



# **Community Health Needs Assessment**

**and**

# **Community Service Plan**

**2025-2027**

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**Collaborating Partners:**

**BE-InCK – Bronx Equity-Integrated Care for Kids New York**

BE-InCK New York is a program created to improve the health of both children and pregnant people living in the Bronx. The New York State Department of Health (NYSDOH) and Montefiore Health System are in collaboration on this program (a CMMI grant project) with a membership team of more than 50 health and social service providers in the Bronx.

**Bronx Accountable Healthcare Network (BAHN)**

Blythedale is a downstream care management agency for BAHN (a division of Montefiore) as part of the New York State Department of Health's Health Home Serving Children (HHSC) program. Our care managers serve medically fragile children in the Bronx in collaboration with BAHN.

**Greater New York Hospital Association (GNYHA)**

GNYHA is a trade association of member hospitals, health systems, and continuing care facilities across New York State as well as border states. With a focus on advocacy on local and national levels, GNYHA address issues such as patient care, emergency preparedness, and policies that impact the provision of healthcare services.

**New York Legal Assistance Group (NYLAG)**

Blythedale has partnered with the New York Legal Assistance Group (NYLAG) to create a free legal clinic open to all Blythedale patients, residents, Health Home Serving Children members, and their families. The clinic is held bimonthly in a virtual format, and the attorney can assist families with issues including entitlements, housing, immigration, legal guardianship, and other health-related social needs. These types of issues can have a great impact on a medically fragile child's stability and the ability of their caregiver(s) to provide timely care and support, so this clinic is an invaluable way to aid and

support those most in need. The clinic served 69 families in 2024.

### **Ronald McDonald House Charities (RMHC)**

RMHC enables and promotes family-centered care, a critically important part of caring for, and supporting, children with serious medical conditions. Blythedale is in a collaborative relationship with RMHC for the distribution of nutritious warm meals 2x per week to the families of children at Blythedale. Each week, over 100 meals are distributed onsite at Blythedale.

### **Skyward Health**

Blythedale is a downstream care management agency for Skyward Health as a part of the New York State Department of Health's Health Home Serving Children program. Our care managers serve medically fragile children in Westchester County in collaboration with Skyward Health.

### **Westchester County Department of Health**

The Westchester County Department of Health convened a workgroup of Westchester County providers to discuss the process for conducting a joint health assessment. Regular meetings were held to monitor progress and discuss both data and goals.

# COMMUNITY HEALTH NEEDS ASSESSMENT

## EXECUTIVE SUMMARY

The purpose of this Community Health Needs Assessment and Community Service Plan is to:

1. Assist in identifying the priority health needs of the region served by Blythedale Children's Hospital
2. Comply with the requirements and guidelines of the NYS Department of Health (NYSDOH) for a Community Service Plan
3. Comply with the requirements promulgated by the Internal Revenue Service (IRS) based on the federal Patient Protection and Affordable Care Act enacted March 23, 2010, that all 501(c)(3) hospital organizations conduct a "community health needs assessment and prepare a corresponding implementation strategy once every three taxable years."

Under guidance from New York State's Prevention Agenda for 2025-2030, Blythedale's 2025-2027 Community Service Plan addresses health improvement priorities incorporating feedback and data from the Community Health Assessments done by the NYSDOH, GNYHA, and the Westchester County Department of Health. As a specialty hospital serving medically complex children and adolescents, Blythedale has selected priorities that most closely align with the population we serve.

## MISSION STATEMENT

Blythedale Children's Hospital is not-for-profit specialty children's hospital that provides acute medical and rehabilitative care for medically complex children and adolescents. It is the only specialty children's hospital in New York State. The Hospital's focus is to improve both the health and quality of life of these children. To achieve this, the Hospital integrates superb multi-disciplinary care with teaching, research, and advocacy programs. The expertise and knowledge of the Hospital's staff is beneficial to medically complex children across the region and beyond our programs through ongoing workforce development, research into new and improved treatments, and legislative action on behalf of the medically fragile pediatric population.

