

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

of the

COMMITTEE ON GENERAL WELFARE

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February 8, 2012
Start: 1:09 p.m.
Recess: 4:47 p.m.

HELD AT: 250 Broadway
Committee Rm, 16th Fl.

B E F O R E:
ANNABEL PALMA
Chairperson

COUNCIL MEMBERS:
Ruben Wills
Maria del Carmen Arroyo
Gale A. Brewer
James G. Van Bramer
Ydanis Rodriguez
Helen D. Foster
Stephen Levin

A P P E A R A N C E S (CONTINUED)

Jacqueline Dudley
Deputy Commissioner HIV/AIDS Services Administration
Human Resources Administration

Jill Berry
Deputy Commissioner, Finance
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Dr. Frank Lipton
Executive Deputy Commissioner, Customized Assistance
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Kristin Goodwin
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Harriet Cohen
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Manuel Ducret

Orlando Cotto

Yves Gebhardt

Dwayne Moye

Felicia Carroll
Dorella Walters
HIV Health and Human Services Planning Council

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2 SERGEANT-AT-ARMS: All right,
3 everybody that has cell phones, make sure you put
4 it on vibration. If you're going to have a
5 [pause] on your cell phone, make sure you go
6 outside in the lobby.

7 FEMALE VOICE: Take it outside.

8 SERGEANT-AT-ARMS: There is no food
9 or drinks in here.

10 FEMALE VOICE: Take them outside.

11 SERGEANT-AT-ARMS: Quiet, please.

12 CHAIRPERSON PALMA: Good afternoon,
13 and I want to welcome everyone to today's General
14 Welfare hearing. Today we're going to be
15 discussing the policy changes in HRA's HASA
16 division. I want to thank the staff of the
17 committee who prepared for today's hearing,
18 Jennifer Gomez, Elizabeth Hoffman, Shadawn Smith.
19 I'm Council Member Annabel Palma and I chair the
20 General Welfare Committee. I am here today with
21 my colleagues who are members of the General
22 Welfare Committee, Ruben Wills from Queens, Maria
23 del Carmen Arroyo from the Bronx, Gale Brewer from
24 Manhattan. And I know as we go along, some of my
25 other colleagues that sit on the committee will be

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joining us.

As you can see, this is a very important issue and we have a packed room, so I will appreciate, you know, for those who testify, after you testify and other people want to come in, if you can just allow them to come into the room and give a opportunity for everyone to testify.

I thank the Administration for coming today and engaging us in this discussion.

We are here today holding this hearing because we're concerned about recent policy changes at HRA's HIV/AIDS Service Administration, also known as HASA. HASA was established in the 1980s to assist individuals with advanced HIV-related disease or AIDS. As a New Yorker, I'm very proud to say that HASA was one of the first local government responses to the AIDS epidemic in this country. HASA aims to help clients to access public benefits and other services provided by HRA.

HASA clients are living longer, healthier lives, and the role of HASA programs has changed since the program began in the 1980s.

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2 Initially, when HASA was created, people living
3 with HIV/AIDS typically did not live very long and
4 HASA was, essentially, a program that helped
5 clients towards the end of their life. In the
6 past 25 years or so, people with HIV/AIDS are
7 living longer because of this--because of all the
8 incredible advances that have been made in the
9 medical treatments that they receive. HASA's
10 focus has shifted, as appropriate, and it aims to
11 provide long-term support services to clients and
12 their families so that they are connected to
13 benefits that they are entitled to and hopefully
14 have a decent quality of life.

15 Housing is the major issue facing
16 HASA clients, particularly since stable housing
17 is, according to the HASA advisory board and
18 Columbia University's Mailman School of Health, a
19 very significant predictor of health outcomes. In
20 other words, in order to keep HASA clients
21 healthy, they need to live in a safe and stable
22 environment. In clear recognition of the
23 importance of stable housing, HASA provides rental
24 assistance to over 26,000 clients.

25 However, there are two recent

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2 policy changes at HRA that threaten the ability of
3 HASA clients to find stable housing. The first
4 policy change requires HASA clients to undergo a
5 substance abuse screening process. If a client
6 refuses to undergo the screening or refuses
7 treatment after being referred, the client will
8 lose cash benefits or receive a reduction. This
9 means that clients receiving rental assistance to
10 live in permanent housing may lose that assistance
11 and have to live in single room occupancies, also
12 known as SROs. Clients residing in emergency
13 housing and found non-compliant with this new
14 process will have their emergency placement
15 temporary closed. SROs don't have on-site case
16 managers and the rate of compliance with medical
17 treatment is low at SROs, putting at risk the
18 health of this individual population. The
19 committee is concerned that this new policy may
20 lead to a decline in the health of some clients.

21 The second policy shift relates to
22 the payment of broker's fees for HASA clients who
23 are eligible for a housing allowance. Clients are
24 eligible for this housing allowance as part of the
25 household public assistance budget. Before this

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2 policy was implemented, HRA will pay for broker's
3 fee equal to one month's rent. Now, broker's fees
4 are limited to half of one month's rent, which is
5 a 50% reduction from the prior policy. Clients
6 are responsible for paying the remaining balance.
7 We have heard that this new policy is preventing
8 placement for some clients and that, in general,
9 placements are taking significantly longer.

10 Additionally, brokers are concerned
11 that HASA clients will not be able to pay the
12 entire broker's fee. Some clients are not even
13 able to find a broker that will work with them.
14 HRA listed the reduction in payment of broker's
15 fees as a PEG in the fiscal year 2012. The
16 committee will like to understand why HRA would
17 pursue a policy that delays placement for
18 medically vulnerable population in a need of
19 permanent and stable housing.

20 I now welcome the Administration's
21 testimony and I'm eager to learn what the
22 rationale behind the policy changes from the
23 administration. Thank you.

24 [Pause]

25 JACQUELINE DUDLEY: Good morning.

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FEMALE VOICE: Afternoon.

JACQUELINE DUDLEY: Good afternoon, I'm sorry. I apologize. Good afternoon everyone. Good afternoon, Chairwoman Palma and members of the General Welfare Committee; good afternoon everyone. My name is Jacqueline Dudley, I am the Deputy Commissioner for the HIV/AIDS Services Administration, otherwise known as HASA--

CHAIRPERSON PALMA: [Interposing]

Can you just like--is it--yeah, can you pull it closer to you so we..

JACQUELINE DUDLEY: Okay. Is this better?

CHAIRPERSON PALMA: That's better.

JACQUELINE DUDLEY: Okay. Okay.

HASA is a part of the Human Resources Administration. With me here today is Dr. Frank Lipton, Executive Deputy Commissioner of HRA's Customized Assistance Services. Also here with me is Jill Berry, who is a Deputy Commissioner of HRA's Finance Department.

As you are aware, HASA has recently implemented several policies that both increase our efficiency and ensure the long-term wellness

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2 and self-sufficiency of our clients. However,
3 before reviewing these policies, I would like to
4 provide you with a short update on the HASA
5 program as a whole.

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

20 To better facilitate the relocation
21 of homeless single adults and families residing in
22 emergency housing into stable homes, we developed
23 a Housing Placement Unit that has now been in
24 operation for four years. Working in coordination
25 with community-based organizations, many of which

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2 offer substance abuse and/or mental health
3 treatment programs, the Housing Placement Unit,
4 otherwise known as HPU, has relocated over 500 of
5 the hardest to serve long-term residents out of
6 our emergency single room occupancy, SRO,
7 population. This has helped bring HASA's SRO
8 census to under 800 persons for the first time in
9 many years.

10 In addition, we have also revised
11 our homeless diversion assessment tools in order
12 to provide clients additional alternatives to
13 emergency housing. This assessment tool provides
14 an opportunity to, not only strengthen the
15 screening process for emergency housing placement,
16 but ensures that clients formulate an exit
17 strategy into permanent housing.

18 HPU case managers also serve as
19 Private Market Housing Liaisons within our Housing
20 Services Unit whose focus is on linking clients to
21 private market housing. Over the past years,
22 these liaisons have connected clients to brokers,
23 realtors, and landlords, resulting in hundreds of
24 apartments being leased. In addition, apartment
25 vacancies offered by landlords and real estate

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2 agents are uploaded into HASA Web, which is HASA's
3 computerized case management system, and share it
4 with clients in need of assistance and apartment
5 searches. We believe that these mechanisms have
6 greatly assisted in locating housing options for
7 our clients.

8 However, we understand that the
9 Committee has several questions about--has some
10 questions about several more recent changes. Two
11 of these changes have been implemented
12 successfully throughout the agency. As part of
13 HRA's January 2011 Program to Eliminate the Gap,
14 or PEG, fees paid to brokers to secure apartments
15 for cash assistant recipients were reduced from
16 one month's rent to a half month's rent, with a
17 savings of \$8 million of City Tax Levy, CTL. This
18 policy is applicable to all broker fees paid by
19 HRA, and not only to HASA clients. HASA has not
20 seen a reduction in the number of requests to
21 approve new apartments since the new broker's fee
22 policy went into effect. Many of the brokers who
23 have experience assisting HASA clients in finding
24 apartments have continued to do so after
25 implementation of the new plan. In fact, for the

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2 period preceding this policy change, from March
3 through December of 2010, the HASA program
4 approved 3,595 new private market apartments.
5 Subsequent to the implementation of this policy,
6 during the same months of 2011, 3,731 requests
7 were approved for new apartments, which amounts to
8 an increase of nearly 4%.

9 Additionally, not only has HASA's
10 SRO population continued to decrease, but
11 emergency housing occupancy dropped from 935 to
12 774 between December 2010 and December 2011. This
13 has been accomplished through a shared network of
14 landlords and brokers within and across the
15 boroughs. This list is also offered to contracted
16 housing providers who need additional housing
17 leads for their clients.

18 In addition, to better utilize
19 limited government dollars, HRA changed the
20 process of providing cash security deposits when
21 clients identify new housing to a voucher system.
22 For City Fiscal Year 2011 there has been a
23 significant decline in the number of security
24 deposits paid, from an average of 2.5 million per
25 month, when we issued cash, to under 100,000 per

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2 month in voucher redemptions. Millions of dollars
3 of government funds were unnecessarily being held
4 as deposits across the city, with most never being
5 returned to the agency. Landlords are still
6 guaranteed a security payment by simply providing
7 certification of either nonpayment of rent or
8 damages after the client leaves. It is estimated
9 that this change will save the City over \$6
10 million a year.

11 As I mentioned earlier, the needs
12 of HASA clients continue to evolve since the
13 program began in the 1980s. Recent medical
14 advances in the field of HIV/AIDS treatments have
15 thankfully improved our average client's quality
16 of life and expected lifespan while shifting their
17 service needs from short-term crisis intervention
18 actions to long-term wellness and self-sufficiency
19 goals and activities.

20 For some HASA clients, one of the
21 largest barriers to meeting these long-term goals
22 is substance abuse. Substance abuse results in
23 diminished health outcomes, increased
24 noncompliance with HIV treatments, and more risk
25 taking behaviors that increase the likelihood of

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2 HIV transmission. According to a New York City
3 Department of Health and Mental Hygiene report
4 issued in June 2010, there is a strong link
5 between substance abuse and high risk behaviors
6 that result in new HIV/AIDS cases in the city.
7 Additionally, as noted by the National Institute
8 on Drug Abuse, requiring individuals to go for
9 substance abuse treatment can significantly
10 increase treatment entry, retention rates, and the
11 ultimate success of drug treatment interventions.
12 For these reasons we have increased our focus on
13 substance abuse screening and assessment,
14 treatment referral, enrollment, and enrollment and
15 in compliance for HASA clients. In New York
16 state, as a condition of ongoing cash assistance
17 eligibility, clients who are determined by
18 Credentialed Alcoholism and Substance Abuse
19 Counselor, or CASAC, to need treatment are
20 mandated to participate in treatment which is part
21 of a long-term self-sufficiency plan. Non-
22 compliance for a non-HASA client typically results
23 in durational sanctions pursuant to New York State
24 Social Services Law and regulation.

25 However, HRA has determined an

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2 alternative approach for HASA clients who fail to
3 comply. For HASA clients, we have worked
4 collaboratively with Dr. Lipton and his staff at
5 CAS to develop a substance abuse initiative that
6 placed CASAC staff onsite at all 12 HASA offices.
7 This initiative began in 2003. Compliance with
8 treatment referrals for our cash assistance
9 clients has been much higher than for our HASA
10 clients. In the last quarter of 2011, 7,981 non-
11 HASA cash assistance clients were referred for
12 substance abuse treatment and 6,302 complied,
13 while in the same period, 939 HASA clients were
14 referred for treatment and 450 complied. Through
15 this program, our goal is to achieve improved
16 substance abuse compliance for our HASA clients.

17 Even prior to the implementation of
18 this new policy, pursuant to state regulations,
19 all applications for cash assistance, including
20 HASA clients, were required--oh, excuse me, were
21 subject to screening for substance abuse.

22 However, screenings may also occur if clients
23 request frequent grants for rent and/or utility
24 arrears, emergency housing placement, or multiple
25 Client Benefit Identification card replacements.

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2 If the CASAC determines the client is in need of
3 substance abuse treatment, they are encouraged to
4 comply with the treatment process. Clients must
5 report to their treatment program as scheduled and
6 participate in the activities delineated in their
7 treatment plan.

8 It is imperative that I make clear
9 that at no point in this process is a HASA client
10 or applicant denied shelter due to substance abuse
11 or because of failure to comply with the CASAC
12 treatment referrals and recommendations.

13 A client's failure to participate
14 in substance abuse treatment after referral by a
15 CASAC will be one of the factors considered when
16 HASA reviews an application for Case by Case
17 Financial Assistance. HASA clients whose request
18 for rent arrears or a new apartment is declined
19 for failure to comply will be offered supportive
20 housing placement. HASA clients who choose
21 supportive housing will have access to onsite
22 supportive services, including linkages to
23 substance abuse treatment. The substance abuse
24 treatment initiative is one of the many
25 demonstrations of our commitment to the well-being

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2 of those we serve.

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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.

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CHAIRPERSON PALMA: Thank you, Commissioner.

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JACQUELINE DUDLEY: Thank you.

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CHAIRPERSON PALMA: Before we start our questions, we've been joined by Council Member Jimmy Van Bramer from Queens, Council Member Rodriguez from Manhattan, and Council Member Helen Diane Foster from the Bronx.

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Commissioner, I want to--I think my first question's going to be on the savings in the reductions to the rent payments, to the brokers, broker's fees?

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JACQUELINE DUDLEY: Yes.

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CHAIRPERSON PALMA: So in your

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2 testimony you highlight that this was implemented
3 with a savings of 8 million--saving \$8 million in
4 City Tax Levy. What was the actual savings from
5 the implementation of this policy? Was it an
6 actual \$8 million to the City's budget or was that
7 a projection that HRA made in that--you know, have
8 they met that projection?

9 JACQUELINE DUDLEY: I'm going to
10 ask Jill Berry to speak to that.

11 CHAIRPERSON PALMA: Sure, you just
12 make sure to introduce yourself for the record.

13 JILL BERRY: I'm Jill Berry, the
14 Deputy Commissioner for Finance at HRA.

15 The 8 million that we talked about
16 was a projection and it was realized, that's \$8
17 million, gross dollars, the actual savings to the
18 City in CTL dollars was \$4 million.

19 CHAIRPERSON PALMA: So--

20 JILL BERRY: So we did achieve the
21 savings that we projected.

22 CHAIRPERSON PALMA: So the City
23 saved \$4 million from this reduction.

24 JILL BERRY: Correct.

25 CHAIRPERSON PALMA: Okay. Since

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2 the reduction in broker's fee payments, I want to
3 understand what has been the impact to clients in
4 their ability to actually find housing. I mean, I
5 heard your testimony and it states that there
6 hasn't been no interruption in a client's ability
7 to find housing. That's not what we're hearing
8 from advocates and clients themselves, so I want
9 to know how, you know, how HRA comes to the
10 conclusion that there hasn't been any interruption
11 in services or their ability to find actual
12 landlords that would accept half a payment to
13 create permanent housing for.

14 JACQUELINE DUDLEY: Council Member,
15 I do understand that when the policy was initially
16 implemented, I know that there was some confusion
17 at first about--within the brokers throughout the
18 city and regarding certain landlords as to the
19 rules and regulations and what HRA's policy would
20 be. I do understand that certain brokers went
21 directly to clients and tried to entice the
22 clients to pay the remaining 50%, and that was
23 brought to our attention. And whenever it was
24 brought to our attention that brokers were doing
25 this, what HASA would do is we would call up the

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2 broker and let him or her know that we do not
3 expect our clients to have to pay the remaining
4 50% of the broker's fee and, to the extent that
5 they do that, we would discontinue doing business
6 with them if we found out about it. And most of
7 the brokers who we spoke to, the ones who we have
8 a longstanding relationship with, with providing--
9 helping our clients to get apartments, they ceased
10 this policy after being advised of the fact that
11 we would not do business with them in the future.

12 And I do realize that there has
13 been problems expressed by some of our clients and
14 that has been a concern to us and when it was
15 brought to our attention, what we have been doing
16 is reaching out to different CBOs, community-based
17 organizations, and giving them the lists that we
18 have of our various brokers we have dealt with
19 over the years, repeatedly over the years with our
20 clients who we know that they have an experience
21 working with us and will accept the reduced
22 broker's fee and we provide them with the list,
23 and the list gets updated on occasion--names are
24 added, names are taken off--and we provide this to
25 any community-based organizations who ask, who

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come to our attention. So if they need a more names of brokers who are willing to assist their clients.

CHAIRPERSON PALMA: So the brokers that were doing business with HRA continue to do business with HRA once the reduction was put in place, that was--

JACQUELINE DUDLEY: [Interposing] Many do. Many do. Now there will be some who choose not to, but the vast majority continue to do business with HASA--

CHAIRPERSON PALMA: [Interposing] And I just want to be clear that we--HRA is sure, the City is sure that these brokers are not forcing clients to pay half of this fee--and I know a broker is not going to come and tell you this, right? They may put pressure on clients and clients are afraid to speak up, they may be afraid, you know, to be sent back to an SRO. I mean, people don't want to live in temporary housing, they want to be in stable housing, right? So how do we know that a broker's not telling you, we're not doing, you know, we're not practicing this, we're not doing this, but they actually are

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2 making or forcing clients to go out in the street
3 and do illegal things or engage in risky behavior
4 to be able to come up with the rest of this money?
5 And how--and I guess, how many of those brokers
6 then, once they say, okay, we'll accept the fee,
7 actually, you know, we're okay accepting half of
8 the fee once the providers are communicating with
9 them are actually providing housing to the clients
10 and not telling them, you know, we're not going to
11 work with this population anymore?

12 JACQUELINE DUDLEY: Well the--

13 CHAIRPERSON PALMA: [Interposing] I
14 guess for--I will use an example, one of the
15 providers saw a reduction in the landlords they
16 were working with, right? Prior to the reduction.
17 So how do we know that, you know--who's policing
18 these landlords, I guess, to make sure that
19 they're not engaging in behavior that contradicts
20 your policy?

21 JACQUELINE DUDLEY: Well we've been
22 doing our best to reach out to our clients and to
23 our partners in the community and we're relying on
24 our partners in a community to bring such
25 practices to our attention when they know about

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2 it. 'Cause we obviously we don't know, you know,
3 what particular arrangements are being made with
4 an individual broker and an individual client, we
5 have no way of knowing that, but we express to our
6 clients that we certainly don't expect them to pay
7 it and they don't have to pay it, and brokers who
8 have a longstanding policy of working with HRA,
9 and particularly the HASA program, want to
10 continue to do so. So if it's brought to our
11 attention, we try to put stop to it, and we expect
12 our partners and we hope that our partners in the
13 community will help us in that. Obviously, we
14 don't know, but we put the word out that this is
15 not what we expect our clients to do, we don't
16 want them to do that, they don't have to do that,
17 we have list of brokers who we have spoken to and
18 reached out to who know the rules, and who we have
19 explained to them that we won't do business with
20 them anymore if they do. And keeping in mind
21 that, you know, with their--even though the
22 broker's fee has been cut in half, with the
23 enhanced amount of shelter allowances and rent
24 that HASA clients are entitled to, the other cash
25 assistance clients don't get, a half a month's

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2 rent for as a broker's fee, it's still a
3 substantial amount, it's more than what they would
4 get from maybe other case assistance clients. So
5 many still want to do business with us. So..

6 [Pause]

7 JACQUELINE DUDLEY: So to the
8 extent that we find out about it and we reach out
9 to our partners in the community to make us aware
10 of it when abuses do occur, and we do everything
11 that we can to put a stop to it.

12 And, you know, and when we first
13 implemented the policy back in March of 2011, we
14 spent a lot of time talking to brokers and
15 explaining the policy and saying, you know, this
16 is the deal and if you do this, we're not going to
17 work with you. And I'm not going to say that all
18 of them stayed, of course--

19 CHAIRPERSON PALMA: Right.

20 JACQUELINE DUDLEY: --some of them
21 made a--they made a business decision that it
22 wasn't, you know, worth their time to do it, but
23 the majority of them--the ones that we have worked
24 with for many years, the majority of them stayed
25 with us.

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CHAIRPERSON PALMA: How often are the broker's lists updated?

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JACQUELINE DUDLEY: It's on a regular basis as we--we get provided--clients come to us and request the, you know, the payment of the broker's fee as a CBCFA, and as we get a new name, if it's a new broker that we have not dealt with before, we'll update the list. You know, it's really on a rolling basis and it's maintained by our housing director in our HPU unit and as a client--I'm sorry, as a broker gets the word is that he or she is a bad actor, his or her name will be taken off the list. And there have been times when brokers have been taken off the list and they've called us and really, really asked us to put their name back and said, you know, I'm sorry, you know, I didn't know, blah, blah, blah, and please put my name back on the lists, 'cause many of them want our business.

