

SCAA Celebrates 135 Years

Event held on November 16, 2006

see pages 8 & 9 for highlights



Engaging Families —

Gladys Carrion, Commissioner, New York State Office
of Children and Family Services

What does it mean and why is it important?

The child welfare system was created to protect children by supporting and strengthening families. A broad array of community-based services is essential to serve families where poverty, isolation, substance abuse or violence have compromised their capacity to raise their children safely and provide them with the nurturing they need. And yet over the years, the front door to child welfare services has become synonymous with a report to the child abuse hotline. Increasingly, the first contact a family has with the system, designed to help these most fragile families, is a knock at the front door when a caseworker informs them a child protective report has been made and must be investigated.

For these families, it is a terrifying experience to be told a child protective report has been made. Rather than experiencing the arrival of the caseworker as a potential doorway to help, the family is

more likely to withdraw for self protection, dissemble regarding information being sought for the investigation, and refuse services that appear to be linked to an indication of the report.

So often, when I gather my thoughts around the work we are doing on behalf of children, I find myself wondering, “What are we missing?” What is it we must do, both citizens and systems, to improve the lives of children caught in the cycle of poverty, family dysfunction, neglect and abuse?

In my work across the country in developing a national improvement strategy around child safety, well being and permanency, I have become convinced that the most effective way to address this challenge is to work skillfully, consistently and diligently at engaging families.

In our preventive work and foster care work, we have come a long way toward understanding that an engaged family is one that is fully involved in developing their own case plan. Parents and

(continued on page 2)

In This Issue:

3 From the President

4 Community Child Protection

6 Launch of Winning Beginning

8 SCAA 135th Anniversary

10 Goodbye Welfare, hello...?

12 New York Welcomes Babies

14 Children’s Health Summit

15 Clinic Plus—A New Mental Health Idea

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(continued from page 1)

relevant extended family come to the table to shape the plan in a family meeting. Family resources are recognized as essential to the long-term success of the family and the professionals involved with the family demonstrate respect and authenticity in their professional relationship. The result is that such a family will be likely to succeed in accomplishing mutually developed goals on behalf of their children. We have learned that most families are able to effect the changes they need to make on behalf of their children when they are involved in, as opposed to coerced into, making change.

Now, we are working on taking that understanding of the need to engage families to the child protective arena. We need to focus on engagement in our very first contact with a family. Can a caseworker develop the skill to identify herself or himself as investigating a report of abuse or neglect and still engage the family in assessing family dynamics and developing a service plan? I believe we have available to us several strategies to suggest we can:

- The child welfare system has begun to explore the development of a parent consultant, i.e. a parent who has already been through the child protective investigation, who is trained to mentor and support the family under investigation, to help them participate meaningfully in the process.
- An alternative approach to the CPS investigation process such as the team approach holds promise. I have seen the partnering of CPS investigators with other service providers, including DSS preventive caseworkers or community-based providers, help delineate more clearly for the family the dual nature of the investigation and the offer for help.

- A family meeting, bringing together parents of the reported children, extended family and others identified by the family as important to finding solutions, can be held during the investigation to develop a shared plan for protecting the children and keeping them safe after the investigation has concluded. The family meeting also serves to identify informal supports and family connections which can help strengthen the family long after child welfare has ended their involvement.
- Workload management can maintain reasonable caseloads in child protection so that the caseworker has the time to reach out to, listen to, and involve parents in the assessment and planning process.

Effective family engagement takes time. It requires manageable workloads, effective training, and the willingness to explore unique family circumstances. I believe that we are now moving down the path of engaging families to help them keep their children safe and support their well-being. We must continue this important work. Our children require no less of us.

From the President



Like many other New Yorkers, I attended the inauguration on January 1st of our new Governor, Eliot Spitzer. “On Day One Everything Changes,” predicted Mr. Spitzer’s

campaign commercials, and now Day One had arrived. No one really expected everything to change, mind you. Leaving the inauguration, I noticed that cars continued to drive on four wheels and the sky remained partly cloudy. Yet the feeling of blue-sky potential was practically tangible. On that day, I began looking ahead to the great deeds that will surely follow over the next four years.

Parents also know the promise of Day One. The baby emerges from the womb, cries and waves its arms, is handed to the mother. The parents look at their little baby, its eyes still adjusting to the unfamiliar daylight. They think about the baby’s potential, and all the great deeds it may grow up to do. Unlike our new Governor, however, babies cannot shape their own future. They depend on grown-ups – not only their parents, but teachers, nurses, day care workers and all those who provide the supports that enable children to realize the blue-sky potential within them. And they depend on a group of people most of them will never meet: the Governor of New York and the members of the State Legislature.

