



**New York
Public Welfare Association**

**Grappling with
Safety Net
Assistance for
Single Adults**

February 2009

New York Public Welfare Association

The New York Public Welfare Association (NYPWA) is a dynamic partnership of local social services districts dedicated to improving the quality and effectiveness of social welfare policy so that it is accountable to taxpayers and protective of vulnerable people. The NYPWA represents New York State's fifty-eight local departments of social services. We provide information, policy analysis and technical assistance to state and local policy-makers and direct support to the local districts. Our Association provides a variety of opportunities for the exchange of ideas, including meetings, conferences and regional focus groups on current policy issues.

Acknowledgements

We wish to thank the commissioners and staff from our host counties and from NYC who provided the meeting space and the inspiration, as well as staff time, to serve as facilitators, recorders and participants to make these meetings possible: Schenectady County DSS, Greene County DSS, Genesee County & Orleans County DSS, Oneida County DSS, Seneca County DSS, Tioga County DSS, Franklin County DSS, Rockland County DSS and NYC HRA.

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Grappling with Safety Net Assistance for Single Adults

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NEW YORK PUBLIC WELFARE ASSOCIATION

Grappling with Safety Net Assistance for Single Adults

by Sheila Harrigan, Executive Director

Introduction

The New York Public Welfare Association (NYPWA) represents New York's fifty-eight local departments of social services (DSS). 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.

This paper is dedicated to all of the local DSS eligibility workers, caseworkers, supervisors and directors who use their hard-earned knowledge and experience on a daily basis to serve a population that presents a cacophony of challenges.

Commissioners' Policy Committee and Regional Focus Groups on Safety Net Assistance

President Dennis Packard and the NYPWA Board of Directors identified Safety Net Assistance for Single Adults as a Policy Priority in 2008 and assigned a guiding role to the NYPWA Leadership Committee, co-chaired by Commissioners Fran Lanigan, Oswego County DSS, and Kira Pospel, Greene County DSS. The NYPWA held nine regional focus group meetings with all local districts represented by a constellation of eligibility workers, social welfare examiners, caseworkers, supervisors and directors. Special thanks to our host county commissioners and to others for providing the meeting space, as well as staff time, to serve as facilitators, recorders and participants in order to make these meetings possible. The following local DSS commissioners hosted a regional forum on this topic or participated in our statewide Safety Net Policy work-group. Many more participated in ongoing meeting discussions on this topic.

Commissioners:

Dennis Packard, Schenectady, NYPWA President 2008

Pat Schmelzer, Allegany
Colette Poulin, Albany
Elane Daly, Cayuga
Kristen Monroe, Cortland
Lesley Lyon, Franklin
Sheryda Cooper, Fulton
Eileen Kirkpatrick, Genesee
Kira Pospel, Greene
Laura Cerow, Jefferson
Michael Fitzgerald, Madison
Robert Doar, NYC
Lucille Soldato, Oneida

Eileen Tiberio, Ontario
Carol Ludwig, Orleans
Fran Lanigan, Oswego
Michael Piazza, Jr., Putnam
Susan Sherwood, Rockland
Paul Brady, Schoharie
Charles Schillaci, Seneca
Kathryn Muller, Steuben
Chris Cunningham, Sullivan
Shawn Yetter, Tioga
Patricia Carey, Tompkins

Grappling with Safety Net Assistance for Single Adults

Executive Summary

The current focus of federal and state social policy initiatives is on working families. The national debate on the economy is centered on this population. It is easy for the public to overlook the comparatively small group of single adults who are not working and are living in poverty. However, these individuals are often in the forefront of the concerns that local departments of social services must address. In New York State, their numbers are growing.

For single adults who have been on Safety Net Assistance (SNA) for many years, the economic recession does not have much of an impact on their lives. After all, they are already relying on public assistance to support themselves, and they are already struggling. The loss of jobs may lead them to stay on assistance longer, as well as the fact that funding for services to enter the job market has dried up. But, for the most part, the challenges facing the traditional Safety Net Assistance population would be the same today as in years past. In addition, because there is no time limit on Safety Net Assistance, recipients are able to continue on this path rather than pursue what may be a very difficult journey to becoming self-supporting.

The economic recession has more of an impact on the short-term Safety Net Assistance population. They are more likely to be experiencing situational poverty, and their status can be expected to get better as the economy improves. They are generally responsive to employment and training programs and other work supports when they are made available to them. Unfortunately, in times of state budget cuts these programs are not funded.

