Testimony to the
New York City Council General Welfare Committee on the
Human Resources Administration (HRA) Budget

March 23, 2009
City Hall, New York, NY

Good Afternoon. My name is Nicole Branca and I am here today speaking on behalf of the Supportive Housing Network of New York. Thank you for this opportunity to testify.

The Network is a statewide member organization that represents more than 170 nonprofit agencies that build, operate and provide services in housing for homeless, disabled and at-risk New Yorkers. Our members offer permanent, affordable apartments with on-site social services that help low-income and formerly homeless individuals and families stay housed. While supportive housing tenants live as independent as possible, available services include case management, mental health services, substance abuse counseling and employment programs. There are over 39,000 households living in supportive housing statewide, including 24,000 here in New York City.

Among the New York City tenants living in supportive housing are 4,007 individuals with HIV/AIDS who are stably housed through HIV/AIDS Services Administration's (HASA) supportive housing program. In the Mayor's preliminary fiscal year 2010 budget, HRA would eliminate $1.876 million for this program and

risk the health and housing stability of thousands of New Yorkers dealing with the devastating effects of living with HIV/AIDS.

This cut would reduce the number of case managers offering vital services to tenants living in HASA-funded supportive housing. As of January 2009, the most recent month that data is available from HRA, 2,189 individuals living in scattered site apartments in all five boroughs and 1,818 tenants in apartment buildings the Bronx, Brooklyn, and Manhattan would feel the effects of these cuts. The Network estimates that a $1.876 million cut would result in an estimated 32% cut in on-site case management, reducing the number of case managers working with these tenants from 198 to 135. If these cuts remain, each case manger would be responsible for assisting 30 of the most challenging tenants served in supportive housing, a 50% increase compared to the current 20:1 caseload ratio.

The budget implies that there are inefficiencies with HASA clients having case managers in both their supportive housing and at HASA, but these roles are not duplicative. HASA case workers play an important function, including coordinating benefits for their clients, but it is the on-site case managers that maintain the health and stability of this vulnerable population. The facts are as follows:

Crises do not just occur between 9-5.

Supportive housing case managers work *in* the residences and are available when tenants need assistance. For people living with HIV/AIDS, health crises do not only occur during office hours; once a month appointments, across town, is not sufficient for the needs of this population.

When case managers are on-site they can also prevent eviction.

Seeing tenants on a daily basis in the building allows supportive housing case managers to respond more quickly to tenants that have fallen behind on rent payments before the problem grows large enough to threaten their housing.

There is a direct correlation with on-site service provision and lower rent arrears; rent arrears are significantly higher in Scattered Site I housing with visiting case workers than in congregate housing with services on-site, and higher still in Scattered Site II housing where social services are only for a limited time.

HASA workers are overburdened and under-qualified to provide adequate counseling.

HASA case managers are not equipped to counsel our tenants; while supportive housing case managers are experienced counselors, few HASA case workers have any social work training or experience at all. Given that that 80% of New Yorkers with AIDS reported a history of co-occurring mental health and substance use issues, having an on-site case manager is not a luxury, it is a necessity.[1]

A small cut in social services equals a huge increase in emergency services.

On-site case managers put the support in supportive housing and, by diminishing their presence, the cost of serving this population goes up, not down. Without the interventions of case managers working in supportive housing, many more HASA tenants will lose their housing and have to rely on much more costly emergency systems. A recent study by the Chicago Housing for Health Partnership (CHHP) indicated that after subtracting the cost of supportive housing, the annual medical expenses for 200 formerly chronically homeless individuals cost $900,000 less than the control group cycling in and out of shelter and homelessness.[2]

The Network's recommendation is to restore the $1.876 million in order to maintain the FY 2009 funding level for HASA supportive housing. We have found over a dozen studies that offer evidence that permanent supportive housing dramatically lowers impoverished disabled people's use, and the costs of,

[1] The HIV/AIDS Housing Needs Assessment Team. "An Assessment of the Housing Needs of Persons with HIV/AIDS." New York City, Eligible Metropolitan Statistical Area. Final Report. January 2004.
[2] Initial Results of the Chicago Housing and Health Partnership. March 2008 http://www.ich.gov/newsletter/images/2008_summit/housing_chhp_initialresults.pdf

emergency services. Cutting $1.876 million from HASA supportive housing contracts is truly 'penny wise and pound foolish' as this will shave a small percentage off the City's budget while expenditures on costly emergency services used by these tenants will grow exponentially.

In the long run, advocates, providers, government agency staff, and elected officials can work together to identify additional funding. One possible source of additional revenue is the federal Social Security Administration. We recommend that the City work together with the supportive housing community to overcome barriers to tenants enrolling in Social Security Income (SSI) and Social Security Disability (SSD). Registering tenants in SSI/SSD could increase the federal government's share in supporting people living with HIV/AIDS. If HRA were to work with providers to address the Social Security Administration's delays in processing these applications, HRA could see an increase of millions of dollars in federal support.

Thank you for holding this hearing and giving us the opportunity to share the experiences and concerns of New York City's supportive housing providers.

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