For over a century, SCAA has explored ways to pave the road between Day One and a successful adulthood. Alas, plenty of potholes remain. But we have learned something to share with our state’s policy-makers: New York State must get serious about the investments needed to ensure that

children succeed. The state needs to invest more, and it needs to invest in a coordinated plan rather than an array of disconnected programs. Other states, such as Ohio, New Mexico and Missouri, have created a valuable planning tool called a “children’s budget.” A children’s budget enables the state to highlight priorities, motivates action and collaboration, facilitates strategic decision-making and helps achieve desired outcomes. New York should devise its own children’s budget. SCAA has developed some useful concepts to guide this process.

This issue of *SCAA Reports* spotlights some of the key areas urgently needing attention in order to assure the success of more children. As Governor Spitzer declared in his *State of the State* address: “First, we must focus on that period in a child’s life that is developmentally the most critical—from birth to five years old.” In this issue, we identify several strategies for strengthening early child development: by significantly investing in early programming through home visiting, welcome baby contact, quality child care and early education. Research has shown that these investments have the longest-lasting and greatest return.

Income is a key determinant of child well-being. Over 40% of all New York children live in low-income families (typically defined as earning an income below 200% of the federal poverty level, or \$40,000 in 2006). Despite the hard work of so many, about one in five New Yorkers lives below the poverty line. In this issue, we examine how the state has withdrawn its support from poor families who lack a job. We are heartened to hear Governor Spitzer acknowledge the hard work ahead and inspired by his willingness to put shoulder to wheel to improve the lives of New York’s poor children.

(continued on page 4)

SCAA’s recently released chartbook, *Growing Up In New York: Charting the Next Generation of Workers, Citizens and Leaders* (available at <http://www.scaany.org/resources/Chartbook.php>) should give the administration and everyone who cares about children a roadmap for the future.

(continued from page 3)

When families are ill-equipped to care for their children, the child welfare system may be called on to carry out the societal responsibility to assure safety. Gladys Carrion, recently appointed Commissioner at the Office of Children and Family Services, discusses ways in which child welfare can more successfully intervene and find ways to engage families in needed services. In another article, I go further and look at an alternative response to Child Protective Services investigations, and the critical need for communities to come together to protect children, rather than simply reporting suspicious activity to the State Central Registry.

When it comes to the needs of our children, Governor Spitzer appears to really get it. Yet the infinite promise of Day One

must give way to Day Two, Day Three and ultimately Day 1,460. Vision must lead to specific plans, which in turn must be negotiated into law or regulation and implemented. Likewise, our children cannot remain babies cradled in their mother's arms. They must grow, attend imperfect schools, learn from parents trying hard to be good role models and protectors, and struggle their way into adulthood.

Every two minutes, another child is born in New York State. There is no time for the new administration to lose. We need to make the future of New York's children our top priority.

Community Child Protection—It Takes a Village

In our cover story, Gladys Carrion, Commissioner of the New York State Office of Children and Family Services (OCFS), argues for the importance of engaging families involved in the child protective system. OCFS has embarked on an ambitious plan to bring family engagement strategies to practice throughout New York State. It's important work that deserves our full support.

Over the past year, New York's child welfare system has been the subject of tremendous public scrutiny, due to the death of several young children under alarming circumstances. These appalling cases resulted in passage of several laws that will strengthen the response to cases of potentially serious child abuse and neglect. These laws increase staff training, support a multi-disciplinary response to reports, and provide for public

education, among other changes, to improve our response when a child's safety is in question. In addition, OCFS recently received the results of a study undertaken this summer and fall to analyze caseworker workloads across the state. As Commissioner Carrion observes, caseworkers need adequate time to conduct careful investigations and, of equal importance, to strengthen families through engagement strategies so that more drastic measures will not become necessary later on.

In 2004, the child welfare system received over 140,000 reports of maltreatment, of which investigations confirmed only three in ten, or about 42,000. These investigations might appear to be a promising window of opportunity to engage a family and offer services to resolve ongoing problems. The needs are great. Throughout New York State, families struggle with

stresses and strains brought on by poverty, mental health issues, alcohol or drug abuse, lack of English language proficiency, and many other pressures. Matching these families to publicly-available services, such as health coverage, English-language instruction, mental health counseling and food stamps, can greatly improve their quality of life. Engaging families at the first sign of a problem by offering services can help stabilize and strengthen them and head off future instances of child maltreatment. Such an approach can lead to a more responsive child welfare system, enhanced services, and improved child well-being.

But the traditional focus on establishing the validity of allegations – even minor ones – creates an adversarial environment that makes families reluctant to participate in an engagement process. Most families’ only experience with child protective services is an invasive or even traumatizing investigation. Thus, SCAA has long advocated for the “differential” approach to intervention, in which less serious reports lead to family engagement rather than adversarial investigations.

