Human Resources Administration
Department of Social Services

Testimony Of Daniel Tietz, Chief Special Services Officer,
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Before the New York City Council General Welfare Committee

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Good morning Chairman Levin and members of the General Welfare Committee. Thank you for inviting us to participate in today's oversight hearing concerning the HIV/AIDS Services Administration (HASA) at the New York City Human Resources Administration (HRA). My name is Daniel Tietz and I am the Special Services Officer for HRA. Joining me today is Jacqueline Dudley, Deputy Commissioner for HASA.

Every day in all five boroughs – HRA is focused on carrying out the Mayor's priority of fighting poverty and income inequality and preventing homelessness. With an annual budget of $9.9 billion and a staff of more than 14,000, HRA provides assistance and services to some three million low-income children and adults.

Arguably among the world's largest and most comprehensive government programs serving people with HIV, HRA's HIV/AIDS Services Administration (HASA) provides services and support to one of New York City's most vulnerable communities – low-income New Yorkers with clinically symptomatic HIV or AIDS.

In the early 1980's, near the start of the HIV epidemic, New York City was among the first municipalities to respond. At that time, there were no effective treatments and people typically did not live long after they became ill. HRA's crisis workers provided emergency benefits and support services, as well as burial assistance, when many service organizations were reluctant to engage people with HIV.

Today's HIV epidemic is very different from that of the 1980s or even the 1990s. When people are provided the support and benefits they need to consistently engage in HIV care and services today's effective treatments will help them to experience a better quality of life and to live near-to-normal lifespans.

But much remains to be done. We have no cure for HIV and it remains a disease often marked by poverty and continuing stigma and discrimination. As such, HASA's services are vital to ensuring that eligible clients obtain the benefits and services they need to live healthier and more independent lives.

Although HASA presently serves only those with clinical or symptomatic HIV or AIDS, and their families, we care very much about preventing new HIV infections. New infections do not occur

in isolation and are tied to broader factors including poor access to culturally competent care, condoms, clean syringes and new prevention tools, such as pre-exposure prophylaxis or non-occupational post-exposure prophylaxis; a lack of medical insurance and related healthcare supports; lack of access to HIV/STI testing and screening and delays or barriers in moving from a positive HIV test to linkage and engagement in treatment. A history of incarceration, status as an undocumented migrant and social stigmatization or marginalization all contribute to increasing the risk for HIV. Among those most at-risk include men who have sex with men (MSM), particularly young black and Hispanic/Latino MSM; transgender individuals; women of color; injection drug users who don't have access to clean syringes and sero-discordant couples.

Likewise, mitigating poverty, including ensuring stable and affordable housing, addressing food insecurity, unemployment and underemployment, and ensuring access to treatment for substance use disorders and mental health care are vital to both averting new HIV infections and consistent engagement in care and services for those with HIV.

Overview of HASA Services

HASA services include assistance in applying for public benefits and services, such as Medicaid, the Supplemental Nutrition Assistance Program (SNAP)/food stamps, cash assistance, emergency and transitional housing, non-emergency housing, rental assistance, home care and homemaking services, mental health and substance use screening and treatment referrals, employment and vocational services, transportation assistance, and assistance with Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) applications and appeals.

HASA clients are assigned a caseworker at one of our HASA centers, which are located in all five boroughs. Caseworkers work face-to-face with clients on applying for cash assistance, Medicaid and SNAP/food stamps and, if eligible for HASA, can receive same-day assistance. Caseworkers assist clients by identifying their needs and creating individualized service plans to secure the necessary benefits and supports specific to addressing their needs and enhancing their well-being, taking into account the complexities of the illness. In addition to securing the public benefits noted above, HASA caseworkers also refer and link clients to community-based organizations and providers for a host of health, mental health, substance use and housing resources.

Taken together, this investment in HASA's targeted benefits and services recognizes that preventing disease progression and relieving poverty saves lives, averts costs and advances health and wellness not only for individual clients, but also by helping to avert the further spread of HIV.

