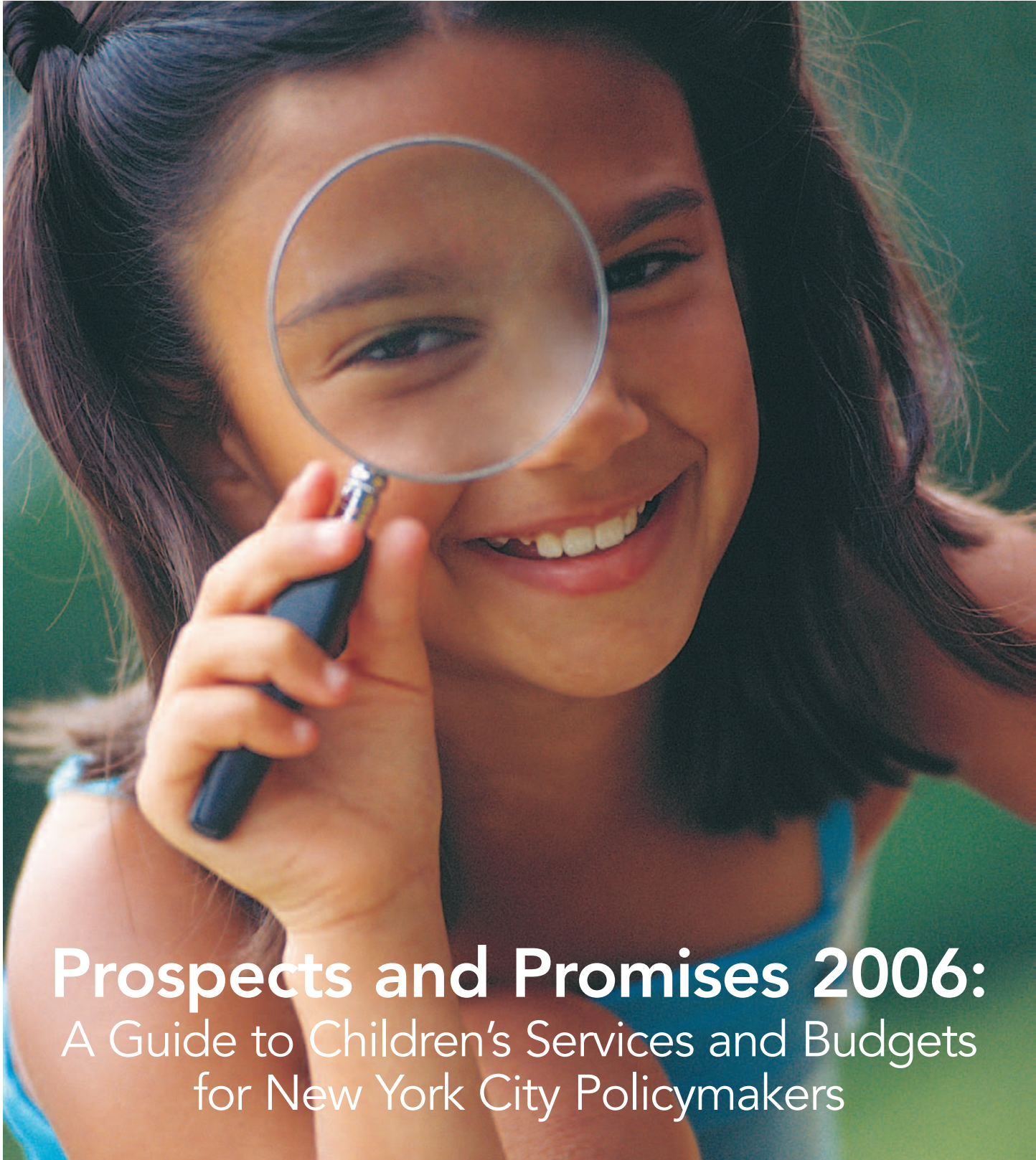




CITIZENS' COMMITTEE for CHILDREN
OF NEW YORK INC



Prospects and Promises 2006: A Guide to Children's Services and Budgets for New York City Policymakers



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Prospects and Promises 2006: A Guide to Children's Services and Budgets for New York City Policymakers

There are almost two million children in New York City, comprising nearly a quarter of the city's total population. Overall, conditions for children in New York City have improved. More children have access to healthcare: 95% of children in New York City now have health insurance coverage. Reading and math scores are improving. More children are receiving early care and education. The city is safer: arrests for violent felonies are down 9% from 2000. More families are claiming the federal and state Earned Income Tax Credit, and a local EITC is now available to help families increase their earnings. However, these improvements have been slow to reach low-wage earning families who are struggling to raise their children in many New York City communities. Disparities exist in child well-being across communities and rates of improvement are uneven across racial and ethnic groups.¹

Progress must be sustained and even greater innovation is needed to root improvements in neighborhoods hard-pressed by poverty, poor housing, and a weak infrastructure of municipal services and supports. It is in these communities that child well-being lags and where the future looks bleak for too many children. Sadly, there remain in New York City staggering numbers of young people who go without the opportunities they need to become independent, productive adults. The civic fabric is weakened when hard-working families are unable to provide for their children, when families leave the city in search of better schools, when rental housing is too expensive, and when young people do not graduate from school with the skills necessary to meet the challenges of the workforce.

Beyond the sheer number of children living in New York City, young people depend on and use government and government-funded services at a higher rate than do other population groups. This magnifies the importance of priorities set and decisions made by city leaders about the types of services that are available for children, how easy or difficult it is for children to access those services, where services are located, as well as larger policy issues like the affordability, quality and effectiveness of city services for children.

The city budget is the bottom line when it comes to children's services. It codifies the city's priorities and captures city, state and federal financial obligations for children. Ultimately, improvements in child well-being are linked to the level of government investment in quality services and supports.

¹ Citizens' Committee for Children (CCC), Keeping Track: 7th Edition, 2005.

A decade worth of data collected in CCC's flagship publication, *Keeping Track of New York City's Children*, shows that strategic investments, targeting resources to a particular problem, in a particular community, through the provision of proven effective services and supports, have improved outcomes for children. To illustrate, significant improvements in the health status of New York City's children, from increased immunizations to decreased incidence of lead poisoning, suggest that data-driven development of targeted public health and pediatric primary care programs and efforts to provide all children with health insurance coverage does improve child health. And, the availability of quality, early care and education opportunities, eases a family's transition from welfare to the workforce, increases job retention and prepares children for school success.

Prospects and Promises 2006: A Guide to Children's Services and Budgets for New York City Policymakers describes nine New York City service delivery systems for children. It identifies major system reform initiatives that are underway and outlines work still to be done. It includes recommendations in the following areas: government relations; planning; resources; interagency coordination; system reform; and operations that seek to:

- Improve service coordination and communication
- Expedite and streamline access to public benefits and services
- Increase accountability and public reporting
- Maximize state and federal funding
- Improve access to information and referral assistance

We urge the city to continue to 1) improve the management and operations of services for children; 2) advance new initiatives that meet emerging needs in New York City neighborhoods; and 3) set quality of life benchmarks to measure performance.

The success of the following child-serving system improvements and reforms is critical to child well-being:

- Continuation of public school and education financing reforms.
- Child welfare system improvements in protective, preventive and foster care services.
- Implementation of *Rethinking Child Care: An Integrated Plan for Early Childhood Development in New York City* and expansion of child care capacity.
- Juvenile justice reform and service realignment.
- Continuation of the Department of Homeless Services reforms - strengthening services and supports for homeless families and increasing the availability of affordable housing.
- Health insurance coverage and a medical home for every New York City child.
- Continuation of Early Intervention reform.
- Implementation of New York State's new children's mental health initiatives; development of a universal newborn home visiting program; and development of obesity prevention and other public health campaigns for children.
- Continuation of operational improvements and realignment of Child Health Clinics.
- Implementation of the OST initiative and a commitment to ensure that after school services are available to all children who need them.

CHILD CARE and EARLY EDUCATION

Child care and early education services in New York City, administered across multiple agencies, draws resources from a variety of government funding streams. Services for children 0 – 5 include: programs that prepare low-income children for success in school such as subsidized child care, Early Head Start, Head Start; programs available regardless of income such as Universal Pre-Kindergarten; and services tailored to meet the needs of children with developmental delays and disabilities, such as Early Intervention and Preschool Special Education. In New York City, Over 100,000 children age 0 – 5 , despite their eligibility, are not enrolled in either a child care or early education program because of supply shortages.²

Child Care

New York City has been involved in child care delivery and oversight since 1941, and is home to the largest publicly subsidized system of child care in the nation. The city subsidizes approximately 94,000 child care slots and regulates these along with private centers. At its best, quality child care provides comprehensive support to each child's healthy growth and development. Well-designed programs provide children with a safe and stimulating environment, adequately trained caregivers in numbers that allow for quality interactions between adults and children, and a varied, developmentally-appropriate curriculum. Studies of child care programs have indicated that children who attend higher quality programs perform better in the early grades.³ Unfortunately, national studies have also found that an alarming proportion of programs provide care that is often substandard or adequate at best.⁴

Three New York City agencies are involved in the administration and oversight of subsidized child care; the Administration for Children's Services (ACS), the Human Resources Administration (HRA), and the Department of Health and Mental Hygiene (DOHMH). ACS provides child care subsidies for low-income families through contracted programs (licensed centers and regulated family child care homes) and vouchers.⁵ HRA provides vouchers for child care to families receiving public assistance and engaged in work activities, and those families transitioning from welfare-to-work. Child care is also available through non-government subsidized programs operated by for-profit corporations, religious institutions and unions, as well as for-profit and not-for-profit entities, which are either fee-for-service or are subsidized by employers/unions. Some programs combine private-paying child care slots with government subsidized child care slots. The DOHMH's Bureau of Day Care is responsible for oversight and monitoring of child care programs to ensure that they meet basic health and safety standards. The New York State Office of Children and Family Services (OCFS) is responsible for issuing regulations and guidelines to each of these local agencies.

² Child Care: *The Family Life Issue*, Citizens' Committee for Children of New York, Inc., 2000.

³ *Cost, Quality and Child Outcomes in Child Care Centers*. Denver: University of Colorado. Cost, Quality, and Child Outcomes Study Team, 1995.

⁴ Ibid.

⁵ Contracted programs include child care centers and networks of family child care providers that are supported entirely by government funding.

Early Education

New York City also provides early education programs that serve over 70,000 children birth to five. These programs are structured around program and curriculum standards that reflect a school-readiness orientation. They include: Head Start, a federally funded program for low-income children age 3 – 5, administered by ACS, serving 19,000 children; Universal Pre-Kindergarten - an early education program for four-year-olds across New York State - serving 44,000 New York City children in schools and through child care agencies contracting with the New York City Department of Education (DOE); Targeted Pre-Kindergarten for 3 and 4 year olds in low-income families; and Preschool Special Education, an educational program that addresses the learning needs of preschool students with a disability or developmental delay in cognitive, language and communicative, adaptive, socio-emotional or motor development, which adversely affects the student's ability to learn.

RECOMMENDATIONS

Integrating Child Care, Early Education and Early Childhood Special Education

Last October, the Mayor unveiled a comprehensive plan to expand child care and early education programs. Key elements include: 1) doubling the number of children receiving Universal Pre-Kindergarten opportunities and subsidized child care slots; 2) extending child care services to 6:00 p.m. to better meet the needs of working parents; 3) supporting early childhood education providers by establishing clear procedures for eligibility, enrollment, and payment for care, including web-based access to information; and 4) streamlining services across city agencies that provide early childhood education services for young children.

