly suggest a relationship between the prevalence and proximity of providers and the likelihood of children being evaluated and ultimately receiving services.

FIGURE 2.

% Decline in the Number of Children Progressing through the EI Program: Referral to Evaluation



See the Appendix for a list of corresponding UHF neighborhoods.

[3] These include Borough Park, Coney Island-Sheepshead Bay, and East Flatbush-Flatbush in Brooklyn; Fresh Meadows, Ridgewood-Forest Hills, and West Queens; Chelsea-Clinton, Manhattan; and Willowbrook, Staten Island.

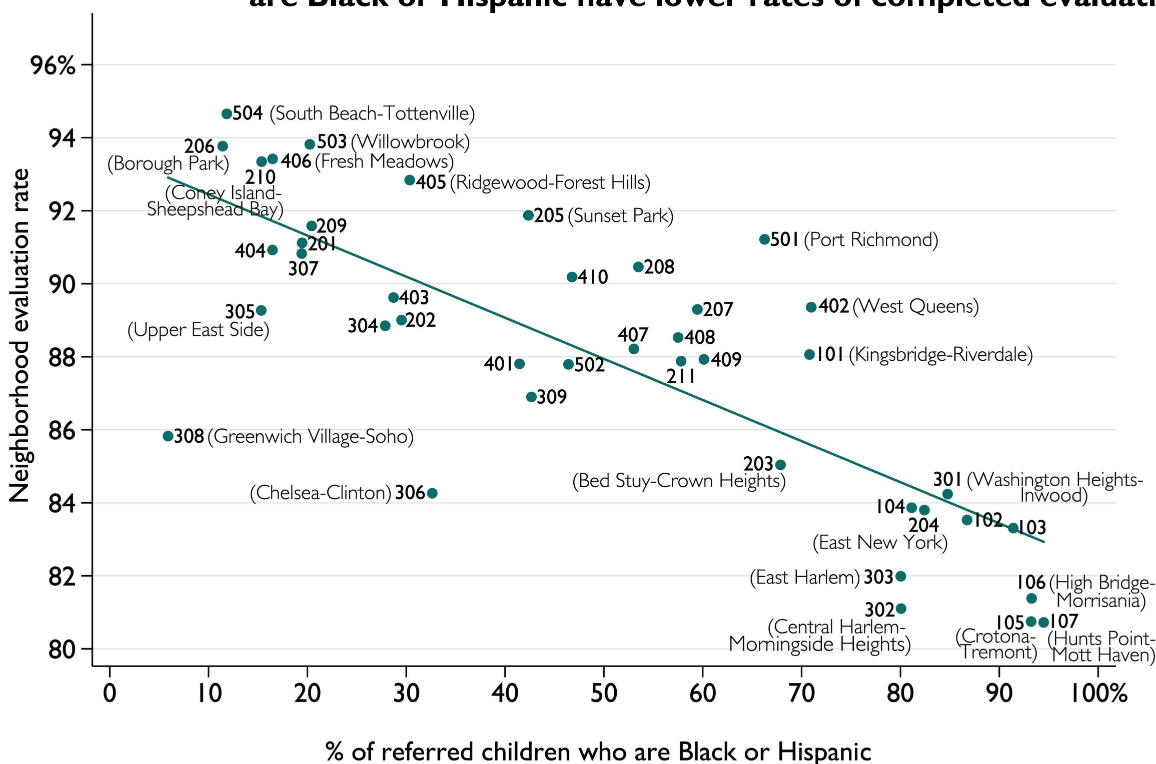
In contrast, the communities where children who are referred for EI evaluations are most likely to receive evaluations are disproportionately White and tend to have larger numbers of evaluators with offices in the neighborhood. Between 2016 and 2018, the neighborhoods with the smallest average drop-off rates were:

1. South Beach-Tottenville, Staten Island *(UHF 504)* (where there was an average 5.3% decline in the number of children progressing through the EI program);
2. Willowbrook, Staten Island *(UHF 503)* (an average 6.2% decline);
3. Borough Park, Brooklyn *(UHF 206)* (an average 6.2% decline);
4. Fresh Meadows, Queens *(UHF 406)* (an average 6.6% decline); and
5. Coney Island-Sheepshead Bay, Brooklyn *(UHF 210)* (an average 6.7% decline).

