

**Social Services Budget Hearing  
Housing Works Testimony**

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Thank you for the opportunity to speak this afternoon. My name is Carmelita Cruz and I am the Director for NYS Advocacy at Housing Works. Housing Works is a healing community of people living with and affected by HIV/AIDS. 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.

Over the past year, Housing Works has worked tirelessly to support the New York plan to end its HIV/AIDS epidemic. On June 29<sup>th</sup>, 2014, Governor Andrew Cuomo announced a plan to end the AIDS epidemic in New York State by 2020. New York was the first state to create such a plan and has set the most ambitious goal of any state in the nation. If we are successful, this endeavor will serve as a global model for combatting HIV/AIDS.

In October of 2014, the Governor convened a Task Force to develop a comprehensive Blueprint to end HIV/AIDS as an epidemic in New York by 2020. Charles King, President and CEO of Housing Works, served as the community co-chair for the Ending the Epidemic (ETE) Task Force, along with Guthrie Birkhead, the Deputy Commissioner of the Office of Public Health. The sixty-three person Task Force met from October through January, collected and reviewed approximately 300 recommendations submitted by the public and, together with the New York Department of Health/AIDS Institute, participated in or reviewed seventeen regional listening forums with over 500 participants.

The final Ending the Epidemic (ETE) Blueprint includes 30 Blueprint recommendations on meeting the Governor's stated goals:

- reduce the number of new HIV infections to just 750 (from an estimated 3,000) by 2020 and achieve the first ever decrease in HIV prevalence in New York State;
- identify persons with HIV who remain undiagnosed and link them to health care;
- link and retain persons diagnosed with HIV in health care to maximize virus suppression so they remain healthy and prevent further transmission; and
- facilitate access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative.

In addition, the ETE Blueprint includes 7 "Getting to Zero" recommendations on achieving zero new HIV infections, zero HIV-related stigma and zero AIDS deaths in New York State. On April 29<sup>th</sup>, 2015, Governor Cuomo accepted and endorsed the Ending the Epidemic (ETE) Blueprint and called for full implementation of its recommendations.

In this testimony, we will explain the essential role that housing plays in improving the health outcomes of people living with HIV/AIDS (PWH), and we will then outline two specific housing-related proposals that are crucial to New York's plan to End AIDS: 1) the expansion of HASA (HIV AIDS Services Administration) benefits to all homeless and unstably housed PWH in New York City; and 2) the creation of a single point of access to benefits and services for homeless and unstably housed PWH who reside in the rest of the State outside of NYC.

## *Ending the Epidemic Investments Needed in the 2016-17 Budget*

Housing Works and the entire End AIDS NY 2020 Community Coalition were thrilled when Governor Cuomo announced on World AIDS Day a \$200 million commitment to Ending the AIDS Epidemic (ETE) in FY 2016-17. At this time, we are working with the Governor's administration to identify this funding allocation in the proposed budget.

The Executive Budget establishes a \$20 billion, comprehensive five year investment in affordable housing and housing opportunities and services for the homeless, however it is unclear the direct impact this housing initiative will have on people with HIV.

As we seek clarity, and additional ETE funding in the 30-day amendments, here are several core housing and social service related ETE initiatives that are needed to achieve the ETE goals.

### *NY/NY IV*

Housing Works supports funding for an additional 20,000 units of affordable housing over 15 years for the NY/NY IV housing program included in the proposed Executive Budget. Coupled with the NYC Mayor Bill DeBlasio's commitment of 15,000 units, this totals a 35,000 unit affordable housing statewide commitment.

Housing is an essential component of the success of New York's Plan to End the AIDS Epidemic by 2020. We understand that there will be many New Yorker's at risk of contracting HIV and those that are HIV-positive with behavioral health or other medical issues that will require supportive housing and will be housed through this program. This is an historic commitment and we strongly support this allocation.

### *The 30% Rent Cap*

There is continued funding for the 30% Rent Cap rental assistance program for New York City residents at the same level as last year's commitment of \$9,000,000 (as outlined in the Aid to Localities budget bill, \$27,000,000 over three years); however, this amount does not fund the full state share of the program costs in NYC and does not make the 30% Rent Cap available outside of NYC. Housing Works strongly supports the dedication of additional resources to the rental assistance program, including full funding for the statewide implementation of the rental assistance program.

