Growing Up In New York
Charting the Next Generation of Workers, Citizens and Leaders
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"I’m tired of hearing about kids in poor neighborhoods who beat the odds. I want to change the odds."

Geoffrey Canada
President and CEO, Harlem Children’s Zone

Think of the New York State government as a complex transportation network. Each road, highway or transit line is a program that helps people reach their destinations. New York’s children are navigating this system, which ranges from superhighways like the K-12 educational system to local roads like the Runaway and Homeless Youth Program, which provides vital services to 12,000 kids who have nowhere else to turn.

Who operates the transportation network? The Governor and the State Legislature, for the most part, aided by state agencies, mayors, county executives, school boards and other local elected officials. The vast majority of these officials take their responsibilities seriously. They keep the traffic lights in good working order, put up new traffic signs as needed and build new roads when they can—all on a tight budget.

Yet some children get lost on a dead-end road, or their car goes off a cliff. Policymakers too often don’t know the consequences of their choices until years afterward, and perhaps not even then.

That’s where the book you hold in your hands comes in. Growing Up In New York is the product of months of research by the policy staff of the Schuyler Center for Analysis and Advocacy. They grappled with the available hard data to understand what is happening to New York’s children in the key areas of interest to policymakers. What they came back with is truly impressive and well worth a few minutes of your time to leaf through.

You may find yourself convinced, as I was, that we can do a better job aiding the children of New York State along their life’s journey—especially low-income, minority and immigrant kids. They face steep odds in life. We as a society need to even those odds for their sake and for our own. If you agree, I encourage you to get involved in the work of the Schuyler Center and help us keep New York’s children on the road to success.
Growing Up In New York is a compilation of charts selected and designed to reveal meaningful information about children, more specifically the interaction between children in New York State and government public policy at the state and local level.

SCAA conceived Growing Up In New York for a straightforward reason: the State of New York does not have a vision for giving every child the opportunity to fulfill his or her potential. Such a vision is long overdue. New York should focus on the needs of children because it is the right thing to do, of course, and because we as citizens care deeply about the welfare of children.

Yet the tug of compassion can obscure other, more pragmatic imperatives that drive the necessity for a child-focused public policy. For example, there is New York’s aging population. Over the next 20 years, the baby boomers will retire, leading to a surge in the needy elderly and a decline in the number of working adults. The jobs on which our prosperity depends may go unfilled if we fritter away the opportunities of today’s children.

Further, New York’s economy two decades hence will be very different from the economy that today’s adults experienced as children. The global economy will reward regions with educated and technologically savvy workforces and punish those that tolerate high dropout rates and large pockets of concentrated poverty. New York has historically chosen the high road of economic development, but without a renewed focus on promoting opportunities for today’s children and youth, we risk sliding down the low road of minimum wage jobs and stagnant business investment.

If New York is to invest in its next generation of workers, citizens and leaders, policymakers need to know much more than they do now. They need to know what is happening to children today, what has been happening in their lives over the past decade, what government programs have done for them or to them, and which children might be falling between the cracks of programs designed to help them succeed.

Growing Up In New York is intended to bring policymakers some of the information they need to map out a cost-effective strategy to dramatically improve the lives of children throughout New York State. Just as important, it should begin a dialogue over what information is needed that we do not yet have, and how such information could support a change agenda on behalf of New York’s next generation.
SCAA identified seven areas for analysis: education, birth to five, health, mental health, economic security, child welfare and youth. Our policy analysts sought data on trends over time in these fields to understand not only where children are now, but where they’re coming from. They made many valuable and instructive discoveries, but Growing Up In New York makes no attempt to be comprehensive. This book omits many important indicators, and should be viewed as the beginning of a discussion rather than the last word.

SCAA relied primarily on administrative data from New York State government agencies and population surveys conducted by the U.S. Census Bureau, the Centers for Disease Control and private organizations. It should be noted that population surveys are derived from samples, which can provide misleading information due to such factors as inadequate sample size or communication gaps in the interview process.

In addition, SCAA made extensive use of KIDS COUNT, the national pioneering data analysis and presentation project of the Annie E. Casey Foundation (AECF), and NYS Touchstones/KIDS COUNT, a state project funded by AECF, as well as the Kids Well-being Indicator Clearinghouse (KWIC). Produced by the Council on Children and Families, the NYS Touchstones/KIDS COUNT Data Book is an annual report on children’s indicators, and KWIC is an interactive website that makes those indicators available in a readily accessible format. We are deeply appreciative of the contributions that KIDS COUNT and KWIC have made to the understanding of child well-being in New York State.

Where possible, agencies and leading experts in the field peer-reviewed the charts prior to publication. However, the responsibility for any errors lies with SCAA.

SCAA’s six-month research project to develop Growing Up In New York found several recurring themes.

**Child well-being in New York has improved in several areas.** Juvenile arrest rates dropped sharply over the past decade, while health insurance coverage jumped. The share of children in low-income families fell, dramatically so in New York City. More students are taking advanced placement classes and graduating with Regents Diplomas. Some of these trends were spurred by the strong economy during the late 1990s, and they have slowly reversed course as the regional economy has cooled.

**Education should be the great equalizer but is falling short.** Universal education is intended to equalize opportunities between rich and poor. But high dropout rates among low-income and minority youth, as well as youth with emotional and behavioral problems, testify to a promise unfulfilled. The shortcomings in our educational system ripple out into such areas as economic security, mental health, juvenile justice and child welfare.

**Some children are not being reached.** Four out of ten high school students fail to graduate in four years. One out of eight children remain uninsured and one out of nine teenage mothers get late or no pre-natal care. More than a third of children eligible for food stamps are not enrolled. In area after area, from one service program to another, we found a core group of children and youth not being effectively reached.

**New York needs to focus on the needs of disconnected youth.** New York State has almost 90,000 teenagers between ages 16-19 who are not in school and not employed, 9% of all teenagers in that age group. These youth, who are failing at a crucial time in their lives to gain their first experiences in the working world, have been dubbed “disconnected youth.” They are at high risk of not connecting to employment and drifting into a disappointing, dysfunctional adulthood.
Throughout this report the risk factors for disconnection form a recurring pattern, one that may help to explain why so many teenagers fall through the safety nets year after year.

**Data needed to inform policy decisions is stuck in agency silos.** A frequent obstacle to SCAA's research was the unavailability of data that could be critically important for shaping and evaluating policy on behalf of children. In particular, the state is unable to track children and youth from one program to another. The State does not know what services children in foster care receive, for example, impeding improvement of service delivery and the evaluation of innovative service models. Nor does the State track high school dropouts to see what jobs they get and what government services they use afterwards. The large gaps in data suggest an urgent need for integrative planning and data collection.

It is common to lament the shortsightedness of New York's leaders, the weakness of government policy, the waste of taxpayer dollars on frivolous priorities. Yet a quick survey of other states demonstrates that over the long term, New York's leaders have been remarkably successful in positioning the state to succeed in the emerging global economy. But only a focused investment in the state’s children and youth can sustain our advantages in the generation to come.

**Selected Chapter Findings**

**Eight-grade students are almost one-third less likely to read at grade level than fourth-grade students.** Fewer than half of all eighth-grade students (48%) scored a 3 or 4 on the 2005 English Language Arts Examination and can therefore be considered proficient in basic reading skills, compared to 70% of fourth-grade students. The number of students reading below grade level rises from 58,000 in fourth grade to 112,000 in eighth grade. In addition, the share of students with disabilities considered proficient in reading drops from 28% in fourth grade to 10% in eighth grade, a steep drop-off from an already low baseline.

**Large numbers of students are being left behind.** The rate of 4-year graduation remains only slightly above 60%. 40% of Blacks and Hispanics are not completing high school in four years, and 8% of all teens are high school dropouts. In the Big Five cities, more students with disabilities (33%) are dropping out than receiving a diploma (25%).

**Fewer teen mothers receive early prenatal care than the national average, and no improvement has taken place since 1997.** In 2004, 59% of all mothers under 18 received early prenatal care (that is, care in the first trimester), compared to 64% nationwide.

**Students classified as having an emotional disturbance are 75% more likely to drop out than graduate.** About 32% graduate while 56% drop out. The record is far better for students with mental/developmental disabilities (49% graduation rate) and physical disabilities (67% graduation rate).

**The share of children living in poverty who receive public assistance dropped by half between 1993 and 2004.** Public assistance enrollment declined among children in poor families (families at the Federal Poverty Level or below) from 69% in 1993 to 36% in 2004, a 33% percentage point decline in 12 years. The drop may indicate that falling enrollment over many years—typically celebrated as signaling the end of a culture of dependency—may be putting the economic security of some children at risk.

**Of all child maltreatment reports in 2004 only one out of six reported families (17%) received service.** The remaining 83% received only an investigation, a frequently adversarial process notorious for traumatizing families, worsening family discord, and failing to offer support.

**In 2004, one out of eleven youth (9%) were considered “disconnected youth,” defined as not employed and not enrolled in school.** These 87,000 youth, ages 16-19, are at high risk of negative outcomes as adults. Individuals most likely to become disconnected are high school dropouts, those in the juvenile justice system, unmarried young mothers, and young people in or formerly in foster care.
Growing Up In New York

Charting the Next Generation of Workers, Citizens and Leaders
Chapter 1: Education

Americans respect education and put a high value on learning. Our society’s deep-rooted belief in education led to the establishment of a system of universal K-12 schooling almost a century ago. That system is built on the firm belief that education can enable anyone to rise from the humblest beginnings to achieve their fullest potential. Education begets equity. It levels the playing field.

Education is also the key to renewing New York’s economic vigor. The emerging “knowledge economy” will require workers who have critical problem-solving skills and the ability to master technology in the workplace. Even such traditional jobs as construction worker or hospital aide will increasingly reward workers with better education and training. Education is not only linked to personal success, but to continued economic growth and higher productivity in the labor market.

The Board of Regents, an independent body comprised of legislative appointees, governs New York’s educational system from prekindergarten to graduate school (PreK-16) and sets the state’s education policy, standards and rules. The Board of Regents oversees the State Education Department, which administers the state’s educational system on a day-to-day level.

New York has always been more integrated into the global economy than most other states. Yet the Empire State faces its own set of challenges. New York, long home to a multitude of nationalities and myriad cultures, has seen immigrant populations increasingly spilling into communities outside of New York City that lack an infrastructure for assimilating their new arrivals. Across the state, school districts that have few resources to train teachers, hire interpreters or provide professional development for staff are struggling to accommodate the influx of Limited English Proficient (LEP) students.

New York State’s student population spans a vast spectrum. Poverty permeates rural upstate counties; low-income, Black, Hispanic and LEP students struggle in the big five cities of New York, Buffalo, Rochester, Syracuse, and Yonkers; and the educational needs of emerging immigrant populations tax the financial resources of smaller cities such as Albany, Utica and Binghamton. At the same time, some of the best educated students in the United States come from New York schools of excellence such as the Buffalo City Honors High School, ranked number 4 in the nation by Newsweek.

New York is a state of educational haves and have-nots. The achievement gap continues to widen within large cities and small rural areas. Annual per pupil spending in New York is among the highest in the nation at $13,826, and yet the state has not been able to close its achievement gap. Education Week’s Quality Counts 2006 reports a dismal New York high school graduation rate of 61% against a national average of 69%.