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CHAIRPERSON PALMA: So once the list is updated, HRA is proactively reaching out to providers saying, hey, this list has been updated, you should have information that we shouldn't work with this broker and now we're

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2 working with this broker or does that happen, as
3 you stated, on a case-by-case basis.

4 JACQUELINE DUDLEY: Mm-hmm.

5 CHAIRPERSON PALMA: So the
6 provider's finding out once they have a client
7 that's going to them with--to HRA with a broker's
8 name.

9 JACQUELINE DUDLEY: Well as they
10 reach out to us and they ask for updated lists, we
11 provide them with updated lists and we meet with
12 providers on occasion and we provide them updated
13 lists, and they will come to and make a phone
14 call, they'll e-mail us, you know, so, you know,
15 we're sending them out almost on a daily basis or
16 a weekly basis, as requested.

17 CHAIRPERSON PALMA: In regards to
18 the policy change in substance abuse, can you take
19 the committee through the process of how that
20 happened, who was involved, who was initially
21 involved in the conversation, was there a working
22 group together, you know, was there a working
23 group put together? I guess I want to know were
24 there medical profession, you know, were medical
25 professionals part of the conversation, was the

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2 Department of Mental Health and, you know, Health,
3 Mental Health and Hygiene involved in the design
4 of this policy? Was a impact analysis done in
5 regards to this policy change and how, you know,
6 clients will be affected with this policy change?

7 JACQUELINE DUDLEY: Well as you
8 know, the policy for, as far as screening clients
9 for a history of substance abuse and referring
10 them for treatment for CASAC for an assessment of
11 treatment if needed, that is not new, as you know,
12 that's--

13 [Crosstalk]

14 JACQUELINE DUDLEY: --always been
15 the case, we've always been mandated by state
16 regulations to do that. And what we determine is
17 that we weren't reaching enough HASA clients that
18 we would like to see. We believe that our clients
19 are particularly vulnerable, if they're not
20 compliant with needed--for substance abuse
21 treatment for the reasons that we delineated
22 before, we could talk about more later, we think
23 and I think that we made a decision that we
24 really--that's one of the areas as we're talking
25 about areas that we could redouble our efforts and

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2 in a program as we move toward simply a crisis
3 management program to assisting clients with long-
4 term longevity treatments and increasing their
5 level of self-sufficiency, we determined one of
6 the things that we could do was increase our
7 efforts in referring clients to substance abuse
8 treatment. So we decided that we needed to follow
9 up--do a better job at following up on clients who
10 had indicated the need for this treatment but who
11 weren't going. And after I came over to HASA as
12 Deputy Commissioner, I would talk to providers in
13 the community and talk about the fact that CBOs,
14 community-based organizations, and housing
15 providers and I talked about, this is something I
16 was thinking about doing, you know, we were
17 thinking about making this change within the
18 program. And almost universally, it was agreed
19 that this is definitely something that we need to
20 increase our efforts to get HASA clients to comply
21 with. I don't think I had anyone come to me and
22 say this is a bad thing, that, oh, HASA clients
23 don't need, you know, increased efforts to
24 encourage them to get this treatment.

25 And certainly we have medical

1
2 professionals on staff at the agency, Dr. Lipton
3 and his unit who have experience in this area, and
4 we've also spoken about it with the City
5 Department of Health and Mental Hygiene, and I
6 believe they support this initiative.

7 CHAIRPERSON PALMA: I think what
8 I'm trying to unders--I don't believe that any
9 provider or community-based organization or a
10 client, right, that is seeking help and knows, I
11 mean, someone who is an alcoholic or a substance
12 abuse or is on--or abuses, you know, drugs, it's
13 difficult, right, to get them on a path to
14 recovery, right?

15 JACQUELINE DUDLEY: Mm-hmm.

16 CHAIRPERSON PALMA: Some people do
17 it quicker than others, right? We have to meet
18 that population where they are. So I don't think
19 we disagree that they need this kind of treatment
20 and so I would not had expected the community-
21 based organizations to fight you on wanting to
22 even do follow up with this population, right?
23 Because it's easy to come through the door and
24 offer a service and then let them wander, you
25 know, back into the community, but I think for

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2 this type of population, as vulnerable as they
3 are, there needs to be some sort of support
4 system, right, that follows them through to make
5 sure that they're continuing to do better for
6 themselves, right? What I believe that, you know,
7 where we don't agree is the change in policy where
8 it seems punitive to the client that if they don't
9 comply with this treatment or they don't accept
10 treatment that then they don't--they're not
11 eligible for permanent housing, right, they'll be
12 put into--they won't qualify for permanent
13 housing, they'll be put into temporary housing
14 'cause we know we're not denying shelter, right?

15 JACQUELINE DUDLEY: Mm-hmm.

16 CHAIRPERSON PALMA: But then the
17 stay at an SRO will be longer for them until we
18 can get them into treatment.

19 JACQUELINE DUDLEY: Well I think
20 that I just want to make it clear that I do
21 recognize that sometimes in order to get a person
22 to comply with substance abuse treatment, you have
23 to engage them on more than one occasion.
24 Sometimes they might not go the first time you ask
25 them, or even if they do go, they might not

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2 complete it the first time you ask them, you know,
3 we realize that. And I also want to make it clear
4 that failure to comply with a referral for
5 substance abuse treatment is one factor that will
6 be considered and for request for a new apartment
7 or for rent arrears. There are a myriad of other
8 factors that are considered and it may be that if
9 there's a rational--let's say you were in
10 substance abuse treatment and you had to leave
11 because you had a family emergency, so, yes, you
12 were in it, but you weren't able to complete it,
13 you may have a good reason, if the person says,
14 you know what, I had to leave, but I acknowledge
15 there's a problem, I need to go back. We might
16 say, okay, fine, you know, it is not a hard, fast
17 line--if you don't go, you don't get the
18 apartment; if you don't complete it, you don't get
19 an apartment. That is--I don't mean to give the
20 impression that there's a bright line rule about
21 that.

22 But, as is currently the rule with
23 Case-by-Case Financial Assistance, we get to each
24 case is evaluated on its merit and that's one of
25 the factors that will be considered amongst the

1
2 whole host of other things. And in no way do we
3 want clients, even if the worst happens and we
4 say, you know what, this client has repeatedly
5 failed to comply so, you know, we're not going to
6 approve this new apartment, you know, for \$1,200 a
7 month for this client who we believe has a serious
8 substance abuse problem and refuses to get help.
9 We do not expect that client to go into an SRO.
10 What we would do is offer that client supportive
11 housing, which is more expensive than having the
12 client live independently. This client would be
13 offered supportive housing, either permanent
14 supportive housing or transitional housing. The
15 alternative was not to be to place this client in
16 a SRO, that's not what we look to do.

17 CHAIRPERSON PALMA: I'm going to
18 ask one more question, I know my colleagues have
19 questions and, of course, I'll probably have more
20 questions after them. But are harm reduction
21 programs included in the list of programs to which
22 clients will be refer to be able to comply with
23 their treatments?

24 DR. FRANK LIPTON: Yes, we have
25 over approximately 400 OASAS license treatment

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programs that we refer to and some of them use harm reduction approaches.

CHAIRPERSON PALMA: Okay. I want to welcome Steve Levin from Brooklyn. And I'm thinking Council Member Brewer has a question.

COUNCIL MEMBER BREWER: Thank you very much. I know my uncle used to say there are three industries in New York: Real estate, real estate, and real estate. And the reason I say that is, this broker fee, I guess, I'm shocked that people are more able to get apartments after you cut the broker fee than before. And so my question is, there's a report, I know, that I'm sure you're familiar with that some of the advocates put together, but are you either through the advisory group going to know HASA is part of or through just your good graces of talking to people in the last six months, have you not had a discussion with people to see if what your findings are, are in reality in terms of the broker's fee? I do think that this is a town of many people and one way or another, the fees are coming from other sources, that other half. They could be family, they could be friends, they could

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2 be--I'm hearing horror stories about what people
3 are selling in order to get that half of a broker
4 fee. So I just think, have you had, either
5 through the advisory group or through your own
6 conversations, beyond what you describe to the
7 Chair, that everything is going well in terms of
8 the broker fees?

9 JACQUELINE DUDLEY: Well I have
10 reached out in the community, I've had multiple
11 conversations, as you can imagine, about the
12 broker's fee initiative--

13 COUNCIL MEMBER BREWER:

14 [Interposing] Yes, so have we though, that's--

15 JACQUELINE DUDLEY: Yes, and all I
16 can do is continue to advise my partners in the
17 community and advise the clients that, in
18 instances where you see abuses, please bring those
19 to my attention and I will do everything that I
20 can. And I tell clients they shouldn't have to do
21 that, we don't expect them to pay the other half--

22 COUNCIL MEMBER BREWER:

23 [Interposing] I know, but they need to get the
24 apartment, that's the problem. People will do
25 anything in this city to get an apartment.

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JACQUELINE DUDLEY: Well I do know-

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COUNCIL MEMBER BREWER:

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[Interposing] I would do anything to get a rent

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stabilized apartment in this city. I'm just

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saying, go ahead, I'm sorry.

8

[Applause]

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COUNCIL MEMBER BREWER: No, no, no,

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no, no, no, no, no, no, no, no, no. Go ahead, I'm

11

just--these broker fee, I must admit, this is one

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of the PEGs or cuts, depending on how you call it,

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that to me, makes no sense. Because, yes, you

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may--in your analysis, more people might've gotten

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apartments and however they got them, but guess

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what, how many more people could get an apartment

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if they had a full broker fee. And so I'm just

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saying is, in your advocacy, quietly, with your

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community, I mean, this would be something--you

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know, you can't say it 'cause you're looking for

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every PEG possible, but I'm hoping that's one of

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the PEGs that we in the Council say, this makes no

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sense or however you determine whatever it's

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called in today's world--PEG, budget cut, budget--

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it's a PEG.

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2 So I'm just saying is, how have you
3 communicated that this really isn't--how have you
4 learn that this really isn't a problem? Is it
5 just looking at the numbers that more people are
6 getting apartments than in the past? It just
7 doesn't make any sense to me. Or have you looked
8 at and talked to the people who got them to see
9 if--I don't know if they'll tell you if this is a
10 legitimate payment of just half of a broker fee?
11 This is a huge problem, in my opinion, this, I got
12 to tell you.

13 JACQUELINE DUDLEY: Well as I, you
14 know, said, the only thing I can do is try to work
15 on problems that are brought to my attention and--

16 COUNCIL MEMBER BREWER: Okay.

17 JACQUELINE DUDLEY: --as individual
18 problems are brought to my attention, I do
19 everything that I can to alleviate it.

20 COUNCIL MEMBER BREWER: Who's on
21 the advisory board for HASA? I know you have an
22 advisory board, do you not have an advisory board
23 at HASA?

24 JACQUELINE DUDLEY: We do.

25 COUNCIL MEMBER BREWER: Okay. And

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are there any groups on it that work with people trying to get apartments?

JACQUELINE DUDLEY: Well some of the people on the advisory boards are from housing providers, yes--

[Crosstalk]

COUNCIL MEMBER BREWER:

[Interposing] And have they--

JACQUELINE DUDLEY: --and also CBOs.

COUNCIL MEMBER BREWER: Have they indicated that there's any problem getting apartment with only half of a broker fee?

JACQUELINE DUDLEY: They've mentioned the same concerns you have.

COUNCIL MEMBER BREWER: Okay. And we're not going to--I just think that this would be an example where if the advocates and the client spoke before you, I'm just saying, you would hear that there are issues. And this is one of those fixable things, you know, it's hard to find--I would love to build, you know, 2,000 gazillion more affordable apartments tomorrow, that's hard, but it's not hard to say to the city

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2 that half a broker fee we need. I'm just saying.
3 We can say it, I know you can't, but I just think
4 you should be aware that this is a huge issue.
5 That's not--and it's fixable, okay.

6 Second issue I have is it's this
7 Shubert, is it Botein, how do you say this?
8 Policy Associates, they did this survey of the CBO
9 on this issue. Have you looked at this report,
10 and do you have any comments on it? Do you think
11 the information is cur--

12 JACQUELINE DUDLEY: [Interposing]
13 I've not read it.

14 COUNCIL MEMBER BREWER: You have
15 not read it, okay. And where do you find that
16 most of the apartments with half a broker fee are
17 found? Is there a borough, is there like a group
18 of landlords who are most supportive? I mean, how
19 do you suggest that people with this half a broker
20 fee, how are they most successful getting
21 apartments? Because you indicated more people are
22 getting apartments now than before.

23 JACQUELINE DUDLEY: Correct. Well-

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25 COUNCIL MEMBER BREWER:

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[Interposing] Which I find shocking, but go ahead.

JACQUELINE DUDLEY: Your question is? I'm sorry?

COUNCIL MEMBER BREWER: In other words, where are the majority of the apartments coming from? Where are they available that people are finding? 'Cause I must admit, I think it's hard to find apartments in today's world, I think we would all agree. So I'm just, I mean, is it a different location that these apartments are coming--are being found with half a broker fee than in the past?

JACQUELINE DUDLEY: Well the majority--about a third of our clients live in the Bronx--

COUNCIL MEMBER BREWER: Okay.

JACQUELINE DUDLEY: --so I'm assuming that's where the majority of them are finding their apartments.

COUNCIL MEMBER BREWER: Okay. So and that was true before when there was a full broker fee as well as now?

JACQUELINE DUDLEY: Yes, ma'am.

COUNCIL MEMBER BREWER: Okay. Do

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2 you also find that the individuals who are living
3 in SROs, are they staying--or in whatever housing
4 they're in before they find an apartment, are they
5 staying longer or is it the same period of time
6 when there was a full fee as opposed to now? Is
7 there any change in the duration that people are
8 staying before versus now? In other words, this
9 broker fee issue, I guess, was last May you said
10 or something like that when it changed?

11 JACQUELINE DUDLEY: I believe it
12 was January, March?

13 COUNCIL MEMBER BREWER: Okay.
14 March.

15 JACQUELINE DUDLEY: March, March
16 2011, March 2011.

17 COUNCIL MEMBER BREWER: Okay. And
18 before and after, was there any difference in the
19 number of months or years that people stay in the
20 housing that they're in as shelter before they get
21 an apartment, is there any change in that time
22 period?

23 JACQUELINE DUDLEY: In the time
24 period that they're staying in the apartments?

25 COUNCIL MEMBER BREWER: That there

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with you, that they're in the system, in the DHS system, or in the HRA system, are they staying longer because there is no ability to find an apartment?

JACQUELINE DUDLEY: No, Council Member, as indicated, our SRO population is at historic lows right now.

COUNCIL MEMBER BREWER: Mm-hmm, but this is for your population.

JACQUELINE DUDLEY: Correct.

COUNCIL MEMBER BREWER: And why do you think that is? Are you thinking that less people are eligible for your services?

[Crosstalk]

JACQUELINE DUDLEY: The SRO population is at historic lows because we've redoubled our efforts to find alternative housing for these clients. We've set up a whole unit, the Housing Placement Unit, for the purpose of assisting clients living in emergency housing and assisting them in getting out and to moving into permanent long-term housing.

COUNCIL MEMBER BREWER: Okay. Do you think if it was a full broker fee that even

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2 more people would be able to find apartments than
3 are finding now or do you think the broker fee has
4 no--the half broker fee has no impact?

5 JACQUELINE DUDLEY: I don't know
6 that it has no impact, I believe the impact has
7 been minimal. Prior to the broker's fee
8 initiative, approximately 70% of our clients live
9 in the private market apartments, that continues
10 to be the case. I'm sure, like I said, I believe
11 during the transition there were problems and
12 there may continue to be some, and as they're
13 brought to my attention on individual case-by-case
14 basis, we do whatever we can to solve it.

15 COUNCIL MEMBER BREWER: Okay. So
16 have you met with some of the larger advocacy,
17 even beyond the advisory group who are concerned
18 about this issue?

19 JACQUELINE DUDLEY: Yes, I have.

20 COUNCIL MEMBER BREWER: And they
21 say they bring issues to your attention and--

22 JACQUELINE DUDLEY: Yes, they do.

23 COUNCIL MEMBER BREWER: Okay. And
24 you deal with it on a case-by-case basis.

25 JACQUELINE DUDLEY: Absolutely.

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2 COUNCIL MEMBER BREWER: Okay. I
3 must admit, I still think this is a huge problem,
4 but I appreciate what you have to say. I would
5 hope that you would work with the Council to try
6 to change that PEG. Thank you.

7 CHAIRPERSON PALMA: Thank you,
8 Council Member. Council Member Arroyo.

9 COUNCIL MEMBER ARROYO: Thank you,
10 Madam Chair. Good afternoon, thank you for your
11 testimony. Couple of questions regarding your
12 testimony and they're going to lead into more
13 specific questions that the committee is concerned
14 about. The Housing Placement Unit, what does that
15 cost the agency annually?

16 JACQUELINE DUDLEY: I don't have
17 the information with me right now. I can get back
18 to you on that.

19 COUNCIL MEMBER ARROYO: You're
20 crediting this unit with bringing the SRO
21 population to historic lows. Cost-benefit
22 analysis, what's the cost benefit to our city?

23 JACQUELINE DUDLEY: I don't even
24 really look at it as a cost benefit analysis, I
25 mean the benefit to us is to move clients into

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2 permanent stable housing. I think that's what we
3 all strive for, we want to get them out of the
4 SROs.

5 COUNCIL MEMBER ARROYO: Okay. So
6 could you tell us at some point to the committee
7 what the cost of this particular unit is to the
8 agency, and is it one of the units that's going to
9 undergo a PEG? What's the future hold for this
10 unit since it seems to, according to your
11 testimony, having real success.

12 JACQUELINE DUDLEY: Yeah, I mean
13 that's a unit that we're very proud of and we
14 don't foresee anything like that in the near
15 future. I'm very proud of it, and so is the
16 Commissioner.

17 COUNCIL MEMBER ARROYO: So and the
18 numbers that you mentioned, you had relocated over
19 500 of the hardest to serve long-term residents
20 out of emergency single room occupancy. Over what
21 period, and have you tracked these individuals to
22 determine that what intervention was applied, took
23 hold, and that they continue to be in permanent
24 housing?

25 JACQUELINE DUDLEY: Most of these

1
2 individuals were relocated to either private
3 market apartments and some went into supportive
4 housing. And I know that the intervention that
5 was required, I mean, for one thing it was--I know
6 the unit itself that--and what the HPU unit does,
7 as opposed to other regular on case managers, they
8 visit them several times a week, it's a much more
9 intense engagement with the client. And they do
10 whatever they can to bring whatever resources in
11 the community that that person may need, we try to
12 get them. If they have a family and we try to
13 help them with their family issues as far as
14 childcare issues or if they need referrals or
15 linkages to substance abuse treatment, to mental
16 health facilities, to health providers, we try to
17 get them whatever we can to stabilize the
18 situation to get them prepared to move into
19 permanent housing.

20 COUNCIL MEMBER ARROYO: Okay. So
21 of the 500, how many remain in permanent housing?

22 JACQUELINE DUDLEY: I'll have to
23 get back to you with--I'm assuming--I believe the
24 vast majority of them are still in permanent
25 housing, but I'll get back to you with those

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2 numbers.

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COUNCIL MEMBER ARROYO: Yeah,

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because, you know, it's good to celebrate

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successes, and I will be the first one to be your

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cheerleader if the implementation of this unit has

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had that kind of result and it's sticking that

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individuals are indeed progressing out of

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homelessness and temporary housing into permanent

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housing and that they're remaining there--that's

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the outcome we want, all of us, you, and we will

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support you to get that done every step of the

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way. It's numbers are just numbers. If we have

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no basis for celebrating that 500. And for me, a

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celebration is that a vast majority are still in

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permanent housing and not recycling through the

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various situations that individuals who find

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themselves in these circumstances often face. So

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if you can get us that data, that would be

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helpful.

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Certainly so that we can help you

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celebrate it or have a conversation about you

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coming here with numbers that represent something

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that, on the face of it say one thing, but the

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reality is something else. I certainly hope that

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is not the case, I want there to be--

JACQUELINE DUDLEY: [Interposing]

No, I think that compliance with substance abuse treatment is certainly one of the big factors that will help us to keep them from returning back into the SROs and--

COUNCIL MEMBER ARROYO:

[Interposing] I agree, I agree. So let's talk about--I applaud you for the policy on the deposits not going in cash and saving the City money, that's one that makes a great deal of sense. I'm confused about the numbers that are in your testimony. In fiscal year 2011, there was a significant decline in payments from an average of 2.5 million per month to when you issued cash to under 100,000 per month. So what's the annual cost to the agency for deposits per year was prior to this policy? 'Cause 2.5 times 12 is a lot of money.

JILL BERRY: Yeah, it was--

COUNCIL MEMBER ARROYO: So am I reading this correctly?

JILL BERRY: --\$30 million a year.

COUNCIL MEMBER ARROYO: Wow. Okay.

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2 So congratulations, this is a policy that I think
3 makes a great deal of sense and it doesn't have a
4 real hardcore effect on the ground to the clients
5 that are being served, that makes just a great
6 deal of sense.

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8 Now on this substance abuse policy,
9 it's been mandated by the state as a rule since
10 when?

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JACQUELINE DUDLEY: I think it's
12 2003, I'm not sure, I'll have to get--

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DR. FRANK LIPTON: No, it's--
14 JACQUELINE DUDLEY: --I'll find out
15 for sure.

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DR. FRANK LIPTON: --it's since the
17 beginning, since 1997.

18

COUNCIL MEMBER ARROYO: Since '97.
19 So did you guys just wake up and started
20 implementing it? I don't understand that.

21

JACQUELINE DUDLEY: Oh no, no.
22 COUNCIL MEMBER ARROYO: And why for
23 so long it went as not the carrot on the stick
24 approach for clients getting into care for
25 substance abuse.

