

Creating Opportunity for New York's Families

Poverty and inequality threaten the State's economic vitality and strain New York's public systems including health, education and public safety. The Schuyler Center for Analysis and Advocacy's priorities urge the State to put children and families who live in poverty at the center of public discourse and renew the State's commitment to fight poverty by expanding opportunity.

1. Policies that secure or supplement a livable wage.

One in five households have income below \$20,000 per year and the gap between those at the top and those at the bottom has increased dramatically in recent decades. Household income among that bottom fifth has not changed since the 1970s.¹

- ▶ Tax policy can reduce poverty and income insecurity. The EITC is widely regarded as one of the most effective tools to help lift working families out of poverty. A renter's tax credit and a property tax circuit breaker could support low- and middle-income New Yorkers, depending how structured.
- ▶ Strengthen government safety net programs that help prevent and alleviate poverty. New York's unemployment insurance, Temporary Assistance to Needy Families (TANF), food assistance (SNAP, WIC, school meals), and heating assistance keep New York residents healthy, avert homelessness and hunger, and balance the income of low-wage workers.
- ▶ Increase the minimum wage. The minimum wage agreement reached in the 2013-14 enacted budget raises New York's minimum wage in three steps to \$9.00 in 2016, without indexing for future inflation. At the \$8.75 rate, effective in 2015, the minimum wage still leaves a full-time (52 weeks, 40 hours per week) working parent with two children short of the 2013 federal poverty guideline (\$19,530) for a family of three with one adult and two children.² New York State needs to increase the minimum wage to \$10.00 in 2014 and index it to inflation so full-time workers do not live in poverty.

2. Public Health and Health Care: *Strengthen public health, health coverage, access and care for New York's residents.*

New York State is redesigning its health care delivery system, including payment reform, right sizing of health systems and moving away from institutional systems of care to community services. But the State's health transformation efforts will not be sustainable without meaningful investment in public health and health care systems that fortify communities that have high percentages of persons in poverty. And solutions should, by design, be based on data analysis of public health and preventive strategies that will bend the curve by addressing social determinants of health.

- ▶ Ensure robust coverage and access in New York's public health insurance programs, including Medicaid and Child Health Plus (CHP) with benefits and providers that meet the full array of physical, behavioral, and oral health care needs.
- ▶ Recognize the return on investment associated with a strong public health infrastructure.
- ▶ Expand and support community-based mental health care and its workforce.
- ▶ Improve access, care and outcomes for children and families in the child welfare system, including implementation of managed care for children and youth in foster care and seamless access to Medicaid until age 26.

3. Maternal, Infant and Early Childhood Home Visiting: *Improve child, family and community outcomes by building and strengthening prenatal and postpartum supports and services.*

Maternal, infant and early childhood home visiting aims to ensure a strong and healthy start for all children across several domains—health, social-emotional development, school readiness, child welfare, and family economic security. There is a growing understanding of the important role that home visiting can have, especially for at-risk families. In some states, there is a seismic shift occurring, a shift that is based on the understanding that public

investment in children must begin well before Kindergarten, that parental engagement matters, and that early investment pays off in terms of fiscal and human outcomes. New York serves a very small fraction of families who could benefit from home visiting.

- ▶ Assure pregnant and postpartum women receive a risk assessment to determine need for home visiting services.
- ▶ Increase access to home visiting programs. A study by the RAND Corporation suggests that, for every \$1 spent on home visiting for at-risk families, there can be as much as a \$5.70 return on investment.³
- ▶ Develop a single point of access in communities for providers, pregnant women and families to obtain access to health, social service supports or home visiting programs for their families.

4. Early Care and Learning: Invest in access to high-quality child care and early education for better and less disparate educational outcomes and lower costs.

High-quality early care and learning is the foundation for our children to succeed in school and in life, yet one out of three children in New York State start Kindergarten already behind in basic skills.⁴ This gap can persist throughout a child's school career. An early education program for children from low-income families was estimated to generate \$4 to \$11 of economic benefits over a child's lifetime for every dollar spent on the program, according to a cost-benefit analysis funded by the National Institutes of Health.⁵

- ▶ Expand access to early high-quality childhood programs, including Pre-K and child care, with intentional investment in quality and in low-income communities. Assure early care and learning includes enough money to fund quality improvement, which means professional development, small class sizes, and funding for certified teachers with livable wages.
- ▶ Increase after-school programs to support families with working parents so their children remain in safe, developmentally appropriate environments outside of the school day.

5. Child Welfare: Develop and maintain effective systems that serve at-risk families, prevent entry into the child welfare system, and produce measurable results.

One of the best ways to prevent the negative outcomes and costs associated with the child welfare system is to invest in programs that strengthen families before

a report is needed to the Statewide Central Register. In order to protect and strengthen effective programs that serve at-risk families and prevent reports and re-reporting into the child welfare system:

- ▶ Ensure accountability of public systems by measuring outcomes and assessing effectiveness. This should include improved data collection and analysis regarding child outcomes and expenditures of funds.
- ▶ Raise the age. Ensure that all youth are treated appropriately for their age in the court and justice systems.
- ▶ Fund preventive, protective, independent living, adoption, and aftercare services at the 65% state share in statute.
- ▶ Fund the Kinship Guardianship Assistance Program (KinGAP), which helps relatives care for children, as an uncapped permanency option with no reduction to the Foster Care Block Grant.
- ▶ Increase access to higher education for former foster care youth.
- ▶ Help children return to their own families or move to permanent ones as quickly as safely possible.

New York—An Opportunity State

As our economy begins to recover, the state—the government and its people—should set a goal of reducing poverty and income inequality, and improving well-being that includes measurable benchmarks toward attaining that goal. The work needs to focus on investing early and sufficiently and documenting results across the spectrum of issues and policy areas that affect the lives of children and families.

Endnotes

¹ Economic Policy Institute/Center on Budget and Policy Priorities, *Pulling Apart: A State by State Analysis of Income Trends*, November 2012.

² US Department of Health and Human Services, 2013 Poverty Guidelines, <http://aspe.hhs.gov/poverty/13poverty.cfm#thresholds>

³ Karoly, L., Kilburn, M., Cannon, J.; *Early Childhood Interventions: Proven Results, Future Promise*; RAND Corporation; 2005.

⁴ QUALITYstarsNY brochure, Early Childhood Advisory Council, New York State Council on Children and Families, http://ccf.ny.gov/ECAC/WG/Quality/Resources/ECAC_BrochureLowRes.pdf.

⁵ National Institutes of Health, Eunice Kennedy Shriver National Institute of Child Health and Human Development, February 4, 2011, <http://www.nichd.nih.gov/news/releases/020411-CPC.cfm>