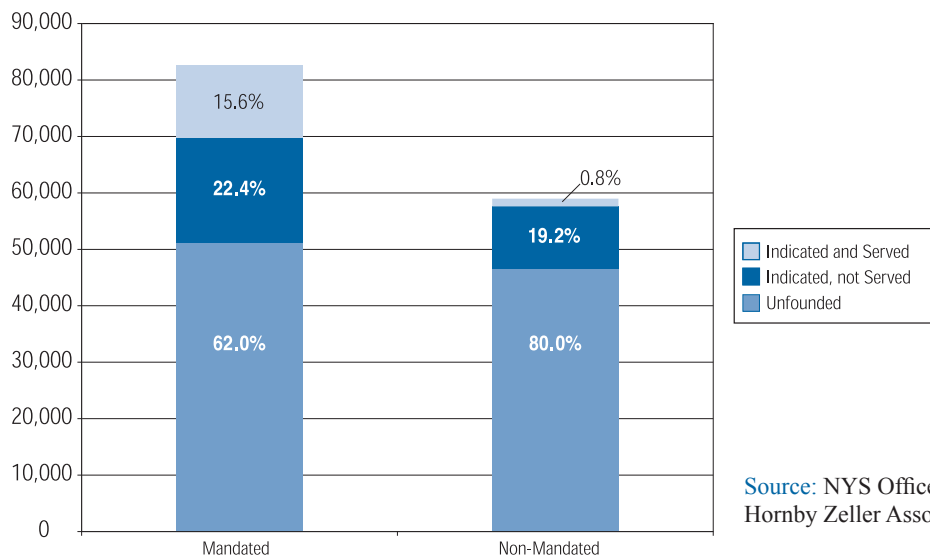
Our 2001 *SCAA Reports*, Vol. 1, No. 3, Special Spring Edition, *A Different Front Door: Essential Reforms in Child Protection Services* (www.scaany.org/resources/newsletter.php) presented SCAA’s recommendations for changes in New York State’s system including passage of legislation that would encourage innovation by allowing demonstration sites for a differential approach. Progress was made over the last few years. Legislation passed in both houses in 2004 and 2005 but was vetoed by Governor Pataki. Now, with a new Governor, we have another opportunity to make a difference for families by seeking passage of a similar bill in the 2007 Legislative Session.

It is important to note that differential response legislation isn’t enough. Our child protective systems cannot protect all children. The responsibility belongs to every member of society. Many communities are recognizing that child protection is a much greater responsibility than simply reporting to the child abuse hotline. Community child protection begins with the recognition that all individuals and groups in a community can and should contribute to children’s safety.

Our child protective systems cannot protect all children. The responsibility belongs to every member of society.

(continued on page 6)

Reports of Maltreatment by Reporter Type, Cases Indicated and Cases Open for Services



Source: NYS Office of Children and Family Services and Hornby Zeller Associates

(continued from page 5)

Those communities with well-developed community child protection have:

- A network of people, agencies and organizations that can identify risk of child maltreatment before it occurs, respond to issues of child safety promptly and dependably, and provide a full range of services and support.
- Changes in the policies and practices of the county child protective services agency so that the agency becomes a partner in a community network.
- New roles for community members and organizations so that parents, residents, leaders and organizations get involved in preventing and addressing child maltreatment and pursuing goals of family support.
- Changing the interaction with families where child maltreatment is thought to occur or could occur so that the family, along with the community partners, drives a plan to avert or address child maltreatment.

Some communities in New York are pioneering a community child protection model. Those efforts would be strengthened by a differential approach to reports of child maltreatment, along with increased worker training, appropriate workloads, additional family engagement strategies, and community supports. If New York could put the components together that have proven effective both within our state and other states, we could help many families who struggle and keep our children safe.

Launch of New Coalition—Winning Beginning

Over the past decade, SCAA has spearheaded the work of two major coalitions on behalf of young children and their families:

- Together with the NYS Child Care Coordinating Council, we convened the Child Care That *Works* campaign to ensure affordable, accessible, high quality child care to low and moderate income working families.
- Together with Child Care, Inc. we convened the PreK Coalition (formerly the Emergency Coalition to Save Universal Prekindergarten) to make prekindergarten universally available to all children.

The merger of the two coalitions was officially launched in December as *Winning Beginning NY, an early care and education coalition*. The new coalition is convened by SCAA, Child Care, Inc., the NYS Child Care Coordinating Council and the NYS Association for the Education of Young Children.