The number of single adults on Safety Net Assistance in New York State was 131,238 as of December 2008. This includes both people who receive assistance on a short-term, and sometimes episodic, basis and others that stay on assistance for many years.

The NYPWA Board of Directors made “Safety Net Singles” a policy priority because this is a group that is easy for persons outside of local departments of social services to forget about, yet it is not a group that can be ignored.

The NYPWA engaged in a grassroots approach consisting of regional focus groups to obtain input from social welfare examiners and other workers and supervisors. Our goal was to develop an understanding of the Safety Net Singles population from a front-line perspective. A similar approach was used by the NYPWA to study Medicaid Administration in 2006 and Adult Services in 2007. It is our intention that these papers serve as a tool for dialogue with key state policy decision-makers and other organizations that share our goals.

We invited workers from every local district in the state to dive in and share in the discussions. This paper shares the story that they told us, and it sets the stage for coming to terms with a population that holds unique challenges for the system.

Framing the Issue

Who Receives Safety Net Assistance?

The term “Safety Net Singles” refers to single adults and childless couples receiving public assistance. “Safety Net Families” generally refers to households with dependent children that have reached the five-year lifetime limit on receipt of Temporary Assistance for Needy Families (TANF). That is the simple explanation of who receives Safety Net Assistance. The more detailed response is that persons eligible for Safety Net Assistance include single adults or couples without dependent children, persons under 18 without dependent children and with no adult relative with whom to live, aliens who are eligible for assistance but not for federal reimbursement, persons living with an adult family member who is refusing drug/alcohol screening, assessment or treatment, families in which an adult member is unable to work due to alcohol or drug abuse but is compliant with drug/alcohol screening, assessment and treatment, and families that have exceeded the 60-month TANF limit on assistance are eligible for Safety Net Assistance. This paper focuses on “Safety Net Singles.” Eligibility is addressed in Social Services Law Title 3, Section 159.

When Did the Safety Net Assistance Program Begin?

The Safety Net Assistance Program went into effect eleven years ago. The Welfare Reform Act of 1997 (Chapter Law 436) established the SNA program to replace Home Relief effective on January 1, 1998. Home Relief recipients then became Safety Net Assistance recipients. After five years, families were no longer eligible for TANF and became eligible for SNA.

What Is the Link to the New York State Constitution?

Article XVII (Social Services) of the New York State Constitution is often cited as the basis for the prior Home Relief Program and the current Safety Net Assistance program as follows:

Section 1. 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. (Adopted by Constitutional Convention and approved by vote of the people, 1938.)

Other states have a General Assistance Program funded through state or state and county dollars, but New York State is known for being the most generous in terms of benefits. The language in the New York State Constitution is broad, leaving the interpretation of what benefits to offer up to our State Legislature.

What Is the Size of the Safety Net Assistance Caseload?

According to posted statewide statistics, the caseload in December 2008 was 131,238 adults on Safety Net Assistance. This includes singles and childless couples that prior to the Welfare Reform Act of 1997 would have been classified as Home Relief Cases. The total number of recipients on Public Assistance in New York State, including families, single adults and couples without children, was 514,382 in December. Both the Safety Net Assistance and Family Assistance caseloads have increased in recent months.

What Benefits Do Safety Net Assistance Recipients Receive?

This program provides money for basic living expenses for single adults and childless couples or families who have reached their five-year limit of Family Assistance benefits.

Recipients receive a monthly shelter allowance, basic grant allowance, utility assistance and a personal needs allowance (to the extent available). For most recipients, cash benefits are limited to two years, including any cash benefits previously paid through Family Assistance. Non-cash benefits are provided through two-party checks or a direct check to a vendor, such as a landlord or utility company. There is no time-limit on non-cash benefits. Monthly grants and allowances of public assistance are covered in Social Services Law Title 1, Section 131-a. The monthly standard of need for determining eligibility for assistance for one person is \$112 plus \$25.10 in utility assistance for a total allowance of \$137.10. The shelter allowance and Foods Stamps supplement the basic grant. The allowance for rent varies by county, for example, for a single adult in Albany it is \$176 per month without heat. Refer to Title 18, Social Services Section 352. Persons on Safety Net Assistance also receive Medicaid and Food Stamps in addition to the basic grant, shelter allowance, utility assistance and a personal needs allowance.

How Long Is the Application Process, and Are there Provisions for Emergencies?