Additionally we urge the Assembly and Senate to include \$33 million in year-one funding for the State's share of the cost to expand HIV/AIDS Services Administration (HASA) benefits to anyone who is HIV-positive. This expansion will ensure lifesaving social services to an estimated 7,300 HIV-positive New York City residents who are currently homeless or unstably housed but unable to access HASA services because of outdated medical eligibility requirements.

Of course, both State and local investments will be necessary to end New York's HIV epidemic, so it is important to note that New York City, which accounts for 80% of the State's HIV/AIDS cases, has stepped up by committing significant local resources to the effort. Mayor's de Blasio's

preliminary budget released in January includes \$26 million in year-one funding for the City's share of expanding HASA benefits to HIV-positive New York City residents who are currently homeless or unstably housed.

With this City commitment from Mayor de Blasio, now is the time for New York City and State to seize the historic opportunity to work together to expand care, prevention, housing and support services all New Yorkers with and at risk of HIV, including those most vulnerable due to homelessness, hunger or the inability to access effective care. We urge the Assembly and Senate to once again demonstrate your leadership by including these crucial ETE investments in the budget.

Housing Works also urges the Assembly and Senate to include \$17 million in year-one funding to cover 100% of the cost of statewide access to HIV rental assistance for low-income people living with HIV outside of NYC. To date, State HIV housing assistance has not been made available to low-income New Yorkers outside of New York City, leaving an estimated 4,000 to 6,000 people living in Upstate New York and Long Island with unmet housing needs. We need to ensure that homeless and unstably housed people living with HIV—regardless of where they are in New York State—have access to life-saving treatment and essential services, such as housing. We ask the Assembly and Senate to include the following core ETE investments in the budget to achieve the ETE goals.

## **I. Financial Return on Investment from Ending the HIV/AIDS Epidemic**

In March 2015, Treatment Action Group and Housing Works published a joint [report](#) that shows how the State's Ending the Epidemic investments will more than pay for themselves.<sup>1</sup> If the State implements the ETE Blueprint and achieves the goal of reducing new infections from 3,200 in 2013 to 750 in 2020, approximately 10,851 new HIV infections will be averted between now and 2020. In addition, the ETE plan has the potential to greatly reduce shelter use and avoidable hospital visits for HIV-positive persons.

Achieving the ETE goals has been projected to generate some \$4.5 billion in total health care savings, including \$3.8 billion in public sector health spending. Establishing mechanisms to measure these savings so that they can be reinvested in improving quality of care, improving population health and addressing social drivers, is a crucial component of the initial implementation and long-term stability of the New York Plan to End AIDS.

Access to affordable housing, food and transportation for low-income people with HIV is essential to enable each person to realize the benefits of HIV treatment and improved health.

Studies show that safe and affordable housing stability is a strong predictor of positive health outcomes and viral suppression. A comprehensive study just published in the *American Journal of Public Health* —“Housing Status, Medical Care, and Health Outcomes Among People Living With HIV/AIDS: A Systematic Review”—reviews 152 peer reviewed articles on the association between

housing status, medical care, and health outcomes among people living with HIV. The findings reviewed provide overwhelming evidence that a lack of stable, secure, adequate housing is a significant barrier to consistent and appropriate HIV medical care, access and adherence to antiretroviral medications, sustained viral suppression, and transmission risk reduction. As the report explains, “Housing comprises more than just physical shelter. Where we live is where our personal, social, and economic lives come together. People who lack stable, secure, adequate housing lack a protected space to maintain physical and psychological well-being—finding themselves consistently in stress-producing environments with consequences for mental health and immunological functioning.”

This review also confirms our understanding of the impact of housing supports on the health of PWH. Improved housing status for people with HIV is strongly linked to reduced viral load and better health outcomes and has been found to reduce avoidable health care spending on emergency and inpatient care. Improved housing status is also independently linked to reduced risk of ongoing HIV transmission, which prevents infections and leads to significant savings in avoided lifetime treatment costs.