Winning Beginning NY has launched a statewide campaign to: (1) inform policymakers and the public about the many benefits of early learning to children, families and society, and (2) build broad-based support for making investment in quality early education, child care, Head Start and public prekindergarten a top priority in New York State.

Governor Eliot Spitzer has made a commitment to ensuring that pre-k is available to all New York children. This is a critical time and it is essential that we be at the table for any discussions about how this expanded program will be implemented. Participants in the merger negotiations felt that having one strong voice advocating on behalf of young children and their families regardless of venue will strengthen our influence. Some raised concerns that child care programs might be adversely impacted by a greater emphasis on pre-k. Child care and early learning are closely linked, however, and the coalition agreed that a broader coalition would send

a strong message on behalf of child care’s crucial role in early childhood development.

Best in the Nation, the guiding document for Winning Beginning NY’s early care and education agenda, states our belief that all young children should have access to the early care and education services that they and their families need. *Best in the Nation* also calls on Governor Spitzer to take this opportunity to make New York’s early care and education the best in the nation. Specifically, the coalition has urged the Governor to accomplish the following concrete goals in his first 100 days:

- Establish an Early Learning Commission to develop a plan of action to bring coordination to early care and education programs and services.
- Budget for expanded investments in early education, child care and services in the earliest years such as early intervention and home visiting.
- Design a system of incentives and compensation to retain teachers and caregivers.
- Begin implementation of a quality assurance system with program incentives and consumer awareness.

Karen Schimke, speaking at the December press conference launch, stated, “The Early Learning Commission is needed to galvanize support for expanded and coherent investment in high quality child services for New York State.”

“We need to align public investment with quality improvements to help every child excel — in other words, we need to replace the current patchwork with a seamless, more effective approach to early



childhood services,” said Carol Saginaw, a Winning Beginning NY co-convenor and Executive Director of the New York State Child Care Coordinating Council.

Albany County Executive Michael Breslin concurred on the need to streamline the state’s approach to children and family services. “As County Executive, I struggle all the time with duplicative and conflicting regulations in dealing with children and family services. An Early Learning Commission would bring about better coordination, reduce waste, and encourage transparency and accountability at all levels of New York government.”

The coalition has released a policy paper on meeting the standard of quality, entitled *Building the Best Requires Quality*, which details the four essential ingredients of high-quality early childhood development: qualified teachers, standards and best practices, leadership at the highest levels, and resources. This paper is available on the Winning Beginning NY website: www.winningbeginning.org.

An Early Learning Commission would bring about better coordination, reduce waste, and encourage transparency and accountability at all levels of New York government.”

**—Michael Breslin,
Albany County
Executive**

Scaling the Next Peak: SCAA Prepares for New Challenges



On left, Keynote Speaker, Dr. Jacob Hacker, Yale University; on right, Karen Schimke, SCAA President; below, James Lytle, SCAA Board Chair (left) with honoree Mark Kissinger, President of the Home Care Association of NYS (right).



When an organization arrives at its 135th anniversary, the temptation to look back can be powerful. On November 16, 2006, however, the Schuyler Center for Analysis and Advocacy took the opportunity to look forward. We invited some of the nation’s best and brightest thinkers to examine New York State’s needs and propose ideas for its future.

Dr. Jacob Hacker, Professor of Political Science at Yale University and author of the recently published *The Great Risk Shift* (Oxford University Press), delivered the keynote speech. Dr. Hacker has documented a vast societal shift in economic risk from employers and government onto the shoulders of families. While we tend to think of economic insecurity as a curse of poverty, Hacker has found that over the past two decades middle-class families have also found their lives more and more insecure.

Traditional policy remedies on both the left and right appear to be rooted in outdated notions of the American economy, argues Hacker. Conservative appeals to deregulate government services fail to

recognize the degree to which deregulation has contributed to destructive family insecurity, thereby preventing families from fully participating in the market economy. Liberal preoccupation with safety net programs for the poor misses the extent to which poor and middle-class Americans increasingly share a common experience of chronic financial crisis.

Hacker strongly advocates for “social insurance” programs, which protect large populations from sudden income drops. In New York, top statewide priorities would include repairing and reforming the unemployment insurance system; mandating family leave and sick leave policies; and expanding health insurance coverage. All are key priorities of SCAA.

SCAA also gave awards to especially deserving individuals and an organization:

- ***Coalition of Institutionalized Aged and Disabled (CIAD)***—This organization, run by and for people living in adult homes and nursing homes, has helped thousands of people improve the conditions in their individual facilities, and has



On left, Karen Schimke presenting Early Learning Poster to honoree Steven Sanders of Crane, Vacco & Sanders; center, Woody Wilson honoree for the Coalition of Institutionalized Aged and Disabled; on right, Prof. Jacob Hacker book-signing for Sherry Cleary (left), Todd Boressoff (center); Carol Saginaw (right).

also helped to bring about systemic change. CIAD received the Louisa Lee Schuyler Award, named after SCAA's founder and namesake.