An average 72% of children referred for EI evaluations in these five neighborhoods were White, while only 15% were Black or Hispanic. Coney Island-Sheepshead Bay has seven providers available to conduct core evaluations (the most of any neighborhood), while Borough Park has five, Willowbrook and Fresh Meadows have four each, and South Beach-Tottenville has two.

This general pattern holds across the City: on average, the more children of color there are in a neighborhood's referral pool, relative to the number of White children, the lower the neighborhood's evaluation rate among children referred (see Figure 3).

FIGURE 3. Neighborhoods where higher percentages of children referred to EI are Black or Hispanic have lower rates of completed evaluations.[4]



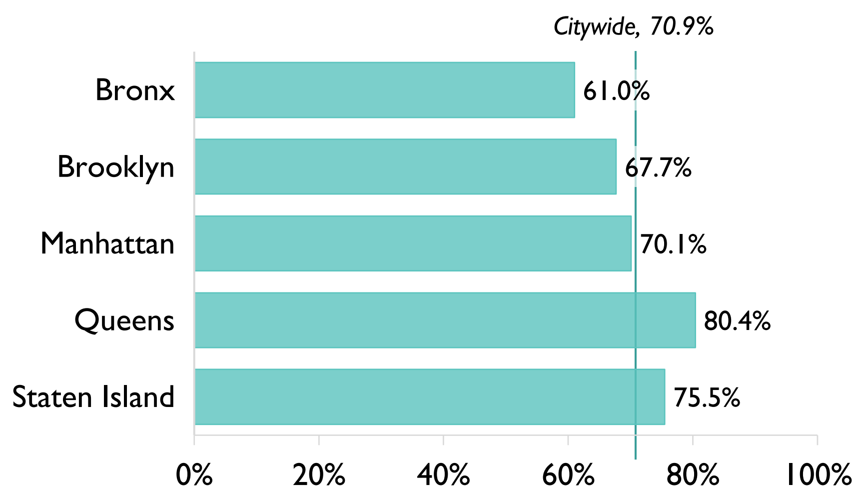
[4] See the Appendix for a full list of UHF neighborhoods. UHF neighborhood 310, Lower Manhattan, was dropped from this analysis due to low numbers of children who are Black or Hispanic; this graph thus includes 41 neighborhoods, rather than 42. The slope of the fitted line is -0.11 ($p<0.001$).

Drop-Off Point #2: Eligibility to Service Receipt

Once children are found eligible for EI services, the Early Intervention program holds a meeting to develop an Individualized Family Services Plan (IFSP) outlining the EI services that the child needs based on their developmental delays or disabilities. The IFSP also states the service location, which, to the maximum extent appropriate to the child's needs, must be the "natural environment"—the child's home, child care program, or another community setting. Children have a legal right to receive all services recommended on their IFSPs, and EI service coordinators are responsible for arranging these services. On average in NYC, 94.7% of children found to be eligible for EI go on to receive services (i.e., the average citywide drop-off rate between evaluation and receiving services is 5.3%).

It is important to note that in the context of the data set used for this report, "receiving services" is defined as a child receiving at least one of the services (other than service coordination) on their IFSP. This does not necessarily mean the child received all of their mandated services, nor does it indicate whether or not they received these services within the legally required timeframe. In fact, citywide data indicate that a substantial proportion of children do not receive the full array of services to which they are entitled in a timely fashion. Between 2016 and 2018, only 70.9% of children, on average, received EI services within 30 days of their IFSP meeting, as required by law. This rate is even lower in the Bronx, where only 61% of children received services on time (see Figure 4). Statewide, only 73.7% of children received timely services between 2016 and 2018, with a number of counties seeing *less than half* of children receiving services on time.[5]

FIGURE 4. Average percent of EI-eligible children receiving services on time, 2016-2018.



