Testimony of Verna Eggleston Administrator/Commissioner Human Resources Administration
before the Committiees on General Welfare on HIV/AIDS Housing

Good Afternoon, I am Verna Eggleston, the Commissioner and Administrator of the Human Resources Administration. I would like to thank the Chair, Councilmember de Blasio, and the other members of the City Council General Welfare Committee for giving me this time to testify on HRA's HIV/AIDS policy, especially as it pertains to housing.

I have included an attachment to my testimony, which contains information related to housing for people living with HIV and AIDS. It is important to this administration that we look at all the issues related to this epidemic. We must not only look at housing, but all the obstacles that prevent one from being self- sufficient.

The face of AIDS has changed dramatically over the 20 years since HRA began providing services to those affected by the epidemic. When HRA became involved in this work in the early 1980's, we were working to manage the crisis. We were providing critical services to clients and creating service models simultaneously. HRA was charged with responding to the outbreak of a disease whose cause was unknown and whose affected population was shunned by the larger society. Twenty years ago, HIV/AIDS was a disease we thought was limited to the gay community.

Since that time, the AIDS epidemic has surged beyond all barriers of race, gender, age, class and sexual orientation. Today, HRA serves a staggering number of women of color who have become infected with HIV via their male partners and we also provide vital services to their dependant children who are both infected and affected by the disease. HRA serves a large number of men of color who have unprotected sex with other men: men who self-identify as gay and those who do not. HRA serves adolescents who are not only infected via unprotected sexual intercourse but who also engaged in a number of other activities that place them at increased risk. HRA serves people over age 50 who still to this day are actively involved in sexual relationships without barriers.

While there is still no cure for AIDS, advances on the medical front have many people living longer. However, significant challenges continue to persist. Many people find that they are unable to tolerate the numerous side effects of these powerful drugs, many find that they are infected with the increasing number of drug-resistant strains of the HIV virus, and many people, due to the huge obstacles in their daily lives, are simply unable to access treatment. We must all continue to work together to address these challenges.

HRA's clients come from all boroughs of the City of New York. Mayor Bloomberg has charged his administration to touch all New Yorkers and never forget those who have not been touched before. Because people with HIV and AIDS are everywhere, people need to be able to access services in every community. Moreover, many people with HIV and AIDS also have other challenges and crises they are dealing with in addition to their health. Access to stable and adequate housing is a pressing concern for many, as are issues of income and employment, food, child-care, mental, in addition to, physical health. While some have resources, others are still in poverty. Some have experience seeking government support and some have never before needed or sought government services. We must continue to work together to find ways to embrace this wide range of need and circumstance.

This administration will focus on ways to help all our clients reach their maximum level of self-sufficiency, and to this end I have asked my staff to take a careful look at the HIV/AIDS Services Administration (HASA). Our goal is to determine how best to provide clients with HIV/AIDS access to the entitlements, benefits and/or assistance they need to sustain their lives and improve the quality and independence of their living situations. I want to support people with HIV and AIDS to be as self-sufficient as possible and to secure the range of benefits and services they may need to do that. To this end, HRA will begin to collect demographic data on the clients we serve in order to assist us in program design and service delivery. We will determine how to do what we are responsible for doing better. In addition, as I stated to you at your preliminary budget hearing, HRA cannot address those problems in isolation. We must work in collaboration with other City agencies, non-profit agencies and community-based organizations centering on each client's needs in order to implement a policy of "One Client, One City, One Plan."

This policy has begun at home: "One Client, One HRA, One Plan."

Too often agencies have provided benefits and services in a segmented fashion: each program serving clients only for the specific problems or issues for which the program was formed and funded. Often we are simply following legislative or administrative mandates. But this is not the world in which our clients live. If clients are HIV positive, have no health insurance, have lost their job and are facing eviction, they do not want to go to four different offices to deal with four different problems. Individuals have many problems that they need help addressing concurrently. Improving access to service for clients with HIV and AIDS therefore means improving their access to health care, housing, counseling, employment services or what ever else they need to stabilize their situation and afford them the opportunity to maximize their self-sufficiency. Therefore, HRA must remove our own internal barriers to the services these clients need. At the same time, we will work to improve access to the services and benefits that other agencies offer. We cannot do it alone. We must and will reach out and collaborate on the client's behalf.

