



Housing and Services, Inc.

Testimony of Jim Dill

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Housing and Services, Inc. (HSI)

New York City Council

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Thank you City Council members for receiving my written testimony requesting a restoration of \$5.1 million in cuts, \$7.2 million with New York State's match, to HASA-funded supportive housing contracts and on-site case managers for people living with HIV/AIDS.

Supportive Housing Cuts

As part of a budget reconciliation process that fully restored the Administration's proposal to eliminate 248 City caseworkers at HIV/AIDS Services Administration (HASA), the Executive Budget increased cuts to supportive housing programs for formerly homeless tenants with HIV/AIDS. The details of these cuts are as follows:

Because rental and operations costs are fixed, the \$5.1 million cut (\$2.718 in supportive housing case management and \$2.368 million in HASA supportive housing contracts) will come from reductions to onsite case management.

Summary, Impact of Cuts to HSI Programs

For HSI alone, this cut directly puts 160 households of families and individuals at greater risk of homelessness and declining health. These cuts will increase caseloads by 40-50%. Citywide, caseloads will go from 20 to 30+ clients per on-site case manager. Staff reductions at each program will cause increased incidents within privately-owned apartment buildings with supportive housing scatter site units, deterioration of congregate buildings that is visible from the street and from within, reduced oversight of daily operations and services, damaged relationships between providers, tenants, and the community, an immediate increase on costly emergency services, and a company-wide weakening of HSI's services provision for 615 formerly homeless households throughout New York City.

HSI's History

Founded in 1987, HSI is a pioneering organization in supportive housing. Our 615 units at Kenmore Hall, The Narragansett, Cecil Hotel, and a Scatter Site I Program are staffed by approximately ninety-four employees. Each program provides affected populations with customized services to maintain them in safe, suitable and affordable housing. Clients' barriers to housing are often a combination of living with HIV/AIDS, mental illness, physical disabilities, and substance abuse. Many of our tenants are senior citizens and we also serve veterans and families with children. On-site programming includes medical care, mental health counseling, educational/vocational training, and other comprehensive services designed to promote housing stability and greater independence. We currently provide 24/7 security, front desk, and on-call social services staff.

The Relationship between Case Management and the Neighborhood

Increasing caseloads by 50% means that tenants will not see their case managers as often and program services will be inadequate. When case management is reduced, supportive housing fails

in its primary task to keep people in housing for the well-being of the New York community.

Failures in daily operations, tenant services, and maintenance will draw negative attention from the neighbors and strain the relationships between city programs, community organizations, business owners, and residents. Neighborhoods with concentrations of scatter site apartments would experience a door-to-door decline.

HSI depends on our neighbors to accomplish our mission in supportive housing. The HASA-funded Narragansett was a collaborative, human services effort undertaken by HSI, the City Council, Community Board 7, and Chase CDC. HSI Scatter Site is an agreement between HSI and twenty-one private landlords who provide a tremendous resource for government and social services providers.

Cuts will create fewer options for supportive housing, the proven most cost-effective and humane response to homelessness, more shelters, and more expenditure on emergency services for crimes, medical emergencies, or psychiatric care.

Human Cost of Cuts, Tenant Story

It is the relationship between HASA, the not-for-profit, and the private landlord that keeps HIV-positive and severely low income New Yorkers alive and within the network of our community. For HSI's Scatter Site contract with HASA, the agency provides supportive services to 75 adults and 25 families living with HIV/AIDS and assumes the responsibility of providing master leases for 100 apartments in privately-owned multi-family homes throughout New York.

In December of 2011, one of our Scatter Site consumers, Mr. B, suffered a stroke. When his HSI clinical supervisor/case manager arrived for a meeting at his home, she found him unable to move or talk and immediately got him to the hospital. She had increased her contacts with him, knowing he was

struggling with a recent cancer diagnosis. As soon as he was in the care of doctors, her long night continued when she returned to his apartment to walk his bull terrier and only companion, Nani, while attempting to reach his relatives, who all live in Hawaii. The case manager and her support team rotated dog-care responsibilities while looking for a temporary home for the beloved pet, and continuing to visit the rapidly recovering Mr. B in hospital. Of course, he always asked about Nani.

She finally found Nani a temporary home with a friend on Long Island and made arrangements to safely transport Nani from Upper Manhattan. Nani was back at home the day Mr. B. returned to the hospital and began his physical therapy at home. Without an on-site case manager and family to help, the story would have been a sad one, but dedicated on-site case management provides residents with caring members of a safe and close community. However, the future of HSI's case management team is as uncertain as the current policy environment for housing low-income people living with HIV/AIDS.

