

**NYS 2017-18 Joint Legislative Budget Hearing on Housing  
Housing Works Testimony**

**February 17, 2017**

Thank you for the opportunity to testify today at the Joint Budget Hearing on Housing. My name is Charles King, and I am the President and CEO of Housing Works. Housing Works is 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 fully committed to realizing the goals of our historic New York State plan to end our HIV/AIDS epidemic by the year 2020. The ETE Community Coalition strongly supports the \$30 million dollar Ending the Epidemic health systems investment included in Governor Cuomo's fiscal year 2017-18 Executive Budget. I am here today to urge the Legislature and Governor to commit the funding necessary to ensure that all New Yorkers have the safe, affordable housing necessary to benefit from this lifesaving HIV health care.

Effective antiretroviral treatment that suppresses the HIV virus to an "undetectable" level both maintains the health of HIV infected persons and makes it virtually impossible to transmit the virus to others. For this reason, action to retain New Yorkers with HIV infection in effective care that supports durable viral suppression is one of the three core pillars of our State plan to end AIDS.

We know from our experience and a large body of research evidence that one of the most formidable barriers to effective HIV care is housing instability. It is not surprising that people with HIV who are struggling to meet basic subsistence needs such as housing and food are less likely to be retained in HIV care, less likely to achieve and maintain viral suppression, more likely to transmit HIV to others, and more likely to die prematurely.

Since the mid-1980's, NYS regulations have provided for an enhanced Emergency Shelter Allowance (ESA) for persons with HIV-related illness.<sup>1</sup> The Governor took action this summer to clarify that "HIV-related illness" includes all persons with diagnosed HIV infection, expanding medical eligibility for the ESA and other HIV-specific benefits to ensure access to housing and other essential HIV treatment supports. For the majority of low-income persons with HIV and their families, these rental subsidies are the most appropriate and cost-effective form of housing assistance. In NYC, 75% of persons with HIV who receive housing support through HRA's HIV/AIDS Services Administration (HASA) use the HIV Enhanced Shelter Allowance to live independently in private market housing.

Indeed, this past summer, New York City's mayor joined forces with the Governor to make NYC the first jurisdiction in the world to ensure housing for all homeless persons living with HIV. NYC's longstanding provision of housing and essential supports through its HIV/AIDS Services Administration (HASA) is a key reason that New York has reduced new HIV diagnoses by 40% over the past decade, while the United States as a whole saw no decrease. But to date this critical housing intervention has been largely limited to City residents. As a result, an estimated 3,600 New

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<sup>1</sup> New York State Codes, Rules & Regulations. Title 18. Section 352.3(k).

Yorkers living outside NYC remain homeless or unstably housed, jeopardizing their health, the health of their communities, and our ability to end AIDS in NYS.

Unfortunately the New York State program of enhanced rental assistance for persons with HIV illness and AIDS has never been employed as a significant housing resource outside New York City (OTDA reports that only 107 households outside NYC use the HIV rental assistance) – in part due to inconsistent participation and administration by local departments of social services,<sup>2</sup> but also because the amount of the subsidy is too low to benefit most persons with HIV. Under the current regulation, actual rent must not exceed \$480 for an individual with HIV (plus \$330 for each additional household member on the public assistance budget).<sup>3</sup> In NYC “exceptions to policy” are routinely granted to approve higher actual rents. But outside NYC, households with actual rent above the maximum set in the regulation are ineligible for the HIV rental assistance unless a third party agrees to pay the difference between actual rent and the approved rent. While some families with HIV may be able to secure housing within the maximum allowed by the regulation, few individuals can find housing with a rent of \$480 or less. Moreover, most disabled persons with HIV are ineligible for the rental assistance even if they are able to secure housing within the approved rent levels – because outside NYC there is no affordable housing protection to limit rent burden for disabled HIV-positive persons to 30% of income.

We propose that the State invest \$20million in State settlement money or tax levy dollars to initiate a demonstration project to leverage the existing HIV Emergency Shelter Allowance to expand access to HIV rental assistance, including a 30% affordable housing protection, to income-eligible people with HIV who reside in New York State communities outside of New York City. This investment would not only support housing stability for homeless and unstably housed New Yorkers outside NYC, but would also generate savings in Medicaid spending that far exceed housing costs. It can be conservatively estimated that improved housing security for 3,600 unstable households outside NYC would prevent at least 57 avoidable new HIV infections each year, for an annual savings in avoided lifetime treatment costs of \$21million, plus additional savings in avoidable emergency and inpatient health costs of over \$50million annually, for combined offsetting cost savings of over \$71million annually,<sup>4</sup> before even taking into account savings from avoided emergency shelter use, jail stays and other areas of public spending to address the crisis of homelessness for this group.

Investing in greater housing security for all New Yorkers managing HIV illness is not only necessary to meet our Ending the Epidemic goals, but is also cost saving for the State as a whole.

New York City and State’s groundbreaking initiative to end our HIV/AIDS epidemic has already achieved significant progress toward our goals. In 2015, new HIV diagnoses in New York City (NYC) dropped below 2,500 for the first time in the history of the epidemic (an 8.3% decline from 2014)—that’s a nearly 10% decline in one year—and the number of new HIV diagnoses among people aged 20 to 29 reached a significant new low since 2001. In NYC, 83% of people engaged in

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<sup>2</sup> We understand that some LDSS do not offer the ESA at all, others have provided the ESA to maintain existing housing but do not provide it to establish a home.

<sup>3</sup> These regulatory rent allowances have remained unchanged in the 30 years since the regulation was put in place.

<sup>4</sup> Holtgrave, DR, et al (2012). Cost-Utility Analysis of the Housing and Health Intervention for Homeless and Unstably Housed Persons Living with HIV. *AIDS & Behavior*, 17(5): 1626-1631.

regular HIV care maintained their treatment and achieved viral suppression. But viral suppression rates remain much lower in upstate New York and on Long Island, and we must address the lack of access to stable housing for all New Yorkers with HIV if we are going to be successful at ending the NYS epidemic.

Housing Works, along with organizations, individuals and communities across the State, ask for the Legislature's support to fully implement the ETE Blueprint by providing essential housing, social services, and transportation supports to people with HIV across the State. Where you live in the State should not determine your access to life-saving HIV housing supports. 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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