- **Mark Kissinger**, President of the Home Care Association of New York State and formerly Deputy Secretary to the Governor for Health and Human Services—Mr. Kissinger has spent his career shaping policies to help children needing child care, kids in foster care, adult home residents and many other populations. Mr. Kissinger received the Homer Folks Award, named for SCAA's long-time Executive Director.
- Former Assembly Member **Steven Sanders**, recently retired as Chair of the Assembly Committee on Education—Mr. Sanders has been a passionate leader on behalf of the public, most recently as Chairman of the Assembly Committee on Education, and previously the Assembly Mental Health Committee. Mr. Sanders received the D. Nelson Adams Award, named in honor of a former Board member and benefactor.

In the morning, conference speakers reviewed New York's policy landscape on the eve of the Spitzer Era. Robert Hughes, President of New Visions for Public Schools, analyzed the obstacles New York faces in improving its public education system. Paula Wilson, Director of Policy at the United Hospital

Fund, reviewed New York's continuing struggle to get its health care house in order, identifying serious issues in health care coverage and rising delivery costs. Rae Rosen, Regional Economist at the Federal Reserve Bank of New York, took attendees on a dizzying tour of the New York economy – its strengths, weaknesses and danger signs for the future.

Afternoon speakers tackled New York's pent-up need for decisive policy and budget reforms. James Kadamus, formerly Deputy Commissioner of the State Education Department, argued for linking business to higher education so that college graduates can find jobs without having to leave New York. David Jones, President of the Community Service Society, spoke eloquently of the need for adult education for low-wage workers desperate to rise in the world. John Ruge, CEO of the Hudson Headwaters Health Network, called for profound changes in how New York delivers and pays for care, including shifting Medicaid payment to reflect patient outcomes and strengthening the continuum of care.

Despite the frequent reminders of New York's burdens – income inequality, the many uninsured, low graduation rates, and many others – attendees departed with a sense of optimism, having been exposed not only to urgent needs but workable solutions as well.

Goodbye Welfare, Hello...?

One New York means a state that does not just help get a working parent off the welfare roll, but one that helps lift him out of poverty.”

—Governor Eliot Spitzer

“The welfare rolls in New York City are down to 1964 levels... That’s good news for all except true believers in big government.”

Editorial in *Investor’s Business Daily*, 4/7/06

Public assistance enrollment has steadily fallen since 1994, and each year newspaper editorial pages celebrate the death of the culture of dependency. In 1994, 5.1 million New York residents were enrolled in the Aid to Families with Dependent Children program. By 2004, enrollment in the renamed Temporary Assistance for Needy Families (TANF) program had fallen by more than half to 2 million.

Many proponents of welfare reform have declared the dramatic caseload decline clear proof of success. Said Governor George Pataki, “The aggressive reforms we instituted are based on the strong belief that if given the opportunity, people would use their talent, determination and potential to break free of the welfare cycle and make a better life for their families.” The clear implication is that those who leave public assistance no longer need it.

Yet this oft-cheered trend may actually tell a different story: poor people who urgently need a helping hand are getting the brush-off instead. Data from the New York Office of Temporary and Disability Assistance (OTDA), which administers TANF, suggests that New York may have prevented poor families from accessing the income and services that could help them find and keep jobs.

Public assistance has historically served as a benefit for children. In the mid-1990s, reformers argued that getting public assistance recipients into jobs would better

meet the long-term interests of children in poverty. During the 1990s, the population of children living below the poverty line fell, from a high of 1.2 million in 1994 to a low of 900,000 in 2000. As the economy flagged, the numbers began creeping up again.

Yet the number of poor children enrolled in public assistance fell much more rapidly over the same time period. From 1993 to 2004, child enrollment dropped by more than half from 815,000 to 350,000. In 1993, 69% of all children in poor families received public assistance. By 2004, only 36% did. An additional 400,000 children throughout New York State would be receiving benefits from the TANF program today had the state not targeted caseload reduction as its top priority.

Not only are fewer children receiving the benefit of public assistance subsidies, those who do now get much less. The basic cash grant has not been increased since 1990. Its purchasing power is slightly over half of what it was in that year. The shelter allowance, which most public assistance recipients receive, was increased in 2004, but still languishes far below actual housing inflation. Together, the basic cash grant and the shelter allowance average about \$600/month, 44% of the federal poverty level for a family of three.