Following the Mayor's announcement, ACS released its strategic plan, *Rethinking Child Care: An Integrated Plan for Early Childhood Development in New York City*. The plan outlines the agency's strategy for moving toward a system of early childhood education that provides high quality services that support children's development and promote positive outcomes for low-income children.

Rethinking Child Care lays out a plan to: 1) maximize resources and streamline child care and Head Start services within ACS; 2) enhance quality through performance management and technical assistance; 3) improve access to child care and Head Start by directing resources to underserved communities, expanding care for infants and toddlers, integrating contracted and voucher-based systems of child care and streamlining community-based enrollment; 4) promote expansion of services by guiding facility development; and 5) facilitate the coordination and integration of early childhood education services across agencies by working with HRA, DOE and DOHMH.

To enhance child care quality, the Mayor has proposed that ACS develop and implement performance standards and assessment tools, similar to those used by the Department of Education. In addition, the ACS Division of Child Care and Head Start and HRA child care will be combined under the auspices of ACS to serve as one comprehensive child care system, eliminating duplication by establishing a uniform process for child care eligibility, enrollment, and payment.

System Reform:

- Monitor and track progress on the implementation of performance standards and assessment tools.

- Monitor and track progress on *Rethinking Child Care: An Integrated Plan for Early Childhood Development in New York City*.

Interagency Coordination:

- Integrate the population of 64,000 young children with disabilities (in Early Intervention and Preschool Special Education programs) into *Rethinking Child Care: An Integrated Plan for Early Childhood Development in New York City*.

Enrollment of Children with Special Needs in Child Care Programs

Research shows that children with developmental delays and disabilities benefit from early educational settings that provide them with opportunities to interact with non-disabled peers. Yet despite the demand for child care services for special needs children, a survey of fully-contracted child care providers revealed that only 3% of enrolled children have a developmental delay or disability. Providers of subsidized child care struggle to make ends meet, and the possibility of having to make programmatic adjustments to serve special needs children and incurring related expenses may discourage many providers from serving children with special needs. ACS provides an increased reimbursement rate for child care providers that enroll children with special needs, however, providers are often unaware of the rate differential, and the process for receiving the rate is difficult.

Resources:

- Publicize the availability of the special needs reimbursement rate to serve as an incentive for providers to enroll children with special needs.

Interagency Coordination:

- In order to increase access to early childhood education and early childhood special education, DOE, DOHMH and ACS should coordinate utilization of vacant classroom space in subsidized child care programs and develop targeted pilot inclusion projects in high-need communities.

Center-Based Child Care – OST Initiative

The Mayor's Out-of-School-Time initiative transferred school-age child care from ACS to the Department of Youth and Community Development (DYCD). With the first phase of the transfer currently in place, almost 3,000 center-based, school-age child care slots and associated funding have been eliminated from child care programs that once served school-age children in addition to children birth to five. An additional 14,000 slots will be removed during the second phase of implementation at the start of the 2006 - 2007 school year. Serious questions remain about the impact that the OST initiative will have on ACS child care programs which will lose funding for their school-age classrooms, but will still have to meet overhead costs of rent and utilities if they are to continue to serve children birth to five. Given the already short supply of early childhood education opportunities, program closures that could result will have a detrimental effect on children and families.

Resources:

- Allocate additional resources to fill classrooms left vacant by the transfer of school-age child care from ACS to DYCD.

Family Child Care Networks

Regulated family child care – a family residence in which a provider cares for children – is often the preferred choice for many families searching for an intimate child care setting for their very young children. They are also often preferable for parents who work non-traditional hours and

on weekends, as they are typically more flexible than care provided in centers. Many family child care providers chose to affiliate with contracted ACS family child care networks. These networks enhance quality by providing a range of services such as start-up assistance and materials; help interpreting and meeting health and safety regulations; ongoing training; assistance with curriculum development and enrollment; and four visits annually to monitor program standards. Unfortunately, rather than reward providers that have made a commitment to improve the quality of their programs, New York City and New York State no longer cover the cost of network services, requiring providers to pay a weekly \$17.06 fee per child for network affiliation. These fees are a disincentive for network membership and quality enhancement, among providers who receive an average salary of \$10,500.⁶ Further, the \$17.06 network reimbursement rate has not increased since 1992 and therefore does not provide full support for the activities of contracted networks.

Resources:

- Increase the family child care network reimbursement rate from \$17.06 to \$35 per child and share the full cost with the state in a 50%/50% split.

Government Relations:

- The Mayor and the City Council's state legislative agendas should include a request for the state to share 50% of the cost for the rate.

Child Support Enforcement

A May 2004 New York State Child Support Enforcement Regulation requires families to obtain a child support order or provide proof that they are independently pursuing paternity and support as a condition of child care eligibility. New York City has not yet implemented the regulation, which may likely have the unintentional effect of pushing families into underground child care arrangements to avoid administrative obstacles or perceived safety risks, thereby limiting access to child care subsidies and having a potentially detrimental impact on the most vulnerable population. These new regulatory requirements add administrative and fiscal burdens to local government and the Family Court system as implementation will require training and additional supervision of hundreds of front-line child care staff to enable them to make sound good cause determinations where domestic violence and emotional harm would result from enforcement. Further, it is estimated that implementation will result in up to 30,000 new cases added to New York City Family Court dockets.

Government Relations:

- The Mayor and the City Council should work together to jointly request that OCFS repeal the regulation.

Child Care Accessibility

The Mayor has proposed offering quality wrap-around/extended-day programs for children 0-6 years old until 6 PM, making it easier for working parents to receive high quality child care. Enrollment will be facilitated with a new, 2-page application form online at www.nyc.gov, available at community based organizations, libraries, schools and government offices and by calling 311. Information regarding child care center performance will also be available to parents through the city's official website as well as by calling the 311 information line.

Planning:

- Monitor and track progress on implementing wrap-around/extended-day services.

⁶ *Current Data on Child Care Salaries and Benefits in the United States*, Center for the Child Care Workforce, 2000.

- Monitor and track progress on simplifying the application process for child care and making information readily available to parents.

New York City Child and Dependent Care Tax Credit

Both the federal non-refundable and New York State refundable Child and Dependent Care Tax Credit (CDCC) have been highly successful in helping to lessen the financial burden of raising children for many families. These credits target working families who pay a portion of their income toward care for children under the age of 13 or a dependent adult such as an elderly parent or disabled spouse. The federal and state CDCC's provide needed support to allow working parents to remain in the labor force, thus encouraging work, without compromising care for children or adult dependents.

Government Relations:

- The Mayor and the City Council's state legislative agendas should include a request to authorize the city to create a New York City Child and Dependent Care Tax Credit.

Resources:

- Create a refundable New York City CDCC for working families to offset the cost of caring for children and/or other dependents. The city credit should mirror the state's CDCC refundable tax credit and provide a credit to families depending on income and family size.

EDUCATION

The New York City public school system is the largest in the country, responsible for educating 1.2 million students in 678 elementary, 218 intermediate/junior high and 223 high schools with an annual budget of \$13 billion. The system faces a vast array of challenges including: chronic under-funding, severe overcrowding and large class sizes, with 12 of 32 school districts classified as overcrowded, and the system as a whole suffering from a shortage of 69,000 seats; low levels of academic achievement at a time when new promotion and graduation standards are being imposed on students; and limited opportunities for students to participate in extracurricular and other activities that have been proven to motivate and engage students.

The challenge faced by the New York City Department of Education is to educate children with a diverse array of educational needs, many of whom are from low-income backgrounds, with per pupil expenditures that fall well below those in other portions of the state and have been determined inadequate to provide students with a sound, basic education.

Concern about the performance of the New York City schools has resulted in policy shifts from a system of governance that rests in the hands of an elected board of education to Mayoral control and from local community district to centralized control at the Department of Education. In June 2002, the New York State Legislature passed a law that gave the Mayor direct control over the Department of Education with a Schools Chancellor that appoints the Regional Superintendents who supervise the 10 Instructional Leadership Divisions. A 13-member Panel on Education Policy advises the Chancellor on matters of school policy and consists of 8 Mayoral appointees (including the Chancellor) and 5 parent members appointed by the Borough Presidents.

The Mayor's ownership of public school education has resulted in a wave of new school reforms as the Chancellor has unveiled the Department of Education's *Children First* Initiative. Reforms include: a uniform math and reading curriculum throughout the city; the hiring of 1,000 parent coordinators; the development of 150 small high schools to replace large-scale student bodies; a principal's training academy; promotion rules that are in place in the third, fifth and now seventh grades; and an increase in instruction time to assist struggling students and to improve students' test scores.

RECOMMENDATIONS

Campaign for Fiscal Equity

In June 2003 after a protracted appeals process, the New York Court of Appeals ruled in favor of the Campaign for Fiscal Equity, a nonprofit coalition of parent organizations. This ruling reinstated New York State Supreme Court Justice Leland DeGrasse's 2001 trial court holding that all children are constitutionally entitled to the opportunity for a "sound basic education" that prepares them to function as civic participants and his finding that the state's current funding system fails to meet these requirements.

In 2005, the Court upheld the decision of a Special Masters' Panel, appointed by the New York State Court of Appeals to address the funding formula. The Panel concluded that New York City needed an additional \$5.63 billion for operations, and \$9.2 billion for facilities

improvements. The Governor and the Legislature have still failed to pass a budget that addresses these needs.

Government Relations:

- The Mayor and the City Council's state legislative agendas should include a request to fully meet the court's order and the Special Master Panel on Education's decision that New York City needed an additional \$5.63 billion for operations, and \$9.2 billion for facilities improvements.

Facilities

The Governor and the Legislature have failed to allocate funds to resolve the Campaign for Fiscal Equity lawsuit, and to develop a schedule to provide \$9.2 billion for capital development as ordered by the New York State Court of Appeals. Last year, the Mayor and the City Council advanced DOE's Five-Year Capital Plan which addresses vast school building needs for new construction, restructuring and renovation, by providing city tax levy funds in CFY06 to cover anticipated state resources. This year however, the Mayor has proposed delaying school building projects until state revenue is forthcoming.

Government Relations

- The Mayor and the City Council's state legislative agendas should include a request to provide New York City with capital funds for school buildings as required by the decision of CFE lawsuit and the Special Master Panel on Education.

Planning:

- Monitor and track progress on the implementation of the 2005 – 2009 Five-Year Capital Plan.

Universal Pre-Kindergarten

New York State's Universal Pre-Kindergarten program was designed to provide all four-year-olds with access to a half-day of pre-kindergarten. However, funding falls short of what is necessary to serve all four-year-olds. Universal Pre-Kindergarten slots have remained constant since 2002, when program expansion hit a plateau. With an ambitious school reform initiative in New York City that includes increased promotional standards for children in grades 3, 5, and 7, it is critical to provide children with the precursors for learning to ensure school readiness.

Government Relations:

- The Mayor and the City Council's state legislative agendas should include requests to:
 - increase UPK's funding by \$100 million in SFY06.
 - Pilot a \$6 million UPK Workforce Incentive Plan to assure a qualified teacher in every pre-kindergarten classroom by: investing in a loan forgiveness program; making all Pre-K teachers eligible for professional development opportunities available to public school teachers; and paying all certified Pre-K teachers at comparable levels to those in public K-12 schools.
 - Provide New York City with funds required by the CFE lawsuit and the Special Master Panel for Education enabling New York City to expand UPK to a full day for all four-year-olds and a half-day for three-year-olds as recommended by the Mayor.