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DR. FRANK LIPTON: So the agency

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2 implemented substance abuse screening and CASAC
3 assessments and mandating cash assistance clients
4 into treatment in 1997. We did not apply the rule
5 to HASA clients. But based on discussions with
6 myself and HASA, we felt that it was in the best
7 interests of the clients, as well as the public
8 health, to begin screening HASA clients for to
9 determine whether or not they might have a
10 substance abuse disorder, and if they did screen
11 positive, to have them evaluated by a Credentialed
12 Alcoholism and Substance Abuse Counselor and offer
13 them a treatment referral of the appropriate
14 modality.

15 COUNCIL MEMBER ARROYO: So it's,
16 you know, in my mind, since 1997, we technically
17 have been doing a disservice to these patients,
18 these clients. I'm really hard pressed to
19 understand why all of a sudden you're implementing
20 a policy that, on the ground level in the
21 community, appears to be so punitive, number one.
22 Number two, what is your plan to analyze the
23 impact on clients and when are you talking to DHS
24 to find out how many of them end up at their
25 doorstep because they are not going to be put

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2 through a process that, up until now, had been
3 more supportive than punitive? I'm really, really
4 concerned that this is nothing but a shifting of
5 burden from one agency to the other. And convince
6 me, convince me that you plan to assess the
7 impact, how many are being moved to a different
8 level of care and that you're going to track how
9 many eventually leave the HRA system and end up in
10 the DHS system because they don't want to deal
11 with you and the policy that for, how many years,
12 you just didn't bother to implement, which centers
13 for me around a bit irresponsible.

14 DR. FRANK LIPTON: Let's be clear,
15 we started--

16 COUNCIL MEMBER ARROYO:
17 [Interposing] So that today we wouldn't be
18 debating it, we would have debated it in 1997.

19 DR. FRANK LIPTON: Let's be clear,
20 we started doing outstation and CASACs in HASA
21 offices in 2003, so we've been doing some form of
22 screening and assessment for at least eight years
23 now. I acknowledge that we probably should have
24 done that sooner.

25 We also want to make clear that

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2 once DHS is aware that a client has HIV/AIDS, they
3 send them directly to HASA and HASA is obligated
4 to place them in housing. So HASA clients living
5 with AIDS are not supposed to be in the Department
6 of Homeless Services system.

7 COUNCIL MEMBER ARROYO: Okay. So
8 you do understand how well people learn to
9 navigate systems--

10 DR. FRANK LIPTON: Yes.

11 COUNCIL MEMBER ARROYO: --and what
12 they tell you or don't tell you determine a great
13 deal what their fate will be. So what happens
14 with the individuals who are referred and do not
15 comply? What is the strategy that you have in
16 place to deal with the individuals that are deemed
17 not compliant, what's the strategy for them? I'm
18 more concerned about the ones that don't comply
19 than the ones that do, 'cause the ones that do
20 seem to be giving you the message that they, not
21 only want to comply, but are willing to enter into
22 treatment.

23 JACQUELINE DUDLEY: Well for
24 clients who are, unfortunately, noncompliant, we
25 want to continue to actively try to engage them

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2 and try--and work with them and encourage them to
3 accept the treatment, however, as indicated, their
4 continued noncompliance may be one factor that's
5 taken into consideration when determining whether
6 or not to approve an above-enhanced shelter
7 allowance for an apartment.

8 COUNCIL MEMBER ARROYO: Okay. So
9 clarify that for me, because, to me, noncompliance
10 mean you're going to put them on a list of
11 individuals who you're going to treat differently
12 and the outcome is going to be different.

13 JACQUELINE DUDLEY: No. Clients
14 who are noncompliant will be offered alternative
15 housing. Many of our clients who don't have
16 substance abuse problems end up in supportive
17 housing. So if they choose to accept supportive
18 housing, they will be housed along with clients
19 who may not have that particular problem, so
20 they're not treated differently. And supportive
21 housing is offered right now to many clients who
22 have no substance abuse--

23 [Crosstalk]

24 COUNCIL MEMBER ARROYO:
25 [Interposing] Okay. So they're not going to end

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up on the street.

JACQUELINE DUDLEY: No.

COUNCIL MEMBER ARROYO: Because they are having challenges around the compliance issue. The fact that they don't comply can put them at risk for termination of their case, according to your testimony--

JACQUELINE DUDLEY: No--

DR. FRANK LIPTON: No.

JACQUELINE DUDLEY: --no. I didn't say that.

DR. FRANK LIPTON: No, let me--

[background noise]

DR. FRANK LIPTON: I think what Jackie was referring to was the regular cash assistance population. She made it quite clear that for that--those rules did not apply to the HASA clients, that we developed a much more refined approach to working with HASA clients who are noncompliant.

COUNCIL MEMBER ARROYO: Okay. So then we're going to, at some other point, talk about your case managers, your HASA case managers, and the challenges that clients continue to have

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2 with the way they are treated by the folks at HRA
3 that are handling their cases. Although we fight
4 year after year to restore funding for this
5 service to folks who need it in our city and the
6 individuals who are there, and not because they
7 prefer to be but that they need to be, and how
8 they're dealt with by your staff leaves a great
9 deal of distaste, for them and for those of us who
10 have to intervene on many occasions, because
11 workers are less than friendly, for lack of a
12 better term. [Pause] No comment?

13 JACQUELINE DUDLEY: I'm sorry, I
14 wasn't aware. Council Member, I'm concerned about
15 what you're saying and as, frankly, I believe that
16 most of our clients--workers do an excellent job
17 under very difficult circumstances and I'm proud
18 of the work that they do, but on a case-by-case
19 basis, I may hear problems and when I hear of
20 them, I take appropriate action.

21 COUNCIL MEMBER ARROYO: So what I
22 would urge you to do is to make sure that more
23 than one HRA individual stays in the audience to
24 hear the public testimony about the experiences
25 that individuals have when they have to deal with

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2 the agency and the services they receive because
3 what you expect and what we experience often are
4 two different things. And it's not until you hear
5 the public testimony that you get a real sense of
6 the level of frustration and dissatisfaction that
7 there is about the service that clients receive.

8 But I appreciate the work that you
9 do and your professionalism, and I know that we
10 both want the same thing, but what I expect my
11 staff to do and what they do, often don't meet up
12 in the same place. And that's true of everyone
13 who has to deal with staff and, in particular, the
14 size of the staff that you have at the agency.

15 JACQUELINE DUDLEY: Yeah, I do
16 acknowledge that on a case-by-case basis there may
17 be individual problems with--you know, I have over
18 600 case workers. You know, but I do believe that
19 the vast majority of our case workers do a great
20 job and they work very hard and, you know, there
21 are going to be instance, I hear about them every
22 day about a particular client who did not get what
23 he or she felt they were entitled to or were not
24 being treated in the fashion that they should have
25 been treated in, and, again, we take appropriate

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2 action. But I do believe that, for the most part,
3 we do a great job and I'm proud of the work that
4 we do.

5 COUNCIL MEMBER ARROYO: I'm proud
6 of my staff too and defend them to the hilt all
7 the time, that doesn't mean they always do the
8 right thing. Thank you, Madam Chair.

9 CHAIRPERSON PALMA: Thank you.
10 Before I call on Council Member--why do I have,
11 who was--

12 FEMALE VOICE: I'm sorry, that's--
13 [Pause]

14 CHAIRPERSON PALMA: Van Bramer,
15 okay, before I call on Council Member Van Bramer,
16 Commissioner Dudley, Council Member Brewer had
17 asked if you had reviewed the Shubert--I hope I'm
18 saying it right--Shubert Botein policy report
19 that--and you said you hadn't--

20 JACQUELINE DUDLEY: [Interposing]
21 I'm not sure what she's--I don't have a copy in
22 front--I'm sorry, I don't have a copy in front of
23 me.

24 CHAIRPERSON PALMA: The report that
25 basically did a survey of the community-based

1
2 organizations in regards to the policy change for
3 the broker's fee.

4 JACQUELINE DUDLEY: I haven't, I
5 don't recall reviewing it, and if I did, I
6 probably wouldn't be able to speak to it at this
7 time.

8 CHAIRPERSON PALMA: Okay. 'Cause
9 the HASA advisory board sent a letter in regards
10 to the report and the findings of the report to
11 Commissioner Doar, and he responded. The letter
12 was sent September 29, 2011, the Commissioner
13 responded to the letter on November 14, 2011,
14 again, highlighting all the successes of what the
15 changes have brought and the letter included in
16 closing that he will make sure, right, it says in
17 closing, I wish to state once again that I
18 appreciate the sincere interest and concern that
19 the HASA advisory board has regarding the well-
20 being of HASA clients. Deputy Commissioner
21 Jacqueline Dudley will be happy to meet with the
22 advisory board.

23 JACQUELINE DUDLEY: Yes, I--

24 CHAIRPERSON PALMA: [Interposing]

25 So have you met with the advisory board or is

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that--

[Crosstalk]

JACQUELINE DUDLEY: [Interposing] I have met with the advisory board, and I am in contact with the chairwoman, JoAnne Page, on a very regular basis.

CHAIRPERSON PALMA: And so is there still--I mean, has there been a--have you been able to come to a place with--I guess, you know, the findings are so contrary to what HRA is reporting and that's what led us to this hearing, right? There is community-based organizations out there that are still complaining that we're not finding--oh, this created a barrier to get permanent housing for some HASA clients, and so I just want to know, are we in a good place now, HRA, with the findings that were found in the--

JACQUELINE DUDLEY: [Interposing] Yeah, it's going to be, Chairwoman, on an ongoing process, you know, it's going to be an ongoing process and a continued engagement between myself and my staff and the community, you know, to try to find the best way to work with this. And I continue to meet with and speak with Chairwoman

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2 JoAnne Page of the advisory board, I continue to
3 meet with other members of the committee, and they
4 express their concerns; and, again, as they're
5 brought to my attention, you know, I try to work
6 with them the best way that I can to resolve them.

7

CHAIRPERSON PALMA: Council Member

8

Van Bramer.

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COUNCIL MEMBER VAN BRAMER: Thank

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you very much, Madam Chair. You know, I think a

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lot about your testimony and about these policies

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and I have to say, I know that there are budget

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cuts and PEGs and you, as an agency, have to do

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what you have to do. But every time I hear, you

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know, talk about saving money and how much money

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we've saved when it comes to programs that, you

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know, save the lives of people with HIV and AIDS,

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you know, I feel a little uncomfortable because

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the truth is, the money that we save is saved when

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we keep people healthy for longer and longer

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periods of time and keep people from being

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hospitalized, and that's how we do it. And I'm

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not sure, in fact, I believe, that by putting

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barriers up to housing gets us to that point where

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we're actually saving money. Because well we

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2 might be able to point to a one-time savings or a
3 short-term savings, the truth is that sometimes
4 even more than substance abuse, we know that
5 stable housing is more determinative of the health
6 and well-being long-term of people with HIV and
7 AIDS than any other factor. So any time we're
8 tinkering with that, right, which is the most
9 precious thing that anyone can have, particularly
10 someone vulnerable--in a vulnerable population
11 within the HIV-AIDS community, you know, we're
12 tinkering with something that's incredibly,
13 incredibly precious there, and I don't understand
14 why we would erect any barrier, no matter how
15 seemingly surmountable, right, to the service, the
16 thing that folks need the most, and that we know,
17 that we know is going to keep them healthier for
18 longer and longer periods of time. And I believe,
19 and I know, that you want what's best and I don't
20 believe that you don't want people to live longer
21 and be healthier, but I'm not sure that the policy
22 accomplishes what you think it accomplishes. That
23 to say, you know, to sort of go back and forth
24 between the housing and the substance use policy,
25 that your substance abuse and treatment policy

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2 minimizes high-risk behavior. And then I sort of
3 think about it and, you know, and is it really
4 minimizing high-risk behavior, right? When I
5 believe you're punishing people and then, in some
6 ways, pushing them away at the very moment, right,
7 when you should actually be pulling them closer
8 and saying, we know, right, where you're at, and
9 it ain't easy but we need to keep you closer and
10 we're going to help you get through this. Because
11 if you push someone away, if they're forced into
12 unstable housing situations or if they don't take
13 the supportive housing option and they move
14 further and further away from us, we--not only can
15 we not say that we're minimizing high-risk
16 behavior, but we are probably increasing the
17 likelihood that there's going to be high-risk
18 behavior, right? I mean, that's just a reality.

19 And so I, you know, I suppose I
20 should get to a question, but I just have to say
21 this because I feel this every time we have these
22 hearings, right, and, you know, I'm on the General
23 Welfare Committee and, you know, HIV/AIDS is not,
24 you know, just something that the gay community
25 deals with, but as a gay man, I feel very

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2 personally about this issue and I don't understand
3 why we're doing these things when we know the way,
4 right, we know the path to keeping people
5 healthier for longer and longer periods of time
6 and these two things--your policy around these
7 broker vouchers and fees and you're substance
8 abuse policy--seeming to me, do not get us to the
9 place that we all want to go.

10 JACQUELINE DUDLEY: Well I'm trying
11 to figure out where the question was. What I'm
12 going--

13 COUNCIL MEMBER VAN BRAMER:
14 [Interposing] I think it's a big question, it's an
15 overarching question, but it is a real question.

16 JACQUELINE DUDLEY: I think well
17 from as far as the substance abuse policy is
18 concerned, I think that I agree with some
19 sentiments have been expressed earlier that this
20 is maybe something we should have done years ago.
21 I think that one of the--the studies have shown
22 that one of the major barriers to acquiring and
23 maintaining independent housing and living
24 independently and maintaining your self, your
25 highest level of self-sufficiency is substance

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2 abuse. And to the extent that my goal and all of
3 our goals is to assist clients in acquiring
4 housing and having the tools necessary within
5 themselves to keep that housing and not circle
6 back and forth from housing to emergency housing
7 and then back to permanent housing. I think it's
8 the most responsible and caring thing that we can
9 do, I believe, is to do everything that we can to
10 encourage them to get the treatment. We're not
11 trying to be punitive and, depending on a case-by-
12 case basis, depending upon the level of the
13 problem with substance abuse, that will be decided
14 by people with much more experience than I have in
15 this area, the fact may be that this particular
16 individual is not ready to live and by themselves
17 and be responsible for paying a rent share on a
18 monthly basis and then dealing with the stress of
19 being in Housing Court and dealing with evictions
20 because of their illness and their substance abuse
21 treatment, they're not paying their rent share.
22 That's not in their best interest, that's not in
23 anybody's best interest. So I really think, you
24 know, I believe in what we're doing and I think
25 it's the right thing to do, and I think for our

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particular population, it may has been expressed earlier, been a long time in coming.

COUNCIL MEMBER VAN BRAMER: Well--

DR. FRANK LIPTON: [Interposing] If I could just add something to that, I--

COUNCIL MEMBER VAN BRAMER: Sure.

DR. FRANK LIPTON: --think actually helping people living with AIDS get substance abuse treatment achieves the very goals that you were delineating, which is it improves their health outcomes and it improves their residential stability.

COUNCIL MEMBER VAN BRAMER: Sure, we agree with that, I mean, I agree with you that. But more to the point, so then what constitutes failure to comply or participate, right? At what point is someone deemed ineligible? Who's making that determination, right? I mean, that's kind of where the rubber meets the road, right? So we want folks to get treatment, right? We want to encourage that. There's a lot of stops and starts often in recovery, right? We all acknowledge that. And so where is the line, right? At what point has someone crossed that line where they're

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2 going to be noncompliant and ineligible, and who's
3 making the determination, and that's what I'm
4 talking about. We're at the very point where we
5 want to bring people closer, not send them further
6 away, you know, and I just think that there's that
7 moment which is unclear to me, and that moment
8 indeed seems punitive, to me anyway.

9 So there was a few questions in
10 that one. And that I would love to hear your
11 answer to.

12 DR. FRANK LIPTON: Well I think, as
13 Jackie indicated, is we're not making anybody
14 ineligible. Nobody's case is being closed for not
15 going to treatment or complying with treatment.
16 What we're trying to do is motivate them, once
17 they stop going to treatment or stop complying
18 with treatment, we're trying to motivate them to
19 get reengaged so that they can get treatment and
20 that will result in better health outcomes and
21 increased residential stability. So nobody's
22 being found ineligible.

23 COUNCIL MEMBER VAN BRAMER: No, but
24 you said in your own testimony that HASA clients'
25 request for rent arrears or new apartments is

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2 declined for failure to comply. So you cannot say
3 that you're not denying HASA clients potential
4 benefits for failure to comply, you said it in
5 your testimony.

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DR. FRANK LIPTON: I think what
7 Commissioner Dudley said was that it's one factor
8 that is taken into account in doing case-by-case
9 financial analyses.

10

COUNCIL MEMBER VAN BRAMER: I heard
11 that, I heard that several times, but I find it
12 hard to believe sitting here that the failure to
13 comply with this particular piece is not a big
14 reason for the denial. You can cloak that in sort
15 of a series of things that you're determining or
16 basing that eligibility on, but it is clear, to me
17 anyway, that failure to comply with this is the
18 reason for the denial.

19

DR. FRANK LIPTON: Well I have to
20 beg to just disagree with that, I think, you know,
21 we have to agree to disagree.

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COUNCIL MEMBER VAN BRAMER: I think
23 we shall on that one. You know, I, you know, I
24 just feel, you know, you mentioned sort of the
25 stress that people deal with in Housing Court and

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2 certainly HASA clients, you know, and you know,
3 indeed some of those very benefits have been on
4 the chopping block in the past as well in terms
5 of, you know, legal assistance, and I think we
6 agree that we want people living with HIV/AIDS to
7 experience the least amount of stress possible,
8 particularly that stress around housing. And I
9 think, and I know that that's what's best and I
10 just fundamentally disagree with you that these
11 policies are about making sure that HIV/AIDS HASA
12 clients, you know, are having less stress and that
13 this isn't about more about saving money in the
14 short term and that it couldn't cost us more in
15 the long term. And ultimately this is, you know,
16 not about money so much as it's about people and
17 about human beings and their well-being is what we
18 should be first and foremost and fundamentally
19 concerned with.

20 And so I thank you for your
21 testimony, even though I disagree with a lot of
22 it, and I thank the Chair for allowing me to
23 speak.

24 CHAIRPERSON PALMA: Thank you.
25 Council Member Brewer.

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2 COUNCIL MEMBER BREWER: One quick
3 follow up, which is a security deposit. Now when
4 one gets a security deposit needed normally, I
5 mean, it's so bad, at least in Manhattan, you
6 could end up with two months or more cash, check,
7 I guess maybe now online credit card. How in the
8 world do you get an apartment without a security
9 deposit? [Pause] I just don't know how it works.

10 JACQUELINE DUDLEY: Well they still
11 get a secure--they get a guarantee, but it's by
12 voucher.

13 COUNCIL MEMBER BREWER: Okay. So
14 how does that work for an owner? In other words,
15 most owners, I assume would not take a voucher,
16 they have to be working with you, is that the
17 idea?

18 JACQUELINE DUDLEY: I don't know
19 what most owners do, the only thing that I know is
20 that, since this policy has been implemented--and
21 my understanding is that this is not necessarily
22 something that's new or something that FIA, our
23 FIA unit had in effect many years ago and it's
24 just bringing back, that's my understanding of it.

25 COUNCIL MEMBER BREWER: Okay.

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That's not my understanding, okay.

JACQUELINE DUDLEY: I don't know.

COUNCIL MEMBER BREWER: Okay.

JACQUELINE DUDLEY: And, again, all I can say is that if the numbers are clients that we have who are living in private market apartments has not diminished since that implementation.

COUNCIL MEMBER BREWER: Okay. I mean, in the field, what we're hearing--I don't know if it's right or wrong, but I tend to trust people--is that they're having to find the money for the security deposit because this voucher thing, which is my ignorance, I don't know what that is, I just always thought that you have to give a security--I understand all of us, if we all spent hours and years and literally years in Housing Court, I think if you add it all up, and we are, all of us trying to fight to get the security deposit back, so I understand from the city's perspective, you know, the owner sees that, you know, there's a chip in the wall and they're going to say, give us the security deposit, or you just leave 'cause you can't fight with the owner

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2 to get your security deposit back. We've all been
3 through that a million times. So I understand
4 that you leave money on the table and, therefore,
5 you know, it adds up. But it does seem to me that
6 it needs more discussion. You want to save money
7 but you also--that security deposit is needed,
8 people are telling us that they're not getting
9 apartments unless they have a security deposit in
10 cash and so they are finding it legally or
11 illegally, one way or the other.

12 So I just think all of this issue,
13 this--people act illegally when they don't want
14 to, and I think that this is something that needs
15 extensive review compared to what you've done so
16 far, the deposit and the broker fee. Thank you,
17 Madam Chair.

18 CHAIRPERSON PALMA: Thank you.
19 Commissioner, Dr. Lipton, you stated to Council
20 Member Arroyo that since 2003, although it was not
21 policy, we were screening HASA clients for
22 substance abuse. So am I right to understand that
23 nothing has changed, only that it's now in black
24 and white that this screening will continue and
25 it'll be--and that the client now will have follow

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through? Is that the difference between what was happening in 2003?

JACQUELINE DUDLEY: [Interposing] I think that's a good recitation of the difference now is that we're going to follow up with it more and indicate--and in instances where there is a need indicator for treatment, we're going to redouble our efforts to encourage the client to get the treatments that's needed.

CHAIRPERSON PALMA: And I also--

DR. FRANK LIPTON: [Interposing] Just one other thing, and I think we're doing it in a much more systemic fashion so that many more clients are being screened and assessed than we were previously.

CHAIRPERSON PALMA: So before it was just if you recognize some symptoms, that's how a client was engaged in the discussion that they may need treatment or how was it done bef--

JACQUELINE DUDLEY: [Interposing] Pursuant to state regulations, technically everybody who applies for cash assistance is supposed to be screened for--and there's a state screening format that you use, you ask the client,

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2 you know, in a battery of questions and, based
3 upon those responses, that determines whether or
4 not you're sent to the CASAC for a fuller
5 assessment. And because in the past, you know,
6 there had not been any follow up for HASA clients
7 or--and we may not have done screening every time
8 or they may have been lax on that. So now we're
9 making sure--we're asking case workers to make
10 sure that gets done and that we're following up on
11 any recommendations for substance abuse treatment.