One countervailing trend should be noted – the Earned Income Tax Credit, or EITC. Low-income working families are eligible for both the federal and state EITC, which provide a combined maximum grant of \$5,720 for a family with two children, approximately 80% of the value of the TANF grant. The EITC was expanded in large part to give poor families an incentive to find work and leave public assistance.

However, a large proportion of families below the poverty line are jobless or have difficulty keeping a job. In 2005, according to the Current Population Survey, only one in seven adults below the poverty line worked full-time the previous year. Depriving such families of public assistance hurts their children, and seems difficult to square with the goals of the new administration.

In Governor Eliot Spitzer’s *State of the State* speech, he declared: “One New York means a state that does not just help get a working parent off the welfare roll, but one that helps lift him out of poverty.” That makes sense. New York should be trying to lift its citizens out of poverty.

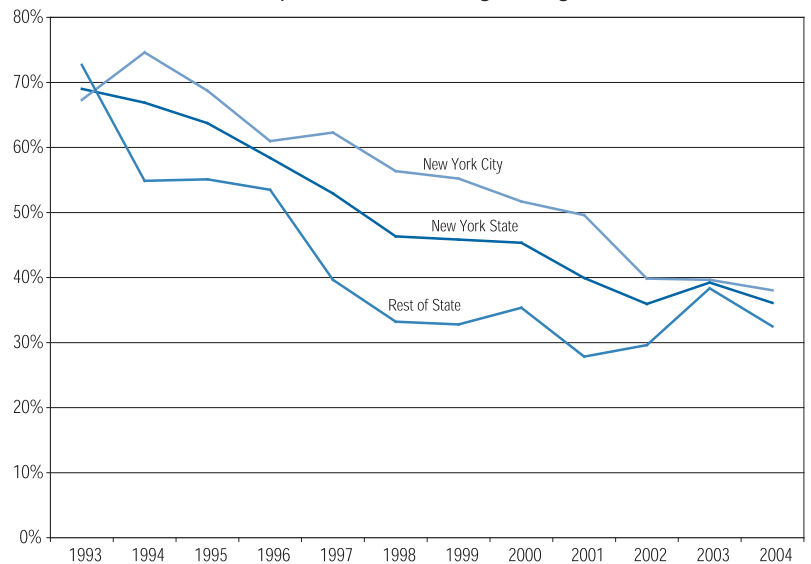
How could the state use the TANF program to help lift people out of poverty? By deciding what TANF should do and which families would benefit most, and then encouraging those families to enroll in TANF. We are already halfway there. TANF has become a very different program from the much-maligned Aid to Families with Dependent Children, and OTDA has become a very different agency. The mission now is to help poor parents find long-term employment and achieve self-sufficiency. However, self-sufficiency is more than freedom from welfare dependency. Self-sufficiency is an economic threshold at which a family can meet basic needs without subsidies of any kind. The state needs to go further than it has to help poor jobless New Yorkers achieve economic self-sufficiency.

Other states’ innovations point the way forward. Other states are building strong education and workforce train-

ing programs; ensuring that everyone who gets TANF enrolls in work support programs; providing post-employment services such as career counseling and mentoring; and using intensive case-work programs to help poor people get over barriers to employment, such as learning disabilities, substance abuse, mental illness, chronic health problems, and lack of English proficiency.

The federal government will not be our friend in remaking the TANF program. The 2006 Deficit Reduction Act imposed a number of short-sighted restrictions on state TANF administration, and the Bush Administration has interpreted this law in the most punitive ways imaginable. But the incoming Spitzer Administration is ready to find creative solutions to complex problems. We’re not as far away as we might think from having a public assistance program that New York can take pride in.

Public Assistance Participation as a Percentage of Eligible New York Residents



Source: Enrollment data: NYS Office of Temporary and Disability Assistance
Eligibility population data: Current Population Survey

New York Welcomes Babies

A comprehensive system for providing services to pregnant women and children

Be-coming a mother is a hard transition for any woman. But teen moth-ers have it the hardest. Teen mothers are often poor, at higher risk for premature or low birth weight babies, and lacking in social supports. Their children are more likely than other children to live in poverty, to have developmental delays and to drop out of school. Yet early and ongoing access to health and other services can dramatically improve daily life for these families and protect children from disruptions that may come their way.