Moreover, as we work to provide the appropriate combination of services, we will work to provide them in the communities in which the client lives, perhaps working with community-based organizations to provide case management. Residents of all boroughs are affected by the AIDS epidemic and they deserve to be able to obtain services and benefits where they live. Too often HIV infection and AIDS have been stigmatized as somehow different from other diseases. Heart disease, obesity, high blood pressure, venereal disease, and cancer don't discriminate by ethnicity or residential community and neither does AIDS. Just as we

respond to people suffering these other health problems in their own communities, we will seek to do the same with those suffering from HIV and AIDS.

I will also be asking you, the City Council to directly assist us in this effort to enhance access to services and benefits for clients with HIV/AIDS. Specifically, we will be looking to you to give us the support we need to maximize our efficiency with our limited resources. I hope that you retain an open mind as we come back to you with what we need and explain to you what we are going to do on our part to enhance the lives of our clients.

I know you have many specific questions about HRA's current HIV/AIDS housing program. HRA regularly provides the Council with detailed information about HASA's clients and services through our quarterly reports, pursuant to your request. For your convenience, however, I have attached information about HASA's housing programs. I would be happy to answer questions about my testimony, and my staff are here to answer questions you may have about HASA's programs. You can also send us written questions related to the information in the attachment after you have had time to review it.

Attachmnet:

Update and Overview of HASA-HASA Housing

HRA is conducting a national search to secure a new Deputy Commissioner for the HIV/AIDS Services Administration (HASA) and has begun to review appropriate candidates for the position. Since September 5, Jane Corbett, Executive Deputy Commissioner for Policy and Program Development at HRA has been serving as the Deputy Commissioner for HASA.

As a result of the City's Early Retirement Incentive Package, by October 8th 30% of HASA's senior management staff had left the agency. This included key directors such as HASA's Assistant Deputy Commissioner, the Directors of Field Operations, Contracts, Finance and Permanent Supported Housing, as well as significant Deputy Directors for Field Operations and Personnel and a Center Director.

HRA is searching for high-quality replacements with new ideas and fresh visions that reflect compassion and a resolve to ensure the highest level of self-sufficiency for all HASA clients.

On Friday October 18th HASA held a retreat for approximately 80 staff members of different levels and functions from throughout the City. The purpose of this all-day session was to review the current status of HASA and to start identifying ways to move the program forward in the most positive and effective way possible. The staff worked in groups on topics such as case management and advocacy; promoting stigma-free access to HASA; eligibility; training; housing; automation; protection and prevention, community partnerships; and program efficiency and accountability. Over the next few months subcommittees will follow up on the recommendations and ideas put forward at the retreat. They will be charged with formulating, detailing and refining our new direction.

In addition to this input from staff, roundtables are being convened with advocates, and will include providers and clients as well. We will attempt to develop a restructuring report early in calendar year 2003.

Overview of HASA

HASA serves 45,080 individuals. These include 31,036 clients who are eligible for HASA services-that is, they meet the clinical definition for having AIDS or they have had a medically-documented HIV-related clinical condition. It also includes 14,044 family members of these persons.

HASA receives over 550 new applications for services each month. Approximately 475 to 500 of these are found eligible for HASA services.

Housing is a critical issue for HASA. We provide a variety of housing models, and several forms of housing assistance. These include emergency housing, transitional placements, congregate settings, permanent supported scatter-site housing, and rental assistance for persons in private market or public housing.

First, to address the urgent needs of individuals who are currently homeless, HASA has a pool of approximately 54 Commercial single room occupancy apartments (SRO's) . At this time approximately 1750 clients reside in SRO's.

HASA's emergency housing budget for FY 02-03 is approximately $19 million.

On an average day there are about 100 requests for emergency housing placement. Most of these are from people who currently on our caseload, and over 85% have already been housed by HASA. Only about 10% of the 475 to 500 new client cases that HASA accepts monthly are found to be homeless and in need of placement in emergency housing that same day. The average per-night rate of facilities used by HASA for emergency housing is $50.

Emergency housing is meant to be a short-term measure for homeless clients to tide them over while they are being offered, enrolled in, and moved to, more service-rich or more permanent housing. Some SRO stays are longer than is desirable. There are many causes. HASA has some ideas about steps that can be taken to ameliorate this, and the subcommittees already mentioned will be exploring possible new paths as well. There are some steps we can begin taking right now.

For one, we are moving to assure that all HASA housing, including emergency housing, will have on-site social services, and will always meet appropriate standards of quality and value. Nearly two-thirds of the SRO hotels with which we do business have already agreed to accept and enforce explicit standards of quality, treatment of clients, and fair pricing. If they fail to live up to their agreement we will stop doing business with them. It is our hope that, in the not too distant future, HASA will be doing business only with operators who have arrangements for on-site social services; who enforce respectful treatment of our clientele; who charge reasonable rates; and who demonstrate consistently high standards of service.