Apart from emergencies, the Safety Net Assistance application processing period may take up to forty-five days. Persons who have

no money for food or are homeless or facing eviction or utility shut-offs are generally eligible for emergency assistance.

How Is Safety Net Assistance Funded?

Safety Net Assistance for single adults, couples without children and families not eligible for TANF are funded at 50 percent state and 50 percent local shares. Since there is no federal reimbursement, it is worth taking a look at how to wisely invest in services for this population in order to control our costs while meeting basic needs. Employment programs and services for recipients can be funded through the state's TANF maintenance of effort (MOE) funds or through separate state funds if the state budget includes such provisions. This population has many of the same challenges facing the TANF population, often to a heightened degree. A subset of this group is waiting for the federal government to act on SSI determinations.

Understanding the Safety Net Assistance Population and the Challenges that They Present

This section is a medley of direct excerpts from focus groups discussions as well as recurring themes heard statewide.

What Are the Biggest Problems that Single Safety Net Adults Face?

- Significant problem areas for the Safety Net singles population are lack of housing, mental health issues, substance abuse issues, general health problems, legal issues, lack of transportation and lack of job skills.
 - There is not enough safe and affordable housing, including apartments, single unit dwellings and shelters.
 - Health issues reflect the lack of physicians who accept Medicaid, the lack of compliance with medical recommendations and the lack of consistency in medical providers.
 - Some mental health and substance abuse treatment providers are seen as having both a vested financial interest in engaging clients in lengthy treatment modalities and a belief that employment exacerbates client problems. Some counties have few providers that accept Medicaid, resulting in visits being too infrequent to be effective.
 - Lack of client engagement in treatment is a major problem. Many clients attend their appointments only because they are ordered to by Drug Courts (failure to attend can result in jail time) or because they are necessary to maintain their work exemption status. There is little client motivation to solve their issues, and indeed, many do not feel they actually have a problem. Relapse is very common.
 - Lack of transportation to treatment can be a barrier.
- Safety Net single adults may have a history of involvement with criminal charges. This circumstance results in many barriers. They are hard to house, especially those who have a history as sex offenders. Employers are often unwilling to take a chance on them. They may have ongoing obligations to appear in court or meet with Probation or Parole, which take precedence over employment.
 - Other major problems include the need for medical care. For a single adult, even part time employment may make them ineligible for Medicaid. Loss of Medicaid represents a major barrier to those heavily dependent on health care and treatment systems.
 - Education is a large problem for young adults in their early twenties. Many left high school early, others completed school but have functional literacy issues. The jobs they obtain do not pay enough to live on. There is a problem of substance abuse issues and a need for treatment compatible with the welfare reform agenda. There is a need to collaborate with other systems on the same goals, as going to work can speed substance abuse recovery. There is little that is being done for older applicants over age sixty. Younger applicants have multiple problems, notably “dual diagnosis” of mental health issues and substance abuse. The issue of housing costs was raised by all as a challenge, as people need funds to pay for housing, and neither cash assistance nor minimum wage jobs realistically do so.

What Are the Primary Differences between the Long-Term and Short-Term Safety Net Populations?

- The long-term population has significant health, education and work skill deficits. They cannot afford to lose the Medicaid that allows them to deal with their health

issues nor do they have the education and work skills that would enable them to obtain employment with health insurance. They are more likely to be generational welfare recipients and may lack the motivation to be self-sufficient. Substance abuse is a significant problem for long-term recipients, and relapse within their treatment plan is frequent. Their involvement and connection with treatment is a way of life that drives many of their decisions and social interactions.