Blythedale provides care to impoverished patients regardless of the family's ability to pay. Financial assistance is available to all qualified people regardless of age, gender, ethnicity, religion, race, or sexual orientation. Generally, Eligible People qualify for financial assistance, using a sliding scale, when their family income is at or below 400% of the Federal Poverty Guidelines (FPG). Eligibility for financial assistance means that Eligible Persons will have their care covered fully or partially, and they will not be billed more than "Amounts Generally Billed" to insured persons (AGB, as defined in IRC Section 501(r)

by the Internal Revenue Service). These guidelines are made available to all families upon registration, and patient accounts staff can provide additional guidance as necessary. Visitors are also notified of Blythedale's Charity Care policies through notices on the Hospital's website and posters in both English and Spanish located in the Hospital's lobby, registration and waiting areas. Interpretation services are available for those needing information in languages other than English or Spanish through an interpreter service.

Any patient or family having difficulty paying their bills is directed to the Hospital's patient accounts staff for assistance. Blythedale's Patient Assistance Fund, Parent Support Program and other special funds may be used to help children secure various items crucial to their recovery or discharge planning when family resources are limited and insurance coverage is not sufficient. Assisting families who are under-insured is a critical aspect of the Hospital's mission.

## **DEFINITION AND BRIEF DESCRIPTION OF SERVICE**

As a specialty children's hospital, Blythedale is dedicated to the care and treatment of children and adolescents with complex medical and rehabilitative needs and is a leader in developing innovative, multi-disciplinary programs for this highly specialized population. Blythedale's board-certified physicians, nurses, respiratory therapists, social workers, clinical pharmacists, and New York State's largest hospital-based pediatric therapy department work together to provide intensive and innovative care to the patients and residents of the Hospital's inpatient, day hospital, long term care (LTC) unit, and outpatient programs. Blythedale's specialized teams help children achieve their medical and rehabilitative goals while working collaboratively with families to ensure a smooth return to their communities.

Since its inception in 1891, Blythedale has been a leader in the care of pediatric patients with emerging medical conditions, from tuberculosis and polio during the early part of the 20<sup>th</sup> century to traumatic brain injury and anti-NMDA encephalitis today. As advances in medicine have led to children surviving premature birth, catastrophic accidents, and severe illness in ever greater numbers, Blythedale has enhanced its commitment to providing superior care and support to the children and families who entrust the Hospital with their care by increasing our clinical capabilities and adjusting staffing accordingly.

In 1971, Blythedale opened the Mount Pleasant Blythedale Union Free School District within the Hospital and continues to be the only hospital in New York State with a public school on-site specifically designed to meet the educational needs of its patients and residents. Today, Blythedale provides education and developmental support to children across its inpatient, day hospital and long-term care units through the school and Therapeutic Developmental Support Services programs.

Over the years, the Hospital has expanded its facilities to respond to the needs of the medically complex pediatric population. Since 2020, Blythedale completed a newly renovated and upgraded on-site compounding pharmacy, expanded the Milton Spahn Therapy Village for physical and occupational therapies, and opened a state-of-the-art Simulation Lab and Parent Training Center.

The Hospital currently has 94 acute care beds allocated as follows:

- A 46-bed Infant & Toddler Unit for very fragile infants, many of whom transfer directly from the NICU to Blythedale
- A 30-bed Pediatric & Adolescent Unit for older children, who are often hospitalized following a severe illness or traumatic event
- An 18-bed Traumatic Brain Injury/Coma Recovery Unit equipped with the light- and sound-controlled rooms that this sensitive population requires for recovery as well as dedicated space for occupational, physical and speech therapy on the unit to allow for a gradual transition to the greater Hospital environment
- Several private rooms allow children with weakened immune systems or isolation issues benefit from the Hospital's programs in a clinically safe manner

## **HOSPITAL SERVICE AREA AND POPULATION**

Blythedale has a broad reach given the highly specialized nature of the Hospital's care model. As a specialty children's hospital, Blythedale's service area is far beyond Westchester County, with patients coming from the New York metropolitan area, counties to the north and west of Westchester County, and adjoining states like Connecticut and New Jersey. Approximately 55% of Blythedale's patients come from New York City, 35% come from the Hudson Valley, and the remaining 10% come from Long Island and counties including Oneida, Columbia, and Schenectady in upstate New York, as well as from out of state.