A high school student who has failed to graduate or drops out risks becoming disengaged and disconnected from the learning process, thus creating a frustrating and uncertain future. The promise of education to “raise the knowledge, skill and opportunity to all the people in New York” has not been able to provide that important inoculation against ignorance for too many of its young citizens.
Philanthropist Bill Gates recently commented that he is terrified for our workforce of tomorrow. “In math and science, 4th graders are among the top students in the world ... by 8th grade, they’re in the middle of the pack ... by 12th grade, U.S. students are scoring near the bottom of all industrialized nations.” The findings in this chapter reinforce Mr. Gates’s concerns. While many individual students have succeeded in New York’s public education system, students as a group show declining aptitude as they age. The implications for college readiness are obvious and alarming.

**FINDINGS**

**Reading proficiency of fourth-grade students is good and improving over time.** Seven out of ten fourth-grade students (70%) scored a 3 or 4 on the 2005 English Language Arts Examination, which means they can be considered proficient in basic reading skills. The share of fourth-grade students scoring below basic reading levels decreased by 7 percentage points over the past seven years while below-basic math scores have dramatically decreased from 36% in 1996 to 19% in 2005.

**Eighth-grade students are almost one-third less likely to read at grade level than fourth-grade students.** Fewer than half of all eighth-grade students (48%) scored a 3 or 4 on the 2005 English Language Arts Examination and can therefore be considered proficient in basic reading skills, compared to 70% of fourth-grade students. The number of students reading below grade level rises from 58,000 in fourth grade to 112,000 in eighth grade. The share of students with disabilities considered proficient in reading drops from 28% in fourth grade to 10% in eighth grade, a steep drop-off from an already low baseline.

**The share of New York City students with Limited English Proficiency (LEP) has decreased slightly in the last decade while areas outside of New York City have seen an increase in those students.** Small and large cities across the state are faced with an inability to provide the services needed to help these LEP students succeed in school.

**Student achievement is steadily rising.** More and more students are graduating with a Regents Diploma (72% in 2005 compared to 40% in 1995) and student participation in Advanced Placement courses has grown by 50% in the last decade. Of all high school graduates ages 25-29, 37% have a Bachelor’s degree.

**Large numbers of students are being left behind.** The rate of 4-year graduation remains only slightly above 60%, 40% of Blacks and Hispanics are not completing high school in four years, and 8% of all teens are high school dropouts. In the Big Five cities, more students with disabilities (33%) are dropping out than receiving a diploma (25%). Students classified as having an emotional disturbance have the highest dropout rate of all students with disabilities. See Mental Health Chapter, page 35.
**Definition:** This chart compares the elementary level reading skills of two groups: all students and students with disabilities. The fourth grade English Language Arts examination assesses listening, reading, and writing skills, and shows the percent of students meeting the learning standards as shown above.

**Significance:** On the 2005 English Language Arts (ELA) Examination administered to fourth-grade students, 70% of all students were found to be reading at levels 3 and 4, which means they are reading at or above grade level. However, only 28% of students with disabilities were found to be reading at or above grade level. This sizable gap poses a serious challenge to New York’s mission to provide all students a high-quality education.

New York’s fourth-grade students have been making slow and steady progress on the ELA in recent years. Between the 2003-04 and 2004-05 school years, the share of fourth-graders rated “proficient” in reading jumped 7 percentage points to 70%. Over a longer period, the share of fourth-grade students rated proficient in mathematics rose from 64% in 1996 to 81% in 2005.

**Source:** Results for Students and Individuals with Disabilities, Report to the Board of Regents, May 2006, New York State Education Department.

Overview of Performance in English Language Arts, Mathematics, and Science and Analysis of Student Subgroup Performance, New York State Education Department, February 2006.
**Definition:** Grade 8 English Language Arts Examination is a comparison of the reading skills of two groups of eighth graders: all students and students with disabilities. The eighth-grade English Language Arts examination assesses listening, reading, and writing skills at the middle school level, and shows the percent of students meeting the learning standards as shown above.

**Significance:** Eighth-grade students are 31% less likely to read at grade level than fourth-grade students. Reading proficiency relative to grade level appears to decline markedly between fourth and eighth grades, suggesting that many eighth-graders will not be fully prepared for the academic demands of high school.

While 70% of fourth-grade students read at proficiency levels 3 and 4, only 48% of eighth-grade students do. The number of non-proficient students rises sharply between fourth grade and eighth grade, from 58,000 (out of 196,000) to 112,000 (out of 216,000).

In addition, the lagging literacy of fourth-grade students with disabilities falls even farther behind by eighth grade: 28% of fourth-grade students with disabilities show reading proficiency, but only 10% of eighth-grade students with disabilities are proficient.

**Source:** Results for Students and Individuals with Disabilities, Report to the Board of Regents, May 2006, New York State Education Department.

Overview of Performance in English Language Arts, Mathematics, and Science and Analysis of Student Subgroup Performance, New York State Education Department, February 2006.
Definition: This chart shows percentages of students identified in PreK through grade 12 who come from a home where a language other than English is spoken and score at or below the 40th percentile on an English language assessment instrument in 1995-96 and 2003-04.

Significance: Limited speaking, listening, reading and writing skills will impair a student’s ability to benefit from education, and produce an achievement gap that often leads to frustration, dropping out, becoming disconnected and alienated from American life.

Smaller cities and communities in upstate New York report struggling with an influx of LEP students due to inadequate capacity to provide English-language instruction to this population.

**Definition:** This chart shows the numbers of students taking Advanced Placement (AP) courses in New York State. The AP curricula are college-level courses offered in high schools in the junior and senior years which give students a head start on college-level work.

**Significance:** The frenzied competition to master the college admissions process has caused many high school students to pack their schedules with Advanced Placement courses in an effort to win acceptance at the college of their choice.

Students pursue AP courses for the competitive edge they gain in college entrance applications, as well as the opportunity to improve writing skills and sharpen problem-solving techniques by tackling rigorous course work. Students achieving 5 on an exam graded from 1-5 are able to earn college credit at most of the nation’s colleges and universities.

Since 1994, the number of students taking AP courses has more than doubled from 48,763 to 99,034 in 2005. AP offers 35 courses and exams across 20 subject areas.

**Definition:** This chart shows number and percentage of teens between the ages of 16 and 19 who were not enrolled in school and not high school graduates in 2004.

**Significance:** Approximately 8% of all teens were counted as high school dropouts in 2004.

Students at greater risk of dropping out are poor, male, Black or Hispanic, teen parents and children of single-parent families. Oftentimes, one or both parents dropped out or the family has moved frequently. Dropouts are prone to becoming part of a disconnected culture—alienated and vulnerable to substance abuse, unemployment, and incarceration. See disconnected youth chart on page 66.

The dropout rate may be even greater than the rate shown in this chart. While New York City reported a graduation rate of 54.3% in 2003, a recent report in *Education Week* estimated a 39% graduation rate for the same year. Whatever the exact number may be, it seems clear that some students transitioning from middle school are poorly prepared for the transition to 9th grade, and at risk of dropout. In fact, a recent *Education Week* report states that about 35% of students who fail to graduate nationwide fall off track during the ninth grade year.¹

**Source:** Annie E. Casey Foundation, KIDS COUNT Databook Online, www.kidscount.org.
**Definition:** This chart shows the number of New York State high school graduates, by race or ethnic group, receiving a diploma in 2004 who entered high school in 9th grade and graduated four years later compared with the national average.

**Significance:** In 2004, the New York graduation rate was 61% after four years of high school, putting the state far below the national graduation rate of 69%. Three-quarters of all White students graduated in four years, while Blacks and Hispanics graduated at less than half that rate—33% and 31% respectively. Asian students graduated at a 62% rate.  

High school graduation is the minimum requisite for college and most skilled employment. Certain factors contribute to a student’s decision to leave school. Repeating one or more grades, ongoing patterns of absenteeism, poor grades and poor achievement on tests are linked to dropping out. Youth who move frequently are more likely to drop out. Nationally, low-income students are six times more likely to drop out than high income students. Disconnected young adults who drop out of school are three times more likely to be unemployed or earn lower wages than those with a high school degree.

In 2005, the Board of Regents reported that high school graduation rates increased slightly to 64% after four years of high school and increased to 71% for those in high school for five years.  

**Source:** Annie E. Casey Foundation, KIDS COUNT Databook Online, www.kidscount.org.  

**Call to Action:** Follow-up to the New York Education Summit, The University of the State of New York, 2005.
**Definition:** This chart shows those graduates awarded Regents Diplomas by the New York State Department of Education who completed coursework in Regents level courses and passed a series of Regents examinations.

**Significance:** A Regents Diploma has historically signified rigorous effort and superior accomplishment. Students who entered 9th grade in September 2001 and beyond are required to earn 22 units of credit and score 65 or above on five Regents exams in English, mathematics, global history and geography, US history and government and science.

There has been a steady increase of students receiving Regents Diplomas from 40% in 1995 to 72% in 2005. Freshmen entering high school in 2008 must obtain a Regents Diploma to graduate. Once the state completes phase-in of this “Regents-only diploma,” the measure of superior academic accomplishment will become the share of students who receive a Regents Diploma with Advanced Designation, which will require the passing of eight Regents examinations.

Students with Disabilities are increasingly receiving Regents Diplomas. Of the 11,436 Students with Disabilities who graduated in 2005, 41% received Regents diplomas, compared to 24% in 2004.

**Source:** *New York State Total Public Report Card Comprehensive Information Report*, New York State Education Department, 2006.

*Results for Students and Individuals with Disabilities, New York State Education Department, Report to Board of Regents, May 2006.*
**Definition:** This chart shows achievement gaps for students with disabilities in graduation and dropout rates after five years. The chart looks at the 2000 total cohort of students with disabilities by need resource category of school districts. High-need school districts are those with low property wealth while low-need school districts have high property wealth.

**Significance:** After five years, one-third of big-city students with disabilities will drop out while one quarter will receive a high school diploma. In New York City, for example, a student with disabilities is one-third more likely to drop out than graduate. In 2004, 23% of students with disabilities graduated, while 31% dropped out.

Statewide, 48% of students with disabilities will graduate after five years and 20% will drop out. An additional 18% will enter Individualized Education Programs, while 5% will transfer to General Equivalency Diploma programs and less than 8% will still be enrolled. Students classified as having an emotional disturbance have the highest dropout rate of all students with disabilities.

**Source:** New York State Education Department Results for Students and Individuals with Disabilities, Report to Board of Regents, May 2006.
**Education**

**High School Graduates Who have Completed Bachelor’s Degree**

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<thead>
<tr>
<th>State</th>
<th>Percentage</th>
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<tr>
<td>New York</td>
<td>37%</td>
</tr>
<tr>
<td>US</td>
<td>29%</td>
</tr>
<tr>
<td>California</td>
<td>27%</td>
</tr>
<tr>
<td>Texas</td>
<td>25%</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>40%</td>
</tr>
<tr>
<td>Florida</td>
<td>24%</td>
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**Definition:** This chart compares high school graduates ages 25-29 by percentage who have completed a Bachelor’s degree or higher in New York State, nationally and with other states from 2000 through 2004.

