

***Mayor Bloomberg Releases His Preliminary Budget (January Plan)
Proposal would slash funding for many HIV services***



readers to easily identify where there are plans for cuts or increases in city-funded programs. With the city's precarious fiscal condition this year, more attention was paid to this plan.

The Mayor is challenged with closing a \$4 billion budget deficit in NYC fiscal year 2009-2010 (July 1, 2009 to June 30, 2010). There's good news (of sorts), and bad news.

The good news about this budget is that there are no "sacred cows." Bloomberg is proposing cuts across all City agencies, including uniformed services (police, fire) and schools. Nobody will be spared a cut, preventing a situation where targeted programs could bear the brunt of cutbacks.

The bad news is that there are no sacred cows. Meaning, HIV/AIDS programs funded by the City are targeted for reductions as well.

The Mayor is proposing, as part of the January plan, to plug the defi-

Mayor Michael R. Bloomberg's "January Plan," a required annual financial plan that ordinarily receives scant attention from advocates, was widely anticipated this year. And rightly so, for it is not good news for HIV services.

The Mayor released the financial plan, which is required by City Charter and is a normal part of the City budget cycle, on Friday, January 30, 2009. This document is designed to project over multiple years the impact of revenue and expenses in the City's overall fiscal health. Most importantly, the document allows

cit in part by the following cuts in AIDS services (please note that the below items are as described in City budget documents):

- » Reduce Nutrition Program Administration. This is a reduction of 50% in contract for administration of a nutrition program that provides counseling and food to HIV/AIDS clients.
- » HIV/AIDS Homemaking Re-estimate. This would accrue a savings from lower utilization of homemaking services by families impacted by HIV/AIDS.
- » Transfer Scattered Site II Clients to HASA Case Management.
- » Reduce HIV/AIDS Contracted Case Management. There would be a reduction in the number of case management staff in contract supportive housing programs who are performing functions that are seen as duplicative of those provided by agency staff.
- » HIV/AIDS Supportive Housing Contract Accruals. Delays in the implementation of NY/NY III congregate supportive housing units would generate one-time savings.
- » HIV Prevention/Control Contracts at Community-Based Organizations. Starting in the 2011 fiscal year, the City will reduce community-based provider contracts for anti-stigma and behavior modification. No contracts will be terminated due to this reduction.
- » Reimbursement for HIV Tests Provided to HHC. The Department of Health and Mental Hy-

giene will bill for HIV tests to HHC patients.

- » HIV Prevention/Control Contracts at HHC. The Department will reduce funding for HIV/AIDS services for case management and health education provided through HHC.

Of the cuts listed here, Village Care of New York and many other HIV organizations have the greatest concern with the proposed cuts to HIV nutrition programs, the elimination of Scattered Site II, the reduction in case management at supportive housing programs, and the reduction in HIV prevention contracts at community based organizations. All of cuts would be fairly significant and would have a drastic impact of those targeted services, if not eliminating them entirely.

These cuts represent a dramatic curtailment of the City's commitment to those living with HIV/AIDS.

A 50 percent cut in City funding for HIV nutrition programs, for example, is particularly troubling. Village Care's Momentum Project, which provides meals for needy individuals who are HIV positive, is particularly targeted by this cut. Momentum, which last year served 350,000 meals for needy individuals living with HIV/AIDS, would lose half its funding. This comes at a time when Momentum has seen a dramatic upswing in persons coming to its multiple sites throughout the city as the economic situation has worsened. The City contends that it would merely cut "administration" costs and not the actual expense of food at these programs, yet halving such funding would very likely result in dramatic reduction

in the number of food sites or number of hours that these programs are open, or both.

This is the second time that the Mayor has proposed the elimination of Scattered Site II. These programs provide for a rent subsidy, case management and supportive services for HIV-positive clients living in their own apartments, where the lease is in the name of the tenant (in Scattered Site I the lease is in the name of the organization). The City is proposing to essentially eliminate the program. The rental subsidy will continue through HASA, so the client should not lose the apartment, but the case management and other supports provided through community-based organizations would cease. In the long run, as individuals experience problems and need the added supports that were traditionally provided by the Scattered Site II program, they may put their housing in jeopardy. Scattered Site II programs help clients retain their own apartments by providing the services needed to keep them stable.

Likewise, the City is also proposing to eliminate funding for case management services in HASA-supportive housing programs. The assumption is that HASA case management functions are "duplicative" of community-based case management in supportive housing. This is based on a totally erroneous assumption. HASA "case management" staff perform entitlement eligibility functions and are not designed to function as psycho-social case managers. Community based case management staff at supportive housing and other programs provide a wide range of mental health, substance abuse, harm reduction counseling,

eviction prevention and entitlement assistance, which is far greater in scope than those provided of city employees. HASA case managers provide an important service to persons living with HIV/AIDS, but they are not comparable to the services provided by city staff at supportive housing programs. They are duplicative in name only, but certainly not in what they do.

Lastly, the proposed phase-out of some NYC Department of Health and Mental Hygiene-financed HIV prevention contracts is great concern, especially in view of the number of new infections in the City every year – over 3,700 annually. Considering the staggering cost of every new infection, even in tight fiscal times the City should be focusing on more HIV prevention efforts, not less.

In response to the Mayor's January Plan and his targeted cuts to HIV programs, the HIV community organized a rally on the steps of City Hall to protest these proposed cuts, which took place on Thursday, February 12. The event was organized by the NYC AIDS Housing Network. Among the speakers at this rally was City Council Member Robert Jackson, Kristin Goodwin from Housing Works and Edwin Krales, an HIV nutritionist at Village Care's Momentum Project. Under the Mayor's proposal, Momentum would see its City funding cut in half.

Krales said at the rally: "If sick people aren't eating properly, their very expensive medications will not work effectively. Poor eating that leads to malnutrition damages the immune system, which accelerates the progression from HIV to AIDS,

opens the door to more opportunistic infections and therefore increases the cost of care."

What is Momentum? Momentum is one of New York City's largest HIV/AIDS organizations providing food, nutrition and health services at nine sites throughout four boroughs of the City. Ten congregated meals are served weekly in neighborhoods with the greatest need. Momentum serves nutritious meals ideal for persons living with HIV/AIDS, and offers take-home pantry bags stuffed with enough food (including fresh fruits and vegetables) for twelve additional meals. The food is individualized for clients with special dietary needs such as lactose intolerance, and the pantry bags are suitable for those who are homeless or lack proper refrigeration/cooking facilities. Beyond food assistance, Momentum's team of nutritionists, social workers, nurses, pastoral counselors, treatment adherence counselors and substance abuse counselors are on-site during each meal to answer questions, counsel and educate, as are case managers from Village Care's COBRA Case Management Program. Clients are

monitored for physical and behavioral changes that could indicate the onset of infections, wasting, or the need to change a treatment regimen, and staff link clients to necessary services.

The HIV advocacy community has a lot of work ahead in order to prevent these proposed cuts from becoming a reality. Our big challenge in the next few months will be to educate the City Council about the impact these reductions would have on the clients that we serve. The voices of those living with HIV will not be the only one attempting to avoid painful cuts – there were be competition from others in similar straits. We will have to find a way to make the case for these services that is somehow noticeable to the City Council above all the other cries for help that will be heard. Stay tuned for a bumpy ride ahead.

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Momentum's Edwin Krales talks how the cuts will affect nutrition at the HIV rally