Based on the data available, our neighborhood analysis focuses on whether children found eligible for EI services received *any* of their services, even if they did not receive all of their mandated services or did not receive them in a timely manner.

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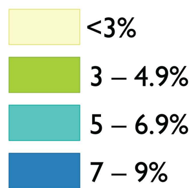
[5] The New York State Department of Health provided this data set in February 2019 in response to a Freedom of Information Law (FOIL) request submitted by The Children's Agenda. The data include delays that the Department of Health categorizes as "discountable" and "non-discountable."

The neighborhoods with the lowest percentages of EI-eligible children receiving any services are primarily—though not exclusively—low-income communities of color. Between 2016 and 2018, the neighborhoods with the largest average drop-offs from eligibility determination to service receipt were:

1. Central Harlem-Morningside Heights, Manhattan *(UHF 302)* (where there was an average 8.3% decline in the number of children progressing through the EI program);
2. High Bridge-Morrisania, Bronx *(UHF 106)* (an average 7.9% decline);
3. Downtown Brooklyn-Park Slope *(UHF 202)* (an average 7.2% decline);
4. Southwest Queens *(UHF 407)* (an average 7.2% decline); and
5. Bedford Stuyvesant-Crown Heights, Brooklyn *(UHF 203)* (an average 7.1% decline).

FIGURE 5.

% Decline in the Number of Children Progressing through the EI Program: Eligibility to Service Receipt



These overall rates conceal significant within-neighborhood variation by race/ethnicity. The high drop-off rates in Downtown Brooklyn-Park Slope and Southwest Queens are driven largely by poor outcomes for Black children. In Downtown Brooklyn-Park Slope, only 83.6% of eligible Black children received services, a rate more than 10 percentage points lower than the rate for White children (95.5%); in Southwest Queens, the drop-off for Black children (11.4%) was more than twice the size of that for White children (4.8%).

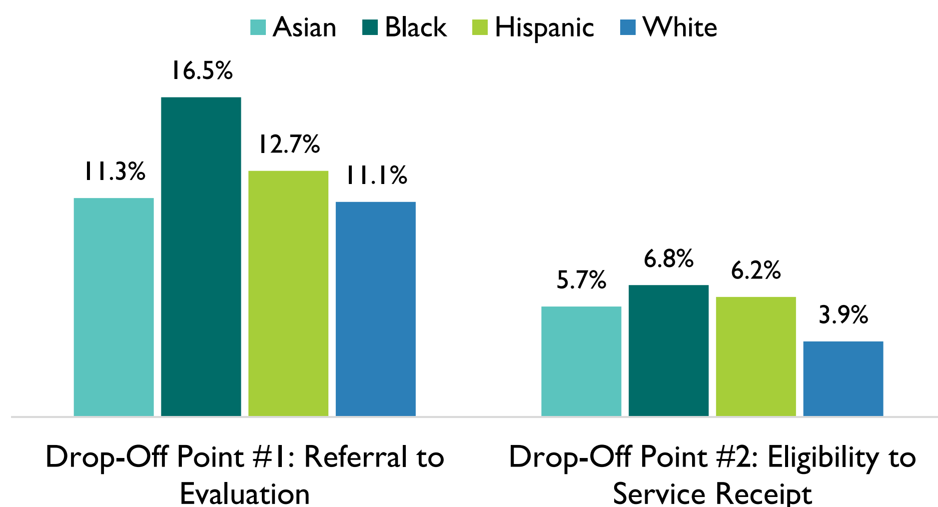
The communities with the highest percentages of EI-eligible children receiving any services are disproportionately White. Over the course of three years, the neighborhoods with the smallest average drop-off rates from eligibility to services were:

1. Willowbrook, Staten Island *(UHF 503)* (where there was an average 1.1% decline in the number of children progressing through the EI program);
2. South Beach-Tottenville, Staten Island *(UHF 504)* (an average 1.9% decline);
3. Gramercy Park-Murray Hill, Manhattan *(UHF 307)* (an average 1.9% decline);
4. Fresh Meadows, Queens *(UHF 406)* (an average 2.3% decline); and
5. Port Richmond, Staten Island *(UHF 501)* (an average 2.9% decline).