**Significance:** New York citizens who have completed a college or university baccalaureate degree have the skills to begin work in their degree field, the opportunity for increased lifetime earnings, and the foundation for more specialized graduate degree programs.

In 2004, New York ranked third in the nation (37%), along with New Jersey, following Massachusetts (49%) and Connecticut (41%) in the share of high school graduates receiving bachelor degrees. New York ranks well ahead of the national average of 29% and significantly higher than large states such as Florida (24%), California (27%) and Texas (25%).

New York’s higher college graduation rate results from several factors:
- the twenty-two units of rigorous Regents coursework leading to the Regents Diploma, now required of all general education students, and which has resulted in increased numbers of students receiving Regents diplomas,
- the availability and affordability of two- and four-year state colleges and universities,
- the Tuition Assistance Program, which provides grants to low and moderate income students for post secondary education.

However, there are major divides in achievement along lines of income, race and ethnicity, language and disability.

**Source:** Annie E. Casey Foundation, KIDS COUNT Databook Online, www.kidscount.org.

*Call to Action: Followup to the New York Education Summit*, The University of the State of New York, 2005.
Chapter 2: Birth to Five

The time is long past when anyone could call learning and development before the age of five a relatively unimportant period. We know now that every aspect of early human development, from the brain’s evolving circuitry to the child’s capacity for empathy, is affected by environments and experiences encountered in a cumulative fashion, beginning early in the prenatal period and extending throughout the early years. In fact, 85% of a person’s intellect, personality and social skills are developed by age 5.4

New York has a history of services and supports for children and families, being the first jurisdiction in the nation to regulate early childhood programs. In 1965, New York became one of the earliest states to offer a Head Start-like program to its disadvantaged preschoolers through its state-funded Targeted Prekindergarten program. In 1997, the state enacted the Universal Prekindergarten (UPK) program. Together these programs serve one-third of the state’s four-year-olds. At the same time, there has been a major expansion of publicly-funded child care services.

Supports and services for children are currently housed in different state agencies: the Office of Children and Family Services (OCFS) oversees child care regulations, child care licensing and home visiting; the New York State Department of Health (DOH) supports children’s health insurance, some home visiting programs and Early Intervention, while the New York State Education Department (SED) oversees and provides funding for Preschool Special Education, Targeted Prekindergarten and Universal Prekindergarten.

In the last five years, children’s advocates, health and education experts, and practitioners have mapped out the broad outlines of a comprehensive system of supports and services for children birth to five, entitled New York’s Action Plan for Young Children and Their Families. This proposal calls for a system in which:

- All young children have access to the early care and education services that they and their families need.
- Every community offers an array of family supports and services, responsive to cultural and linguistic diversity, that they need to raise healthy children.
- Every early care and education program—in schools, early childhood centers, family child care homes—meets rigorous quality standards, promotes inclusion and is accountable for its performance.
- Every early care and education professional is well prepared, has access to ongoing professional development and is well compensated.

The services include home visiting, Head Start and Early Head Start, subsidized child care, Universal Prekindergarten, Early Intervention, special education, Family Paid Medical Leave, and health and mental health services for young children and their families.5

Children are born learning. Their social, emotional, physical and intellectual growth unfolds at breakneck speed in the first five years of life, and these years set the stage for later learning and life success.
The return on investment to early learning is extraordinary. It is essential that New York State take advantage of these important years and support high quality, early learning programs so that children can grow up to succeed in tomorrow’s global economy.

**FINDINGS**

**State funding for child care has stalled.** In 2004-05, 186,900 children received subsidies, but child care subsidies still served only 44% of children estimated to be eligible. The state has fallen behind estimated demand for child care among working families, even though we know that quality child care provides proven benefits for young children and frees parents to be more effective workers.

**Many components of good early care and education are in place in New York State.** The Universal Prekindergarten program brings together child care and public early education that often function in isolation. Subsidized child care brings full day services to low-income children. Federally funded programs are also an essential part of the early care and education delivery system. In 2004-05, 49,719 children were in Head Start programs and Early Head Start provided services to 5,219 more children. New York State, however, falls far short of the need for services for infants, toddlers and their families.

**One-third of New York’s four-year-olds are served in Universal Prekindergarten and Targeted Prekindergarten programs.** However, Universal PreK has yet to become “universal” in New York. For years, research has shown that investment in high quality preschool programs more than pays its way—leading to fewer dropouts, special education referrals and more on-time high school graduations. Since there is a direct correlation between quality early learning and successful high school completion, clearly New York must move forward by providing our children more early learning opportunities to close the achievement gap.

The number of young children birth to three with disabilities receiving early intervention services has more than doubled over the last decade, while children ages 3 to 5 receiving preschool special education services has grown by one-third. This trend shows that more children are being identified early as needing services and both DOH and SED believe starting early is the best way to support and nurture children with cognitive, physical, and emotional developmental delays.

**The Cost of Child Care**

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average annual fee paid for full-time care for an INFANT (up to 12 months old) in a center in 2005</td>
<td>$11,887</td>
</tr>
<tr>
<td>Average annual fees paid for full-time care for a CHILD AGE 4 YEARS in a center in 2005</td>
<td>$ 9,391</td>
</tr>
<tr>
<td>Average tuition and fees paid for STATE COLLEGE IN 2005</td>
<td>$ 5,300</td>
</tr>
</tbody>
</table>

Source: NYS Child Care Fact Sheet, NYS Child Care Coordinating Council, http://www.nyscccc.org
**Definition:** This chart shows the number of children receiving care that is fully or partially funded with a government child care subsidy. Child care subsidies can be used for care in a child day care center, group and small family child care homes and other licensed facilities as well as in settings not regulated and legally exempt from licensure.

**Significance:** The surge in subsidized child care capacity over the last decade represents one of the most important reforms in state children’s policy. Yet a wide gap remains between availability and need. As of 2005, state child care subsidies served only 44% of children estimated to be eligible.

The State Office of Children and Family Services provides overall regulation and supervision of child care. However, counties determine eligibility levels and co-payments. This county-administered system results in dramatic disparities. In Nassau County, for example, a family of three with an income of $33,200 would pay 17.5% of its income over poverty level for child care, or $2,905, while in neighboring Suffolk county the same family would pay 25%, or $4,150— a difference of more than $1,000 annually.

**Source:** Estimating Unmet Need and Costs of Child Care in New York State, Schuyler Center for Analysis and Advocacy (SCAA), February 2004.

Division of the Budget source material for subsidy numbers and funding 1995-2005.
**Definition:** This chart identifies the types of facilities providing licensed child care and the numbers of children that can be served. Other licensed programs include school-age child care. It is important to note that these data reflect only licensed facilities, and not informal arrangements or homes not required to be licensed.

**Significance:** Although no data is available on the numbers of children served in informal/non-regulated child care, it is estimated that the number is greater than those served in regulated care. In New York, more than two-thirds of mothers with children younger than age 18 (71%) are employed. Child care is a major issue for working families, as they struggle to find child care arrangements with acceptable costs, schedules, safety precautions and nurturing environments. According to the most recent study of licensed child care facilities, such facilities have capacity to serve 547,961 children (0-13) in 17,499 licensed homes and centers.

**Source:** *The 2005 Child Care Licensing Study*, National Association for Regulatory Administration (NARA) and the National Child Care Information Center (NCCIC), 2005.
**Definition:** This chart shows the growth in the numbers of children being served in state-funded Universal Prekindergarten and Targeted Prekindergarten programs since 1998. Note that the State of New York tracks this indicator by school year rather than calendar year.

**Significance:** For years, research has shown that investment in high quality preschool more than pays its way—leading to fewer dropouts, special education referrals and more on-time high school graduations. Universal Prekindergarten, a half-day program provided in public schools and community-based organizations, was established in 1997 with the aim of making prekindergarten accessible to all 4-year-olds in the state by 2002. The state fell far short of the mark, and only 200 out of 700 school districts have been eligible to participate. Enrollment leveled off in 2002 due to stagnant funding.³ The Targeted Prekindergarten program, created in 1966 as Experimental Prekindergarten, supports a half-day program that provides an array of social services, a meal and snack, and family involvement opportunities. The program serves 3- and 4-year-olds in 96 districts and 80% of enrollees come from economically disadvantaged families.

Combined enrollment in the prekindergarten programs reached 71,600 in 2005. Based on estimates from other states, current enrollment reaches one-third of the parents who would choose to enroll in a fully funded prekindergarten program. Recent budget increases are projected to increase capacity by about 12,000 subsidized slots.

**Source:** New York State Education Department, www.emsc.nysed.gov.

New York State Education Department, TPK/UPK 05-06: Comparison chart by year.doc.
Definition: This chart shows the number of children with disabilities and developmental delays between birth to five receiving services funded by the New York State Department of Health, the New York State Education Department and counties.

Significance: The Early Intervention Program offers a variety of therapeutic and support services to eligible infants and toddlers with disabilities and their families, including home visits, speech pathology and audiology, physical therapy, occupational therapy, nutrition, social work, vision services, and assistive technology devices to children ages birth to three. Preschool special education provides similar services with an education rather than health focus.

From 1996 to 2004 the number of infants and toddlers receiving Early Intervention services more than doubled from 15,149 to 32,388 children. Children ages 3-5 receiving preschool special education increased by 33% from 32,467 in 1996 to 42,791 in 2004. Both Early Intervention and Preschool Special Education services are serving more New York children because more children are being identified as needing services, and the responsible agencies seek to provide services as soon after diagnosis as possible.

The vast majority of children eligible to shift from early intervention to preschool special education in New York State are already receiving services by their third birthday.

Source: New York State Part B Annual Performance Report 2003-04, Office of Vocational and Educational Services for Individuals with Disabilities, New York State Education Department.
Chapter 3: Health

Protecting the health of our children is an important public priority in New York, not only because we value our children, but because of the principle of prevention. Preventing illness in childhood improves the odds of a healthy and productive adulthood. Teaching a child to manage a chronic condition avoids countless unneeded visits to the emergency room, as well as lost school days and financial hardships for families. When we talk about economic development, we should talk about health care for children, because 20 years from now our children will be running New York State’s economy.

As a national leader in the field of public health, New York State has long pioneered improvements in preventive health care for children. In the 1890s, New York City Health Commissioner Hermann Biggs used vaccine distribution to eliminate diphtheria, the so-called “scourge of childhood.” Childhood mortality rates dropped dramatically between 1900 and World War II. In the 1950s, the nation’s first mass inoculation against polio took place in New York. In the last few years, public health efforts have drastically reduced the frequency of lead poisoning and prenatal care has helped to bring down the state’s child mortality rate.

Yet despite New York’s many contributions to child health, it is also home to 1.9 million children in low-income families and a half-million uninsured children, one out of ten children in New York. Three out of five uninsured children in New York live in low-income families. The brutal reality is that these uninsured low-income children have little access to the health care most New Yorkers take for granted.

In the early 1990s, almost twice as many children were uninsured. New York State responded by establishing and expanding a program called “Child Health Plus” that brought health coverage—and improved access to health care services—to hundreds of thousands of children. The state followed up with another program, “Family Health Plus,” that focused on enrolling parents of children who were or should be enrolled in Child Health Plus. Both programs have been noteworthy successes.

