

7

HARLEM UNITED

**Testimony of Jacquelyn Kilmer
Chief Executive Officer**

**Joint Legislative Public Hearing on SFY 2016-2017 Executive Budget
Topic: Housing**

February 1, 2016

Thank you for the opportunity to testify before you today. My name is Jacquelyn Kilmer, and I am the Chief Executive Officer at Harlem United. Harlem United has 28 years experience in providing critical health, housing and human service to people with multiple complex needs. With 625 units of supportive housing, 3,000 primary care visits a year to our three Federally Qualified Healthcare Centers, two AIDS Adult Day Health Care programs, mental health, harm reduction, syringe exchange, community-based outreach and preventive screenings, Harlem United is able to “level the playing field” for more than 15,000 New Yorkers each year. The vast majority of the New Yorkers we serve are among our most disenfranchised individuals—homeless or unstably housed, living with HIV and AIDS, Hepatitis C, diabetes, extreme poverty, substance use and mental illness. We serve the most vulnerable citizens of New York and are, for many, the service provider of last resort.

I’m here today to offer testimony on the importance of supportive housing in ending the homeless crisis we are currently facing across New York State and in cutting health care costs, particularly for people living with chronic conditions, including HIV and AIDS, and mental health and substance use issues.

Statewide there are approximately 67,000 men, women and children staying in shelters at any given time.¹ In NYC, over 59,000 people sleep in homeless shelters each night, including 24,000 children.² These numbers don't take into account the thousands of people sleeping on the streets or in abandoned buildings and makeshift campsites, or engaged in the sex trade simply to have a place to sleep. Unless we take bold and decisive action now, the numbers will continue to increase as people exit foster care, prisons, hospitals and other institutions each year without a home.

Homelessness is truly a crisis of epic proportions. Ending this crisis will require significant investments in the most cost-effective strategy proven to be the only meaningful and lasting way to actually END homelessness for those with the greatest needs. And that strategy is supportive housing.

Supportive housing is a relatively low-cost intervention of affordable housing combined with patient-centered care that links high-need individuals and families with physical health, behavioral health and support services, including medication adherence which can be critical for those suffering with physical and mental illnesses. It improves housing stability, employment, mental and physical health, and school attendance; and reduces active substance use. Supportive housing not only breaks the cycle of homelessness and institutional care for our most vulnerable citizens, it pays for itself in reduced costs for shelters, hospitals and psychiatric care. A 2013 study by the New York City Department of Health and Mental Hygiene evaluating the NY/NY III Supportive Housing Program showed that clients in the program used public benefits, Medicaid, psychiatric institutions, jails and shelters less than clients not placed in supportive housing, with an average net savings of \$10,100 per year per unit. With 9,000 units targeted for the NY/NY III program, this is significant savings.

¹ 2014 HUD Point in Time Homeless Populations Data https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_State_NY_2014.pdf

² Coalition for the Homeless, The Catastrophe of Homelessness <http://www.coalitionforthehomeless.org/the-catastrophe-of-homelessness/facts-about-homelessness/>

Beginning with the successes of our first 60 units of supportive housing in 1991, we at Harlem United know firsthand that supportive housing can reduce the number and length of hospital stays, the number of emergency room visits and the number of psychiatric hospitalizations. Our supportive housing programs allow us to reach HIV positive individuals with routine testing, and link them to, and retain them in, care to achieve suppressed viral load. A suppressed viral load brings health benefits for the individual and drastically reduces the risk of transmission to others. Year after year since 2011, we have seen great success for the clients in our NY/NY III program, and that success continued in 2015. More than 95% of our clients in NY/NY III in December 2015 were linked to care, and 79% were virally suppressed. In 2015, 77% of clients in our supportive housing had at least one primary care visit every six months. **Housing IS healthcare.**

Role of Supportive Housing in Ending the AIDS Epidemic

Last year at this time, the Governor's Ending the Epidemic Task Force had just completed its work on the historic Blueprint to End the AIDS Epidemic by 2020 ("ETE Plan"). We are now in the implementation phase. Failure to make adequate investments in the recommendations detailed in the ETE plan at this critical juncture could very well mean failure to reach our goal of ending the epidemic by 2020. Investments in supportive housing are an integral component of the ETE Plan.

Fully implementing the ETE Plan will save both lives and money. By implementing the ETE Plan, NYS can decrease new HIV infections from the current rate to fewer than 750 and avert as many as 10,851 new HIV infections between now and 2020. Achieving the ETE goals has been projected to generate \$4.5 billion in total health care savings, including \$3.8 billion in public sector health spending.

For an estimated 10,000 New Yorkers with HIV, homelessness or housing instability poses a formidable barrier to retention in care and effective antiretroviral treatment. Access to stable housing is a core component of effective HIV healthcare.

Funding for New Supportive Housing Units

In his State of the State speech, the Governor unveiled a plan to address the homeless crisis which includes a \$20 billion, comprehensive five year investment in affordable housing and housing opportunities and services for the homeless. The Governor has said that over 15 years, the plan will result in 20,000 units or shelter beds, including 18,000 new supportive housing units. The plan is set to invest \$2.6 billion for 6,000 new units of supportive housing over the first 5 years of the 15 year commitment. This is exactly the type of commitment we need to help us end homelessness among our most vulnerable New Yorkers. However, it is critically important that the Governor codify this 15 year commitment so that the intent to create 20,000 new units is realized.

We urge the Legislature to continue to support the need for the State to commit to funding these 20,000 units over the next 15 years and support the Governor's plan to build the first 6,000 units over the next five years.

Funding for Rental Assistance and Supportive Services

There is no question that capital funding to increase the supply of available supportive housing units is necessary; however, it must come with an ongoing commitment to provide for the services and operating funds necessary to make the housing truly supportive and successful.

To that end, we urge that an additional \$33 million in year-one funding for the State's share of the cost to expand HIV/AIDS Services Administration (HASA) benefits be added to the budget. This expansion will ensure lifesaving social services to an estimated 7,300 HIV-positive New York City residents who are currently homeless or unstably housed but unable to access HASA services because of outdated medical eligibility requirements.

In addition, we urge that an additional \$17 million be included in the budget for year-one funding to cover 100% of the cost of statewide access to HIV rental assistance for low-income people living with HIV outside of New York City. To date, State HIV housing assistance has not been made available to low-income New Yorkers living outside of New York City, leaving an estimated 4,000 to 6,000 people living in Upstate New York and Long Island with unmet housing needs. We would also urge that the statewide HIV rental assistance program be implemented in such a way that it limits contribution to rent from income to 30%, thus mirroring the 30% rent cap protections in New York City.

Conclusion

The recent killing of a resident of a shelter in East Harlem by his roommate, both men reportedly suffering with mental health issues, highlights once again the critical need for overhaul of the shelter system, funding for appropriate staffing and security, but even more importantly, funding for more affordable housing and the right treatment and supports for our citizens who are living with these chronic conditions that can be treated and controlled...but only in the right environments and with the right supports. It is our responsibility to fix this...to use the tools we have and know work.

New York has led the nation in proving that supportive housing is the permanent solution for homelessness and other housing instability. Harlem United values the critical role the Legislature plays in this effort. You are true partners. We urge you to continue to invest in, and elevate, supportive housing as a means to these ambitious – but reachable—goals.

Thank you. For more information, please feel free to contact me directly at 212-803-2886 or jkilmer@harlemunited.org.