



FY12 Preliminary Budget Testimony – General Welfare Committee
June 6, 2011

Thank you for the opportunity to testify today on behalf of the staff, clients and volunteers of Housing Works. Housing Works is the largest AIDS advocacy organization in the country, and we have been providing services to people living with AIDS and HIV in New York City since 1990. Housing Works is here today to discuss proposed cuts to the HIV/AIDS Services Administration (HASA) that would affect people in the city living with AIDS and HIV.

Mayor Bloomberg's Preliminary Budget Proposal for FY12 failed to restore critical funding to the HIV/AIDS Services Administration for essential services for clients living with HIV/AIDS in the city. Housing Works is once again extremely concerned at the attempts to jeopardize life-saving services, and we stand strongly against these gaps in the budget.

Cuts to SUPPORTIVE HOUSING - \$5.1 million

The City's HIV/AIDS Services Administration (HASA) serves approximately 31,000 clients, providing benefits such as enhanced rental assistance, food and nutritional benefits, transportation, and access to Medicaid for low-income New Yorkers living with AIDS. Clients at HASA receive case management from city workers who are responsible for connecting clients with their entitled benefits.

Housing Works is glad to see that the Administration abandoned the campaign to cut case managers from HASA during this fiscal year. Cutting staff from HASA would make it impossible to clients to get the services that they are entitled to receive.

However, the over \$10 million in cuts that was proposed to meet HRA's target will prove devastating for HASA clients and for supportive housing providers. Our largest concerns are the two cuts to supportive housing – both to case management services in HASA contracted supportive housing, and also a cut to the contracts themselves – these cuts total \$5.1 million in city tax levy, and we would also lose a 29% state match.

The over 4,400 HASA clients who live in supportive housing receive case management through a community-based organization that works in tandem with HASA to provide them with stable housing. HASA case workers and community-based case managers are performing very different but needed services to HASA clients – these two types of “case management” are very different, and clients residing in supportive housing programs need both. It is frustrating for us to again hear from Commissioner Doar that he believes that these two different types of workers are doing the same thing. We appreciate the City Council's acknowledgement during the General Welfare Committee hearing that these individual case workers are doing essential work, and yet have completely different responsibilities, and we encourage the council to make the restoration to case managers and to supportive housing contracts in full.

Case managers that are providing services through community-based supportive housing providers and AIDS service organizations are providing an essential service to HASA clients. They are providing psycho-social case management, checking to make sure that clients are adherent to their HIV medications, and referring them to mental health services or substance abuse treatment services if needed. Supportive housing case managers accompany clients to doctor's appointments and help them if there is an interruption in their food stamps or rental allowances. These case managers are also helping clients with their everyday living skills, working with them to set goals in returning to job training and paid work, and are acting as essential liaisons between them and their landlords. Most importantly, many HASA clients would not be able to stay stably housed without the support of their community-based case managers.

For people living with AIDS and HIV, supportive housing IS health care, and the case management services within their housing programs are a key component to the continuum of care that we clients need to stay healthy and move forward. Research has shown that people with AIDS or HIV that are stably housed are more likely to attend doctor visits and maintain complex medical regimens, keeping them healthy and increasing their quality of life. In addition, stably housed people with HIV are also less likely to have to resort to behaviors that we associate with HIV transmission, such as trading sex for shelter or money, or increasing their substance use. Stable housing saves lives.

This restoration would also save the city millions in the future. Clients without these supportive housing services will need increased services and care in other areas such as emergency room services, homeless shelter services, emergency housing in SROs, or substance use treatment. Maintaining the stability of their housing now will prevent them from accessing these services at high rates and would be well worth the City's investment.

Commissioner Doar himself acknowledged the grave importance of these supportive housing case managers in the lives of HASA clients when HRA changed its PEG proposals last year – Several attempts have been made to eliminate one or both of these essential services for HASA clients, and this year we are asking the City Council to stop HRA from once again attempting to hurt the people they are supposed to protect. Since HRA was forced to take the HASA case workers off the table, he has now changed his arguments to again justify this cut to community-based supportive housing services. It seems that he is only concerned with excusing the agency's proposals, and not to accurately portray the reality of what will happen when these programs are cut.

Cuts to Brokers' Fees -- \$4.7 million

HRA has instituted a policy that has reduced brokers' fees for its clients to one-half of a month's rent. Housing Works and other case management providers are already seeing the impact of these services. Commissioner Doar stated in the General Welfare Committee hearing that he had not heard that this policy was affecting clients' ability to find housing – we can tell you without a doubt that many brokers are stepping back from working with HASA clients, or they are telling clients that they will only work with them if they can come up with the rest of the brokers' fee on their own, which they obviously cannot afford.