Healthy People 2010 is a national health promotion project of the U.S. Department of Health and Human Services designed to establish national goals to reduce the most significant preventable health threats. Where noted in subsequent charts, “HP 2010” has established goals that New York should be striving to meet. In a handful of cases, New York has already met the HP 2010 goal, while in others New York has fallen short and must redouble its efforts.
The most serious health threat to New York’s children lies in the area of chronic medical conditions—non-contagious diseases that persist over a lifetime and must be managed rather than cured. The most serious conditions include:

- **Pediatric asthma** has become increasingly common among children living in neighborhoods of concentrated poverty, especially those with old housing stock and heavy traffic.
- **Oral health** has become an increasingly serious problem due to both lack of private coverage and provider access, especially in low-income communities.
- **Mental illness** is perhaps the most serious chronic condition faced by adolescents. It will be covered in the Mental Health chapter.

These and other chronic conditions threaten to erase the progress of earlier generations in improving the health of New York’s children. New York can recover ground by taking a broader view of health promotion that recognizes the importance of non-medical factors like diet and exercise, housing and transportation, and by investing more on measuring the results of interventions so that the public can be assured that its money is well spent.

**FINDINGS**

The number of uninsured children has dropped significantly since 1994, in large part due to public health expansions. The share of publicly-insured children has risen by six percentage points (from 26% to 32%) since 1994, while the share of uninsured children has dropped by five percentage points (from 14% to 9%) over the same period. The share of privately-insured children dropped slightly during this time period. Nonetheless, a half-million children are uninsured in New York State, 9% of all children and 16% of all poor children.

**More New York children are getting vaccinations.** The share of children who receive their standard vaccine combination has risen seven percentage points (from 76% to 83%) over the past five years.

The asthma hospitalization rate dropped by more than one-third in New York City. New York City’s asthma hospitalization rate dropped from 159 admissions per 100,000 people to 99 per 100,000 over the past decade, but the City’s hospitalization rate remains far above the national average of 59 per 100,000.

Low-income children are more likely to suffer from tooth decay and less likely to receive dental care. Children in low-income families are 25% more likely to be diagnosed with cavities and 80% more likely to not receive treatment for cavities.

**New York’s teen motherhood rate has fallen over the past decade, remaining much lower than the national average.** In 1994, 5.6% of all births nationwide were to teen mothers ages 15-19, but only 4.2% in New York State. As of 2003, the national rate had fallen to 4.1% and New York’s rate had fallen to 2.7%

**Fewer teen mothers receive early prenatal care than the national average, and no improvement has taken place since 1997.** In 2004, 59% of all mothers under 18 received early prenatal care (that is, care in the first trimester), compared to 64% nationwide.
Definition: This chart shows the percentage of children covered by public insurance and children without insurance coverage for the years 1994 to 2004. Public insurance includes children covered by Child Health Plus A (Medicaid) and Child Health Plus B.

Significance: Public insurance coverage of children improved substantially over the past decade, from 26% of all children in 1994 to 32% in 2004, while the share of uninsured children dropped from 14% to 8%. During this time, private insurance coverage for children remained at about 60%.

The dramatic improvement in child health insurance coverage results primarily from the establishment of the Child Health Plus program, which provides public coverage to children living in households with income up to 250% of the Federal Poverty Level. Despite New York’s progress over the past decade, about 500,000 children remain uninsured, the vast majority of whom are thought to be eligible for public coverage.

Research demonstrates that health insurance makes a clear difference in a child’s access to health care services. Insured children are more likely to have a regular source of care and receive care when they need it.8

**Definition:** The first two bars on this chart show the insurance status of children in New York State and in the US in 2003-2004. The last two bars show the insurance status of children living at or below the Federal Poverty Level in New York State and the U.S. in 2003-2004. In 2004, a family of four earning $18,850 or less was considered to be living in poverty.

**Significance:** Although the state has done well in reducing the number of uninsured children, 16% of the poorest children remain uninsured although they are eligible for public programs. The state must implement policies that ensure that all children eligible for public insurance become enrolled and remain enrolled. Health insurance coverage reduces the out-of-pocket costs for health services. For low-income families this can make a difference when it comes to deciding whether to take a child to the doctor and it also provides some financial protection for the family when a child becomes sick.

**Source:** Kaiser Family Foundation statehealthfacts.org.

**Definition**: This chart shows the share of preschool children who have received the combined series of immunizations against polio, hepatitis B and other serious childhood diseases between 1999 and 2004. The reports cover a cycle of July to July based on the school year.

**Significance**: Immunization rates climbed from 76% in 1999 to 83% in 2004. Immunization has been called the most important public health intervention in history, after safe drinking water. Immunized children are protected from serious illnesses that can cause medical complications and increase risks in children with other medical conditions. Children who receive regular immunizations are more likely to have a regular source of primary and preventive care.

Definition: This chart shows the hospitalization rate for children 4 and under for an asthma condition, expressed as the rate of hospital admissions per 10,000 people.

Significance: The rate of asthma hospitalization in New York State has dropped significantly over the past decade, driven primarily by major improvements in New York City, which saw asthma hospitalization rates fall by 37%, from 157 per 10,000 people to 99 per 10,000. Yet New York City remains substantially above the national rate of 59 per 10,000, and both far exceed the Healthy People 2010 goal of 25 per 10,000.

Asthma is one of the most common chronic conditions of childhood and the number one cause of missed school. Since asthma generally responds to early care and treatment, almost all hospital visits are avoidable. High rates of asthma-related hospitalization may indicate poor access to primary and preventive health care.

Health

Oral Health and Treatment Need

**Definition:** Chart 1 shows the share of children in third grade with tooth decay. Chart 2 shows the share of children with untreated tooth decay. Low-income children are defined in the Department of Health survey as those who live in families at or below 185% of the Federal Poverty Level, which in 2004 was $35,800 for a family of four.

**Significance:** The difference in incidence and treatment of tooth decay between low-income children and all other children is stark. Sixty percent of low-income children are afflicted with tooth decay, one-quarter more than children at higher income levels. Of all low-income children with tooth decay, about two-thirds did not receive treatment, while fewer than half of children at higher income levels failed to receive treatment.

New York will have to reduce the burden of tooth decay in poor children by 20% and double the rates at which poor children receive treatment to meet the Healthy People 2010 goals for this group. Higher income children are on track to meet both Healthy People 2010 goals. The disparities in care and treatment are similar when comparing data on minority and White children because minority children are disproportionately low-income. Untreated tooth decay can result in chronic pain, medical complications, early tooth loss, impaired speech development, poor nutrition and failure to thrive. Access to care and financial costs are the primary obstacles that prevent children from receiving dental services.

Definition: This chart shows the variations in weight of children/adolescents in New York in 2003. The National Survey of Children’s Health uses height and weight, as reported by the parent or most knowledgeable adult, to determine a child’s Body Mass Index, or BMI. The chart uses the Centers for Disease Control (CDC) categories for children’s weight: at risk of overweight are children in the 85%-95% for height and weight and overweight are children equal to or greater than the 95th percentile.

Significance: Adolescents (ages 10-17) in New York are no more likely to be “at risk of overweight” than the national average of 15.7% and slightly more likely to be “overweight” (15.3% vs. 14.8%). 43% of adolescents ages 10-11 are at risk of overweight or overweight while that is true for only slightly more than 17% of adolescents ages 15-17. Heart disease, high cholesterol and high blood pressure occur with increased frequency in overweight children and adolescents compared to those with a healthy weight, as does social discrimination. Type 2 diabetes, previously considered an adult disease related to weight, has also increased dramatically in children and adolescents.

Health

Definition: This chart compares the New York State rate of teen births per 1,000 females to the national rate from 1995 to 2003.

Significance: New York State has an adolescent birth rate far lower than the national average, and that rate has been dropping over the past decade. As of 2004, the adolescent birth rate in New York was 27 per 1,000, compared to a national rate of 41 per 1,000. Nonetheless, the 17,027 births to teenage mothers in 2004 remain cause for concern.

Adolescent mothers and their children are more likely to experience poor health and economic outcomes than older first-time mothers.

Children of adolescent mothers are at greater risk for poor health, living in poverty, developmental delays and dropping out of school than other children. Adolescents who become mothers have many of the same characteristics and risk factors of other disconnected youth. (See Chapter 7). New York has numerous programs that serve the population of at-risk teenagers. The more effective programs feature some combination of sex education, family planning and counseling to reduce risk-taking behaviors.

Definition: This chart shows a three year average (2001-2003) from 1995 to 2003 of mothers under 18 who obtained prenatal care in their first trimester of pregnancy or received care in the third trimester or not at all. “1st trimester” refers to the population of expectant mothers who receive early prenatal care. “Late or no prenatal care” refers to the population of mothers who did not receive the benefits of early prenatal care.

Significance: Almost 60% of adolescents in New York State receive prenatal care in the first trimester but over 10% receive late or no prenatal care. Since 1997, there has been little improvement in these rates. In 2003, approximately 1,950 teen mothers received late or no prenatal care.

Healthy People 2010 set a goal of 90% of adolescent mothers receiving early prenatal care, yet both New York and the nation as a whole fall well below this goal. Although over half of adolescents receive early prenatal care, some do not receive the full complement of visits or all recommended services.

Early prenatal care increases the likelihood that the child will be born at a healthy birth weight, reduces the complications of pregnancy for the mother and reduces the financial costs associated with poor birth outcomes. Risk factors for late or no prenatal care include being under the age of 18, unmarried, low educational attainment and being a member of a racial or ethnic minority.¹⁰

Source: Health Data for All Ages, National Center for Health Statistics, U.S. Centers for Disease Control.

**Definition:** This chart shows the share of low-birth-weight births to mothers ages 15-19, 20-24 and all births in New York State from 1999 to 2003. A low-birth-weight (LBW) birth is one in which the newborn weighs less than 2,500 grams (5.5 pounds) at delivery.

**Significance:** New York’s LBW rate of 9.4 is similar to the national rate of 9.7, but both are far above the Healthy People 2010 goal of 5.0. The national and New York rates have not varied by more than a few tenths of a percent since 1999. Adolescents ages 15-19 have an average LBW birth rate two percentage points higher than the state average.

States have found it difficult to significantly reduce LBW births because of the complex medical, social and economic issues involved, but younger mothers are at higher risk of LBW births, especially because they often have other risk factors such as being single and living in poverty. Babies born at a low birth weight are at high risk for a variety of physical, developmental and cognitive disabilities. Many of these children will require extensive hospitalizations and suffer life-long disabilities.

n any given year, one out of five children and adolescents has an emotional, behavioral or mental health disorder and at least one in ten has a serious disorder that disrupts daily functioning in home, school, or the community.11 In New York State, approximately one million children and adolescents under the age of 18 have a treatable mental health disorder.

Yet most such disorders go untreated, often leading to lifelong problems for the child and family.12 As these children grow to maturity, they are more prone to drop out of school, lose jobs, abuse drugs, fight with close family members, and even commit suicide. Early recognition and prompt access to treatment can prevent a downward spiral of school failure, poor employment and poverty in adulthood.

Since the 1980’s, children’s mental health policy in New York and the nation has focused on expanding service availability, especially non-traditional services like family support and respite. The state has also integrated fragmented services and pooled disparate funding streams to create “systems of care” for children with serious mental health disorders. Systems of care are intended to address the wide range of needs of children and families that are provided by different child-serving systems, including education, welfare, juvenile justice, primary health care and substance abuse.

