

**NYS 2025 Joint Legislative Budget Hearing on Human Services
Albany Damien Center Testimony**

January 31, 2024

Thank you for the opportunity to present testimony to the Joint Budget Hearing on Human Services. My name is Perry Junjulas, and I am the Executive Director of The Albany Damien Center and a person who is living with AIDS. Our mission is to enhance the lives of people impacted by HIV, mental health, and homelessness in a safe, inclusive environment. We serve the 17-county upstate NY region and have our main site in Albany where we provide permanent supportive housing, meals, mental health counseling, employment access, pharmacy, and a low-barrier drop-in living room.

The Albany Damien Center is part of the **End AIDS NY Community Coalition** (EtE Coalition), a group of over 90 health care centers, hospitals, and community-based organizations across the State. I was proud to serve as the Housing & Supportive Services Subcommittee Co-Chair of the State's Ending the Epidemic Task Force. The Albany Damien Center is fully committed to realizing the goals of our historic NYS Blueprint for Ending the Epidemic (EtE)—a set of concrete, evidence-based recommendations for ending AIDS as an epidemic.

While we have made significant progress implementing the 2015 [*Ending the Epidemic \(EtE\) Blueprint*](#) recommendations, we have failed in providing equal access to HIV housing assistance as HIV health care in every part of NYS. We are disappointed that once again, the Executive Budget fails to include cost-neutral provisions that would end homelessness among people with HIV across New York. Language included in this year's NYS budget proposal is the same as the previous 5 years, where there was certainly an intention to extend access to the same meaningful HIV housing supports across the State, but as written has failed to assist even a single low-income household living with HIV outside NYC. This failed language, allows but does not require local departments of social services to provide meaningful HIV housing assistance, and provides no NYS funding to support the additional costs to local districts outside NYC.

The *Blueprint's* housing recommendations have been fully implemented in New York City since 2016, where the local department of social services employs the longstanding NYS HIV Emergency Shelter Allowance program to offer every income-eligible person with HIV experiencing homelessness or housing instability access to a rental subsidy sufficient to afford housing stability, as well as a 30% rent cap affordable housing protection for low-income persons with HIV.

Every low-income New Yorker with HIV experiencing homelessness or housing instability must have equal access to NYS housing resources necessary so they may benefit from HIV treatments and stop HIV transmission. Ongoing homelessness and housing instability among people with HIV in communities outside NYC is fundamentally unfair, perpetuates HIV health inequities, undermines the State's ability to end our HIV epidemic, and costs the State money.

Upstate and on Long Island, however, as many as 2,500 households living with HIV remain homeless or unstably housed because the 1980's NYS regulations governing the HIV Emergency Shelter Allowance (HIV ESA) set maximum rent for an individual at just \$480 per month – far too low to secure decent housing anywhere in the State, and local districts are not required to provide the 30% rent cap affordable housing protection. Only the NYC local department of social services

works with NYS to approve “exceptions to policy” to provide meaningful HIV ESA rental subsidies in line with fair market rents and other low-income rental assistance programs.¹

OTDA’s own fiscal analysis clearly demonstrates the wisdom of such an investment of NYS funds. Housing assistance has been repeatedly shown to dramatically improve individual and public health outcomes, generating savings in public health spending on acute care and averted HIV infections that more than offset the cost of housing.² The OTDA analysis forecasts additional public assistance costs to the State for the housing assistance of only \$3M in the first year of implementation and at most \$31M annually in out years. This investment would be more than offset by estimated Medicaid savings of \$4M to \$53M annually.

To finally provide equitable Statewide access to HIV housing supports, we urge the Legislature and Governor to correct the relevant Aid to Localities language on public assistance benefits and enact Article VII legislation necessary to: i) ensure that every local department of social services provides low-income PWH experiencing homelessness or housing instability access to the NYS HIV Emergency Shelter Allowance program to support rent reasonably approximate to up to 110% of HUD Fair Market Rates (FMR) for the locality and household size (the standard for Section 8 Housing Choice vouchers and other low-income rental assistance programs); ii) make the NYC-only HIV affordable housing protection available Statewide to cap the share of rent for extremely low-income PWH at 30% of disability or other income; and iii) notwithstanding other cost-sharing provisions, recognize the fiscal reality of communities outside NYC by providing NYS funding to support 100% of their costs for providing HIV Shelter Allowances in excess of those promulgated by OTDA, and of additional rental costs determined based on limiting rent contributions to 30% of income.

At the Damien Center, we have seen firsthand the healing power of safe, secure housing—especially for persons who face the most significant barriers to effective HIV treatment. Currently, over 95% of the residents of our HIV housing programs are virally suppressed. Every homeless or unstably housed New Yorker with HIV deserves the same equal access to life-saving housing supports, regardless of which part of New York State they call home.

Thank you for your time.

Sincerely,
Perry Junjulas

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¹ The NYC Human Resources Administration’s current payment standard for HIV Emergency Shelter Allowance rental assistance is 108% of HUD FMR, in line with Section 8 Housing Choice Vouchers and other low-income housing assistance, to ensure that PWH are not disadvantaged in the housing market.

² See, e.g., Basu, et al. (2012). Comparative Cost Analysis of Housing and Case Management Program for Chronically Ill Homeless Adults Compared to Usual Care. *Health Services Research*, 47(1 Pt 2): 523-543.