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New York Public Welfare Association

NYPWA Testimony on the Executive Budget for SFY 2016-17 for the Joint Legislative Budget Committee Public Hearing on Human Services

Rick Terwilliger, Director of Policy

February 9, 2016

The New York Public Welfare Association represents all fifty-eight local departments of social services statewide. Our members are dedicated to improving the quality and effectiveness of social welfare policy so that it is accountable to taxpayers and protective of vulnerable people. Our remarks will focus on a few key areas. Our written testimony will delve into more details.

Food (Nutrition), Shelter, and Safety Net

- Expanding Supplemental Nutrition Assistance to More Families
- Providing Permanent Low Cost Housing and Emergency Shelter
- Paying for New York State's Safety Net

Child Care Assistance, Services to Children, and 16-18 Year-old Youth

- Accessing Child Care Assistance
- Supporting Preventive Services
- Raising the Age of Juvenile Jurisdiction with 100% State Funding

Expanding Supplemental Nutrition Assistance to More Families

The Governor announced plans to raise the Gross Income Test level from 130 percent to 150 percent of the federal poverty level for all Supplemental Nutrition Assistance (SNAP) households with earned income. The state projects an additional 750,000 households will be eligible and that it will bring in over \$688 million in additional SNAP benefits per year. Although the SNAP benefit is 100 percent federal funding, SNAP administration is a 50/50 share between federal and local governments without any state support. In addition, there is no State funding for implementing federally mandated work rules for SNAP recipients. The NYPWA recommends that the State restore its past practice of sharing in the the non-federal cost of administration associated with SNAP eligibility by allowing districts to claim this expense. Under the property tax cap, counties are not in a position to hire the staff that will be needed without state funding.

Providing Permanent Low Cost, Supportive Housing & Emergency Shelter

We need very low cost, permanent housing in order to avoid homelessness. When we can prevent evictions and provide people with supportive services we have a fighting chance. Once people are on the streets, it is a much tougher battle. The Executive Budget proposes a \$20 billion investment in housing over a 5-year period, and we look forward to the details as they unfold. All of the local social services commissioners are committed to serving people who are homeless and every other vulnerable child and adult in New York State. Their staff does this every day, and not just when the weather gets cold. The best way to keep people safe is to prevent homelessness in the first place. Temporary emergency housing can be compared to using a hospital emergency room. It is important to have help available in a crisis, but it is better to maintain stability and prevent emergencies by providing sufficient resources. We are pleased that the Executive Budget provides a significant infusion of dollars.

We recommend the following actions:

- Restore the Partnership on State/Local Funding for the Safety Net Assistance Program
- Re-evaluate the definition of hardship to include homelessness and to determine how we might reallocate the TANF block grant accordingly, consistent with existing federal rules.
- Support efforts to utilize Medicaid for supportive housing and health homes initiatives.
- Develop strategies that lead people from temporary to permanent housing without creating conditions that significantly lengthen time on public assistance.
- Provide flexible funding models to help individuals and families who are the most at-risk of chronic homelessness.
- Establish a comprehensive housing first model that prevents people from being stuck in emergency housing and sets the expectation for providers to have “no eject, no reject policies” when serving the homeless population.
- To support our collective efforts to shelter people from the frigid weather, we recommend that the state fund 100 percent of the costs related to executive order 151, and provide a code in the welfare management system for claiming purposes to give us this assurance.

Paying for New York State’s Safety Net

It is time to begin to restore the State’s fiscal commitment to Safety Net Assistance. New York State funds only 29 percent of benefits to recipients and none of the administrative expense. The Safety Net Assistance (SNA) program is based on Article XVII of the our State Constitution, which proclaims that “The aid, care and support of the needy are public concerns and shall be provided by the state and by such of its subdivisions, and in such manner and by such means, as the legislature may from time to time determine.” The SNA program serves adults who are not eligible for TANF and families who have exceeded the 5-year time limit. The program, which is entirely controlled by the State, was funded 50/50 state and local shares until five years ago when the State increased the county share of Safety Net funding to 71 percent and reduced the State share to 29 percent. Initially this was offset by fully federalizing both State and local family assistance costs but the time has come to gradually restore 50/50 shares of funding. In addition,

we recommend that the State increase its reimbursement to counties for housing costs where the funding is inadequate to provide shelter.