Blythedale's patient population reflects the ethnic and racial diversity of its large service area, as illustrated by patient and resident population, which is approximately 30% Hispanic or Latino, 28% Caucasian, 20% African American, 3% Asian, and 19% other or unreported. To address the needs of its diverse patient population, Blythedale provides annual staff training in cultural diversity and contracts with Language Line to allow for interpreter services in more than 240 languages.

As a major funder of services for children with special health care needs, Medicaid is a significant source of primary or secondary coverage for the majority of Blythedale's patients. In 2024, Medicaid accounted for 78% of the Hospital's revenue for our inpatient program.

# **PROCESSES AND METHODS FOR CONDUCTING COMMUNITY HEALTH NEEDS ASSESSMENT**

## **A. COLLABORATIVE PLANNING PROCESS**

In addition to its referring hospitals, Blythedale worked with the Westchester County Department of Health (DOH) to identify community health priorities relevant to Blythedale's mission and services.

A workgroup of local hospitals was convened to conduct and review a county-wide Community Health Assessment for Westchester County. The workgroup distributed surveys to the Westchester County community and local providers to collect data about the health care needs within the community and compare that data with the current situation within the County. Given that the Hospital is geographically located in Westchester County, participation in this workgroup is helpful in terms of improving our understanding of the issues facing our local community.

The Greater New York Hospital Association also engaged in a survey process with many hospital systems across the state. Blythedale also participated in meetings with this group to better understand issues facing these systems, and therefore our patients from counties other than Westchester, as a part of determining our own areas of focus for the 2025-2027 period.

## **B. IDENTIFICATION OF HEALTH PRIORITIES IN THE CSP**

As part of the process of developing Blythedale Children's Hospital's Community Service Plan, priorities were selected based on the information obtained from the Community Health Needs Assessments noted above as well as New York State's chosen areas of focus.

Blythedale's Community Service Plan for 2025-2027 focuses on the social determinants of health noted below:

- Economic Stability
- Healthcare Access and Quality

These areas were selected as areas that are relevant across the wide range of counties we serve and are also highly relevant to our medically complex population in terms of providing a stable base of care and support for the goal of helping each child reach their maximum potential.

# **BLYTHEDALE CHILDREN'S HOSPITAL COMMUNITY SERVICE PLAN FOR 2025-2027**

As per the new framework for developing our Community Service Plan, we have chosen the three domains and interventions noted below:

## **Domain: Economic Stability**

### **Priority and Disparity Being Addressed: Nutritional Security**

#### **Objective 3.0: Increase consistent household food security from 71.1% to 75.9%**

According to the United States Department of Agriculture (USDA) website (1), in 2023, at least 7.2 million children lived in food insecure households where children, along with adults, were food insecure." In other households with children, only the adults may be food insecure.

According to the report "State of New York's Children 2025," roughly one in six (15.8%) of households with children reported that they "faced food insecurity sometimes or often between January and September of 2024" (2). There are significant differences when these results are analyzed by race, with households identifying as Latino at 26.97% and Black at 24.20%. Households that identified two or more races were at 53.73%. Counties such as the Bronx and Kings County are highly impacted by food insecurity.

As per data available on the Urban Institute website (3), New York County had the most significant gap nationwide, with meal costs worth 100% more than the Supplemental Nutrition Assistance Program (SNAP) benefits. The gaps were higher in urban areas, but they do still impact those living in rural areas of the state. As an example, the Bronx had a 31% cost gap while Sullivan County had a 19% gap. This data was from a reporting period between October and December 2024, when the maximum SNAP benefit participants received reflected the US Department of Agriculture's fiscal year 2025 cost-of-living adjustment.

Food insecurity is a self-reported measure of inadequate access to food and/or limited food intake. It is a major risk factor for both chronic disease and malnutrition. In fact, it is noted on the Annie E. Casey Foundation website that "food insecurity in children warrants particular attention as it is linked to numerous adverse outcomes that can have lasting effects, including developmental disruptions, school problems, and physical and mental health issues" (4).