- The short-term population is healthier and has a connection to employment. They are more likely to come on assistance because of loss of seasonal jobs or lay offs. Because they have work skills and fewer social, health and education barriers, they are better poised to search for and find new employment. They are good candidates for DSS employment programs and are more willing to engage in employment tracks.
- In NYC, long term clients are typically people over 60 or HIV and AIDS Services Administration cases. Short-term cases are young people ages 18-25. Non-compliance is a major issue among young people.
- The number of barriers to employment among SNA clients with substance abuse disorders may be a less important indicator of employability than the individual's motivation to change. The levels of motivation, regardless of the number of barriers, dictate who would be most ready to get a job.
- Short-term clients are the recently unemployed. Long-term clients are disabled clients with substance abuse issues. They also include previously incarcerated clients who have worked manual labor jobs and have fewer transferable skills. Educational funds to train these clients are drying up.
- Long-term clients are usually homeless people with non-transferable skills. Little funding is available for effective skill training programs.
- Transitional supports are imperative in order for people to succeed in moving off of public assistance.
- Local districts are experiencing an increase in Safety Net singles with a history of substance abuse and incarceration. Individuals with dual diagnosis – substance abuse/ mental health issues are the most difficult to provide with services. Many mental health hospitals in the area have closed. A major concern is the large population of mentally ill.
- Workers must evaluate a client's motivation and determine where they are on the stages of change in order to target services toward clients who might benefit from them.
- Many clients come from foster care situations. Not enough people receive targeted support. For those re-attached to employment, they end up not sustaining it because they need more immediate resources.
- It is much easier to get the person a job when additional services are not needed. There are not enough transitional benefits available to provide to them. Benefits are only available for a small subset of people.
- There's a gap between the end of Safety Net Assistance and the first paycheck a client receives at a new job. Some districts give money to clients leaving SNA so that they can buy bus tokens and lunches until they receive their first pay check. That way, it is not like going over a cliff when leaving the program to have no form of support at all.

- The cost of living is becoming too expensive. Unless a client has Section 8 or is living with relatives, it is difficult to survive. Many new workers may not want to live with a roommate after obtaining a job, because the roommate might not be working or may still have a substance abuse problem.
- A significant number of SNA clients could benefit from housing support. It is highly limited right now to only certain clients. Halfway houses and other such support venues would be useful for many clients.
- Long-term and short-term recipients are distinguished by employability factors. For those employable, the short-term stay on SNA is usually the case, but they hit the “cliff” as there are no transitional benefits for SNA.
- Long-term recipients tend to have one or more of the following:
 - be physically or mentally disabled,
 - have substance abuse issues,
 - be previously incarcerated,
 - be homeless,
 - have limited skills and limited work experience.
- Some form of housing support would help move people into jobs and ensure retention as would transitional benefits similar to those offered to families who leave cash assistance.
- Some districts hold homeless housing meetings on a weekly basis. It takes a coordinated effort to move people out of motels and shelters.
- Adults with Traumatic Brain Injuries (TBI) may not be capable of following through to do what they need to do to achieve stable housing and jobs. Persons with TBI may have literacy and math skills but cannot organize thinking in order to complete tasks. Others are non-compliant, miserable or argumentative, and employers do not want to hire them even with the skills. Most Safety Net singles have multiple problems, not just drug/alcohol problems. They need an intensive case management approach.
- Short-term recipients have often fallen on hard times and tend to get another job right away. Some are self-employed. Often they have a job history and no mental health or drug and alcohol issues. When funding is available, they are taught job skills and involved in a work program.
- Safety Net singles need basic employment supports, such as transportation or gas cards and car insurance payments.
- They need “functional literacy” to become employed.
- Local districts become the “dumping ground” when individuals are rejected by the OMRDD and OMH systems.
- Since the district must prove “willfulness” and “lack of good cause” under the conciliation process, there is little motivation for recipients to comply with the rules, and they are able to stay on assistance indefinitely. This diverts resources that could be better used to provide work supports to the majority of people on public assistance who wish to be gainfully employed. The state should reform both the conciliation policy and the fair hearing process to increase effectiveness. These strategies also apply to the Family Assistance population and would be cost-effective.
- Many are in treatment with substance abuse providers who actively encourage

them not to work because they view work as conflicting with treatment. The substance abuse and mental health systems are set up for failure because Medicaid provides perpetual funding that does not have the treatment limitations found in most private insurance. There is no ability to hold providers accountable through prior approval processes found in HMOs.

- Housing has become very expensive. A client making \$700 a month may have to pay at least \$250 per week for a room. This adds to the multilevel problems that clients face if they are not receiving any assistance under Section 8 or sharing housing with someone else. Clients decide that they cannot go back to old roommates who are using drugs. Instead they try to adjust to working and bringing home money.
- In some cases, costs such as the co-pay for methadone maintenance treatment make it difficult for individuals to stay self-sufficient, and many have to return to public assistance. There has been some success in connecting them to jobs, however, sustaining them in those jobs after they leave cash assistance requires other key services not well-provided or funded. Connecting single adults to resources immediately is a challenge, and there need to be better resources available for singles.
- Transitional Medicaid is important for mental health and substance abuse populations. Without transitional benefits, many of these clients are unable to stay off public assistance permanently.
- Recipients usually stay on programs due to multiple barriers, especially barriers for people over age sixty.
- Many districts reported a 60/40 split on the ratio of unemployable to employable clients.

