

**Winning Beginning NY
Legislative Agenda 2012
Talking Points**

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QUALITYstarsNY:

- Invest \$20M for Year 1 implementation of QUALITYstarsNY, to provide direct and indirect program improvement supports.
- Fully implemented, QSNY will provide parents with valuable tools to make good choices about early childhood programs.
- Equally important, it will put programs on the path of continuous quality improvement and offer assistance to those seeking to improve their rating.

Child Care:

- Preserve the \$93M for subsidies in the 2012 Executive Budget and make an advance on the proposed \$215M in child care preservation funds for FY 2013-2014.
- We thank the Governor for his commitment to maintaining 19,000 child-care slots for working families.
- However, even with this generous add, funding is \$70M less than in SFY 2009-2010, and the cost of care has increased.
- New York State must restore all lost funding for child care through the years and increase our investment to create a quality child care system across the State. A greater State investment in child care could build a larger and more stable system (less dependent on diminishing federal funds), just as yearly investments in Pre-K have done.
- The State should also explore setting consistent statewide standards for eligibility, co-pays and provider reimbursement rates.

Prekindergarten:

- Direct \$53M from the competitive education grants (as proposed in the Executive Budget) to Universal Prekindergarten to expand the program to cover thousands more children, prepare qualified teachers and provide the technical support necessary to ensure sustainable quality.
- Pre-K funding is currently frozen at \$385M, which represents a substantial reduction – \$67 M less than the \$452M allocated in previous years.
- While some districts have been unable to participate, participating districts are reporting that they are facing waiting lists of families eager to enroll their four-year-old in Pre-K.
- Access is particularly critical for homeless children, children with unidentified special needs, English language learners, and children living in poverty.
- Along with the continued investment in Pre-K, we urge the State to:
 - Allow funding for full-day Pre-K in schools and early childhood programs.
 - Eliminate maintenance of effort penalties to local school districts, which have resulted in reduced enrollment in many districts.
 - Base per-child amounts provided to school districts/community-based organizations on actual cost of a high-quality program to be determined by an annual cost study conducted by the State Education Department.
 - Improve teacher preparation and professional development efforts, through Race to the Top and other funding dedicated to teacher effectiveness, with particular focus on elementary school principals and early childhood program directors as key leaders in the process.
 - Support full implementation of QUALITYstarsNY.
 - Allow Pre-K children eligibility for transportation aid.

Kindergarten:

- Adequately and equitably fund K-12 education aid to prevent districts from reducing access to Kindergarten for five-year-olds.
- Some of the State's largest districts upstate and on Long Island have been forced to eliminate full-day Kindergarten because of reductions in State aid. A few even considered cutting Kindergarten services altogether.

Home Visiting:

- Maintain funding for Healthy Families New York (HFNY) at \$23.3M.
 - HFNY serves at-risk families in 39 of the State's highest need communities. Most begin the program prenatally, others shortly after birth. Services must begin by the time the child is three months old and continue for up to three to five years. State funding for HFNY provides the Maintenance of Effort required for the federal Maternal, Infant, and Early Childhood Home Visiting funding.
- Establish a dedicated line item of \$5M, in the State Department of Health's budget, to restore Nurse-Family Partnership (NFP) services.
 - NFP serves low-income, first time mothers and their families in Monroe County and Onondaga County and all five boroughs of New York City. Participants must receive their first home visit by their 28th week of pregnancy. Nurse home visits continue until the child's second birthday.
- Support the Medicaid Redesign Team's recommendation to make NFP a fully covered preventive service for first-time, high-risk mothers and their children. NFP is expected to be included in the global waiver to the Centers for Medicare & Medicaid Services (CMS).
- Establish a dedicated line item of \$2M for evidence-based home visiting programs to fill gaps in services for families that are not eligible for HFNY and NFP.

Afterschool:

- Restore the Advantage After School Program to the FY 2010-11 funding level of \$22.5M, as well as support the priorities of the New York State Afterschool Network (NYSAN).
- While this request does not fully restore the program to its peak of \$30.5M, it will help rebuild the youth-serving system cut in recent years, while also helping OCFS fund the highest-quality applications that target high-need communities.
- This partial restoration will also create jobs in youth-serving programs, provide the child care that working families need, and provide children and youth with quality learning opportunities after school.

Early Intervention:

- Address certain concerns with the proposals in the 2012 Executive Budget, protect access to high-quality EI services, and ensure that EI services are driven by the child's needs, not by the child's health insurance coverage.
- We are particularly concerned that the Executive Budget would:
 - Give the health insurance company a voice in determining the child's EI services by making a health insurance representative part of the team that develops and reviews the child's EI services plan.
 - Restrict access to evaluations and services by requiring that the evaluators and service providers be part of the parent's health insurance network and by prohibiting the child's evaluator, service coordinator, and provider from being part of the same agency without delineating a clear procedure and clear criteria for obtaining an exception to either policy. These provisions will be particularly problematic for children who need evaluations and services in languages other than English or for children who require evaluators and interventionists with expertise in serving children with specific needs.
 - Allow service coordinators to implement the child's service plan 30 days later than the projected date of initiation. Thirty days is a very long time in the life of an infant.
 - Further reduce the number of EI providers available to serve children and families by placing onerous billing requirements on providers, failing to increase the current reimbursement rate, and requiring providers to negotiate future rates with health insurers.
 - Require that an entirely restructured EI evaluation, service provision, billing, and payment system exist by 2013 without allowing adequate time for thoughtful, responsible planning and without soliciting community input.