On average, 63% of EI-eligible children in these neighborhoods were White, while 26% were Black or Hispanic.

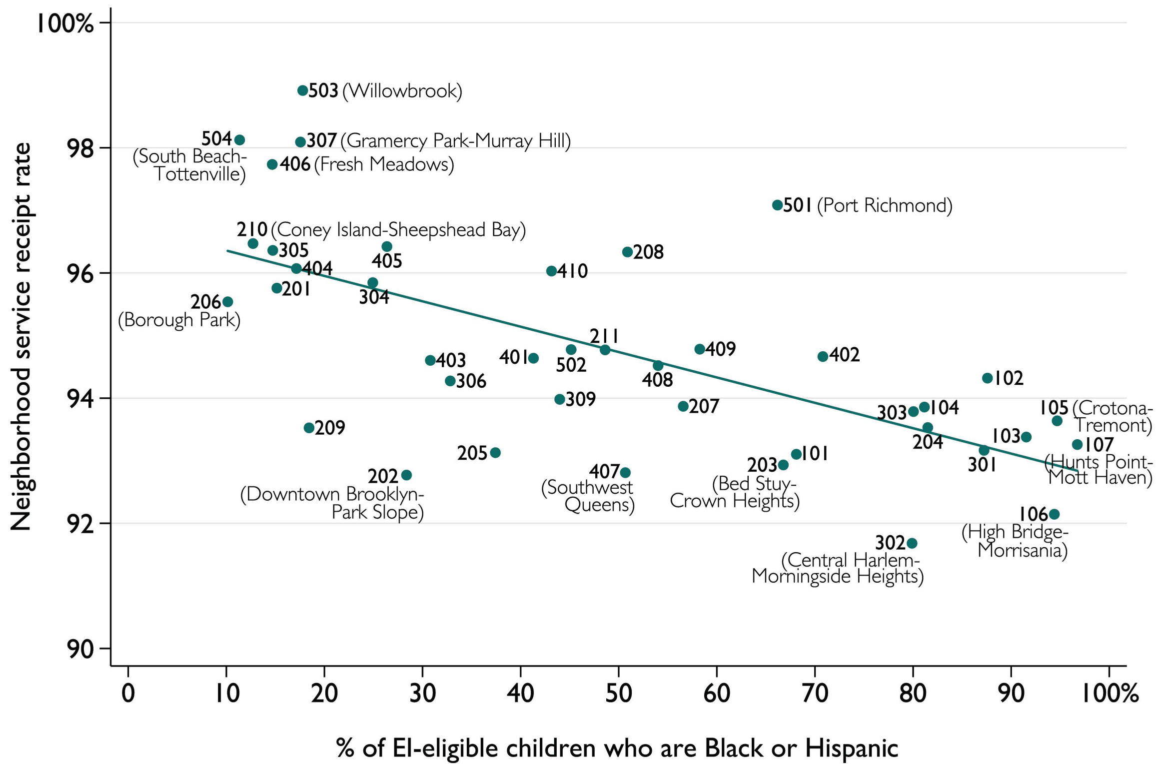
As with the referral-to-evaluation transition point, this general pattern holds across the City. On average, neighborhoods in which there are larger numbers of children of color found eligible for EI services, relative to eligible White children, have lower percentages of children receiving services (see Figures 6 and 7).

