**
NY School-Based Health Alliance**

***2017 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 preventative health care, mental health services, and health education and promotion. They must be maintained to preserve services to high-risk youth.
* **Support a permanent Medicaid Managed Care Carve-Out.** 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 New York School-Based Health Alliance strongly urges the adoption of these priorities. 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.

There are 244 School-Based Health Centers in New York State, serving over 200,000 students. SBHCs are on the front lines promoting children’s health in communities with limited access to health, dental, and mental health services. SBHCs are child-centered providers that bring services directly to where the kids are- in school.

Many of the young people that we serve live in communities with a high incidence of drug and alcohol abuse, violence, teen pregnancy, and sexually transmitted diseases. The majority of children served statewide are African American (33%) and Hispanic and Latino (44%). Fourteen percent live in rural areas where geography and shortages of health and mental health providers make access to services extremely difficult. For some youth SBHCs are their **only** source for counseling, health screenings, reproductive care and immunizations

**Repeated studies have shown that SBHCs improve the health and mental health of children and save the State money**. SBHCs prevent unnecessary hospitalizations, reduce emergency room visits, improve school attendance and avoid lost workdays for parents. For example, one study shows that SBHCs reduce ER use and hospitalizations by half for asthmatic students.

**Please support this vital health safety net for children!**