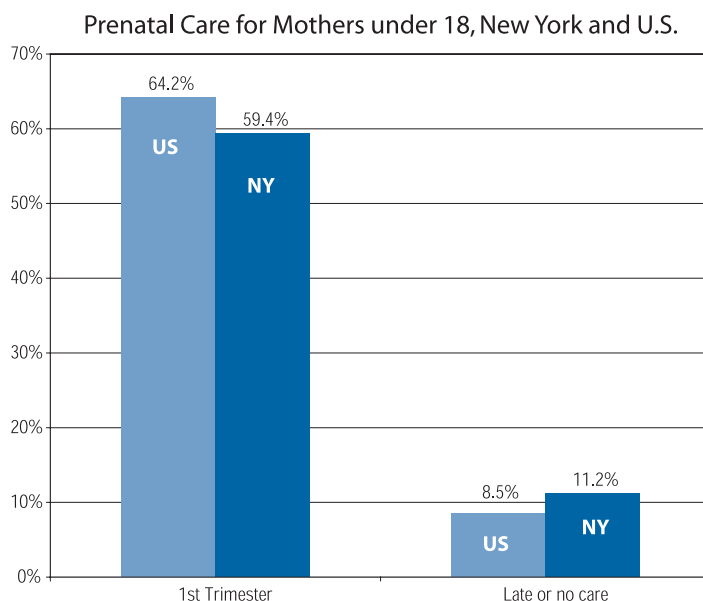
New York has seen an impressive decline in teen births over the past decade, but that number masks persistently high rates in certain communities. SCAA's chartbook on child well-being, *Growing Up in New*

York, showed that more than 17,000 teenagers gave birth in 2004, and one in ten either received no prenatal care or received it in the third trimester. Other teen mothers started prenatal care in the first trimester but received too few visits or services. Teen mothers who are poor, less educated, African American or Hispanic were most likely to receive little or no prenatal care. These disparities are particularly worrisome in light of the proven value of early prenatal care, which many studies have shown increases the likelihood of a healthy birth, reduces the danger of maternal complications, and reduces the financial costs associated with poor birth outcomes.

Prenatal care may be the first service a mother needs, but by no means the last. Intensive, sustained home visiting programs are also essential for many expectant and new mothers. A home visiting program provides supportive counseling and services to families at risk of setbacks during the early years of child development. Home visiting programs assist pregnant women as well as mothers with newborn babies. Most participants cope with some combination of teen motherhood, extreme poverty, substance abuse, mental illness or domestic violence.

A hallmark of home visiting programs is that they send paraprofessional and/or professional staff to work with families for up to three or four years. The staff provides parenting education, teaching about bonding, early education and child development. Families are also connected to a wide range of health care and social services that might be available in the community.

There are several intensive, sustained home visiting models in New York State including Healthy Families New York, Nurse



Source: U.S. Centers for Disease Control and NYS Council on Children and Families

Family Partnership, Parents as Teachers, Early Head Start and the Community Health Worker program. These programs have all proven effective at reaching high-risk families, and two – Healthy Families and the Nurse Family Partnership – have been shown in rigorous evaluations to improve family outcomes. Unfortunately, only a fraction of the families who could benefit can be reached due to the scarcity of sites that provide these programs.

New York also lacks a system to contact all pregnant women and new mothers to see what, if any, support services the new mother might need to ensure that her baby gets the best start in life. Universal screening would ensure access to health care and encourage referrals to community-based programs for services that are needed by the mother, the baby or the entire family.

New York should adopt a comprehensive system with the following components:

Universal Prenatal Care. New York should expand programs that are proven to reach high-risk women who do not present for early prenatal services, and set an outreach target for which the state could hold itself accountable, e.g., cut the number of mothers not receiving adequate prenatal care in half over three years. In 2003, one out of ten babies (25,600) were born to mothers who did not receive adequate prenatal care. Outreach programs should be connected to comprehensive home visiting programs and other support services. Barriers to enrollment in Medicaid should be removed and services enhanced if needed, to ensure appropriate, continuous access to medical services.

Universal Postpartum Screening. All women giving birth should receive, at a minimum, a contact from a public health agency either prenatally or immediately postpar-

tum. This contact will link a new family to any services the family needs and provide information on welcoming a new baby.

Universal screening, done through prenatal care providers, hospitals and birth certificate reviews, will identify high-risk women as well as mothers who might require additional assistance during this critical period. This public health function should be located in local county health departments.

Expansion of Intensive Home Visiting Programs. An adequate and comprehensive home visiting program should be available in every community. Communities should develop services that best meet their demographic characteristics, workforce availability and mix of complementary service providers.

Problems in early childhood development set harsh limits on a child's potential as an adult. Programs and services that give children a good start in life are some of the best investments New York can make for its future economic and social well-being.

Programs and services that give children a good start in life are some of the best investments New York can make for its future well-being.

Children's Health: Taking the Next Step

On October 3, 2006, the New York Children's Action Network (New York CAN) held its first Children's Health Summit. Sponsored jointly by the Health and Mental Health Committees of New York CAN, the conference drew over 100 participants to Albany to hear nationally known speakers share perspectives on the future of children's health care and children's health insurance coverage.