HASA is mandated to provide timely delivery of benefits and services, as well as emergency housing, to all homeless HASA clients. As of June 22, 2015, HASA provides services to 42,250 individuals, including 31,711 clients and 10,539 associated case members.

Let me provide a few data points regarding HASA clients:

- The median age is 50 with 51% age 50 or older;
- 33% are female;
- More than 95% receive Medicaid and SNAP benefits;
- 36% receive federal SSI benefits and another 10% receive SSD;
- 83% receive Cash Assistance (some clients with high housing costs receive both Cash Assistance and SSI); and
- 84% receive rental assistance, including enhanced shelter assistance.

Now I'd like to focus on a few key services, including housing assistance, medical assistance and financial assistance.

Housing Assistance – HASA provides access to same-day emergency housing, supportive housing, rental subsidies and other resources so that HASA clients can maintain stable housing and live independently for as long as possible, preferably in their own homes. This support is critical as it is well documented that helping people with HIV to meet their basic needs, including stable housing, is key to consistent engagement in care and thereby helps to ensure viral load suppression. In short, those with stable housing are more likely to adhere to treatment, which results in better health outcomes for them and reduces the risk of HIV transmission to others.

With enhanced rental assistance and case-by-case financial assistance, HASA clients can obtain medically-appropriate housing. As of May 30, 2015:

- HASA's contracted supportive housing portfolio consists of 5,701 units of which 5,463 units are occupied. HASA spends about $134 million annually for these units.
- There are 2,672 scattered-site units available, including NY/NY III and non-NY/NY III, of which 95% (2,539) are occupied. The average annual cost per unit is $23,957.
- HASA has 2,181 permanent congregate units, including both NY/NY III and non-NY/NY III, of which 96% (2,099) are occupied. The average annual cost per unit is $22,307.
- Of HASA's 848 transitional units, 97% (825 units) are occupied. The average annual cost per unit is $25,754.
- In addition to supportive housing units, HASA is expecting to spend about $33 million for clients living in emergency housing. As of June 13, 2015 of the 2,100 units available, HASA clients occupied 1,835 units, an occupancy rate of 87%.

Since July 2013, there has been a steady increase in emergency housing requests. While it is difficult to discern the reasons for the increase, anecdotally we believe it is largely due to a very tight housing market. Unfortunately, this trend continues in the current year.

The vast majority of HASA clients, over 23,000, live in private market apartments, with most receiving rental assistance subsidies to allow them to live independently.

Medical Assistance – HASA caseworkers assist clients to apply for public health insurance through the Medicaid program to cover their health care needs and treatment. In addition to Medicaid coverage, HASA provides intensive case management which includes assistance in selecting a managed care health plan and home visits to assess a client's needs. To ensure clients receive the services they need, but which are not among the benefits-related supports directly provided by HASA, referrals are made to sister agencies, such as the Department of Health and Mental Hygiene and the Health and Hospitals Corporation, as well as to community-based organizations, such as mental health and substance use treatment providers, hospitals and/or other healthcare providers. As needed, HASA also assists clients with Home Care services, such as nurses, home attendants, home-health aides and housekeeping services.

Financial Assistance – In addition to rental assistance, HASA provides cash assistance and nutrition and transportation support. The amount of cash assistance and SNAP benefits provided for HASA clients depend upon household income and household expenses. Eligible single clients would generally receive $376 per month in cash assistance and $194 per month in food stamps. The supports for families will vary depending on household composition. The annual total cost of cash assistance for HASA clients is more than $60 million.

In addition to these supports, there are special grants to cover expenses such as new apartment fees, rent arrears, clothing, moving and storage fees.

Reform Efforts within HASA

As with all program areas within HRA, during the past year we have been determining and implementing reforms within HASA to better serve our clients and ensure the best use of our staff and resources. Below are several of these reforms.