Preschool Special Education (PSE):

PSE is an educational program aimed to address the learning needs of preschool students with a disability or developmental delay in cognitive, language and communicative, adaptive, socio-emotional or motor development, which adversely affects the student's ability to learn. Services range from speech-language pathology; audiology; occupational therapy; physical therapy; orientation and mobility services; vision services; psychological services; assistive technology; (school) health services; (school) social work services; family training and counseling services; and other developmental or corrective services. These services take place in the Least restrictive Environment (LRE) and are provided in a variety of configurations determined by the child's age, health status, maturity level, motivation, the child's coping strategies and frustration level. The continuum of preschool special education services includes: 1) related services provided at an approved or licensed pre-kindergarten, child care, or Head Start program, the work site of the provider, a hospital, a state facility or the student's home; 2) Special Education Itinerant Services (SEIT) provided by a certified special education teacher on an itinerant basis at an approved or licensed pre-kindergarten, child care, or Head Start program, the work site of the provider, a hospital, a state facility or in the student's home;⁷ 3) a special class in an integrated setting with non-disabled peers; 4) a special class half-day; and 5) a special class full-day. Unfortunately, due to inadequate administrative staffing levels, frequent delays abound for both evaluations and access to services. Further, Preschool Special Education facility-based programs reach enrollment capacity in September, limiting access to services for children determined eligible for services later in the school year or that move from one district to another mid-year.

Resources

- Increase staffing levels in DOE regional and school district offices to ensure timely evaluations and delivery of PSE services to children and families.

Government Relations:

- The Mayor and the City Council's state legislative agendas should include a request to increase the number of contracts for facility-based services and reserve space for children needing services later in the calendar year.

Interagency Coordination:

- In order to increase access to early childhood education and early childhood special education, DOE along with the Department of Health and Mental Health (DOHMH) and the Administration for Children's Services (ACS) should coordinate utilization of vacant classroom space in subsidized child care programs and develop targeted pilot inclusion projects in high-need communities.

Class Size Reduction

Research has shown that students in small classes perform better. Unfortunately, as a result of a facilities shortage and lack of adequate school funding, overcrowded classes have become the norm in New York City. Further, class sizes have a dramatic impact on the learning environment, and crowded classrooms have a negative impact on the ability of the school system to retain qualified and experienced teachers.

System Reform and Resources:

- Cap class size to allow for individualized instruction, additional time on task and to improve classroom conditions for teaching and learning.

⁷ Services are only delivered in the home if the documented medical or special needs of the student indicate that transportation to another site should not occur.

- In target schools with large numbers of low-income students, cap class size at 15 in grades K-3.
- Cap class size at 18 in grades K-3 in non-target schools.

Professional Development and Supports for Teachers

Teacher quality is an essential component of a quality education, yet perhaps the hardest to deliver. Particularly for low-performing students, access to experienced teachers is critical, however, the challenges of working in low-performing schools often results in even the most dedicated teachers leaving to work in more affluent districts with better supports and greater opportunities for effective teaching. To attract and retain better teachers, a system of supports and accountability is essential.

Resources:

- Establish Novice, Career and Master career ladders to provide teachers with incentives and opportunities to become more skilled and assume additional responsibilities.
- Assign one Master Teacher for every 500 students in a school, and one for every 250 students in low-performing target schools.
- Create a comprehensive professional development program that is linked directly to instruction and classroom practice.

YOUTH DEVELOPMENT

Youth development programs supplement school academic curriculum with tutoring, offer leadership and skills development and provide summer activities, employment and preparation for adulthood. Unfortunately, despite the variety of service options, the supply of opportunities is limited. Approximately 1,000 youth development programs serve hundreds of thousands of children and youth age 6 to 21 in programs which vary in frequency and intensity from a single workshop, activity or drop-in recreational or arts program to daily enrollment-based programs provided after-school, during the evenings or school holidays, and also include summer employment. In addition, year-round and summer youth employment services are available to young people between the ages of 14 to 21. Still, 450,000 school-age children need, but go without opportunities to participate in youth development programs.⁸ Quality youth development programs encourage young people to participate in challenging and stimulating activities and ensure that they have access to creative, recreational and skill-building opportunities. Youth employment programs prepare young people for entry into the workforce, and serve as an important source of work experience and financial support.

The New York City Department for Youth and Community Development (DYCD) administers youth services through contracts with non-profit community based organizations such as YMCA's, settlement houses, schools, and community-based organizations. The programs vary widely in size and scope from organizations which offer a single arts or recreational activity, to larger programs which offer an array of services that might also include job training and summer employment, mentoring, tutoring, counseling, conflict resolution services to runaway and homeless youth or college preparation. Youth development programs encourage young people to participate in challenging and stimulating activities and ensure that they have access to creative, recreational and skills-building opportunities.

RECOMMENDATIONS

Out-of-School Time

In 2003, the Mayor began a transfer of school-age child care from ACS to DYCD as part of the Out-of-School Time Initiative (OST). As envisioned, savings that result from streamlining and reduced per child program costs will enable DYCD to serve a projected 33,000 and 54,800 children and youth in 2006, and 2007 respectively in structured, OST services at the same level of quality as children served in school-age child care. Unfortunately, funding levels do not make services available to all children and youth that need them - the findings of a 2004 survey of New York City parents reveal that close to 450,000 children whose parents would like them to be in an OST program are without a structured and supervised activity after school or on weekends.⁹ Further, by lowering the reimbursement rate for services and requiring programs to obtain foundation and other sources of private funding to fully cover the cost of services, the OST paradigm threatens the quality of services delivered, even while requiring that providers meet increased program standards.

⁸ *Out of School Programs and Services in New York City: Participation, Satisfaction, & Barriers*, Beldon, Russonello and Stuart, 2004.

⁹ Beldon Russonello & Stewart; *Out of School Programs and Services in New York City: Participation, Satisfaction Barriers*; Conducted for Citizens' Committee for Children of New York, April 2004.

System Reform:

- Track the implementation of the OST initiative to ensure minimal disruption to children and families in the transition from school-age child care to OST.

Resources:

- Increase the per-child cost for year-round programming for elementary, middle, and high school youth.
- Invest in OST services development and phase in OST program expansion over a period of five years to meet the needs of an estimated 450,000 unserved children and youth.

Government Relations:

- The Mayor and the City Council's state legislative agendas should include requests to:
 - Increase funding for Youth Development and Delinquency Prevention to conform the per capita rate to \$6.50 as outlined in State Executive Law and restore funds to 1990 levels, in order to serve more New York City youth in after school programs.
 - Adequately fund Extended Day/Violence Prevention programs to provide more programs in high-need school districts that offer academic support and after school programs for youth who are at-risk of dropping out of school or entering the juvenile justice system.

Summer Youth Employment Program

The Summer Youth Employment Program (SYEP) is a federal summer jobs program for youth that has historically provided tens of thousands of young people with the opportunity to enter the workforce. However, since the 1998 passage of the federal Workforce Investment Act (WIA), which included new programming requirements that focus on year-round services for out-of-school youth, the number of youth with summer jobs has not met the demand of over 80,000 applicants.

Government Relations:

- The Mayor and the City Council's state legislative agendas should include a request to provide TANF funds for SYEP outside of the Flexible Fund for Family Services block grant and increase funding in order to again serve 19,000 youth statewide at the new state minimum wage.

Resources:

- Baseline city funding that supports the SYEP program to ensure, that when added to state resources, the city can serve 39,000 youth.

Beacons

Beacons are school-based multi-service centers, run by non-profit organizations, offering children, youth and families a broad range of services. Beacons were established in 1991 to develop schools as a community resource before and after school, on weekends, and during school vacations. 80 Beacons serve over 159,000 youth citywide. Originally funded at \$450,000 annually, each of the 80 Beacons now receives \$400,000 and each Beacon must now serve 1,700 youth per year, a 100% increase since they were founded.

Resources:

- Baseline school opening fees for BEACONS.
- Create programming within BEACONS to serve disengaged youth (at-risk of dropping out and out-of-school youth.)

HOMELESSNESS and HOUSING

Staggering housing costs accompanied by an overall divestment in the development and preservation of affordable housing by the federal government has left some of New York City's neediest families with limited housing options and exorbitant rents. Citywide, almost a quarter of residents pay half or more of their income on rent, and it is not uncommon for families to live in overcrowded and unsafe housing conditions to keep rents affordable. High costs, limited housing availability, and poor housing stock create the conditions in which too many families live in unstable housing conditions, risk eviction, and as a last resort, are forced to seek shelter for homelessness.

Family Homelessness

The Department of Homeless Services (DHS) is the lead agency in New York City that provides transitional housing (shelter) to homeless families and single adults. DHS also provides prevention services, including anti-eviction legal services to families and single adults at risk of homelessness. DHS directly operates two central intake facilities where homeless families may apply for shelter as well as access to a range of housing related services including: legal services to avoid eviction, and referral to public benefits and social services available through other city agencies. The Prevention Assistance and Temporary Housing (PATH) office is the central intake office for families seeking shelter for the first time and the Emergency Assistance Unit (EAU) is the central intake office for families re-applying for shelter. Families who are deemed eligible for shelter are placed in apartment-style Tier II shelters. The majority of the city's transitional housing and homeless prevention programs are provided through contracts with community based service providers. On any given night, 7,700 families including 12,000 children are in shelter.¹⁰ This census is a dramatic decrease from the city's all time high of 9,200 families with 16,500 children in 2003.¹¹

The decrease in the homeless shelter census in recent years can be attributed to the implementation of a number of recommendations made in a 2002 report by DHS, *The Second Decade of Reform: A Strategic Plan for New York City's Homeless Services* as well as recommendations made by the Homeless Family Special Master Panel appointed in 2003. To date, DHS has: created a new central intake office (PATH) and a new eligibility determination process that will place families in shelter quickly and close to their home communities in order to avoid disruption in school or support systems; developed a new homelessness prevention program – HomeBase - available in six high-needs neighborhoods to help identify and serve families at-risk of homelessness before resorting to shelter; and in partnership with the Human Resources Administration, created the Housing Stability Plus (HSP) rent subsidy program for families in shelter and on public assistance, to address the recent federal cuts to the federal Section 8 program. In CFY05, HSP providers were successful in placing over 2,128 families into permanent housing.¹²

¹⁰ Department of Homeless Services. Emergency Housing Services for Homeless Families Monthly Report, January 2006.

¹¹ Department of Homeless Services. Emergency Housing Services for Homeless Families Monthly Report, January 2006; January-December 2003.

¹² Preliminary Fiscal 2006 Mayor's Management Report, Mayor's Management Report.

Homeless Youth

In New York City, there are less than 750 crisis shelter (30 day, short-term shelter) and transitional housing (18 month, long-term shelter) units available to youth who are homeless and on their own. Shelter is provided through contracts with the Department of Youth and Community Development (DYCD) or the federal Department of Health and Human Services (HHS). Non-residential services are also provided through contracts with these two agencies.

Few shelter and permanent housing options are available to homeless youth in New York City, a disproportionate number of whom have been involved in the child welfare system, the juvenile justice system or have experienced homelessness with their families. The CFY06 budget included \$1.2 million to expand homeless youth residential beds. However, the CFY07 Preliminary Budget proposes to cut these funds.

Affordable Housing

The Department of Housing Preservation and Development (HPD) develops and preserves affordable housing through the use of several programs that provide low interest loans, grants, tax incentives and tax abatements to housing developers who build affordable housing. HPD partners with the Housing Development Corporation (HDC), a public benefit corporation that is responsible for taxable and tax-exempt financing through the issuance of bonds and notes for the development and preservation of affordable housing.

