

Blueprint

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Quietly, Pioneering UHF Work Helps Ensure Access to Care

As a critical component of physical, mental, and financial well-being, health insurance has, for decades, been the focus of UHF research and analysis—work substantially informing the development of coverage-related State policies that have made New York a national leader in ensuring access to care. Under the Affordable Care Act, New York’s efforts to achieve near-universal coverage have gained additional traction, with the proportion of uninsured in the state decreasing from over 10 percent to approximately 5 percent: that’s almost 1 million New Yorkers gaining coverage. But the latest data, and new federal policies, suggest a reversal of this great achievement may be on the horizon—making UHF’s continued focus on coverage more important than ever.

UHF’s coverage and access work—through its Health Insurance Project and Medicaid Institute—is unique in its dedication to in-depth analysis and its ability to bring together a broad range of stakeholders and influencers, highlight policy areas requiring attention, provide vital data and technical assistance, and work directly with State and City agencies on issues ranging from payment reforms that promote more effective care to improved delivery of services for high-need populations.

MAJOR STEPS FORWARD

This work has contributed to some of New York’s notable successes in both private and public coverage. UHF played an important role, for example, by informing the development of New York State of Health, the Affordable Care Act “exchange” or marketplace that has been a major contributor to coverage increases in the state. In addition to streamlining the application process for individual

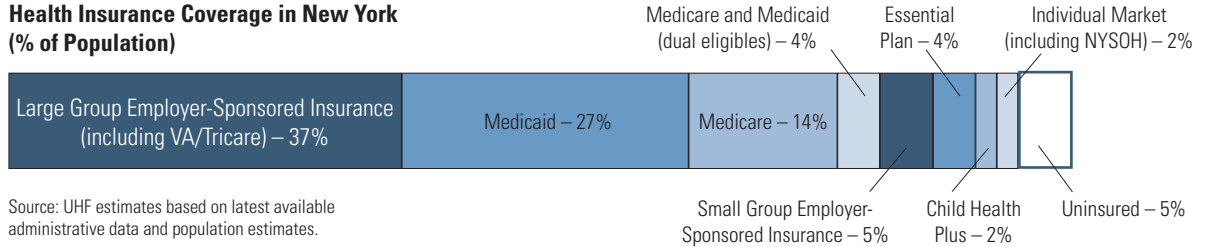


insurance, Medicaid, and Child Health Plus, the exchange also facilitated an immensely successful roll-out of the State’s Essential Plan for individuals with incomes above Medicaid levels but below \$49,200 (for a family of 4). The Essential Plan now provides coverage to more than 735,000 New Yorkers, with free or \$20-per-month premiums and minimal co-pays related to participant income.

Another important UHF priority has been New York’s Medicaid program, providing comprehensive services for 6 million low-income New Yorkers, including those with disabilities and those in need of long-term services and supports. Despite substantial enrollment growth, per-person costs have been kept in check, helping the program stay within a State-imposed global budget cap. Through a contract with the State Department of Health, UHF has provided valuable support to the program—playing a leadership role, for example, in efforts to ensure its long-term sustainability by analyzing broad program trends and specific policies in practice, and supporting the State in developing a children’s agenda that includes value-based payment targeted to children’s needs and UHF-authored policies for the First 1,000 Days on Medicaid initiative.

Access to Care (continued from page 1)

**Health Insurance Coverage in New York
(% of Population)**



Source: UHF estimates based on latest available administrative data and population estimates.

UHF also provided important tools for the fight to maintain the federal Children’s Health Insurance Program—known in New York as Child Health Plus—that covers more than 375,000 young New Yorkers and more than 6.4 million children across the nation. Foreseeing the impending struggle in Congress on reauthorization of the program as part of broader budget negotiations when fiscal crisis loomed in late 2017 and early 2018, UHF created a series of data briefs and commentaries that explained the scope and importance of coverage for children. That information gave nonprofit organizations and government officials alike ample ammunition to support their ultimately successful advocacy for continuing this vital program.

