



TAKE ACTION to Protect Access to a NYS High School Equivalency Diploma!

Over 2.8 million adult New Yorkers lack a high school credential. Access to a NYS High School Equivalency Diploma is at serious risk under current state budget proposals. In response to changes to the GED® exam at the national level, the NYS Education Department (NYSED) is in the process of selecting a new state-subsidized High School Equivalency (HSE) Test to start in January 2014. Without additional state investment, 25,000 fewer New Yorkers will have the opportunity to earn a HSE diploma each year, and/or new fees may be charged to test-takers, who are generally low-income. To facilitate New York's transition to a new high school equivalency (HSE) testing system, the Campaign for Tomorrow's Workforce (CTW) recommends the following state budget and policy actions for FY2014:

- 1) **Maintain Free Access to a NYS High School Equivalency Diploma:** CTW supports continued free access to GED®/HSE testing and strongly opposes proposals to begin charging fees to test-takers for ANY test leading to NYS HSE Diploma, as they would create barriers and transfer the cost burden to those who can least afford it. The intent of NYS Education Law Sec. 317 that prohibits fees should be maintained.
- 2) **Fully Fund High School Equivalency Testing System: \$7 Million.** The Governor's FY14 Budget proposes level funding of \$3.6 million for testing, which is insufficient to cover the costs of the new HSE test and the anticipated surge in testers eager to pass the current GED® exam before it expires on Dec 31, 2013. Full investment of \$7 million is needed to keep this important education gateway open at the current level of 50,000 test seats each year.
- 3) **Expand Preparation Classes: \$2 million** to provide an additional 2,000 classroom seats for individuals who, with focused preparation, could be successful in obtaining their high school equivalency diploma this year. Preparation is the most significant factor in determining success on the GED® exam, boosting the pass rate by 30 percentage points.
- 4) **Prepare the System for New Standards and Computer-Based Testing: \$3 million** to support professional development on the new Common Core standards for 1,000 adult education teachers, and technology resources for education programs to build students' computer literacy skills and prepare for computer-based testing.
- 5) **Raise Public Awareness:** Given the brand-name recognition of the GED®, the State must take action to inform colleges, employers, and the general public of all newly established pathways to a high school equivalency. This step is critical to prevent confusion as well as ensure new HSE diploma recipients are not at a disadvantage.

For more background on the issue visit www.campaignfortomorrowsworkforce.org

CTW is coordinated by the Community Services Society (CSS), Neighborhood Family Services Coalition (NFSC), and United Neighborhood Houses (UNH). For more information, contact Lazar Treschan: 212-614-5396, ltreschan@cssny.org; Sierra Stoneman-Bell: 212-619-1666, sierra@nfsc-nyc.org; or Kevin Douglas: 212-967-0322 x345, kdouglas@unhny.org
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Ensure State FY 2013-2014 Budget Protects the Early Intervention Program

The New York State Early Intervention (EI) Program offers eligible infants and toddlers with disabilities and their families a variety of therapeutic and support services free of charge.

Ensure children have access to EI services that meet their special needs in their communities

The Governor proposes requiring insurers, including Medicaid Managed Care and Child Health Plus plans, to include EI service providers in their networks

- The issue: EI services are highly specialized and consequently, not widely available. A child's ability to access EI services will depend on the capacity of the EI provider network within his/her managed care plan.
- Bottom line: Some plans may have greater network capacity and geographic diversity than others – which in turn, could impede some children from accessing EI services within their community.
- We urge the Legislature to ensure that all managed care plan networks that lack sufficient capacity to serve children's' special needs within their communities will permit access to qualified out-of-network providers and pay those providers at a reasonable rate.

The Governor's proposal also requires EI providers to join managed care plan networks. Accordingly, enrollees will be required to use providers within their managed care plan networks.