RECOMMENDATIONS

The City's Housing Plan

The Mayor has put the affordable housing crisis at the top of his agenda. In 2002, the city embarked on its *New Housing Marketplace Plan* to preserve over 65,000 units of affordable housing for low, moderate and middle-income households by Fiscal Year 2008, committing to \$3 billion in new, redirected and private funding sources to accomplish this goal. The Mayor has since increased the target number of units to 68,000 including over 13,000 units of supportive housing. The *New Housing Marketplace Plan* commits to: develop and preserve affordable housing units for low, moderate and middle income New Yorkers including preservation of Mitchell-Lama and project-based Section 8 buildings; create a comprehensive housing services website; reclaim unused land for affordable housing; incorporate inclusionary zoning; and continue to develop affordable housing that is already underway. Housing finance mechanisms initiated in 2005 include: New York/New York III, a city-state agreement to fund the expansion of supportive housing units available to families and singles including young adults and youth aging-out of foster care; a four-year commitment for a New York City Housing Trust Fund that will develop and preserve 4,500 units of affordable housing; and a public/private partnership with five foundations to foster the development of 30,000 homes for low and moderate-income families.

Planning:

- Monitor and track progress made on the *New Housing Marketplace Plan* to ensure the development and preservation of affordable housing for low and moderate-income households.
- Monitor and track the implementation of the New York/New York III agreement to ensure set-asides for families and young adults.

Housing Security

Income contributions to rent or mortgage payments far exceed the 30% housing affordability standard for many families,¹³ in large part, because of exorbitant housing costs that have outpaced the rate of inflation and the overall divestment of federal government funds responsible for the expansion of the supply of affordable housing in years past. In New York City, 28.8% of renters pay more than 50% of their household income.¹⁴ With the threat of further reductions in the federal Section 8 program and the overall lack of housing assistance available to low-income working families, the creation of a local rent assistance program can help bridge the gap for many families who struggle to achieve housing security.

Resources:

- Create a time-limited Housing Security program in the form of rent subsidies and mortgage assistance for low-income families earning up to 80% of the Area Median Income (\$50,240 for a family of four¹⁵) and paying more than 50% of their income in rent.

Government Relations:

- The Mayor and the City Council's state legislative agendas should include a request for the state to pay 50% of the cost to create a Housing Security Program.

Anti-Eviction Legal Services Programs

Anti-Eviction legal services help low and moderate-income families and individuals maintain housing stability and avoid homelessness. It has been documented that for each dollar spent on anti-eviction legal services, four dollars are saved in shelter costs.

System Reform:

- Consolidate anti-eviction legal services programs into one agency to improve accessibility and to avoid duplication of services.

Resources:

- Expand these services to serve a greater number of families and individuals.

DHS HomeBase Program

In 2004, DHS developed a new homeless prevention program called HomeBase and allocated \$2 million to six community districts including the South Bronx, East Tremont/Belmont, Bedford Stuyvesant, Bushwick, East Harlem, and Jamaica. Community-based organizations awarded grants are charged with assisting families and individuals at-risk of becoming homeless, particularly non-lease-holding individuals and families in doubled-up living situations, through targeted services and financial assistance. According to the Mayor's Fiscal Year 2005 Management Report, the HomeBase program served approximately 1,200 households; 96% of families served through this program did not enter the shelter system.

Resources:

- Increase funding to expand the HomeBase Program to high need community districts and help families avoid housing instability and homelessness.

¹³ The U.S. Department of Housing and Urban Development (HUD) uses an affordability standard equal to 30% of an individual or family's income. This standard is the basis for most federal, state and local housing program eligibility.

¹⁴ Selected Findings of the 2005 New York City Housing and Vacancy Survey published by the New York City Department of Housing Preservation and Development. 2/10/06.

¹⁵ According to HUD, 100 percent of the Area Median Income (AMI) for a family of four in New York City is \$62,800. 80 percent of this AMI for a family of four would be \$50,240.

Renter's Tax Credit

A housing allowance in the form of a Renters Tax Credit can help working families who struggle to make rent payments. In 1997, New York State implemented the State School Tax Reduction (STAR) Credit for New York homeowners over 65 years of age and expanded to all homeowners in 2000. This tax credit was created to offset high property taxes, specifically school taxes, for primary resident homeowners only. 67% of New York City households - renters whose payments increase as property taxes increase - receive instead a nominal New York City School Tax Credit. This inequity is further exacerbated because of deductions for mortgage interest and other tax credits available exclusively to homeowners. A Renters Credit in New York State would correct this inequity. This tax credit should be refundable, available to all renters and tied to income with families who earn less receiving higher credits.

Government Relations:

- The Mayor and the City Council's state legislative agendas should include a request for legislation to create and fund a Renters Tax Credit targeted to working families with children.

Work Support-Rent Subsidy for Families Earning Under 200% Federal Poverty Level

In 2005, DHS initiated the Housing Stability Plus Program (HSP) that provides homeless families who are on public assistance with a rent subsidy. However, families who transition to work are no longer eligible for this support.

Government Relations:

- The Mayor and the City Council's state legislative agendas should include a request to increase New York City's allocation of the Flexible Fund for Family Services block grant to allow New York City to create a Work Support-Rent Subsidy Program for families earning under 200% FPL.

Housing Trust Fund

In April 2005, the Mayor announced the creation of the New York City Housing Trust Fund financed by \$130 million in surplus revenue from Battery Park City. Funding for the first year would be \$46 million, with funding continuing for four years. The city's Housing Trust Fund will support the development and preservation of housing for New York City families earning between 30% and 80% of the Area Median Income (AMI).¹⁶ It will also fund acquisition, renovation and loans for Mitchell-Lama and project-based properties at risk of converting to market rents, and land acquisition and predevelopment costs for affordable housing.¹⁷ The creation of this housing trust fund is expected to yield an additional 4,500 units of housing for New York City families and individuals. A housing trust fund is characterized by its dedicated and recurring funding source that ensures a long-term government commitment to affordable housing that can withstand the pressure of budget cuts.

Resources:

- In order to make the New York City's Housing Trust Fund a "true" trust fund, commit Battery Park City surplus continuously, beyond the current four-year time limit, thereby creating a recurring, dedicated source of revenue.

¹⁶ The Area Median Income (AMI) in New York City is \$62,500 for a family of four. Families earning 30 percent to 80 percent of AMI earn between \$18,750 and \$50,000.

¹⁷ City of New York Press Release. Mayor Michael R. Bloomberg and New York City Comptroller William C. Thompson, Jr. announce proposal for \$130 million housing trust fund. April 19, 2005.

Government Relations:

- The Mayor and the City Council's state legislative agendas should include a request to build on the New York State Department of Housing and Community Renewal's (DHCR) Low Income Housing Trust Fund program by establishing a dedicated and recurring revenue source to support the existing state program. Revenue streams may include but not be limited to: a set-aside percentage of the Mortgage Recording Tax (MRT) on Class 1 and 2 properties (residential homes and condominiums); set-aside from Real Estate Transfer Tax; the imposition of new fees on luxury housing; and Housing Finance Agency (HFA) insurance fees.

Inclusionary Housing

Mandatory and voluntary inclusionary housing policies (the incorporation of affordable housing in developments that benefit from tax breaks, government subsidies or rezoning) have been developed in hundreds of cities and states across the country, in order to garner affordable housing. Research suggests that *mandatory* inclusionary housing policies do not hamper development, and if done correctly, do not put an undue burden on developers to include affordable housing units in their overall plans.¹⁸ A Pratt Institute study estimated that mandating the inclusion of affordable housing in rezoned areas in New York City can potentially yield 40,000 new affordable housing units in 10 years and 80,000 new affordable units if higher density zoning were considered in some communities.¹⁹ New York City's inclusionary housing policies are modest at best. Currently, the city requires housing development between 14th Street and 96th Street that receive tax breaks, to include affordable housing units (either on-site or nearby). This provision was recently extended to certain parts of Brooklyn.

System Reform:

- New York City should require all housing developments in receipt of city tax benefits (not only those developed in parts of Manhattan and Brooklyn), to include affordable housing either on site or nearby.
- New York City should implement mandatory, inclusionary zoning policies when non-residential areas are "up-zoned" to residential areas in all five boroughs; and encourage voluntary, inclusionary zoning - with community approval - by offering density bonuses²⁰ or appropriate incentives for developers, in exchange for a set-aside of affordable housing units.

¹⁸ Ibid.

¹⁹ Increasing Housing Opportunity in New York City. The Case for Inclusionary Zoning. Report by Policy Link and Pratt Institute Center for Community and Environmental Development. Fall 2004.

²⁰ Density bonuses are allotments from the city to allow developers to build to additional heights.

CHILD WELFARE

The city's Administration for Children Services (ACS) is charged with ensuring the well-being of all New York City children and providing child welfare services either directly or through a contract agency. Child welfare services provided by the city include: protective services (investigations of alleged abuse and neglect); preventive services (to avert foster care placement); foster care services for children who cannot remain safely at home; and adoption services for children who cannot be reunified with their families and are in need of a permanent and nurturing home.

The recent deaths of children known to ACS have led to an increased focus in assessing safety and risk, and have prompted both an examination of frontline case practice as well as the identification of resource needs in protective and preventive services. The review of the city's child welfare data suggests that the overall number of children and families at risk receiving child welfare services has declined, and that there are areas where performance has dipped slightly, which is cause for concern²². Constant effort is needed to strengthen the continuum of child welfare services from child protective investigations to foster care, preventive, and after care services in order to maintain child safety.

RECOMMENDATIONS

Strengthening Child Welfare Services

Each child fatality reminds us that more can be done to protect New York City children and that there needs to be a continuous commitment to system improvement and oversight. Adequate and sufficient resources are required in order to reach the level of quality services needed to keep children safe. To that end, the city's commitment of \$16 million to enhance child protective services by improving training, decreasing caseload size for enhanced oversight, and strengthening safety procedures is an important step in the right direction.

Resources:

- Continue the commitment to allocate resources to enhance services including child protective, preventive, and foster care services.

Planning:

- Continue ongoing oversight of the city's child welfare system by regularly monitoring performance data and tracking indicators that reflect functioning of the overall system. Viable indicators include: number of reports of alleged abuse and neglect; indication rates, number of children receiving preventive and foster care services; the rate of subsequent reports of suspected abuse and neglect or repeat reports; number of child protective cases per worker (citywide and by borough) and the number of child abuse and neglect prevention cases per worker citywide and by borough.

Government Relations:

- The Mayor and the City Council's state legislative agendas should include a request to increase state investments to support ongoing safety assessments and intensive case management by experienced preventive service workers. Funding should be targeted to high-need districts and not require a 35% county match. The state's investment should be

²² ACS monthly update data. www.nyc.gov/acs

used to lower caseloads, hire, more MSW level workers, and increase technical support in order to increase child safety.

- Continue to lobby the Governor and the Legislature to oppose the passage of Dual Track Legislation, which calls for local demonstration projects that would assign reports of alleged abuse and neglect to either an investigative track (as currently is the case) or to an assessment track - increasing safety risks without the resources needed to adequately implement. Because differentiation of high and low-risk cases cannot be made with absolute certainty, Dual Track Legislation risks children's safety.

