



TESTIMONY

OF

IRIS R. JIMINEZ-HERNANDEZ

EXECUTIVE DEPUTY COMMISSIONER

MEDICAL INSURANCE AND COMMUNITY SERVICES ADMINISTRATION

**HUMAN RESOURCES ADMINISTRATION/DEPARTMENT OF SOCIAL
SERVICES**

BEFORE THE

**CITY COUNCIL
GENERAL WELFARE COMMITTEE**

ON

**OVERSIGHT- HOUSING PROVIDED BY THE HIV/AIDS SERVICES
ADMINISTRATION**

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Good afternoon. I am Iris R. Jiminez-Hernandez, Executive Deputy Commissioner of the Human Resources Administration and I am joined by Elsie del Campo, Deputy Commissioner for the HIV/AIDS Services Administration (HASA). We welcome the opportunity today to update the General Welfare Committee on HRA's housing programs for people living with HIV/AIDS and the reforms and initiatives implemented over the past two years.

I would first like to thank the Chair, Bill deBlasio and this Committee for its hard work and cooperation in amending Local Law 49 earlier this year. The passage of Local Law 50 and Local Law 51 codified HRA's efforts to provide timely and medically appropriate housing to HASA consumers and Local Law 32 codified reporting requirements that give us the opportunity to more accurately represent the important work being done at HRA for this vulnerable population.

As stated in Commissioner Eggleston's testimony in February, many of the initiatives and reforms that you will hear about today are the result of input from consumers, staff, community-based providers, and community advocates who participated in a series of planning forums that Commissioner Eggleston convened beginning in 2002. We look forward to the input to be provided by the newly established HASA Advisory Board at its first meeting on October 27th. The Advisory Board members bring a wealth of experience and knowledge toward improving consumer services and will enhance our efforts going forward.

The re-evaluation of HASA that was initiated at the planning forums involves a broader examination of consumers' needs today. The results were the development and implementation of consumer-focused initiatives directed at facilitating access to benefits, health and behavioral health services, and vocational opportunities. We have already begun to see the positive results of these initiatives.

Implementing New Local Laws

We have implemented Local Law 50; Each homeless consumer now receives an application for non-emergency housing the same day they are determined to be eligible for HASA services, as well as information on the financial assistance available in obtaining housing. We will offer consumers eligible for non-emergency housing a medically appropriate referral within 90 days of their placement in emergency housing or their completion of a non-emergency housing application.

On August 31st, we submitted our first quarterly report to the Council, as specified in Local Law 32. The new expanded format illustrates that HASA has continued to maintain the high standards and achieve the outcomes consistent with the expiration of the court monitoring requirement last year.

In July, HASA began implementing the Single Point of Access/Accountability (SPOA) system in order to maximize access to supportive housing programs, effectively and efficiently track consumers from application through referral to placement, and to collect data on housing needs.

HRA began development of the Online Non-Emergency Supportive Housing Application, in the fall of 2004 and completed its implementation in July, nearly a year in advance of the implementation requirement of Local Law 51 enacted in May 2005. The online application reduced the time of completion of a consumer's application for non-emergency housing from 10-14 days to same-day application submission. Significant time and resources formerly spent by the Housing Unit in checking the applications for accuracy and completion have been eliminated as the system itself ensures that all the relevant information on the application has been completed and does not allow submission of an incomplete application. The application is pre-filled with consumer information already stored in the FACTORS case management database, reducing the chance for error and further ensuring that information remains consistent.

Historically, the paper application has made access to current vacancy information difficult for the caseworker. Now, through the online system, the housing providers themselves are updating their vacancy information that the caseworkers see in real time via the online system, so that consumers can be referred to specific units that the providers have available as soon as they become available. This results in more appropriate and efficient referrals and increased placements in non-emergency housing.

