



CHILD SUPPORT DIRECTORS ASSOCIATION



Children & Families
POLICY SYMPOSIUM

COLLABORATE • EDUCATE • ADVOCATE

Wednesday, March 10, 2021 at 8:30 am – 12:00 pm

Thursday, March 11, 2021 at 1:00 pm – 4:30 pm

Thank you to our event Sponsors:



MAXIMUS

Social Safety Net Programs for Communities

Cynthia Osborne, Ph.D.

The University of Texas at Austin,

Associate Dean, LBJ School of Public Affairs

Director, Child and Family Research Partnership | Prenatal-to-3 Policy Impact Center

"Advancing the Integration of Family Safety Net Services."

#2021CSDApolicy @CSDAofCA

3 Types of Social Welfare Systems

- Corporatist (Germany, France, Italy) – Social insurance model
- Social Democratic (Scandinavia) – Social rights model
- Liberal welfare state (U.S.) – Social safety net
 - Heavy emphasis on the market – there will be winners and losers
 - Safety net is just strong enough to get you back into the game
 - Benefits based on need (and historically being deserving)
 - High stigma recipients to discourage use

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The U.S. Social Safety Net

- We have borrowed from all systems
 - Social security = social insurance
 - Medicare = social right
- Largely developed in response to crises
 - New Deal (Social Security, minimum wage)
 - War on Poverty (Health care, Food stamps)
 - Great Recession and Pandemic Response
- Goals of programs have not necessarily been to reduce poverty
 - Designed to promote desired values (work, marriage, responsibility)
 - Rules and logistics are typically complex and siloed
- Complex interplay between federal and state policies and rules

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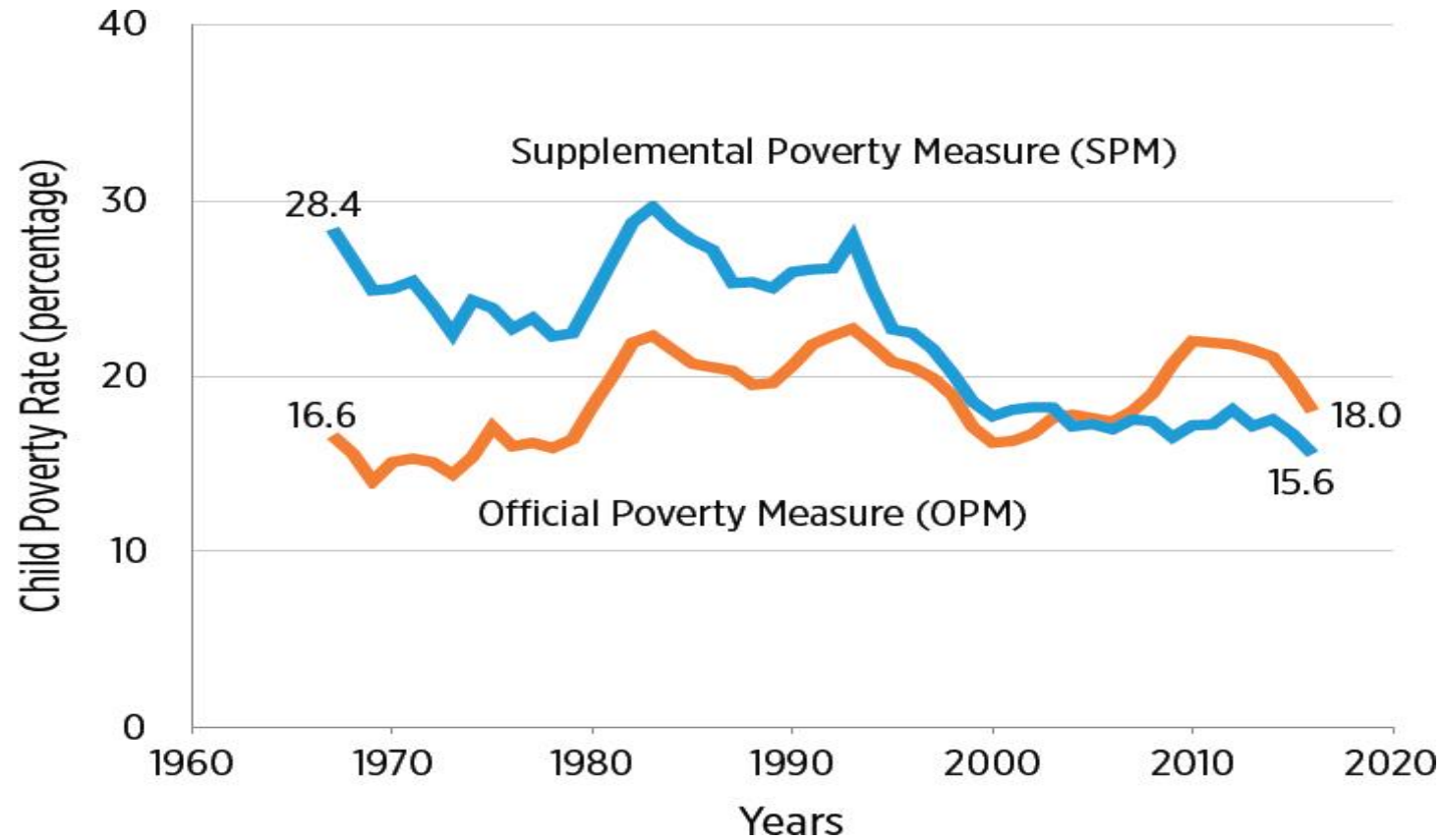
What is in the Safety Net?