12 CHAIRPERSON PALMA: I guess a
13 question, I mean, in my preparing for today's
14 hearing and having conversations amongst--with
15 advocates and, you know, clients and with staff, a
16 question came to--you know, was brought up, what
17 will happen to a client in the event that they're
18 not a substance abuser, right, they're not an
19 alcoholic or a substance abuser, but use marijuana
20 recreationally, maybe, you know, it alleviates
21 them from any pain. They'll go across the bridge,
22 do it where's--you know, go wherever it's legal to
23 do it and they come back and, you know, get
24 screened or tested. Will they be forced to go
25 into--having to go into a treatment program?

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2 DR. FRANK LIPTON: So the
3 assessment that the CASAC uses is an OASAS-
4 approved assessment instruments and it looks at
5 the severity of the addiction and the impact the
6 addiction is having on an individual's life and
7 multiple spheres, and, based on the outcome of the
8 assessment, a client will be referred to treatment
9 if they have severe substance abuse. If someone
10 who is recreationally using substances and it's
11 not having a major impact on their life--

12 CHAIRPERSON PALMA: And by major
13 im--

14 DR. FRANK LIPTON: --might be
15 encouraged to go for help, but it's not going to
16 be a requirement.

17 CHAIRPERSON PALMA: And by major
18 impact, we're talking about not being able to
19 function, not being able to pay the rent, the--

20 DR. FRANK LIPTON: [Interposing]
21 Impact on their functioning, their health, their
22 mental health, their relationships with family,
23 friends, and loved ones, legal consequences to
24 their addiction, things of that nature. Housing
25 issues.

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2 CHAIRPERSON PALMA: Okay. So I
3 mean, to me, now that raises, you know, there are
4 people who are substance abused, use, you know,
5 who abuse drugs who are functional, who go to
6 work, who go to Wall Street, who are, you know,
7 maybe running our government, we don't know. I
8 mean, so what happens if we run across one of
9 those--I mean, I think that just raises other red
10 flags. And so if the person continues to be able
11 to pay their rent, interact with people, not
12 display any mental health behavior so they'll be
13 okay and won't be, sort of, forced to go to
14 treatment?

15 DR. FRANK LIPTON: You have to look
16 at the whole picture. So if someone is actively
17 using, let's say, crystal methedrine, and as a
18 result of that, they are not complying with their
19 antiretroviral therapy and their T cells are
20 extremely low and their viral load is sky high,
21 that is clearly--their substance use is clearly
22 having a very negative impact on their health and
23 well-being and that client would be required to go
24 for treatment.

25 CHAIRPERSON PALMA: So that's--

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[Crosstalk]

DR. FRANK LIPTON: That's very, very different than someone who may be smoking marijuana from time to time and is complying with their antiretroviral therapy and their T cells are good and their viral load is almost non-detectable. That's two very different pictures.

CHAIRPERSON PALMA: Is the screening done on, like, one-time basis, once they come in for services, is it done on a--how often is the screening done for clients?

JACQUELINE DUDLEY: I believe it is done when they apply for--

CHAIRPERSON PALMA: [Interposing] Just an initial screening?

DR. FRANK LIPTON: Well and on the cash assistance side it's done at application and recertification, and at any other point where an individual shows signs or symptoms of substance abuse.

CHAIRPERSON PALMA: So but that's for cash assistance, correct?

[Crosstalk]

DR. FRANK LIPTON: So on the HASA

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side, it's done on application, I'm not sure if it's done at recertification.

JACQUELINE DUDLEY: Yeah, I know it will be done at application, it also could be done, depending upon if the client were to come into a center showing what appears to be obvious signs of intoxication or problems, then we may send that client for a screening.

CHAIRPERSON PALMA: Okay. 'Cause for cash assistance I know you see your case work--you don't see your case work on a regular basis the way a HASA client will see--

JACQUELINE DUDLEY: Exactly.

CHAIRPERSON PALMA: --the case, right? So you can, you know, if I go to you as my case worker and today, you know, I'm just going in to you so you could see the regimen of medication that I'm taking and you think that there's something off about me, you're going to screen me.

JACQUELINE DUDLEY: Right. And keep in mind there are two levels: There's the screening, which the case worker does on a series of questions, but that's not--if, depending upon what you get on that, that just determines whether

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2 or not you go to the CASAC, which does a full
3 assessment. Just because a case worker screens
4 you and 'cause the case worker thinks that you
5 look like you might be intoxicated, you like, you
6 like might be high, that doesn't mean, obviously,
7 that you get to go treat--have to go to treatment.

8 DR. FRANK LIPTON: And that's a
9 good point because the person who's recreationally
10 using marijuana probably would not even pass the
11 screen to require a CASAC assessment.

12 CHAIRPERSON PALMA: Okay. I was
13 just using that as an--

14 DR. FRANK LIPTON: [Interposing]
15 No, I know, but I just--

16 CHAIRPERSON PALMA: --you know. So
17 screening doesn't necessarily mean that whenever a
18 case worker feels like I need to give blood or
19 urine to see, no.

20 JACQUELINE DUDLEY: There's no
21 blood or urine testing involved in the screening
22 at all.

23 CHAIRPERSON PALMA: So it's just a
24 visual assessment of the case worker to a client--

25 DR. FRANK LIPTON: [Interposing]

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It's a verbal screen and--

CHAIRPERSON PALMA: Okay.

DR. FRANK LIPTON: --it's an observational screen, so there's no urine toxicologies being drawn.

CHAIRPERSON PALMA: So that I may have taken a Vicodin yesterday and it doesn't react well with me, I may look like I'm high, but that's going to be documented?

JACQUELINE DUDLEY: It may be, yes, if you're--yes, it might be.

CHAIRPERSON PALMA: Okay.

JACQUELINE DUDLEY: It might be.

CHAIRPERSON PALMA: How much supportive housing is available now or is supportive housing at its capacity?

JACQUELINE DUDLEY: Supporting housing is not now at a full capacity. We have right now about 5,700 units of supportive housing units and we're about 90% capacity.

CHAIRPERSON PALMA: So if we get, with these policy changes, if a case worker feels this person needs treatment, right, and I come in and I say, you know, I found a landlord that is

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2 willing to give me permanent housing, would I be
3 encouraged to go to supportive housing first to
4 get myself stable before being put in permanent
5 housing?

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JACQUELINE DUDLEY: Even if we
7 decide that you need treatment and, you know, if
8 you agree with us and you're compliant, you say,
9 you know what, I agree with you, I want to, you
10 know, I want to get my life together and I want to
11 go to treatment, then the apartment will be
12 approved, I mean, that wouldn't be a problem.

13

CHAIRPERSON PALMA: I think I'm
14 trying to understand, I mean, you said that there
15 were people in supportive housing that didn't
16 need--that didn't have the history of drug abuse
17 or--

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JACQUELINE DUDLEY: Right.

19

CHAIRPERSON PALMA: --alcoholism,
20 right? So I'm--

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DR. FRANK LIPTON: [Interposing]
22 But they have other special needs.

23

JACQUELINE DUDLEY: Right.

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CHAIRPERSON PALMA: That will
25 require them to be in supportive housing--

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DR. FRANK LIPTON: Right.

CHAIRPERSON PALMA: --okay.

DR. FRANK LIPTON: So they may have serious mental illnesses--

CHAIRPERSON PALMA: All right.

DR. FRANK LIPTON: --or other types of special--

CHAIRPERSON PALMA: [Interposing]

So couldn't--or I guess, you know, that will be a priority over some--mental health will be a priority over substance abuse for supportive housing?

DR. FRANK LIPTON: Well--

[Crosstalk]

JACQUELINE DUDLEY: Go ahead.

DR. FRANK LIPTON: So there's different types of supportive housing. So HASA has its own portfolio of supportive housing, much of it dedicated to individuals with various types of special needs, including AIDS and serious mental illness, but there's also supportive housing available through what's called the New York New York III agreement and there are nine different categories of supportive housing--

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CHAIRPERSON PALMA: Mm-hmm.

DR. FRANK LIPTON: --through that agreement, some of it is specifically for individuals who are homeless or at risk of homelessness who have substance abuse disorders. So a HASA client could--

CHAIRPERSON PALMA: Would--

DR. FRANK LIPTON: --theoretically go into one of those units or could go into one of the HASA supportive housing units.

CHAIRPERSON PALMA: Okay. Sure.

COUNCIL MEMBER VAN BRAMER: I just had a couple of follow up questions. So you just said that if you think someone has a substance abuse problem and needs to go into treatment and you say, you know, and they agree, and they're like, you're right, I've got a problem, that they won't be denied their apartment. But in some ways I'm more interested in those people who respond to you and say, no, I don't have a problem, right? And I'm not going into treatment, I don't think it's a problem. Those are the folks that we're really talking about here, right? It's the folks who say, yes, you're right, I'm--you're right, you

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know, I need help. Those are the folks--

[Crosstalk]

DR. FRANK LIPTON: --we're talking about all of them.

COUNCIL MEMBER VAN BRAMER: Sure, sure, but the policy is punitive towards the people who don't agree with your direction, right? And for whatever reason, right, there are lots of different reasons, right? You know, those people can be denied their apartment.

DR. FRANK LIPTON: Well I think actually what Jackie's said is they're being offered supportive housing, which is a richer resource and has services attached to it that--

COUNCIL MEMBER VAN BRAMER: [Interposing] And what if they don't accept the supportive housing?

DR. FRANK LIPTON: If they don't accept the supportive housing then, I think, as Jackie said, and this is where we agree to disagree, that on a case-by-case basis, that would be one factor that was taken into account.

COUNCIL MEMBER VAN BRAMER: You also said, and I just want to understand this

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better, right--that one of the things that you might consider, right, is, I guess if you saw someone who is using and their treatment regimen, you know, was disrupted or wasn't being followed--

DR. FRANK LIPTON: [Interposing]

Their antiretroviral.

COUNCIL MEMBER VAN BRAMER: Sure.

DR. FRANK LIPTON: Right.

COUNCIL MEMBER VAN BRAMER: And you saw evidence that T cells were going down, viral loads were going up, that that would be one of, sort of, the considerations, right, or one of the factors that might lead you to recommend--

DR. FRANK LIPTON: Treatment.

COUNCIL MEMBER VAN BRAMER: Correct. But there are people who are faithful to their regimens who see spikes in viral loads, you know, and decreases in T cell counts as well, right? So they're not necessarily related.

DR. FRANK LIPTON: Well, yeah, but another variable that I didn't bring up is, is the client going to see their doctor on a regular basis and--

COUNCIL MEMBER VAN BRAMER: Right,

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right, right.

DR. FRANK LIPTON: --having their disease managed through the appropriate medical professionals, so that's also a factor that has to be taken into account. Someone who's actively abusing substances heavily is probably not going to their appointments on a regular basis and not complying with their antiretrovirals and that's why their T cells are down and their viral loads are up.

COUNCIL MEMBER VAN BRAMER: Sure, sure, and I don't, you know, disagree with that, I guess it just reawakened the question for me that I asked before, which was, you know, at what point are people cut off, right? At what point and who decides, you know, they're not compliant, not participatory, and they are eligible for these sanctions. And, you know, and I know you sort of don't want to say that folks can be punished that ultimately there could be sanctions, but ultimately they can and there are, and what's too much and what gets them to that point.

DR. FRANK LIPTON: You know, it's frequently the treatment program that says the

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2 person isn't complying with treatment, reports
3 that they're not attending or that they're testing
4 positive for whatever substances they're abusing,
5 so it's not something that HRA determines in
6 isolation, it's the issue of compliance with
7 treatment to some things that's discussed with the
8 treatment provider.

9 COUNCIL MEMBER VAN BRAMER: So how
10 much noncompliance or how many positive tests or,
11 you know, I guess that sort of, you know, one of
12 the things I'm curious about, right, I mean, is
13 how much time do folks have or...

14 DR. FRANK LIPTON: I think the
15 principle is that if a client is engaging in
16 treatment and making an effort to address the
17 substance abuse, even if they're not clean and
18 sober and 100% compliant, that's acceptable to us.
19 Because someone asked the question about
20 approaches to harm reduction, and as long as a
21 client is making an effort to reduce the harm to
22 themselves and others through engaging in
23 treatment, that would be acceptable to the agency.

24 JACQUELINE DUDLEY: Excuse me, can
25 I just make one point that I was reminded that I

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2 need to clarify--we need to clarify that what
3 we're talking about here and when you talk about
4 sanctions, the only thing we're talking about here
5 is at the above-enhanced shelter allowance. The
6 clients are always--on this policy, they remain
7 eligible for the state mandated shelter allowance
8 at the above-enhanced--at the enhanced level. So
9 we're not, you know, they remain eligible for that
10 under state regulation, what we're talking about
11 here is above-enhanced.

12 CHAIRPERSON PALMA: Council Member
13 Landers.

14 COUNCIL MEMBER LANDER: Thanks very
15 much, Madam Chair. So a few questions that follow
16 up some of the questions that the Chair and
17 Council Member Van Bramer have been asking. I
18 guess my first is that I know some treatment
19 providers and some social service organizations in
20 this field take a harm reduction approach to
21 service provision. And so I guess I want to
22 understand a little better how that relates to
23 this process, if you get, you know, like your
24 CASAC counselor advises you about that whether
25 there's some ability to figure out whether that's

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2 the right treatment for an individual and how that
3 relates to what it is you're getting referred to,
4 and whether you know that at all, whether you have
5 some sense of options as part of this process of
6 getting required to move forward on a particular
7 path.

8 DR. FRANK LIPTON: It's a good
9 question. The assessment instrument that, as I
10 indicated earlier, was developed and approved by
11 OASAS has decision tree rules built into it so,
12 depending on how the client answers certain
13 questions, it will tell you at the end what level
14 and modality of treatment the client will require.
15 And based on the level and modality, the client is
16 given three treatment options within, you know,
17 within the region where they live and they get to
18 choose from those three treatment options. Not
19 options, three treatment providers.

20 COUNCIL MEMBER LANDER: So and well
21 I guess what I'm trying to ask and it sounds like
22 it's possible from what you just said, but there's
23 no guarantee either that it would be there or that
24 a client would know it was there. So if you've
25 got someone for whom a harm reduction approach

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2 would be the best way to go, someone whose sort of
3 issues would best be managed in that direction,
4 whatever the best likelihood of moving forward, if
5 they knew that that was possible, if it was an
6 option that was made aware, you know, that they
7 were made aware of and they were clear about, then
8 the chance is that they would say, yeah, all
9 right, I can go down that path, let me meet that
10 provider and choose it seem a lot better than if
11 someone comes in who would be appropriate for a
12 harm reduction approach, but who gets directed
13 into or, in this case, really quite clearly
14 directed to a more clean and sober approach, which
15 might be appropriate for, you know, many other
16 people, But if you don't know that in advance,
17 you're going to be anxious about--are you talking
18 to this person who's directing you? So I guess I
19 wonder how these things are communicated to
20 clients what--how aware they are of these options,
21 what ability they have to have some influence on
22 the direction so that if we're directing people to
23 do something, at a minimum--I mean, I still have
24 some questions about what the consequences are--
25 but at a minimum we're doing our best to make sure

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we're letting them know what their options are and helping them find their way to the right provider.

DR. FRANK LIPTON: So in response to that I would say that most, if not the majority, of OASAS-licensed treatment programs, with the exceptions of perhaps residential treatment programs, don't expect clients when they enroll to become clean and sober and they--

COUNCIL MEMBER LANDER:

[Interposing] And I mean, I was stereo--

[Crosstalk]

DR. FRANK LIPTON: --integrate harm--

COUNCIL MEMBER LANDER: --I don't mean it's just this or that.

DR. FRANK LIPTON: --reduction strategies into engagement process. So I think harm reduction is a strategy that is built into most OASAS-licensed treatment programs, with the exception of residential treatment, where they do have a clean and sober expectation.

COUNCIL MEMBER LANDER: Would it be possible for us, I guess, to see a little more-- and maybe you provided it, I apologize, I came in

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2 late--what it is that people are getting, both the
3 kind of written notice and whatever they're
4 getting in the interviews? 'Cause I do think it
5 matters a little bit here. I mean, this is not a,
6 you know, a black-and-white process it sounds like
7 where you're sort of saying if you comply with
8 this, then you're eligible for this; and if you
9 don't, you're not. Sometimes the rules are real
10 clear in black-and-white and you comply or you
11 don't comply and you know what the consequences
12 are. Here, it sounds a little--and, you know, I'm
13 not saying that's not appropriate to the goal of
14 helping people move along, but I guess if we could
15 see a little bit what clients are seeing, it would
16 help us have a better understanding--

17 DR. FRANK LIPTON: [Interposing]
18 You're asking to see perhaps see the assessment
19 instrument?

20 COUNCIL MEMBER LANDER: I guess the
21 assessment instrument and the--

22 DR. FRANK LIPTON: And the screen
23 instrument.

24 COUNCIL MEMBER LANDER: --notice
25 that folks get that they have to--

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DR. FRANK LIPTON: Yeah, we could--

COUNCIL MEMBER LANDER: --go be
screened?

DR. FRANK LIPTON: --we could
supply that to you.

COUNCIL MEMBER LANDER: 'Cause it
sounds like [off mic] in how you get communicated,
both what you have to do and what your options
are, and maybe if it's not so all or nothing, you
know... Anyway, so that'd be great if you could
follow up and provide that to the committee and to
me, that would--

DR. FRANK LIPTON: Yeah, we'd be
glad--

[Crosstalk]

COUNCIL MEMBER LANDER: --that
would help me have a better understanding of how
we're helping people get to the right place for
them and not setting up sort of barriers or
stumbling blocks or things that are more--what,
you know, we see of as more like sanctions. So
thank you, that'd be great.

You may have answered this, I'm
just trying to understand, I hear you saying it's

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2 not a sanctioned process and all the caveats, but
3 you include in your testimony some numbers of
4 people who have complied--and maybe you were asked
5 and answered before--for those who haven't
6 complied, both on HASA and cash assistance so far,
7 can you give us some sense of what has happened,
8 what's the range of things that you've done in the
9 cases where people haven't complied? So it looks
10 like about a 1,500 on the cash assistance side and
11 about 500 on the HASA side, where people didn't
12 comply.

13 DR. FRANK LIPTON: [Interposing]

14 And I'll respond to the cash assistance side and
15 I'll let Jackie respond on the HASA side. On the
16 cash assistance side, if you're a single
17 individual, a Safety Net client, and you failed to
18 report to treatment or comply with treatment, your
19 case can be closed. You do have the opportunity
20 to go for conference, conciliation, and fair
21 hearing to--if you want to prevent your case from
22 being closed.

23 COUNCIL MEMBER LANDER: So could
24 you, as also as a follow-up, I guess provide the
25 committee with information on the 1,500 roughly

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2 folks, so far I guess is 7,981 have been referred
3 and 6,302 complied?

4 DR. FRANK LIPTON: [Interposing]

5 Well that was the last quarter of 2011.

6 COUNCIL MEMBER LANDER: Okay.

7 That's fine, I mean, if we could get some clarity
8 with the others, were they all sanctioned, how
9 many went for a reconciliation or fair hearing--

10 [Crosstalk]

11 DR. FRANK LIPTON: [Interposing]

12 Yes, we could get you data on--

13 COUNCIL MEMBER LANDER: --in those

14 cases.

15 DR. FRANK LIPTON: --how many

16 clients on the cash assistance side were
17 sanctioned due to failure to report or comply with
18 substance abuse treatment.

19 COUNCIL MEMBER LANDER: That'd be

20 great. And then I guess also if those were taken
21 to fair hearing or reconciliation, what the
22 outcomes of those cases were as well.

23 DR. FRANK LIPTON: We could

24 certainly try that, that might be a little more
25 difficult to get, but...

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COUNCIL MEMBER LANDER: Thank you.

JACQUELINE DUDLEY: Well on the HASA side, traditionally, they're--nothing was done if you failed to comply with a referral for substance abuse treatment. We're only now beginning to take steps.

COUNCIL MEMBER LANDER: I thought that this was--that these numbers that you had given us were since the new policy, but that's not correct.

JACQUELINE DUDLEY: No, that's--
[Crosstalk]

COUNCIL MEMBER LANDER: Okay.

DR. FRANK LIPTON: No, no, Jackie that is correct. The numbers that are in the testimony are that there were 900--

COUNCIL MEMBER LANDER: Nine 39 referred--

JACQUELINE DUDLEY: Oh.

COUNCIL MEMBER LANDER: --for treatment and 450 complied on page four.

DR. FRANK LIPTON: Right, right, that's correct.

JACQUELINE DUDLEY: Well I can--

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DR. FRANK LIPTON: That is since the new policy.

JACQUELINE DUDLEY: --I can say that since the new policy has been in effect since November, only seven people have been affected as far as the above-enhanced shelter allowance.

COUNCIL MEMBER LANDER: So of those little less than 500, 475 or whatever who didn't, seven of them--

JACQUELINE DUDLEY: Seven.

COUNCIL MEMBER LANDER: --have had their enhanced--

JACQUELINE DUDLEY: [Interposing] Above-enhanced.

COUNCIL MEMBER LANDER: --above-enhanced take and then the others have continued to be--

JACQUELINE DUDLEY: Exactly, engaged--

COUNCIL MEMBER LANDER: -- encouraged, nudged, cajoled, engaged, but have not been--okay, all right. That's certainly helpful to, I think going forward, obviously, if you can keep us having an understanding of what those

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numbers are, it will be helpful.

And then my last question--thank you--my last question is just, you know, is back on the broker's fee side, I know the testimony says so far there hasn't been--you haven't seen a significant impact on securing apartments and, in fact, the numbers have gone up a little. But I assume you've seen--you know, we're going to hear testimony in a little bit about a survey report done by Shubert Botein Policy Associates, I don't know if it's been--

[Crosstalk]

COUNCIL MEMBER LANDER: And you asked them about whether they looked at it and what they thought of it.