Realignment

In February 2005, the Administration for Children's Services released its action plan to realign the city's child welfare system. In response to the changing trends in child welfare services - with fewer children entering foster care and more families receiving preventive services. ACS aims to restructure the delivery of services by making neighborhood-based preventive and support services central to the child welfare system, supplemented with foster care services when necessary. As part of its Realignment Plan, the agency has begun to "rightsize" the care system by ending contractual agreements with low performing foster care agencies and allowing higher performing agencies to continue to provide quality services to children in foster care. In addition, in order to support this realignment initiative, ACS will reinvest the savings reaped from the declining foster care census in preventive and family support services as well as in foster care provider rates to enhance quality²³. In CFY06, \$58 million in savings attributed to the declining foster care caseload were reinvested in foster care rates; in preventive and aftercare services; and in the expansion of preventive and after care services.

System Reform:

- Expedite citywide implementation of the realignment initiative, and thereby continue ongoing reinvestment of funds to support foster care rates, aftercare and preventive services.

Medicaid Equity for Children in Foster Care

The Medicaid per diem rate (a reimbursement mechanism) falls short of covering the actual cost of providing comprehensive, coordinated, and quality health and mental health services for children placed in foster care. Although many foster care agencies provide some health and mental health services on their premises, almost all also refer children in care to hospital-based and community-based clinics where practitioners bill Medicaid Fee-For-Service. Currently, licensed mental health clinics are crippled by inadequate rates that make care coordination and cross-system communication extremely difficult, and they are unable to expand capacity to meet the enormous need for children's outpatient mental health treatment services. Additionally, licensed health clinics rates do not support coordination and communication between child welfare agencies, caregivers, and foster parents required for children in foster care²⁴.

²³ *Protecting Children and Strengthening Families: A Plan to Realign New York City's Child Welfare System.* ACS. 2005.

²⁴ *Checking-up on Children in New York City Foster Care: Does the Medicaid Per Diem Rate Ensure Access to Care.* Citizens' Committee for Children of New York, Inc. 2005.

Government Relations:

- The Mayor and the City Council's state legislative agendas should include support of the Governor's proposal to add \$500,000 to aid in the development of a federal Medicaid waiver that would allow New York State to provide proper health insurance coverage for children in foster care.

HIV/AIDS Clinical Drug Trials

Between the late 1980s and early 1990s, over 400 foster care children infected with HIV were enrolled in clinical drug trials. As the size of the population enrolled in the trials came to public attention, numerous concerns were raised. In response, ACS committed to fully investigating what occurred during the clinical drug trials in question and to take all necessary steps to protect all children in foster care now and in the future. ACS contracted the VERA Institute of Justice to examine case and medical records. Additionally, ACS convened a Health Care Advisory Panel to provide the Commissioner with ongoing guidance to: ensure a thorough quality review of clinical trial protocols and ACS policies; work with ACS to disseminate accurate information regarding the participation of foster care children in clinical drug trials; strengthen ACS policies regarding clinical trials; and improve the overall quality of health care provided to children in foster care.

Planning:

- Continue ongoing oversight of health care services provided to children in foster care.
- Continue monitoring development and implementation of clinical trials policy for the participation of children in foster care.

Permanency Legislation

Permanency Legislation passed both houses, was signed into law by Governor Pataki in July 2005 and was implemented last December. The legislation lays the foundation for improved outcomes for children and families: as it will improve the timeliness in which child welfare cases proceed through the Family Court and requires improved information sharing between the child welfare and the Court systems. Among many changes, the legislation allows the Family Court to schedule permanency hearings in advance, provide parents with continuous legal representation, utilize case conferencing and mediation, include education issues of children in foster care in court hearings, and requires early identification of parent and kin resources among others.

Government Relations:

- The Mayor and the City Council's state legislative agendas should include a request to allocate adequate funding for effective implementation of Permanency Legislation in an effort to provide needed resources for the Family Court and child welfare/legal systems to improve timeliness of permanency outcomes.

Interagency Coordination:

- As required by the new Permanency Legislation, all reunification and adoption decisions will require Family Court approval. ACS and the Family Court must collaborate and implement mandated aftercare services to ensure child safety post reunification and adoption. Mandated aftercare services may include case management, support services, and court monitoring.

Flexible Fund for Family Services (FFFS)

For SFY 06-07, the Governor has proposed allocations to the FFFS that do not reflect the carve-outs for child care, supportive housing and summer youth employment services that were negotiated last year. The proposed FFFS once again combines funding for these programs into a block grant along with work-related supports, Persons in Need of Supervision (PINS) and child welfare services, causing children to compete with adults for essential services.

Additionally, the proposed funding level continues to fall short of existing and emerging needs. A fixed block grant allocation that includes mandated spending does not provide New York City the needed flexibility to expand and implement innovative and visionary programs that can help families remain stable and off public assistance. These programs require additional funds up-front for long-term problem resolution, but will be offset by lower costs in the future.

Government Relations:

- The Mayor and the City Council's state legislative agendas should include a request to maintain the structure of the Flexible Fund for Family Services they adopted last year, and add funding to address critical new needs.

Foster Care Housing Subsidy

The Foster Care rent subsidy is available for families with children in foster care who are ready to be reunified but are unable, because of inadequate housing; to prevent children from entering foster care because of inadequate housing; and to provide a rent subsidy for youth on trial discharge from foster care. The Foster Care Housing Subsidy provides a maximum of \$300 a month up to three years or \$10,800. Within the capped amount, lump sum payments are available for rent arrears or mortgage payments and for security deposits, minor repairs, broker fees, and exterminator fees. This remains the only subsidy available to families and young adults who are not in shelters and not on public assistance. The subsidy was created fifteen years ago and has not been adjusted to allow for inflation or increasing rents²⁵.

Resources:

- The Mayor and the City Council's state legislative agendas should include a request to allow localities to increase the Foster Care Rent Subsidy above \$300 per month with the approval of OCFS.

²⁵ *Implementing Rent Assistance Programs that Work: A Review of New York City Funded Rent Assistance for Families.* Citizens' Committee for Children of New York, Inc. 2003.

CHILDREN'S HEALTH

A significant advancement in child well-being is the increased number of children covered by health insurance in New York City. The vast majority of children in New York City have coverage - a result of the increased number of children covered by Medicaid or Child Health Plus, while the number covered by employer-sponsored insurance has also remained steady. This trend has improved children's access to health care. The health status of New York City children continues to improve as the city is making solid progress toward national health objectives, approaching the goals of early prenatal care, complete immunizations, and further reducing infant mortality. Yet, pockets of preventable illness such as asthma, obesity, and infant mortality persist in certain neighborhoods. Furthermore, children in New York City are still more likely to be hospitalized for preventable illnesses such as asthma, pneumonia, respiratory diseases and dehydration than children in the rest of New York State. In addition, certain classes of children, such as children in foster care, have particularly serious health needs. Uninsured or underinsured children frequently seek care at public health clinics and hospitals and/or at the emergency rooms of any hospital facility. While the city's Health and Hospitals Corporation (HHC) and Department of Health and Mental Hygiene (DOHMH) community health centers serve children regardless of a family's ability to pay, private voluntary hospitals often deliver care to people who have private health insurance or can pay for their own health care.

RECOMMENDATIONS

A Pediatric Primary Care Focus within HHC

HHC provides health services to New York City residents (primarily serving uninsured and underinsured households) through 20 public hospitals and diagnostic clinics and 30 Child Health Clinics. While this large public hospital system serves adults and children, it does not have a pediatric primary care focus.

System Reform:

- Create a pediatric primary care focus that: ensures that Child Health Clinics continue to collaborate with DOHMH to address public health and community health concerns; assesses unmet needs for pediatric primary care services by neighborhood in order to plan for and invest in services; and targets outreach and services to underserved populations who lack access to primary care providers.
- Ensure that all HHC hospitals refer newborns in need of pediatric primary care services to a pediatric primary care provider and medical home.
- Continue the HHC and City Council Child Health Work Group, which is comprised of child health advocates, leaders in the public health field, service providers and City Council Members to: better understand the state of pediatric primary care availability in New York City; develop a long-term plan to improve children's access to primary care; and promote a primary care focus within HHC.

Child Health Clinics

The Child Health Clinics provide primary health care services to thousands of New York City children every year. There are currently 30 Child Health Clinics, located in city DOHMH District Health Centers, low-income housing projects and other city-owned buildings. Special public health services provided through the Child Health Clinics include asthma screening and

treatment, HIV testing and referral, and screening for diseases and disorders (i.e. thalassemia and sickle cell anemia), as well the provision of primary preventive care. Currently, some Clinics are underutilized and a public education campaign is underway in targeted neighborhoods to increase utilization of clinic services. In addition, year after year, the fiscal health of the Clinics and their ability to provide services is threatened by funding reductions proposed in the city's financial plan.

Resources:

- Baseline the funding for the Clinics in the city's budget in order to ensure appropriate, annual funds are provided to keep the clinics financially viable and open.

Proposed Federal Restrictions on Medicaid

Proposed federal Medicaid reforms are of concerns as they may limit access to primary and specialty care and shift costs to states and localities – creating the need to protect access to and availability of health care services for children.

Government Relations:

- The Mayor and the City Council should work in partnership with the Governor, the State Legislature, and members of the New York Delegation (federal representatives of the House of Representatives and Senate) to ensure that federal Medicaid reforms do not limit access to and availability of health care services delivered to children.

Medicaid Equity for Children in Foster Care

The Medicaid per diem rate (a reimbursement mechanism) falls far short of covering the actual cost of providing comprehensive, coordinated, and quality health and mental health services for children placed in foster care. Although many foster care agencies provide some health and mental health services on their premises, almost all also refer children in care to hospital-based and community-based clinics where practitioners bill Medicaid Fee-For-Service. Currently, licensed mental health clinics are crippled by inadequate rates that make care coordination and cross-system communication extremely difficult, and they are unable to expand capacity to meet the enormous need for children's outpatient mental health treatment services. Additionally, licensed health clinics rates do not support coordination and communication with child welfare agencies, caregivers, and foster parents required for children in foster care.

Government Relations:

- The Mayor and the City Council's state legislative agendas should include support of Governor's proposal to add \$500,000 to aid in the development of a federal Medicaid waiver that would allow New York State to provide proper health insurance coverage for children in foster care.

A Coordinated Approach to Health and Mental Health Services for Children at DOHMH

In 2001, the city's Department of Health merged with the Department of Mental Health, Mental Retardation and Alcoholism Services to form the New York City Department of Health and Mental Hygiene (DOHMH). Many children's initiatives are underway at DOHMH in health and mental hygiene and yet the merger has not produced a coordinated approach to planning and service delivery.

Planning:

- Create a children's public health and mental health plan that coordinates planning, service delivery, and education related to children's health and mental health care.

Newborn Home Visiting and Nurse-Family Partnership Programs

Currently, the DOHMH Newborn Home Visiting Program provides a home visit to a limited number of households of new mothers living in high-risk communities. This relatively small but cost effective program, promotes child safety, links newborns with medical providers and provides information on early care opportunities. Research indicates that home visiting programs reduce rates of infant mortality, improve the health of newborn children, positively impact parenting style, and reduce rates of child abuse and neglect. The expansion of newborn home visiting would contribute to the health and vitality of not only the children but also families and communities citywide.

The DOHMH Nurse-Family Partnership is an evidence-based national home visiting program for a limited number of low-income first-time mothers, their infants and their families. This program has been shown to improve health related outcomes during pregnancy, and in the children of nurse-visited mothers. It has been demonstrated to improve families' economic self-sufficiency, a factor known to impact significantly on infant mortality and overall health.