In a 2016 article from the Journal of Developmental and Behavioral Pediatrics, it was noted that "low-income households with young children having special healthcare needs (CSHCN) are at risk for food insecurity, regardless of child SSI receipt and household participation in other public assistance programs" (5). This is likely due, at least in part, to several factors:

1. a reduced ability for a caregiver to remain successfully employed secondary to the care needs of a medically complex child



2. difficulty accessing options such as local food banks secondary to care and transportation needs for a medically complex child
3. limited financial resources secondary to the added expenses incurred by a medically complex child

Medically complex children depend on their caregiver(s) for direct care and other support, so food insecurity for any member of the family may also impact the medical stability of the child. Not only are children facing hunger more likely to be hospitalized or struggle in school, but medically complex children and their medical stability are directly impacted by the health and wellbeing of their caregiver(s). Adults facing food insecurity are at a higher risk for chronic conditions such as asthma, diabetes, and obesity. An ill caregiver can result in less consistent care for their medically complex child, a higher risk of hospitalization, and other negative health outcomes. The ongoing stress of food insecurity only adds to the stress of caring for a medically complex child, which can also have emotional implications for the caregiver(s).

### **Interventions**

1. Conduct standardized screening for unmet Nutrition Security needs for all children admitted to Blythedale's inpatient, day hospital, and LTC programs
2. Provide referrals to local, state, and federal benefit programs and community-based, health-related social needs providers to address insecurity

### **Family of Measures**

1. # of patient and resident families screened for food insecurity at the time of admission to Blythedale programs
2. # of families provided with referrals to appropriate resources

### **Implementation Partners**

1. Community-based organizations including food banks, Ronald McDonald House for donated meals, and other charitable organizations

## **Domain: Healthcare Access and Quality**

**Priority and Disparity Being Addressed: Healthcare access for medically complex children**

**Goal 34.1 Increase the percentage of Medicaid enrollees aged 2-20 years with at least one preventive dental visit within the last year from 39.1% to 41.1%**

A study published in the January 2023 edition of *Pediatrics* noted that "The prevalence of dental caries remains greater than 40% among children 2 to 19 years of age. Although dental visits have increased in all age, race, and geographic categories in the United States, disparities continue to exist, and a significant portion of children have difficulty accessing dental care" (6).

According to the NCQA (National Committee for Quality Assurance), an annual dental visit is one of the 90 HEDIS (Healthcare Effectiveness Data and Information Set) measures where improvement can make a meaningful difference in people's lives. It falls under the category of "Access/Availability of Care" and is tracked by many managed care plans as a potential gap in care. A gap in care is defined as the difference between the care provided to a patient and the recommended best practices in healthcare. Closing gaps in care has been correlated with improved health and economic outcomes and improved health equity.

An annual dental visit ensures access to cleaning, early diagnosis of oral health issues, and education about preventive care and maintenance. The medications, treatments, and diagnostic sequelae related to medically complex children make them more susceptible to issues such as tooth decay and gum disease, which can in turn lead to issues with pain, infection, and inadequate oral intake.

In a paper published in 2009, author Charlotte Lewis noted that "...dental care remains the most frequently cited unmet health need for children with special health care needs" (7). This can be attributed to many factors, including access to providers willing to work with this population, access to reliable transportation, and a lack of prioritization of dental care in the context of the multiple medical concerns that medically complex children face.

Blythedale's Health Home Serving Children (HHSC) care management program, specializing in care coordination for medically complex children, has an annual dental visit listed as a need on each member's plan of care following the education of the medical consenter about the importance of this appointment. Blythedale's HHSC care management program serves both the Bronx and Westchester counties.

