



New York State Budget Finalized

After an extremely long budget negotiation process, a final budget compromise was finally reached at the end of June. The following is a summary of key health legislation that would impact children and families.

In the final budget, provisions included:

- * **Medically-Fragile Children:** Implementation of increased reimbursement rates for health care providers and case management services for medically fragile children. This will help ensure children receive the care they need in their homes.
- * **Family Health Plus:** After much budget wrangling, Family Health Plus was preserved with no new changes to eligibility requirements. This means that despite the Governor's proposals there were no increases in co-pays, no denial of services if a FHPlus beneficiary can not pay their co-pays, and no exclusion for employees of large companies.

The following is a list of additional legislation that was agreed upon by both the Senate and Assembly and are waiting approval by the Governor:

- * **Children's Mental Health Act:** Directs the Commissioner to develop a children's mental health plan that would provide for comprehensive assessments and services for children up to age 18.
- * **Child Abuse Medical Provider Program:** Establishes a statutory program dedicated to improve access to quality medical care for children who are suspected child-abuse victims.
- * **All-Inclusive Program for Children with Life-Limiting Illnesses:** Creates a program for Medicaid-eligible children with life-threatening illnesses so that they can live at home.

SAVE THE DATE

IDENTITY THEFT SEMINAR

Hosted By: Citibank

When: Saturday, July 8th at 11:00 AM.

Where: YWCA Family Resource Center, 500 West 56th Street between 10th & 11th Avenue

Call: 212-937-8700 to confirm your attendance.

Study Shows Slowing of Progress from 1990's

The 17th Annual Kids Count report by the Annie E. Casey Foundation found saddening results: there is an overall decrease in the improvement of health and income indicators for children since the 1990's. The study found an increase in the percentage of teenagers who are living in poverty as well as an increase in the number of children who live in homes with parents that don't work all year.

In comparison, eight out of ten indicators in the 1990's improved, while only four out of ten have increased most recently. It is speculated that this is due to the booming economy of the 90's, when more funds were provided for child health programs and welfare programs that allowed many families to move out of poverty.

It is important to note that many of the decreases in indicators were by a percentage point or less; however, we cannot allow ourselves to grow complacent. While it is good that indicators are not decreasing by much, any decrease is a cause for alarm. We must ensure aid to support positive child welfare and health legislation.

New Resource: When Work Doesn't Pay

Low-income workers can be stuck in no-man's-land with regards to work-support programs: if they earn enough income to be ineligible for government aid, they often are still not making enough to cover the high costs of health care on their own.

The brief *When Work Doesn't Pay* seeks to inform policy-makers about the difficulties of low-income families who fall between qualifying for government benefits and being able to pay for their own. The goal is to garner support for policies assisting families that are working hard, but still cannot make enough to cover their own expenses.

To see the brief in full, go to: [When Work Doesn't Pay: What Every Policymaker Should Know.](#)

Art Heals Katrina's Children

In the months since Hurricane Katrina, art and other creative activities have been used to help children cope with the trauma they experienced. The notion of art therapy stems from the idea that creative activities present young people with a medium in which to simultaneously revisit traumatic experiences and heal through the process. The combination of child development, psychology, and art is suited particularly well for children dealing with trauma and has significantly benefited Katrina's children.

Paige Asawa, therapist and co-author of the book *A History of Art Therapy in the United States*, and her co-workers from Loyola Marymount University in Los Angeles have traveled several times to the Renaissance Village, a FEMA trailer park in Baker, LA to work with young Katrina victims. As a therapist who has worked with hundreds of adults and children, she acknowledged that the trauma through which these children suffered is incomprehensible.

Asawa and her colleagues provided 4 to 21 year old participants with art supplies and facilitated the process of telling their stories once they were ready. Many of the drawings illustrated a typical square-triangle configuration of a house with the square missing as children could only see their roofs once water engulfed their homes. Art therapy has allowed these children to communicate hidden emotions, understand their feelings, and begin to heal.

In Alabama, Nancy Raia took a similar approach to healing as project director at the Eastern Shore Art Center. Her "Hurricane Healing" workshops used the color blue as the symbolic guiding theme. Personal experience from living in California during the 1994 Northridge earthquake convinced her of the healing power of art therapy. The projects and workshops at the Eastern Shore Art Center culminated in an art exhibit. Many members of the local community as well as professionals were moved by the artwork.

New Resource: Improving the Health and Development of Young Children

Project THRIVE focuses on young children from birth to age 5 and describes the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of Medicaid. It offers tips for using the program in state Early Childhood Comprehensive Systems to improve early childhood health and development, state performance rates on child health, and collaborative efforts with other federal and state programs and services. Medicaid, with the help of EPSDT, can finance services that promote child health, child development, and healthy mental development such as regular checkups, inter-periodic screenings, and treatment. In theory, EPSDT guarantees children coverage for a full range of services, but in practice, screening and referral rates fall short of the 80 percent screening benchmark set in 1989. State ECCS initiatives can

use interagency collaboration to improve EPSDT performance and child health access.

To read the brief in full, go to: [Maximizing the Use of EPSDT to Improve the Health and Development of Young Children](#)