Resources:

- Expand the DOHMH Newborn Home Visiting Program to make the program universal, reaching all 54,000 first time parents to provide early detection and developmental screenings; information on health insurance, medical care and nutrition; environmental health reviews for lead paint and window guards; and linkages to community resources.
- Expand the DOHMH Nurse-Family Partnership Program to make it available to more at-risk families in every neighborhood.

Childhood Obesity

In New York City, nearly half of all elementary school students are either overweight or obese, and 21% are obese as early as kindergarten.²⁶ Childhood obesity can lead to childhood diabetes and make children prone to many serious health problems later on, including asthma, heart disease, depression and cancer.²⁷

Resources:

- Expand public education efforts regarding childhood obesity including the creation of a public education campaign and distribution of educational flyers at locations serving children and families (i.e. schools, hospitals, child care centers, after school or youth programs).

Operations:

- Ensure that publicly supported food programs are nutritionally sound including: school breakfast and lunch, snacks provided at child care centers and family day care facilities, and summer camps among others.

Interagency Coordination:

- DOHMH should coordinate with the Department of Youth and Community Development and the Parks Department, to promote athletics, intramural sports, and fitness programs.

Community-Based Asthma Control Initiative

Asthma constitutes another public health concern for children. Established in 1997, New York City's Asthma Initiative collaborates with city agencies and community-based organizations to

²⁶ New York City Department of Health and Mental Hygiene, *Health Department Launches New Initiatives To Prevent Childhood Obesity*, [Press Release #114-05](#), November 17, 2005.

²⁷ Ibid.

conduct public education as well as professional continuing education to train parents, health care providers, and others about the detection and treatment of childhood asthma. The New York City Council has protected funding for the Asthma Initiative during the city budget negotiations. Since the program was created, the number of children hospitalized for asthma has decreased substantially, at 6.0 per 1,000 children in 2004, down 13% from 2003 and 38% since 1994.²⁸ However, despite the decline, this rate is twice the national rate of 3.0 per 1,000 children.²⁹

Service Expansion Recommendation

- Baseline funds and expand the DOHMH Community-Based Asthma Control Initiative in high-need communities throughout the city.

Adolescent Health

It is estimated that one of every four high school students who are sexually active do not use a condom during sex.³⁰ Many students report substance use starting at a young age. Before turning 13 years old, 31% of high school students try at least 1 alcoholic drink, 13% smoke a cigarette, and 7% use marijuana.³¹ These behaviors place young people at immediate risk for poor health. Further, many young people are suffering from emotional or psychological conditions that threaten their well-being during this critical developmental period. Unfortunately, adolescents are also less likely to seek and receive basic preventative health care and there are not enough healthcare clinics/programs throughout the city that focus specifically on adolescent health.

Resources:

- Create adolescent public health programs in DOHMH to be administered in schools, clinics and hospitals. Programs should focus on obesity, nutrition, tobacco control, alcohol use, sexual activity and prevention of pregnancy.

School Based Health Services

School-based health clinics have been proven to help students access primary health care services and even dental care. They provide information and education to students and families alike on critical health issues like immunizations, eating choices, smoking, drinking and more. In addition, school-based health clinics provide primary and preventive care to a population of students who often do not seek services. In New York City, there are approximately 1,100 public schools serving 1.2 million students with only a little over a hundred school-based health clinics spread throughout primary, secondary and high school levels. Currently, the clinics maintain an enrollment of nearly 90% of the student body in each school served.

Resources:

- Expand School Based Health Clinics in underserved communities and ensure that all schools are linked to pediatric primary care facilities in the community.

²⁸ New York State Department of Health, SPARCS-Statewide Planning and Research Cooperative System data, July 2005 update for 2004 hospitalizations.

²⁹ Ibid.

³⁰ Fornek ML, Thorpe LE, Platt R., Mostashari F., and Henning K., *Risky Business? Health Behaviors of New York City Public High School Students*. NYC Vital Signs 2004: 3(2); 1-4.

³¹ Ibid.

CHILDREN'S MENTAL HEALTH

Mental Health

Children with untreated mental illness experience more difficulty in school, at home and later in life. Yet, far too many children do not receive the appropriate mental health treatment. Only 15,168 children who needed some kind of mental health treatment in New York City received licensed and certified services in 2001³². Additionally, more than 115,000 New York City children have a Serious Emotional Disturbance (SED) but only 8,895 actually receive licensed services for mental illness³³. The New York State Office of Mental Health (SOMH) and the New York City Department of Health and Mental Hygiene (DOHMH) contract for a range of mental health services in New York City. SOMH is responsible for planning and operating an integrated system of mental health care that serves adults with serious and persistent mental illness as well as children with SED. SOMH contracts with local mental health service providers throughout the state to operate community residences and family-based treatment programs and directly operates six state children's psychiatric hospitals which offer inpatient and outpatient mental health services. New York City DOHMH contracts with local mental health service providers to provide a variety of support and outpatient mental health services throughout the city, engages in local mental health planning and conducts public education activities.

Early Intervention

The Early Intervention (EI), program seeks to enable infants and toddlers with special needs to reach their full potential by providing services that reduce developmental delays, minimize the need for special education services when children reach school age and strengthen families' capacity to meet the needs of their child. DOHMH provides services to 19,000 infants and toddlers through contract agreements with approximately 210 provider agencies, and additional independent contractors.³⁴ EI services are provided to children from birth to age three, who have disabilities or delays, with: speech pathology and audiology; occupational therapy; physical therapy; vision services; nursing services; nutrition services; psychological services; and assistive technology devices and services.

A range of family supports such as family training, counseling, social work services, and parent support groups are available. The intensity, duration, frequency and location of services received, are determined by: the child's level or need; family preference; and a multidisciplinary evaluation. A plan for service delivery and coordination is then developed. Services must be delivered in natural environments in the community where peers are typically found to the maximum extent appropriate. Toward this end, children and families may receive services at home; in a provider agency facility; or a community-based setting ranging from community centers to playgrounds. Services can be delivered individually, in group settings, or in parent child-groups, and may also be available to enable parents, siblings and other caregivers to better meet the developmental needs of the child.

³² Citizens' Committee for Children of New York, Inc., Keeping Track of New York City's Children (2005 Edition).

³³ Ibid.

³⁴ New York City Department of Health and Mental Hygiene.

Substance Abuse

Recent statistics suggest that 68.7% of youth 14 to 18 years of age in New York City used alcohol and 29.8% have used marijuana.³⁵ Furthermore, nationally, adolescent drug use has increased by 51% with the number of treatment admissions increasing by 64%.³⁶ Adolescent substance abuse treatment services are offered in different settings including: outpatient clinic treatment programs, day treatment, and residential treatment. Outpatient treatment programs are offered in two HHC hospitals. A small number of programs are funded and directly contracted by DOHMH, including: five family-centered substance abuse treatment programs; three after school counseling and treatment programs; and prevention, outreach and education programs in five school districts. The balance of the services are supported by state funds and contracts. Day and residential treatment programs are monitored by DOHMH and the New York State Office of Alcoholism and Substance Abuse Services (OASAS) respectively. Adolescents are referred to substance abuse treatment programs from a variety of service providers including probation officers, schools, Family Court, child welfare agencies, mental health programs, health clinics, hospitals, as well as youth development programs and faith-based organization.

RECOMMENDATIONS

New York State's Comprehensive Children's Mental Health Initiative

In his fiscal year 2006-07 Executive Budget, the Governor proposed to add \$62 million, the single largest investment in children's mental health in New York State history, to provide: enhanced access to mental health assessment and treatment; enhanced community-based programs to recruit and retain a qualified workforce; expanded home and community-based waivers; expanded use of evidence-based treatment; and telepsychiatry for children and adolescents in rural/shortage areas. This budget proposal would make it possible to move children's mental health services from hospitals and offices to community-based settings such as early childhood programs, schools, community centers, foster care agencies and other places where children and families find themselves.

Government Relations:

- The Mayor and the City Council's state legislative agendas should urge support of the SFY06-07 Executive Budget proposal to add \$62 million to create a comprehensive children's mental health initiative in order to provide accessible and comprehensive mental health care services to children.

Planning:

- Ensure timely distribution of funds and monitor local performance to guarantee that program implementation is prompt and consistent with the intent of the initiative.

A Coordinated Approach to Health and Mental Health Services for Children at DOHMH

In 2001, the city's Department of Health merged with the Department of Mental Health, Mental Retardation and Alcoholism Services to form the New York City Department of Health and Mental Hygiene (DOHMH). Many children's initiatives are underway at DOHMH in health and mental hygiene, and yet the merger has not produced a coordinated approach to planning and service delivery.

³⁵ Ibid.

³⁶ SAMSHA, 2002 and 2003 NSDUH and The Monitoring the Future Study 2004.

Planning:

Create a public health and mental health plan, specifically for children at DOHMH, to coordinate planning and service delivery.

Quality Improvement/Impact Program (IMPACT)

In October 2004, SOMH, DOHMH, and Citizens' Committee for Children of New York, Inc. (CCC) joined forces with fifteen Article 31 licensed mental health agencies to create the Learning Collaborative (LC #1). The project was designed to examine current engagement practices and was comprised of three full-day learning sessions, three half-day training sessions, and six conference calls. Performance data were collected throughout the project to form the basis for recommendations on front-line engagement strategies and retention to improve treatment attendance rates in community-based and hospital-based licensed outpatient children's mental health clinics. Findings from LC #1 suggest that intake and engagement practices varied across participating agencies and consequently children did not get to treatment or stay long enough to meet their mental health needs. To address concerns regarding the variation in practice, a second Learning Collaborative will be undertaken (LC #2) to collect data on the entire treatment process from intake to discharge as well as to identify methods to improve clinical competency. DOHMH will be launching the Children's Quality Improvement Mental Hygiene Programs and Communities Together (IMPACT) project in July 2006. The IMPACT project is focused on improving the quality of mental health care for children, improving engagement of children and families in treatment, and encouraging outpatient clinics to become more family-focused and strength-based through the use of evidence-based practices.

Planning:

- Ensure that DOHMH works with SOMH to support practice improvements and promote increased access for children to outpatient mental health treatment services of quality.

School Based Mental Health Initiatives

In New York City, there are approximately 1,100 public schools serving 1.2 million students with only 73 school-based mental health clinics spread throughout primary, secondary and high school levels. Providing on-site mental health treatment to public school students who exhibit behavioral difficulties in the classroom could avert crises and prevent special education placements. On-site school based mental health programs under contract with DOHMH are certified as satellite clinics of licensed community or hospital-based clinics and offer eligible students assessments, treatment, case management, crisis intervention and outreach services.

Resources:

- Expand school-based and school-linked mental health services to all schools and provide easy access to screening, assessment, treatment and support services for school-age children.

Mental Health Treatment for Children Under Five

Research indicates that early disruptions in emotional development can have long-standing negative consequences for children's mental health. Studies have demonstrated considerable rates of prevalence for mental health problems in children under age five, ranging from a high of 21% overall, to a high of 9% for problems so serious that, without early family intervention, the very young child would likely need urgent psychiatric attention in an emergency, inpatient

or outpatient mental health crisis setting.³⁷ Mental health programs for children under five years of age allow service providers/clinicians to diagnose mental health needs sooner and to secure and obtain necessary treatments earlier.

Resources:

- Baseline and expand funds supporting mental health treatment for children under five years of age.

Substance Abuse Prevention and Treatment

In New York City, adolescent substance abuse treatment services are extremely limited. Substance abuse among youth is a serious issue that has fiscal and societal consequences - adolescents using drugs are three times more likely to be involved in illegal activities, four times more likely to drop out of school and twenty-three times more likely to be arrested.³⁸

Government Relations:

- The Mayor and the City Council's state legislative agendas should include a request for OASAS to expand the availability of substance abuse outpatient treatment clinics services.