Local Law 49 – Local Law 49 of 1997 (LL 49) requires an overall staffing ratio of one social services staff member, which includes caseworkers and supervisors, for every 34 clients. For those staff assisting families, the required ratio is one worker for every 25 families. Because HRA is committed to meeting these standards, 64 new HASA caseworkers have been hired. In addition to the newly-hired HASA caseworkers, HASA has added 33 supervisors and 25 eligibility specialists since April 2014. The eligibility specialists play an important role in ensuring that applications for assistance are efficiently processed and approved benefits are issued in a timely manner. Consistent with the LL 49 requirements, HRA will continue to closely monitor and report HASA staffing levels and ensure vacancies are promptly filled. Likewise, HASA has an advisory board created by LL 49 that consists of eleven members; six of which, including the chairperson, are appointed by the Mayor and the remaining five members by the City Council.

LGBTQI Advocacy Office – Lesbian, Gay, Bisexual, Transgender, Questioning and Intersex (LGBTQI) people have been identified as an underserved community, who may be disproportionately likely to live in poverty, and may have difficulty accessing public benefits. While not all LGBTQI clients openly disclose their identity to their caseworkers, many clients

receiving services through HASA do openly identify as LGBTQI. In an effort to better address their needs, HRA has created a new office with Elana Redfield as the Director of LGBTQI Affairs.

The goals of HRA's LGBTQI office include increasing awareness and visibility of LGBTQI concerns and specific needs across HRA programs and services; identifying, assessing and implementing solutions to specific obstacles to access and participation for LGBTQI clients in HRA's programs and services; and to serve as a liason with community-based organizations and advocates to increase collaboration and transparency regarding LGBTQI concerns and needs at HRA.

HRA's LGBTQI office currently has several projects including tracking and resolving LGBTQI-related complaints; developing and conducting a comprehensive needs assessment for LGBTQI clients, as well as contemplating changes to program areas to better recognize and address LGBTQI concerns; coordinating a work group with community-based organizations and advocates; creating and implementing a training curriculum on LGBTQI concerns that will provide both a baseline of knowledge and specific guidance for program areas; and lastly, developing HRA's day-to-day practices for working with LGBTQI community members, including structural changes in program areas, updates to existing policies and the creation of new resources for staff.

HASA Work Group – Starting shortly after Commissioner Banks was appointed last year, HRA created several informal work groups that include a mix of providers, advocates and HRA leadership to discuss service challenges, barriers and policy issues, as well as potential solutions. Among these work groups is the HASA Work Group, which has met several times since last summer. The work group has served to bring advocates' and providers' HASA-related policy and practice concerns directly to the program's and HRA's leadership and thereby collaboratively develop sensible solutions. It has been an effective approach to understanding and responding to the community's needs and making policy and service improvements in HASA. The work group presently meets quarterly.

30% Rent Cap – After vigorous advocacy from the Mayor, other elected officials and HIV advocates, the State's FY 2014-15 budget included funds and a new rule to cap at 30% the amount of earned and unearned income certain HASA-eligible households pay in rent. This new law was quickly and fully implemented, including the State's contribution, on July 1, 2014. But the City also provided over 7,500 HASA clients retroactive payments to April 1, 2014 as the Mayor promised to start the cap at the start of the State's new budget year. Approximately 8,500 HASA households are presently in receipt of the rent cap.

Among other reforms, in June 2014 we ended requiring the placement of single clients in the community in studio apartments versus one-bedroom units. Given the paucity of studio units it was exceedingly difficult for HASA clients and caseworkers to locate affordable studios. Given the modest difference in cost, it made sense to end the practice and permit clients and caseworkers greater choice in the process. HRA has also developed and implemented a standard letter to potential landlords specifying the amount of rental assistance for which HASA

clients are eligible so as to assist them in obtaining permanent housing in private market apartments.

We recognize some households with greater earned and unearned income have been excluded from the rent cap because of current OTDA budgeting rules. We are, however, discussing with OTDA an approach to budgeting that would include, for example, those with higher SSD income.