CHAIRPERSON PALMA: The Commissioner has been me--

[Pause]

COUNCIL MEMBER LANDER: Okay.

CHAIRPERSON PALMA: The Commissioner has been meeting with the HASA advisory board and they have this--

COUNCIL MEMBER LANDER: Great.

CHAIRPERSON PALMA: Commissioner

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2 Doar has responded to the survey and, you know,
3 what this--again, what we have stated was we
4 still--the survey and what HRA finds, this still
5 contradicts each other but there--

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COUNCIL MEMBER LANDER:

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[Interposing] Okay. Then I apologize for--

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CHAIRPERSON PALMA: --ongoing

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conversations.

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COUNCIL MEMBER LANDER: --asking

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questions. Thank you very much, Madam Chair, and

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thank you to the--

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JACQUELINE DUDLEY: Thank you.

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COUNCIL MEMBER LANDER: --HRA

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Commissioner.

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CHAIRPERSON PALMA: Thank you,

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Council Member. Again, I think, you know, we're

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going to get ready to hear testimony from the

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public and from, you know, the advocates, and I

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believe community-based organizations, and I

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anticipate that we're going to hear different than

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what, you know, the testimony that you've given

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us.

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I appreciate the time that you've

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taken out to come and give us the testimony. I

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2 think we still have a lot of work that needs to be
3 done to meet the needs of this population and the
4 expectation of what this population can and cannot
5 complete in terms of, you know, how they deal with
6 treatment. And, you know, I say that 'cause we've
7 already, you know, we've heard what's come out in
8 the preliminary budget and we know that, you know,
9 HASA again is on the chopping block and New York
10 New York III is at risk of--in the preliminary
11 budget and we know that only 60% of those New York
12 New York III agreements have been RFPd.

13 So, you know, for us to know that
14 it's going to be a difficult budget in terms of,
15 you know, what we need to accomplish and we just
16 can't sit back and say, you know, people have
17 options, if they can go to permanent housing,
18 they'll go to supportive housing 'cause in--the
19 reality of it is, that's still in jeopardy.

20 So that's a discussion for another
21 hearing and, you know, I look forward to hearing
22 from Commissioner Doar what's going to be the plan
23 in terms of restoring HASA, and not making further
24 cuts to this area, which I know that you are
25 working really hard to make sure that we continue.

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2 So I thank you for your testimony,
3 I know you leave some staff behind to hear the
4 public testimony, and the staff will definitely
5 follow up with some of the requests that the
6 committee members have made in terms of
7 information. Thank you, thank you, Dr. Lipton.

8 DR. FRANK LIPTON: Thank you.

9 CHAIRPERSON PALMA: We have quite a
10 few panels, so we're going to do them in groups of
11 five. And our first panel is going to be Cathy
12 Bowman, Wanda Hernandez, Helene Busby, Kristin
13 Goodwin, and Shirlene Cooper.

14 [Long pause]

15 CHAIRPERSON PALMA: You guys decide
16 how you want to start. And I know this is a
17 really important issue and I don't ever disregard
18 anybody's testimony, but in the interest of time
19 and the people that are waiting to testify, if you
20 see that one of your peers has, you know,
21 mentioned a point, we got it, we have it, you
22 know, your written testimonies, they're definitely
23 full on the record, and if you just could sum up
24 your testimony, I will really appreciate it, thank
25 you. And you can start.

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[Pause]

KRISTIN GOODWIN: Hi, my name is Kristin Goodwin and I'm the Director of New York City Policy and Organizing at Housing Works. My testimony is longer than the time that I have today to speak, but I just wanted to make some specific points, also in response to the things that the Deputy Commissioner said today.

One of our largest concerns is that HASA has indicated that they'll be referring clients who refuse screening or who are non-compliant with substance use services to supportive housing. Housing Works supports the referral of clients who are facing eviction or arrears to the supportive housing, but we seriously question HASA's ability to commit to that. First, the Bloomberg Administration has proposed millions of dollars in cuts to HASA supportive housing over the last few years, and last year's total was a cut for \$5.1 million to supportive housing case management services and to provider contracts, which the City Council had to restore with its own discretionary funding, and that again hasn't been baselined in the city

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budget.

Additionally, HASA has delayed the development of its New York New York III supportive housing units for HASA in several rounds of cuts through the city budgets in the last few years. This year is \$1.3 million PEG included in the FY '13 budget proposal. So we're just really concerned that there is enough supportive housing available for people that actually would choose this option because we have clients that currently can't get into supportive housing, and so to make that the answer in case people don't want to get screened or can't comply with treatment, we don't really believe that HASA can commit to that.

The other thing that I just really wanted to say is many of us that are providers are CORBA staff who have been doing case management and housing placement programs through the Ryan White program have tried to use this list of brokers that HASA has given. It's not updated on a regular basis that we see, and also the list, the most recent one that we have, a significant number of the phone numbers weren't even

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2 functional. So that's the other thing that has
3 been very frustrating for us, when they say they
4 have a list and they say that they have brokers
5 that they're using, it's been very difficult for
6 us to actually get that information from them and
7 for that to be effective.

8 Our clients, the stories that we've
9 heard are that clients that feel pressure to pay
10 the other half of the broker's fee, they're not
11 telling their HASA workers because they're afraid
12 they'll lose their benefits, and we've heard
13 everything from, I had to sell my HIV meds to I
14 took money from a loan shark to I returned to
15 prostitution for the first time in five years. So
16 I think that for them to say that they've been
17 working with brokers not to do that, the truth is
18 that the brokers aren't telling them that that's
19 what they're asking.

20 So those are the things that we're
21 most concerned about. Thank you.

22 SHIRLENE COOPER: Good afternoon,
23 Council, my name is Shirlene Cooper and I'm with
24 the City Council's HIV/AIDS Service
25 Administration's advisory board and I'd like to

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speak on behalf of the board, as well as the clients 'cause I'm also a HASA client.

The HASA advisory board has not and has never been informed of any policy changes according to HASA. So for them to sit here and say that, I'm quite appalled. And I am very surprised that Robert Doar and John Ruscillo weren't here themselves to address this issue as if it wasn't of any importance to them.

We also, as a HASA advisory board, went over the issue with Botein survey and we also heard from clients and from the community how difficult it was to obtain housing once the policy changes was made. The new policy change according to the substance abuse screening that just came out as of World AIDS Day, which Doar just came out. I think our commissioner has been a bully to our community and this has to stop, and that's why we appreciate that you are putting this hearing together as the General Welfare Committee.

We also find that, from time to time, they don't even meet with us and they're supposed to meet with us quarterly as a HASA advisory board and we haven't met--I can't

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2 remember the last time we have met to discuss
3 these issues.

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5 There are many vacancies on this
6 board that have not been replaced by any HASA or
7 HASA clients. This is just--I'm just appalled by
8 what's going on here, Annabel, and I'm sure you
9 know me and I've been around quite a long time.
10 This is actually my third term on this board and
11 every year we try to look and make sure that HASA
12 is improving the services, the quality issue and
13 services for clients, and that's not what
14 happening today. And I think you can see by the
15 outcome of this audience that we're all appalled.
16 Thank you.

17

18 WANDA HERNANDEZ: Hi, good
19 afternoon. And thank you for the Council Members
20 for taking time to address our issues. Good
21 afternoon, my name is Wanda Hernandez and I was
22 diagnosed with HIV/AIDS in 1995, I became a HASA
23 client in 2001. I serve as the Chair on the Board
24 of Directors for VOCAL New York. We are
25 submitting testimony for the record, but I'm not
going to focus on new substance--I'm sorry, I'm
going to focus on just the new substance abuse

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policy.

VOCAL supports a voluntary and evidence-based referral system for HASA clients who have problem drug and alcohol use, but that's not what the Commissioner Doar announced last November. He announced a get tough policy that will mean more people are placed in costly and unhealthy shelters where they are less likely to take their meds, go to the doctor or practice harm reduction. Let's be real, this policy isn't about helping people reduce the harm that drugs can cause in their lives, it's a bait and switch to divert attention away from what really drives the arrears in HASA--the unsustainable severe rent share burden that clients may like me be forced to pay.

Let me tell you a little bit about my story and how I fall into arrears every single year. I now have learned of this policy is new to me. I didn't fall into arrears because I have a drug problem. I have an affordable housing problem and I have a poverty problem. I pay over 70% of my hard-earned Social Security Disability Income towards rent each month. I ended up in

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2 arrears because Con Ed, I can't afford to pay for
3 it, so my bills piled up after I pay my rent each
4 month. I can't afford to buy food. The food
5 stamps run out in the middle of the month and,
6 because of the budget cuts, I no longer qualify
7 for my old pantry or Ensure nutritional drinks. I
8 can't afford to buy clothes, so I live on hand-me
9 downs. I can't afford a MetroCard so I have to
10 reschedule appointments like going to the doctor,
11 and that includes every single time I visit HASA I
12 don't qualify for a MetroCard. Toiletries or over
13 the counter medicines, they add up before you know
14 it. Something is always breaking down or needs to
15 be replaced, like my blender, my computer, which
16 is a lifeline for me, or a bedspread, which needs
17 to cover my bed. I can't even think about luxury
18 like going to the movies.

19 Trying to stay afloat takes a toll
20 on me mental--on my mental health--sorry, I'm just
21 a little bit upset, as everybody else is--it
22 increases my stress, and it leads to my anxiety
23 attacks which finally kicks in my chronic pain.
24 It was humiliating and it was frustrating enough
25 to ask for help from HASA last November when I

1
2 owed a \$700 Con Ed bill. To be clear, one-shot
3 programs for arrears give with one hand and they
4 take away with the other. Any assistance you
5 receive is recouped in the future, trapping you
6 into a cycle of debt.

7 Then HASA told me that I had to go
8 to this drug screening appointment before I could
9 get a one-shot deal. I felt degraded and I felt
10 like they violated my privacy. If I hadn't
11 answered the questions appropriately, HASA could
12 have denied me the assistance I needed to stay in
13 my apartment and prevent my utilities from being
14 shut off.

15 We can't let HASA change the
16 subject when it comes to what's driving arrears
17 among our clients, especially those with our
18 specific needs. The simple solution is a 30% rent
19 cap, which the City Council has already
20 consistently supported--which we thank you for--
21 not a witch hunt against suspected drug users.

22 Thank you.

23 HELENE BUSBY: Hello, my name is
24 Helene Busby, I'm a staff attorney with Legal Aid
25 Society's Civil programs--sorry, HIV/AIDS

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2 Representation Project. And I'm just going to hit
3 on a few things, but I have to say that I just
4 could not agree more with the points made about
5 supportive housing and how many clients I've had
6 who we struggled with to find appropriate
7 placements, how many times they've gone and gotten
8 denied and reapplied. So and then also about the
9 fact that most arrears are because rents are just
10 so unaffordable for our clients.

11 I wanted to hit upon a couple of
12 issues, one is, it was never I felt from the
13 testimony given by the city agency that what
14 exactly establishing treatment means, I didn't
15 feel like there was a real clear answer given.
16 And so the question is, with us, we really just
17 want to have as much access to housing as possible
18 for our clients and any little delay, any
19 additional appointment can really derail that
20 process. And so to establish treatment, does that
21 mean they just agree to go to treatment and then
22 the one-shot is paid, or that they continue to pay
23 the above-enhanced rent, or does it mean they have
24 to meet a benchmark in treatment, or does it mean
25 that they have to complete treatment, and if

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2 that's the case, no landlord's going to wait
3 months, you know, or weeks for the person to do
4 that. So I just want that to be clear that these
5 really do matter.

6 The other thing I just wanted to
7 raise that the broker's fee issue has been really
8 discussed, and agree with what's been said and the
9 questions that have been asked. But also with the
10 security deposit, I've also heard from clients
11 that they're continually harassed and cajoled by
12 landlords, especially if they're not in a
13 stabilized apartment. If you want your lease
14 renewed, you want to get on your landlord's good
15 side.

16 And also with these security
17 vouchers, I have to say I don't necessarily blame
18 a landlord for not wanting to take it, especially
19 after with Advantage, the City promised to pay
20 these rents for the lease term and then didn't.
21 So I can understand their skepticism on taking
22 these and working with our clients, but again,
23 these are the things that keep our clients from
24 accessing the housing that the--the medically
25 appropriate housing that they're entitled to under

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Local Law 49.

So thank you so much for your time.

CATHY BOWMAN: Good afternoon, I'm Cathy Bowman from South Brooklyn Legal Services, and thank you all for addressing these issues this afternoon.

I wanted to really reiterate the problem with supportive housing and it is not our experience on the ground that there's a lot of extra supportive housing out there. I would be very interested to know--

CHAIRPERSON PALMA: [Interposing] I didn't think so either.

CATHY BOWMAN: I would like to know where--I would actually--you should really try and find out what these 5,700 units of supportive housing are that are only 90% full. I was looking at their--I don't know where they came up with it, unless they're counting the New York New York III units which are not online because they have not done what they were supposed to do with that and they have that \$1.35 million PEG that's holding up the New York New York III units. And HASA is the city agency that's the furthest behind in

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utilizing New York New York III. We have a resource out there that we can use and we haven't.

And, you know, I think earlier we were all in agreement about housing and how important it is. Well let's, you know, I think HASA should be focusing on that and not on the substance abuse issue at this point.

I would also like to say, we had obtained a written policy from a FOIL request about the implementation of the substance abuse policy and it does not reflect what was said this morning in terms of the punitive aspect of it. You know, it in fact does say that a client's emergency housing placement can be closed until they comply with screening. So that seems to be directly violating the Local Law of medically appropriate transitional and permanent housing, right, for people who are in HASA.

And it also says and it's quote, failure to comply with substance abuse treatment referrals recommendations made by CASAC will result in either loss or reduction of cash benefits. It's cash and that's rent, I don't know what to say, I mean, if they're saying--

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[Crosstalk]

CHAIRPERSON PALMA: [Interposing]

And that's the policy that came from the HASA--

[Crosstalk]

CATHY BOWMAN: [Interposing] Yeah, it's their written policy describing this, so you know, I had written this whole long thing about it and what--in regular public assistance, the whole drug treatment screening is really focused around work and workfare and the underlying question for all of it is, do you have a substance abuse problem that's interfering with your ability to work or to participate in workfare. And so when we're looking at a HASA population that's disabled and is not required to participate in workfare, it raises the question for me for like what it's for, what we're doing it for, and what the goals would be. And I think, you know, everybody wants substance abuse treatment to be available to people who want to utilize it, but to use something that's supposed to be for a work specific reason with a population--43% of the HASA clients are either on SSI or SSD. The federal government thinks their disabled so, you know,

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2 they're not required to participate in any of
3 these requirements. So I'm not sure, you know,
4 how HASA thinks they can sanction them for
5 anything 'cause they're exempt people. So that
6 was really a concern to me about what's really
7 happening.

8 And it was my understanding that
9 this written procedure is what the case managers
10 received. So this is what they think is
11 happening. I mean, we sat here and heard all
12 morning--afternoon there's no--there aren't really
13 any sanctions for HASA clients except for you
14 cannot be allowed to have above the enhanced
15 rental amounts. Well this thing says they can
16 shut your cash off and cash is rent also, it's not
17 just the cash allowance that people are receiving.
18 So I think that's something that they really need
19 to explain to all of us.

20 And they've talked a lot about in
21 other documents and Doar's op-ed, which I love
22 we're reading about policy on the Huffington Post
23 these days, you know, it's real incredible. But
24 anyway, it says, you know, it's about wanting
25 people to be self-sufficient and all this talk

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2 around independence and all these things. HASA
3 has some work programs and if you'd like to know
4 how well they're working, their statistics from
5 December of 2011 say 15 clients are participating
6 in work readiness groups, 14 are in skill day
7 sessions, 3 were in individual counseling
8 sessions, 8 were in job club, 2 were in computer
9 training, and none were in full, part-time
10 employment through HASA. And job placement has
11 really been a huge struggle for people who are
12 providing job training and treatment for--I mean,
13 education for people. And I think if HASA really
14 wanted to encourage people to work, to create some
15 incentives for employers to take a chance on HASA
16 clients would be a much more productive way to
17 help clients become independent. Thank you.

18 CHAIRPERSON PALMA: Thank you.

19 SHIRLENE COOPER: In addition to
20 that--oh, I'm sorry, in addition to that, I would
21 just like to say those numbers are very low if
22 HASA is serving 46,000 clients a year. Also, I'd
23 just like to say that 12 centers that HASA has, I
24 visited every last one of them, and as I sat in
25 each center throughout Staten Island, Bronx,

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2 Queens, Brooklyn, everybody said the same thing
3 that were sitting there, we can't find housing--
4 Mr. Sam [off mic], hi, how are you? Field
5 operations, HASA, just had to point him out, guys--
6 -that they were not able to get stable housing due
7 to half of the broker's fee. I myself receive the
8 list from John Ruscillo himself, HASA Housing
9 Director, and I called every last one of the
10 brokers. And I called them as a HASA client and I
11 said that I needed to obtain housing, would you be
12 willing to waive the other half, they all, every
13 last single broker, said no, absolutely not.
14 Thank you.

15 WANDA HERNANDEZ: Hi, and I would
16 just like to piggyback on that, just something
17 really quick. I lived in an apartment for 15
18 years prior to the one I have now. It took me
19 exactly a whole year of footwork by myself with my
20 mom to be able to find an apartment that I like.
21 I kept being told that I was being picky after
22 working so hard for corporate America and getting
23 to the top, so they wanted to kick me down to the
24 bottom. My thing to that is, I mean, without lie,
25 I have a whole loose leaf of all these realtors,

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as the ladies are mentioning, that were supposedly taking individuals with programs, but nobody came through for me.

CHAIRPERSON PALMA: The list of brokers you called, you said not one of those brokers agreed to take--

SHIRLENE COOPER: To waive the other--

CHAIRPERSON PALMA: --to waive the other half.

SHIRLENE COOPER: --not one, not one.

CHAIRPERSON PALMA: They all told you--

SHIRLENE COOPER: Yes.

CHAIRPERSON PALMA: --they wanted the other half.

SHIRLENE COOPER: Yes.

CHAIRPERSON PALMA: Okay. Thank you.

[Pause]

FEMALE VOICE: --\$300--

[Laughter]

CHAIRPERSON PALMA: I thank you for

1
2 your testimony and, as you know, we are--this
3 Committee and the Council is always committed to
4 making sure that we are advocating on behalf of
5 this population and we will continue to do so.

6 So--

7 FEMALE VOICES: Thank you.

8 CHAIRPERSON PALMA: --thanks. Our
9 next panel will be a panel of six people. Edline
10 Jacquet--did I say that correct? I hope so.
11 Edline Jacquet, Michael Hester, Ginny Shubert,
12 Scott Cotenoff, Howard [pause] Haughton--I hope I
13 said that right--and Harriet Cohen.

14 [Long pause]

15 CHAIRPERSON PALMA: Thank you, you
16 may start in the order I called the names or from
17 left to right, right to left, however you feel
18 more comfortable. And just know that we have your
19 written testimony and it will be included fully on
20 the record so you are welcome to sum up your
21 testimony in the interest of time. Thank you.

22 VIRGINIA SHUBERT: Thank you,
23 Chairperson Palma and the members of the
24 Committee, for allowing me to testify. My name is
25 Virginia Shubert, and I'm one of the authors of

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2 the mysterious Shubert Botein Policy Associates
3 report. It's a shame that the assistant
4 commissioner didn't have that report because I
5 presented it at an AIDS housing network meeting in
6 July, where she was present, and I gave her a
7 copy. I've never received a question from HASA
8 about the report.

9 I actually wanted to touch on two
10 things today, both of them relate to, as other
11 people said, to the ongoing effectiveness of the
12 enhanced rental assistance program for people with
13 AIDS in New York City. And I think it's important
14 to remember, I never thought I'd be here, it's
15 important to remember I've been involved since
16 1988, that this is a unique and extremely
17 successful program. There are 25,000 people--
18 25,000 households currently rely on the enhanced
19 rental assistance program, and of them 21,000
20 households receive above-enhanced rental
21 assistance. So to deny above-enhanced rental
22 assistance is effectively to deny rental
23 assistance in New York City. So I wanted to make
24 that point.

25 The other thing is that New York

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2 City has been a leader in taking a public health
3 approach to housing for people with HIV. As you
4 know, many people with and at risk of HIV
5 infection and other chronic conditions are barred
6 from housing resources due to stigma, eligibility
7 requirements, and/or the very co-occurring issues
8 that make them vulnerable, such as active drug
9 use. HASA has never made compliance with a
10 substance use treatment a condition of basic
11 survival needs, such as housing, and so this is
12 quite a remarkable reversal.

13 I sort of felt earlier--I wanted
14 to--I distributed two documents to you, one is the
15 report on the impact of the broker's fee policy
16 and the second is a recent policy paper that came
17 out of the North American Housing and HIV/AIDS
18 Research Summit on the role of housing in HIV
19 prevention and treatment.

20 I feel a little bit like we've been
21 operating today in an evidence-free zone, so I
22 just wanted to point out that, first of all, I
23 think this was touched on by one of the Council
24 members earlier. What I did, well first of all,
25 what I did was I conducted a survey, we did a

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2 survey over two weeks the end of May, beginning of
3 June and the survey instrument was distributed to,
4 primarily to COBRA case management providers. I
5 was overwhelmed by the number of responses. We
6 had 248, I believe, responses from 44 different
7 agencies, not just COBRA providers, but the survey
8 sort of spread virally and we heard back from
9 hospital case managers, discharge planners in
10 correctional facilities, lots of different people,
11 you have the report.

12 I will say the report did show,
13 actually, that the security deposit change has had
14 an impact--79% of respondents, the respondents
15 being case managers, said that it had been a
16 barrier. But the broker's fee change was the
17 overwhelming barrier and over 90% of case managers
18 reported that it had been a barrier and they
19 reported that it had stopped placement in at
20 least--for at least 50% of their clients. So it's
21 an enormous barrier. And there's some quotes that
22 I would refer you to that are in the report.