THREATS OF RETREAT

Despite these advances, there are signs of trouble. Rate proposals for the 2019 individual market featured a weighted average increase of 24 percent, almost half of which is associated with Congress eliminating the Affordable Care Act’s individual mandate penalty—a rise in premiums that may dissuade many New Yorkers from purchasing coverage. Recent Gallup survey data also suggest the uninsured rate may already be on the rise, and UHF’s December 2017 data brief on the small group market found an alarming decrease in enrollees, from 1.7 million in 2007 to 1.1 million in 2016.

The small group market is especially important to watch given recent federal rules making it easier for small businesses and self-employed individuals to band together to form what are known as Association Health Plans. In March 2018 UHF made strong

comments on the then-proposed rules, outlining the potential risks of these plans to New York’s coverage gains (e.g., skimming healthy patients and raising small group premiums that are already the second highest in the nation), then followed up, in June, with a detailed analysis that is informing the State’s response to the final rule. New York will now be joining at least one other state in filing suit against the federal government “to safeguard the protections under the Affordable Care Act and ensure that all families and small businesses have access to quality, affordable health care.”

ESSENTIAL ROLE

Shedding light on specific challenges and providing a solid foundation for problem solving are hallmarks of UHF’s work. “Although there are some clouds on the horizon, it is rewarding to work in a state dedicated to maintaining a robust health insurance market that provides comprehensive, affordable coverage,” says Peter Newell, UHF’s Health Insurance Project director. “Our work not only analyzes the result of health insurance policy, but also greatly informs its behind-the-scenes design and implementation.”

Adds Chad Shearer, UHF’s vice president for policy and Medicaid Institute director, “While much of the health policy world has turned its focus to other issues, UHF remains steadfastly dedicated to analysis that encourages the preservation and continued expansion of high-quality, affordable health insurance coverage. Other health issues may be more popular in the current headline-grabbing culture, but they become moot if people don’t have coverage that provides access to needed services.”

Blueprint

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United Hospital Fund is an independent, nonprofit organization working to build a more effective health care system for every New Yorker.

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A Word...

WITH TONY SHIH

Is Health Care Quality Improving?

Recently, I had a spirited debate with a colleague on whether health care quality and patient safety have improved over the past two decades. Given the tremendous amount of quality measurement and improvement activity in that time, one might think the answer would be an overwhelming “yes.” But as with many things in health care, the issue is much more complex than it initially appears.

In 1999, the Institute of Medicine’s landmark report, *To Err Is Human*, brought to the general public’s attention the problem of preventable medical errors and the tens of thousands of associated hospital deaths each year. Two years later IOM’s *Crossing the Quality Chasm* defined quality as care that is not only safe and effective but also patient-centered, timely, efficient, and equitable, and offered guidance on health system redesign to improve care delivery.

Although these reports didn’t start the health care quality movement, they contributed to its rapid growth, to include not only providers but also private and public payers, multiple government regulatory and oversight bodies, numerous independent nonprofit organizations, and for-profit entities.

THE CASE FOR YES

It is no surprise that a large health system today might have dozens of full-time quality improvement staff, in addition to hundreds, perhaps thousands, of front-line workers who participate in quality measurement and improvement as part of their day-to-day work. We also have many more tools at our disposal, ranging from simple checklists to electronic health records and other technologies that can help reduce errors and unwarranted variation and provide evidence-based clinical guidance.

Still, is quality better and patient care safer? According to the Agency for Healthcare Research and Quality’s 2016 *National Healthcare Quality and Disparities Report* (published in 2017), among 172 measures tracked annually from 2000 to 2014-15, 58 percent improved, 33 percent didn’t change, and 10 percent worsened.

Some of these improvements have been impressive, such as a 65 percent decrease in central venous catheter-related bloodstream infections from 2008 to 2014. Such evidence has led some to conclude that, yes, quality and patient safety *are* better.