FIGURE 6. Average Citywide Drop-Off by Race (2016-2018)



As with evaluators, the physical locations of service providers are not equally distributed across the City. For example: together, just three neighborhoods in Queens (Fresh Meadows, Ridgewood-Forest Hills, and West Queens) are home to 17 providers offering occupational therapy—the same number as have offices in all of the Bronx.

FIGURE 7. Neighborhoods where higher percentages of children eligible for EI are Black or Hispanic have lower rates of service receipt.[6]



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[6] See the Appendix for a full list of UHF neighborhoods. UHF neighborhoods 308 and 310, Greenwich Village-Soho and Lower Manhattan, were dropped from this portion of the analysis due to extremely low numbers of EI-eligible children of any race/ethnicity, leaving 40 total neighborhoods. The slope of the fitted line is -0.04 ($p<0.001$).

NEIGHBORHOOD SPOTLIGHTS

High Bridge-Morrisania and Willowbrook

High Bridge-Morrisania, a Bronx neighborhood in which 96.7% of babies and toddlers are Black or Hispanic[7] and approximately 48% of children under five live in poverty,[8] struggled to move children through the EI program. Approximately 18.6% of children referred—more than one in six—in this community did not receive an evaluation, one of the highest drop-off rates in the City. For children who made it past the evaluation hurdle and were found eligible, 7.9% never actually received services; only one neighborhood had a larger average decline at the point of service receipt. For Black toddlers with disabilities living in High Bridge-Morrisania, the situation was particularly grim—more than one in ten (10.3%) children found eligible for EI services went without the services they needed.

Willowbrook, a predominantly White community on Staten Island where just 8.4% of young children live in poverty, stands in stark contrast to High Bridge-Morrisania. The referral-to-evaluation drop-off in Willowbrook was a third the size of that in High Bridge-Morrisania; an average of 93.8% of referred children were evaluated. As noted previously, Willowbrook is home to four agencies that provide core evaluations, while just two such providers are physically located in High Bridge-Morrisania—despite the fact that the latter community has more than three times the number of children referred for EI evaluations. Of children living in Willowbrook who were found eligible for services, just 1.1% did not go on to receive the help they needed. For White toddlers in particular, Willowbrook achieved near-universal service coverage: over the course of three years, only one EI-eligible White child in this neighborhood did not receive services, an average service receipt rate of 99.7%.

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[7] UHF Neighborhood Populations are the average sum of the White, Non-Hispanic; Black, Non-Hispanic; Asian, Non-Hispanic; and Hispanic population age birth to three. NYC DOHMH population estimates, modified from US Census Bureau interpolated intercensal population estimates, 2000-2018, updated August 2019.

[8] NYC DOHMH Environment & Health Data Portal at http://nyc.gov/health/tracking.

Recommendations

The findings of this report make clear that more work must be done to address disparities based on race and neighborhood in the provision of Early Intervention evaluations and services and to ensure all children can access the evaluations and services they need. New York must address issues of inadequate provider capacity, particularly in low-income communities of color; develop targeted interventions for underserved populations; and improve data collection and monitoring of racial disparities and unmet need. New York State and New York City both have a role to play in ensuring that infants and toddlers receive the evaluations and services they need—and have a legal right to receive—regardless of their zip code, socio-economic status, need for bilingual services, or race.

New York State should:

Increase the rates for Early Intervention evaluators, service providers, and service coordinators by ten percent in the New York State Fiscal Year 2020-2021 budget to help address provider shortages.

As described above, nearly two decades of stagnant rates and multiple cuts have taken a toll, causing agencies to shut down their EI evaluation, service provision, and service coordination programs. While we are very pleased that the State agreed to increase rates by 5% for occupational therapists, physical therapists, and speech-language pathologists, this rate restoration applies only to these three types of providers and is not nearly enough to address the disparities in compensation between EI and other employment settings where EI providers can receive significantly higher salaries and benefits. To help address the shortages of evaluators and service providers, particularly in underserved communities, and ensure that all young children with developmental delays can access evaluations and services, the State must increase the reimbursement rate this year.