The Companion Service Project

While the SPOA maximizes HASA's referrals to supportive housing providers through technology, 25% of HASA consumers referred for intake interviews for housing fail to keep their appointments. In order to reduce the rate of the human factor of missed appointments in delaying appropriate placements in non-emergency housing, HASA has created a pilot companion service project with a community-based partner. The project, currently being piloted in the Bronx, is designed to assist consumers who are in SRO emergency housing to keep their appointments so that they can be successfully placed. We expect the project will expedite placements.

Emergency and Non-Emergency Housing

Maintaining conditions in and repairs of residential real estate in New York City is a continuous process that is never completed. As we testified in February, HASA has strengthened the operation of its inspections unit. Since January 2004, inspections of the commercial SROs have been conducted quarterly with a protocol for placing facilities on non-referral status and discontinuance of use

status. If a facility has deficiencies, HASA requires the submission of a corrective action plan and follow-up inspections are conducted from two weeks to 90 days later, depending on the gravity of the problem. Between February and August 2005, 238 inspections have been conducted of commercial SROs and transitional congregate facilities. Eighty-Six per cent of the facilities inspected had good or satisfactory conditions and all facilities have corrected their deficiencies.

Additionally, HASA's Memorandum of Understanding (MOU) Initiative, to reduce per diem rates (currently an average of under \$55), require SRO hotels to provide same day critical incident reporting and to establish linkages with community-based organizations for the provision of support services at the facilities. As you know, with the implementation of this initiative, we discontinued the use of marginal providers and expanded our capacity with new and better facilities. The initiative also formally marked the end of the 28-day relocation policy.

We have reduced the number of commercial SROs in HASA's emergency housing portfolio by 37%, from 72 facilities two years ago to 46 facilities today. Additionally, we have reduced the number of consumers in emergency housing by 33%, from 2,390 two years ago to 1,624. Most importantly, we have reduced the census in the commercial SROs from 1,845 in August 2003 to 1,062 in August 2005.

HASA improved the method by which accurate vacancy, occupancy and billing information for commercial SROs is compiled. As of January 2005 all emergency SRO providers have been moved from the voucher system to the FACTORS automated payments system, which provides greater accountability.

The issue cited by the Comptroller's audit regarding payments for recently deceased consumers has been addressed by the corrective action plan that was submitted to the Comptroller in January 2005. We appreciate the Council's interest expressed through Intro 721 and look forward to explaining the steps we are already taking, including the Social Security Administration match, to address the issue.

In order to ensure that the consumers resided in the hotel during the invoice period, HASA has increased personnel capacity in its billing unit to verify daily occupancy with the weekly consumer signature roster. These changes ensure that we reconcile occupancy information and make payments appropriately. HRA is also developing an Automated Attendance Tracking System to electronically verify nightly consumer occupancy eliminating the use of weekly sign-in sheet. We anticipate that this system will be fully operational by the end of next calendar year. The system will take advantage of technology to support the occupancy and billing process through automation.

Consumers in greatest need of supportive housing include the severely and persistently mentally ill (SPMIs), the mentally ill chemical abusing consumer (MICAs) and the chemically dependent consumer. These three categories of consumers represent a significant majority of the population in emergency housing placements.

HASA currently has 4,339 units of supportive housing. In order to best utilize the finite stock of supportive housing, HASA is piloting a Comprehensive Health Assessment Team (CHAT) to assess and refer eligible consumers to HASA's supportive housing stock and other medically appropriate supportive housing. This pilot, which builds on the work of the behavioral health project at ServiceLine, will operate out of the Jerome Model Office in the Bronx, and is scheduled to commence next month.

We continue our mission to provide timely and medically appropriate housing for people with HIV/AIDS, but as Commissioner Eggleston said in February and the recent local laws recognize, at the end of the day it comes down to consumer choice. The issue of how to help consumers choose the options most appropriate for their needs remains a challenge, but we are constantly trying to improve the process. We welcome the Committee's input on how to work within the communities to address this issue.

