

**NYS 2020-21 Joint Legislative Budget Hearing on Human Services
Housing Works Testimony**

January 30, 2020

Thank you for the opportunity to present testimony to the Joint Budget Hearing on Human Services. My name is Elizabeth Deutsch, and I am the Director of NYS & New England Community Mobilization for 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 United States., 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. Housing Works and the Community Coalition are fully committed to realizing the goals of our historic State *Blueprint for Ending the Epidemic* (EtE) for all New Yorkers by the end of the year 2020, which will require urgent action to fully implement the *Blueprint's* recommendations on housing as HIV health care.

Safe, stable housing is essential to support effective antiretroviral treatment that sustains optimal health for people with HIV and makes it impossible to transmit HIV to others.¹ Indeed, NYS data show that unstable housing is the single strongest predictor of poor HIV outcomes and health disparities.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.

The *Blueprint's* housing recommendations have been fully implemented in New York City since 2016, where the local department of social services employs the NYS HIV Enhanced Shelter Allowance program to offer every income-eligible person with HIV access to a rental subsidy sufficient to afford housing stability, and provides a 30% rent cap affordable housing protection for persons who rely on disability benefits or other fixed income.

Upstate and on Long Island, however, as many as 4,200 low-income households living with HIV remain homeless or unstably housed, because State law limits the 30% rent cap to residents of NYC, and the 1980's regulations governing the HIV Enhanced Shelter Allowance set maximum rent at just \$480 per month – far too low to secure decent housing anywhere in the State. Only the NYC local department of social services approves rental subsidies in line with fair market rents.

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—by enabling all local districts to approve rents in line with local fair market rents and extending the 30% affordable housing protection to eligible low-income persons with HIV in every part of NYS.

Indeed, the ongoing failure to meet this housing need threatens to undermine the EtE plan—with the result that we will achieve the 2020 EtE goals in NYC, but not in the rest of the State. Surveillance data show stark differences in the HIV care continuum for New Yorkers with HIV who live in NYC and those who live in

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.

the balance of the State. Recently released data show that at the end of 2018, 86% of all NYC residents with HIV had evidence of HIV care, compared to only 68% in the balance of the State; 69% were retained in continuous care in NYC, compared to just 53% in the rest of the State; and the rate of viral load suppression was 77% among all NYC residents with HIV, compared to 68% viral suppression among New Yorkers with HIV outside NYC. At the end of 2018, there remain almost 9,000 people with HIV in the rest of the State outside NYC who are not HIV virally suppressed, meaning that 9,000 people in Upstate NY and Long Island will NOT have optimal health outcomes and are able to transmit HIV infection to others.

EtE Community Coalition members have been told by social services commissioners outside NYC that they lack the resources required to expand housing options for their community members with HIV who remain homeless or unstably housed. So we were very pleased that the NYS FY 2020 Budget included our proposal to make \$5 million in NYS funding available to enable departments of social services outside NYC to voluntarily partner with local health payors (such as MCOs and PPSs) and community-based organizations to pilot innovative strategies to fund meaningful rental assistance for homeless and unstably housed low income New Yorkers with HIV. This NYS funding would leverage matching dollars from local partners, for a total \$10 million annual HIV housing investment. Ample evidence shows that dollars spent on HIV rental assistance generate Medicaid savings from avoided emergency and inpatient care that offset the cost of housing supports.³ The proposed pilots we proposed would encourage the innovative use of these health care savings to fund housing assistance.

However, the FY 2020 Budget language included a “poison pill” that undermined the ability of local districts to secure local partners and propose successful plans. The Aid to Localities language required that any savings realized through improved housing stability be recaptured to reduce the State investment, while requiring the local partner providing the matching funds continue to pay 100% of costs for housed participants in perpetuity. As we predicted when advocating for a fix to this budget language last year, no local district has proposed to opt in to the pilot program as written, with the result that the \$5 million allocated last year was not spent, and no household living with HIV was housed.

We are pleased that the FY 2021 Executive Budget again includes \$5 million in annual funding for the pilot program (as well as re-appropriation of the \$5 million that went unspent last year). However, we are dismayed that the proposed language continues to include the same undermining language. It is critical to the success of the pilot program that this language be changed to allow local partners to propose the best use of health care savings realized through improved housing status, including sharing savings among the local social services district and the health payor to support program administrative costs and provide ongoing HIV housing subsidies. Attached to my written testimony are proposed changes to the budget language necessary to incentivize innovative strategies at the local level to employ projected savings in avoidable health spending to support housing investments for persons with HIV experiencing homelessness and housing instability.

Housing Works and the ETE Community Coalition urge the Governor and the Legislature to fully support this \$5 million rest of State HIV housing pilot by including the revised initiative language in the enacted FY2021 Budget, and passing Education, Labor And Family Assistance (ELFA) Article VII language to authorize use of the funds. We believe that this \$10 million investment will support sufficient housing subsidies to finally afford equal access to safe, stable housing for households living with HIV in every part of NYS.

Time is critical. We must act this year to expand access to housing supports in the rest of the State outside NYC or risk undermining our efforts to end the NYS AIDS epidemic for all New Yorkers by the end of 2020. The 2018 NYS surveillance data show that we are making record-breaking progress toward achieving our EtE goals, but as mentioned earlier the data also show that our progress is largely driven by NYC

³ 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.

outcomes, while the rest of the State lags behind. We believe that the critical difference between NYC and the rest of the State is access to critical housing supports.

At Housing Works 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 90% of the residents of our HIV housing programs are virally suppressed, including housing serving vulnerable groups such as HIV-positive LGBT youth, transgender women and women recently released from incarceration. We believe that 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.

Housing Works, along with organizations, individuals and communities across the State, ask for the Legislature's support to finally fully implement the *ETE Blueprint* by investing in essential housing supports for people living with HIV in the rest of the State outside 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. But we must act now to address unmet housing need in order to achieve our goal of Ending AIDS for all New Yorkers by the year 2020!

Sincerely,

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Attachment:

Rest of State HIV Housing Pilot: Proposed amendments to the Executive Budget and EFLA Article VII language