



Submitted

**New York State Senate and Assembly
Joint Session on the FY 2014-2015 Executive Budget – Human Services
February 4, 2014**

Voices Of Community Activists & Leaders (VOCAL-NY)

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Good afternoon. My name is Alyssa Aguilera, and I am the Political Director for VOCAL-NY. VOCAL-NY works to create healthy and just communities by working with low-income New Yorkers affected by HIV/AIDS and hepatitis C, drug use, and incarceration.

I am testifying today to urge the Senate and Assembly to include Article VII language in the budget that would close a loophole putting over 10,000 low-income people living with HIV/AIDS at risk for homelessness and trapping hundreds more in costly, unhealthy shelters. The language should be modeled on legislation sponsored by Senator Brad Hoylman and Assembly Member Robert Rodriguez (S.3022/A.7782), which would fix a serious flaw in the rental assistance program for low-income people living with HIV/AIDS by capping their rent payments at 30 percent of their disability income.

This policy proposal has received widespread bipartisan support in the legislature. Formerly sponsored by Senator Thomas Duane and Assembly Member Deborah Glick, the bill passed with strong bipartisan support in 2010 before then Governor David Paterson vetoed it due to misguided opposition by Mayor Michael Bloomberg. The former mayor's opposition stymied further movement on the bill since then. Thankfully, Mayor Bill de Blasio stated his "aggressive, unequivocal" support for this proposal during last week's joint budget hearing on January 27th.

As with other low-income housing programs in New York, permanently disabled people living with HIV/AIDS who rely on rental assistance contribute a portion of their federal disability income towards their rent. Unlike other programs, however, the HIV/AIDS rental assistance program put in place in the 1980's does not include an affordable housing protection. All other state and federal disability housing programs – including supportive housing, Section 8 and public housing – cap a tenant's rent contribution at 30 percent of income. In contrast, current NYS OTDA policies require that persons with HIV/AIDS who receive income from any source be budgeted for the rental assistance program at a rent contribution level that reduces their discretionary income to the level of the public assistance grant. Permanently disabled PLHWA are therefore required to contribute between 50% and 80% of their fixed income from disability benefits (SSI, SSDI, or Veteran's benefits) towards

their rent, leaving about \$12/day to meet all other expenses. HUD defines payment of more than half of income towards rent as a “severe rent burden.”

This policy has two pernicious impacts. First, it causes tenants to fall behind in rent, leading to housing loss, disruption of HIV care and avoidable health crises. Second, the policy acts as a powerful disincentive to independence, as more stable residents opt to enter or stay in supportive housing in order to reduce their rent burden. As a result, there is very little turnover in the permanent supportive housing system, keeping people with more complex needs homeless. As of December 2013, there were 1,944 homeless people living with HIV/AIDS in emergency housing programs funded by the NYS OTDA and the NYC HIV/AIDS Services Administration.

The “30 percent rent cap” policy would extend the same affordable housing protection that already exists in every other comparable low-income housing program to the HIV/AIDS rental assistance program, so that low-income people living with HIV/AIDS in the program pay no more than 30 percent of their disability income towards rent. To be clear, this proposal would not create a new program. It would merely fix an existing rental assistance program that is being undermined by high rates of arrears and housing loss.

Moreover, this proposal would pay for itself. An analysis by Shubert Botein Policy Associates (SBPA) estimated that annual reductions in crisis and emergency housing costs for the 10,000 severely rent burdened people living with HIV/AIDS in the program will more than offset the estimated \$20.7 million incremental annual rental assistance cost to New York City and State – making the affordable housing protection cost-neutral or even cost-saving for City and State agencies responsible for the rental assistance program. What is unique about this offset is that funding for emergency housing and arrears payments for low-income people living with HIV/AIDS comes out of the same funding line as rental assistance payments. In other words, a dollar saved in emergency housing can be immediately spent to pay for the cost of the cap in the rental assistance program. New York would realize this direct and immediate cost offset within OTDA’s budget before taking into account additional indirect savings from unnecessary Medicaid spending and averted new HIV infections.

This policy presents a rare opportunity to save lives by ensuring stable and affordable housing for some of our most vulnerable fellow New Yorkers and save City and State taxpayers money by making HIV/AIDS rental assistance more equitable and efficient.

Respectfully submitted by:

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Testimony before the Joint Fiscal Committees on the SFY 2014–15 Executive Budget Human Services Budget Hearing February 4, 2013

**Submitted by
New York State Citizen Review Panels for Child Protective Services**

The New York State Citizen Review Panels for Child Protective Services would like to thank the chairs and members of the respective human services committees for the opportunity to submit testimony on the 2014-2015 New York State Executive Budget. Panel members are appointed by the Executive Chamber, Senate and Assembly and are required by federal and state law to examine the policies, procedures and practices in child protective services and offer recommendations for change on an annual basis. The following recommendations are from the panels' *2013 Annual Report and Recommendations* which was released on January 21, 2014.

The Panels thank you for this opportunity to submit testimony.

Essential Child Welfare Services

Restore open-ended funding for preventive, protective, adoption, aftercare, and independent living services to the full 65% state share as called for in New York State statute.