In the 1990s, the federal government began issuing the first of what are now 70 system of care grants. New York has received five of these grants. In addition, the state developed its own programs to serve children with serious mental health disorders.

Because of these efforts, the range of community-based mental health services has increased and more children and youth with serious disorders are receiving care in the community. Further, families and children receiving these services have reported a high level of satisfaction. Over the past decade, considerable progress has been made in documenting effective treatments for children and adolescents, especially for young people with depression. Improved access to community services has also helped to reduce admissions and lengths of stay in out-of-home care for children with serious mental health disorders.

Despite these changes, most children and adolescents with mental health disorders do not have access to care and continue to be vulnerable to serious difficulties during their formative years. In 2005, the largest epidemiological study of its kind found that the age of onset for serious mental illness in adulthood occurs in early adolescence, yet identification and treatment are often delayed for years.13

Investment in mental health services for children and adolescents, especially those with serious mental health disorders, appears to have paid off in a modest reduction in both suicide rates and self-inflicted injuries for adolescents. However, most children and adolescents are still not receiving mental health services when needed and thousands continue to struggle to succeed in home, schools and their community. Their failure results in wasted human potential and inflicts large, though mostly hidden, costs on our society and economy.
The number of teenagers (age 13-17) receiving mental health services has risen by almost one-quarter since 1999. However, utilization of services by children under the age of 12 has decreased since 1999.

One in five children and youth are believed to have a mental health disorder, but fewer than half of those obtained any mental health services. Children and youth who are uninsured or who have private insurance utilize less mental health care than do children covered by Medicaid or Child Health Plus.

Students classified as having an emotional disturbance are 75% more likely to drop out than graduate. About 32% graduate while 56% drop out. The record is far better for students with mental/developmental disabilities (49% graduation rate) and physical disabilities (67% graduation rate).

The rates of suicide and self-inflicted injuries have decreased over the past decade. The rate of self-inflicted injury hospitalizations among teens 15-19 years of age dropped by 27% from 1996 to 2003 (from 135 per 100,000 to 99 per 100,000), probably because of an increase in mental health services for children and youth. The teen suicide rate dropped from 6.7% in 1992 to 4% in 2003.
**Mental Health**

**Number of Children by Age Receiving Mental Health Services**

**Definition:** This chart shows the number of children, by age group, who received mental health services from all state- and locally-operated programs during a specified one week period in the years 1999, 2001 and 2003. The chart does not include data from private practice clinicians.

**Significance:** The number of children of all ages served in New York’s publicly funded mental health system has increased modestly since 1999. For adolescents between the ages of 13 and 17, the number served has risen by almost one-quarter (23%) to 13,400. Meanwhile, the number of children 12 and under decreased slightly and children 18 and older held steady. These trends could reflect the increased emphasis placed on serving children and adolescents with serious mental health disorders. A longer timeframe would show that the number of children under the age of 18 receiving mental health services has increased by nearly 40% since 1983.

Four out of five children served (79%) are classified as having a serious mental health disorder. Serious mental health disorders refer to the range of all diagnosable emotional, behavioral and mental disorders that severely disrupt daily functioning in home, school, or community.

**Source:** Patient Characteristics Survey, New York State Office of Mental Health.
**Utilization of Mental Health Care by Insurance Status**

**Chart 1: Percent of Children and Adolescents Using Mental Health Services**

<table>
<thead>
<tr>
<th>Insurance Status</th>
<th>NY</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>7.7%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Pvt Insurance</td>
<td>5.2%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Medicaid / CHP/State</td>
<td>9.6%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>4.4%</td>
<td>2.8%</td>
</tr>
</tbody>
</table>

**Chart 2: Average Number of Mental Health Visits by Children and Adolescents**

<table>
<thead>
<tr>
<th>Insurance Status</th>
<th>NY</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>14.7</td>
<td>11.4</td>
</tr>
<tr>
<td>Pvt Insurance</td>
<td>18.5</td>
<td>10.8</td>
</tr>
<tr>
<td>Medicaid / CHP/State</td>
<td>14.6</td>
<td>12.1</td>
</tr>
<tr>
<td>Uninsured</td>
<td>8.1</td>
<td>3.6</td>
</tr>
</tbody>
</table>

**Definition:** Chart 1 shows the percent of respondents to the 2002 National Survey of America’s Families (NSAF) conducted by the Urban Institute who reported that their child under the age of 17 had a mental health visit within the past 12 months by insurance status. Chart 2 shows the average number of visits respondents reported in the past 12 months. Both charts compare the total overall response to responses by insurance status. The NSAF is one of only a few surveys to provide reliable estimates on measures of child and family well-being for selected states and the nation as a whole.

**Significance:** According to the Surgeon General, at least 20% of children and adolescents have a mental health disorder, but less than 10% of children in this survey obtained any mental health services. Children who have private insurance or no insurance are more likely to go without access to mental health services. These findings are consistent with other studies indicating that the majority of children and adolescents with mental health disorders do not receive treatment. The average number of visits is higher in New York for everyone except for the uninsured.

**Source:** New York Profile of the 2002 National Survey of America’s Families, United Hospital Fund of New York.
**Mental Health**

**Graduation and Dropout Rates Among Students with Disabilities**

**Definition:** This chart shows the share of New York students between the ages of 14 and 22 with disabilities who graduated or dropped out in 2003. Students may also leave special education by moving into regular education or reaching the maximum age and receiving a certificate. *Emotional Disturbance* is defined in the Individuals with Disabilities Education Act and includes students with emotional and behavioral problems that adversely affect their educational performance. *Mental/Developmental* includes students classified as having autism, mental retardation, learning disabilities, speech or language impairments. *Physical Disability* includes students with hearing, vision, orthopedic and other health impairments including traumatic brain injury.

**Significance:** More than half of all emotionally disturbed students drop out before graduating from high school. Over 40,000 students in New York’s public schools are classified as having an emotional disturbance, and these students are at high risk of academic failure. The individual and social costs of failure to achieve positive outcomes in school and beyond can last a lifetime. One study found that almost three-quarters (73%) of school dropouts classified as emotionally disturbed had been arrested 3-5 years after leaving school.\(^{17}\)

**Source:** The U.S. Department of Education, Office of Special Education Programs.
**Definition:** This chart shows the percent of children and adolescents placed in juvenile justice facilities in 2004 by family or adult courts and the top three service needs identified for those youth upon their entry. Screening is not performed for every youth in custody and some youth may be identified as having more than one service need upon admission.

**Significance:** Mental health and substance abuse needs have been the top two service needs of youth upon admission to juvenile justice facilities since 1995. Substance abuse and mental health disorders are strongly associated. Youth with mental health disorders are two to four times more likely than their peers without mental disorders to develop substance abuse disorders.\(^{18}\)

**Source:** 2004 Annual Report, New York State Office of Children and Family Services (OCFS).
**Definition:** This chart shows average hospitalization rate resulting from self-inflicted injury for youth ages 15-19 and compares it to the suicide rate for youth between the ages 15 and 19. A three-year moving average was used for the self-inflicted injury rate due to small sample size.

**Significance:** Self-inflicted injury hospitalizations are an important indicator of suicide attempts and mental health status. Like completed suicides, suicide attempts are relatively rare among young children and peak between 16 and 18 years of age.\(^{19}\) However, self-inflicted injuries are costly to the health care system and result in hospitalization and sometimes permanent disability. In New York State, the self-inflicted injury rate for youth ages 15-19 is more than double that of the general population.

Suicide has been the third leading cause of death, after unintentional injuries and homicide, among those ages 15-19 in New York and the nation for over twenty years. These numbers are widely believed to be underreported because of the stigma associated with suicide.

90% of adolescents who die by suicide have a diagnosed mental health disorder and the majority of youth who die by suicide do not receive treatment for that disorder.\(^ {20}\) The suicide rate rose from 5.3 per 100,000 in 1983 to 6.7 in 1992, falling again to 4.0 in 2003. This small decline has been attributed to more widely administered and more effective mental health treatment.\(^ {21}\)

**Source:** Self-inflicted injury data source: NYS Department of Health; Public Information Group; Statewide Planning and Research Cooperative System.

Suicide data source: Office of Statistics and Programming, National Center for Injury Prevention and Control, U.S. Centers for Disease Control.

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Americans are fierce believers in opportunity. According to the American ideal, everyone should have a chance to succeed and no one is owed a free ride. But the moral clarity of the hand-up vs. hand-out paradigm grows muddy when we look at the real experience of children.

Education—the ultimate hands-up program—is pivotal, and other programs that help children realize their opportunities, such as afterschool programs, summer jobs, health coverage, and child care are essential as well. But children live in families. Whether the adults in those families seized their opportunities or not, they are now parents rearing a new generation of children. The family’s economic security is paramount in determining the future of their children.

Low-income families are much more vulnerable to hardship than families in the middle-class, living from paycheck to paycheck and commonly going without steady health coverage, retirement plans, paid vacation or even paid sick leave. Modest economic shocks can rip apart the fragile stability of a low-income family. A survey of poor families by the survey firm of Lake Snell Palmer on behalf of the Community Service Society found that in the past year, 48% of poor families had postponed medical care or were unable to fill prescriptions, 45% fell behind on the rent, 28% lost a job, and 18% went hungry.

Over the years, the State of New York has invested more than most other states in supporting and assisting low-income families. In the mid-1990s, however, the advent of welfare reform brought a sea-change in New York’s approach to economic security for low-income families.

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996, or PRWORA, ushered in a new paradigm of public assistance, in which government’s role is to provide short-term assistance to poor families while they seek employment. New York State enthusiastically supported the goals and strategies of welfare reform. In particular, the state put heavy emphasis on “work-first,” a welfare reform philosophy that emphasizes immediate job search and discourages education and job training as mere delaying tactics.

Participation in public assistance dropped dramatically. Many beneficiaries obtained jobs and became ineligible for public assistance. In addition, sanctions shifted many beneficiaries off the rolls, even those who remained eligible and needy. Enrollment in other public benefit programs dropped precipitously due both to a chilling effect for all means-tested programs in the welfare reform environment and to the reduction in number of public assistance applicants who previously had enrolled in other programs concurrently.

New York State at the same time strengthened its support for programs that seemed to bolster welfare reform priorities. For example, the state expanded the state Earned Income Tax Credit (EITC) in 1995 and again in 1999. EITC benefits flow only to working households, thereby rewarding work participation. New York State also strengthened child support collections from non-custodial parents.
Taken as a whole, New York State has made a strong commitment over the past decade to welfare reform. But having set “work first” as the goal of welfare reform, the state has yet to determine what should come second. Welfare reform has clearly encouraged low-income parents to join the workforce, but studies following former welfare recipients find that they generally do not escape poverty. The state urgently needs to consider its goals and strategies for improving the life outcomes of today’s children—and tomorrow’s working adults.

FINDINGS

Low-income New Yorkers benefited from the economic boom of the 1990s. Between 1997 and 2001, the share of children in low-income families dropped from 46% to 39%, and then began creeping back up again. The drop in New York City was more dramatic (from 65% in 1995 to 55% in 2002) and in the rest of the state barely noticeable.

