



The Children's Aid Society

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**Testimony of Adria Cruz, Deputy Director for Health Administration, The Children's Aid Society  
Prepared for submission to the Joint New York State Legislature Fiscal Year 2018  
Executive Budget Public Hearing - Committee on Health/Medicaid  
held on Thursday, February 16, 2017**

My name is Adria Cruz and I am the Deputy Director for Health Administration at The Children's Aid Society. I would like to thank Assembly Ways and Means Committee Chair Herman D. Farrell, Jr. and Senate Finance Committee Chair Catharine M. Young and Assembly Health Committee Chair Richard Gottfried and Senate Health Committee Chair Kemp Hannon and the members of the Health Committee for the opportunity to submit testimony on the New York State's FY 2018 Executive Budget on pertinent issues related to the health and wellness of the children and families that we serve.

For more than 160 years, Children's Aid has been committed to ensuring that there are no boundaries to the aspirations of young people, no limits to their potential. We are leading a comprehensive counterattack on the obstacles that threatens kids' achievement in school and in life. Success and strong well-being are contingent upon positive outcomes in four life domains: education, health and wellness, social-emotional development, and family stabilization. At Children's Aid, we are teachers and social workers, coaches and health care providers. We know what it takes to ensure children grow up strong and healthy, and ready to thrive in school and life. We have constructed a continuum of services, positioned every step of the way throughout childhood that builds well-being and prepares young people to succeed at every level of education and every milestone of life.

Poverty is extraordinarily complicated. The challenges confronting kids and their families evolve, and Children's Aid changes with them. We constantly evaluate our practices and seek steady improvement in our results. Today our 2,000 plus staff members empower nearly 50,000 children, youth and their families at more than 50 locations in four New York City neighborhoods – Harlem, Washington Heights, South Bronx and the northern shore of Staten Island - where poverty long ago established a foothold. Together, we are on a mission to connect children with what they need to learn, grow, and lead a successful, independent life.

**School-Based Health Centers (SBHC)** Children's Aid believes that one of the best and most effective ways to keep kids healthy is by making high-quality physical, mental, and dental health care as accessible as possible. For many children, that means building health care services into their schools because it is the place where they spend the most time. School-based health centers ensure that kids miss as little class time as possible. They also reduce the burden on working parents, who know their kids can get high-quality professional care without having to take time off from work. Children's Aid operates five SBHCs (soon to be six in March 2017). They are all located in low-income neighborhoods where access to health care can be an ever-present roadblock for families. In the 2015-2016 school year, our SBHCs served 4,457 students and saw a total number of 24,578 visits, including nearly 12,000 primary care visits, 3,500 behavioral health visits and nearly 2,500 dental visits, as well as first aid care.

As a member of the New York School-Based Health Alliance (NYSBHA), Children's Aid strongly urges the adoption of following priorities:

**Reject Governor Cuomo's State Budget proposal to consolidate and reduce public health funding and restore SBHC funding to last year's level of \$21 million.** This proposal will eliminate funding lines for 39 discrete programs, including SBHCs, consolidate the funding lines into 4 competitive pools and cut the funding for each pool by 20%- a total reduction of \$24.6 million. It puts \$21 million in non-Medicaid funding for SBHCs at risk. These funds are used by centers for core services including primary and preventive health care, mental health services, and health education and promotion. They must be maintained to preserve services to high-risk youth.

**Require the State to retain administrative functions for the SBHC Medicaid Managed Care Carve-In.** SBHCs are scheduled to be "carved-in" to Medicaid Managed Care on July 1, 2017. That means that they will no longer receive reimbursement directly from the State for the services that they provide. Instead, SBHCs will negotiate with and receive reimbursement from Medicaid Managed Care plans. The carve-in will reduce revenue to SBHCs due to insurmountable administrative challenges involving credentialing, contracting, billing, and claims processing. A 2014 report by the Children's Defense Fund found that this transition to Medicaid Managed Care could result in a loss of \$16.3 million in funds to SBHCs. The Alliance strongly urges the New York State Department of Health to maintain responsibility for performing credentialing and claims processing functions in the implementation of the Carve-In. This will alleviate the administrative and financial challenges for SBHCs while advancing the State's goal of care management for all Medicaid patients. Having the State perform these functions will greatly ease the transition to managed care and reduce costs for both plans and SBHCs.

The combined financial impact of the carve-in (\$16.3M) and the State Budget proposal (\$21M) will cripple SBHCs and force statewide closures. SBHCs are already underfunded, with a reduction of \$4 million in funds since the Great Recession. Since then, 20 SBHCs have closed.