Fund a cost-study to assess and recommend changes to the methodology used to determine payment for EI evaluations, service provision, and service coordination to help address capacity challenges in low-income neighborhoods.

Given the closure of EI programs and the number of young children waiting for services, especially in low-income neighborhoods of color, the State must fund a study to determine appropriate EI payments. The cost-study should consider potential changes to EI rates and payment methodologies, including enhanced rates for high-poverty areas, bilingual services, and areas with provider shortages; travel time reimbursement; loan forgiveness programs; and reimbursement for professional development. An independent entity should lead the cost study and should include significant input from stakeholders, including EI evaluators, service providers, and service coordinators; parents; and advocates. The cost study should also assess possible ways of increasing resources for the EI program, such as maximizing reimbursement from commercial health insurance companies.

Adopt policies to ensure that commercial health insurance companies pay their fair share to cover the cost of EI services.

The law requires the State to maximize reimbursement from public and private health insurance for the cost of EI services. While Medicaid approves more than 70% of EI claims in New York,

commercial health insurance companies routinely deny the vast majority of claims, paying less than 20% of the total amount requested.[9] As a result, reimbursement from commercial health insurance companies comprises only 2% of total EI payment statewide.[10]

The State Legislature has introduced multiple bills that would require commercial health insurance companies to increase their contribution to the EI program, either by assessing a fee on the health insurance companies instead of billing them for each individual service (A. 356/ S. 3338), or by prohibiting them from denying coverage for EI claims based on lack of medical necessity documentation, lack of precertification, use of out-of-network providers, and other similar reasons for denial (A. 2962/ S. 3737). Increasing funding from commercial health insurance companies would provide the State with additional resources to help address the disparities in access to EI evaluations and services.

Conduct a statewide analysis of disparities in access to evaluations and services and develop a plan to address these disparities.

Though data in this analysis is from New York City, statewide data on timely access to services, as well as our experience with providers across New York, make clear that there is not equal access to timely services throughout the State. New York State should take action to identify geographic and racial disparities statewide and develop an action plan for ameliorating these disparities and strengthening the EI system. These efforts can build upon the preliminary work being done by the State's task force on provider capacity.

New York City should:

Enact Intro. 1406-2019, requiring the City to issue annual public reports on the provision of Early Intervention evaluations and services.

This bill would identify specific gaps in services—including by race and zip code—so the public can hold the City and State accountable for addressing them. It is critical for parents, providers, and advocates to have access to data about the Early Intervention program.

Analyze the disparities in access to Early Intervention evaluations and services and develop a plan to address these disparities.

Such a plan could include recruiting evaluators and providers for underserved neighborhoods, providing training in culturally responsive practices, and instituting a system for following up with families whose children have not received evaluations or services. This work would build upon DOHMH's current efforts to conduct community outreach about EI in underserved communities, as well as the City's plans to hold focus groups and develop a curriculum for service coordinators to strengthen their ability to support families throughout the EI process. The City should also evaluate and bring to scale community-based efforts to identify and address racial and geographic disparities in evaluation rates and service provision, including work currently being developed by United for Brownsville.

[9] New York State Department of Health, Updated Fiscal Agent Data PowerPoint, Early Intervention Coordinating Council (EICC) Meeting, September 19, 2019, p. 5.

[10] Public Consulting Group, Early Intervention Panel Discussion PowerPoint, NY EICC, September 19, 2019, p.1.