THE COUNTERARGUMENT

Yet given the enormous resources dedicated to quality, improvements in only 58 percent of measures is discouraging. Further, these are measures that are being actively tracked: those that aren’t arguably have a far higher likelihood of not changing or getting worse. And while many procedures have gotten safer, as health care continues to be deinstitutionalized the patients who remain in hospitals or nursing homes are sicker and more medically complex, increasing the opportunities for errors and adverse events. With no comprehensive, global quality or safety measure we cannot, in fact, be certain about overall improvement.

THE BETTER QUESTION

Ultimately, whether overall health care quality and patient safety is improving is likely the wrong question. That there remain wide variations in quality is universally acknowledged. And it’s clear that there are persistent disparities and gaps in care for low-income, minority, and uninsured populations. The more useful question, then, is “What should we do to ensure that quality and patient safety move in the right direction?”

The answer depends on where you sit, whether as provider, payer, regulator, or patient. At UHF, we’re using a multi-pronged strategy to address this issue, with a special focus on disadvantaged populations. We continue to work across institutions, bringing together professionals from diverse backgrounds to learn from each other and from experts in the field—in our joint UHF/Greater New York Hospital Association Clinical Quality Fellowship Program and our antibiotic

stewardship and other collaboratives—to develop a new generation of quality leaders. We also work with policymakers and regulators to promote the right environment for quality improvement, whether that means aligning measures across stakeholders, setting priorities, or helping delivery system innovations to thrive. And we are working to elevate and strengthen the voices of patients and caregivers in the quality dialogue: to a surprising extent, the quality enterprise has largely evolved without them—a shortcoming we are both committed and well-suited to addressing.



The more useful question is, “What should we do to ensure that quality and safety move in the right direction?”

GRANT SPOTLIGHT

Partnerships Strengthen Response to At-Risk Children's Needs

A promising United Hospital Fund initiative targeting social and environmental risks to young children's health is beginning a second phase, with a new round of support from the project's original funders—UHF, the Altman Foundation, and The New York Community Trust.

The Partnerships for Early Childhood Development, launched in March 2017, forged links between pediatric practices at 11 hospitals and 17 community organizations, with the goal of addressing psychosocial risks to children from infancy to age five, the formative period shaping lifelong health and functioning.

Participating practices screened families of young patients for one or more risks—such as food insecurity, unsafe housing, or parental depression—and then connected families to social service organizations for help. The three funders provided a collective \$703,062 in support, for direct grants to the clinical-community teams and for a UHF-led learning collaborative that brought participants together to share best practices.

In this new phase, the funding collaborative will provide \$709,122 for grants to eight of the original participating hospitals and community partners (see insert) to fine-tune and expand their work, and to continue the learning sessions.

“AHA!” MOMENTS

A new UHF report, *Clinical-Community Partnerships for Better Health*, reviews the progress and challenges of the project's first year, during which teams screened 5,534 families. Some findings were unexpected.

“A number of pediatricians told us that they experienced real ‘aha!’ moments when

they looked at the data from the screening surveys and learned what families reported were their biggest struggles and crises,” says Suzanne Brundage, director of UHF's Children's Health Initiative and Patricia S. Levinson Fellow. “Lack of access to adult education and lack of quality child care were both more prevalent than expected—and more common than most other needs, including food support, housing support, and maternal depression.”

Building thriving clinical-community partnerships was another accomplishment. Some of the practices had significant screening experience and procedures in place when the initiative started, while others were just learning to screen for risks, but every team made progress and was committed to strengthening relationships and developing new models of care.

Some of the partnerships are evolving in interesting ways. NewYork-Presbyterian/Columbia University Irving Medical Center has begun screening for social needs in three additional pediatric clinics. Northwell Health is introducing the screening process pioneered at Cohen Children's Medical Center to all its internal medicine practices. In addition, medical residents are now doing formal rotations at two locations of its community partner.