Uncapped preventive funding is the core component of the State's strategy to reduce foster care placements, by increasing services to families in their communities and homes, strengthening and supporting their ability to care for their children. Along with a capped Foster Care Block Grant, this funding strategy continues to accomplish its goal. In 2003 the foster care population totaled 37,232; by 2012 this number had dropped to 20,631, a 45% decline over 10 years. During those same years, the number of reports accepted by the Statewide Central Register (SCR) increased 9%, and on December 31, 2012 the number of children receiving preventive/protective services was 54,284. The fund's impact on cost-savings and innovations in child welfare cannot be underestimated. Practice shifted from out-of-home placements to home- and community-based services that engage families. The Child Welfare Financing Law that permitted the incorporation of child welfare services outside of foster care established New York State as an innovation leader among the states.

But local districts have lost ground since the 2007-08 budget, when the state share of funding for these services was cut from 65% to 62%, imposing an increased burden on local taxpayers. As county governments had to pick up a larger share of the cost for preventive services, the result has been a decline in the claims made for this funding as localities struggle with competing

priorities within their budgets. The diminished use of these funds comes at the same time that the federal government is calling “for integrated use of trauma-focused screening, functional assessments, and EBP’s (evidence-based programs) in child-serving settings.” The stresses on counties are enormous as they struggle to manage workloads and increased reports accepted by the SCR. Local governments are caught between the competing demands of child welfare needs, shrinking assistance from New York State, and a call for local tax relief.

For the most part, private non-profit social service agencies provide the family and community-based services that can help prevent child maltreatment and many strive to implement evidence-based or -informed practices. As it is, too many in need of these services don’t have access to them, and the fiscal viability of the agencies that offer them are in jeopardy. These not-for-profit organizations are at a tipping point; they can no longer do more with less. Evidence-based or -informed practices cost more on the front end and pay off in terms of the outcomes they achieve. They require a greater amount of expertise and skill on the part of staff and a strict adherence to a model. Not-for-profits are called upon to use these practices and achieve better outcomes without receiving any new resources.

More services are needed to address the root causes of child maltreatment—social isolation, poverty, substance abuse, maternal depression, domestic violence and lack of parenting skills. Services are needed not only to deal with an abused child’s trauma, but also to help and support families who care for a child scarred by maltreatment, if we wish to prevent re-entry into the child welfare system. With close to one in four of the State’s children living in poverty, assistance obtaining concrete supports and benefits can help put families back into the workforce and ameliorate the impacts of poverty on children. A large number of the reports that come into the SCR have to do with neglect that are poverty related. The Family Assessment Response (FAR) is particularly effective for these cases.

The expectations on the child welfare system are enormous, and adequate resources are required if the system is to reach those expectations. Restoring funding to the 65% state share called for in State statute would be a first step toward the panels’ aspiration goal of returning funding for these essential services to a 75% state share.

Home Visiting Programs

Restore funding for Healthy Families NY to \$26.8 million, an increase of \$3.5 million. Provide \$2.5 million in funding to sustain The Nurse-Family Partnership (NFP) program.

Home visiting programs are evidence-based primary prevention programs aimed at new mothers and fathers at a time when they are most receptive to services. Programs improve health outcomes for babies, improve parenting skills, reduce the incidence of abuse or neglect, and increase school readiness and parental employment. These programs have suffered from lack of funding to meet the demand for services. They achieve cost savings through reductions in low birth-weight babies and associated medical expenses, reducing recurrence in abuse and neglect reports, and increased school performance and less need for special education.

Funding for Healthy Families NY has been effectively reduced by 15% since SFY 2007-08. Healthy Families NY providers reported a cut back in services offered, inability to provide

families needed supplies to care for and keep babies safe, and higher caseloads and reduced wages leading to staff turnover. The Nurse-Family Partnership program is now in four counties and the five boroughs of New York City. Once funded at \$5 million, the Executive Budget provides no new funding for NFP.

Kinship Caregiver Services and Kinship Guardianship Assistance Program

Restore funding for Kinship Caregiver Services and the Kinship Navigator Program to \$3 million.

Fund Kinship Guardianship Assistance Program (KinGAP) as an uncapped permanency option with no reduction to the foster Care Block Grant.

Two programs administered by OCFS are available to kin taking care of children when parents can no longer do so: Kinship Caregiver Programs and Kinship Guardianship Assistance Program (KinGAP). Kinship Caregiver Programs are available to family members taking care of children outside the child welfare system. Programs commonly provide peer support, assistance with services, activities and other resources. Approximately 153,000 children are in kinship care, with 54,305 of the caregivers age 60 or older, 21.7% of whom have incomes below the poverty level. The costs for these services average \$466 per year per child. There were once 21 multi-county programs; now eight programs remain covering 11 counties.

KinGAP is available to relatives caring for kin in approved or certified foster care homes, when adoption and reunification have been ruled out. Relative foster care providers can apply for the program and, once approved, leave the child welfare system and receive much needed financial support. Between January 1, 2013 and December 12, 2013, 242 children left foster care and entered into approved KinGAP arrangements. A total of 339 children entered KinGAP arrangements since the start of KinGAP in April, 2011.

The recommendations above are taken from the NYS Citizen Review Panels 2013 Annual Report and Recommendations which was released on 1/21/14. For more information about the panels and these recommendations, go to the panel web page at www.citizenreviewpanelsny.org or call 518-463-1896.

Citizen Review Panels are mandated by federal law. In 1999 the New York Legislature passed S371-b of the Social Services Law establishing panels in New York State to evaluate the extent to which agencies are effectively discharging their child protection responsibilities in accordance with the State's Child Abuse Prevention and Treatment Act (CAPTA) Plan, child protection standards set forth in the federal law, and any other criteria that the panel considers important to ensure the protection of children.