- The issue: This places the onus of negotiating health network membership and reimbursement rates on EI providers
- Bottom line: EI providers may not have the resources necessary to successfully contract with multiple plans.
- We urge the Legislature to (1) work with providers and plans to set the size and scope of health care networks, identify and publicize the approved list of EI Providers, and establish threshold rates of reimbursement for EI; and (2) establish criteria and a protocol for making exceptions when children have specialized disabilities that require out-of-network services.

Make EI screenings optional and keep multi-disciplinary evaluations mandatory

The Governor proposes requiring an EI screening prior to an EI evaluation.

- The issue: Regardless of screening results, all children have the right to a multi-disciplinary evaluation used to determine EI eligibility. Requiring screenings may discourage families from pursuing evaluations if screenings do not indicate the need for one. Compared to evaluations, screenings have a more limited scope and tend to be less expensive. This is problematic because the screening tool is not uniform, nor multidisciplinary, and can easily overlook qualifying conditions.
- Bottom line: Requiring screenings before evaluations could prevent eligible children from accessing EI services.
- We urge the Legislature to allow evaluators to maintain their discretion in determining whether a screening would be valuable.

Require a multi-disciplinary evaluation after establishing EI eligibility through qualifying medical diagnosis

The Governor proposes allowing qualified medical diagnoses to determine EI eligibility *in lieu* of administering an evaluation.

- The issue: While this provision reduces barriers to EI eligibility determination, an evaluation must still be administered to determine the child's needs.
- Bottom line: Without a multi-disciplinary evaluation, the full extent of a child's EI needs may not be known, preventing the child from accessing the full array of eligible services integral to his/her healthy development.
- We urge the Legislature to support allowing qualified medical diagnoses to establish EI eligibility and oppose efforts to bypass an evaluation, which is still needed to determine the scope and quantity of services.

Keep insurance representatives out of Individual Family Services Plan (IFSP) meetings

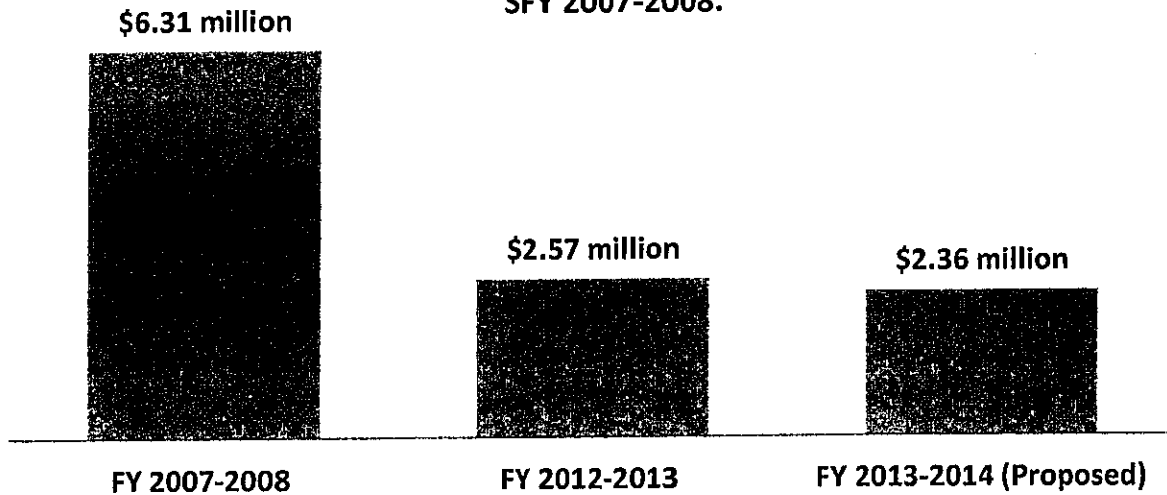
The Governor proposes requiring insurance representatives to be invited to participate in the Individual Family Services Plan (IFSP) meetings.

- Bottom line: Insurance representatives do not sit in on patients' medical visits and the State shouldn't set a precedent for doing so nor should the State empower unqualified non-medical professionals to attend IFSP meetings make EI service decisions on children's behalf.
- We urge the Legislature to reject this proposal.