Accessing Child Care Assistance under New Child Care & Development Block Grant Rules

The new requirements are designed to promote stability and quality but were delivered without the necessary financial support. It is an ambitious plan and an expensive one. Federal policy focuses on maintaining eligibility for current families, while making it extremely difficult for new families to access child care. The end result will mean the number of families receiving child care subsidies will decrease in response to the added cost of the new federal policies. E.g., New York State is required to offer child care for a full 12-month period before any eligibility redetermination is made and to implement a graduated phase-out of families leaving the subsidy program for at least a year. Currently, re-determinations are conducted as often as monthly. This enables new families to obtain child care assistance in place of families who have increased income. Although well-intentioned, efforts to promote quality child care will shift funding away from other struggling families who will stay on child care wait lists and not receive essential work support. The federal Child Care and Development Block Grant of 2014, focuses on the quality of child care and child development, without providing the funding that would be needed to implement the new rules. Without additional State or Federal funding, support to cover these increased costs counties may be forced to close intake and change eligibility levels to reduce the number of low income working families receiving subsidized child care services. Due to the property tax cap, counties are not able to raise funds to pay for additional child care. As the state considers how best to address child care needs, it is important not to take funds away from other social services and child welfare programs that serve families in need. The state budget needs to hold counties harmless for the fiscal implications of compliance with the federal Child Care and Development Block Grant (CCDBG) Act of 2014.

Supporting Preventive Services

Raise the Age will shift the burden of care to the child welfare system—making it all the more important to fund preventive services to contain that expense and to keep children from harm. That is why the NYPWA supports the continuation of open-ended funding for child preventive and protective services and a return to its prior 65/35 formula, instead of today's formula of 62/38 (state/local share). This funding is needed for existing as well as for new programs in order for local governments to free up the funds to invest in additional services. The widening statewide opiate epidemic alone is affecting young parents and forcing more and more infants and young children into the foster care system. The entire at-risk population would benefit from a return to a 65 percent state share in child welfare funding.

Raising the Age of Juvenile Jurisdiction to 18 with 100% State Funding

We support plans to raise the age of juvenile jurisdiction to 17 on January 1, 2018, and to 18 on January 1, 2019, in keeping with the Governor's commitment to fund 100 percent of the cost associated with this change in juvenile justice policy. In the past, the State has stepped back from its original financial support for programs serving the needy—including lowering the State share for preventive and protective services, Safety Net Assistance, foster care, probation services and countless other program and administrative funding streams. Therefore statutory language needs to be added holding counties harmless for the costs that will be associated with raising the age. In order to avoid unfunded mandates, fiscal caps must be removed for foster care and youth detention as part of reform, and state funding must be provided to build capacity.

Being Mindful of New Mandates

Local administrative costs are rising and there is currently no state administrative funding for the Supplemental Nutrition Assistance Program or the Safety Net Assistance Program and the work rules affecting SNAP recipients and the expansion of eligibility for SNAP are creating a need for more staff. In 2015, local districts received a combined total of nine-one policy directives issued by OCFS and OTDA. This sum does not include any of the changes under the Health Department or new state regulations and legislation enacted in 2015 that impact on social services. In addition, to these administrative challenges, districts are making worker safety investments that are not reimbursed by the State. Perhaps the LEAN approach could be used before new rules are issued to ensure that processes are not made more cumbersome. In addition, to these administrative challenges, districts are investing in additional security measures that should be exempt from any administrative funding caps to help us promote safety at government offices and out in the community.

With respect to the Department of Health Budget's impact on social services:

Preserve State Cap on Medicaid Local Share and Oppose Cost Shift to New York City

The Governor and State Legislature made a commitment to cap the local share of Medicaid benefits for all counties including the boroughs of New York City. We oppose the budget proposal that re-institutes a City contribution toward financing the growth in Medicaid. We support the continuation of funding for local administration as the Medicaid transition evolves.

Our budget hearing testimony includes two enclosed NYPWA documents:

- Raising the Age of Juvenile Jurisdiction
- Long-term Solutions to Homelessness

In closing, we wish to thank the NYS Assembly Ways and Means and NYS Senate Finance Committee for your leadership in bringing attention to the challenging fiscal and policy issues affecting social services.

For additional information, contact:

Rick Terwilliger, Director of Policy
Sheila Harrigan, Executive Director
New York Public Welfare Association
info@nypwa.org
518-465-9305

NEW YORK PUBLIC WELFARE ASSOCIATION, INC.