23 The other area where it's been kind
24 of an evidence-free day is on the role of housing
25 and substance use problems on affected HIV

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2 prevention and treatment. I thought that the
3 primary goal of HASA was to ensure connection to
4 care and basic subsistence needs for people with
5 HIV so that they could benefit from treatment and
6 reduce risk behaviors. All of the research--and
7 it's outlined in the policy paper--shows that
8 housing status is a much more--is a much stronger
9 predictor of connection to care and compliance
10 with antiretroviral therapy than substance use.
11 In fact, there's a long-going study that I'm sure
12 you're familiar with, the CHAIN study in New York
13 City that has been looking at a cohort of folks
14 living with HIV in New York City for since--well
15 for over 14 years, and their most recent findings--
16 -and I'll just read this--show that, among people
17 living with HIV in New York City who receive
18 rental assistance, those who report that they have
19 never used hard drugs are no less likely than
20 persons who report recent drug use to be having
21 ongoing difficulty meeting rent obligations.
22 Twenty-five percent of people who have never--this
23 is of all people surveyed--who have never used
24 drugs have a problem meeting rent obligation, and
25 27% of people who are actively using have a

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2 problem meeting rent obligation. And the reason
3 for that--and Wanda described it really well--is
4 that folks who have a rent obligation are
5 permanently disabled folks who rely on federal
6 disability benefits, and their rent burden is
7 between 60 and 80% of their disability benefit.
8 So it's particularly rich for HASA to be concerned
9 about increasing housing stability when the city--
10 not the Council, you guys have always supported
11 the affordable housing cap--but the Administration
12 has consistently opposed an affordable housing
13 protection for people who have a rent obligation
14 from disability benefits.

15 So other people have dealt with
16 other points better than I could, I just wanted to
17 say that we hope that HASA--we urge HASA to
18 support an evidence-based policy on housing and
19 meeting the housing and subsistence needs of
20 people with HIV so that they can benefit from
21 care.

22 HOWARD HAUGHTON: Hello, some of
23 the points that I have, have been mentioned
24 previously, I kind of want to stick to more about
25 the impact of the security voucher. I work

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2 specifically with young HIV-positive gay men of
3 color. Once the voucher system--

4 CHAIRPERSON PALMA: [Interposing]
5 Can you just introduce yourself for the record?

6 HOWARD HAUGHTON: Oh, absolutely.

7 CHAIRPERSON PALMA: Thank you.

8 HOWARD HAUGHTON: Howard Haughton,
9 program supervisor of Village Care--at Village
10 Care.

11 The most common experience that I'm
12 having from my clients--or hearing from my clients
13 is that, in order to make the other half of their
14 broker's fee, they are returning to sex work,
15 which is kind of counterproductive to every
16 service plan that we've ever written for them;
17 going to loan sharks, which creates a huge other
18 world of problems for them when they can't pay
19 their fee. Oftentimes, the clients would like to
20 live in boroughs, however, they're being relegated
21 to the South Bronx or Crown Heights, other areas
22 that are just kind of inundated with poor housing.

23 In addition, we're seeing many more
24 unscrupulous brokers or landlords kind of filling
25 the void where reliable and trustworthy landlords

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2 kind of stepped out. So we're getting landlords
3 who are more concerned with getting guaranteed
4 rent that HASA provides as opposed to providing
5 safe and affordable and decent apartments. A lot
6 of the guys that I work with--

7 CHAIRPERSON PALMA: [Interposing]

8 Are those the landlords that you would suspect are
9 okay with taking half of the broker's fee?

10 HOWARD HAUGHTON: No, sometimes
11 they do request the other half of the broker's
12 fee, sometimes I'm finding that they made a secret
13 arrangement with my client. So oftentimes we'll
14 go for the home visit and, like, we'll you have
15 the furniture voucher, where is it, and they're
16 like, oh, I paid my broker's fee with it. Or
17 you're finding the client will go and view an
18 apartment and if you don't go with them, they're
19 so willing to take anything, I mean, it's just
20 horrendous conditions. What else? Okay.

21 I think also that it was easier to
22 entice private landlords or realtors with the
23 broker's fee, however, now that they don't other
24 have the half of the broker's fee, we're enticing
25 private landlords with the security deposit, and

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2 many of the landlords relied on that security
3 deposit, having to explain to them what a security
4 voucher is, many of them do not know and once you
5 explain to them and they have to kind of wait for
6 the lease to be up, many of them are unwilling to
7 accept that, because they don't have experience
8 with the city and the experience that they have
9 had in the past has been negative. So they do not
10 trust what I'm saying or how I'm explaining it.

11 Other than that, I'm also finding
12 that where it would take two months to find an
13 apartment for a client, the rate is doubling and
14 sometimes tripling. So I don't think that was
15 just a thought or a concern at the time, but it's
16 becoming more real; as the apartments and more
17 clients are looking for apartments, it's becoming
18 more and more difficult to find clients and
19 they're staying in the SROs longer, which the
20 amount of money they're paying for the SROs is
21 more than they're actually paying for the
22 apartments.

23 CHAIRPERSON PALMA: It's on.

24 EDLINE JACQUET: Sorry, my name is
25 Edline Jacquet and I'm the policy analyst for the

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Supportive Housing Network of New York.

A lot of folks have addressed some of the other primary points I made in my testimony, but I want to really focus on the impact on supportive housing providers that this policy has and of clients who live in supportive housing, who this policy primarily affects folks who are coming out and who are living in transitional and emergency shelters and commercial SROs and other institutional settings. And also folks who are in supportive housing now who are trying to transition to more independent living in their own apartment. So this is how this impacts the folks and the members that we represent.

I wanted to address first of all the issue of the CASAC referral and how the city actually has framed it in terms of it's a choice really about either you get denied assistance or you don't get the enhanced voucher, or you get offered a supportive housing placement, and it's kind of like framing supportive housing as a penalty. So it's a kind of--we feel unusual way to offer supportive housing, which is services people desperately need and want. To say that

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2 folks who may not need these services and don't
3 want them will have to be placed or--and primarily
4 other folks, or my colleagues have addressed the
5 issue that there is a lack of available supportive
6 housing. Demand far exceeds the supply and HASA
7 has been delayed in issuing new RFPs for units.
8 So that kind of was also, we feel, unrealistic to
9 offer that as an option when there's so little
10 available anyway now.

11 And you know, according to HASA's
12 own data on its website as of December 2011, they
13 posted that they have about 4,500 folks--or 4,500
14 supportive housing units, so that was also, you
15 know, what we found was one difference. And
16 according to our own data in our database that we
17 maintain, that's about right. So that was one of
18 the things we think is one of the reasons these
19 policies should be rethought because there's just
20 not enough supportive housing placements for those
21 who actually need them. So we definitely would
22 encourage the city to, you know, really think
23 about that issue also.

24 The other factor is the impact of
25 these policies on actually supportive housing

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2 providers. Another member of the panel is one of
3 our members, Harlem United, talks about the impact
4 and my colleague will speak specifically about the
5 impact on their agency, but we've seen from other
6 members have told us they've seen have dramatic
7 reductions in the number of owners, the number of
8 brokers and owners who are willing to work with
9 them, because some of our members also have
10 transitional housing programs where they are
11 trying to assist clients in transitioning to
12 independent living. So these policies, we find
13 them are just really creating greater barriers to
14 independence for people who are trying to increase
15 the stability in their own lives. And the fact is
16 that it creates, you know, HASA clients are at a
17 disadvantage now on the market, like, they can't
18 compete evenly with people. And we found that
19 historically that, you know, folks who used to
20 live with HIV and AIDS, who are living with that
21 face discrimination, you know, because of the
22 stigma attached to disease for a long time and now
23 we're kind of going back to those battle days with
24 these types of policies because, you know, brokers
25 don't necessarily want to work with HASA clients

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2 and they don't want to serve them and they don't
3 want to necessarily be having them as tenants
4 because these policies--and this is the other
5 impact is that this was kind of, you know, done as
6 a PEG and so it was a very--a policy that kind of
7 quickly appeared and was quickly implemented with
8 very little notice. So, again, it make the city a
9 kind of--it kind of makes--we find that it makes
10 brokers and owners reluctant to work with the city
11 and reluctant to use city programs. And people
12 may face discrimination and the Council hasn't
13 even done stuff on low income individuals who face
14 discrimination when they're using Section 8
15 vouchers, for example. So this is kind of adding
16 HASA clients to that list.

17 And the other thing we found is
18 that there is a real burden on our providers, on
19 our members who now have to--in many cases they
20 don't want clients to engage in this risky
21 behavior so they're covering the costs, sometimes
22 of the other half of the broker's fees and the
23 security deposits for folks, and it's just
24 fiscally unsustainable. They're running into, you
25 know, thousands of dollars of deficit when they

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2 already are facing cuts in programs, particularly
3 in supportive housing because HASA has, again this
4 year in the Mayor's preliminary budget, decided to
5 cut services for case management. And so they're
6 facing cuts left and right and then they have this
7 on top of that because they're just trying to do
8 their best to serve their clients and don't want
9 them to be in danger or having to wait longer
10 extended periods of time in transitional emergency
11 shelter.

12 So we definitely oppose these
13 policies, and we would strongly urge HASA to
14 reverse them because they were working, HASA has
15 provided--I totally agree with the commissioner--
16 they provided necessary services for decades and
17 were a leader in the country in providing services
18 for HIV--folks with HIV/AIDS and they should
19 continue to do so. And these type of policies
20 are, we feel, unfortunate step backward in certain
21 ways and that the City should totally reconsider
22 them. So thank you.

23 HARRIET COHEN: Hi, my name is
24 Harriet Cohen, I'm the Director of Housing at the
25 AIDS Center of Queens County, which is a 25-year

1
2 old borough-based organization that provides
3 comprehensive services, including housing,
4 supported housing, transitional housing, scatter
5 site housing and stabilization programs. And I'm
6 just sort of finding it hard to believe the
7 difference between our experience--and we serve
8 about 450 clients--and the difference between our
9 experience and what the HASA people were saying
10 this morning, because, soon after the broker fee
11 policy was announced--and maybe the welfare
12 committee could get an agreement with HASA or HRA
13 that we don't announce policies after they go into
14 effect and we certainly don't announce them in the
15 Huffington Post.

16 Anyway, these policies have
17 resulted in a loss of countless broker contacts
18 for us; landlords no longer willing to house our
19 clients, people who we had ongoing relationships
20 with; much delayed housing access, forcing our
21 clients to remain longer and costly or unsafe or
22 untenable accommodations; and it's also
23 compromised people's wellness. The stress
24 involved and the, you know, the extra time it
25 takes, and I don't think they've looked at the

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2 other side of the ledger, where the more money
3 they're spending because people are remaining
4 longer in SROs, et cetera.

5 So just a few quick things. After
6 they introduced this policy, I asked our housing
7 specialists to keep track of broker responses, and
8 within a couple of weeks we had lost 40 brokers,
9 one we used to have a very robust network, which
10 we no longer have. One of my housing specialists
11 told me just this week when I was preparing the
12 testimony that his list was down from 35 to 7, so
13 it's just absolutely not true that people are
14 continuing to do it.

15 And what I would like to point out
16 that, particularly in Queens, although I think
17 this is true elsewhere, is that many brokers, they
18 don't have the license themselves, but they work
19 with another broker who has the license so they're
20 already splitting the fee 50-50. So now they're
21 getting 50% of 50%, you know, in a \$1,000
22 apartment, that's \$250, and that's just not any
23 incentive to take HASA clients.

24 We also work with landlords
25 directly, many of them who own the small buildings

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2 that predominate in Queens, sometimes they're the
3 other tenant in a two-family home, and they just
4 don't have all this paperwork and that's required
5 in terms of, you know, redeeming a broker fee, and
6 the broker fee, you know, as Gale Brewer said, you
7 know, she can't believe that people are going, you
8 know, without a broker fee, and they're not. So
9 they're either turning down the clients or, after
10 the client moves in, they are going to them,
11 sometimes night and day, asking them for the extra
12 half of the fee. In fact, we had to mediate last
13 week with a tenant who wanted to file a harassment
14 complaint against the landlord because the
15 landlord kept insisting that he pay extra money.

16 I was going to give a lot of
17 examples of clients who lost apartments, and these
18 were clients it was difficult, you know, one was
19 an amputee above the knee, one was a woman in a
20 wheelchair that wanted to live near her family,
21 and even though we found apartments for them, we
22 lost the apartments 'cause it either took too long
23 to assemble all the money or they wouldn't work
24 without the other upfront.

25 And we do have an example of a

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2 client who liked the apartment, but the broker
3 insisted on the upfront amount so we told the
4 client we'd go and find another apartment for her.
5 Within a few days, we heard from a member of her
6 family that she had been assaulted and was in the
7 hospital. And it turned out that she had gotten
8 called directly by the broker, who said if you get
9 me the whole fee, I'll give you the apartment, and
10 she went out to engage in prostitution and was
11 beaten and robbed by the solicitor. So these
12 things are really true, you know, we have the
13 examples, we have the initials of the clients.

14 And the last thing I want to say is
15 about the substance abuse policy. And one of the
16 people up front here talked about, oh, yes, we do
17 allow harm reduction, but that's only harm
18 reduction that's licensed by OASAS and that is not
19 what many of us call real harm reduction. And so
20 that there are many programs that people go to, we
21 run programs, harm reduction programs, we also
22 have syringe exchange, so there are many options
23 that people have that wouldn't be considered an
24 option in this case. And many of us who work with
25 people who are long-term drug users know that it's

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2 not a simple thing, right, you go--it doesn't work
3 to force somebody into treatment, you know,
4 somebody has to want to go into treatment, to be
5 ready, you know, takes a long time. And this is
6 just not the way to encourage somebody to get on
7 the road to wellness.

8 So I urge you to get HASA to
9 reconsider this ill-advised policy and to give us
10 back the full broker and security deposit.

11 Thanks.

12 SCOTT COTENOFF: Good afternoon,
13 I'm Scott Cotenoff, I'm the Senior VP for Programs
14 at the Partnership for the Homeless, and I just
15 want to share a little bit about our experience in
16 trying to move folks who are HASA clients into
17 permanent housing.

18 We've heard a lot about the
19 broker's fee and our experience mirrors what
20 you've heard. More than 60% of our clients have
21 decided to put their housing search, their
22 permanent housing search on hold as a result of
23 this. Nearly three-quarters of these folks live
24 in SROs and so, not only is there--this is causing
25 a delay in finding people permanent housing, but

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it's causing a reduction in the availability of transitional housing slots as well.

As you've heard, a number of our clients have decided, like others have decided, to try to pay the broker's fee themselves and pursuing a variety of options, most of which are not healthy for them physically or emotionally.

And the other point that we want to make is that both the broker's fee and the substances use policy are really illustrative of a broader problem around HASA that, from our perspective, HASA has actually become more of a barrier than an assist to moving people into permanent housing. There are the two policies that are being discussed today, but in addition, our experience has been that all along the process, HASA acts--the workers act in a way that appears to be arbitrary without guidance, without regulation, and without any right to appeal for the client. So, for example, when an initial assessment is made as to whether an individual is appropriate for transitional or permanent housing., there is little consideration given, if any given, to client choice, which from our

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2 perspective, should be the central consideration.
3 There is little, if any, opportunity for those who
4 have a deeper understanding of the client
5 situation to give input--social workers, case
6 managers. Decisions are made without--they're not
7 supported by reasoning, there's no written
8 explanation given, and there's little, if any,
9 opportunity for review or appeal.

10 In addition, once we're able to
11 overcome the significant barriers that have been
12 discussed and actually find an apartment, the
13 decisions about whether an apartment gets approved
14 by the HASA workers are really arbitrary. About
15 15% of the apartments that we've requested have
16 been denied based on excessive rent, when the
17 rents are clearly within the guidelines that have
18 been promulgated by HASA.

19 In addition, we've had a number of
20 occasions in which an initial apartment request
21 was denied, only to have a subsequent request
22 approved without hesitation when the client finds
23 essentially the same apartment through a broker
24 that was provided by the HASA worker. So clearly
25 there is behavior that puts the health of

1
2 individuals at risk, diverts ours and other
3 service providers' time and resources to try and
4 advocate and overcome these barriers, and raises
5 real questions about why the delivery of HASA
6 services appears so arbitrary.

7 I'm not going to take up any more
8 time other than to say that we urge the Council to
9 continue its oversight effort and to really step
10 up the efforts. We know that HASA has some
11 reporting requirements to the Council, however, it
12 seems as though those requirements are really
13 about activities and not about analysis. There's
14 no requirement to really lay out information as to
15 why certain applications for certain types of
16 housing are denied, what their policies and
17 procedures are, and what the rationale is for
18 those decisions, and we think that a more rigorous
19 analysis will show that there is little attention
20 to existing guidelines and policies and
21 procedures.

22 We've begun to pursue our own
23 advocacy, trying to request through a Freedom of
24 Information request certain materials to try and
25 get this information, and we're happy to share

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2 whatever we get with the Council and with others
3 and are prepared to assist you in trying to come
4 up with other reporting requirements to make sure
5 that we can get HASA to be more of a support
6 rather than a barrier. Thank you.

7 MICHAEL HESTER: How you doing? I
8 just want to first thank you for the opportunity
9 to speak. My name is Michael Hester, I'm the
10 Senior Director of Operations for Harlem United.
11 I know your time is valuable, so I'm going to try
12 to stick to a few areas that I think I could
13 contribute to, and that's the broker's fee and the
14 security deposits.

15 I kind of wanted to talk about the
16 impact that they have. But first, just for the
17 people who aren't familiar with Harlem United,
18 we've been at the forefront of addressing health
19 disparities by recognizing the need for stable
20 housing and ongoing health care. We have 585
21 units, and we are one of the largest AIDS
22 supportive housing providers in the city. Forty-
23 nine of those units are all congregate care that
24 are for people who are medically frail.

25 So in our experience, we've

1
2 actually been pretty fortunate this far. You
3 know, the real part that we're having more than a
4 financial impact is a impact on the services that
5 we could be providing for our clients. So we
6 previously had 85 brokers that we dealt with on a
7 regular basis, we are now down to 5 and we've been
8 able to maintain these relationships by trying to
9 create new ideas and new ways to make these
10 landlords whole.

11 We've had one landlord who is
12 willing to take 50%--and when I say five, I just
13 say five that we were willing to work with. I
14 mean, there are brokers out there who were willing
15 to take the half that we were not willing to
16 accept their units. So we're down to five and
17 we've negotiated paying the other half of the
18 broker's fee ourselves. In some instances, we are
19 able to cut a check for 50% in the beginning and
20 then they submit the voucher when that comes; in
21 other instances, we are paying 100% of the
22 broker's fee up front and then being reimbursed
23 when it comes back because some brokers are
24 nervous that the paperwork won't go through.

25 So to date we've actually had 45

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2 apartments that we had to lease up and so far it's
3 cost the agency \$27,900 extra that we previously
4 would have been reimbursed for. And this money
5 would have normally gone for furnishing the
6 apartments, training for vocational purposes, any
7 program supplies that they would have--that, you
8 know, the clients would have needed, this is
9 directly affecting their services.

10 And for ourselves personally, we
11 had just lost our vocational grants that were
12 given by AIDS Institute this year. So, you know,
13 having to pull funding from that, we decided that
14 we wanted to do that on our own and come up with
15 other ways to fund our vocational education
16 program, which we think is really important to
17 helping our clients, you know, for in their
18 independence, in their goal of independence. So
19 having to cut those services, you know, it was a
20 very personal and emotional experience for our
21 organization.

22 In addition, we have to wait for
23 the fees, and so right now, since we are landed
24 out, we have about 14 units where we're pending
25 and we're about \$8,000 that, you know, on a

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2 monthly basis that we're just waiting and hoping
3 to get back.

4 And then I think, more importantly,
5 one of the place I have a big issue is the
6 security deposits. So with Harlem United, we have
7 the leases in our name, so the way the system
8 works with the security deposit voucher would be
9 that the voucher is issued to the landlord, and it
10 would be--you would provide a lease between the
11 client and the landlord. Well we are the landlord
12 for our clients, we're leasing the apartments,
13 they are subleasing them from us. So Harlem
14 United is and for none of our units are able to
15 use the security voucher to give to a landlord,
16 whether they're willing to work with it or not.
17 And we looked into trying to change our process
18 and see if any more landlords would be willing to
19 do it where we would put the lease with the
20 clients and then, you know, to add the voucher
21 and, you know, most of them were dead set against
22 it.

23 And the biggest issue that they
24 have, and it's also an issue that we--so a burden
25 that we've had to encounter is that the vouchers

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2 are issued--when they are issued, they are given
3 an amount and that amount does not increase. So
4 if you get \$1,000 voucher and you leave five years
5 later and you've had increase after increase,
6 you're stuck with the \$1,000. And in our
7 instance, each year we have to continue to pay our
8 increases, so not only are we losing out on the
9 initial--initially renting out the unit and giving
10 that security deposit, we're also losing annually,
11 as we would normally be reimbursed for those
12 increases we had to pay on the security deposit.

13 So I just did some rough numbers,
14 and if we take our 536 units that we have and we
15 estimate that we're paying rent [off mic] per
16 unit, we have between studios and three bedrooms,
17 you're looking at about \$7 million a year in rent,
18 and a 2% increase, which I think is a pretty
19 conservative number, would put us at \$141,000 loss
20 each year just in increases.

21 And then for our clients who are
22 trying to become independent, we're having a very
23 hard time trying to move them into apartments,
24 getting landlords who are willing to accept it.
25 Again, we're having, you know, very little

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2 success. In fact, we've had to pay out so far
3 \$53,000 of money to cover the expenses of helping
4 clients become independent that, again, we have no
5 way of recovering. And you know, like I said,
6 we've been very fortunate, you know, this far that
7 we've been able to try to do this, I mean, you
8 know, with, you know, trying to manage our
9 deficits but, you know, long term this has a
10 serious impact on our financial position. And,
11 you know, we would really urge you to please talk
12 to HASA and work with them to get this reversed.
13 Thank you.