### **Health Connections**

Every child deserves to live a happy and healthy life. Unfortunately, one in four children in the United States cannot access essential health care, even if they already have health insurance. For children from low-income families with chronic health problems, accessing specialty care is yet another barrier to achieving their full potential. Children's Aid Health Connections uses a health homes service model to remove the barriers to essential health care for children with chronic health problems and their families. A health home is not a place but a group of health care and service professionals working together to make sure that children with chronic conditions get the medical, behavioral, and social support they need, when they need it. Health Connections serves children (ages 0-21) who are insured under Medicaid, and have a combination of specific medical and/or behavioral conditions, such as asthma, obesity, ADHD, depression or complex trauma. **As of January 2017, Children's Aid has enrolled nearly 500 children into our Health Connections Care Management Program. The goal is to have children and families be better connected to their primary care doctors, practice preventive care, prevent inappropriate use of emergency rooms and decrease inpatient stays.**

Children's Aid Society is a participant in the Collaborative for Children and Families (CCF). CCF is a specialized Children's Health Home that is comprised of a consortium of over 25 member agencies, serving children and families in the five boroughs of New York City as well as Westchester, Suffolk and

Nassau counties. This collaborative was established and received a special designation from the New York State Department of Health based on the participating agencies' long-standing expertise in serving New York's most vulnerable children, specifically those who have experienced complex trauma like those in foster care.

While adult Health Homes were provided start-up funding, Health Homes only serving children were delayed in their establishment and unable to access these funds. CCF required \$7 million for one-time start-up costs. While they did receive some funding in 2016, **they still require an additional \$5 million**. As a result, **CCF is urging the Legislature and Governor to ensure that \$5 million is made available for CCF in the final enacted 2017-18 budget.**

### **Foster Care and Medicaid**

Children's Aid's Child Welfare and Family Services Division (CWFS) ensures the safety and well-being of children and youth born into poverty and works with families to develop and sustain stable and self-sufficient households. We serve nearly 700 youth and their families by providing legal and housing advocacy; proven, home-based services for families at risk of losing their children to foster care; and specialized support for young adults at risk of disconnection from society. Critical to the well-being of our children and youth in foster is comprehensive health care services.

As advocates and service providers for New York's children and families, **we urge you to take action to ensure that children and families involved in the child welfare system have continued access to vital health care coverage provided under Medicaid.** This health care coverage provides comprehensive care that is vital to the ability of our human service providers to protect children from abuse and neglect and to reunite vulnerable families for whom health and behavioral health care services are vital. To maintain the health and well-being of vulnerable children and families involved with the child welfare system, the following should be included in any reforms of the health care laws:

**Keep the guarantee of health coverage for young adults aging out of foster care.** States are required to provide Medicaid coverage until age 26 for young adults who were in foster care at age 18 and this mirrors the provision of the federal Affordable Care Act (ACA), which allows children to stay on their parents' coverage until age 26. Each year nearly 1,300 youth age out of foster care in NY without having ever found "permanency" through adoption, guardianship or reunification with their biological families. These are youth who the state has removed from their own families and, as a result, the state is their legal parent. This coverage is common-sense policy to help youth successfully transition to adulthood.

**Retain the individual coverage guarantee of Medicaid and oppose block grants and per capita caps.** If states are not guaranteed funding to serve our children and families most in need then they will not be able to adequately serve the children in their legal care and custody, families seeking to reunify with children, or families needing services to prevent system involvement in the first place. Moreover, if services are court-ordered or otherwise required and Medicaid funds are not available, this will create a cost shift and strain on state child welfare dollars. Medicaid coverage provides services to children and families who are connected with the child welfare system that are essential to enabling families to remain together, and for children to thrive. Medicaid-covered services like child mental health, substance abuse treatment, and family stabilization and support services are key to protecting children against abuse and neglect and keeping families intact.

### **Closing Remarks**

The Children's Aid Society sincerely thanks the NYS Legislature for their vigorous support of the neediest families and communities in New York. The issues outlined above are of extreme importance to Children's Aid and our children and families and we will do all that we can to advocate, protect and increase funding. It is the right and moral thing to do to ensure that our children and families in communities with limited resources have the best opportunity available to realize their full potential.

Thank you again for the opportunity to submit testimony on these very important and critical issues in the lives of children and families in NYS. If you have any questions about this submitted testimony please contact Yolanda McBride, Director of Public Policy at [ymcbride@childrensaidsociety.org](mailto:ymcbride@childrensaidsociety.org) or (646) 459 – 8417.