Model Office Initiative

There are currently 12 HASA centers across New York City, including the recent addition of the Crotona center in the Bronx, expanding access to HIV/AIDS services in Bronx to four HASA centers. One of the most critical initiatives to have emerged from the planning forums is the HASA Model Office. We opened the first Model Office at the Amsterdam center in Manhattan and since we last met in February, HASA has opened two new model offices in Queens and the Bronx. Three additional HASA model offices will be opened in the coming months: upper Manhattan by the end of the month, Kingsbridge in the Bronx in November and Brownsville, Brooklyn by late winter.

One of the goals of the Model Office initiative is to decrease wait time for consumers and to reduce unnecessary traffic at the center through use of a technologically enhanced routing system and recertification initiatives that allow staff to devote more quality time to consumers at the site. We now have data that illustrates the impact of our model office initiative: 8,500 fewer required consumer visits to the centers annually, and a near doubling of the time that our staff spends actually speaking to and interacting with their consumers.

Facilitating Access to Benefits

Several initiatives have been developed and implemented to facilitate access to benefits. We have placed specially trained staff from the Disabilities Appeals Unit (DAU), part of HRA's Customized Assistance Services, in all the HASA centers. DAU staff assists consumers with the complex application process for federal benefits as well as with the appeal process for consumers whose Social Security benefits have been denied. In a year's time, over 670 appeals have been filed on behalf of HASA consumers through this initiative resulting in 158 consumers receiving benefits, many appeals are still pending.

HASA's Family Benefits Initiative has eliminated approximately 4,000 formerly required office visits by having HASA case managers address renewals for family benefits in the course of their regular monthly home visits. More importantly, this initiative has reduced the hardship on HASA consumers who are ill or would otherwise have to bring their children to the centers or arrange for child care to keep required appointments.

Approximately 4,500 HASA consumers have benefited from the Mail-In Renewal Initiative, which permits single HASA consumers receiving SSI and enhanced rental assistance to recertify their eligibility every two years instead of annually through the mail. This simplification of the recertification process has increased the continuity of benefits for this vulnerable population.

Expanding Access to Health and Behavioral Health Services

We are committed to promote consistent participation in medical care, expand access to health and behavioral health services and to ensure treatment retention and adherence to medication regimens and have developed several health-related initiatives focused on this commitment.

We now have representatives from [Medicaid Special Needs Plans at the Centers](#) to provide information about the benefits of enrollment in service plans specifically for people with HIV/AIDS.

HRA is providing Credentialed Alcohol and Substance Abuse Counselors (CASACs) at all HASA locations including [ServiceLine](#) to assist consumers with substance abuse problems access treatment to improve the quality of their lives, decrease the risk of HIV transmission and increase adherence to HIV/AIDS and other treatment regimens – all central elements in maintaining non-emergency housing. Since the commencement of the CASAC Initiative, 5,606 assessments have been completed with referrals made for treatment where appropriate.

As part of a successful pilot project begun in 2004, a mental health professional has been stationed at [ServiceLine](#), HASA's intake unit and gateway to services,

to assess and refer homeless consumers, where appropriate, for mental health services, and to inform service plans to determine the most appropriate kind of non-emergency housing that will address consumers' needs. This pilot has proven to be of such value for the placement of HASA consumers in non-emergency housing that it is being expanded as the Comprehensive Health Assessment Team.

Employment Issues

Thanks largely to improved medical care, HASA consumers are living longer and are increasingly interested in engaging in the workforce. HASA'S Vocational Rehabilitation Services Program has been expanded at the Amsterdam site. From January through July of this year, 1,438 consumers have been seen individually, assessed and given recommendations and service plans to address their employment or training needs. Among the services offered, consumers have an opportunity to identify and address barriers to employment, receive vocational counseling, skills training, and assistance in resume preparation.

I am hopeful that our testimony demonstrates to this Committee the thorough and engaged approach that HRA continues to take to enhance services and programs, especially in the area of housing, for individuals and families living with HIV/AIDS.

I welcome any questions that you may have.