Interagency Coordination:

- Ensure that DOHMH and HHC work with OASAS to develop public education efforts regarding adolescent substance abuse and treatment options as well as to create peer education programs that enable teenagers participating in or who have completed treatment to talk to their peers about treatment and potential dangers of using drugs and alcohol.
- DOHMH should work to improve linkages between adolescent substance abuse treatment programs and health and mental health clinics and also work with the Administration for Children's Services and Department of Education and HHC to promote cross-agency coordination and planning related to substance abuse issues.

Early Intervention (EI)

Within the EI system, multiple barriers to effective and appropriate service delivery exist: EI Service Coordinators are poorly paid and often have unmanageable caseloads; provider agency therapeutic staff and other professionals are not reimbursed for the team meetings or six-month reviews that are critical opportunities to improve the quality and effectiveness of the services delivered to children;³⁹ and the EI system does not provide children and families with access to the full range of service modalities - EI services tend to take place in children's homes, and options for receipt of services in facility-based or community settings is limited.

Government Relations:

- Work with the Governor and the Legislature to restructure payment rates to provide capitated reimbursement for service coordination and reimbursement for case management and team meetings.

Operations:

- Ensure that children and families have access to the full range of service modalities (i.e., provider facilities and community-based settings in addition to home visits).

³⁷ Lavigne, J.V., Gibbons, R.D., Cristoffel, K.K., Arend, R., Rosenbaum, D., Binns, H., Dawson N., Sobel, H., and Isaacs, C., (1996) *Prevalence Rates and Correlates of Psychiatric Disorders Among Preschool Children*, Journal of American Academy of Child and Adolescent Psychiatry, 35:2, 204-214.

³⁸ Dennis, Michael and et. al., *Adolescent Alcohol and Marijuana Treatment: Kids Need It Now*, Treatment Improvement Exchange, Center for Substance Abuse Treatment, 1999.

³⁹ Team meetings are only reimbursed when written into a child's IFSP.

System Reform:

- Ensure equivalent quality of and equitable reimbursement for services by extending the policy of providing an automatic waiver and therefore reimbursement for services to children with multiple developmental delays who receive services from two or more service providers.

Interagency Coordination:

- In order to increase access to early childhood education and early childhood special education, the Department of Education (DOE), Department of Health and Mental Health (DOHMH) and the Administration for Children's Services (ACS) should coordinate utilization of vacant classroom space in subsidized child care programs and develop targeted pilot inclusion projects in high-need communities.

Proposed Federal Restrictions on Medicaid

Proposed federal Medicaid reforms are of concern as they may limit access to primary and specialty care and shift costs to states and localities – creating the need to protect access to and availability of health care services for children.

Government Relations:

- The Mayor and the City Council should work in partnership with the Governor, the State Legislature, and members of the New York Delegation (federal representatives of the House of Representatives and Senate) to ensure that federal Medicaid reforms do not limit access and availability of health care services delivered to children.

Medicaid Equity for Children in Foster Care

The Medicaid per diem rate (a reimbursement mechanism) falls far short of covering the actual cost of providing comprehensive, coordinated, and quality health and mental health services for children placed in foster care. Although many foster care agencies provide some health and mental health services on their premises, almost all also refer children in care to hospital-based and community-based clinics where practitioners bill Medicaid Fee-For-Service. Currently, licensed mental health clinics are crippled by inadequate rates that make care coordination and cross-system communication extremely difficult, and they are unable to expand capacity to meet the enormous need for children's outpatient mental health treatment services. Additionally, licensed health clinics rates do not support coordination and communication with child welfare agencies, caregivers, and foster parents required for children in foster care.

Government Relations:

- The Mayor and the City Council's state legislative agendas should support the Governor's proposal to add \$500,000 to aid in the development of a federal Medicaid waiver that would allow New York State to provide proper health insurance coverage for children in foster care.

INCOME SECURITY

The New York City Human Resources Administration (HRA) provides temporary help to eligible individuals and families through a wide range of support including public assistance, job training, food assistance, medical services, counseling, domestic violence shelter, legal services and other benefits. The largest program administered by HRA is the city's public assistance program for families and individuals. On any given day, there are more than 400,000 people including 238,000 children receiving cash grants through public assistance to pay rent and utilities and buy basic necessities to live. Public assistance is intended to be a temporary measure to assist unemployed or underemployed families to remain housed and provide financial means for their children.

Prior to the enactment of federal, state and city welfare reform initiatives, New York City's welfare rolls reached their peak in March 1995 with 1,160,593 people receiving assistance. Since this time, a record number of families with children have left welfare. However, many families still struggle to make ends meet. Over one quarter of New York City families with children live below the federal poverty level.⁴⁰ According to the National Center for Children in Poverty, 17% or 11 million children under age 18 are living in poverty in the United States.⁴¹ In 2002, one in three children in New York City lived in poverty as compared to one in six children nationwide.⁴²

As public assistance caseloads have declined many adult recipients have moved into the workforce; yet, despite increased work effort many remain poor because they secure employment in labor market sectors marked by low wages and few benefits. In addition adults that remain on public assistance face significant barriers to work participation – including but not limited to illness, disability, poor education or limited job skills. In turn, in the next phase of welfare reform, New York City and New York State will face new challenges and with this comes an opportunity to shift government focus away from simply encouraging increasing participation in the labor market toward efforts that can enhance skills and education, create employment opportunities in high wage sectors, increase earnings, and provide essential supports that help individuals maintain employment once a job is secured.

Tax policies that increase the amount of earnings families keep after taxes, provide critical support for low-wage earning families. New York City has already taken steps to increase earnings and strengthen the self-sufficiency of low-income families by creating a local Earned Income Tax Credit (EITC) to reduce their tax burden. Lauded as the most effective anti-poverty program, in 2004, New York City became the only municipality in the country to implement and fund its own EITC. Taken together, the federal, state and New York City EITC can provide families earning under \$34,692, up to \$6,000 annually. Over 700,000 families in New York City receive the EITC.

⁴⁰ Human Resources Administration Fact Sheet. May 2005.

⁴¹ www.nccp.org/pub/lic05.html

⁴² Citizens' Committee for Children of New York, Inc., Keeping Track of New York City's Children (2005 Edition).

RECOMMENDATIONS

Public Benefits Access

As families move from welfare into the labor force, supports and benefits that enable them to maintain employment are vital. Ensuring that families know about and can access benefits for which they are eligible, will not only maintain the city's lowered welfare caseload, but also supports parents efforts to provide children with a stable home environment and what they need to live, grow and learn.

System Reform

- Redesign access/eligibility determinations for public assistance benefits (including but not limited to public assistance, Medicaid, food stamps, SSI, and child care) – by implementing a more streamlined application process available to families in many locations across the city in addition to the use of web-based application processes, and expedited eligibility determinations.
- Ensure that families transitioning off of welfare enroll and receive transitional benefits including Medicaid, Food Stamps and child care.

Earned Income Tax Credit (EITC):

The EITC is a refundable tax credit that reduces the tax liability of low to moderate-income working families. New York City families with children earning up to \$34,692 benefit from the federal, state and - since 2003 - New York City EITCs.

Resources:

- Expand the local EITC from 5% to 10% of the federal credit, increasing the maximum local EITC benefit to families from \$215 to \$400, depending on income and family size.

Government Relations

- The Mayor and the City Council's state legislative agendas should include a request to increase the state EITC from 30% to 50% of the federal EITC.

Public Education and Tax Filing Assistance

Since fiscal year 2005, the New York City Council has funded outreach and filing assistance for tax credits available to low-wage earners to increase the number of eligible families who receive the EITC and other benefits. Although an overwhelming majority of eligible families receive the EITC in New York State, families who are income-eligible but do not receive it forgo over hundreds of millions of dollars in federal tax credits. There is also a great disparity among families regarding the awareness of the EITC with only 27.1 percent of all Hispanic families aware of this benefit compared to 68 percent of Black families and 73.5 percent of all other families across the country.⁴³ Finally, close to 70 percent of low-income filers use a paid tax preparer incurring fees and high interest rate from Refund Anticipation Loan programs.⁴⁴

Resources:

- Baseline and increase funding for community based organizations to provide information on tax credits and assistance with filing for and claiming tax credits.

⁴³ Ibid.

⁴⁴ Maag, Elaine. Paying the Price? Low-Income Parents and the Use of Paid Tax Preparers. The Urban Institute Series B, No. B-64, February 2005.

Government Relations:

- The Mayor and the City Council's state legislative agendas should include a request to provide funding for public education (i.e. public service announcements (PSA) and subway and bus advertisements), to ensure eligible families apply for valuable tax credits.
- Work with the federal government to expand its number of Volunteer Income Tax Assistance (VITA) sites.

System Reform

- Provide families with easily accessible options to save and/or invest tax returns. Savings and investment options can include: Split refunds; open bank savings accounts; or opening Certificate of Deposits (CD).

New York City Child and Dependent Care Tax Credit

Both the federal non-refundable and New York State refundable Child and Dependent Care Tax Credit (CDCC) have been highly successful in helping to lessen the financial burden of raising children for many families. These credits target working families who pay a portion of their income toward care for children under the age of 13 or a dependent adult such as an elderly parent or disabled spouse. The CDCCs provide needed support to allow working parents to remain in the labor force, thus encouraging work, without compromising care for children or adult dependents.

Government Relations:

- The Mayor and the City Council's state legislative agendas should include a request to authorize the city to create a New York City Child and Dependent Care Tax Credit.

Resources

- Create a New York City CDCC for working families to offset the cost of caring for children and/or other dependents. The city credit should mirror the state's CDCC refundable tax credit and provide a credit to families depending on income and family size.

New York State Paid Family and Medical Leave Act

California is the only state that has enacted a paid family and medical leave policy. Currently, federal family and medical leave policies provide mandated job protection to families who must temporarily miss work to care for a sick family member or to take care of a new child. Because this mandate is unpaid, few low-income workers take advantage of it due to the financial losses incurred when they take time off of work.

Government Relations:

- The Mayor and the City Council's state legislative agendas should include a request to enact the New York State Paid Family and Medical Leave Act to guarantee 12 weeks of part/full paid leave that will help families maintain economic and job security while caring for sick or dependent family members or during pregnancy. It can be funded a variety of ways, including through the expansion of unemployment insurance or temporary disability insurance policies.

Flexible Fund for Family Services (FFFS) Block Grant

For SFY 2007, the Governor has proposed an FFFS block grant that does not reflect the carve-outs of child care, supportive housing and summer youth employment services that were negotiated last fiscal year. The proposed FFFS, once again, combines funding for these programs into a block grant along with work-related supports, Persons in Need of Supervision

funding, and mandated child welfare services, causing children to compete with adults for essential services.

In addition, the proposed funding level continues to fall short of existing and emerging needs. A fixed block grant allocation that includes mandated spending does not provide New York City with the flexibility to expand and implement innovative and visionary programs that can help families remain stable and off public assistance. These programs require additional funds up-front for long-term problem resolution but lower costs in the future.

Government Relations:

- The Mayor and the City Council's state legislative agendas should include a request to maintain the structure of the Flexible Fund for Family Services adopted in SFY05-06, and add funding to address critical new needs.

Federal Welfare Reform Proposals

The Budget Reconciliation bill passed by Congress on February 1, 2006 provided only \$1 billion more in child care money to states while at the same time, increasing the work participation rates to 50% based on 2004 caseloads. To address this impending change, New York State has proposed several policies that threaten to endanger children and increase homelessness, hunger and economic insecurity for children and families.

