

**NYS 2022-23 Joint Legislative Budget Hearing on Housing  
Bailey House Testimony • January 31, 2021**

Thank you for the opportunity to present testimony to the Joint Budget Hearing on Housing. My name is Andrew Coamey, and I am the Executive Director of Bailey House, a provider of housing and supportive services for people living with HIV and other chronic conditions. Bailey House operates over 700 units of housing, including congregate and scatter site facilities, which also function as connection points to wrap-around support services from medical and behavioral care to job training. In January 2019, we merged with Housing Works, and together our integrated systems of care serve over 25,000 low-income New Yorkers annually, with a focus on the most vulnerable and underserved—those facing the challenges of homelessness, HIV, mental health issues, substance use disorder, other chronic conditions, and incarceration.

Bailey House is part of the End AIDS NY Community Coalition, a group of over 90 health care centers, hospitals, and community-based organizations across the State. Bailey House 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, which we cannot achieve without urgent action to fully implement the *Blueprint's* recommendations on housing as HIV health care.

When Bailey House was established, antiretroviral therapies were still unavailable, and homeless New Yorkers with HIV were at risk for life-threatening infections due to their lack of stable housing. We are now in the midst of another deadly pandemic that, like HIV, poses a particular threat to persons experiencing homelessness, who have no safe place to shelter from exposure to the virus or to recover from COVID-19 disease. Finding it unacceptable to leave New Yorkers experiencing homelessness at heightened risk of COVID-19 infection and poor health outcomes in congregate shelters or on the streets, Bailey House is grateful to operate a New York City Department of Homeless Services (NYC DHS) isolation hotel that provides New Yorkers experiencing homelessness a safe, private room in which to recover from COVID-19, 24-hour medical staff, three meals a day, and behavioral health care as needed. We also pleased to report that Bailey House and Housing Works will shortly enter into an agreement with NYC DHS to open a stabilization hotel for people experiencing homelessness on the streets, in the subways, or other places not meant for sleeping.

Sadly, the COVID-19 and HIV epidemics are similar in another way—like HIV, New York State and City Health Department data show that certain New Yorkers, especially low-income Black and Hispanic/Latinx community members, face a disproportionate burden of disease. These disparities reflect deep-seated racial and ethnic health inequities that must be addressed even, or perhaps especially, while we are still in the throes of an unprecedented new public health emergency.

My testimony addresses both the urgent housing needs of New Yorkers with HIV in all parts of NYS, as well as the broader but equally urgent need to transform New York's response to homelessness.

***Housing as Healthcare for All New Yorkers with HIV***

Ample evidence demonstrates that safe, stable housing is essential to support effective antiretroviral treatment that sustains optimal health for people with HIV (PWH) and makes it impossible to sexually transmit HIV to others.<sup>1</sup> Analyses of NYS data shows that unstable housing is the single strongest predictor of poor HIV outcomes and HIV health disparities.<sup>2</sup> For that reason, NYS's historic *Ending the Epidemic*

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<sup>1</sup> 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.

<sup>2</sup> 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

*Blueprint* recommends concrete action to ensure access to adequate, stable housing as an evidence-based HIV health intervention.<sup>3</sup>

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

Upstate and on Long Island, however, over 4,000 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 (ESA) set maximum allowable rent at just \$480 per month for an individual – far too low to secure decent housing anywhere in the State. Only the NYC local department of social services provides meaningful HIV ESA rental subsidies in line with fair market rents.<sup>4</sup>

The ongoing failure to meet the housing needs of New Yorkers with HIV who live outside of NYC undermines the individual health of New Yorkers with HIV, HIV prevention efforts, and our statewide Ending the Epidemic goals—as demonstrated by HIV surveillance data that year after year show stark differences in the HIV care continuum for New Yorkers with HIV who live in NYC and those who live in the balance of the State. NYS HIV surveillance data show that at the end of 2019, 71% of all NYC residents with HIV were retained in continuous care, compared to just 55% in the rest of the State; and the rate of viral load suppression was 78% among all NYC residents with HIV, compared to just 64% viral suppression among New Yorkers with HIV who live outside NYC.<sup>5</sup>

The COVID-19 crisis has added a new level of urgency for action to ensure that every New Yorker with HIV is able to secure the safe, appropriate housing required to support optimal HIV health. A large-scale analysis by the NYS Department of Health found that New Yorkers with HIV have experienced significantly higher rates of severe COVID disease requiring hospitalization and of COVID-related mortality than the general population. Overall, PWH with a COVID-19 diagnosis died in the hospital at a rate 2.55 times the rate in the non-PWH population, and rates of severe COVID-19 disease resulting in hospitalization were highest among PWH not virally suppressed and those with lower CD4 counts, suggesting that the inability to effectively manage HIV infection increases COVID-19 severity and death.<sup>6</sup>

It is time to ensure that homeless and unstably housed New Yorkers with HIV throughout the State have equal access to the vital NYS housing supports necessary to benefit from antiretroviral therapy, prevent premature mortality, and stop ongoing transmission.

