

HARLEM UNITED

**Testimony of Jacquelyn Kilmer
Chief Executive Officer**

**Joint Legislative Public Hearing on SFY 2017-2018 Executive Budget
Topic: Housing**

February 17, 2017

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 29 years experience in providing critical health, housing and responsive human service to people with multiple complex needs. With over 700 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, substance use treatment, harm reduction, syringe exchange, community-based outreach and preventive screenings, Harlem United is able to “level the playing field” for more than 10,000 New Yorkers each year. The vast majority of the New Yorkers we serve are those who are the most disenfranchised—homeless or unstably housed, living with HIV and AIDS, Hepatitis C, diabetes, extreme poverty, addiction issues and mental illness. Harlem United serves the most vulnerable citizens of New York and we 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 addiction issues.

Statewide there are over 75,000 men, women and children staying in shelters at any given time and an estimated 11,000 more who are unsheltered or in transitional housing/Safe Haven

programs.¹ In NYC, the homeless crisis has reached the highest levels since the Great Depression in the 1930's. At the end of December 2016, 62,674 people were sleeping in homeless shelters each night, including over 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 those who are engaged in the sex trade simply to have a place to sleep.

Homelessness is truly a crisis of epic proportions. 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. 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 2016 HUD Point in Time Homeless Populations Data https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/CoC_PopSub_State_NY_2016.pdf

² Coalition for the Homeless, <http://www.coalitionforthehomeless.org/the-catastrophe-of-homelessness/facts-about-homelessness/>, Source: NYC Department of Homeless Services and Human Resources Administration and NYStat shelter census reports

Beginning with the successes of our first 60 units of HIV 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 2016. More than 95% of our clients in NY/NY III in 2016 were linked to care, and 79% were virally suppressed. As we continue to work to implement the Governor's plan to end the AIDS epidemic by 2020, stable, supportive housing continues to be a key component to reaching our goal.

In the spring of 2016, Harlem United, working with the NYC Human Resources Administration and the Department of Homeless Services, began providing permanent congregate housing and supportive services to homeless veterans. Not surprisingly, the majority of these men and women are living with chronic mental health conditions or addiction issues, in addition to chronic medical conditions. With these men and women, Harlem United sees the need for more intensive services to be readily available, including comprehensive psychosocial and mental health services, in order to make their transition from the streets and homeless shelters to stable, permanent housing successful.

Funding for New Supportive Housing Units

The Executive Budget continues the \$20 billion, 5-year investment in affordable housing and housing opportunities and services for the homeless. This plan is intended to result in 20,000 new units over the next 15 years. The proposed Budget includes a new capital appropriation of \$526.5 million to supplement the \$1.97 billion appropriated in 2016-17 and re-appropriated in 2017-18 for the 5-year program that would build 6,000 new units of supportive housing and build or preserve 100,000 units of affordable housing. At the end

of the session in June 2016, the Governor and legislative leaders signed off on a \$150 million MOU for the first 1,200 units of supportive housing. The remaining \$1.82 billion of the \$1.97 billion appropriation is still subject to an MOU that has not been finalized. It takes a significant amount of time to bring new units of supportive housing on line. More delays in releasing these funds means more delays in housing our most vulnerable citizens. We urge the Legislature to take steps to ensure that this \$1.82 billion is released, whether through an MOU or through the FY 2018 Budget. We also urge the Legislature to continue to support the need for the State to commit to funding the full 20,000 units over the next 15 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. In addition, to be a viable resource, scattered-site supportive housing must have adequate funds to keep pace with the ever-increasing market rents. To that end, we urge the Legislature to do the following:

- Support the \$30 million in Safety Net public assistance funding provided in the Executive Budget to cover expanded participation in HIV/AIDS housing resulting from the policy change allowing income-eligible but non-symptomatic people living with HIV/AIDS in NYC to access services.
- Add \$20 million in funding to initiate a demonstration project to leverage the existing HIV Emergency Shelter Allowance to expand access to HIV rental assistance to income-eligible people with HIV who reside in New York State communities 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. This \$20 million pilot project would be structured to ensure expanded access by increasing approved rents available under the existing program and providing an affordable housing

protection for households with HIV who receive disability income. 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.

- Increase the \$10 million provided in the Executive Budget for existing OMH-supported housing and single residency occupancy programs to ensure sufficient funding for all existing scattered site units statewide at acceptable levels for both rent and services.
- Increase funding for OTDA's New York State Supportive Housing Program by \$4.2 million to restore last year's cuts to existing programs and fund existing unfunded programs.

Conclusion

I'll conclude with a few more staggering statistics. Of the total number of homeless in NYS, over 13,000 are mentally ill, 9,600 suffer from chronic substance abuse, 3,297 are living with HIV or AIDS, 4,272 are victims of domestic violence and 1,248 are veterans.³ It is our responsibility to address these issues...and we have the ability and the tools to do it. We need funding for more affordable housing and the right treatment and supports for our citizens.

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.

³ 2016 HUD Point in Time Homeless Populations Data https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/CoC_PopSub_State_NY_2016.pdf