- For lower-income households, it includes a combination of broad based financial and family supports and targeted interventions, i.e.
 - Medicaid
 - Minimum wage
 - Earned income tax credit
 - SNAP (food stamps)
 - Home Visiting
 - Child Care Subsidies
- For older households, social security, Medicare, and SNAP are the primary resources
- For middle-income households, it is tax credits and deductions, along with public schools

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Does the Safety Net Work?



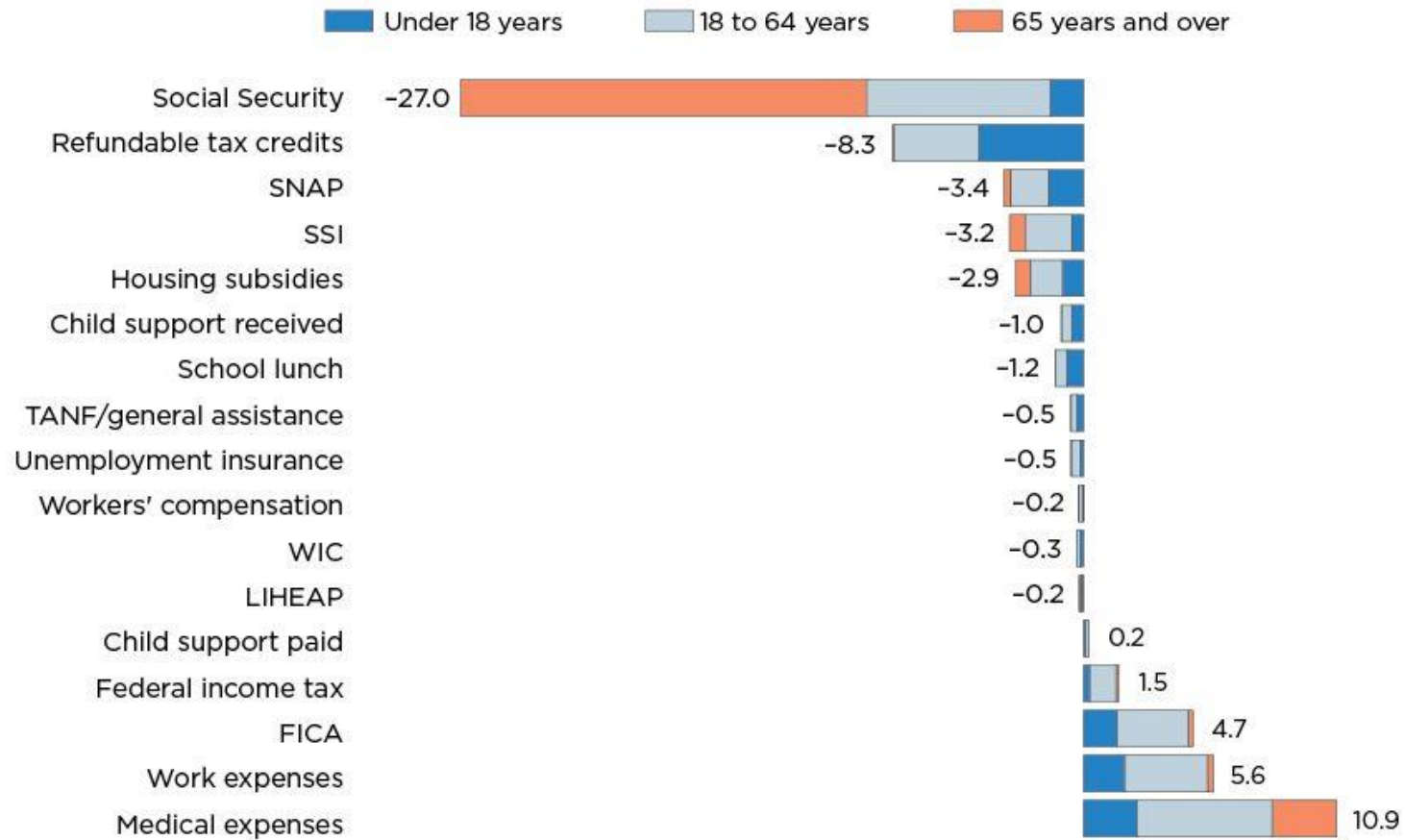
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Figure 1.

Change in Number of People in Poverty After Including Each Element: 2017

(In millions)



Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <www2.census.gov/programs-surveys/cps/techdocs/cpsmar18.pdf>. Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement.

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Why do we need a Safety Net?

- Important across the life-span, but particularly important for infants and toddlers, and their parents.
- First three years sets the stage for all subsequent health and wellbeing
- Children exposed to chronic adversity, including poverty, suffer life-long neuro-biological consequences that are costly for the individual, families, and society
- Children of color are the most likely to experience adversity
- Policies can reduce adversity and promote equity

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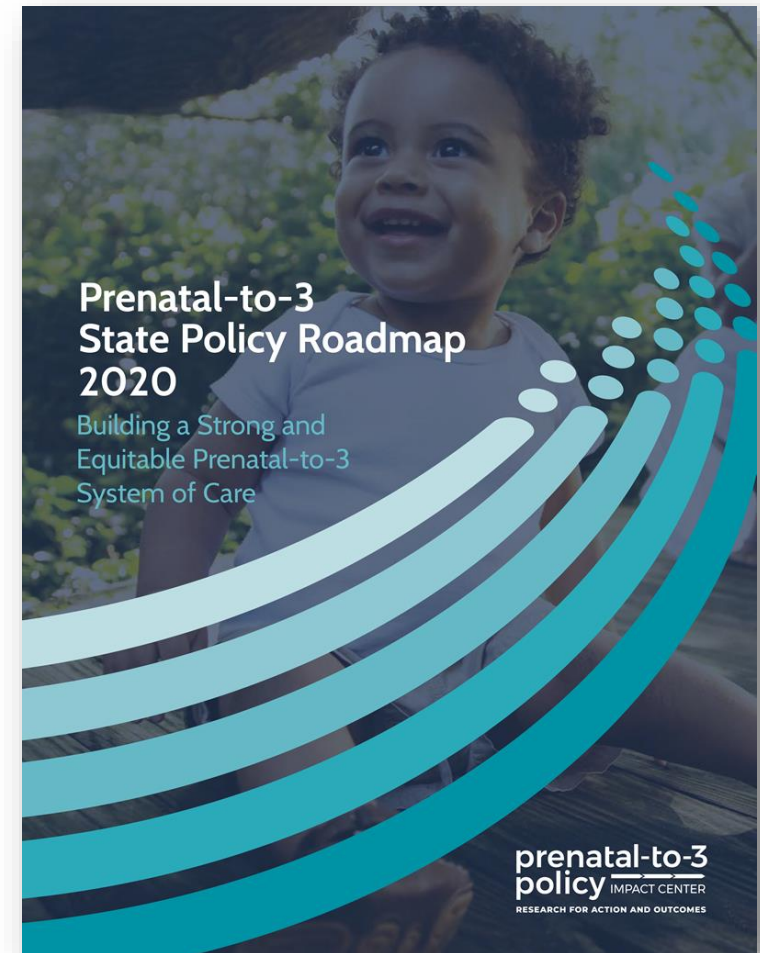
It takes a system, not just a net!