The odds of a child being in a low-income family increase if that family is headed by a single mother, the parents lack a high school degree, or if the parents are Black or Hispanic.

The share of children living in poverty who receive public assistance dropped by half between 1993 and 2004. Public assistance enrollment declined among children in poor families (families at the Federal Poverty Level or below) from 69% in 1993 to 36% in 2004, a 33% percentage point decline in 12 years. The drop may indicate that falling enrollment over many years—typically celebrated as signaling the end of a culture of dependency—may be putting the economic security of some children at risk.

Food stamp enrollment dropped among adults and children after welfare reform. Enrollment has recovered among children but not adults. In 1998, 51% of eligible children received Food Stamps compared to 41% of eligible adults. By 2004, child participation had risen to 65% but adult participation had fallen to 35%, just over half the child participation rate.

What do we mean when we say poor?

Words like “poor” and “low-income” seem interchangeable to most people, but social scientists have created conventions that assign them specific meanings.

Poor — Up to 100% Federal Poverty Level
Near-poor — 101-200% Federal Poverty Level
Low-income — Up to 200% Federal Poverty Level

The Federal Poverty Level (FPL) is based on the federal poverty guidelines published annually in the Federal Register by the U.S. Department of Health and Human Services. The FPL varies depending primarily on the size of the household. In 2006, the FPL for an individual was $9,800 and for a family of four was $20,000. Need-based benefit programs, such as Medicaid and the National School Lunch Program, are typically based on a multiple of the FPL.
Definition: Chart shows share of children in New York City, the rest of state (ROS), New York State as a whole and the United States by household income category in 2004. A family is considered to be in poverty if its income is less than the federal poverty threshold, which in 2004 was $18,850 for a family of four. A family is considered low-income if its income is less than twice the federal poverty threshold, which in 2004 was $37,700 for a family of four.

Significance: Nationally, four out of ten American families have a low income, and almost half of those are poor. New York’s share of the poor and low-income is similar to the national average, but this chart shows a sharp regional disparity. Approximately 56% of all children in New York City live in low-income families, a number that would appear higher if New York City’s extremely high housing costs were factored into the poverty rate. On the other hand, income data presented here is pre-tax and therefore excludes the Earned Income Tax Credit, an important income supplement for many low-income families. Only 31% of all children in the rest of the state live in low-income families, but broad averages disguise the unequal distribution of poverty.

Source: New York State Office of Temporary and Disability Assistance.

**Definition:** Chart shows changes in share of all children living in low-income families between 1992 and 2004. A family is considered to be low-income if its income is less than twice the federal poverty threshold, which in 2004 was $37,700 for a family of four. SCAA averaged three years of data for each year shown because of small sample sizes below the state level.

**Significance:** Trends in the share of poor and low-income families over time reveal important changes in the well-being of children. Statewide, the number of low-income children dropped significantly from 1997 to 2001, from 46% to 39%, and then began creeping back up again. The drop in New York City was more dramatic—from 65% in 1995 to 55% in 2002—and in the rest of the state, less so.

Determining the primary causes of a large demographic trend is a difficult task, and the many analyses of poverty trends have yielded no conclusive answers. The indicator most closely connected to poverty rates is the unemployment rate, suggesting that economic growth reduces poverty most effectively. New York State was also an early and enthusiastic supporter of welfare reform, particularly in New York City. Welfare reform efforts may have reduced poverty levels somewhat by shifting recipients into private sector employment.

**Source:** New York State Office of Temporary and Disability Assistance.

Definition: These charts depict the factors that have been highly correlated with child poverty and low-income status. They show the percentage of families in each category who earn a low income—below 200% of the federal poverty level, which in 2004 was $37,700 for a family of four.

Significance: Studies have found four factors to be highly correlated with poverty and low-income status: family structure, foreign-born parentage, education level, and race/ethnicity. Children in single-mother households are almost three times as likely to be low-income as married households (74% to 25%). Children living in a family with two foreign-born married parents are twice as likely to be low-income as children with native-born married parents (41% to 20%). Children whose parents dropped out before graduating high school are very likely to be poor, compared to only a minority of those with at least one parent who attended college (84% to 25%). Children born into Black or Hispanic families are twice as likely to be low-income as those born into White families.

Source: New York State Office of Temporary and Disability Assistance and the National Center for Children in Poverty.

**Definition:** This chart shows the share of children in households that are enrolled in public assistance under the Temporary Assistance for Needy Families Program in New York State, New York City and rest of state. Public assistance participation is measured by enrollment as a share of all children in families with incomes at or below the federal poverty level. No exact eligibility data is available for public assistance, but Federal Poverty Guidelines data approximates the pool of eligible children.

**Significance:** Declines in public assistance enrollment have long been known and often attributed to the improved economy and increased work participation due to welfare reform. Thus the decline of child enrollment in public assistance from 815,000 in 1993 to 350,000 in 2004 would not in isolation imply harm to children, because the decline could reflect positive trends in the economy and family economic mobility. However, this chart shows that enrollment has dropped among children in poor families who may be expected to continue needing assistance, from 69% in 1993 to 36% in 2004.

Enrollment in New York City fell steadily throughout the 1990s and bottomed out in 2002, while in the rest of state, enrollment plummeted between 1996 and 1998, held steady and then rose from 2001 to 2003.

**Source:** Enrollment data: New York State Office of Temporary and Disability Assistance.

Economic Security

Participation in Food Stamp Program by Age Category

Definition: This chart shows share of children over time participating in the federally-funded Food Stamp Program. Food stamp participation is measured as a share of all families with incomes at or below 125% of the federal poverty level. No exact eligibility data is available, but Federal Poverty Guidelines data approximates the pool of eligible New Yorkers.

Significance: Enrollment in the Food Stamp Program dropped during the mid-1990s due to welfare reform policies at both the state and national levels. This chart shows that participation by children has been recovering since 1999, with particularly sharp improvement in 2003 and 2004. But adult participation dropped substantially until the last two years, opening up a wide gap between child and adult participation. In 1998, 51% of eligible children received food stamps, compared to 41% of eligible adults. By 2004, the gap had widened to 65% for children and 35% for adults. As of 2004, 732,000 children and 837,000 adults were covered by the Food Stamp Program.

The gap may reflect easier eligibility for immigrant children, who do not face the 5-year waiting period that their parents do. However, weak enrollment among parents is likely to have a negative effect on child and family well-being.

Source: Enrollment data: New York State Office of Temporary and Disability Assistance.

**Definition:** The bars on this chart show the change in the number of families with children receiving the New York State Earned Income Tax Credit (EITC). The line shows the change in the average NYS EITC credit to families with children. Childless couples and individuals are also eligible for the EITC but are not included.

**Significance:** The Earned Income Tax Credit is an innovative tax incentive used to supplement wages of low-income working families. The federal EITC, administered through the federal income tax, provides an income tax “refund” that can exceed $2,000 annually to low-income families with children. In 2003, more than 22 million working families and individuals received the EITC.

New York is one of 19 states that offers a state EITC to provide additional subsidies to working families. The New York EITC’s value, originally set at 15% of the federal EITC, was raised in 1995 and again in 1999. Today, the state EITC is set at 30% of the federal EITC, providing about $600 per family with children. Adjusted for inflation, the value of the New York EITC has risen about 22% annually since 1994, a remarkable growth rate. However, the number of families utilizing the EITC has increased only slightly over the years, and some low-income families may be unaware that they qualify.

**Source:** *Earned Income Tax Credit: Analysis of Credit Claims for 2003*, New York State Department of Taxation and Finance, April 2005.
Over the last several decades, American society came to accept that government has an affirmative responsibility to keep children safe when and if parents are unable to do so. These changing societal values brought into existence our modern child welfare system and defined it as a governmental responsibility. The fundamental underpinning of current child welfare practice is that a child belongs with a family and the family has primacy unless the child’s well being appears to be at risk. That is the point when the family may become known to the child welfare system, most often as a result of a report of maltreatment made to the State Central Registry (SCR.)

New York State has long been a leader in providing services and supports to children when their families were unable to do so. The state pioneered the field of child welfare in the 1880s with the establishment of Societies for the Prevention of Cruelty to Children, later with William Letchworth’s foster family model, and again in 1970 with passage of the first modern comprehensive child protection law. The 1979 State Child Welfare Reform Act marked a profound change in thinking about child welfare. In the old paradigm, the state emphasized foster care as a matter of routine preference. Under the new paradigm, the state recognized the importance of family engagement and support, and shifted emphasis toward seeking the stability of permanent homes—either with the biological family or an adopted one.

Over the last decade both the federal government and New York State have taken dramatic steps to reduce the child welfare system’s overdependence on foster care. The federal Adoption and Safe Families Act of 1997 included stringent requirements to move children in the foster care system back home or into adoption much more quickly than in the past. In New York, funding structures were revamped to invest more in preventive services to prevent entry into foster care, while capping foster care spending to discourage its overuse.

Finally, there were various efforts to reform child protection, the doorway into the child welfare system, in an effort to target services to serious reports. The Dual Track legislation passed several years in both houses, but was vetoed by the Governor. In 2006, in part as a result of highly publicized cases in New York City and across the state, significant legislation was passed to strengthen child protection, including legislation pertaining to child fatality review, child advocacy centers, staff training and public education.

The child welfare system came in contact with approximately 400,000 children in 2006, a small fraction of all children and youth in New York State. Yet these children and their families often consume a disproportionate share of public resources. Unless their child welfare experience is constructive and helpful, they are likely to need additional services from systems such as mental health and juvenile justice at a far greater cost to the taxpayer. Further, they are likely to join the ranks of “disconnected youth” and struggle into frustrating lives as adults and parents.
The number of child maltreatment reports to the State Central Registry has dropped by 9% since 2002. In 2002, 153,615 reports were received and in 2004 the number was 140,662. 2006 will show a substantial increase due to a number of high profile cases, particularly in New York City.

Of all Child Protective reports in 2004 only one out of six reported families (17%) received service. The remaining 83% received only an investigation, a frequently adversarial process notorious for traumatizing families, worsening family discord, and failing to offer support.

The number of children in foster care has dropped rapidly in the last decade and especially since 2000 when the reduction was about 30%. The renewed focus on preventive services seems to have contributed to the decline in foster care entry. And since 2000, increased numbers of children were placed in permanent homes as a result of adoption—and placed far more quickly than in the past.

Children two and under and ages 14-17 are 50% more likely to be placed in foster care rather than receiving preventive services than children in other age groups. This is the result of the vulnerability of young children and behavioral issues in the older group.

More than half of sibling groups placed in foster care were separated. There are various reasons for separation but such separations often fray their last remaining family ties.

Hispanic children are more likely to be placed in ethnically different foster care families. Nearly half of all Hispanic children are placed in ethnically different families. One in five Black and White children are likewise placed in homes with race other than their own.

Three of five children placed in foster care are reunited with their families, 23% are placed for adoption and the rest grow up in foster care or are placed with other state agencies. The latter group are the most vulnerable youth, often moving from foster care to other service systems and too often ending up poorly educated, without employment potential and disconnected from family, schools, and their communities.
Definition: This chart shows the number of reports of child maltreatment (abuse and neglect) received by the New York State Central Child Abuse Registry (SCR) in 2004. A report confirmed by investigation is considered "indicated," while a report not so confirmed is considered "unfounded." This chart shows reports received and the proportion of those reports that are indicated.