Appendix

United Hospital Fund (UHF) Neighborhoods		% Decline, Referral to Evaluation				
		Asian	Black	Hispanic	White	ALL
101	Kingsbridge-Riverdale	-4.2†	-13.5	-12.5	-10.8	-11.9
102	Northeast Bronx	-22.5	-17.0	-15.5	-16.0	-16.5
103	Fordham-Bronx Park	-16.0	-20.7	-15.1	-25.8	-16.7
104	Pelham-Throgs Neck	-19.8	-19.1	-14.8	-15.4	-16.1
105	Crotona-Tremont	-10.8	-25.1	-17.1	-28.7	-19.3
106	High Bridge-Morrisania	-12.9	-27.0	-15.1	-22.8	-18.6
107	Hunts Point-Mott Haven	*	-24.1	-17.1	-28.4	-19.3
201	Greenpoint	-9.5†	-10.7	-15.2	-7.5	-8.9
202	Downtown Brooklyn-Heights-Park Slope	-11.9	-17.6	-14.2	-8.5	-11.0
203	Bedford Stuyvesant-Crown Heights	-13.9	-18.3	-17.9	-7.1	-15.0
204	East New York	-14.4	-18.2	-15.2	-14.9	-16.2
205	Sunset Park	-7.9	-8.0†	-9.5	-3.7	-8.1
206	Borough Park	-8.5	-12.8	-9.3	-5.2	-6.2
207	East Flatbush-Flatbush	-10.2	-14.1	-12.3	-5.8	-10.7
208	Canarsie-Flatlands	-12.8	-12.0	-12.2	-5.5	-9.5
209	Bensonhurst-Bay Ridge	-11.3	-12.8	-8.7	-6.8	-8.4
210	Coney Island-Sheepshead Bay	-11.0	-18.5	-8.2	-4.8	-6.7
211	Williamsburg-Bushwick	-19.0	-20.1	-14.4	-5.6	-12.1
301	Washington Heights-Inwood	-16.3	-17.4	-15.8	-14.6	-15.8
302	Central Harlem-Morningside Heights	-6.7	-22.7	-17.6	-15.8	-18.9
303	East Harlem	-19.7	-22.3	-16.3	-17.4	-18.0
304	Upper West Side	-12.1	-27.5	-14.2	-8.0	-11.2
305	Upper East Side	-11.6	-8.3	-17.2	-9.7	-10.7
306	Chelsea-Clinton	-12.1	-27.3	-16.7	-14.6	-15.7
307	Gramercy Park-Murray Hill	-8.1	-18.2	-12.0	-8.0	-9.2
308	Greenwich Village-Soho	-13.9	*	-6.7†	-15.0	-14.2
309	Union Square-Lower East Side	-8.5	-23.9	-12.8	-14.0	-13.1
310	Lower Manhattan	-6.3	*	*	-10.7	-9.7
401	Long Island City - Astoria	-10.4	-18.2	-10.7	-12.8	-12.2
402	West Queens	-12.9	-13.1	-9.9	-10.5	-10.6
403	Flushing-Clearview	-9.8	-18.8	-11.1	-9.7	-10.4
404	Bayside-Little Neck	-9.0	*	-10.2	-8.5	-9.1
405	Ridgewood-Forest Hills	-8.3	-7.3	-8.3	-6.2	-7.2
406	Fresh Meadows	-6.8	-10.8	-12.8	-4.8	-6.6
407	Southwest Queens	-12.2	-13.9	-11.8	-10.2	-11.8
408	Jamaica	-12.8	-14.0	-9.2	-8.4	-11.5
409	Southeast Queens	-10.2	-14.2	-8.1	-12.7	-12.1
410	Rockaway	-11.1	-13.6	-14.7	-5.8	-9.8
501	Port Richmond	-3.8	-12.4	-8.5	-7.8	-8.8
502	Stapleton-St. George	-11.3	-21.7	-12.1	-9.0	-12.2
503	Willowbrook	-7.8	0†	-9.7	-5.4	-6.2
504	South Beach-Tottenville	-4.6	-10.0†	-8.6	-4.9	-5.3

* Data redacted. † Rate represents fewer than 25 children.

