



**Testimony before the  
New York City Council Finance Committee  
on the Mayor's FY 2012 Executive Budget  
June 6, 2011**

**Introduction**

Good afternoon. My name is Nick Napolitano and I am the policy analyst at the Supportive Housing Network of New York. The Network is a member organization of 200 nonprofit agencies that build, manage, and provide services in 43,000 permanent supportive housing apartments throughout New York State, including 28,000 units in the five boroughs of New York City. I am here today on behalf of our members and the 4,500 tenants with HIV/AIDS that live in supportive housing, asking that the Council ensure funding restoration of \$5.1 million in cuts to HASA supportive housing programs.

Supportive housing is permanent affordable housing linked to on-site services. It is a proven, cost effective, and humane way to provide stable homes for formerly homeless, disabled and low-income individuals and families, including tenants with mental illness, substance abuse, HIV/AIDS and other barriers to independent living. By offering tenants on-site case management services, supportive housing reduces the use of expensive emergency services like shelters, hospitals, prisons, and psychiatric centers. The cost savings offered by supportive housing is even more poignant among formerly homeless tenants with HIV/AIDS, many of whom are high users of Medicaid. A 2009 analysis of Harlem United HASA supportive housing tenants found that on-site case management in supportive housing reduced unnecessary emergency room visits by 10%, saving more than \$1 million in acute care costs.

## **Summary of the HASA Supportive Housing Cuts**

The Mayor's Fiscal Year 2012 Executive Budget proposes cutting nonprofit supportive housing contracts for formerly homeless tenants living with HIV/AIDS by a total of \$7.2 million: \$5.1 million in City Tax Levy and a \$2.1 million match from the state. The \$5.1 million cut was new to the Executive Budget as part of the budget reconciliation process that fully restored the Administration's proposal to eliminate 248 City caseworkers at HASA. As a result of this process, five HASA budget lines were cut; the two largest were for supportive housing contracts at \$2.718 million and \$2.368 million.

Commissioner Doar conflated HASA budget numbers during his testimony on May 31<sup>st</sup>, making it unclear what the impact of these cuts would be on supportive housing. With the City exempting new NY/NY III contracts for HIV/AIDS supportive housing, HASA will impose the entire cut on older service contracts. Moreover, because rental and operations are fixed costs in housing programs, the entire \$7.2 million cut will come directly from on-site case management.

## **Impact of \$7.2 million HASA Supportive Housing Cut**

For the 4,500 formerly homeless individuals living in HASA supportive housing residences and scattered site apartments located throughout the 5 boroughs, their HIV/AIDS status is not the only barrier to remaining stably housed. HASA supportive housing tenants are working to overcome a variety of co-occurring disabilities: mental illness, drug or alcohol use, and physical health are among the most common issues. HASA tenants moving into supportive housing are coming from shelters, nursing homes, and hospital emergency rooms. The physical and emotional trauma of living with HIV/AIDS adds to the service needs of the most vulnerable of vulnerable populations.

With the help of on-site case managers, HASA tenants are finding the primary services they need to live more healthy and independent lives. Supportive housing case managers are working intensively with HASA tenants and are accessible to tenants in a way that HASA city workers simply cannot be. On-site nonprofit case managers provide tenants with the resources they need to achieve their goals, and once tenants are connected with health, mental health, employment or educational resources on-site case managers make sure they use them.

In his Executive Budget testimony, Commissioner Doar expressed HRA's desire to increase on-site case management ratios to a level that is more in line with the required ratio of HASA City caseworkers, raising the current ratio of 20:1 to 34:1. Commissioner Doar said that for a 200-unit HASA apartment building or scattered site program, the supportive housing cuts would result in the elimination of 4 out of 10 on-site case managers in the program. Cutting on-site social service staff by 40% will decimate the level of available services, but we fear that Commissioner Doar's estimates are based on a false premise. Doar's math assumes that only \$3.8 million of the supportive housing cut will directly impact onsite case management when in reality, because of the fixed housing operations and rental costs, the majority of the \$7.2 million cut will be achieved by eliminating supportive housing social service staff.