Significance: Less than one-third of all child maltreatment reports are confirmed by an investigation. New York State’s child welfare system receives about 140,000 or more reports of maltreatment each year, which caseworkers must investigate to identify whether the report is indicated or unfounded.

The SCR is the front door to the state’s child welfare system. Reports have slowly declined over the past several years. But child welfare experts report a surge in reports for 2006 as a result of recent abuse-related fatalities in New York City.

Source: Monitoring and Analysis Profiles (MAPS), New York State Office of Children and Family Services (OCFS).
**Definition:** This chart breaks out all maltreatment reports received in 2004 by type of reporter. Mandated reporters are persons in a wide range of professions and roles named in statute. Non-mandated reporters are all others, including friends, neighbors and family members. A report confirmed by investigation is considered “indicated,” while a report not so confirmed is considered “unfounded.” A report that leads to further action is called “served,” while one on which no further action is taken is “not served.”

**Significance:** About one-third of all reports are indicated. Of those indicated reports, only 40% receive services of any kind. Thus 83% of families reported for child maltreatment do not receive service of any kind, only an adversarial investigation. The county agency may not see a serious need for either foster care or preventive services, families can refuse services, or other factors may intervene.

Reports received from mandated reporters are 17% more likely to be indicated than reports from non-mandated reporters. This is unsurprising, since mandated reporters are trained in recognizing and reporting maltreatment. Nevertheless, the standard required to “indicate” a report results in the unfounding of the majority of reports from mandated reporters, as well as those received from non-mandated reporters. Interestingly, indicated reports from mandated reporters are 19 times more likely to be served than comparable reports from non-mandated reporters.

**Source:** Monitoring and Analysis Profiles (MAPS), New York State Office of Children and Family Services (OCFS).

**Definition:** This chart shows the trend in provision of foster care and preventive services from 2000 to 2004. Foster care consists of the placement of the child in foster family care or at some higher (residential) level. Preventive services are those services which are required by federal and state law to avert placement in foster care and may include case management, parent education, clinical services, etc.

**Significance:** Foster care represents a profound disruption in the life of a child, potentially compromising that child’s developmental progress. The use of preventive services is essential to maintaining family integrity and minimizing potentially unnecessary use of foster care.

Since 2000, the number of children in foster care dropped dramatically, especially in New York City. During the same period the use of preventive services increased until 2002, followed by a modest decline in utilization. While the picture is more dramatic in New York City, this same pattern applies to the state as a whole.

**Source:** Monitoring and Analysis Profiles (MAPS), New York State Office of Children and Family Services (OCFS).
**Definition:** This chart shows the number of children whose families receive preventive services or foster care placement, broken out by age cohort.

**Significance:** Children under two are somewhat more likely than children ages 2-14 to be placed in foster care rather than receiving preventive services. For very young children placement in foster care stems from fear of injury, and bringing down the placement rate may be difficult without putting some children at risk.

For children 14 and older, use of foster care is about one-third more likely than for the younger children and children 18 and older are twice as likely to be placed in foster care. This picture reflects the child’s own behavioral problems as the primary reason for the placement. Evidence-based practices are emerging which may help avert entry of some older children into the foster care system. It is imperative to test and then mainstream these practices into the child welfare system.

**Source:** Monitoring and Analysis Profiles (MAPS), New York State Office of Children and Family Services (OCFS).
**Definition:** This chart shows the number of children placed in foster care, broken out by the number of siblings (2, 3 or 4+) and whether they received placement together or in separate placements.

**Significance:** For children removed from their families, strong sibling bonds are often their only remaining security. Yet separation of siblings in foster care is extremely common in New York. More than half of all siblings were placed in separate homes, thereby risking the emotional stability of over 7,000 children. The causes of this longtime practice are complex and understudied. Issues that have been cited include inadequate foster home capacity, reluctance or inability of foster parents to take more children, placement of one child at a higher level of care or at a different time and a common—but often unwarranted—presumption by caseworkers and foster parents that siblings who fight should be separated.

**Source:** Monitoring and Analysis Profiles (MAPS), New York State Office of Children and Family Services (OCFS).
**Definition:** This chart shows the share of all children placed for foster care or adoption in 2004 with parents of the same race or ethnicity as the child.

**Significance:** Children placed with parents of different race or ethnicity may face additional adjustment issues above and beyond the usual difficulties faced by all children in a new home environment.

About 55% of Hispanic children statewide were placed with parents of the same ethnicity, while more than three quarters of White and Black children were placed with parents of the same race. In addition, White children were significantly more likely to be placed with parents of the same race outside of New York City. As the next chart illustrates, three out of five children return to their families. Accordingly, the placement with a family of similar background can help to sustain cultural bonds and speed the return home. It should be noted that federal law absolutely prohibits consideration of racial matching in foster/adoptive placements.

**Source:** Monitoring and Analysis Profiles (MAPS), New York State Office of Children and Family Services (OCFS).
**Definition:** This chart shows outcomes of children who departed foster care in 2004. Home and adoption are self-explanatory. “Independent Living” refers to children discharged from foster care upon reaching young adulthood. “Other State Agency” includes children discharged needing care by another system, such as mental health or juvenile justice.

**Significance:** Nearly a quarter of the children leaving foster care are adopted, often by foster parents. Yet many adopted children have experienced significant neglect, abuse and instability in living conditions over the course of their childhoods. As a result, they and their adoptive families may need ongoing mental health and other services referred to as post-adoption services. However, the availability of post-adoption services continues to lag behind client demand. The New York child welfare system is only beginning to recognize and meet the need for such assistance.

Discharge to independent living and “other state agency” are generally considered by experts to be negative outcomes. Young people who grow up in foster care and are discharged in young adulthood too often find themselves unprepared educationally, socially or emotionally to live independently. Young people discharged to the mental health or juvenile justice systems are beginning adulthood in a downward spiral. Although federal legislation has been enacted to strengthen services to these at-risk youth, too many get on the pathway to becoming disconnected from families, work and/or school.

**Source:** Monitoring and Analysis Profiles (MAPS), New York State Office of Children and Family Services (OCFS).
In the second decade of life, children become teenagers and begin to prepare for adulthood. The elements of that transition are well-known from the child development literature. The teenager must develop cognitively, by learning to read, write and solve problems. The teenager must develop emotionally, by learning to delay gratification and empathize with others. And the teenager must develop socially, by learning to engage with peers and adults.

The stakes are high. Teenagers who develop cognitively, emotionally and socially are more likely to achieve their full potential as adults. They will become the next generation of leaders, hard workers, good parents and active citizens. Teenagers who fail along one or more of these dimensions will fall short of their potential. They may join a gang, develop a drug habit, become a teen parent, drop out of school, or engage in some other destructive habit that slams the door shut on the bright future they might have achieved.

Many experts and policy makers are increasingly focusing on a group of teenagers dubbed “disconnected youth.” As defined in this book, disconnected youth are individuals ages 16-19 who are not in school and not in the workforce. They are discouraged jobseekers, not merely unemployed at a point in time, but are not actively looking. They are also high school dropouts. As a result, disconnected youth will probably not develop the work skills and literacy thresholds needed in the labor market, and are therefore severely at risk for repeated failures and stunted growth in adulthood.

Many of the indicators in this chapter focus on potential risk factors for disconnection. Some show improvement over time. The incidence of binge drinking has declined over the past several years, as has the use of addictive drugs. Fewer kids are in juvenile detention and correctional facilities, and fewer kids are being adjudicated Persons in Need of Supervision (PINS). The number of youths arrested for both property crimes and violent crimes dropped by one-third from 1995 to 2001 and has continued to decline through 2004.

Yet the number of teenagers ages 16-19 defined as “disconnected” has not improved over the last five years and has actually risen slightly from 73,000 in 2002 to 87,000 in 2004. Growth in the number of disconnected youth despite improvements in other indicators suggests that simply improving individual programs and policies may be insufficient.

Disconnection is not only a problem for teenagers. New York, like many other states, runs a number of programs that focus on discrete problems of troubled youths: a foster care system for kids with family problems, a juvenile justice system for kids who break the law, an educational system that tries to help kids on the verge of dropping out. Yet the 80,000+ teenagers who have lost their connection to the educational and work worlds are whole people. Experts in youth development now urge states to integrate systems that deal with youth. New York’s systems are still sharply fragmented, so that programs that should be pathways to success—such as the foster care, education and mental health systems—have become pathways to failure for a vast number of youth.
The cost of New York’s fragmented system can be glimpsed in the absence of any real information on who these “disconnected youth” are and what interventions might make a difference in their lives. New York lacks measurement systems that would track youth over time and across programs. In addition, New York does not track indicators that would show the development of positive youth behaviors and effective interventions.

New York set a course for change in its 1997 publication New York Youth—The Key to Our Economic and Social Future: A Blueprint for State and Local Action. New York’s state agencies and partners have begun the hard work of incorporating youth development concepts into programs across the state, devising such indicators, and developing creative means to integrate funding resources across systems. New York is one of four states featured by the National Governors Association Center for Best Practices for having made strides in developing and implementing youth development policies and programs.

FININGS

Student binge-drinking dropped significantly over the past decade, but is still common. The share of all students reporting binge-drinking (5 drinks of alcohol within a 2-hour period) dropped by one-third between 1995 and 2005, from 31% to 21%. Yet in 2005, roughly 188,000 students reported at least one episode of binge-drinking over the past 30 days. More than 215,000 reported riding in a car with a driver who had been drinking alcohol.

About 7% of New York students in grades 9 through 12 reported being threatened or injured with a weapon during the past year. One out of eight students reported being in a physical fight on school property in the past year, 5% carried a weapon onto school property during the 30 days preceding the survey, and 5% reported avoiding school at some point in the 30 days preceding the survey.

Three out of ten children and youth entering runaway and homeless youth programs report having already been served in another setting. About 29% of clients admitted to runaway and homeless youth programs in 2004—over 3,000 children and youth—reported having already been served in foster care, mental health, juvenile justice or other programs, yet nonetheless fell between the cracks and became homeless. The prior history of another 39% (4,700) was not reported, but many of these youth are likely to have a similar background.

The number of youth under the age of 21 residing in juvenile detention and correctional facilities dropped 12% between 1997 and 2003. As of 2003, New York had 4,300 juveniles residing in juvenile detention and correctional facilities. 51% are Black and 19% are Hispanic. 63% were convicted of non-violent, low-level crimes. 60% are identified as needing substance abuse treatment; 46% as needing mental health services.

In 2004, one out of eleven youth (9%) were considered “disconnected youth,” defined as not employed and not enrolled in school. These 87,000 youth, ages 16-19, are at high risk of negative outcomes as adults. Individuals most likely to become disconnected are high school dropouts, those in the juvenile justice system, unmarried young mothers, and young people in or formerly in foster care.
**Definition:** Chart indicates the share of public high school students in New York State who have reported ingesting five drinks of alcohol within a two-hour period during the past 30 days and the percent of public high school students who have reported being present in an automobile with a driver who had ingested alcohol prior to driving. No data was reported for 2001.