A high number of employable clients are still on limited employment status.

What Are the Reasons Safety Net Adults Leave Assistance?

- A high percentage of closings are due to non-compliance issues. This includes not complying with treatment and not keeping appointments or providing documentation at recertification. If they disengage with treatment, their problems are worse when they finally re-engage and return.
- An unknown number of Safety Net clients may have under-the-table income, so losing the assistance portion of their income is not an immediate emergency. Many clients may not have the motivation or energy to fulfill their responsibilities in being on assistance and just choose to survive with less until an emergency arises. When the emergency occurs they return to the department of social services.
- Positive closings are often because of case openings on SSI/SSA. These closings resolve the employability questions, generally provide increased income and are seen as more socially acceptable than welfare assistance. Some people do find employment and close their case completely. This population may return to assistance when employment results in lay offs and may use Safety Net Assistance periodically for a number of years.
- Other reasons to leave are out of the county moves and the development of new social relationships that provide needed economic support.
- Most clients move off Safety Net due to non-compliance. Right behind non-compliance is employment as the second most common reason for leaving. Some non-compliant clients may be getting jobs and

not telling anyone. It is possible to get a job and miss recertification the next time and have the agency close the case.

- Some districts reported non-compliance with recertification and employment is actually a bigger problem than drug and alcohol abuse problems. Others reported the opposite.

What Services Do Districts Provide Beyond Public Assistance?

- Districts provide a variety of supports designed to assist clients in coping with or overcoming various barriers. Safety Net Assistance Project (SNAP) funding has been used for many programs that are employment focused. In particular, targeted case management is a core element that leads many participants to success. The approach appears to be effective with both long-term and short-term recipients.
- Counties are using whatever resources they can scrape together to serve their Safety Net populations. Services include bus tokens, gas vouchers, a Workforce Development funded program that provides reproductive health, financial and budgeting counseling, low cost medical assessments, SSI referrals, literacy programs, learning disability programs, referrals and intense collaboration with VESID, employment assessment and planning, job skills classes, job search assignments, co-located JOBS staff from the Labor Department, and wage subsidies and case management.
- Most counties are also referring clients to an outside entity for employability assessments. While most clients are being deemed employable, the fair hearing process has yielded mixed results. There were reports of administrative law judges stating they favored the client's personal

physician's information. Also, there is a significant difference in results depending on the specific judges who heard the case, and this has led to conflicting results in recent cases.

- In New York City, WeCARE is for cash assistance clients who report that they cannot work because of a health or mental health condition. They are referred to WeCARE for biopsychosocial assessments including a medical evaluation. If it is determined that the individual is fully employable, then that person is referred to HRA's other employment vendors. If the person has an underlying condition, the vendor assists the individual in applying to SSI. The vendor receives a payment when SSI comes in. If the clients are deemed employable with limitations, they are referred to vocational assessment and placed in WEP or educational training. The vendor gets paid for clients retaining jobs.
- Back to Work vendors for those not claiming mental health or physical reasons for not working are paid for their performance (i.e., only paid when a client gets a job). Vendors work with all centers in HRA to assess clients and to determine if they are in need of intensive services and to subsequently create an employment plan. Clients may be referred to WeCARE, CASAC for substance abuse treatment, BEGIN for literacy or language assistance combined with employment activity, TAG for training referrals and monitoring for progress and completion of training, or to Business Link for direct job referral to employers.
- NYC implemented Managed Addiction Treatment Services (MATS) through several vendors. It is used for clients with very high Medicaid expenses because of substance abuse. Other districts have used MATS with mixed results.

- The services for SNA individuals are not as comprehensive as the services for families. Counties contract with agencies to conduct medical, psychiatric and substance abuse assessments for Safety Net individuals and refer SNA individuals to substance abuse treatment and monitor their progress. For those who are determined temporarily exempt, the department will assist these individuals in obtaining appropriate medical treatment. For those who are permanently disabled, referrals are made to help SNA individuals obtain SSD/SSI benefits. In addition, the Department of Labor can pro-

vide SNA individuals with an array of employment services. There is a need to better educate clients on home and money management.

- There is less political support for serving singles than there is for providing care and assistance to families with children. The singles population is often viewed as mentally ill, drug addicted or unmotivated to secure employment. This view limits public and political support for increased funding and services.