Not only does this policy create a larger challenge for clients to find stable housing, but we know that many clients will stay in expensive shelters, emergency housing and hotels or SROs for longer periods of time while they search. This cost will far outweigh the savings that HRA claims it will save with this policy.

Cut to HIV Food and Nutrition Program - \$982,000 (total contract elimination)

We strongly oppose the proposed cut to HASA's food and nutrition program, which would close an agency that has been providing food and nutrition services to those who are HIV-positive for over 25 years. The Momentum Project provides essential food to clients who need good nutrition to take their medications, and connects clients to other services such as housing and health care.

Thank you to the General Welfare Committee for standing strongly with New Yorkers living with HIV/AIDS, and for supporting the restoration of these cuts as the Administration attempted to cut services. We appreciate your commitment.

For more information, please contact:

Kristin Goodwin, Director of NYC Policy and Organizing
Housing Works, Inc.
347-473-7450
k.goodwin@housingworks.org



Testimony Before
The New York City Council
June 6, 2011

Steve Coe
Chief Executive Officer
Community Access, Inc
2 Washington Street, 9th Floor
New York, NY 10004

My name is Steve Coe and I am the Chief Executive Officer of Community Access, Inc. I would like to thank the City Council for their on-going commitment to sustaining and improving the lives of low income New Yorkers living with disabilities. Community Access provides a range of housing, job skills, employment placement and support services to formerly homeless, disabled and low-income individuals and families, including tenants with living with mental illness and HIV/AIDS. Community Access was founded in 1974 in response to New York's mass release of psychiatric patients from state institutions. Since that time, we have become a leading provider of supportive housing in New York City, currently operating over 950 units of supportive housing in 18 locations. I appreciate this opportunity to submit testimony regarding the substantial cuts to HASA funding of supportive housing for those with HIV and AIDS.

I ask the New York City Council to restore the \$5.1 city cuts to HASA funding. These cuts will directly impact the ability of supportive housing providers to provide critical on-site support services to individuals living with HIV and AIDS. Many of these individuals also struggle with mental illness, addiction, social isolation, and the aftereffects of years of living in institutional settings. Much needed on-site case management lines will be lost, as rental and operating costs are fixed. On-site support is what makes supportive housing so successful in improving the lives of tenants and reducing the use of expensive emergency services like shelters, hospitals, prisons and psychiatric centers. In the long run, the proposed cuts to HASA funding will not save money. Within 1 year, if 2% of those in housing lose their way and end up in hospitals, prisons or shelters, the costs to New York City will far outweigh any savings.

City-wide there are over 4,500 tenants living with HIV and AIDS in supportive housing. At Community Access we receive \$668,000 in HASA funding annually to support individuals living with HIV and AIDS in one of our sites on the Lower East Side. These funds provide rental assistance, a nutrition program and much needed on-site support services, including service coordination, counseling, medication education and assistance, budgeting, benefit advocacy, harm reduction services and connection to primary care services in the community. Equally importantly, our on-site staff develop and maintain trusting relationships with tenants, assisting them in identifying goals and moving forward with their

lives as citizens and community members. A 14% cut to our HASA funding would result in the loss of staff, and would significantly impact our ability to maintain the current level and quality of services provided to this vulnerable group. Supportive housing has been as effective as it has been because of creative funding from a variety of agencies, including HASA, DHS and DOHMH contracts. Together these contracts have supported a system that works. However, it is a system that is already stretched to its limit in terms of resources. In this fiscal year, we lost over 17% of our DHS support funding. Supportive housing providers and the individuals they serve cannot sustain another funding cut.

Community Access calls on the City Council to restore the \$5.1 million dollar proposed cut to HASA funding for some of the City's most vulnerable citizens. We are enormously grateful to the City Council for their past and continued support of low income New Yorkers living with disabilities, and ask that you restore these much needed funds. Thank you, again, for your continued support.

Steve Coe
Chief Executive Officer
Community Access, Inc.

Testimony before
The Council of the City of New York
Executive Budget Hearings Fiscal Year 2012

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

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



Steven C. Bussey
Chief Executive Officer

June 6, 2011

Chairman Recchia and the Members of the New York City Council's Committee on Finance:

With 558 units housing nearly 1,000 men, women and children, Harlem United is one of the largest supportive housing providers in New York City. We are here today to urge the City Council to work with the Mayor to restore **\$5.1 million in city tax levy dollars that will protect and preserve supportive housing.**

The Mayor's Executive Budget proposals, for the third year, threaten supportive housing contracts by \$7.2 million in total (\$5.1 million in city tax levy funding in addition to \$2.1 million matching from the state). The cuts will affect more than **4,400 formerly homeless tenants living with HIV and AIDS in supportive housing** residences and scattered site apartments located throughout all five boroughs.

