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City Budget Negotiations Continue Deadline Rapidly Approaches

HIV Advocates have been working hard to avoid proposed cuts in the New York City fiscal year 2009-2010 budget that would impact on HIV services. The Mayor and City Council are engaging in negotiations over a \$59.4 billion proposed budget that would go into effect July 1. As announced in earlier editions of AIDSWatch, the Mayor's Executive Budget proposes three substantial cuts to HIV services through the NYC Human Resources Administration / HIV/AIDS Services Administration. They are:

- Reduce Nutrition Program Administration. This is a reduction of 50 percent in contract for administration of a nutrition program that provides counseling and food to persons living with 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.

Momentum Project Targeted

The nutrition program cut is targeted exclusively at The Momentum Project, an affiliate of Village Care of New York and part of the organization's Network of AIDS Services. The 50 percent cut is a \$491,000 reduction in funding for this important program for poor and homeless persons with HIV/AIDS. The loss of these NYC funds, for which there is no alternative source of revenue, represents a cut of nearly 16 percent of Momentum's overall budget. If enacted, it would have serious repercussions on the ability of the Momentum Project to continue functioning at its current level.

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Village Care of New York is a non-profit organization that offers comprehensive care for persons living with HIV/AIDS and for older adults with chronic and continuing care needs.

The Momentum Project provides congregate meals and pantry service to the hardest-to-reach individuals with HIV/AIDS in a non-judgmental and supportive environment in nine communities in four boroughs. Momentum has a comprehensive team of nurses, nutritionists, social workers, chaplains and other specialists who engage more than 3,000 low-income individuals with HIV/AIDS every year during meals, and educate, counsel and link them to primary health care, mental health and substance abuse treatment, housing and other essential services.

Momentum works with people when they are in crisis - that is, when they are in seriously failing health, are poorly nourished or need to get better quickly but simply don't know how. Sixty-four percent of Momentum clients have an AIDS diagnosis; 87 percent have incomes of under \$10,000; 90 percent are persons of color, and one-third of all clients are homeless or unstably housed.

Most troubling about this proposed cut is the perception among the Mayor's staff about the ability of Momentum to absorb this cut. HRA Commissioner Doer at a recent City Council budget hearing expressed the opinion that Momentum had other funding sources that could address this cut. This is not the case! To the contrary, Momentum has already absorbed other revenue reductions with program and staff adjustments.

We need your help. We are asking everyone - consumers, employees of HIV organizations and anyone interested to please contact the Mayor, Speaker Quinn and your own City Council member right away to ask them to stop this cut!

To find out who your City Council member is and how to reach them, go to: <http://council.nyc.gov/html/members/members.shtml>

Contact Speaker Quinn's office at (212) 788-6897.

Call the Mayor at 311.

When you call, say:

Hello, my name is _____. I am calling to ask you to stop the Mayor's proposed cut of \$491,000 in the fiscal year 2010 budget to HIV nutrition services. Thousands of New Yorkers living with HIV/AIDS rely on food and nutrition services provided through agencies such as the Momentum Project. Please don't let this cut happen!

Should this cut go through, Momentum could be forced to close two programs serving low-income persons living with HIV, cutting off vulnerable communities that rely on this nutrition program. Alternatively, Momentum would have to cut back substantially - eliminating thousands of meals and pantry bags. Either way, it would mean that persons living with HIV/AIDS would have less access to food and nutrition services. There is no way around this action if funding is seriously cut.

Other NYC HIV Budget Cuts

The City is also proposing to eliminate funding for case management services in HASA-supportive housing programs. The argument the City is making is that HASA case management functions are "duplicative" of community-based case management in supportive housing. In fact, the roles of the two are considerably different and varied. HASA "case management" staff perform entitlement eligibility functions; they are not psychosocial case managers. HASA staff also keep a work-week, workday schedule, raising the question as to what would happen when a client in supportive housing has a serious issue on the weekend or at 3 a.m.? Community-based case management staff at supportive housing and other programs provide a wide range of mental health, substance abuse and harm reduction counseling, along with 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 staff at supportive housing programs. They are duplicative in name only, but certainly not in what they do.

The City is also proposing to eliminate Scattered Site II. This is because the State of New York refuses to continue providing matching funds for this service. Hopefully, the City will develop a realistic policy for how to transition these 400-plus clients into other programs, such as Medicaid COBRA case management, so that clients are not left to suddenly fend for themselves.

The City fiscal year begins on July 1, 2009. Both City Council and the Mayor's office have indicated they want to finalize a budget early, as some of the agreements in the final negotiated budget may need approval from Albany, which will require some additional time.

The Debate over HIV Testing Continues

As outlined in the April 23 AIDSWatch, the debate over changes to New York State's HIV testing law continue in Albany. There are currently four major HIV testing bills pending in the State legislature. Village Care of New York, along with GMHC, AIDS Service Center NYC, Brooklyn AIDS Taskforce, the Legal Action Center and over 40 other HIV organizations support the Duane/Gottfried bill, which is the only bill being supported by the NYS Department of Health.

The major difference between all these various bills rests on the issue of how to consent to an HIV test. Current law, originally passed in 1988, requires separate, written informed consent to an HIV test. Individuals must read and sign a separate two-page, double-sided form that explicitly states the patient is consenting to an HIV test.

The Duane/Gottfried bill, which is also a NYS Department of Health departmental bill (meaning DOH formally requested this bill be introduced), makes several changes to current law. The most important provisions are:

- Allow the consent to an HIV test to be incorporated into a general consent for medical care, with a clearly marked place adjacent to signature where a patient may decline an HIV test.
- Amend pre- and post-test counseling requirements and update the counseling language. Individuals would still need to be counseled prior to an HIV test on using safe sex and their rights under the law (DOH regulations state that this counseling" may be done by inserting language into a signed consent form). The bill also provides that in the case of a positive test for HIV infection, the person ordering the test must provide or arrange for follow-up medical care if the patient consents.
- Require all licensed Article 28 facilities to offer an HIV test to all patients between the ages of 18 and 64 as a routine part of medical care.

Some groups are opposed to this bill because they believe it does not go far enough to streamline the consent to an HIV test. They believe that consent to a test for HIV should be treated like the consent for any other medical test. Other groups argue that HIV testing consent must retain its opt-in threshold.

Regardless of one's own perspective on the issue, however, with several bills circulating in Albany, the chances of any one bill passing this legislative session look questionable. The effect of so many bills being circulated and the HIV community being less

than unified on this issue means that many legislators do not perceive there to be any consensus on how to move forward. Hence, stalemate and inaction are likely.

Village Care's Ken Stewart Awarded "Professional of the Year" by NYAHS

Village Care's own Ken Stewart was selected as the New York Association for Homes and Services for the Aging "Professional of the Year." This is a statewide award for an individual who demonstrates outstanding accomplishment in our field.

Ken has been director of Community Case Management at Village Care since 2005. He was assistant director from 2002-05. He holds a Masters of Divinity, a Masters of Social Work, and four post-Masters certificates.

Ken's dedication to helping those in need not only is inspiring, but has also led to some important decisions at Village Care. Several years ago, Ken created and spearheaded an initiative to find and help "low-threshold" individuals. As a result, Village Care has now created a wonderful partnership with The Momentum Project and thus expanded Village Care's capacity to help those who are difficult to serve and need extra help.

With his combination of creativity, determination and compassion, Ken is inspirational to his staff and others. Ken has a strong commitment to those in need, and he offers constant encouragement to others that they can make a difference.

Please join us in congratulating Ken, who is most deserving for his commitment, passion and service to our seniors and people with HIV/AIDS.

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