**Significance:** The share of students reporting risky drinking-related behaviors has dropped—from about 31% to 21% for riding with a drinking driver and from 32% to 24% for binge drinking. Yet nearly a quarter of young New Yorkers continue to engage in behaviors that could be fatal or have serious life-long implications. In 2004-05, approximately 188,000 students reported having engaged in binge-drinking and 215,000 reported having ridden with a drinking driver.

The National Center on Addiction and Substance Abuse (CASA) has found that each day 13,000 children and teens take their first drink. Children and teens who begin drinking before the age of 15 are four times more likely to become alcohol dependent than those who do not drink before the age of 21. One out of four underage drinkers meets clinical criteria for alcohol abuse and addiction.

**Source:** 2005 Youth Risk Behavior Survey, Centers for Disease Control and Prevention. The CDC surveys students in grades 9-12 every two years.
**Definition:** This chart indicates students’ use of alcohol and other dangerous and illegal substances. Current substance use is defined as having had at least one drink of alcohol on one or more days and/or used marijuana, an inhalant, or cocaine one or more times, during the past 30 days. Inhalant use includes sniffing glue, breathing the contents of aerosol spray cans, or inhaling any paints or sprays to get high. Cocaine use includes using any form of cocaine.

**Significance:** Use of illegal substances can lead to later alcohol and drug problems, especially if begun at an early age. Approximately 44% of all New York students report having used alcohol in the last 30 days (396,000 in 2003), 21% report having used marijuana (186,000), 4% report having used an inhalant (27,000) and 2% report having used cocaine (21,000). Since 1999, there has been a steady decrease in use of these substances by both male and female high school students. National rates are similar for alcohol and marijuana use, and slightly higher (4%) for cocaine use. In 2005, one out of four high school students reported having had their first drink of alcohol, other than a few sips, before age 13 and 6% tried marijuana for the first time before age 13.

**Source:** 2003 *Youth Risk Behavior Survey*, Centers for Disease Control and Prevention. The CDC surveys students in grades 9-12 every two years.
**Youth**

**Youth Arrests**

**Definition:** This chart tracks annual arrests for crimes committed by youth in New York State, 17 years of age and younger. Violent crimes include murder, rape, robbery and aggravated assault. Property crimes include burglary, larceny, and motor vehicle theft. 2001 is the last year New York City reported arrest data for youth to the state.

**Significance:** In 2001 (the last year for which New York City data were available), 31,591 youth arrests were made, a 33% decline from 1995. The actual number of crimes is likely to be higher as this chart only depicts those crimes for which an arrest was made. Violent crime arrests declined 37% while property crime arrests declined 31% during that period. The decline in the rest of state continued from 2001-2004 with the number of arrests declining 8%.

Several factors could explain the sharp decline in youth arrests from 1995 to 2001. General crime rates dropped, a well-known phenomenon attributed variously to improved policing tactics, increased public safety staffing and declining unemployment rates. Teenagers in particular gained more access to the job market, as the unemployment rate for 16 to 19-year-olds dropped from 21% in 1997 to 14% in 2001. In addition, the state has changed its data collection methodologies over the years.

The youth arrest indicator is critically important for understanding the magnitude of the "disconnected youth" issue in New York State. Despite declining arrest rates throughout the 1990s, more than 30,000 youth were arrested in 2001. These youth are at high risk of dropping out of the educational system and failing to sustain steady employment.

**Source:** Division of Criminal Justice Services, Uniform Crime Reporting System, February 2006.
Students Threatened or Injured with a Weapon During the Past Year by Grade

Definition: This chart shows the share of public high school students in grades 9-12 who report having been threatened or injured with a weapon on school property one or more times during the past 12 months.

Significance: Approximately 7% of all New York public high school students, more than 64,000 youths, reported being threatened or injured with a weapon in 2005. Younger students, males and youths of color were more likely to report being threatened or injured. Less serious attacks, such as harassment, property damage, or bullying are not included in this data.

Additional 2005 data indicates that one out of eight students surveyed reported being in a physical fight on school property one or more times in the past 12 months, 5% carried a weapon onto school property at some point in the past 30 days, and 5% avoided school at some point in the past 30 days because they felt unsafe. 23% of students reported having their property damaged during the past year.

Students are most vulnerable in the 9th and 10th grades, the same years that research shows the highest incidence of school dropout occurs. This suggests that developing strategies targeting 9th and 10th grade students could enhance academic performance, improve safety and reduce dropout rates.

Source: 2005 Youth Risk Behavior Survey, Centers for Disease Control and Prevention. The CDC surveys students in grades 9-12 every two years.
Youth in Out-of-Home Placement Prior to Admission to Runaway and Homeless Youth Programs

**Definition:** This chart shows the number of youth under 21 who received out-of-home placement (placement in some form of institutional or foster care setting) during the 12 months prior to admission into runaway and homeless youth programs. Data pertain only to children and youth served by programs from whom this data is collected. Some youth may have received more than one type of service.

**Significance:** More than 12,000 children and youth were referred to runaway and homeless programs in 2004. These programs, to some extent, exist to assist those children and youth whose situation has not been stabilized by other services.

Yet almost three in ten (29%) entrants reported having been placed in some form of institutional care in the prior year, including in the mental health, foster care and the juvenile justice systems. 61% of those youth receiving prior institutional care were served within 30 days of admission to a runaway or homeless program. The fact that so many troubled youth fell through these safety nets suggests—for a variety of complex reasons—that these programs are not adequately meeting the needs of all their clients. Many of those children and youth whose prior institutional history was not reported are likely to share a similar background.

**Source:** NYS Office of Child and Family Services, Runaway and Homeless Youth Annual Report, 2002-04.
**Definition:** The rate is the number of offenders ages 10-20 residing in juvenile detention and correctional facilities per 100,000 juveniles. Figures include those under age 21 who had been 1) charged with or convicted of an offense, 2) assigned a bed in a facility that can hold accused or convicted juvenile offenders, and 3) placed in the facility because of the offense. However, juveniles held in adult prisons or jails or in facilities licensed by the State Office of Mental Health or the State Office of Alcohol and Substance Abuse Services for drug or mental health treatment are excluded.

**Significance:** The residential placement rate in New York dropped 12% between 1997 and 2003 and remains far below the national average. Yet New York still has 4,300 juveniles in residence, more than all but four states. 51% of these juveniles are Black and 19% Hispanic. Almost two-thirds (63%) of young people entering juvenile facilities in 2002 were convicted of non-violent offenses. Approximately 60% were identified as needing treatment for substance abuse and 46% as needing mental health services. In 2002, the State Office of Child and Family Services (OCFS) spent $150 million to operate the state’s juvenile facilities and $1 million to provide after-care services to the 2,360 children released from its facilities.

“The cost of placing a youth in an OCFS-run facility,” reports the New York City Independent Budget Office, “is approximately $150,000 for a typical 12-month sentence. Re-arrest rates are commonly 75 percent within three years of release.”25 Juveniles entering programs which offer alternatives to incarceration are much less likely to be rearrested later.

**Definition:** This chart depicts Persons in Need of Supervision (PINS) cases opened for services between 1995 and 2004 expressed as a rate of PINS cases per 1,000 youth ages 10-17. Some variance in the data occurs year to year due to underreporting on the part of a few individual counties.

Complaints were filed for these juveniles by parents, school officials, and others seeking the formal intervention of family court because of non-criminal misconduct such as truancy, incorrigibility, ungovernability or habitual disobedience.

**Significance:** The number of PINS cases opened by local probation departments is the best official indicator of the level of non-criminal misconduct considered sufficiently serious to warrant the family court's intervention. Many families or schools file PINS petitions because it is perceived as the only way to get services for youth.

The PINS rate has fallen sharply in recent years, from a rate of 15 per 1,000 in 1999 to 9 per 1,000 in 2004. The 2002 increase occurred at least in part due to legislation raising the age of youth for whom a PINS petition could be filed from 16 to 18. Additional 2003 data shows a considerable variation in the PINS rate across New York State, from 6.5 per 1,000 in New York City to 15 in the rest of state. The rest of state rate varies from a low below 10 per 1,000 to a high above 30 per 1,000.

New York State has placed an emphasis on identifying youth at risk and engaging them and their families in services. In 2005, a new law mandates pre-PINS diversion activities that should lead to further reductions in cases opened for PINS. Evaluations are needed to find out whether these diversion programs are working.

**Source:** NYS Division of Criminal Justice Services, Bureau of Justice Research and Information.
**Definition:** This chart depicts teenagers between the ages of 16 and 19 who are not enrolled in school (full or part-time) and not employed (full or part-time).

**Significance:** Young people neither in school nor engaged in the work world have increasingly been described as “disconnected” and identified as the teenage population most at risk of poor outcomes in adulthood. In 2004, there were 87,000 youth ages 16-19 in New York State meeting the “disconnected youth” criteria, accounting for 9% of our state’s young people in that age range.

More detailed data on disconnected youth is not available at the state level. However, a 2005 study by the Community Service Society (CSS) examined in considerable detail the population of disconnected youth in New York City. CSS found that the disconnected rate for females dropped sharply between 1995 and 2002, while the disconnected rate for males declined gently until 2000 and then began rising dramatically. In addition, the disconnected rate for Blacks and Hispanics are double those of Whites. Note that the CSS definition differs from that of Kids Count, the source for this study. CSS focuses on a wider age range (16-24) and excludes unemployed youth who are actively looking for work.

Groups at high risk of becoming disconnected are high school dropouts, those in the juvenile justice system, unmarried young mothers, and young people who are currently in, or who recently left, the foster care system. Many disconnected youth have been involved in foster care, juvenile justice, substance abuse, mental health or other formal service delivery systems, yet the outcomes for these youth appear to have been negative. Youth who are disconnected are more likely to earn lower wages later in their lives and to engage in destructive behaviors.

**Source:** Annie E. Casey Foundation, Kids Count State-Level Data Online, www.kidscount.org.

Data source: American Community Survey, U.S. Census Bureau.
Endnotes

3 Analysis of Graduation Rates for the 2001 Student Cohort, January 2006, NYS Education Department Report to the Board of Regents.
5 Go to: http://www.winningbeginningny.org/brochure/brochure.htm
6 After five years of stagnant funding, $50 million was recently added to the 2006-07 budget to serve an additional 12,000 to 15,000 4-year-olds
9 This series is 4:3:1:3:3: - Four or more doses of DTP, three or more doses of poliovirus vaccine, one or more doses of any MCV, three or more doses of Hib, and three or more doses of HepB.
11 In the interest of space, children and adolescents with emotional, behavioral or mental health disorders will be referred to as children with mental health disorders.
14 Center for Mental Health Services (CMHS) Uniform Reporting System 2002.
15 Private insurance includes people covered directly from a current or former employer or union, those who receive coverage under the Consolidated Budget Reconciliation Act of 1986 (COBRA), and those who receive coverage under CHAMPUS, Veterans Affairs (VA) or other military program. Medicaid/CHIP/State includes people covered through the Medicaid program, state-specific programs, or through the State Children’s Health Insurance Programs, known as CHP in New York. Uninsured includes survey respondents self report of insurance status at the time of the survey.
16 The nationally representative sample of states are Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, New York, Texas, Washington, and Wisconsin.
23 Number of Students Attending High and Middle Schools Where Drugs Are Used, Kept, Sold Rises Sharply. CASA 2005 Teen Survey. http://www.casacolumbia.org/absolutem/templates/PressReleases
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