In the FY 2011 budget process, NYC Council worked with HRA/HASA and OMB long after the budget was passed to restore \$1.4 of the \$1.876 million cut to nonprofit on-site case managers in HASA-funded supportive housing. An extraordinary effort by Speaker Christine Quinn and General Welfare Chair Annabel Palma as well as many on Finance Committee secured this restoration, allowing nonprofit providers to continue to provide a variety of case management services to formerly homeless tenants with HIV/AIDS. However, this restoration was only for one year. Furthermore, while we can celebrate the inclusion of funding for 248 city case workers (HASA) in the Mayor's Executive Budget, we are once again faced with a cut to onsite community case management, contracts and rental enhancements.

At Harlem United, we know first hand that supportive housing saves lives and improves communities. Specifically, restorations to onsite case management funding will yield a return on the investment tenfold! Consider this data:

- Harlem United's clients experience an improvement in T-Cell of 41.57 points after being placed in housing.
- Among those categorized as high-risk for declining health, we experienced a 158 point (on average) improvement in CD4 count throughout the lifetime of a person's stay in supportive housing.
- Our own analysis revealed 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.**

We see this impact because our trained community case management staff do so much for the folks that we serve, including: Care coordination of mental, medical health, substance use and other services, referrals to food pantries and other supportive services, referrals to activities for daily living; support with budgeting, support with treatment adherence, regular home visits to ensure safety in apartments, advocacy on behalf of clients and their families with other city agencies i.e. ACS, and support negotiating issues with landlords, like maintenance. These are services that city HASA case workers DO NOT provide. In short, our case managers maintain housing stability; help individuals improve their health and increase client's self-sufficiency and independent living skills.

Secure housing, supportive services, responsive case management is the key to improved health outcomes for people with HIV and chronic conditions. Community-based, onsite supportive housing case management is not a luxury! We are able to keep people in their communities, connected to their communities – healthy, stable and strong.

Please restore funding for community-based supportive housing case management. Further, Harlem United supports restorations for Momentum's food and nutrition program and GMHC's financial management program.

Thank you for your time and attention.

Feel free to direct questions and comments to Kimberleigh J. Smith, Senior Director for State & Local Policy at 212-803-2890 or ksmith@harlemunited.org.



Housing and Services, Inc.

Testimony of Jim Dill

Executive Director

Housing and Services, Inc. (HSI)

New York City Council

Tuesday, June 7th, 2011

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 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 a specific example of the life-saving potential of case managers, two weeks ago, the relationship between HSI's case manager and a private landlord of a HSI Scatter Site tenant kept a bad situation from escalating into a tragic and costly emergency when a depressed tenant called his case manager for help. Because of his HIV diagnosis and homelessness, the man had lost all of his ties to family and friends and was left with no

outlet for physical and social interaction. HSI's case manager arrived at the tenant's home that morning and together they decided to seek additional mental health services. Later that day, the tenant's landlord, who had been concerned for his tenant's well-being called HSI's office for help when the tenant did not answer his door. The landlord was reassured that his tenant was already being treated and with his HSI case manager by his side. Because of his case manager and the newly-formed link between HSI and the landlord, the tenant was caught in a net of the social structure that a community has the power to provide. 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. 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.
- 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 ninety-four staff, six Board members, 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.

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

Nicole Gilbert, LCSW
Director of Social Services

On Behalf of:
Pratt Area Community Council

June 3, 2011

Good Afternoon Council Members:

Thank you for your attention. My name is Nicole Gilbert and I am the Director of Social Services at Gibb Mansion a Permanent Congregate Supportive Housing Program at **Pratt Area Community Council**.

Pratt Area Community Council has been serving the Brooklyn Community for 47 years providing housing development, community and tenant organizing, economic development, home services and social services. The mission of the organization is to embrace a vision in which people strive together to build an equitable, diverse, engaged, and flourishing community in Brooklyn.