- There is no magic bullet or single institution that can do it all
- We need broad policies to:
 - Ensure basic needs are met
 - Work pays
 - Parents can balance working and caring for their children
- We need targeted program to address specific needs
- Targeted programs may be more impactful with broader economic supports

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Prenatal-to-3 Policy Impact Center created a State Policy Roadmap to guide states



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Eight Prenatal-to-3 Policy Goals



Families have access to necessary services through expanded eligibility, reduced administrative burden, and identification of needs and connection to services.



Parents are mentally and physically healthy, with particular attention paid to the perinatal period.



Parents have the skills and incentives for employment and the resources they need to balance working and parenting.



Children experience warm, nurturing, stimulating interactions with their parents that promote healthy development.



Parents have the financial and material resources they need to provide for their families.



When children are not with their parents, they are in high-quality, nurturing, and safe environments.



Children are born healthy to healthy parents, and pregnancy experiences and birth outcomes are equitable.



Children's emotional, physical, and cognitive development is on track, and delays are identified and addressed early.

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Five Policies and Six Strategies

EFFECTIVE POLICIES

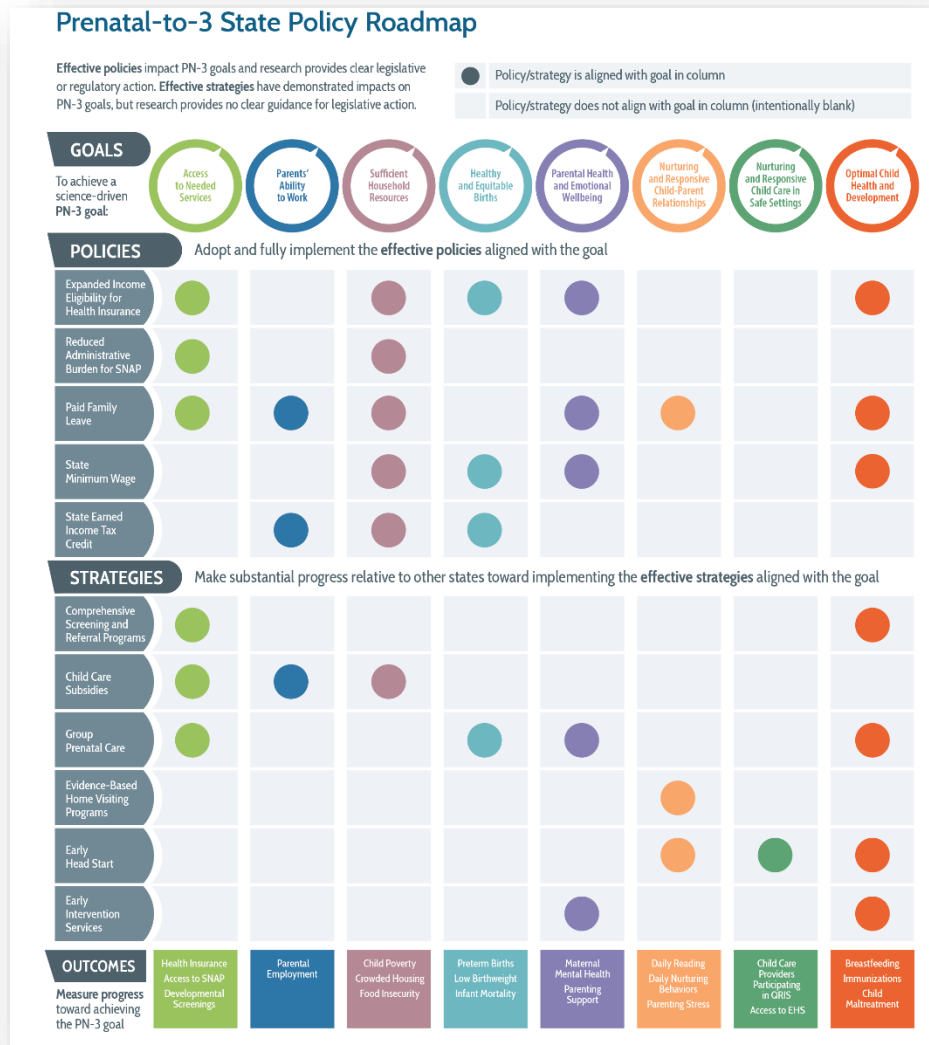
Expanded Income Eligibility for Health Insurance	State has adopted and fully implemented the Medicaid expansion under the ACA that includes coverage for most adults with incomes up to 138% of the federal poverty level.
Reduced Administrative Burden for SNAP	State's median recertification interval is 12 months or longer among households with SNAP-eligible children under age 18.
Paid Family Leave	State has adopted and fully implemented a paid family leave program of a minimum of 6 weeks following the birth, adoption, or the placement of a child into foster care.