“In the project's first year, all teams demonstrated that they could build new systems for identifying families at risk and referring them to trusted partners for needed services,” says Ms. Brundage. “This phase is all about making sure those new systems truly work, that families



systematically get to the services they need and that that information is successfully communicated back to providers.”

CLOSING THE LOOP

Strengthening procedures for connecting families to services—and strengthening the partnerships to ensure that the feedback loop is seamlessly working—are top goals for the project's new phase. While 1,890 of the screened families reported having at least one psychosocial need, teams made 634 referrals to community partners, and documented the cases of 395 families receiving services from those partners—a differential that likely reflects both family reluctance to seek services and an inability to adequately track those who do.

Creating new strategies for workflow, communications, and staff training to help close such gaps is the focus of all eight teams. But the success of their efforts to improve the trajectory of children's lives will have broader implications as well.

“This initiative is one of the first fruits of UHF's prioritization of clinical-community partnerships as a cornerstone of a high-quality health system—and improved health—for all,” says UHF President Anthony Shih, MD, MPH. “It's providing valuable lessons not only for pediatric practices but also for health care providers serving other at-risk populations.”

A Two-Pronged Approach to Antibiotic Resistance

Overprescribing of antibiotics has become a critical public health problem in America, resulting in a sharp rise in antibiotic-resistant bacteria, and causing over two million infections and some 23,000 deaths each year. United Hospital Fund has been addressing this crisis on two tracks—gathering and analyzing data on prescribing patterns statewide, and working directly with hospital-based outpatient practices in New York City to promote more appropriate antibiotic prescribing.

Both projects focused on adult patients with acute respiratory infections, or ARIs, which are generally caused by viruses and thus not amenable to antibiotic treatment. Many factors have been cited as contributing to the continued prescribing of antibiotics for these conditions, including patient expectations of receiving one.

Recognizing that understanding the scope of the problem is a necessary first step toward solving it, UHF's Medicaid Institute has released a report on potentially inappropriate antibiotic prescribing for New York Medicaid beneficiaries, among the state's most vulnerable residents. *The Right Prescription: Assessing Potentially Inappropriate Use of Antibiotics Among New York's Medicaid Population*, funded by the New York State Department of Health, found significant variation in prescribing related to ARIs, based on patient location, race/ethnicity, and gender.

"These findings reveal a need for evidence-based, provider-level interventions specific to commonly diagnosed ARIs and commonly prescribed antibiotics," the report states. Medicaid-specific strategies—such as quality improvement targets for value-based



payment arrangements—might have potential as well, it noted.

Taking a hands-on approach, UHF's Quality Institute has completed the second phase of its Outpatient Antibiotic Stewardship Initiative, working with 34 hospital-affiliated practices from 7 health care systems to foster best practices in prescribing for adults with ARIs. Participants introduced interventions aimed at both patients and practitioners, including use of patient handouts and waiting room videos, provider feedback reports, and education on provider-patient communication.

Overall, antibiotic prescribing for these patients dropped 5 percentage points to 26 percent, which is below the national average. "Leadership support and actively engaged clinical champions played a key role by making stewardship a priority," says UHF Director of Quality Improvement Joan Guzik. "But variations in rates among practices and for different patient groups indicate that more targeted work is needed."

DONOR DOLLARS AT WORK

Tallon Fund Jump-Starts Strategic Program Agenda

A little over a year since the James R. Tallon, Jr., Strategic Initiatives Fund was established—honoring Jim Tallon's vision and legacy upon his retirement after 24 years of leading UHF—it has become an important funding source for expanded efforts to spur creative problem solving and action on pressing health care issues.

HealthWatch, a new series of analytic reports launched with Tallon Fund support, helped meet the expanded need for timely information to respond to the repeal-and-replace debate and its aftermath, address specific threats to Medicaid and children's health insurance, and assess the performance of accountable care organizations in New York.