New York State Must Restore Funding for Runaway and Homeless Youth Services

The Proposed NYS FY 2013-2014 Executive Budget Funds Runaway and Homeless Youth Services at \$2.36 million, a 63% decrease from SFY 2007-2008.



13,000 Young New Yorkers Rely on Runaway and Homeless Youth Programs Each Year, But Thousands Are Not Served:

- Runaway and homeless youth programs keep vulnerable young New Yorkers safe, housed, and off the streets every night throughout New York State.
- Without shelter beds, runaway and homeless youth must sleep on the streets or in unsafe situations, putting them at great risk of poor mental and physical health, violence, sexual exploitation and/or human trafficking.
- Runaway and homeless youth housing programs are more cost-effective than alternative out-of-home placements such as juvenile corrections facilities, treatment centers or jail, and can help prevent future medical and behavioral health care costs associated with chronic homelessness.¹

State Budget Cuts Had A Severe Impact on Runaway and Homeless Youth Programs:

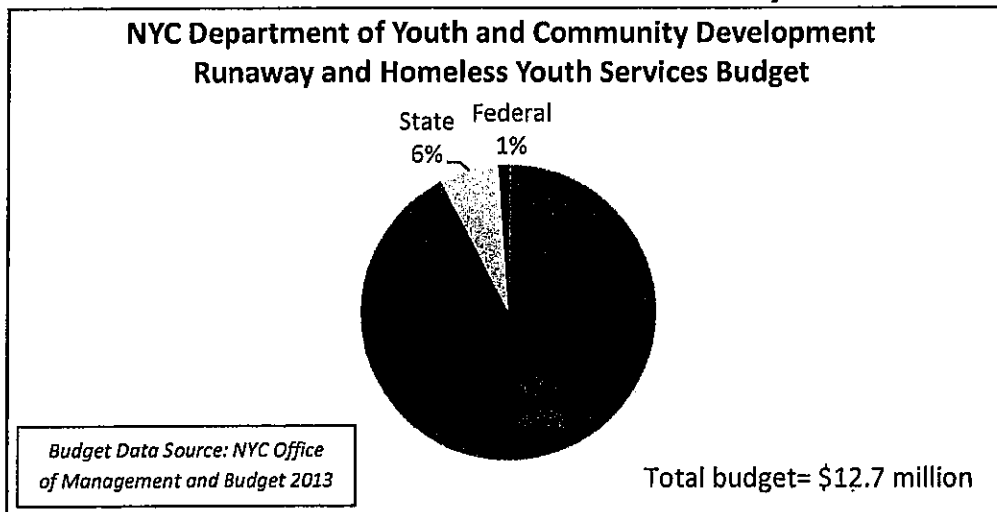
- New York City Runaway and Homeless Youth programs report over 100 youth on waiting lists for shelter beds.
- One New York City shelter reports turning away 300 youth seeking shelter each month.
- The only transitional living program in Niagara County closed its doors after 25 years of service.
- The only 6 beds in Rockland County for homeless youth in Rockland County were closed in January 2013.
- 7 counties² now receive less than \$15,000 a year to provide 24-hour services to runaway and homeless youth.
- 49 clinical care, supervisory and counseling jobs in 12 counties have been eliminated due to state budget cuts.
- Programs across the state have had to cut essential services such as transportation to health care, educational books and other supplies, intensive aftercare, and cultural enrichment programs.

While state Runaway and Homeless Youth Services funding has decreased, the need for services has not. Budget cuts mean more children sleep at night in parks, on subway gratings, or with exploitive adults.

¹ See Cahn et al, *Stronger Youth and Smarter Communities: An Analysis of Oregon's Investment in Runaway and Homeless Youth Programs*, Center for Improvement of Child and Family Services, Portland State University, 2009.

² Washington, Warren, Saratoga, Schenectady, Schuyler, Seneca, and Herkimer Counties each receive less than \$15,000 a year for these services.