State Minimum Wage	State has adopted and fully implemented a minimum wage of \$10 or greater.
State Earned Income Tax Credit	State has adopted and fully implemented a refundable EITC of at least 10% of the federal EITC for all eligible families with any children under age 3.

EFFECTIVE STRATEGIES

Comprehensive Screening and Referral Programs	State has both evidence-based comprehensive screening and referral programs: Family Connects and Healthy Steps.
Child Care Subsidies	State base reimbursement rates (for infants and toddlers in center-based care and family child care) meet the federally recommended 75th percentile using a recent market rate survey.
Group Prenatal Care	State supports the implementation of group prenatal care financially through enhanced reimbursements for group prenatal care providers.
Evidence-Based Home Visiting Programs	State supplements federal funding, and the estimated percentage of eligible children served by home visiting is at or above the median state value (7.3%).
Early Head Start	State supplements federal funding, and the estimated percentage of income-eligible children with access to EHS is at or above the median state value (8.9%).
Early Intervention Services	State has moderate or broad criteria to determine eligibility and serves children who are at risk for later delays or disabilities.

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Alignment of Policies/Strategies and Goals



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Desired Elements of a System of Care

- Policies include a combination of broad supports and targeted services
- Emphasis on prevention
- Institutions work collaboratively, and put family/child at center of services
- Broad services for all to allow for care giving and work
- Universal screenings to identify need
- Targeted interventions based on specific need
- Equitable access, use, experience, and outcomes

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THANK YOU!

Contact Information

Cynthia Osborne, Ph.D.

The University of Texas at Austin
Associate Dean, LBJ School of Public Affairs
Director, Child and Family Research Partnership
Director, Prenatal-to-3 Policy Impact Center
cfrp@austin.utexas.edu

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