For these reasons, financial assistance should be provided for low-income people living with HIV to assist in meeting their housing, transportation and nutritional needs. Outside of New York City, these benefits have not been made available to low-income New Yorkers living with HIV, even though an estimated 4,000 to 6,000 people living in Upstate New York and Long Island have an unmet housing need. The state must spend the \$17 million necessary to establish a dedicated single point of entry in each social service district with an employee(s) capable of serving as a gateway to these services for low-income New Yorker’s that are living with HIV/AIDS.

### **Housing is Healthcare**

While there is currently no cure for HIV, effective antiretroviral treatment that suppresses the virus level in the blood can maintain the health of HIV infected persons and make it virtually impossible for them to transmit the virus to others. It is possible to end the epidemic, therefore, by keeping persons with HIV infection in continuous care that enables them to achieve and maintain viral suppression

Perhaps the greatest barrier to consistent care is housing instability. People struggling to maintain a home, to find food, and to pay for transportation to and from doctors are ill-suited to handle a chronic medical condition like HIV. A strong body of research shows that housing is a stronger predictor of HIV health outcomes than individual characteristics such as gender, race, age, drug and alcohol use, mental health issues, and receipt of social services.<sup>ii</sup>

The authors of a recent report on barriers to HIV treatment wrote, “We cannot overemphasize the importance of housing to HIV care engagement and viral load suppression. People without an address are at a profound disadvantage in gaining access to services; people without a home cannot create the structure and stability they need to access care and adhere to medications.”<sup>iii</sup>

Housing, nutrition, and transportation benefits, therefore, are critical enablers of HIV care. Access to these essential benefits puts people in a better position to manage their chronic illness and leads to improved HIV outcomes at every step of the HIV continuum.

## **HASA's Flawed Criteria**

An estimated 6,000 people with HIV in NYC are not medically eligible for housing assistance and benefits that are only provided for persons with *symptomatic* HIV infection, also known as advanced HIV disease. This current criteria, based on an outdated AIDS definition, excludes too many people from housing and does not correspond with modern science on HIV.

The scientific community now agrees that interventions are necessary *immediately* after an HIV diagnosis.<sup>iv</sup> A recent international study found that people living with HIV “have a considerably lower risk of developing AIDS or other serious illnesses if they start taking antiretroviral drugs sooner, when their CD4+ T-cell count—a key measure of immune system health—is higher, instead of waiting until the CD4+ cell count drops to lower levels. Together with data from previous studies showing that antiretroviral treatment reduced the risk of HIV transmission to uninfected sexual partners, these findings support offering treatment to everyone with HIV.”<sup>v</sup>

NYC must amend its HASA eligibility requirements to comport with current science on how HIV operates and to ensure that the city is doing all it can to improve HIV health outcomes.

## **Current Efforts**

### NYC

In Feb., 2015, NYC Council Member Corey Johnson introduced a bill that would extend housing, nutrition, and transportation support assistance to all low-income PWH in NYC, not just those with AIDS, thereby amending NYC's outdated eligibility requirements and helping to improve HIV health outcomes for the 6,000 people in NYC who are currently ineligible.<sup>viii</sup>

Additionally, expanding HASA will allow hundreds of PWH in NYC to leave DHS shelters, generating savings that can be better used for more appropriate housing. Analysis of NYC administrative data indicates that 700 to 1,000 PWH are forced to use Department of Homeless Services shelters each night, costing \$21 million to \$30 million each year. Providing HASA housing for these people would, therefore, produce savings up to \$30 million annually – funds that could be better spent providing safe, stable, long-term non-shelter housing.<sup>ix</sup>

This bill is currently contingent on state action and funding, and state legislators are working to form a bill that would enact similar reforms on a state-wide basis.

### NYS

Outside of New York City, basic housing, nutrition, and transportation benefits have not been made available to low-income New Yorkers living with HIV, even though an estimated 4,000 to 6,000 people living in Upstate New York and Long Island have an unmet housing need. On May 14, 2015, Senator Brad Hoylman introduced S5534, the PATHS bill, which would amend the Social Services Law to do the following:

- Direct the Office of Temporary and Disability Assistance (OTDA) to ensure coordinated access to benefits for low-income people living with HIV through a single point of access in every local social service district in the State.