Long-Term Solutions to Homelessness

February 9, 2016

Homelessness is a statewide problem. It hits urban areas hard, but it is also a factor in our suburbs and rural locations. When every other door closes, the path for many homeless individuals and families ends up at the local department of social services (DSS) entrance. Who are the homeless? Most of the time they are people enduring a temporary crisis, such as eviction, the loss of a job, domestic violence, or a family disagreement. In a smaller number of cases they are people discharged from institutions with nowhere to go or people struggling on the street with mental health issues and substance abuse problems. At times like these, DSS can offer temporary emergency housing—but what is really needed is a permanent housing solution. In fact, temporary housing can be compared to using a hospital emergency room. It is important to have it available during a crisis, but it is better to maintain stability and prevent emergencies from occurring in the first place. When we can proactively prevent evictions and provide people with up-front supportive services we have a fighting chance. Once people are on the streets and looking for shelter, it is a much tougher battle.

Recommended Actions to Meet the Challenges of Homelessness

Temporary Housing Assistance

There are several new state mandates affecting local social services districts in the area of temporary housing: including Executive Order (EO) 151 regarding shelter in inclement winter weather (effective 1/05/16) and the proposed amendments of 18 NYCRR Sections 352.3 and 352.8 (issued 9/15/15) regarding local housing inspections. The Governor has promised state resources to ensure there are no gaps in coverage for winter weather below 32 degrees. To ensure this occurs, local departments of social services are seeking a code in the welfare management system (WMS) for claiming purposes.

- Additional motel/hotel rooms to provide emergency housing to meet the increased demand.
- Emergency housing to cover gaps between very cold days so that people are not housed on day one, out on day two, back on day three, and so on, as temperatures fluctuate.
- Transportation to temporary housing or medical facilities (e.g. for CPEP evaluations), including Medicaid reimbursement when eligible, or state dollars when MA does not apply.
- State-operated regional housing and warming centers that can serve undocumented immigrants and people who are under a sanction due to lack of compliance with state rules. Alternatively, cover their stay in motels or shelters since these expenses are not currently reimbursed.
- Contracts with not-for-profit agencies for additional outreach efforts where applicable.
- Extension of shelter hours to ensure 24-hour access when temperatures are at or below freezing.
- Expansion of health homes, SPOA, Congregate Care Level 2 and 3, and supportive housing for persons with mental illness or substance abuse issues. This can be accomplished by leveraging the expertise from OTDA, DOH, OMH, OASAS, and leaders of the Medicaid Redesign Team.
- In recognition of the Court of Appeals ruling that state law supersedes local laws regarding sex offender residency, the state should take an active role in housing sex offenders.
- Access to Health Homes—and to OMH and OASA supportive living placements.

Permanent Housing Options Needed

Temporary housing is a short-term answer to a much larger need—a lack of available permanent housing options for those who are homeless or are threatened with homelessness. We recognize the Governor’s significant investment in housing over the next five years. In this important area, the NYPWA recommends the following actions:

1. Restore the Partnership on State/Local Funding for the Safety Net Assistance Program. We recommend a return to a 50/50 state/local share of costs for the population on Safety Net Assistance (SNA) as we pursue strategies to address homelessness. Often, local districts are the last resort for those seeking housing and are required to find individuals and families safe shelter. Safety Net costs are growing as more families exceed their TANF five-year limit. While we continue to support the federalization of family assistance payments, we are concerned that the State is not adequately supporting the Safety Net. Starting in SFY 2011-12, the State lowered its share of payment for SNA from 50 percent to only 29 percent, shifting a greater burden to counties while maintaining the same eligibility rules. To address this inequity, the State should re-commit to a 50 percent share of this state mandated program.

2. Re-evaluate the definition of hardship to include homelessness and to determine how we might reallocate the TANF block grant accordingly consistent with existing federal rules. It is worth taking a fresh look at federal funding options to consider allowing homeless Safety Net/MOE families to be covered under TANF.

3. Support efforts to utilize Medicaid for supportive housing and health homes initiatives. We are encouraged by the activities of the Medicaid Redesign Team’s Social Determinants of Health workgroup, which has identified affordable housing as a priority. However, people who are on Safety Net Assistance and those who face homelessness are not gaining access to Adult Health Homes and the supports that they need.

4. Develop strategies that lead people from temporary to permanent housing without creating conditions that significantly lengthen time on public assistance. When public assistance does not cover the

minimum fees for rent, people enter the temporary housing system at a higher cost. We need to examine the unintended consequences created by inadequate funding policies and develop constructive solutions.