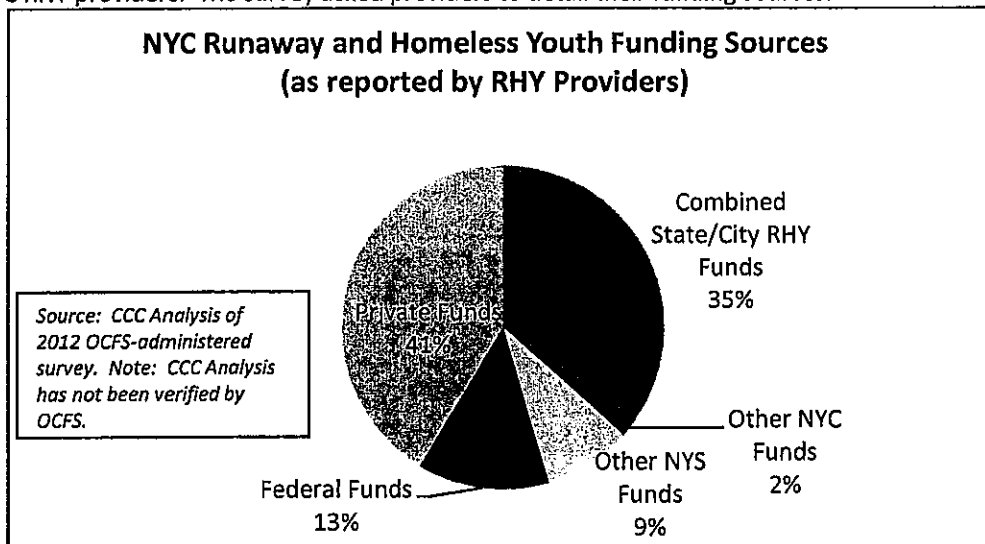
New York State Runaway and Homeless Youth Services Funding Is Insufficient for New York City



Currently, New York City only receives \$820,000 from the State for Runaway and Homeless Youth (RHY) services, which is 6% of the total \$12.7 million annual budget.

Because Runaway and Homeless Youth funding is insufficient, New York City's providers are forced to cobble together a variety of public and private resources, to try to meet the needs of NYC's runaway and homeless youth. Despite their efforts, hundreds of City youth are turned away from youth shelters

To better understand how RHY providers are able to finance their programs, CCC analyzed data from a 2012 survey OCFS administered to NYC RHY providers. The survey asked providers to detail their funding sources.



Federal funding sources include the Department of Justice and Department of Health and Human Services. Other State sources include the Department of Health, the Department of Education, and the Office of Temporary and Disability Assistance. Other City sources include the Department of Homeless Services and the Department of Health and Mental Health.

Our analysis showed that typically, RHY service providers rely on State and City RHY Services funding for about one-third of their program expenses, and have to rely on other funding sources, including private funds from individuals, corporations, and foundations, Federal program awards, and other State and City programs for the remaining two-thirds. To meet the needs of New York's Runaway and Homeless Youth, it is critical that New York State provide additional resources for this vulnerable population.

CCC urges the legislature to restore the \$214,000 cut in the Executive Budget and increase state funding to the SFY07-08 funding level of \$6.31 million.



Protect Children's Health!

Oppose the Governor's Proposals to Consolidate Funding for 89 Public Health Programs into 6 Competitive Block Grants and to Cut Total Funding by \$40 million!

These proposals must be stopped!

Why?

- The proposed consolidation cuts \$40 million from these 89 programs (a 10% cut in total funding)
 - \$12.9 million is a cut to Maternal, Child Health and Nutrition Programs
- Extremely different types of programs would be forced to compete for the reduced funding. Established and successful programs could lose the support needed to continue providing crucial services to New York's children.
- Consolidation of funding would leave the exact funding levels completely unknown to the Legislature, advocates and service providers until after the Budget is adopted and the Department of Health determines allocations.