The Differences between HASA City Workers and On-Site Case Managers

HASA city workers' and on-site case managers' functions are not comparable. Their caseloads should not be comparable. Low income people living with HIV/AIDS can be difficult to engage and require comprehensive case management and links to community organizations, medical professionals and agencies that help HSI with clients who are living with mental illness, histories of incarceration, and drug addiction, as well as HIV/AIDS. At The Narragansett, 78% of clients have a history of drug abuse and 64% are diagnosed mentally ill or mentally ill with a chemical addiction. HSI Scatter Site families and individuals deal with a host of complex issues. As stated by the HSI Scatter Site Residential Manager, "The social and internal pressures and issues that come along with being adolescent and HIV positive can be devastating".

We disagree with assertions that improvements in medicine should result in cuts to low-income housing for people living with HIV/AIDS. If people are living longer with HIV/AIDS then low-income, formerly homeless New Yorkers with multiple barriers to their housing need more services to maintain housing, remain alive, and to stay off the streets and out of shelters.

HSI understands our clients' co-occurring issues very well and has a mission that -drives us to succeed at our foremost task of ensuring these families and individuals stay housed in spite of the many barriers to their security. While HASA case managers may be driven by a similar mission, there are numerous differences in the work of city case managers and HSI's case managers. Here are some of the ways HSI serves 160 households living with HIV/AIDS:

- 24-hour staff responding to medical and psychiatric emergencies and community concerns.
- Transportation to doctors appointments.
- Hospital visits, caring for pets.
- Staff members who are credentialed as Master's of Social Work, Licensed Master's of Social Work, or Clinical Social Work.
- Staff with language skills appropriate for clear communication with tenants.
- Staff supervision and emotional support for staff.
- Staff training programs to increase knowledge of HIV/AIDS.
- Staff members who are responsible for maintaining detailed files and working toward the personal goals of each tenant including specific descriptions of progress, specific referrals made, results of treatments, family and social connections, updated medical tests, entitlement compliance and verification.
- Group supervision to review and strategize on interventions and treatment plans that are successful.

- Substance abuse counselors who conduct weekly face-to-face counseling sessions as part of a prescribed treatment plan, make off-site referrals to substance abuse professionals, and provide relapse prevention counseling.
- Case managers who maintain relationships with multiple referral sources for tenants' mental, medical, and addiction-related services including: Cornerstone, Conifer Park, Upstate NY, Gay Men's Health Crisis, Ryan Center, Harlem United, and Smither's.
- Staff members who are responsible to create and maintain comprehensive care plans addressing medical, rehabilitative, substance abuse, mental health and social services needs of each tenant.

Current Policy Environment

Programs are increasingly more difficult to maintain resulting from many years of no contract increases, despite rising operational costs. Recently, lack of Section 8 and Advantage rental subsidies have taken many supportive housing programs to the brink, including HSI's historically celebrated program, Kenmore Hall. The costs to run operations and maintenance are greater than the contracts and combined with loss of rental subsidies and this HRA/HASA cut, programs will suffer in a way that quickly becomes a neighborhood and a citywide problem.

Supportive Housing is Cost-effective

While HSI's provision of these services indicates our core value and ideology that people, no matter how disenfranchised, are a worthwhile cause, we also can argue with the help of numerous studies, that ours in supportive housing is the most cost-effective approach for taxpayers. Instead of paying millions in emergency medical, police, shelter or psychiatric services, incidents are avoided because tenants are treated as clients in services that cost relatively much less. The

increased use of emergency services by the homeless is widely-known as a burden on community resources. Corporation for Supportive housing estimates average costs per person per day for supportive housing as \$41.85 compared to \$164.47 of jail, \$74 for prison, \$54.42 for shelters, \$467 for mental hospitals and \$1,185 for hospitals. Eliminating a systematic approach for expensive and logistically burdensome alternatives is contrary to a fiscally conservative and proactive approach. Supportive Housing is the lowest cost alternative for New York's homeless.

Conclusion

Within a brief period of time after HASA cuts, the complex needs of these tenants living with HIV/AIDS will not be met and their physical and mental health will decompensate. HSI's 25 years of serving thousands of New York's homeless with the in-depth care appropriate for their conditions will be severely crippled and as a result the neighborhood would change. Individually the proposed cuts make no economic sense. The reduction in case management staff undermines the functionality of permanent supportive housing, the long-proven most cost effective approach to homelessness. Naming these as "across the board" cuts to housing programs does not provide an economic reality of these cuts because the contracted housing costs, (rent, utilities, insurance), cannot be cut. This cut is not a small percentage across the board cut. In actuality it amounts to a devastating approximate 50% cut to social services in supportive housing for people living with HIV/AIDS.

On behalf of HSI's approximate ninety-four staff, six Trustees, more than six hundred tenants, and the many partner organizations, businesses, and individuals who work with HSI, we strongly urge you to restore the HASA cut to on-site case management and supportive housing programs. The cut will be negated by immediate economic and human costs.