In 2002, Pratt Area Community Council opened Gibb Mansion which is a supportive housing program for 50 individuals living with HIV/AIDS as well as 21 low-income tenants. Since 2002, the Social Services Department at Gibb Mansion has provided services which include individual face-to-face case management, medication monitoring, home visits, substance abuse counseling, acupuncture, recreation and various groups and workshops. The Social Services Department at Pratt Area Community Council are committed to providing quality services to the clients and ensuring that our clients continue to maintain their health, remain drug-free, and get the services needed to enhance the quality of their life. Since 2002, the supportive housing program at Pratt Area Community Council has witnessed the decrease in the number of client deaths and this can be attributed to the case management staff and their diligence in following up with client medical needs, appointments, referrals, psychiatric care which all results in a longer quality of life.

Pratt Area Community Council opposes the city's proposed \$7.2 million cut to HASA supportive housing. Onsite case management staff is the backbone of supportive housing programs. The case managers at Gibb Mansion have a working relationship with the clients that they serve. These case managers develop service plans that are based on the individual needs of the clients. The services that are provided at Gibb Mansion are person-centered which means that the goals are not created for the clients based on how the case manager understands the client's needs but rather by having dialogue with the client and making them apart of what needs to be done in order to enhance their life. Cutting case management staff would prove to be detrimental to formerly homeless supportive housing tenants. Clients are living longer, clients are either remaining drug free or moving towards recovery and most importantly, clients are making better choices about their lives and this can be attributed to the support that they receive from their onsite case manager. HASA's intention to see supportive housing onsite case managers reflect a ratio of 34 clients to 1 case manager is unrealistic. For example, supportive housing case managers escort clients on their case load to cash their checks, assist them with financial management and in addition follow up with their medical doctors and psychiatrists to ensure that client's are keeping up with their appointments and taking their medications as prescribed. The detailed follow-up and individual assistance that supportive housing case managers provide will be impossible to do with a caseload of 34 clients.

Eliminating supportive housing case managers or reducing the number of supportive housing case managers will directly impact the clients. Please take a moment and reflect on Benjamin who is a resident at Gibb Mansion.

Benjamin is a client that came to Gibb Mansion on October 3, 2007 from Rivington House Nursing home. Benjamin ability to function on his own was very limited. Things we take for granted such as taking medications and cooking was very hard for him. Benjamin could hardly walk and suffered from a speech impairment caused from a previous stroke. Benjamin's family had a difficult time communicating with him and was unable to care for him. Gibb Mansion had become his new home. Benjamin had many issues such as taking his medication. He was unable to swallow them and would always throw them back up. His onsite supportive housing case manager assisted him by breaking up the medication on a daily basis and then proceeded to get him a pill crusher and he was able to do it on his own. This empowered Benjamin and he was willing to learn and do more for himself.

Benjamin was referred by his onsite case manager to a speech therapist and started to talk much clearer as the staff and his family members were now able to understand him. When he arrived at Gibb Mansion, Benjamin dragged his feet when he walked and could hardly use the walker but with his case manager's help he started physical therapy and even worked out in the gym at the facility which strengthened his legs and helped with walking.

Benjamin's daily living skills improved, then a tragedy happened and he was hit by a moving vehicle and had to be hospitalized for over 2 months. During this time his onsite case manager Rochelle Felder-Jackman coordinated services with the providers and with persistence and determination the tenant received Home Care Services, Nursing services, as well as ongoing medical treatment with a specialist. Benjamin was on his way back to a speedy recovery and it would not have been possible if his onsite case manager was not involved. Benjamin still has challenges that he needs assistance with and daily he is working through his challenges with the assistance of his case manager.

Medical compliance was another issue for Benjamin. He was not attending his appointments nor was he taking his medication as prescribed. Benjamin's health started to fail once again which was a great concern. His onsite case manager started to escort him to medical appointments and even agreed to ensure that the tenant receive his medication daily. Benjamin would come down to the office every morning and take the medication in front of his case manager. Immediately his T-cell counts went up and the viral load started to decrease.

Supportive housing is needed for so many people who are looking for a second chance in life. A lot of them don't have families that can help them reach the goal of living on their own again which leaves them with very little hope. Here at Gibb Mansion a large percentage of the clients we serve have a substance abuse issue, mental health and medication compliance needs. Because of the commitment and diligence of the onsite case managers, Benjamin and so many other clients that are served at Gibb Mansion do not fall into the clutches of substance abuse and hopelessness.

I implore you please do not support the proposed cuts to supportive housing. AIDS cuts kills and supportive case managers are instrumental in enhancing the quality of our client's lives.

Thank you for your time and attention.

Respectfully,
Nicole Gilbert, LCSW
Director of Social Services
Pratt Area Community Council
Gibb Mansion
718-398-5100 ext 22