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Testimony to the
New York Council General Welfare Committee on the Human
Resources Administration (HRA) Budget

March 23, 2009
City Hall, New York

I have known Arron Smith since January 25, 2005 upon which he was accepted to Project Renewal's Holland House SRO housing program. As the Clinical Director of a 307 unit SRO building, I agreed to work with Mr. Smith due to his history of crystal meth use and sales, his struggle to live with HIV, and his diagnosed mental illness. His case was complex and delicate and I was intrigued by the challenge of helping him establish a life free of drugs and emotional pain.

Mr. Smith grew up in the mid west and had a turbulent home life. Problems at home led to drugs and illegal behaviors. Incarceration followed shortly after and during his jail time, Mr. Smith became extremely ill. He was discharged to hospital care for over six months and required intensive services while at the hospital. After his hospitalization he was placed on parole and referred for housing through HASA. In early January of 2005 Mr. Smith was assessed and accepted to the Holland House.

When Mr. Smith and I first met he had no support program to help him with the steps toward sobriety. Although remaining sober his mental state was affected and depression soon ensued. Not having a foundation for his sobriety only led to a relapse and a return to old behaviors. After several counseling sessions and motivational discussions about changing his behavior and choices he came to terms with his addiction. In July of 2007, Mr. Smith was referred to Seafeld 28 day detox and rehabilitation facility in Long Island. It was at this point that Arron changed his life and decided to work the program and stay sober.

Arron completed the drug rehabilitation program, joined Crystal Meth Anonymous, worked with a sponsor, obtained psychiatric counseling

and medication treatment, and started working on 12-step work. In this transformation process he did not indicate requiring HASA case management services. In fact, he complained that he was not receiving effective case management from HASA, which in turn, motivated him to create a supportive network with his on-site case manager. He is now treasurer of a meeting and is taking on sponsees. Arron has worked the program and has changed as a person. He is one of the most motivated people I know.

I am a licensed clinical social worker and have practiced professionally for over 15 years. I believe that Arron Smith has been rehabilitated and is not a threat to our society. I believe that he will never sell drugs again and will always encompass a supportive network of people around him to deal with his addiction, medical and mental health issues. A caring nurturing human being has emerged from this self realization process. His anger pain and anxiety are being addressed in therapy and I have seen progressive results. I also believe that Mr. Smith has greater aspirations in helping others to make positive changes in their lives. I would like to support his efforts by continuing to provide counseling and guidance along his new life.

Most recently, Mr. Smith has agreed to run a sewing group for the tenants of the Holland House. He has a degree in fashion design from the Fashion Institute of Design and Merchandising and has worked in the industry for many years. He is also currently working part time with a couture designer in NYC and has aspirations of connecting his love for design and fashion with recovery and the formerly homeless.

In addition, Mr. Smith traveled to Albany to speak on behalf of Project Renewal and SRO tenants who argue that government should not cut supportive housing funding. He spoke directly with Michael Kink and told his story of how supportive housing on-site services saved his life and helped to redirect his energy in becoming a good citizen. Mr. Smith believes that there is no substitute for on-site case management services for folks with HIV/AIDS. He is an advocate for continued on-site services and strongly

advises that if cuts are needed to be made that they occur with the HASA case managers because they are unqualified and overworked. He stressed to me that when living with HIV/AIDS one often requires emergent assistance and that he found that HASA case managers took as long as two weeks to even return a phone call. Certainly this is a demonstration of their inability to provide effective case management services.

Mr. Smith wanted me to thank you for holding this hearing and giving him the opportunity to share the experiences and concerns of New York City's supportive housing tenants.

Submitted by:

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