We have already revisited our emergency housing program's policies and have strengthened and refined our referral procedures to assure fair and equitable emergency housing for all HASA clients wherever they are to reside. We now provide all clients who receive an emergency housing placement with a form to return to us indicating any problem or issue about the placement. And at the time a client is offered an emergency placement the caseworker will make an appointment to visit their apartment within a week.

We know that monitoring is essential to assure continued quality. Therefore, we have increased the emergency housing unit's hotel inspection staff to allow rapid follow-up on client-reported deficiencies regarding SRO hotel accommodations.

As stated, however, emergency housing is not the goal. In some situations it is a necessary step to the goal. We intend our housing services to be a continuum, with clients moving from emergency placements at a time of individual crisis, to supported settings that provide the services necessary so that clients can learn to handle permanent independent living; and then to independent living with rental support when necessary. Operated by community-based organizations, supported settings-- that is, transitional, congregate, and scatter-site housing-- provide structure, opportunities for case management, mental health care, substance abuse treatment, and other services as required. They also provide clients with essential skills, such as training in the performance of activities for daily living; and they offer the residents continuing opportunities, encouragement, and assistance in securing permanent housing.

HASA funds 11 Transitional Housing Programs with 510 units. These prepare clients for eventual movement to more independent living situations. As of October, 452 clients occupy these units.

Other more permanent forms of housing directly supported by HASA are:

Permanent Congregate Housing Programs; HASA contracts for 40 of these, providing 1,529 units.

33 Scatter Site I apartment programs. These programs locate permanent housing and place clients in apartments leased by non-profit social service providers. They have a combined capacity of 2,232 units.

And 18 Scatter Site II apartment placement programs operated by non-profit agencies that locate permanent housing and provide social supports to residents during a transitional period until they are able to function without support. Since the program's inception 528 placements were secured in Scatter Site II apartments.

Together these programs comprise a portfolio of 102 supported Housing and Services contracts, funded through city and state tax levy of over $98 million.

HASA has an open and rolling Request for Proposals for not-for-profit and profit-making housing developers, soliciting offers for new HIV/AIDS housing.

We are especially interested in receiving proposals for flexible and creative housing models that offer a continuum of housing and support services to address the individual housing needs of HASA clients.

The largest of HASA's housing programs is its Rental Assistance Program. Approximately 19,000 cases are currently receiving rental assistance. These clients have independent housing accommodations and are primary leaseholders. Almost 63% of our caseload receives rental assistance. This amounted to over $128 million dollars in rental assistance for fiscal year 2001-2002 funded by city and state tax levy dollars.

To further assist clients in securing private independent housing, HASA has been paying equal to the Federal Section 8 apartment rental payment standards effective October 1, 2002.

HASA also maintains a "Landlord Intake Switchboard", allowing landlords with vacant apartments to register them. Currently there are more than 500 apartments registered and available. A biweekly report of current vacancies is distributed to our workers to assist their clients in finding private market apartments.

HASA has also been able to utilize a TANF- and state- funded Landlord Incentive Housing Program targeted primarily to homeless clients moving from emergency housing to permanent independent apartment living. The program offers landlord bonus incentives, and repair supplements through 2 year lease agreements with landlords. So far 574 persons have participated in this program.

HASA Administration has just completed developing, and is now implementing, a streamlined case-by-case Financial Assessment Process to further ensure that clients who are eligible for rental assistance receive it in a more timely and efficient manner.

We realize that in order to deliver the most comprehensive, efficient and effective services to HASA clients we must partner with experienced AIDS Service Organizations (ASO) throughout New York City. As indicated above, we have started meeting with ASOs/CBOs to open a dialogue to foster greater cooperation in moving toward our common goal.

We believe that partnership with ASOs/CBOs is the key to delivering effective services for our HIV/AIDS clientele in the communities where they live. In the near future we will invite ASO/CBO leadership to roundtable discussions to comment on our HASA program's planning activities. We will also be asking members of the General Welfare Committee of the City Council to help us in the creation of a HASA that works; one that reflects a compassionate approach and a mission to promote the maximum level of self-sufficiency, dignity, and quality of life for all persons living with HIV/AIDS. Our goals will be achieved only if we are all willing to come to the table with reasoned and open minds, and compassionate hearts.

CITY HALL
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