Appendix

United Hospital Fund (UHF) Neighborhoods		% Decline, Eligibility to Service Receipt				
		Asian	Black	Hispanic	White	ALL
101	Kingsbridge-Riverdale	0†	-10.3	-7.0	-5.9	-6.9
102	Northeast Bronx	-12.5†	-6.2	-4.9	-5.1	-5.7
103	Fordham-Bronx Park	-6.9	-9.1	-5.7	-12.5	-6.6
104	Pelham-Throgs Neck	-6.7	-5.8	-6.8	-2.7	-6.1
105	Crotona-Tremont	0†	-8.1	-5.8	-7.9	-6.4
106	High Bridge-Morrisania	0†	-10.3	-6.9	-11.3	-7.9
107	Hunts Point-Mott Haven	*	-8.4	-6.1	-10.3	-6.7
201	Greenpoint	*	0†	-4.4	-4.3	-4.2
202	Downtown Brooklyn-Heights-Park Slope	-7.6	-16.4	-10.2	-4.5	-7.2
203	Bedford Stuyvesant-Crown Heights	-5.3	-8.4	-7.0	-5.1	-7.1
204	East New York	-7.1	-7.9	-6.0	-1.6	-6.5
205	Sunset Park	-9.9	*	-4.3	-1.2	-6.9
206	Borough Park	-8.4	-7.0	-6.4	-3.5	-4.5
207	East Flatbush-Flatbush	-11.4	-8.6	-4.9	-2.9	-6.1
208	Canarsie-Flatlands	-7.4	-3.6	-5.2	-2.7	-3.7
209	Bensonhurst-Bay Ridge	-11.4	-9.5†	-8.2	-3.8	-6.5
210	Coney Island-Sheepshead Bay	-6.3	-14.3	-7.8	-2.1	-3.5
211	Williamsburg-Bushwick	-2.7	-5.6	-8.3	-3.0	-5.2
301	Washington Heights-Inwood	-5.9†	-6.3	-7.6	-1.8	-6.8
302	Central Harlem-Morningside Heights	-5.4	-9.4	-9.6	-2.5	-8.3
303	East Harlem	-13.9	-7.1	-4.2	-10.0	-6.2
304	Upper West Side	-6.2	-3.1	-5.9	-3.4	-4.2
305	Upper East Side	-5.6	-13.0†	-1.6	-3.1	-3.6
306	Chelsea-Clinton	-2.0	0†	-13.6	-4.0	-5.7
307	Gramercy Park-Murray Hill	0	0†	-5.4	-1.8	-1.9
308	Greenwich Village-Soho	-9.1	*	*	-5.2	-6.4
309	Union Square-Lower East Side	-4.0	-5.4	-9.8	-3.4	-6.0
310	Lower Manhattan	0†	*	*	0	0
401	Long Island City - Astoria	-4.2	-1.8	-8.3	-4.2	-5.4
402	West Queens	-4.4	-10.3	-5.5	-4.4	-5.3
403	Flushing-Clearview	-5.9	-12.5†	-5.1	-4.0	-5.4
404	Bayside-Little Neck	-3.6	*	-4.2	-4.3	-3.9
405	Ridgewood-Forest Hills	-2.9	-5.0	-3.5	-3.7	-3.6
406	Fresh Meadows	-4.9	-2.8	-4.4	-0.9	-2.3
407	Southwest Queens	-8.5	-11.4	-6.6	-4.8	-7.2
408	Jamaica	-6.4	-6.5	-6.1	-1.8	-5.5
409	Southeast Queens	-5.3	-4.2	-8.8	-4.2	-5.2
410	Rockaway	0	-8.1	-7.2	-1.2	-4.0
501	Port Richmond	-14.3†	-1.4	-3.9	-1.8	-2.9
502	Stapleton-St. George	-5.6	-11.1	-6.2	-2.5	-5.2
503	Willowbrook	-7.7	0†	-1.3	-0.3	-1.1
504	South Beach-Tottenville	0	0†	-1.9	-2.0	-1.9

* Data redacted. † Rate represents fewer than 25 children.