New York State's Role in Housing Sex Offenders and Keeping Communities Safe

State officials must plan for sex offenders and for persons re-entering our communities after a prison sentence. State law enforcement agencies must step up to the plate and create state policies that govern their roles, not the roles of local government agencies, with respect to sex offenders. This is not a local problem that can be overcome with local solutions. On January 23, 2009, the Supreme Court ruled that one county cannot impose residency restrictions on sex offenders, and similar court cases are pending. There are reports of eighty local laws imposing such restrictions already in existence. This is a call to action for the state to come forward. In 1978, New York State passed site selection legislation in response to controversy regarding housing for persons with disabilities, who were at the time being deinstitutionalized. It is time for state elected officials to address the housing needs of this population and not to create legislative barriers. Creating a class of homeless sex offenders does not promote community safety.

The Governor enacted Chapter 568 of the Laws of 2008 and included in his approval message the following statement:

This bill recognizes that the placement of these offenders in the community has been and will continue to be a matter that is properly addressed by the State. Decisions about such placements must recognize that my highest priority, and the top concern of all State officials, is the safety of our children, and this concern must inform decisions regarding the placement of sex offenders in our communities. I also note the accepted wisdom in the criminal justice community and among

experts that offenders are less likely to recidivate when they are provided with suitable housing and employment.

On behalf of the local departments of social services, the NYPWA restates the following recommendations, originally issued in July 2008:

- 1) The provision of appropriate shelter for sex offenders must be a state responsibility coordinated by the Divisions of Parole, Probation, Correctional Services and the Office of Temporary and Disability Assistance. This is a statewide problem that requires a statewide strategy and solution. It should **not** be placed solely on the backs of local departments of social services (DSS). The role of social service districts is limited to providing emergency assistance and shelter to those who meet the financial eligibility criteria. They cannot possibly meet all the law enforcement oversight and housing demands, which far exceed DSS capabilities, legal responsibilities and authority. Since there is a need to keep communities safe, as well as to provide shelter for sex offenders, the state should be working on a comprehensive approach to achieve those two goals.
- 2) Establish a State/Local Task Force on a Sex Offender and Prisoner Release Policy charged with developing a plan for notification, monitoring, housing and transition services for these populations. The agencies should include: the NYS Divisions of Criminal Justice Services, Parole, Probation and OTDA, together with local DSS and local probation. We need state agencies to engage in cohesive policy development instead of allowing the problem of sex offenders to be merely pushed down to the local level. While OTDA has worked to bring the other state agencies

together, we are anxious to see more progress being made as the situation continues to deteriorate in our communities. Since the state has not established a consistent policy, local laws that restrict where sex offenders can live have proliferated, and law suits are now underway.

- 3) We implore the state to be thoughtful and consider the research. There is a need for stability – if people are less transient, they will be less likely to re-offend. One county is pursuing an agreement with a not-for-profit agency, Parole and OTDA on housing sex offenders and others returning to the community from prison. This is a structured and secure program that provides transitional housing, employment and other support services to ensure a successful re-entry, and it does all this by congregating people in the same location, which while effective, would seem contrary to the spirit of the proposed legislation.

- 4) It would be irresponsible to enact legislation without conveying to the state agencies that they have direct responsibility for this population and that they are not just a conduit to turning a statewide policy issue into local mayhem. One of the risks we are facing is a medley of state and local policies that are so stringent that we are weaving a spider web that closes sex offenders off from all housing areas. This will ultimately lead to sex offenders living on the street and will only serve to make our neighborhoods less safe for all concerned.

We urge our state leaders to consider our comments and to engage state agencies in an effective planning process that works with localities without shifting the entire burden to them, and which does not prohibit sex offenders from being housed together for community safety and treatment purposes.

Executive Budget Proposals for 2009-10 Affecting Safety Net Assistance

Introduction

Local Departments of Social Services recognize the perilous condition of the economy. The NYPWA is not seeking an infusion of funds to serve the Safety Net singles population beyond the executive budget proposal. However, the state must maintain its commitment to funding SNA administration or it will destabilize the entire program.