### **Interventions**

1. Add an annual dental visit to the plan of care for each HHSC member
2. Ensure that each member has access to an appropriate dental provider and attends an appointment during each calendar year of the 2025-2027 CSP period

### **Family of Measures**

1. # of members enrolled in Blythedale's HHSC care management program who complete an annual dental visit for each calendar year of the 2025-2027 CSP period

### **Implementation Partners**

1. Medicaid Managed Care organizations, to facilitate access to dental appointments, particularly if out of network approval is needed
2. Providers who accept medically complex children for dental care to ensure access to an annual appointment
3. Medicaid transportation providers, who will ensure timely and appropriate transportation availability

## **Domain: Healthcare Access and Quality**

### **Priority and Disparity Being Addressed: Access to Early Intervention services for children**

#### **Goal 39.1 Increase the percentage of Black, non-Hispanic children under 3 years old who have Individual Family Service Plans (IFSPs) from 7.0% to 10.0%**

According to the Early Childhood Technical Assistance Center website, “The goal of early intervention is to enable young children to be active and successful participants during the early childhood years and in the future in a variety of settings, in their homes, with their families, in childcare, preschool or school programs and in the community” (8). It has been noted in New York State the percentage of Black, non-Hispanic children under 3 years old with an Individual Service Plan (IFSP) is not keeping pace with other demographic groups.

As a provider of healthcare services to medically complex children, Blythedale is in a unique position to ensure that children between the ages of 0 and 3 are aware of the Early Intervention program, understand the potential benefits of their child being deemed eligible for services, and to make referrals at the time of discharge from our inpatient, day hospital, and long-term care programs. Our HHSC care management program allows us to follow children receiving Early Intervention services closely and ensure that their IFSPs are implemented appropriately and updated in a timely fashion throughout their time in the program.

#### **Interventions**

1. Ensure that the families of patients and residents admitted to Blythedale’s inpatient and long-term care programs are aware of the Early Intervention program and referrals are encouraged and/or reinstated following discharge from the hospital or LTC
2. Monitor IFSP implementation for HHSC members to ensure that services are provided as indicated on the plan and that updates to the IFSP are made in a timely fashion

#### **Family of Measures**

1. # of patients and residents in the targeted group receiving Early Intervention services within each calendar year of the 2025-2027 CSP period
2. # of referrals made to the Early Intervention program during each calendar year
3. # of HHSC members in the targeted group receiving IFSP services within each calendar year of the 2025-2027 CSP period

## **DISSEMINATION OF THIS REPORT TO THE PUBLIC**

Details on Blythedale's community health programs and other hospital services are featured on the Hospital's website and in the Hospital newsletter. This Community Service Plan will be posted on Blythedale's website as directed by NYSDOH policy.

### **OTHER BLYTHEDALE COMMUNITY SERVICE HIGHLIGHTS**

Blythedale provides a significant number of programs that benefit the larger community, as evidenced through a variety of programs and services including:

**Health Home Care Management:** Blythedale is a downstream care management agency (CMA) for both BAHN in the Bronx and Skyward Health in Westchester County with 2025 capacity to work with up to 60 medically complex children and their families as part of New York States' Health Home Serving Children program. In 2026, our capacity will increase to 80 children, with the increase planned for the Bronx.

**CPR Training Center:** Blythedale is a community training center for the American Heart Association, providing training in Heartsaver CPR (cardio-pulmonary resuscitation), Heartsaver AED (automated external defibrillator) and Heartsaver First Aid. In addition to Blythedale staff, those trained include local health care professionals, members of local police and fire departments, students at area schools and staff from various community agencies. Blythedale also offers pediatric CPR training for both the community and local health care professionals, and the Hospital is a certified Pediatric Advanced Life Support (PALS) training center.

**Staff Education and Training:** Blythedale provides significant training to clinical professionals throughout the region by collaborating with organizations such as Columbia University, New York Medical College, NYU School of Social Work, and several schools of nursing. On-site training and/or internships are offered regularly across multiple specialties including Nursing, Social Work, Pharmacy, Child Life, Physical Therapy, Occupational Therapy, Speech/Language Pathology, Neonatology, Physiatry, Pulmonology, Spiritual Care, Respiratory Therapy and Information Technology.

### **MEDICAID SERVICES, CHARITY CARE AND OTHER HOSPITAL FINANCIAL ASSISTANCE**

As a major funder of services for medically complex children, Medicaid is a significant source of primary or secondary coverage for the majority of Blythedale's patients.