Over the next several years, the Tallon Fund will support analytic work, program development, and convenings, as UHF continues to anticipate and respond to critical issues in the rapidly changing health care landscape.

TRUSTEE TRIBUTE

Honoring Health Care Trustee Leadership, Service

“Today’s honorees combine unique expertise and acute awareness of local needs with a profound dedication, to provide invaluable leadership to their health care organizations,” UHF President Anthony Shih, MD, MPH, told guests at the 28th annual Tribute to Hospital and Health Care Trustees. Dr. Shih and luncheon co-chairs and UHF board members Cary Kravet, a trustee of Northwell Health, and Mary Beth Tully, a director of NYU Winthrop Hospital, presented Distinguished Trustee Awards to 26 honorees, recognizing their outstanding service and commitment to hospitals, long-term care, home care, and rehabilitation facilities throughout the metropolitan area.

Some 500 colleagues, family members, and friends gathered for the luncheon at Cipriani 42nd Street to applaud the honorees, who were nominated by institutions throughout the city’s five boroughs, Long Island, Westchester and Orange counties, and nearby New Jersey and Connecticut.

Reflecting the important role trustees play in a changing health care environment, the event featured remarks by Thomas H. Lee, MD, chief medical officer of health care consulting firm Press Ganey. A professor of both medicine and health policy and management at Harvard, and



UHF President Tony Shih and TD Bank Senior Vice President Emmet Conlon; event co-chairs Mary Beth Tully and Cary Kravet

himself a health care trustee, Dr. Lee posed “fundamental questions for guiding our health care institutions through uncertain times.”

For the 14th consecutive year The TD Charitable Foundation was the event’s underwriter, targeting its 2018 support to UHF’s work on insurance coverage. The Tribute raised approximately \$450,000 in support of UHF’s policy and program efforts.

Save the Date for UHF’s 2018 Gala!

Monday, October 1, 6:00-9:30 pm, Cipriani 42nd Street
Join us in celebrating UHF’s work to build a more effective health care system, and the commitment and accomplishments of these extraordinary honorees:

HEALTH CARE LEADERSHIP AWARD

Stanley Brezenoff
for four decades of leadership
to improve the health and well-being of New Yorkers

DISTINGUISHED COMMUNITY SERVICE AWARD

Debra G. Perelman
President and CEO, Revlon, Inc.
for her role as co-founder and vice chair of the Child Mind Institute

SPECIAL TRIBUTE

Afya Foundation
for its vital assistance to Puerto Rico
and responses to crises worldwide
Accepted by Danielle Butin, Founder and Executive Director

For additional information see www.uhfnyc.org

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Quality Fellows Showcase Impact of Final Projects

Improving the hospital discharge process. Standardizing alcohol withdrawal management. Better triage of patients with non-traumatic headache. Just three of the quality challenges addressed by the most recent graduates of the UHF/Greater New York Hospital Association Clinical Quality Fellowship Program.

The fellowship program was established in 2009 to develop a new generation of quality improvement experts and leaders; 178 mid-career physicians and nurses have completed its training to date. Each intensive 15-month cycle includes learning retreats, webinars, mentoring, and—central to the experience—development and leadership of a major “capstone” project at each Fellow’s home institution.

Four of those capstones, highlighted at the recent culminating dinner for the ninth class of Fellows, exemplify not only the diversity of their backgrounds and interests

but also the wide range of challenges that today’s quality leaders are tackling, from patient safety through improved clinical outcomes and more efficient delivery of services:

Elevating the quality discussion.

Jean Hsieh, MD, MS, Icahn School of Medicine at Mount Sinai, used a checklist of quality issues, combined with nurse-driven prompting during rounds, to standardize and increase conversations about quality and safety concerns in her 10-bed Medical Progressive Care Unit, serving patients with complex medical needs.

