

2022-23 Policy Priorities for Child and Family Well-Being

The Schuyler Center urges New York leaders to **prioritize marginalized New Yorkers, with a special focus on children and families, in 2022**. Centering these New Yorkers is more important than ever given that low-income, Black, brown and immigrant New Yorkers, and families with children, were – and continue to be – among those hardest hit by the impacts of the COVID pandemic.

Goal 1. New York moves forward with cutting child poverty by 50% in a decade, with attention to reducing racial inequities. We urge New York State leaders to take these actions in 2022:

1. **Swiftly implement the NYS Child Poverty Reduction Act**, which passed the Legislature with overwhelming and bipartisan support, and was signed into law on December 1, 2021. With the passage of this law, New York’s leaders publicly declared their intent to cut child poverty in half in ten years, with attention to racial equity and will provide New York a plan and the tools to turn the tide on child poverty.
2. **Strengthen NY’s working family tax credits** as part of a larger strategy to build family economic security and reduce child poverty beginning by ending the Empire State Child Credit’s irrational exclusion of young children (under 4) from the credit, very low-income children, and 17-year-old children, and increasing the credit amount to meet the rising costs of raising children.

Goal 2. New York strengthens and expands child welfare preventive services to strengthen families.

To support families through the continued COVID crisis, it is imperative that New York:

1. **Reauthorize child welfare preventive services this year and restore state funding** for these services at 65%, as is written in State statute.
2. **Increase preventive child welfare housing subsidy payment** from \$300 to \$725 per month, for a maximum of 36 months. New York must also **build-in ongoing automatic increases to the subsidy**, tied to inflation, to ensure the subsidy serves its stated purpose of preventing family separation due to housing instability as the cost of living rises.
3. **Implement the Family Assessment Response (FAR) process statewide.** FAR is a preventive, solution-focused option for families to partner with Child Protective Services to keep their children safely at home.

Goal 3. New York prioritizes family-based foster care and reduces use of congregate care. To help counties strengthen their use of relative and family-based foster care to meet new federal requirements and support better outcomes for the children and youth in their care, New York should:

1. **Limit congregate care placements for children under 13 years of age and increase foster care payments and supports** for families who could care for a child of any age where there was a threat of institutional placement.
2. **Establish an independent and open-ended funding stream for KinGAP** outside of the Foster Care Block Grant. KinGAP is one proven strategy to reduce the over-representation of Black and brown New York children in foster care, strengthen families, and diminish reliance on congregate care as part of Family First implementation, yet funding it through the Foster Care Block Grant can create financial disincentives for its use.

Goal 4. New York establishes an Office of the Child Welfare Advocate to better ensure that youth, biological parents, kinship caregivers, and foster parents involved in the child welfare system are connected to the resources and supports to which they are entitled.

New York’s children and families need a publicly-accountable Office of the Child Welfare Advocate that can neutrally and impartially mediate conflict, provide information, and protect the interests and rights of youth, biological parents, kinship caregivers, and foster parents navigating the child welfare system.

Goal 5. New York commits to high-quality, culturally-responsive, universal child care within 4 years.

There are three main components of the Empire State Campaign for Child Care’s framework for universal child care; all must be implemented simultaneously to guard against destabilizing the child care sector or inadvertently harming families as New York transitions to universal child care.

1. **New York provides universal, guaranteed access to child care of the family’s choice** (family-based/center-based/informal child care) – for all children regardless of parental work status or income or immigration status in year one.
2. **New York immediately raises workforce wages** by extending stabilization grants and creating an early childhood workforce compensation fund until payment rates are increased (in part using left-over American Rescue Plan Act stabilization funds).
3. **New York transitions to a payment rate model based on a “cost estimation model”** that accounts for geography, quality and child care staff pay at parity with elementary school teachers.

Universal child care implementation principles. Where phase-in is required:

- Target expansions to first cover low-income families, historically underserved communities and families facing complex needs, including children with disabilities and child welfare involvement.
- Eliminate all work and immigration status requirements and activities tests for low-income families.
- Take steps to avoid benefits cliffs.
- The child care workforce must be granted significant and sustained increases in compensation before they are asked to acquire new credentials or degrees.
- Expansion should be funded from remaining COVID relief funds, existing CCDBG funds, Build Back Better funds (projected), state tax revenues, possible employer-side payroll tax.

Goal 6. New York expands and increases investment in child and family health.

New York is recognizing the impacts of and costs associated with the social determinants of health and population health on the overall costs and quality of health care. In addition, there are pressures on the public health system to address emerging diseases and the impact of chronic diseases. To meet these challenges New York must:

1. **Ensure all mothers and infants in first three years of life have continuous and holistic health coverage.**
2. **Expand coverage, access, and payment for services for children and families**, with focus on **two-generational** care, **mental health**, family (not just individual) orientation, and social determinants of health.
3. **Improve access to maternal, infant, and early childhood home visiting**, making it available to all families who would like to receive services and ensure health insurance covers it. Home visiting has been shown to improve birth outcomes, increase high school graduation rates, and reduce incidence of child maltreatment.

4. **Expand access to services and supports for young children with developmental delays and disabilities and reduce racial inequities** in service delivery in Early Intervention and Preschool Special Education.
5. **Improve parental mental health by strengthening and expanding the workforce:** implement effective peer navigator models and support services.
6. **Expand availability of oral health services** by expanding/improving the oral health workforce.

Goal 7. New York strengthens its public health infrastructure.

1. **Fund and rapidly implement the collection of critical data about the health workforce** that will inform and improve health planning, access, emergency preparedness, and developmental and mental health services.
2. **Reinvest in and rebuild local health departments and communities** to support their ability to provide basic, foundational public health and prevention services in New York communities and their critical role in health planning and emergency preparedness.

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