

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 Adala, 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.

ÉtÉ 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 ÉTÉ 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 ÉTÉ 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

Rest of State HIV Housing Pilot

Proposed Amendments to the Executive Budget and Proposed EFLA Article VII Language To Authorize HIV Housing Pilots in Local Social Service Districts Outside NYC

The proposed FY2021 Executive Budget includes \$10 million in funding (\$5 million in new funding and \$5 million re-appropriated from the FY2020 budget) to enable departments of social services outside of New York City 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 of up to a \$20 million 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. The End AIDS New York 2020 Community Coalition supports New York State investment in pilots that would encourage the innovative use of such health care savings to fund housing assistance.

The pilot project is critical in order to meet unmet housing need among as many as 4,200 homeless or unstably housed people living with HIV in the rest of the State outside New York City, by providing these households equal access to rental assistance in line with local HUD fair market rents and a 30% rent cap affordable housing protection currently available only to people with HIV who live in NYC. This disparity must be addressed if we are to reach our Ending the Epidemic goals in every part of the State.

However, changes are needed to the proposed Executive Budget in order to incentivize and enable local districts to secure local partners and propose successful plans. The current language undermines the initiative by providing 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 the cost for housed participants in perpetuity. As written, we know that no local district will be able to attract local investment or propose a successful pilot. We know this because the same language and funding was included in the FY 2020 enacted NYS budget, and because of the undermining language, not a single local district proposed a pilot, the \$5 million allocated was not spent, and not a single household living with HIV was housed.

Specifically:

- The Aid to Localities allocation language must be amended to allow local partners to propose the best use of health care savings realized through improved housing status, including sharing savings among the local district and the health payor to support program administrative costs and provide ongoing HIV housing subsidies.
- Passage of ELFA Article VII language is required to amend the Social Services Law to authorize the proposed HIV housing pilot initiative.

Proposed language is set out below.

Revisions to Aid to Localities FY21 Executive Budget Language

Aid to Localities, Pages 419 – 420

Page 419

16 For services and expenses of a voluntary
17 initiative in social services districts
18 with a population of five million or fewer
19 to fund emergency shelter allowance
20 payments in excess of those promulgated by
21 the office of temporary and disability
22 assistance, but not exceeding an amount
23 reasonably approximate to 100 percent of
24 fair market rent, and to reimburse 100
25 percent of the additional rental costs
26 determined based on limiting such person's
27 earned and/or unearned income contribution
28 to 30 percent, which the district deter-
29 mines are necessary to establish or main-
30 tain independent living arrangements among
31 persons **eligible for or in receipt of public assistance**
32 who are living with medically diagnosed
33 HIV infection as defined by the AIDS
34 institute of the State department of
35 health and who are homeless or facing
36 homelessness and for whom no viable and
37 less costly alternative to housing is
38 available; provided, however, that funds
39 appropriated herein may only be used for
40 such purposes if the cost of such allow-
41 ances are not eligible for reimbursement
42 under medical assistance or other
43 programs, and further provided that such
44 payments shall not be part of the standard
45 of need pursuant to section 131-a of the
46 social services law. Such funds may be
47 provided by the commissioner of the office
48 of temporary and disability assistance to
49 participating social services districts
50 with a population of five million or fewer
51 in accordance with a plan submitted by
52 such social services district and approved
53 by the office of temporary and disability
54 assistance and the director of the budget.
55 Up to \$1,000,000 may be made available,
56 without local participation, to selected
57 social services districts that submit an

58 approved plan, which includes one or more
59 agreements with medicaid managed care
60 organizations, performing provider
61 systems, and/or other third-party payors

Page 420

1 to provide dollar for dollar matching
2 funding and an agreement with a qualified
3 not-for-profit entity to provide services,
4 including case management, to those
5 persons in receipt of the emergency shel-
6 ter allowance in excess of that promulgat-
7 ed by the office of temporary and disabil-
8 ity assistance and the 30 percent income
9 contribution identified in this paragraph.
10 To the extent that savings are realized
11 over the course of the designated period
12 set forth in the plan, at the end of the
13 period set forth in the plan, the **savings shall be shared among the social services
district and the** medicaid
14 managed care organization, performing
15 provider system, and/or other third-party
16 payor ~~shall continue to fully fund such~~
17 ~~ongoing excess shelter allowance payments~~
18 ~~and services for the participating public~~
19 ~~assistance recipients~~ **to cover administrative costs of the initiative and to continue
to provide ongoing funding to ensure housing stability for persons eligible for or in
receipt of public assistance who are living with medically diagnosed HIV infection.**
(52350) 5,000,000

Proposed Education, Labor And Family Assistance Article VII Legislation

ELFA New Part [XX]

Description: Authorize a three-year voluntary initiative to provide funding for enhanced shelter allowances in line with fair market rents and an affordable housing protection for public assistance applicants or recipients with medically diagnosed HIV infection.

Section 1. Section 131-a of the social services law is amended by adding a new subdivision 15 to read as follows:

15. Notwithstanding the provisions of this chapter or of any other law or regulation to the contrary, up to \$1,000,000 annually may be made available by the department, without local participation, to social services districts with a population of five million or fewer, pursuant to a plan approved by the department, to cover the excess costs of providing enhanced emergency shelter allowances and an affordable housing protection to public assistance applicants or recipients who are living with medically diagnosed HIV infection as defined by the AIDS institute of the State department of health and who are homeless or facing homelessness and for whom no viable and less costly

alternative to housing is available. Approved plans must include one or more agreements with medicaid managed care organizations, performing provider systems, and/or other third-party payors to provide dollar for dollar matching funding, and an agreement with a qualified not-for-profit entity to provide services, including case management. Approved plans must provide eligible public assistance applicants or recipients with emergency shelter allowance payments in excess of those promulgated by the department, but not exceeding an amount reasonably approximate to 100 percent of fair market rent, and reimburse 100 percent of the additional rental costs determined based on limiting a person's earned and/or unearned income contributions to 30 percent, which the district determines are necessary to establish or maintain independent living arrangements among persons applying for or in receipt of public assistance, provided, however, that funds provided by the department pursuant to this section may only be used for such purposes if the cost of such allowances is not eligible for reimbursement under medical assistance or other programs, and further provided that such payments shall not be part of the standard of need pursuant to this section 131-a of the social services law. To the extent that savings are realized over the course of the designated period set forth in an approved plan, at the end of the period set forth in the plan, the savings shall be shared among the social services district and local payors to cover administrative costs of the initiative and to provide ongoing funding to ensure housing stability for public assistance applicants or recipients with medically diagnosed HIV infection.

Section 2: This act shall take effect immediately and remain in effect for a period of at least three years from the effective date.