A New Model of Children's Health

Ruth E.K. Stein, MD, Professor of Pediatrics at Albert Einstein College of Medicine, discussed the influential Institute of Medicine report, "Children's Health, the Nation's Wealth," in her keynote address. The report set out a conceptual model of child health as well as factors that influence health, notably biology, social environment, physical environment, behavior, availability of services and public policies. Dr. Stein, who chaired the commission that drafted the IOM report, suggested that all children should be able to get comprehensive health care without regard to family income and that child health services should use a child-appropriate standard of medical necessity. Further, she advocated for establishment of a children's czar to oversee the various programs and agencies in New York that deal with children's issues. This is also a priority for New York CAN.

Deborah Klein Walker, President of the American Public Health Association, focused on using public health goals to create a system of care for children that is community-based, family-centered, coordinated and comprehensive. The system should bring together health, education, social services and child care and promote prevention

and the early and continuous availability of services. She reminded the audience that health insurance is necessary but not sufficient to guarantee good health outcomes; other barriers to access and utilization of health services need to be identified and addressed in the child health system.

Addressing the difficult issues of financing fell to Sherry Glied, Ph.D., Chair of the Department of Health Policy and Management at the Mailman School of Public Health at Columbia University. Dr. Glied stressed that although financing models drive resources and incentives, they should also be used to influence quality of care, and steer provision of services to needy populations. According to Dr. Glied, the payer should use incentive structures to reward providers for delivering high quality services in their areas of core competence and referring patients for care.

Finally, Rachel Klein, Deputy Director of Health Policy for Families USA in Washington, talked about the federal political landscape for expanding children's health insurance. Ms. Klein compared New York's efforts to enroll children with new approaches underway in other states. She then focused on the federal programs of Medicaid and the State Children's Health Insurance Program (SCHIP) because these programs are vital to state efforts to expand coverage.

The New York Children's Action Network (New York CAN) is a broad-based initiative that brings together coalitions, organizations and individuals that seek to help children achieve their full potential. For more information contact Diane Mastin at dmastin@scaany.org or (518) 463-1896.

Visit www.scaany.org/nycan for more information on the New York Children's Action Network and to view the slide presentations from the summit.

Clinic Plus—A New Idea in Children’s Mental Health

Most children and adolescents with mental health disorders in New York lack access to care and remain vulnerable to serious problems during their formative years. The 2006 New York State budget began to address the pent-up need for mental health care by investing \$62 million in a variety of mental health services.

The most important step New York took in 2006 was the funding of an innovative delivery model for children’s mental health services – the Child and Family Clinic Plus program. Through this program, the New York State Office of Mental Health (OMH) hopes to transform the state’s network of local mental health clinics from a passive system to an active one. Rather than waiting for a child to arrive after a mental health crisis – at which point treatment is difficult and expensive – Child and Family Clinic Plus will intervene earlier in the child’s life, before a crisis emerges.

The \$33 million budgeted for Child and Family Clinic Plus will result in up to 400,000 children from across the state being screened for emotional and behavioral disorders each year, say OMH officials. The initiative calls for the expansion of clinic services, with a doubling of clinic capacity statewide. Child and Family Clinic Plus will offer:

- Screening in natural settings like schools, health centers and other community locations;
- Comprehensive assessments to pinpoint the strengths and needs of the child and family;

- In-home services that are convenient for the family and assure that interventions work in real world settings like the dinner table;
- Expanded clinic hours so that families and children can access traditional clinic services more easily (i.e., evening and weekend hours so children don’t miss school and parents don’t miss work);
- Evidence-based treatment.

Child and Family Clinic Plus programs are expected to start becoming operational in 2007, beginning in upstate New York and then spreading to New York City and Long Island.

The implementation of any new program brings many challenges and Child and Family Clinic Plus is no different. Some upstate counties were forced to delay implementation due to difficulties in working out the details of partnership arrangements with providers and schools. In addition, there are concerns about the supply of providers to treat all the children screened, sufficient funding to cover service costs, and the confidentiality of the provider reporting system. In fact, concerns over confidentiality are actually preventing some counties from participating in Child and Family Clinic Plus.

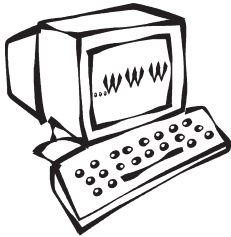
The Office of Mental Health will need to work collaboratively with local mental health directors, providers and parents to overcome obstacles to implementation. Yet the tremendous potential of Child and Family Clinic Plus should motivate everyone involved to resolve the issues and get to work helping kids.

Rather than waiting for a child to arrive after a mental health crisis Child and Family Clinic Plus will intervene earlier in the child’s life, before a crisis emerges.

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