Consistent with its mission and federal and state requirements (*Public Health Law 2807(k)(9-a)*), Blythedale has developed guidelines that delineate the circumstances and procedures under which free or reduced cost care is available. Children's hospitals typically have lower charity care disbursements when compared to adult facilities because children have more health insurance options (e.g., Medicaid and Child Health Plus) to address gaps in funding for care.

The Hospital also provides care to patients who meet certain criteria under its Charity

Care policy without charge or at amounts less than established rates. The amount of identified charity care provided at cost net of any reimbursements during the years ending December 31, 2023, and 2024 was \$204,775 and \$224,919, respectively. The estimated cost of these charity care services was determined using a ratio of cost to gross charges and applying that ratio to gross charges associated with providing care to charity patients for the period.

All patients, residents, or families with questions or concerns about their medical costs are directed to Hospital staff who assists the family in completing a financial assessment and reviews any options for assistance. There are also other hospital funds, such as the one dedicated to parent transportation, which helps caregivers cover the costs of getting to and from Blythedale to see their hospitalized child.

Families are informed about Blythedale's Financial Assistance policies through notices on the Hospital's website and posters in English and Spanish in the Hospital's lobby and registration and waiting areas. Interpretation services are available for those needing information in languages other than English.

## CITATIONS

1. Rabbit, Matthew R., Hales, Laura J., and Reed-Jones, Madeline. (2025, Jan 8). *Food Security in the U.S.-Key Statistics and Graphics*. How Many People Lived in Food-insecure Households? <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics>
2. Schuyler Center for Analysis and Advocacy (SCAA). (2025). *State of New York's Children 2025*. Improving Food Security for New York's Children. <https://scaany.org/our-priorities/state-of-nys-children/>
3. Urban Institute. (2025, July 16). *Does SNAP Cover the Cost of a Meal in Your County?* The Gap Between SNAP Benefits and Meal Costs. <https://www.urban.org/data-tools/does-snap-cover-cost-meal-your-county>.
4. The Annie E. Casey Foundation. (2024, July 21). *Child Food Insecurity in America*. What Is Child Food Insecurity? [https://www.aecf.org/blog/child-food-insecurity?msclkid=bfc859d33d67182820be31249beef19&utm\\_source=bing&utm\\_medium=cpc&utm\\_campaign=Blog%202025&utm\\_term=Food%20Insecurity%20in%20America&utm\\_content=Child%Food%Insecurity](https://www.aecf.org/blog/child-food-insecurity?msclkid=bfc859d33d67182820be31249beef19&utm_source=bing&utm_medium=cpc&utm_campaign=Blog%202025&utm_term=Food%20Insecurity%20in%20America&utm_content=Child%Food%Insecurity)
5. Rose-Jacobs, Ruth ScD; Goodhart Fiore, Jennifer MD; Ettinger de Cuba, Stephanie MPH; Black, Maureen PhD; Cutts, Diana B. MD; Coleman, Sharon M. MPH; Heeren, Timothy PhD; Chilton, Mariana PhD; Casey, Patrick MD; Cook, John PhD; Frank, Deborah A. MD. Children with Special Health Care Needs, Supplemental Security Income, and Food Insecurity. *Journal of Developmental & Behavioral Pediatrics*: February/March 2016 - Volume 37 - Issue 2 - p 140-147.

6. Krol, David M. MD, MPH, FAAP; and Whelan, Kaitlin MD, FAAP. Maintaining and Improving the Oral Health of Young Children. *Pediatrics*: January 2023-Volume 151-number 1.
7. doi: 10.1097/DBP.000000000000260Lewis CW. Dental care and children with special health care needs: a population-based perspective. *Acad Pediatr*. 2009 Nov-Dec;9(6):420-6. doi: 10.1016/j.acap.2009.09.005. PMID: 19945077; PMCID: PMC2787477.
8. Early Childhood Technical Assistance Center (ECTA). *The Individuals with Disabilities Education Act (IDEA)*. What is Section 619?  
<https://ectacenter.org/idea.asp>