5. Provide flexible funding models to help individuals and families who are the most at-risk of chronic homelessness. The availability of rooming houses and multiple use properties has greatly diminished over the years. Local districts focus on preventing homelessness, and a significant amount of work is done on a local level with landlords and community groups to acquire housing and to prevent evictions. Homelessness creates trauma in children. There has been research on the impact of homelessness on child development. Some studies have shown developmental delays, poor school performance, more acute and chronic illnesses, and emotional and behavioral problems that interfere with learning. There are implications for permanency for children in foster care whose families of origin do not have a stable home. Families need housing in order to provide stability for their children in order for reunification to occur.

6. Establish a comprehensive housing first model that prevents people from being stuck in emergency housing and sets the expectation for providers to have “no eject, no reject policies” when serving the homeless population. Local districts have become the housing option for persons with behavioral health/mental health issues, particularly single men and single women. The mentally ill who are not engaged in treatment are at the highest risk of losing supportive housing and becoming homeless. The homeless who are on SSI who are mentally ill but also have a substance abuse problem are very difficult to serve and they cannot be mandated to treatment. Many of the single homeless are Adult Protective Services clients with high needs and new vulnerabilities as the managed care system adjusts to address their complex issues. They often require representative payee or guardianship, but there are not enough resources or staff to handle the volume. Special needs housing stocks are grossly lacking for the behavioral health and substance abuse populations. Section 8 is lacking sufficient capacity to serve those who are financially eligible, thus extending the stay of families and singles in emergency housing.

NEW YORK PUBLIC WELFARE ASSOCIATION, INC.

Raising the Age of Juvenile Jurisdiction

February 9, 2016

The New York Public Welfare Association supports raising the age of juvenile jurisdiction, with a guarantee that all of the costs will be fully funded by the State, as part of an integrated set of strategies to provide assistance to children and youth at risk in our communities. Our Association represents the local departments of social services (DSS) in NYS.

Recommendations:

The SFY 2016-17 Executive Budget would raise the age of juvenile jurisdiction to age 17 on January 1, 2018, and to age 18 on January 1, 2019. The plan indicates 100 percent state reimbursement for new costs associated with the change, but does not put these measures into legislation that would guide future budget language. In addition, the role of preventive services as a strategy to reduce placement is not fully recognized or financially supported. The State should enact language in statute to hold counties harmless for the costs (now and in the future) associated with the Raise the Age initiative. This would include amending the law to remove the fiscal cap from the Foster Care Block Grant and from detention services, restoring funding cuts to preventive services, and funding local social services caseworkers to serve this population. These, and other, fiscal assurances are necessary in light of the fact that the State has dramatically reduced its financial support for foster care, detention, prevention, and Safety Net Assistance (SNA), and has entirely eliminated its financial contribution for the local administration of SNA, Supplemental Nutrition Assistance, and child support enforcement.

The State should address the following six implementation issues and actively involve local DSS commissioners in policy discussions:

1. Family Support Centers are intended to reduce the need for placements and should, therefore, be accessible to youth in every county, not just in high population areas.
2. While we wish to minimize placements, the State should retain the option for Persons In Need of Supervision (PINS) to be placed in non-secure detention and in foster care until such time that sufficient services capacity is available and it is proven that placements are not necessary.
3. The state must engage schools as an active participant in planning for the education and training of 16 and 17-year-olds. In New York, school is not compulsory past age 16 as it is in some other states, but education is still desirable, and it is required for children in foster care. Access to vocational training and other educational services for out-of-school youth is necessary.
4. Attention should be given to the impact of Raise the Age on the larger child welfare system. The earlier we reach the children, the more likely problems at ages 16-18 can be avoided. Targeting funding at an earlier age can lead to better outcomes. When serving a 17-year-old, there is typically a focus on the family, including parents and younger siblings, so funding resources will need to serve the entire family unit.
5. The State must address the recruitment of and specialized training for foster parents. Troubled, older teens are very difficult to place with foster families. The State will also need to determine how many cases are anticipated for reinstatement of older teens into foster care and how they will be served.
6. We need agencies to build service capacity in our communities. Facilities for housing youth need to be expanded and conveniently located. Community-based mental health, substance abuse, and developmental delay treatment needs to be expanded. Existing services need to be adapted for older teens.