



**Human Resources
Administration**
Department of
Social Services

TESTIMONY

“Oversight: Recent Policy Changes at HASA”

New York City Council General Welfare Committee

February 8th, 2012

Good afternoon Chairwoman Palma and members of the General Welfare Committee. My name is Jacqueline Dudley, I'm the Deputy Commissioner for the HIV/AIDS Services Administration (HASA) part of the Human Resources Administration (HRA). With me here today is Dr. Frank Lipton, Executive Deputy Commissioner of HRA's Customized Assistance Services (CAS). As you are aware, HASA has recently implemented several policies that both increase our efficiency and ensure the long-term wellness and self-sufficiency of our clients. However, before reviewing these policies I would like to provide you with a short update on the HASA program as a whole.

HASA provides high quality services that are individualized, efficient, and effective. Our work brings all sectors of the community together to ensure that medically-eligible individuals and their families have adequate housing, financial security, medical care and other needed services. As the most comprehensive program of its kind in the country, HASA currently serves over 32,000 medically eligible clients and their families totaling over 46,000 individuals. In order to adapt to the evolving needs of HASA clients we have developed a number of initiatives, a few of which I would like to highlight.

To better facilitate the relocation of homeless single adults and families residing in emergency housing into stable homes, we developed a Housing Placement Unit (HPU) that has now been in operation for four years. Working in coordination with community based organizations, many of which offer substance abuse and/or mental health treatment programs, HPU has relocated over 500 of the hardest to serve long term residents out of our emergency single room occupancy (SRO) housing population. This has helped bring HASA's SRO census under 800 for the first time in many years. In addition, we have also revised our homeless diversion assessment tools in order to provide clients additional alternatives to emergency housing. This assessment tool provides an opportunity to not only strengthen the screening process for emergency housing placement, but ensures that clients formulate an exit strategy into permanent housing.

HPU case managers also serve as Private Market Housing Liaisons within our Housing Services Unit whose focus is on linking clients to private market housing. Over the past years, these liaisons have connected clients to brokers, realtors and landlords, resulting in hundreds of apartments being leased. In addition, apartment vacancies offered by landlords and real estate agents are uploaded into HASA Web, our electronic case management program, and shared

with clients in need of assistance with apartment searches. We believe that these mechanisms have greatly assisted in locating housing options for our clients.

However, we understand the Committee has some questions about several more recent changes. Two of these changes have been implemented successfully throughout the agency. As part of HRA's January 2011 Program to Eliminate the Gap (PEG), fees paid to brokers to secure apartments for cash assistance recipients were reduced from one month's rent to half a month's rent with a savings of 8 million in City Tax Levy (CTL) dollars. This policy is applicable to all broker fees paid by HRA and not only to HASA clients. HASA has not seen a reduction in the number of requests to approve new apartments since the new broker fee policy went into effect. Many of the brokers who have experience assisting HASA clients in finding apartments have continued to do so after implementation of the new plan.

In fact, for the period preceding this policy change, from March through December 2010, the HASA program approved 3,595 new private market apartments. Subsequent to the implementation of this policy, during the same months in 2011, 3,731 requests were approved for new apartments which amounts to an increase of nearly 4 percent. Additionally, not only has HASA's SRO population continued to decrease, but emergency housing occupancy dropped from 935 to 774 between December 2010 and December 2011. This has been accomplished through a shared network of landlords and brokers within and across the boroughs. This list is also offered to contracted housing providers who need additional housing leads for their clients.

In addition, to better utilize limited government dollars, HRA changed the process of providing cash security deposits when clients identify new housing to a voucher system. For City Fiscal Year (CFY) 2011 there has been a significant decline in the number of security deposits paid, from an average of \$2.5 million per month when we issued cash to under \$100 thousand per month in voucher redemptions. Millions of dollars of government funds were unnecessarily being held as deposits across the City, with most never being returned to the agency. Landlords are still guaranteed a security payment by simply providing certification of either non-payment of rent or damages after the client leaves. It is estimated that this change will save the city over \$6 million a year.

As I mentioned earlier, the needs of HASA clients continue to evolve since the program began in the 1980s. Recent medical advances in the field of HIV/AIDS treatments have thankfully

improved our average client's quality of life and expected lifespan while shifting their service needs from short-term crisis intervention actions to long-term wellness and self-sufficiency goals and activities.

For some HASA clients, one of the largest barriers to meeting these long-term goals is substance abuse. Substance abuse results in diminished health outcomes, increased noncompliance with HIV treatments, and more risk taking behaviors that increase the likelihood of HIV transmission. According to a NYC Department of Health and Mental Hygiene report issued in June 2010, there is a strong link between substance abuse and high risk behaviors that results in new HIV/AIDS cases in the City. Additionally, as noted by the National Institute on Drug Abuse requiring individuals to go for substance abuse treatment can significantly increase treatment entry, retention rates, and the ultimate success of drug treatment interventions. For these reasons we have increased our focus on substance abuse screening and assessment, treatment referral, enrollment and compliance for HASA clients.

In New York State, as a condition of ongoing cash assistance (CA) eligibility, clients who are determined by a Credentialed Alcoholism and Substance Abuse Counselor (CASAC) to need treatment are mandated to participate in treatment which is part of a long-term self sufficiency plan. Non-compliance for a non-HASA client typically results in durational sanctions pursuant to New York Social Services Law and regulation. However, HRA has determined an alternative approach for HASA clients who fail to comply. For HASA clients, we worked collaboratively with Dr. Lipton and his staff at CAS to develop a substance abuse initiative that placed CASAC staff on-site at all twelve HASA offices, this initiative began in 2003. Compliance with treatment referrals for our CA clients has been much higher than for our HASA clients. In the last quarter of 2011, 7,981 CA clients were referred for substance abuse treatment and 6,302 complied while in the same period 939 HASA clients were referred for treatment and 450 complied. Through this program, our goal is to achieve improved substance abuse treatment compliance for our HASA clients.

Even prior to the implementation of this new policy, pursuant to State regulations all applicants for cash assistance including HASA clients were subject to screening for substance abuse. However, screenings may also occur if clients request frequent grants for rent and/or utility arrears, emergency housing placements or multiple Client Benefit Identification Cards card replacements. If the CASAC determines the client is in need of substance abuse treatment,

they are encouraged to comply with the treatment process. Clients must report to their treatment program as scheduled and participate in the activities delineated in their treatment plan. It is imperative that I make clear that at no point in this process, is a HASA client or applicant denied shelter due to substance abuse or because of failure to comply with the CASAC treatment referrals and recommendations.

A client's failure to participate in substance abuse treatment after referral by a CASAC will be one of the factors considered when HASA reviews an application for Case by Case Financial Assistance. HASA clients whose request for rent arrears or a new apartment is declined for failure to comply will be offered supportive housing placement. HASA clients who choose supportive housing will have access to on-site supportive services including linkages to substance abuse treatment. The substance abuse treatment initiative is one of the many demonstrations of our commitment to the well being of those we serve.

Before I conclude, it is important that I point out that HASA's substance abuse treatment policy minimizes high risk behavior by those with HIV/AIDS decreasing the number of new infections while improving the health of our current clients. In meeting the evolving needs of HASA clients, this policy is a rational and needed approach to ending the cycle of substance abuse affecting our clients today.