NYS 2018-19 Joint Legislative Budget Hearing on Social Services
Housing Works Testimony

February 6, 2018

Thank you for the opportunity to present testimony to the Joint Budget Hearing on Human Services. My name is Charles King, and I am the President and CEO of Housing Works, a healing community of people living with and affected by HIV/AIDS. Founded in 1990, we are the largest community-based HIV service organization in the U.S., and provide a range of integrated services for low-income New Yorkers with HIV/AIDS – from housing, to medical and behavioral care, to job training. Our mission is to end the dual crises of homelessness and AIDS through relentless advocacy, the provision of life saving services, and entrepreneurial businesses that sustain our efforts.

Housing Works is part of the End AIDS NY 2020 Community Coalition, a group of over 90 health care centers, hospitals, and community-based organizations across the State. I was proud to serve as the Community Co-Chair of the State's ETE Task Force, and Housing Works is committed to fully implementing our historic New York State *Blueprint for Ending the Epidemic* (ETE) by the year 2020, including recommendations related to homelessness and housing instability.

For a person with HIV, housing status is one of the strongest determinants of effective treatment, viral load suppression and mortality.[1] NYS data show that unstable housing is also the single strongest predictor of racial and ethnic disparities in HIV health outcomes.[2] For that reason, NYS's ETE Blueprint recommends concrete action to ensure access to adequate, stable housing as an evidence-based HIV health intervention.

In 2016, the ETE Blueprint housing recommendations were fully implemented in New York City, which became the first jurisdiction in the world to offer every income-eligible person with HIV access to the existing NYS HIV Enhanced Shelter Allowance (ESA) program at rental subsidies sufficient to afford housing stability, with a 30% rent cap affordable housing protection for persons with HIV who rely on disability income.

Outside NYC, however, an estimated 3,700 low-income households living with HIV remain homeless or unstably housed because the 1980s Enhanced Shelter Allowance regulation sets maximum rent at a level ($480/month) too low to secure decent housing in any part of the State, and the 30% rent cap is limited to NYC.

It is time to ensure that homeless and unstably housed New Yorkers with HIV throughout the State have equal access to vital NYS housing supports.

We were pleased to see language in the Executive Budget proposal authorizing the enhanced ESA and 30% rent cap in the rest of the State outside NYC. However, we were dismayed that the proposed Executive Budget language would perpetuate rather than correct the inequity in housing access for people with HIV who live in Upstate New York and on Long Island, by limiting maximum rent outside NYC to just 80% of fair market rates, and by leaving the enhanced rental assistance and affordable housing protection a local option rather than mandate. This budget language must be corrected, since it undermines the Governor's intent to expand the Emergency Shelter Allowance and 30% rent cap to all New York households with HIV.

The ESA program works in NYC because the social services district, through its HIV/AIDS Services Administration (HASA), regularly approves exceptions to the $480 regulatory limit to allow maximum rents

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[1] Aidala, et al (2016). Housing Status, Medical Care, and Health Outcomes Among People Living With HIV/AIDS: A Systematic Review. *American Journal of Public Health*, 106(1), e1–e23.

[2] Feller & Agins (2017). Understanding Determinants of Racial and Ethnic Disparities in Viral Load Suppression: A Data Mining Approach. *Journal of the International Association of Providers of AIDS Care*, 16(1): 23-29.

in line with U.S. Department of Housing and Urban Development (HUD) Fair Market Rent (FMR) levels, currently $1,550 for a NYC one-bedroom apartment. Even at this payment standard, it is extremely difficult for HASA clients or housing providers to locate affordable units in any part of the City.

Likewise, HUD Housing Opportunities for Persons with AIDS (HOPWA) and Continuum of Care programs across the State use local FMR levels as the payment standard for maximum rents available through tenant-based rental assistance.

There is no justification for setting a lower ESA payment standard for households with HIV outside NYC. Limiting maximum rent for ESA rental assistance to just 80% of FMR in local districts outside NYC would undermine the program by significantly limiting access to safe, appropriate units, especially in areas where housing need is most acute. The HUD FMR is a carefully calculated payment standard for federally funded low-income and homeless housing assistance programs. As explained by HUD, the FMR standard enables programs that rely on the private rental market to function by controlling public costs while also ensuring an adequate supply of decent, safe, and sanitary rental units. FMRs for each community are set at a level sufficient to provide access to acceptable units and neighborhoods, but low enough to serve as many low-income households as possible. (See HUD, Fair Market Rents, https://www.huduser.gov/portal/datasets/fmr.html)

Likewise, there is no reason to leave access to the Enhanced Shelter Allowance and the 30% affordable housing protection at the option of local social service districts, since there are sufficient Medicaid savings from increased housing stability to support the program in every district. The current budget language purports to mandate local participation where the full cost of the additional rental assistance can be funded through Medicaid savings resulting from stably housing individuals. The State has scored the Medicaid savings from greater housing stability for a person with HIV at $7,000 annually. This amount, added to the current $480/month regulatory rent obligation, is sufficient to fully fund rental assistance at amounts up to FMR in each district, even before taking into account rent contributions (30% of income) from disabled persons with HIV and others with income.

We know that the lack of housing assistance in Upstate New York and on Long Island is undermining our ETE efforts. New York State Department of Health (NYS DOH) 2016 HIV surveillance data show major progress toward achieving our ETE goals. Unfortunately, however, the data also show that our progress is largely driven by NYC outcomes, while the rest of the State lags behind.

To end the epidemic for all New Yorkers, we need full implementation of the ETE Blueprint housing recommendations in every community. That means equal access to the ESA program and affordable housing protection in every local district, and the same level of enhanced shelter allowance in the rest of the State that is currently available to people with HIV in NYC. Together, we can push the AIDS epidemic beyond the tipping point and secure our State's place as the first jurisdiction in the nation and the world to end its HIV/AIDS epidemic.

Sincerely,

Charles King
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