- Starting in January 2010, the executive budget proposal would amend the Social Services Law to increase the non-shelter portion of the grant for all public assistance recipients, including Family Assistance and Safety Net Assistance, by ten percent a year for three consecutive years, by increasing the basic allowance. An unavoidable consequence of this proposal is that every three dollar increase in cash benefits results in a one dollar loss in Food Stamps, which are federally funded. For example, an increase in the cash grant of \$96 will result in \$32 less in Federal Food Stamp benefits each month.
- In response to needs identified by local districts, the executive budget would also provide authority to allow districts the opportunity to establish rent supplement programs for single adults and childless cou-

ples in order to provide stable living arrangements. Plans will require state approval based on the demonstration of cost neutrality or savings. This option is currently available for families, but has not been available for Safety Net singles outside of New York City.

- The executive budget proposal eliminates funding for all Safety Net Assistance Projects (SNAP). In SFY 2008-09, \$765,000 had been allocated through a competitive process. Local districts that received these funds identified successes in providing people with the tools to move off of public assistance.
- The executive budget proposes eliminating state funding for Safety Net Assistance administration, which has been covered under the Local Administration Fund. As a direct result of the weakening economy, districts are experiencing a significant increase in applications for public assistance. This proposed budget cut conflicts with the ability to implement this state-mandated program. The proposal was not accompanied by a comparable amount of mandate relief or the elimination of any of the extensive reporting rules that the state requires of local districts for this program.

Safety Net Assistance (SNA) Quick Reference Guide

Safety Net Assistance is New York's general assistance program, which replaced the former Home Relief program. Persons not eligible for Family Assistance (FA), or other federally supported income programs, such as SSI or Refugee Assistance, but who still meet the need qualification, can qualify for Safety Net Assistance. The following persons are eligible for SNA:

(1) Adults without dependent children; **(2)** Persons under the age of 18 without a dependent child who have no adult relative with whom to live; **(3)** Families that are ineligible for FA because the head of the household or any adult member required to be a member of the PA household is determined unable to work due to the abuse of drugs and/or alcohol and the adult or head of household is compliant with the substance abuse screening, formal assessment and treatment; **(4)** Members of a household in which the head of the household or any adult required to be a member of the FA household fails to comply with required screening, formal assessment or rehabilitation treatment for drug/alcohol abuse in accordance with department regulations. The non-complying head of household or adult is ineligible for public assistance; **(5)** Aliens who are eligible for public assistance, but who are not eligible for federal reimbursement; **(6)** Families who have received FA or other assistance funded under TANF for a period of time equal to the lifetime maximum period of 60 months.

Safety Net Assistance provides both cash assistance and non-cash assistance. In addition, there will be some instances in which TANF funds follow a case into the Safety Net if the case is otherwise eligible. These TANF funds will be subject to the 60 month limitation for public assistance, whether that assistance is

provided under FA or SNA. The 45-day application period applies to SNA cases. Like FA, those in the safety net program must meet employment requirements.

The Safety Net program has a two-year limitation on its cash assistance portion for otherwise eligible cases. Individuals, who are HIV positive or exempt from work requirements and are not required to participate in drug/alcohol rehabilitation, are exempt from the 24 month limitation on cash assistance. After 24 months, an otherwise eligible cash assistance case is moved to the non-cash portion of the program. Whether a case is in the cash portion of the program or the non-cash portion, each case type is eligible for the basic grant, a shelter allowance and two energy allowances. The same schedules used in FA are used in the Safety Net program, and the basic grant structure is the same, too.

In the non-cash portion, the shelter and energy allowances are paid by voucher to the appropriate third party. A personal needs allowance, when there are sufficient funds left, must be paid up to an amount equal to 20 percent of the sum of the basic allowance and energy allowances.

Safety Net Assistance is defined in SSL § 157 and 18 NYCRR Part 370. Financial criteria are outlined in 18 NYCRR Part 352. Safety Net Assistance, like its predecessor Home Relief, provides support to persons residing in a family home or boarding home, as well as approved facilities to treat alcoholism and substance abuse. SNA may also support persons residing in some types of approved facilities for the mentally disabled or developmentally disabled.

The state and localities share equally (50/50) in the funding for most cases. As noted, some limited TANF funding will be found in eligible Safety Net cases. In these instances a federal share of 50 percent is available.

Recommendations for Addressing Safety Net Assistance for Single Adults

Promote Safe, Affordable and Stable Housing

Provide more opportunities for stable housing by making rental supplements available at local district option to use for single adults when needed. This policy currently exists under family assistance. This proposal is cost neutral, since emergency housing is expensive, and there are no savings gained by relying on transient motels. Permanent housing provides a better foundation for recipients to focus their attention on securing employment. There is an overwhelming need to build capacity for affordable housing.