14 CHAIRPERSON PALMA: In regards to
15 the landlords that your organization has faced
16 that have asked clients for the other half of the
17 broker's fee, have they been reported to HRA, to
18 HASA has--do you know who they are, have you
19 reported them?

20 HOWARD HAUGHTON: Yeah, some of
21 them have been reported to HASA, the ones that we
22 find out about.

23 CHAIRPERSON PALMA: And do you see
24 they still continue to be on the list of brokers
25 that HRA or HASA is still saying these are viable-

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HOWARD HAUGHTON: [Interposing]

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Well I only got the list from HASA a couple of

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months ago, so I don't know what was on the list

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prior to that. But the ones that I've had on the

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list, they haven't asked for the fee, well from

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the list that I've gotten, if there are other

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lists, I don't know.

10

CHAIRPERSON PALMA: So the current

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list that you have, those landlords have not asked

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any of your clients for additional monies.

13

HOWARD HAUGHTON: Well from the

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list that I had, some of the numbers weren't

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working, but the two that we do use primarily,

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they haven't asked us for the fee. Like other

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realtors that I've worked with in the past,

18

they've asked us for the fee, but they weren't on

19

the list.

20

CHAIRPERSON PALMA: Okay. Thank

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you. Thank you all for your testimony.

22

VIRGINIA SHUBERT: Thank you.

23

[Crosstalk]

24

CHAIRPERSON PALMA: Wait, Gale has

25

a question.

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2 COUNCIL MEMBER BREWER: I'll be
3 very quick. I don't usually get upset, but this
4 makes me upset. So I just want to say thank you
5 for joining us. And I guess within Harlem United,
6 that's a big jump from 85 to 5, so those others,
7 did you report them or how did you deal with the
8 same question that the Chair asked? In other
9 words, HASA told us today that if there's a
10 problem, they fix it. That's what they said. So
11 my wonder is, my question is, did you report or
12 did anybody report problems and how did HASA deal
13 with them?

14 MICHAEL HESTER: For Harlem United,
15 our brokers don't necessarily come from HASA. You
16 know, we build relationships. Our resident
17 management team, each of the members on that team,
18 have, you know, contacts that they've dealt with.
19 So over the years, we've amassed our database.

20 COUNCIL MEMBER BREWER: So maybe, I
21 don't know, that HASA's looking at the client,
22 they see the client gets housing, and so the
23 numbers that we're getting are because of your
24 good work and Harlem United putting the money in,
25 as opposed to the half broker fee. I don't know,

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2 I just want to make it clear for everybody 'cause
3 that was--you know, if you listen to their
4 testimony, it sounds like everything is fine, in
5 fact, it's better than ever. And now what's
6 happening is that you're making the sacrifice of
7 your funds, your donated funds.

8 SCOTT COTENOFF: And our experience
9 has been that when we inform HASA that a broker is
10 not cooperating, the way they fix it is they
11 remove them from the list. So and it just becomes
12 an ever shrinking list.

13 HARRIET COHEN: Well you know, we
14 have the same thing as Harlem United, these are,
15 you know, contacts that we've developed over a
16 long period of time or new ones, if we can get any
17 new ones. So we're not--you know, it's standard
18 in the field, you know, one month's rent. It's
19 like a policy, not announced in the Huffington
20 Post, but a policy. So why would we go to HASA?
21 You know, we're lucky that, you know, they're
22 willing to answer our phone calls, but I just
23 don't get how you would rat somebody out or tell
24 HASA, oh, HASA, they're not going--I don't really-

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[Crosstalk]

COUNCIL MEMBER BREWER:

[Interposing] All right, thanks, anybody else?
All right. Thank you.

VIRGINIA SHUBERT: This is just a minor point, but I forgot to make it earlier. There are no OASAS-funded harm reduction programs. That's something we're working on, we hope that'll happen, but they don't exist. And there's also no evidence to support mandating drug treatment as a condition of basic subsistence needs.

[Pause]

EDLINE JACQUET: I did also want to just kind of reiterate what she said about, like, the housing first approach, that is really the approach that is growing increasingly popular at the federal level also, you know? And I know HASA obviously emphasized that no one is ever denied housing placement, and that's obviously true, but this is kind of, you know--it's not exactly supportive of that type of framework.

CHAIRPERSON PALMA: Thank you. Our next panel is Lyndel Urbano, Angel Soto, Belinda Chandler, Kendall Lynnette Moses, and Elsie Mann.

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2 And I would just remind you, we
3 still have a lot of people that are waiting to
4 testify, so if you can sum up your testimony, your
5 written testimony will be put into the record in
6 full. Thank you.

7 [Long pause]

8 LYNDEL URBANO: All right, thank
9 you for having us. Again, my name is Lyndel
10 Urbano, with GMHC, and I just wanted to--a lot of
11 what I had to say has already been said, but there
12 are a few things I wanted to point out. First of
13 all, the impact of this on our HASA client--on the
14 clients. Part of the reasons they're not talking
15 to that HASA may not be hearing that the broker is
16 asking them for the fee is because some of them
17 are simply afraid to tell HASA that they came up
18 with this \$500 or whatever it is because they
19 think that HASA is going to recoup them for the
20 payment because they think that this is going to
21 look like additional income. And so, I mean, just
22 to--we've been seeing at GMHC a lot of the same
23 things people have been saying.

24 One thing that wasn't said is that
25 we've heard from clients who have sold their HIV

1
2 meds in order to get the money to pay for the
3 broker fee and, in some cases, the security
4 deposit, because sometimes the landlord says that
5 they need the actual cash.

6 And when it comes to the landlords
7 we all know that we live in New York City, there's
8 only like 40 brokers on the list to start with in
9 all of New York City. As people have reiterated
10 before, not all of the numbers work, and that
11 landlords are businesspeople, it's a competitive
12 market. So there's a lot of--these policies just
13 give them added incentive not to take these
14 clients.

15 The other thing I wanted to point
16 out is, I don't know if you had a chance to read
17 the Commissioner's announcement in the Huffington
18 Post about this policy, but if you have, I won't
19 read what he said but what he said contradicts
20 what was given earlier.

21 CHAIRPERSON PALMA: Believe me, my
22 staff--yeah, we--

23 LYNDEL URBANO: Okay.

24 CHAIRPERSON PALMA: --read the--

25 [Crosstalk]

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2 LYNDEL URBANO: All right, so but
3 our problem is that it really contradicts the
4 testimony that was given earlier. And in the
5 opinion of GMHC, there is no scientific or ethical
6 basis to coerce a person into abstinence only
7 substance abuse treatment. Especially if you're
8 threatening them with putting them out of their
9 homes or taken away the money that helps them to
10 keep their homes.

11 And we really question the wisdom
12 of this really strong-arm policy when there's
13 already, as has been made clear before, there's
14 not enough supportive housing out there, the city
15 has a proposal on the table that City Council--
16 City Council has stepped in at every step to stop
17 all the cuts to supportive housing. Case
18 management, the very case management that they're
19 touting as being so good for these clients, they
20 want to cut that by \$5.1 million, the contracted
21 case management and other contracts.

22 And I mean, and above all we want
23 to thank City Council for their support and we
24 respectfully request a close examination of these
25 problematic policies, and that's being generous.

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2 And we think that in our opinion, these policies
3 are detrimental to the health and well-being of
4 people living with HIV and AIDS and we urge prompt
5 action to change them. And with that, I'm going
6 to turn it over to my colleague, Angel.

7

ANGEL SOTO: Good afternoon,
8 Council. My name is Angel Soto, I am a client
9 advocate from GMHC and I work with these clients
10 every day. Before I came here, I had a client
11 calling me about the difficulties of raising the
12 other half of that deposit. I heard someone say,
13 I don't know who, but I heard them say that
14 landlords are not trying to get that other half,
15 they are and there are a lot of them. HASA says
16 there's a list out there that helps clients with
17 getting housing and that has realtors that don't
18 take the deposit. That's not true, I have many of
19 those lists and, just like one other person
20 mentioned before, none of those numbers work, and
21 many of the numbers that do actually answer tell
22 you that we no longer work with HASA. Okay?

23

I'm dealing with a case right now
24 where a client gave up his own cash benefit to get
25 a deposit and, because the HASA center is not

1
2 working quick enough, he's going to lose it, he's
3 not going to have that deposit that he scraped on
4 his own.

5 So these things are affecting the
6 clients' ability to get housing and we really need
7 to change that, and really that's all I have to
8 say. Thank you.

9 BELINDA CHANDLER: Hello, my name
10 is Belinda Chandler, and I am a HASA client. I
11 have been in the city of New York for seven years,
12 but I lived in an SRO, he told me two months I
13 could go find an apartment within two months. My
14 HASA worker also told me that I could get an
15 apartment.

16 When I finally found an apartment,
17 HASA would only pay one-half of the broker's fee
18 and I would have to pay the first and last month
19 rent and security deposit and, mind you, the other
20 half of the broker's fee. I receive only \$179
21 biweekly, plus \$200 in food stamps, people. I
22 can't afford that. I'm on HASA.

23 My personal needs, they're valid
24 and I have to buy those. I've got to pay for, you
25 know, I have an apartment now, but now I got to

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2 pay for utilities, so now if I was in a bad
3 apartment I'd still have to come up with the same
4 thing. It would be impossible for me to get that
5 money, I mean, it'd be impossible if it wasn't for
6 me doing what I had to do, I wouldn't have gotten
7 the money to get the apartment that I have.

8 It doesn't make sense that the
9 government will pay upwards to \$2,000 per month
10 per head in a SRO for someone to live in a SRO and
11 I can't get that kind of money to pay first
12 month's rent and security. They won't even pay
13 over, maybe 1,010 for a one-bedroom, but rent is
14 going up. It's wasteful. The money is very
15 wasteful, and it undermines what HASA was
16 initially meant to achieve. Thank you.

17 CHAIRPERSON PALMA: Thank you.

18 KENDALL LYNNETTE MOSES: Hello, I'm
19 Kendall Lynnette Moses, I am the Housing Project
20 Coordinator at HIV Law Project. Again, I thank
21 you for allowing us to give testimony today and
22 reiterate a lot of what was said here, but I want
23 to, of course, keep my statements brief.

24 These new policies that HASA has
25 done and is just really putting clients at risk of

1
2 being homeless and are not cost effective at all.
3 As everyone has said, the number of brokers and
4 landlords willing to work with HASA clients is
5 greatly reduced. Think of it this way, the City
6 spends about \$55 a night to put people in a SRO
7 and HASA is willing to pay up to about \$940 for a
8 one-bedroom. So instead of paying the 940 for the
9 one-bedroom apartment, the city is spending, which
10 comes to about \$1,650 a month for a shelter for
11 our clients.

12 Also, the substance use policy
13 really just is just too punitive and it impugns
14 our clients' dignity. It also doesn't really
15 provide any harm reduction services, and it just
16 really hides the real facts for why our clients
17 are in arrears. It's not because they're using
18 drugs, it's because HASA is the only agency that
19 doesn't provide a 30% income rent cap. I can't
20 tell you how many times clients have told me that
21 they're in Housing Court because they decided to
22 pay Con Ed instead of paying rent, or other
23 medical expenses instead of paying the rent.

24 And in addition, so the clients are
25 forced to make this unrealistic choice between

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2 going into nonexistent supportive housing or
3 getting their cash assistance reduced, which then,
4 again, puts them Housing Court. With their cases
5 are closed, then for HASA cash assistance, then
6 their other cases for Medicaid and food stamps are
7 also closed, which means now somebody receiving
8 SSI or SSD, physically disabled, living in the
9 Bronx, now has to travel to Brooklyn to have their
10 food stamps case reopened.

11 There is no way that any of these
12 policies are actually cost effective or do
13 anything to actually help our clients. And thank
14 you.

15 ELSIE MANN: Thank you, just want
16 to say God bless you all for being here. My name
17 Elsie Mann and I work for Praxis Housing
18 Initiative. Can you understand me?

19 CHAIRPERSON PALMA: Yes, I can.

20 ELSIE MANN: Okay. I'm a Senior
21 Housing Specialist and I'm talking about on-hand
22 experience with [off mic] with my clients that I
23 had to like really act like listen, if you accept
24 something in writing, it's the half of the
25 broker's fee and now you want to extort my clients

1
2 for money, then I'll let you know, I said well
3 listen that's a felony, that's a crime, you know.
4 So in this way I make them know I do things like
5 that, you know, you [off mic] I learned from [off
6 mic] work at, and I'm trying to help the clients
7 know [off mic] far beyond the call of duty because
8 I know when I do it, I'm going to help somebody
9 get a better life.

10 And as far as a list, like the lady
11 said, it doesn't work. They'll say they ain't
12 going to take the money and then they extort the
13 clients for the other half. Me, I [off mic]
14 because I let them know, I tell them often,
15 listen, you [off mic] if anything happens, I will,
16 you know, let my boss know and we [off mic].

17 The other thing is people that are
18 on SSD, you know, you worked all your life for,
19 you know, for your money and I tell people, you
20 know, so if you're getting \$2,000, what is [off
21 mic] on to HASA for help and they pay for you live
22 in an SRO, then when you move into your apartment,
23 you have to pay all your rent. They don't want to
24 give you food stamp, and you have to pay your
25 light and gas. And I really think that that's not

1
2 feasible for somebody who worked all their life
3 and, you know, now you contract HRA and [off mic]
4 dealing with HASA and they're not helping these
5 people. And then they're not--they ask [off mic],
6 I have to say this, they talk about their case
7 worker, them HASA case worker, I'm dealing with a
8 case right now where they don't want to do
9 anything, then they tell me, oh, she's supposed to
10 see a CASAC worker and I'm like, when did that
11 happen. I've been doing this for 15 years, why
12 [off mic] on for a treatment program and she don't
13 even [off mic]. The client said I pay [off mic],
14 I pay [off mic], I pay anything, I want the
15 apartment. I had gotten this lady an apartment in
16 November and it's now February, so I had to go
17 through the channel and proper channel to try to
18 get this lady housing [off mic] so now I'm calling
19 the director, calling her [off mic] so that this
20 lady can get housing. Now they ask people, they
21 wasn't pushing the issue with CASAC, I'm talking
22 about on-hands experience, I'm not talking about
23 no survey [off mic] I'm talking about on-hand
24 experience with my clients, okay? And the fact is
25 that this [off mic] doing this and all [off mic],

1
2 I'm well-known all [off mic], never heard them say
3 anything about CASAC. Now they tell, oh, they
4 have to see CASAC, I say CASAC who, what, what's
5 going on and they go, oh, when a client go to a
6 treatment program. I say for what [off mic], you
7 know?

8 So I feel that they pushing drug
9 treatment program and all this other stuff because
10 they don't want to do the job that should be done.
11 You know, and the HASA case worker need
12 evaluation. They need to be evaluated. If you're
13 going to work on the people who do this job
14 because you want to do this job and help somebody,
15 not for the paycheck, okay? And that's my thing,
16 they need to be evaluated because some of them are
17 not helping the clients like they're supposed to.
18 Some of them not on--everybody supposed--and you
19 all hear me--everybody's supposed to get \$211
20 every two weeks, that is supposed to have been an
21 increase and a lot of my clients get 169, 179,
22 165. Now how can they pay Con Ed and, you know,
23 and [off mic] some of them don't get but \$150 in
24 [off mic] and it's supposed to be \$200.

25 So it's not them, it's the case

1

2 workers, they're not doing their job. If they had
3 an increase, why everyone don't have an increase,
4 everybody on a different budget, you know. And I
5 feel that any client [off mic] everything, we feed
6 them, all of that. HASA does not pay for that.
7 You understand?

8 I just want to come here because I
9 just want to make sure that I have a voice for my
10 people, my clients, and everybody here, you know,
11 because I told them I'm going to speak, I'm not
12 speaking from a survey, I'm speaking from on-hand
13 experience. That paper that they said [off mic]
14 you know [off mic] it's nothing. I get housing
15 because, you know what they say, sometimes it
16 ain't what you know, it's who you know. You
17 understand? So when I do my [Off mic] and you're
18 on the phone [off mic] and ask people, listen,
19 help me, I want to help somebody, so somebody
20 offers and I know for many years they [off mic].
21 Some of them a half a month and they trying to get
22 it from the client.

23 And the other thing I just want to
24 let all you all know, when the landlord signs a
25 security voucher and they sign a HASA [off mic]

1
2 rent money, the landlord is--I mean the [off mic]
3 in the apartment, they cannot deny, they cannot
4 deny the client an apartment because they signed a
5 lease, that is a binding contract. Okay? So once
6 that happened and the landlord has the [off mic]
7 and all of them not going to give up a year on
8 rent [off mic].

9 So I just want to say that, you
10 know, and I just want to let everybody know,
11 please get what you're entitled to. Some people
12 don't want to ask, your case worker is supposed to
13 [off mic] a reevaluation of your benefits.

14 Thank you so much and God bless
15 you.

16 CHAIRPERSON PALMA: Thank you,
17 thank you for your testimony. Our next panel
18 Angel Resto, Sarah Bull, Maria Luisa Miranda, I
19 have an anonymous HASA client from Manhattan and
20 Gayle D. from Queens. I have a client who I think
21 wants to test--Huh?

22 [Foreign language]

23 CHAIRPERSON PALMA: Okay.

24 [Foreign language]

25 MARIA LUISA MIRANDA: My name is

1
2 Maria Luisa Miranda, I coming today for support
3 people living with AIDS don't have papers. It's
4 very, very dangerous for people don't have papers.
5 Now the HASA has a policy is no legal services,
6 the people need go to the Federal Plaza INS to the
7 one letter for receive their results. Where is
8 the human rights? The people living here maybe 10
9 years, maybe 15 years, maybe 20, 20 years or more,
10 the people is very, very, very fear, the people
11 have fear, fear. It's very important to support
12 and legal services please, please the people don't
13 have papers, don't have nothing.

14 Thank you so much for listen, but
15 it's very, very important the legal service. No
16 other people go to the Immigration. Thank you.

17 CHAIRPERSON PALMA: And I just--I
18 was reading Ms. Miranda's testimony and it's in
19 Spanish, but in 1994, it says she was infected by
20 her partner and he passed away in 1996 and,
21 unfortunately, he was not able to finish
22 completing her immigration status and so she has
23 been left in limbo in terms of her immigration
24 status. So I think, besides the people who are
25 legally here, this policy also affect those who

1
2 are immigrants and are awaiting status to become
3 legal citizens, correct?

4 MARIA LUISA MIRANDA: Yes, yes.

5 CHAIRPERSON PALMA: Okay.

6 MARIA LUISA MIRANDA: Thank you so
7 much, but the people have fear coming here, the
8 people [off mic] forum enter for the building, is
9 very, very danger where is the mental health for
10 people to have documents, fear for deportation.
11 Thank you.

12 CHAIRPERSON PALMA: Thank you.

13 MALE VOICE: Thank you for having
14 this hearing. As a HASA client, I wish to
15 maintain the anonymity and protect my identity,
16 but I'm talking about the same issues that Maria
17 Luisa is raising.

18 To become a HASA client, I have
19 been a client of HASA since early nineties, after
20 receiving a diagnose of AIDS. To become a HASA
21 client with a visa recently expired, following
22 advise from GMHC Legal Services, I applied and was
23 granted PRUCOL. Since then, every year I had to
24 produce a PRUCOL letter from the GMHC lawyer. The
25 letter it states that GMHC Legal Services

1
2 represent me regarding my immigration status, that
3 they have filed paperwork with Immigration
4 Services and the request was granted. That to
5 date, they have not received any notification from
6 Immigration Services that any deportation
7 procedures have been initiated against me, that I
8 continue to have a status of a Person Residing
9 Under the Color of Law, PRUCOL. This means that
10 Immigration Services is aware of my presence in
11 the United States, but is not taking any action to
12 put me into deportation procedures.

13 I've copies of a PowerPoint
14 presentation, which I left over there, from GMHC
15 lawyer that explains PRUCOL. Examples of PRUCOL
16 eligibility are: Applicants for Asylum,
17 Adjustment of Status, Voluntary Departure
18 Applications, Deferred Action Applicants, and
19 General Category. With a PRUCOL status, PWA
20 immigrants are eligible to limited amount of
21 public assistance from HASA with rent, limited
22 cash assistance around \$380 a month, and Medicaid
23 Managed Care Health Plan. We don't get food
24 stamps.

25 On mid 2011, my HASA case worker

1 informed me that the PRUCOL letter from the GMHC
2 lawyer alone would not be enough, that I would
3 have to bring a letter directly from Immigration
4 Services. That request is extremely troubling, it
5 has caused a great deal of stress and anxiety.
6 First, because Immigration Service backlog will
7 not allow the furnishing of letters because of a
8 HASA demand. Secondly, and most importantly, PWA
9 on PRUCOL who are HASA client fear that such
10 request may trigger the deportation procedures.
11

12 This new policy from HASA, is
13 closing cases of immigrants clients on PRUCOL.
14 Agencies that provide immigration services to PWAs
15 are trying to prevent that, still client cases are
16 being closed. In consultation with a
17 representative from African Services who provide
18 housing assistance to PWAs who don't qualify for
19 HASA, this week alone--and today is Wednesday--
20 three clients who qualify for PRUCOL were referred
21 to the sustainable living fund, which with its
22 limited resources provides housing assistance so
23 clients would not become homeless.

24 This policy is ultimately
25 increasing homelessness among PRUCOL PWAs living

1
2 in New York City and may very well work against
3 the City efforts to reduce HIV transmission rates
4 and death.

5 Thank for the interest and
6 consideration.

7 CHAIRPERSON PALMA: Thank you both
8 for your testimony. Our next panel is Elizabeth
9 Behrendt, Harry Horne, Ramique Green, Manuel
10 Ducret--did I say that correct?