Employment Plan – From the start, the priorities for HASA and its clients have included maximizing timely access to public benefits and services and improving the quality and access to both emergency and non-emergency housing. In light of the changing nature of the epidemic, and new and better treatment, many clients have also expressed a greater desire to return to the workplace. As such, HASA provides access to vocational services and supports to better prepare clients for work. With the help of counselors, barriers to employment are identified, vocational goals are determined and support to achieve those goals is provided. We expect to soon release concept papers related to expanding employment supports and opportunities for clients who are in receipt of HASA benefits, as well as for those with HIV who are not presently HASA-eligible.

HASA Master Contract: To enhance services and meet our obligation to provide emergency housing on the same day it is requested by those who are eligible for HASA services, we are planning a HASA-specific master contract. HRA will use this master contract to obtain and maintain emergency housing, as well as administer placements, at an estimated annual cost of $2.3 million. At present, HASA has approximately 2,100 units of available emergency housing with 1,835 of those units occupied.

Governor's Blueprint to End AIDS

In June 2014 the Governor announced a three-point plan to end AIDS as an epidemic in New York State by 2020. In October 2014, the Governor named a 65-member Ending the Epidemic Task Force (Task Force) to create a "blueprint" to implement his plan. The Task Force included a host of stakeholders, including professionals across disciplines, public officials, people with HIV and industry representatives. Several city officials were named to the Task Force, including me.

The Governor's goal is to reduce new annual infections statewide to not more than 750, an 80% reduction versus 2012 levels, which would bring the rate below epidemic levels. This will be accomplished by:

1. Identifying persons with HIV who remain undiagnosed and link them to health care;
2. Link and retain persons diagnosed with HIV to health care and get them on anti-HIV therapy to maximize HIV suppression so that they remain healthy and prevent further transmission; and
3. Facilitate access to Pre-Exposure Prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP) for high-risk persons to keep them HIV-negative.

In just the last decade new HIV diagnoses in New York State have dropped by more than 40% and deaths have decreased by more, due in large part to greater access to effective treatment. Nonetheless, there were approximately 3,300 new HIV diagnoses in 2013 with 80% of the state's epidemic concentrated in New York City. Hence, colloboration with New York City is vital to the plan's success.

Last month, Governor Cuomo released the Task Force's blueprint, which is a consensus document the content of which was agreed by all Task Force members, including me and the other participating City officials. As such, New York City fully supports the Blueprint's goals and concepts and is working closely with our state partners to ensure the plan is implemented.

For the purposes of today's hearing there are three Blueprint recommendations that specifically relate to HRA:

- *BP Recommedation 16: Ensure access to stable housing*
- *BP Recommendation 21: Establish mechanisms for an HIV peer workforce*
- *BP Recommendation 30: Increase access to opportunities for employment and employment/vocational services*

In the Blueprint, the Task Force also went beyond the Governor's charge to make additional recommedations to ensure universal access to HIV prevention, treatment, care and support. These so-called "Getting to Zero" (GTZ) recommendations address key social, legislative and structural barriers and envision a "place where there are zero new infections, zero AIDS-related deaths and where HIV discrimination is a thing of the past." In the Getting to Zero recommendations, the first such recommendation is most directly relevant to HRA:

- *GTZ Recommendation 1: Single point of entry within all Local Social Services Districts (LSSDs) across new York State to essential benefits and services for low-income persons with HIV/AIDS*

This recommendation seeks to create in other LSSDs a version of HASA, which is the single point of entry in New York City for such benefits and services for persons with clinical or symptomatic HIV or AIDS. Under GTZ Recommendation 1, HASA would expand to all low-income New Yorkers with HIV, and not only those with clinical or symptomatic HIV and AIDS who are presently eligible. As with the other Blueprint recommendations we are committed to working closely with our New York State partners, as well as advocates, providers and people with HIV, to examine how best to act on this recommendation.

Thank you again for this opportunity to testify and I welcome your questions.