Some of the Programs at Risk are:

- Programs that enable struggling New Yorkers to feed their families, including:
 - **Hunger Prevention and Nutrition Assistance ("HPNAP")**, which helps food banks and pantries, soup kitchens, and emergency shelters provide nutritious food to New Yorkers in need. The number of New Yorkers struggling with food insecurity and hunger grew in the recession and has continued to increase in the wake of Hurricane Sandy. As a result, the SFY2012-2013 funding of \$29.7 million for HPNAP is no longer sufficient to serve the substantial demand for emergency food, and at least \$10 million more is needed.
 - **The Special Supplemental Nutrition Program for Women, Infants, and Children ("WIC")**, which provides pregnant and post-partum women, infants, and children under the age of five with vouchers to buy nutritious foods, as well as nutrition education, medical screenings, breastfeeding support and social service referrals.
- Programs that provide needed primary and preventive medical care to children, including:
 - **School-Based Health Clinics and Centers**, which have been shown to significantly increase children's access to health care, thereby impacting overall child health, reducing children's hospitalizations, and improving children's school attendance.
 - **Childhood Asthma Coalitions**, which have effectively improved asthma outcomes for New York State children.

Additional Public Health Programs for Children impacted include:

Obesity and Diabetes Prevention
Family Planning Services
School Health Program
Home visiting
SIDS Centers

Childhood Lead Poisoning Primary Prevention
Adolescent Pregnancy Prevention Program
Prenatal Care Assistance Program
Rape Crisis Centers
Early Intervention Respite Services for Families