11 MANUEL DUCRET: Ducret.

12 CHAIRPERSON PALMA: Ducret. And I
13 believe it's--you wrote really small but Jack,
14 Jack, Jada?

15 FEMALE VOICE: Jalyn?

16 CHAIRPERSON PALMA: Jada, Jack,
17 Jackie.

18 FEMALE VOICE: Three two two
19 Rockaway--

20 CHAIRPERSON PALMA: Thirty two, 322
21 Rockaway Parkway? No? Okay. Orlando Cotto, is
22 he still here? Okay. Orlando?

23 ORLANDO COTTO: Yes.

24 CHAIRPERSON PALMA: Okay. Yves--

25 YVES GEBHARDT: Gebhardt.

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CHAIRPERSON PALMA: --Gebhardt?

[Off mic]

[Pause]

MANUEL DUCRET: I go first.

CHAIRPERSON PALMA: Manuel,
Orlando, and Yves, right? Okay. Okay. You may
start.

MANUEL DUCRET: Okay. All of this
closing of cases are obvious violations of Local
Law 49 that then-Council Member, now State Senator
Tom--

[Crosstalk]

CHAIRPERSON PALMA: [Interposing]
Manuel, can you just introduce yourself for the
record?

MANUEL DUCRET: Oh, Manuel Ducret
III, homosexual Latino living with AIDS.

This closing of cases are obvious
violations of Local Law 49 of 1997, which was
written by then-Council Member, now State Senator
Tom Duane. I have been a victim of such closings
of my case. November 5th of 2009, I came out of
prison after serving eight months of a year
sentence for resisting arrest, but never body--

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2 nobody ever explained what crime I was committed
3 to justify the arrest. I was sent to 400 8th
4 Avenue, which is a center that's down the block
5 from Christine Quinn. That's a center where
6 homeless people get put, except that they don't do
7 that anymore. The HASA has now moved your case to
8 the center where you are residing so that it looks
9 like there are less homeless people. So currently
10 my case is at 1790 Grand Concourse, even though
11 technically, I belong at 400 8th Avenue.

12 The supervisor that I had to deal
13 with--a woman named Theleta Saunders [phonetic]--
14 refused to reopen my case, she wanted a discharge
15 letter from Rikers Island, which they never
16 produced. She refused to acknowledge blood work
17 from Rikers Island as proof as I was in prison. A
18 gentleman from the Department of Health named
19 Lawrence Day was trying to make sure that my case
20 was opened that day and he said they were giving
21 him a hard time. She refused to reopen my case
22 even after finger imaging found me on the
23 computer. So obviously this center has had a
24 problem handling my case properly.

25 I'm in a shelter right now that's

1
2 for people with HIV, at 2532 Creston Avenue. We
3 can't cook in there, so all of a sudden, they cut
4 my food stamps. So for the last, I don't know how
5 many months, I've been getting like \$160 in food
6 stamps instead of the 200. No explanation why. I
7 cannot enter the HASA office because I sent an e-
8 mail to Linda Glassman from the State Office of
9 Temporary Disability Assistance explaining how a
10 certain person who was here before, Sally Adams,
11 acknowledged that when you open the person's case
12 when you come out of prison, it's illegal and in
13 front of--and at the HIV Planning Council
14 Integration of Care Committee, I said I'm glad you
15 said that 'cause you've known for the last two
16 years that my case was not opened properly, I'm
17 missing a lot of money and HASA closed my case
18 when I did not recertify.

19 When I went and asked why, they
20 said you didn't respond to the recertification.
21 Where did you send it? They sent it to a hotel
22 that had thrown me out in March of 2010. The
23 hotel is run by an organization called Ogar
24 [phonetic], they kept collecting the rent for
25 seven months after they threw me out. All of a

1
2 sudden, I have no rights living in a place because
3 they decided to throw me out and the 40th Precinct
4 refused to force them to let me back in, which is
5 the law under New York City Housing Court law.

6 So it's obvious that the only way
7 HASA will function properly is if it's put under
8 the watch of a federal judge, as it was after the
9 Henrietta D. v. Giuliani case many years ago when
10 there was a federal judge that would take
11 complaints. When he announced he was not going to
12 take anymore complaints, that's when they went off
13 the hook. 'Cause I had an African worker at the
14 Bergen Center in the Bronx tell me I had to prove
15 I was infected and prove I was a citizen, and when
16 I showed him my Medicaid card and I explained to
17 him I wouldn't have my picture on my Medicaid card
18 if I was undocumented, and that I know because I
19 deal with a lot of undocumented people with HIV.

20 CHAIRPERSON PALMA: Thank you,
21 Manuel.

22 ORLANDO COTTO: Hello, my name is
23 Orlando Cotto, I'm from Brooklyn, Coney Island, I
24 used to live out there. I'm HIV positive. I'm a
25 little nervous, I really don't know how to explain

1
2 everything, but I don't think it's a good idea.
3 I'm a client which actually has Section 8 and my
4 voucher will run out next month and HASA doesn't
5 want to pay the security deposit 'cause the state
6 stepped in, they'll pay half the rent, but if HASA
7 doesn't come with the security deposit, then I
8 lose my Section 8.

9 My mother and father died of
10 HIV/AIDS when I was only--my father died when I
11 was 17, my mother died recently in '09. Recently
12 I had an apartment for six years. After my mother
13 died, I've been a victim of a hate crime and an
14 intimidated witness. I was placed in a SRO.

15 HASA saved me when I was 22. I
16 used to be a streetwalker. When I had to turn in
17 the papers to the Department of Health a list of
18 everybody that I--that might be infected, the list
19 was ten pages long, front to back. That's just an
20 example of what this policy--if I have to return
21 to doing that, the amount of people that would be
22 injured and the amount of money it would cost the
23 city to take care of those people. So I oppose of
24 everything with the security deposit and with the
25 broker's fee, I don't think it's fair. For me, I

1
2 have nobody, HASA was the one who took me off the
3 streets and now it feels like they're turning
4 their back on me. I have 'til next month to get
5 an apartment, if not, I lose my voucher.

6 That's all I have to say. Thank
7 you.

8 YVES GEBHARDT: Good evening, Madam
9 Chair. My name is Yves Gebhardt, I live with HIV,
10 I have been HIV positive since 2002 and I love
11 when science informs lawmakers and allows them to
12 make--to address good governments.

13 Research clearly indicates and
14 shows that a low, even better undetectable viral
15 load reduces the transmissibility of HIV. How can
16 people living with HIV achieve that goal of
17 attaining and maintaining a low undetectable viral
18 load if HASA takes away the first link to access
19 to care, to treatment, to adherence to medication,
20 and ultimately to prevention? [Pause] By
21 obstructing access to affordable for us,
22 affordable for us, most of us are on a budget to
23 begin with.

24 This is a blatant attack on
25 prevention ultimately because if you look at this

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2 way, you might save a dollar here, but reducing
3 the transmission of HIV, which is the ultimate
4 goal, everybody's ultimate goal, including the New
5 York City Department of Health, which is a sister
6 agency of the same city, we're not talking about
7 Chattanooga, it's the same city. Why do two
8 different agencies have different goals? Does
9 that make any sense?

10 And furthermore, I do not believe
11 that HASA workers--some of them charming and very
12 efficient, some of them are who they are--but I
13 don't believe they are qualified and have the
14 capability of recognizing the difference between a
15 side effect of Interferon, which is a Hep C
16 medication, and drugs. There are other things in
17 people's life that might interfere with their
18 cycle, whatever.

19 And a questionnaire, a simple
20 questionnaire, are they going to retrain the whole
21 workforce of HASA? Are they going to go through
22 all that length for this? To be more oppressive?

23 You put people on the street, it's
24 not going to help. It's not going to help the
25 ultimate, everybody's ultimate goal is the

1
2 reduction of transmission. Housing is the first
3 link to that goal.

4 [Pause]

5 I do believe that some people at
6 HASA are very bad at math, mathematics, I mean.
7 They might save a dollar today, but they're going
8 to spend a lot more later and maybe they might
9 not, but some other agencies or Medicaid or
10 somebody else will, but it's all the same city,
11 it's all the same state, so why does one agency
12 counterproductively act against a common goal.
13 And, after all, adding the human element is good
14 governance, Madam Chair. Isn't it?

15 CHAIRPERSON PALMA: I agree with
16 you. Thank you.

17 YVES GEBHARDT: Thank you.

18 CHAIRPERSON PALMA: Thank you both,
19 all, for the panel for their testimony. I know it
20 takes a lot of courage to come before the public.

21 MANUEL DUCRET: I will send you an
22 e-mail.

23 CHAIRPERSON PALMA: Okay.

24 MANUEL DUCRET: Explain your--

25 [Crosstalk]

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2 CHAIRPERSON PALMA: Thank you,
3 Manuel. It takes a lot of courage to come before
4 the public and put your personal experience, but I
5 think it also--it's important to put a human
6 element to the issues that we're discussing at
7 hand, 'cause at the end of the day, it's not all
8 about dollars and cents, but it's about human
9 lives.

10 Our next panel is Dwayne Moya, May,
11 Moy--

12 DWAYNE MOYE: Moye, Moye.

13 CHAIRPERSON PALMA: Moye. Felicia
14 Carroll, on behalf of Donella Walters; Carlos
15 Guevora; and the last name is Joseph, Lodz Joseph?
16 No? Okay.

17 [Off mic]

18 CHAIRPERSON PALMA: You may start.
19 Introduce yourself for the record.

20 DWAYNE MOYE: My name is Dwayne
21 Moye, I am HIV positive and have been since 1990.
22 The reason why I disagree with this here policy
23 because there's been a lot of problems referring
24 to HASA. I have been with HASA for, I would give
25 more about 15, 16 years. I don't like the idea of

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2 that I'm already suffering one way and then on top
3 of that, they're making me suffer more. And being
4 that I am part of a SRO that helps people who are
5 positive to better their lives--to better their
6 lives and to get a better handle of your lives at
7 the same time, these people are not allowing to
8 eat or cook food in this particular SRO.

9 One person had just recently died
10 over a month ago behind this and it caused quite a
11 big scare within the building that a lot of us now
12 and scared of because we don't know how or which
13 way to go about living when we cannot buy food to
14 cook, prepare food that--give an example, an
15 individual in the building that I take care of,
16 [off mic] these meals, God Love We Deliver. The
17 meals are given, you got five different meals--
18 three different meals, which three of them are
19 frozen, only one is prepared. Now being that they
20 had sealed the stoves, there's no way to heat
21 those meals up. On top of this, you got the other
22 part of trying to get the pantry, the pantry, you
23 still have to cook the pantry, you still have to
24 heat that up in order to eat it.

25 Being at sick that we are, we still

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2 have to have nourishment and food. If you can't
3 cook the food, how are you going to survive,
4 besides buying food on the outside? Which can in
5 turn may give you parasites, which is what
6 happened to this woman and she ended up having a
7 parasite in the system and it killed her. She was
8 only 25, very sad.

9 On top of this, I have a worker at
10 HASA who sends me all over these places like
11 realtors, different SROs, I've been--I lost about
12 seven different apartments already behind this one
13 particular person who claims he's trying to help
14 out, but yet I make my way to do what I have to
15 do, bring back my paperwork and still yet, I'm
16 losing in the end. I'm still don't have a place
17 to stay, I'm still suffering right now, I still
18 can't eat right now because of these situations.

19 It's not good at all. I mean, I'm
20 trying to live, but yet you're trying to kill me
21 at the same time.

22 Another incident example,
23 decreasement of SSI and SSD monies, okay? But yet
24 the same money that you're increasing, you're
25 taking right back, so you're not really helping,

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2 you're actually denying the help that we so-called
3 given. And we're still hurt, you know. It's not
4 good to--I mean, even for me today--and I feel bad
5 saying it, but in some other ways, I don't--I want
6 to trust in HASA, but how can I? I'm afraid of
7 losing whatever I have made up to get.

8 I have lost my last place behind
9 someone else who sold drugs in the building and I
10 got caught in it because they lived in the
11 building or I knew the person, so I lose
12 everything, all my furniture, everything I've
13 owned is gone, behind something that nothing to do
14 with me. But yet, still I'm out of an apartment,
15 they put me in a SRO to even suffer more. That's
16 not helping.

17 I think, again, as I forget the
18 young lady's name, I know her very well, HASA does
19 need to be evaluated, they need to be looked at,
20 they need someone supervising them, even the
21 supervisors that are there, in my case, supervisor
22 I know works with my HASA worker, but [off mic]
23 he's not doing nothing, he's there. Oh, mister,
24 this such and such person is at the--he's at the
25 desk, but why is he not answering the phone? I'm

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2 on the same line, why can't he answer that phone?
3 This is important, this is my life. You know, why
4 do I got to continue to suffer? That's my
5 question. Thank you.

6 FELICIA CARROLL: Good afternoon,
7 my name's Felicia Carroll and I'm someone speaking
8 for, like, you know, Dorella Walters and I know
9 she's the community co-chair to the HIV Human--
10 excuse me, HIV Health and Human Services Planning
11 Council. And, like, you know, and I knew she
12 just, like, you know, she wanted to stress like,
13 you know, how the concerns like, you know, how--
14 like, you know, these policy changes of HASA,
15 like, is affecting, like, our charge at the
16 Planning Council. And like, you know, her
17 comments, like, none do not necessarily, like,
18 reflect the opinion of the Department of Health
19 and Mental Hygiene or the Mayor. I mean, not the
20 Mayor, but the Office of the Mayor. [Off mic]
21 And I just wanted to address, like, you know,
22 these three [off mic] recent policy changes.

23 This is so in February and March,
24 March of last year, so the New York City Human
25 Resources--HRA, rather, changed its longstanding

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2 policies regarding payment of the broker's fees
3 and the security deposits. And, like, and--let's
4 see, HASA deposits. And the deposit on behalf of
5 the extremely poor New Yorkers who are legible for
6 a housing--excuse me--for a housing allowance as
7 part of their household's public assistance
8 budget.

9 Number one, so the broker's fee.

10 Of course, you heard the testimony on how the
11 broker's fee, like, it's affecting, like, you
12 know, the clients, even myself, like, you know,
13 finding apartments, and, like, you know, even as a
14 consumer, like, you know, who are just graduate
15 out of the job training program still, like, it's
16 a horror show looking for an apartment, like, and
17 I based on a new broker's fee and policy changes,
18 that list, I had that list too and I actually
19 called all those people. And out of that list,
20 only about one person called me back and then she,
21 like, you know, like, you know, she played games
22 with me, she had me leave my job early, and I'm on
23 probation, mind you, and I can't do that, so I had
24 to beg for this time off, I went all the way to
25 the office on Atlantic Avenue, I was there on time

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2 at 5 o'clock, the lady--I mean, the place was
3 closed. I called her on her phone, she told me to
4 wait 45 minutes, I said, ma'am, I'm not doing
5 this. I said because first of all, 'cause I'm on
6 probation, I just graduate out of job training
7 program and then, like then I beg for this time
8 off so, you know, so they weren't supposed to do
9 that, you know, so that mean, like, I have to make
10 up hours. And then she's telling me, well then
11 like, you know, well then, like, you know, since,
12 like, you know, since you're a client of HASA well
13 then, you know, we could do this another day. So
14 I said what do you mean, like, you know, being a
15 client of HASA have to do with anything. So then,
16 like, well then HASA's only paying half of the
17 broker's fee. I said, so, like, you know, and
18 what, I mean, like, and I asked you, like, whether
19 or not, like, you know, are you able to help me
20 and you say yes, so you telling me, like, you
21 know, since I'm a client, like, and I could come
22 back any time, you know, like when you feel free
23 to [off mic] I can't do that. So then, like, she
24 told me, well then I guess you don't want an
25 apartment, so I guess [off mic] I won't be dealing

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2 with you, that's what I had tell her in a very
3 nice way. But I also told her too that I will let
4 other PWAs like myself know, that they know--let's
5 see [off mic]--like how you operate, and you don't
6 have people coming out here in the middle of the
7 night, you know, like, not in the middle of the
8 night, but, like, leaving, like, you know, a job
9 early, like especially if they, like, they're on
10 probation, they're trying to do right. You know,
11 I mean, you don't treat people that way, miss.

12 And then like she the one who
13 called me the night before at 9 o'clock at night,
14 so, like, I was hoping there was an apartment
15 that, you know, that, like, you know, that I could
16 find, but, no, in that list, is, I mean, just
17 being nice, it's BS.

18 Also back to the security deposit.
19 And plus the landlords, the landlords are shady.
20 You know, I had one, like, you know, when I did
21 finally find an apartment, she was like, well the
22 first she was okay with the voucher, she say, oh,
23 oh, Ms. Carroll, it's okay, like, you know, and
24 I'm sure that you a good tenant, and then so when
25 the time came she, I mean, she called me on a

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2 Saturday, she wanted to know the status, the
3 status, so then on Tuesday I found out the status,
4 I called her, now she tells me that she cannot
5 accept the voucher, and then she tells me, well
6 then, like, put this way, so the rent is 1,850 so
7 you don't qualify anyway. I said, excuse me,
8 ma'am, I signed the lease for 1,600 so now you're
9 telling me that I have to pay 1,850 now? I say,
10 excuse me, excuse me, so it don't work like that.
11 You know, so then like these are the games that
12 landlords are playing. And then so like--and then
13 they further tell me, tell me, like, that I don't
14 qualify, and which was a lie because on your
15 budget, like, you know, you have a certain amount
16 of people so then like, you know, I got six people
17 on my budget and the rent was 1,600. So then how
18 can you saying I don't qualify? So these
19 landlords, like, you know, like, like, you know,
20 put they will agree to, like, like, you know, at
21 first, you know, they might sign a lease for the
22 lower rate, but then time they find out--

23 DWAYNE MOYE: They increase.

24 FELICIA CARROLL: --you know, like,
25 like, you know, that they're really actually

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2 getting only but a voucher and not the actual
3 money, they will actually go up on the rent and I
4 think that's so unfair. So, like, that's the
5 issue that has to be, like, you know, addressed as
6 far as the security deposit.

7 And as far as the drug screening,
8 I'm just going to read for what, like, you know,
9 Dorella is talking about, like, how it affects our
10 planning process. And as far as the drug
11 screening, let me see, HASA clients so with drug
12 problems they are required to engage in treatment
13 for substance use. Of course, you already know
14 that. Some, however, chose not to participate.
15 PLWHAs who decide not to seek treatment will have
16 a choice of supportive housing or may no longer be
17 able to obtain the allotted enhanced rental
18 assistance or may not receive--excuse me--or may
19 not receive rent arrears money once in compliance.
20 These ascription--I mean, excuse me, these--excuse
21 me--these, you know, restrictions are, like
22 operators until, like, you know, the client can
23 provide proof that he or she is actively engaged
24 in substance use treatment.

25 At this time, at this time, there

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2 is no clear indication how HASA clients with drug
3 problems will, like, you know, specifically be
4 selected since, like, there is no screening
5 process that has not been confirmed yet. Also, so
6 these new guidelines so would be, like, you know,
7 prohibitive and it will, like, increase the
8 likelihood that the PWAs, so they would lose
9 access to their housing.

10 So then on the planning council
11 side, out of the \$120 million grant from HRSA, 11
12 million goes to agencies providing housing
13 services. According to the master contractor
14 charged with handling the money, that's Public
15 Health Solutions, HASA policies so are having a
16 distinct impact so, like, on the agencies we fund.

17 Contractors have lost brokers and
18 landlords, meaning that staff has to work harder
19 to place clients. Additional staff effort so has
20 focused on establishing new relationships so with
21 brokers and landlords who are willing to work,
22 like, you know, within the new HASA regulations.

23 Public Health Solution, and like
24 that's the master contractor, provided increases
25 to contractors' reimbursement rates to account for

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2 the additional staff effort so as well as to
3 recognize the increased cost of running programs
4 over time. Public Health Solutions also adjusted
5 service goals to reflect the actual, like, you
6 know, performance history. With the increased
7 rates and service adjustments, contractors were
8 able to maintain their staffing and meet, like,
9 you know, projected service goals. The net impact
10 of the HASA changes was increased contractor
11 effort to place clients and additional cost to the
12 Ryan White portfolio from the increase to contract
13 amounts.

14 As you consider the budget, so we
15 implore you to encourage HRA's HIV Services
16 Administration, HASA, to reconsider these
17 policies. It is our heartfelt belief that access
18 to safe and accessible housing so is essential to
19 supporting, like, an individual living with
20 HIV/AIDS to adequately, let's see, to address
21 their care and their treatment needs.

22 And she also said thank you for
23 your time and attention. And she's sorry that she
24 can't be here, but she's at a planning council
25 meeting.

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CHAIRPERSON PALMA: Thank you.

FELICIA CARROLL: So thank you, and
thank you for your time--

[Crosstalk]

CHAIRPERSON PALMA: [Interposing]
Thank you both for your testimony.

DWAYNE MOYE: Thank you.

CHAIRPERSON PALMA: And I want to,
again, thank everyone who came and gave testimony.
I think the goal of today's hearing was to try to
guess--gain some understanding from the
Administration on their rationale behind the
policy changes, but it's clear that, you know,
this not--that's not that much understanding on
why they would do something like this.

I will reiterate that this Council
is committed to HASA and to making sure that the
Administration is working on policies that will
continue to help this population and not hurt
them. And, you know, it is unfortunate that the
Administration continues to make policy changes in
the middle of the night and not consult the very
population that is being affected by the changes.
I will hope that the Administration will

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reconsider some of the changes that they have made

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and take into account the testimony that has been

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given here to reevaluate the decisions that have

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been made around these policies.

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I will now adjourn today's hearing.

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Thank you.

C E R T I F I C A T E

I, Tammy Wittman, certify that the foregoing transcript is a true and accurate record of the proceedings. I further certify that I am not related to any of the parties to this action by blood or marriage, and that I am in no way interested in the outcome of this matter.

Signature *Tammy Wittman*

Date March 3, 2012