Establish a Task Force on a Sex Offender and Prisoner Release Policy

This state/local task force needs to be charged with developing a plan for notification, monitoring, housing and transition services for these populations. Members should include the NYS Divisions of Criminal Justice Services, Parole, Probation and OTDA, together with local DSS and local probation. We need state agencies to engage in cohesive policy development instead of allowing the problem of sex offenders to be merely pushed down to the local level. Since the state has not established a consistent policy, local laws that restrict where sex offenders can live have proliferated, and law suits are underway. Since there is a need to keep communities safe, as well as to provide shelter for sex offenders, the state should be working on a comprehensive approach to achieve those two goals.

Prioritize Work as a Component of Treatment and Provide Transitional MA Coverage

Treatment providers should have performance outcomes related to client attainment of self sufficiency goals that are tied to their re-

imbursement. The focus should be on job skills and employment consistent with the goals of Welfare Reform. The number of work hours may vary or progress more slowly for some individuals, but work should still be a component. Transitional Medicaid coverage is needed to support employment.

Provide a Multi-Systems Approach to the Safety Net Assistance Population

Each state agency listed below already has a service link to the SNA population, but persons on Safety Net Assistance are often not connected to needed services. We need to create the capacity to look at the Safety Net population in a multi-dimensional environment that brings together housing, drug/alcohol treatment, mental health treatment and employment programs. Investment in this concept may reduce state and local expenditures and reduce churning.

Department of Correctional Services, Divisions of Parole and Probation – Identify housing placement before release, development of work skills, treatment for addictions

Department of Health (DOH) – Transitional Medicaid coverage, Access to Health Care, Long Term Care, Traumatic Brain Injury (TBI) population

Office of Alcoholism and Substance Abuse Services (OASAS) – Drug and alcohol abuse is common, focus on job skills while in treatment

Office of Children and Family Services (OCFS) – Children aging out of foster care and onto SNA and PSA – need to focus on strategies to intervene before adulthood

Office of Mental Health (OMH) – Many people who stay on SNA for a long time have mental health issues and need treatment, although they may not meet SSI criteria

Office of Mental Retardation and Developmental Disabilities (OMRDD) – Offer services to SNA population with developmental disabilities

Office of Temporary and Disability Assistance (OTDA) – Supervisory oversight of SNA administration and benefits, housing functions

State Office for the Aging (SOFA) – provide services for SNA who are elderly and alone

School Systems – conduct assessments before kids age out so that eligibility for services in adult system is already determined (e.g. for OMRDD, OMH services)

Vocational and Education Services for Individuals with Disabilities (VESID) – engage in serving those within Safety Net population who have disabilities

Maintain NYS’s Role in Funding the Administration of Safety Net Assistance

There is no logical argument for New York State to abdicate its role in funding the administration of Safety Net Assistance which is, after all, a state mandated program.

Since the state plans to continue this program, it must contribute to the cost of running it. The Local Administration Fund should be maintained in the state budget.

Reform the Conciliation and Fair Hearing Processes to Address Non-Compliance

Amend the law so that the district must prove “willfulness” or “lack of good cause” instead of proving both under the conciliation process. Currently, there is little motivation for recipi-

ents to comply with the rules, and they are able to stay on assistance indefinitely. This diverts resources that could be better used to provide work supports to the majority of people on public assistance who wish to be gainfully employed. The state should also evaluate the fair hearing process to increase its effectiveness. These reform strategies also apply to the broader public assistance population and would be cost-effective.

Build on Local Strategies

Local districts have had successful experiences using: one to one case management, highly structured group meetings, motivational interviewing, learning disabilities interventions, independent living curriculum on preparing for work, employment capacity assessments, independent living and after care planning for foster care kids, teaming approaches, home visits, diversion strategies, workshop on “cleaning up your rap sheet,” joint work with adult services caseworkers, building relationships with faith community, clinical assessments and interventions.

Safety Net diversion funding can be provided to avoid cases being opened in the first place when individuals may only need car repairs, insurance premiums or work supplies/equipment to maintain or accept employment. All of these strategies cost money and are put on the shelf when state funding is pulled away. State officials should be poised to restore funding for these important initiatives when the economy improves. In addition, because there is no federal funding for single adults on Safety Net Assistance, it is worth evaluating whether it might, in fact, be cost effective for the state to continue to fund these services even in a shaky economy.

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