2013-14 EXECUTIVE PROPOSED PUBLIC HEALTH PROGRAM CONSOLIDATION			
Proposed Chronic Disease Prevention and Treatment Program: \$63,000,000			
Consolidated Appropriation/Program	SFY 2012-13	Consolidated Appropriation/Program	SFY 2012-13
	Cash		Cash
Tobacco Use Prevention and Control Program	\$30,966,000	Adelphi U. Breast Cancer Program	\$300,000
Evidence Based Cancer Services Program	\$17,767,000	Alzheimer's Community Service Programs	\$295,000
EBCSP (Cancer Consolidation)	\$9,006,750	Hypertension Screening and Treatment	\$246,000
Obesity and Diabetes Programs	\$7,205,000	NYS Alzheimer's Chapter, Inc.	\$246,000
Tobacco Enforcement and Education	\$2,303,000	Comprehensive Care for Eating Disorders	\$125,000
Hypertension Prevention/Healthy Heart	\$669,000	Alzheimer's Community Assistance	\$49,000
Alzheimer's Disease Assistance Centers	\$498,000	Osteoporosis Prevention / Helen Hayes	\$32,500
Alzheimer's Disease Program (SOFA Transfer)	\$360,000		
Total Chronic Disease 12-13 Cash	\$70,068,250	13-14 Projected Savings	(\$7,068,250)
Proposed Environmental Health and Infectious Disease Program: \$19,800,000			
Statewide Public Health Campaign	\$5,917,000	Migrant Health	\$430,000
Water Supply Protection Program	\$5,313,200	Lead Poisoning Prevention	\$292,000
Childhood Lead Poisoning Primary Prevention	\$5,000,000	P.H. Management Leaders of Tomorrow	\$277,000
Healthy Neighborhood Program	\$1,983,400	Tick-Borne Disease Institute	\$73,500
Rabies Program	\$1,542,000	Statewide Health Broadcasts	\$41,750
Tuberculosis Treatment Detection & Prevention	\$599,000	Public Health Home Genomics	\$25,000
Health Promotion Initiatives	\$570,000		
Total Environmental Health 12-13 Cash	\$22,063,850	13-14 Projected Savings	(\$2,263,850)
Proposed Maternal, Child Health & Nutrition Program: \$114,800,000			
Hunger Prevention & Nutrition Assistance	\$29,702,500	Childhood Asthma Coalitions	\$1,232,000
Family Planning Services	\$25,101,000	Rehab of Physically Handicapped Children	\$1,179,000
Supplemental Nutritional Assistance Program	\$19,811,300	Infertility Services/Treatments/Procedures	\$1,100,000
Adolescent Pregnancy Prevention Program	\$11,259,000	Infertility Services and Treatments	\$923,500
School Based Health Clinics (SNAP)/WIC	\$8,400,000	School Health Clinic (Sub-Schedule)	\$875,140
School Based Health Centers	\$7,993,600	Genetic Disease Screening	\$645,000
School Health Program	\$4,436,000	Maternity/Early Childhood Foundation	\$299,500
Prenatal Care Assistance Program	\$3,981,000	Children's Ed. Asthma Program	\$226,000
School Health Program	\$2,432,000	Sickle Cell Screening	\$226,000
Prenatal & Postpartum Home Visitation Program	\$2,007,000	Rape Crisis Centers	\$128,000
Rape Crisis Centers	\$1,956,000	Safe Motherhood Initiative	\$36,750
Early Intervention Respite Services for Families	\$1,871,000	Statewide Maternal Mortality Reviews	\$33,125
	\$1,861,000	Sudden Infant Death Syndrome Centers	\$19,500
Total Maternal, Child & Nutrition 12-13 Cash	\$127,734,915	13-14 Projected Savings	(\$12,934,915)
Proposed HIV, AIDS & STDs Program: \$90,700,000			
Regional Targeted HIV Services	\$26,297,600	Sexuality Related Programs	\$5,260,150
HIV STD and Hepatitis C Prevention	\$25,925,000	Regional Targeted HIV Services	\$3,090,000
HIV Health Care (HHC)	\$20,026,000	HIV Clinical Provider and Ed. Programs	\$2,751,400
HHC & Supportive Services (NY/NY III)	\$9,515,000	Hepatitis C Programs	\$1,131,000
HIV, STD, and Hepatitis C Prevention	\$6,997,850		
Proposed HIV, AIDS & STDs 12-13 Cash	\$100,994,000	13-14 Projected Savings	(\$10,294,000)
Proposed Health Quality and Outcomes Program: \$30,700,000			
Traumatic Brain Injury	\$13,200,400	Brain Trauma Foundation	\$245,000
Quality of Care Review for Medicaid	\$10,800,600	Patient Health Info/Quality Improvement	\$184,000
Quality Program for Adult Care Facilities	\$4,311,700	Health IT Consulting Services	\$176,000
Quality of Life for Adult Care Facility Residents	\$2,605,000	Falls Prevention Program	\$150,000
Cardiac Services Access and Data	\$690,900	NYS Donor Registry Awareness	\$122,500
NYPORTS	\$625,100	Assisted Living Residence Account	\$95,000
Operating Assistance for Enriched Housing	\$502,900	Long Term Care Community Coalition	\$34,500
Center for Liver Transplant & Alliance for	\$372,000		
Total Health Quality & Outcomes 12-13 Cash	\$34,115,600	13-14 Projected Savings	(\$3,415,600)
Proposed Workforce Training Program: \$36,200,000			
Health Workforce Retraining Program	\$13,400,000	Physical Workforce Studies	\$1,032,000
Empire Clinical Research Investigator Program	\$9,120,000	Area Health Education Center Program	\$2,200,000
Ambulatory Care Training Program	\$5,470,000	Center for Workforce Studies	\$196,000
Physician Practice Support Program	\$3,923,000	Gateway Institute	\$110,000
Physician Loan Repayment	\$3,086,000	Upstate Medical Foundation	\$19,500
Diversity in Medicine/Baccalaureate Program	\$1,700,000		
Total Workforce Training 12-13 Cash	\$40,256,500	13-14 Projected Savings	(\$4,056,500)
TOTAL CONSOLIDATED PROGRAMS	\$395,233,115	TOTAL 13-14 PROJECTED SAVINGS	(\$40,033,115)