- Protect rent-burdened people living with HIV and their families by expanding the 30% rent cap affordable housing protection to make it available to disabled and other extremely low income people with HIV across the state.
- Expand and update the existing enhanced rental assistance program by changing medical eligibility to include all low-income persons living with HIV and by updating the amount of rental assistance available to be in line with fair market rental rates.
- Provide access to transportation stipends/reimbursements to enable people living with HIV to access medical and supportive care services, especially for people living in rural and suburban communities.<sup>x</sup>

If passed, this bill would streamline access to these and other essential supportive services by providing entry at a single location and eliminating the need to coordinate with multiple agencies at once. By enabling continuous engagement in care, the bill will help thousands of New Yorkers manage their condition.

Additionally, this bill would satisfy the state funding requirements needed to enact NYC Council Member Corey Johnson's HASA for All bill, aiding in the provision of housing, nutrition, and transportation support assistance to all low-income people with HIV in NYC, not just those with AIDS.

### **Funding**

Expanding housing services for low-income PWH in NYC and NYS will require state and city funding, but these public investments will generate offsetting savings in short and long-term State and local spending by reducing reliance on costly shelters, preventing new HIV infections, reducing avoidable Medicaid spending, and improving quality of life and opportunities for New Yorkers with HIV.<sup>xi</sup> Furthermore, the housing needs of PWH in the State will peak at first but then decline over time as EtE initiatives reduce new HIV infections, as healthy PWH reenter the workforce, and as PWH age and die naturally. Continued inaction on housing, on the other hand, will be costly for individuals and will undermine EtE goals. Funding for housing services is essential for ending the epidemic.

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<sup>i</sup> Ending the Epidemic in NYS: Projected Fiscal Impact of Recommended Expansions of HIV Prevention, Antiretroviral Treatment and Housing Supports. Housing Works and Treatment Action Group. March 2015.

<sup>ii</sup> Aidala, A.A, et al. (2012). Housing status and the health of people living with HIV/ AIDS: A systematic review. Presented at the XIX International AIDS Conference, Washington, D.C., July 2012; Leaver C.A. et al. (2007). The effects of housing status on health-related outcomes in people living with HIV: A systematic review of the literature. *AIDS and Behavior*, 11(6)/Supp 2: S85-S100.

<sup>iii</sup> Remien et al. (2015). Barriers and Facilitators to Engagement of Vulnerable Populations in HIV Primary Care in New York City. *Journal of Acquired Immune Deficiency Syndrome*, 69/Supp 1: S22-S23.

<sup>iv</sup> U.S. Department of Health and Human Services Panel on Antiretroviral Guidelines for Adults and Adolescents (2014). Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Accessed May 26, 2015 at <http://aidsinfo.nih.gov/contentfiles/lvguidelines/AdultandAdolescentGL.pdf>.

<sup>v</sup> National Institute of Allergy and Infectious Diseases (2015). Starting Antiretroviral Treatment Early Improves Outcomes for HIV-Infected Individuals. Accessed June 8, 2015 at <http://www.niaid.nih.gov/news/newsreleases/2015/Pages/START.aspx#>.

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<sup>viii</sup> <http://legistar.council.nyc.gov/LegislationDetail.aspx?ID=2230881&GUID=F8AAF6F9-A88E-4CB5-917F-05805B3DA5BF&Options=&Search=>.

<sup>ix</sup> Housing Works (2015). Ending the HIV Epidemic (ETE) in NYS: Projected Fiscal Impact of Recommended Expansions of HIV Prevention, Antiretroviral Treatment, and Housing Supports. Accessed May 27, 2015 at <http://www.treatmentactiongroup.org/sites/g/files/g450272/f/201504/NYS%20ETE%20Fiscal%20Impact%20v4.pdf>

<sup>x</sup> <http://open.nysenate.gov/legislation/bill/S5534-2015>.

<sup>xi</sup> Basu, A., 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.