

Testimony before
The New York City Council
Finance Committee Public Hearing
On the Mayor's Executive Budget for FY2011

Kimberleigh J. Smith, MPA
Senior Director for State & Local Policy

On behalf of:
Harlem United: Community AIDS Center, Inc.

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Good Afternoon Council Members:

Thank you for your attention. My name is Kimberleigh Smith, and I am the Senior Director for State & Local Policy at **Harlem United: Community AIDS Center, Inc.**

With 545 housing units housing 850 men, women and children across the city, Harlem United is one of the largest AIDS supportive housing providers in the country. I am here to add my voice to the chorus of advocates and people living with HIV and AIDS who insist that we protect and preserve supportive housing for people living with HIV and AIDS. Supportive housing not only improves health outcomes, but it is cost effective. I urge you to consider alternative ways to save money.

Harlem United opposes the city's plan to eliminate nearly one-third (or 248) HASA caseworker positions that provide access to housing assistance, health insurance, nutrition and other public benefits. This would increase HASA caseloads above the legally mandated limit, a clear violation of local law 49, a federal court order and the Americans with Disabilities Act. We also urge the City Council to restore \$491,000 for the HIV food and nutrition program administered by the colleagues at the Momentum Project. The proposed cut would mean a 50% cut in their budget.

But our main purpose here today is to elevate the discussion and need for community-contracted Supportive Housing Case Management. Supportive housing case managers are separate and distinct from HASA case workers. The Mayor's budget fails to include \$1.876 million for supportive housing case management. This could double the case ratio in supportive housing programs that serve a subset of HASA clients with a history of chronic homelessness, mental health issues, and substance use. It would impact over 4,300 HASA clients living in permanent congregate and Scatter Site (SS1) housing, leading to housing instability and interruptions in care.

The proposed \$1.876 million budget cuts to supportive housing would cause great instability by reducing the quality of care provided, causing anxiety among land lords and community boards, and increasing medical cost by increasing dependency on emergency care. In effect, the cuts would reverse a decade of progress. The case management that happens in community-based organizations is a comprehensive approach to stabilizing clients that – while is complementary to a HASA case worker's work – is not duplicative to HASA. We help to manage client's mental and medical health. We refer clients to therapy, help them adhere to treatments, support them with budgeting. Some of our case managers at Harlem United visit clients twice a month! We advocate for clients with their landlords, with ACS, with Con Ed. And we fill in the gaps left by HASA case workers. Where HASA case workers are agents of the city, we are agents for the client.

The community-based supportive housing case management model is effective. Harlem United's clients experience an improvement in T-Cell of 41.57 points after being placed in housing. Among our clients that entered housing with severely compromised immune system and CD4 counts fewer than 200 – which is an official diagnosis – 75% experienced improvement. Analysis of our 2009 data reveals that our supportive housing services reduced unnecessary emergency room visits for our clients by 10%, saving more than \$1,000,000 in acute care costs.

Finally, HRA's proposals to add 18 liaisons to offset the reduction in HASA caseworkers will do little more than apply a band aid to a bullet wound.

Secure housing, supportive services, efficient and timely access to benefits and entitlements and responsive case management are the keys to improved health outcomes for people with multiple diagnoses and advanced AIDS cases. None is a luxury. All are essential. In addition to better health outcomes, research suggests that the investment in these resources at the outset saves money in the end.

Thank you for your time and attention.

Respectfully,
Kimberleigh J. Smith, MPA
Senior Director, State & Local Policy
Harlem United
ksmith@harlemunited.org
347-703-3865