HRA staff cannot provide the level of services currently offered by on-site case managers. To more fully understand the differences between HASA City caseworkers and on-site supportive housing case managers, see the comparison page attached to this testimony. HRA often states that these two very different groups do the same work and have comparable levels of training. The majority of HASA City caseworkers do not hold degrees in social work as do on-site supportive housing case managers. As noted in HRA's testimony in past years, HASA workers are only required to complete a 4-week class on the principles of social work.

More importantly, as Council Member Gale Brewer noted during the HRA Executive Budget hearing, "you cannot call an HRA caseworker at midnight;" crises do not always occur between 9 AM and 5 PM. Given the different level of training and availability of on-site case managers, increasing the case load by 50% will make it impossible for supportive housing providers to maintain the same level of services. Supportive housing tenants simply do not and cannot get the level of care they need from city employees that work off-site from 9 to 5. Commissioner Doar acknowledged this in his testimony last year, when he mentioned the important role played by the long-standing contracted supportive housing programs. In fact, he thought their work was so vital to the stability of formerly homeless tenants with HIV/AIDS that he wanted to count supportive housing case managers in the HASA staffing ratios.

Commissioner Doar said that HRA/HASA would not cut NY/NY III supportive housing contracts for formerly homeless HIV/AIDS tenants because this population is more vulnerable. In reality,

NY/NY III HASA tenants are just as vulnerable as the broader HASA supportive housing population: both groups have experienced homelessness, are coping with co-occurring mental health and/or substance use disorders, and have serious health complications due to their HIV-positive status that make it extremely challenging for them to maintain housing stability. If Commissioner Doar thinks the NY/NY III HASA tenants are too vulnerable to receive a cut to on-site case management services then the same should apply to all of HASA's supportive housing tenants.

### **Conclusion**

During the FY 2012 HRA Executive Budget hearing, Council Member Brad Lander stated that case managers are what make supportive housing work. These proposed budget cuts would make it very difficult for nonprofit supportive housing providers to maintain the service level needed to keep HASA tenants stably housed. On behalf of 4,500 formerly homeless HIV/AIDS tenants and nonprofit housing providers, we urge the City Council to restore \$5.1 million to HASA supportive housing programs.

*Respectfully submitted by:*

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## **Case Management Fact Sheet For HASA Funded Supportive Housing**

In order to better understand the different levels of support each position provides, we have compiled a description of the services offered by HASA case managers and on-site Supportive Housing case managers.

### **Case Managers Employed by HRA**

Most of the HASA case managers' contact with supportive housing tenants happens before they move into the housing. This work includes:

- Processing and issuing financial benefits for HASA clients.
- Assisting low-income HASA clients in finding housing.

After a tenant is placed into supportive housing, the HASA case manager has minimal contact with the tenant. Their role is to:

- Be available by phone or appointment during office hours.
- Contact HASA clients once a month.
- Liaise with the supportive housing case manager for additional financial needs of the tenant.

HASA case workers are not required to have a social work degree or any social work experience. They receive a four-week Principles of Social Work training.

### **On Site Supportive Housing Case Managers**

Once tenants move in to supportive housing the non-profit social service provider becomes responsible for tenant case management. Under their agreement with HASA, they maintain at least a 20:1 tenant to case manager ratio. These case managers provide:

- Direct psycho-social case management to their tenants, developing and implementing service and independent living plans and providing counseling as often as needed.
- Immediate access daily and 24 hour emergency access.
- Connect tenants to a variety of services, including health care, mental health services, and substance use treatment programs.
- Eviction prevention services by working with property management staff to mediate rent arrear or behavioral issues.
- Monitoring of tenants' health and activities, keeping an eye on physical or behavioral changes that could risk the health of their clients.
- Keep HASA case managers informed of tenants' most current and pertinent case file information.

All case managers are trained social workers, some with a Masters Degree in Social Work.