Standardizing treatment protocols.

Paul Huang, MD, Stamford Health, and his team developed a standardized treatment protocol for step-down unit patients with alcohol withdrawal symptoms—and found improvements in several outcome measures, including length of stay and benzodiazepine use.

Timelier hospital discharges.

Kathleen Asas, MD, MPH, FAAP, Saint Barnabas Health Care System, developed a checklist to create a shared understanding by the medical team of the discharge planning process, build consensus on the



Fellow Jean Hsieh, MD, presents her capstone project.

timing of discharges, and improve workflow, coming close to her goal of discharging 30 percent of pediatric patients early in the day.

Triaging ED headache patients.

David Koterwas, MS, NP, NYC Health + Hospitals Bellevue, used an algorithm to improve risk assignment of emergency department patients with non-traumatic acute headache; he will continue to work with hospital leadership on implementing the algorithm and other opportunities to train staff on evaluating and managing these headaches, with the aim of decreasing overutilization of CT scans.

Helping Small Practices Become Medical Homes

UHF has been participating in the New York City Population Health Improvement Program’s Small Practice Project, which recently examined a way for small primary care practices to become medical homes. “Medical home” is a catchall term for a range of innovations requiring specialized staff and resources—for instance, care managers and nutritionists, and up-to-date

electronic health record systems that can better track patients for follow-up.

Payers and regulators are encouraging New York’s primary care practices to follow the medical home model—a move that is particularly difficult for practices with four or fewer clinicians because they likely don’t have specialized staff on hand, or large IT departments to set up electronic health record systems. And while there’s some reimbursement available for building these systems, the financial rewards of doing so can take months or years to materialize, and bigger health systems can better absorb that financial cost than small practices can.

A proposed way to alleviate this problem

for small practices, which make up 40 percent of New York City’s practices and are critical to many underserved communities, is sharing services. The idea is for small practices to band together and partner with a larger host organization to share the services necessary to become a medical home. Just as important, the practices can share the services’ cost.

The project’s final report, *NYC PHIP Small Practice Project*, was published this summer and is available on UHF’s website. It spells out the viability of such a venture—including a financial model and checklists for both host organizations and small practices.



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ON THE CALENDAR

JULY 18

UHF's annual Medicaid Conference, featuring keynotes by State Medicaid Director Donna Frescatore and National Association of Medicaid Directors Executive Director Matt Salo. New York Academy of Medicine

OCTOBER 1

United Hospital Fund Gala, presenting the Health Care Leadership and Distinguished Community Service Awards, and a special tribute Cipriani 42nd Street

OCTOBER 30

The 28th Annual Symposium on Health Care Services in New York: Research and Practice. CUNY Graduate Center

OFF THE PRESS

These and other UHF reports are available at www.uhfnyc.org

Advancing Behavioral Health Integration for Small Primary Care Practices: Progress, Emerging Themes, and Policy Considerations offers insights on the challenges and successes of efforts to integrate behavioral health care using an innovative, incremental approach.

The Other Shoe Drops: Federal Association Health Plan Regulation Is Next Threat to Coverage in New York examines association health plans and how they could destabilize New York's individual and small group markets.

Clinical-Community Partnerships for Better Health: Observations from the Partnerships for Early Childhood Development Initiative reviews the progress of a multi-health system effort to screen for risks associated with social determinants of health, and address them by teaming up with community agencies.

ON THE WEB

Find detailed information on our programs, sign up for e-mail alerts, or make a tax-deductible gift at www.uhfnyc.org. And to keep up with the latest UHF news and commentary:

Follow us on Twitter: www.twitter.com/unitedhospfund

... and on Facebook: www.facebook.com/UnitedHospitalFund/

United Hospital Fund's philanthropy is made possible by our own fundraising campaign.