Government Relations:

- The Mayor and the City Council's state legislative agendas should:
 - Oppose the Governor's proposal to implement a full family sanction for families who are non-compliant with welfare requirements. A partial sanction under state law already allows local districts to remove the non-compliant recipient from the public assistance budget. The full family sanction proposal would eliminate the entire household grant thereby cutting children off the public assistance caseloads as well.
 - Oppose the Governor's proposal to decrease the Earned Income Disregard to 25% for households that have received public assistance for more than five years. The Earned Income Disregard offsets low wages for working families.
 - Oppose the Governor's proposal to include Supplemental Security Income (SSI) as income when determining the welfare grant of public assistance families. Already enacted as regulation, it decreases the public assistance grants to families with disabled household members.

JUVENILE JUSTICE

In New York City, three major city agencies are responsible for the care and custody of youth in the juvenile justice system. The New York City Department of Probation (DOP) conducts investigations and prepares reports for the Family Court that aid in the decision-making process on delinquency, Persons In Need of Supervision (PINS), custody, visitation, neglect and adoption cases. DOP is also responsible for diverting juvenile delinquency cases from the Family Court, and administering alternative-to-detention and placement programs that allow youth to remain in the community through regular supervision and monitoring. The New York City Department of Juvenile Justice (DJJ) provides detention, aftercare and prevention services to juveniles ages 7 through 15 in three secure detention, and 16 non-secure detention facilities. The New York State Office of Children and Family Services (OCFS) is responsible for the care and custody of youth who have been adjudicated juvenile delinquents, juvenile offenders and youthful offenders⁴² by the Family Court. OCFS operates a range of facilities with varying degrees of security levels in addition to contracts with private agencies.

Youth who fall through the cracks of other child-serving agencies and systems are often found in the juvenile justice system. Of the 2,148 adjudicated youth placed under the supervision of the NYS Office of Children and Family Services (OCFS) in 2003, 727 were diagnosed with mental health needs, 1,050 required substance abuse treatment, and 264 required special education services.⁴³ Unfortunately, youth often return home from detention and placement with the same unmet service needs. Additionally, DJJ reports that youth from fifteen New York City neighborhoods including East New York, Brownsville, Harlem, South Bronx, University Heights, Astoria, South Jamaica, and Queens Village account for over half of all admissions.⁴⁴ Not surprisingly, CCC's *Keeping Track of New York City's Children*, a compendium of child well-being statistics indicates that these same 15 neighborhoods also have the highest concentration of poverty, greatest numbers of under-performing schools, and fewest community resources for children and families.

Much like adult crime, juvenile crime has experienced a steady decrease over the past several years. In 2001, approximately 29,480 juveniles under the age of sixteen were arrested in New York City for alleged crimes ranging from robbery and manslaughter to disorderly conduct and loitering.⁴⁵ This represents a 6% decrease from 2000.⁴⁶ Despite this decrease, DJJ's admission rates have hovered at more than 5,000 youth each year. Detention has proven to be costly and ineffective as evidenced by the increasing cost of detention and high recidivism rates. The city spends approximately \$25 million in city tax levy to operate secure and non-secure detention facilities with the annual cost per youth of secure detention rising to \$140,000 in the past year. Despite efforts to improve programs and services within detention settings, DJJ continues to report re-admission rates of more than 40% each year while OCFS reports a 80% recidivism rate for young men, the majority of whom return home to New York City. By contrast, in CFY05

⁴² A youthful offender (Y.O.) is a juvenile offender or a youth who is at least 16 and less than 19 when the crime was committed, whose conviction was set aside by a judge and replaced with non-criminal adjudication.

⁴³ New York State Office of Children and Family Services, Youth in Care Annual Report, 2003.

⁴⁴ Testimony of DJJ Commissioner Neil Hernandez cite.

⁴⁵ New York State Division of Criminal Justice Services, Uniform Crime Reporting System, 2001. (Most recent data available as of 2005.)

⁴⁶ Ibid.

alternative-to-detention (ATD) programs reported a program retention rate of 94%⁴⁷ with an average cost of \$10,000 per youth/per year. Similarly, alternative-to-placement (ATP) programs on average reported a recidivism rate between less than 20 to 30% and range in cost between \$7-10,000 per youth/per year.

Despite an overall decrease in juvenile crime, one alarming trend has been the increase in the number of juvenile female arrests over the past several years. Between 1999-2001, the number of female juvenile arrests in New York City increased by 20% from 6,012 to 7,265 with the greatest increases seen in the following categories of crime: assault, larceny, prostitution, weapons possession and disorderly conduct. At the same time, the juvenile arrest rate for boys under age 16 decreased by 20% from 27,897 to 22,215 over the same period.⁴⁸ Between 1992 and 2005, the number of girls admitted to the New York City Department of Juvenile Justice's (DJJ) detention facilities increased steadily from 772 or 11.8% to 1,037 or 19% of the total youth population. Although DJJ has implemented a series of gender responsive workshops for girls in detention, no comprehensive approach currently exists to more adequately serve court-involved girls.

The need for a strategic plan to improve outcomes for court-involved youth across the juvenile justice continuum is evidenced by the consistent and overwhelmingly poor outcomes that youth experience when they return home from detention and placement, an exponential increase in the number of court-involved girls, gaps in service coordination, and a lack of community-based alternatives. Without a comprehensive budget, program and policy approach, the city's juvenile justice system remains unprepared to help court-involved youth lead safe and productive lives.

RECOMMENDATIONS

A Strategic Plan for Court-Involved Youth

At a time when many of the city's major social service delivery systems have undergone strategic planning and reform, an opportunity exists to conceptualize and envision a juvenile justice system that better meets the needs of court-involved youth. In early 2005, the Legal Aid Society filed a class action lawsuit to address the lack of appropriate educational services and persistent delays in school enrollment for youth returning home from detention and placement. However, the lawsuit highlights only one of the many service gaps that are commonly identified across most service categories (health and mental health, preventive and aftercare services in addition to the youth experience in Family Court). While small one-time investments have been made to expand community-based alternatives and improve programs and services for youth in detention, unfortunately, no citywide plan currently exists to improve outcomes for court-involved youth *across* the juvenile justice continuum. The juvenile justice system must strike a balance that both preserves an adequate number of detention beds to ensure public safety and prioritizes the reduction of out-of-home placements that are costly and ineffective (as evidenced by high recidivism rates). Greater emphasis must be placed on realigning the

⁴⁷ New York City Mayor's Management Report, 2005.

⁴⁸ New York State Division of Criminal Justice Services(DCJS), unpublished data, 2005. (Latest statistics available)

juvenile justice system to promote rehabilitation and improved youth outcomes through lower-cost and more effective evidenced-based family-focused interventions, and community-based programs.

System Reform:

- Draw on the lessons learned from other reform plans of out-of-home placements for children, to: reduce the number of secure detention beds city-wide; enhance the capacity of existing community based alternative to detention and preventive service providers; and increase family and parent engagement in decision making and service delivery choices, to better serve and supervise court-involved youth throughout their involvement in the juvenile justice system.
- Conduct a comprehensive citywide needs assessment that collects demographic data on court-involved youth including court-involved girls and lesbian, gay, transgendered and questioning youth. The data should be used to inform the creation of a coordinated strategic plan that includes a program, policy and budget response that reaches across city and state agencies.
- Make a commitment to reduce the use of detention and placement that both improves outcomes for court-involved youth and preserves public safety. Implementation efforts must draw on the expertise of the preventive services and alternative-to-placement provider communities to replicate successful strategies to reduce out-of-home placements. A shift in policy and practice away from detention use and toward expanded use of community-based alternatives will require participation from all of the decision-making bodies on the juvenile justice continuum including the Family Court and multiple city agencies.
- Align the city's plans with the state's multi-year system reform plan to reduce the number of detention beds system-wide and reinvest cost-savings into evidenced-based community-based initiatives.

Interagency Coordination:

- A coordinating entity must be identified to lead the above effort and be accountable for results. The Office of the Criminal Justice Coordinator could be charged with this responsibility.

Community-Based Alternatives

One of the long-standing and major challenges of the juvenile justice system continues to be the over-use of secure detention, and the lack of community-based alternatives-to-detention and placement programs. The broad implementation of community-based alternatives (CBAs) has improved outcomes for court-involved youth in localities nationwide as documented by the Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) for more than a decade. CBAs provide both pre-trial and adjudicated youth with structured supervision and an opportunity to connect with a comprehensive range of services in neighborhood-based settings without sacrificing public safety. Despite decreases in felony juvenile and youth arrests⁵², the city continues to invest in secure detention at a total cost of \$36.6 million in CFY06.⁵³ In CFY05, 5,252⁵⁴ youth were placed in the city's detention facilities. At the same time, New York City closed its alternative-to-detention program in December 2005 after a long

⁵² Between 1992 and 2001, New York City experienced a 13% decrease in the number juvenile arrests under age 16. DCJS, Uniform Crime Reporting System, 2005.

⁵³ CCC, CFY06 Adopted Budget Impact Analysis.

⁵⁴ Mayor's Management Report, 2005.

youth annually, citing funding and operational hurdles. The closure abruptly left the city with no detention alternative for pre-adjudicated youth in the Family Court. Plans are under way to implement a restructured ATD program in 2006.

Government Relations:

- The Mayor and the City Council's state legislative agendas should include a request to introduce the Re-Direct New York legislation, which would provide localities with fiscal incentives to reduce the use of detention. The proposal is a two-year plan which would reduce local detention use by 25% state-wide by capping local detention spending at 75% in year two and provide a 65% reimbursement rate to localities that invest in community-based alternatives-to-detention.

Resources:

- Invest in and baseline community-based alternative-to-detention and placement programs. A central component of a system redesign would draw on the expertise of the preventive services and community-based alternatives-to-placement service provider communities to develop the capacity to serve more pre-adjudicated and adjudicated youth in a community-based setting.

Aftercare

When youth return home from detention or placement, they often struggle with the same challenges that led to their initial involvement with the juvenile justice system. Comprehensive aftercare services provide youth and their families with a concrete opportunity to meet on-going service needs through the use of neighborhood-based services that can include education, youth development, health and mental health and family services.

Resources:

- Expand and enhance discharge-planning services for youth released from DJJ's detention facilities.
- Ensure the provision of comprehensive aftercare programs including case management services and wraparound services (on-site transition schools, youth and family engagement programs, counseling services) as well as provide referrals to existing neighborhood-based services.

Ombudsman Program

Currently, DJJ operates an Ombudsman program in its secure detention facilities only. There is an Ombudsperson in each of the city's three secure detention facilities. The Ombudsperson is an on-site advocate who responds to individual youth complaints, helps to mediate conflicts between staff and youth and solves problems. Ombudspersons report to the Ombudsman Review Board (ORB), which consists of community members and experts in the field. ORB members review data on population trends, complaints and incident reports and meet with agency representatives on a regular basis. They are also charged with the authority to visit the facilities and speak to residents and staff. The ORB meets together with agency representatives once a month and brings issues of concern to the attention of DJJ and makes recommendations for improvements

Service Expansion:

- Expand the Ombudsman program to include non-secure detention facilities to ensure that all youth in detention have access to an independent body to hear, respond to and resolve complaints in a timely manner.

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Service Expansion:

- Expand the Ombudsman program to include non-secure detention facilities to ensure that all youth in detention have access to an independent body to hear, respond to and resolve complaints in a timely manner.