

New York State Regional Community Service Programs

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Regional HIV/AIDS Community Service Programs

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The Regional HIV/AIDS Community Service Programs Association represents six HIV/AIDS organizations that are locally connected community based organizations serving all of upstate New York from Westchester to Erie County. We are called Community Service Providers or CSPs in New York State statute and we have long provided a wide range of direct services to people who are living with HIV/AIDS including testing and screening for HIV and other sexually transmitted infections as well as behavior change interventions. CSPs are the core public health initiative in upstate for identifying infections, for preventing new cases, linking positive people to care and treatment adherence for those living with HIV/AIDS.

The Governor's budget proposal cuts vital funding for many public health programs in New York State and includes a potentially devastating cut to HIV/AIDS services and prevention programs. The Governor's proposed 2013-2014 budget presents a net cut of about \$10 million to the AIDS Institute and does not line out programs to be funded or where these cuts are to occur; this is essentially a block granting of crucial public health funding. By failing to line out any specific programs, the budget removes the definition of Community Service Provider, which could be catastrophic to HIV/AIDS services in upstate New York for several reasons outlined in this testimony. Furthermore, the lack of clarity and transparency will make it extremely difficult for CSPs to create and maintain our annual budget and retain the appropriate staff to best serve the needs of our clients.

New York continues to be the state with the largest number of cases of HIV in the nation and, after years of across the board cuts and flat funding, the Governor's budget proposes a 10% cut to essential HIV services. HIV services, particularly in upstate, are on the edge of survival as it is. We have streamlined our programs and administrative costs – there is no fat to trim or efficiency to squeeze out of us. In spite of funding cuts and stress, we have been successful in our mission: find HIV positive people and link them to care. New cases are declining throughout much of the state – this is due to the sound public health infrastructure put in place to combat HIV/AIDS.

There are 140,000 people diagnosed living with HIV infection/AIDS in New York, with 30,000 of those living in Upstate. The lack of a specific appropriation for the CSPs in the budget is particularly troublesome. The CSPs have been identified separately in the New York State budget for the past 30 years. The budget eliminates the definition of CSPs and, therefore, eliminates the CSP infrastructure grants; these grants support an extensive and effective HIV prevention and care coordination model that is emulated throughout the country. In fact, the CSP coordination model served as a prototype on which the NYS Health Home system is based.

CSPs upstate and on Long Island provide services in multiple counties and are often the only provider working in the trenches to identify and prevent new cases, achieving positive health outcomes for people living with HIV/AIDS in every county.

For the CSPs across NYS, the core state funding is the framework which makes possible comprehensive services that reach tens of thousands of New Yorkers through dozens of service sites. Without this defined funding, the framework to support the programs and services provided by the CSPs across the state, as well as millions of leveraged dollars from other funding sources, and the entire HIV/AIDS community-based service system will be severely jeopardized.

CSPs have set an unprecedented standard of excellence in HIV and Sexually Transmitted Disease prevention and direct care for almost 30 years. Due to New York State's long term investment, the CSPs have developed an expertise in chronic care coordination, HIV, HCV and STI testing and prevention interventions targeted at the highest risk populations. We have a proven track record of improving health outcomes for our clients, resulting in healthcare savings for the State. We are essential partners in the fight to prevent and effectively manage HIV, HCV and other chronic illnesses.

There has also been a suggestion that annual competitive rebidding of contracts may be required, which would result in an unsustainable administrative burden for both individual programs and the Department of Health. Currently, we annually propose what outcomes we will achieve for each grant which are rebid competitively every five years and are audited regularly. Rebidding grants annually will make it impossible to plan, to recruit and retain staff and make it quite impossible to achieve outcomes. Experience tells us that it takes a new provider up to one year to hire and train new staff, establish a sound public health program that builds trust with and reaches the highest risk communities.

The progress we have made in preventing new HIV infections and the safety net provided by the CSPs is threatened by an epidemic that continues to be a challenging adversary. However, this budget could be the downfall of years of progress combating HIV in New York State.

The Regional CSPs strongly urge the Legislature to reject the 'lumping' of public health programs in the budget and to restore all language regarding the CSP appropriation with its necessary statutory protections to the budget.