Recent Grants

Summer 2018

ABOUT UNITED HOSPITAL FUND'S GRANTMAKING PROGRAM

United Hospital Fund awards grants to nonprofit organizations working to improve health care for New Yorkers, especially vulnerable populations, through innovative health care models and tools, policy analysis of significant health system issues, and strategies to broaden the reach of improvements in health care quality and practice.

PARTNERSHIPS FOR EARLY CHILDHOOD DEVELOPMENT, PHASE II

In June 2018 Phase II of United Hospital Fund's Partnerships for Early Childhood Development (PECD) was launched with \$709,122 in support from the funding consortium established for the first phase of PECD: UHF, the Altman Foundation, and The New York Community Trust. Eight participating hospitals received grants, with a portion of each hospital's grant designated for its community partner(s); the balance of the funding helps support a Learning Collaborative for partner teams.

PECD is designed to help pediatric primary care practices address social determinants of health that have a profound impact on child development in the first five years of life—with lifelong consequences for health and well-being—by creating or strengthening clinical-community partnerships to facilitate screening for risk factors, referrals to appropriate nonclinical services, and effective feedback and follow-up. In Phase II, participating practices will continue their partnerships with community-based agencies to scale, sustain, and evaluate work begun in Phase I, with a special emphasis on streamlining workflow and activities, especially related to “closing the referral loop” between clinical sites and their community partners. All grantees will also continue to participate in the PECD Learning Collaborative, a year-long UHF-led program of technical assistance, webinars and in-person sessions, site visits, and other resources supported by all three funders.

PHASE II PARTNERS

BRONXCARE HEALTH SYSTEM \$75,833

To identify and address needs related to early learning and literacy, housing, food insecurity, health care navigation, utilities, and legal issues, in partnership with Claremont Neighborhood Center and Phipps Neighborhoods

COHEN CHILDREN'S MEDICAL CENTER (NORTHWELL) \$80,000

To identify and address needs related to housing, food, and utilities, adult education and child care, transportation, insurance, intimate partner violence, caregiver depression, and caregiver social support, in partnership with Child Center of New York and The Interfaith Nutrition Network

Continued on reverse

THE MOUNT SINAI HOSPITAL \$79,948

To identify and address needs related to food insecurity, environmental health, entitlements, adult literacy, child learning, housing, and smoking cessation, in partnership with New York Common Pantry, LSA Family Health Services food pantry, and Children's Aid

NEWYORK-PRESBYTERIAN/COLUMBIA UNIVERSITY IRVING MEDICAL CENTER \$80,000

To identify and address needs related to child behavior and development, and family stressors including maternal depression, food insecurity, and domestic violence, in partnership with Northern Manhattan Perinatal Partnership

NEWYORK-PRESBYTERIAN QUEENS \$80,000

To identify and address needs related to maternal depression, food insecurity, caregiver support, breastfeeding support, intimate partner violence, literacy and education, and immigration/legal issues, in partnership with Public Health Solutions, Day Care Council of New York, and the NYC Office of Adult and Continuing Education

NYC HEALTH + HOSPITALS/GOTHAM HEALTH, GOUVERNEUR \$80,000

To identify and address needs related to employment, child care, education, housing, food insecurity, immigration, and intimate partner violence, in partnership with Grand Street Settlement, Henry Street Settlement, University Settlement, and Educational Alliance

NYU SCHOOL OF MEDICINE/FAMILY HEALTH CENTERS AT NYU LANGONE \$71,650

To identify and address needs related to food insecurity, child care, housing conditions, legal issues, program enrollment, education, housing, domestic violence, and behavioral problems, in partnership with OHEL Children's Home and Family Services and Family Service Center at NYU Brooklyn

ST. JOHN'S EPISCOPAL HOSPITAL \$72,691

To identify and address needs related to early learning and literacy, housing and utilities, safety at home, food insecurity, health care access, emotional and behavioral challenges, and parenting classes, in partnership with Sheltering Arms and Queens Family Resource Center