To provide fair and equal access to lifesaving housing assistance across the State, all local departments of social services must approve rents under the NYS HIV Enhanced Shelter Allowance (ESA) program up to 110% of HUD Fair Market Rates (FMR) for the locality and household size – in line with Section 8 Housing Choice Vouchers and other low-income rental assistance programs – and the 30% affordable housing

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<sup>3</sup> NYS Department of Health AIDS Institute, 2015. New York State's Blueprint for Ending the Epidemic. Accessed January 9, 2022 at [https://www.health.ny.gov/diseases/aids/ending\\_the\\_epidemic/docs/blueprint.pdf](https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/blueprint.pdf)

<sup>4</sup> We are extremely pleased that the NYC Human Resources Administration recently announced that the NYC payment standard for HIV Emergency Shelter Allowance rental assistance has been increased to 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.

<sup>5</sup> Ending the Epidemic Dashboard NY. Retrieved December 10, 2021, from [www.EtEdashboardny.org/](http://www.EtEdashboardny.org/). Recently released 2020 data show continued but slightly narrowed disparities, with 61% retained in continuous care and 78% virally suppressed in NYC compared to only 56% and 74% in the balance of the State. However, the NYS and NYC departments of health caution that data for the year 2020 be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities.

<sup>6</sup> Tesoriero, et al (2021). COVID-19 Outcomes Among Persons Living With or Without Diagnosed HIV Infection in New York State. *JAMA network open*, 4(2), e2037069. <https://doi.org/10.1001/jamanetworkopen.2020.37069>

protection must be extended to eligible low-income persons with HIV who live outside of NYC. And because EtE Community Coalition members have been told by social services commissioners outside NYC that local districts lack the resources required to expand housing options for their community members with HIV who remain homeless or unstably housed, notwithstanding other public assistance cost-sharing provisions, in districts outside NYC the State must provide the funding to cover 100% of the costs of the HIV Enhanced Shelter Allowance and 30% rent cap that exceed the support local districts are currently required to provide under Office of Temporary and Disability Assistance (OTDA) regulations.

For the past three years, the NYS enacted budget has included language that purports to provide equal access to HIV housing assistance outside NYC, but that is written in a manner that has not in fact made such assistance available in any other local district. This language, continued in the recently released Executive Budget, allows but does not require local departments of social services to provide meaningful and equal HIV housing benefits, and provides no NYS funding to support the additional costs to local districts outside NYC. Significantly, not a single person with HIV has been housed as a result of these budget provisions.

Likewise, a rest-of-state HIV housing pilot project included in the past two State budgets was designed to fail. The innovative pilot would have leveraged a NYS investment of \$5 million annually with dollar-for-dollar matching funds from regional MCOs or other health payors, who would work in cooperation with community-based providers and local social service districts to pay the difference between the basic ESA commitment of the social service district and the enhanced rental assistance required to secure housing. 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.<sup>7</sup> The proposed pilot program encouraged the innovative use of these health care savings by local pilot partners to fund housing assistance and related costs. However, the budget language included a “poison pill” that undermined the ability of local districts to secure local partners, by denying local partners the ability to determine how best to use savings, while requiring the local partner providing the matching funds to continue to pay 100% of costs for housed participants in perpetuity. As we predicted when advocating for a fix to this budget language each year, no local district proposed to opt into the pilot program as written, with the result that the pilot funding was not spent, and no household living with HIV was housed.

Bailey House and the EtE Community Coalition are calling on Governor Hochul and the legislature to take action to ensure equal access to meaningful HIV housing supports across NYS in this year’s Enacted Budget. If this is not accomplished in the Fiscal Year 2022-2023 NYS budget, we call upon the Legislature to introduce and pass legislation to finally implement *EtE Blueprint* housing recommendations in the rest of the State outside NYC. Such legislation has been introduced in past years, and the EtE Community Coalition stands ready to work closely with past and/or new sponsors to review and refine draft language.

At Bailey House, 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 80% 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. Our residents also attend regular primary care appointments at much higher rates than non-residents of supportive housing. 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.

### ***Transforming New York’s Response to Homelessness***

Bailey House is committed to a low-threshold, harm reduction approach to housing assistance, where admission and retention in housing is based on behaviors, rather than status as a drug user, person with mental health issues, or other condition. Residents are held accountable, as we all are, for the behaviors and

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<sup>7</sup> 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.

conditions necessary to live safely with neighbors, are entitled to privacy within their own home, and are encouraged to feel safe to share behavioral health needs or crises without concern about jeopardizing housing security or being required to engage in a particular course of treatment.

Since the COVID pandemic began, New Yorkers experiencing homelessness have been at particular risk of COVID-19 disease and poor COVID outcomes. In March 2020, approximately 70,000 persons were sleeping in City shelters each night, including over 19,000 single adults in congregate settings where numerous persons sleep in a single room and share bathrooms and other common areas. Thousands more New Yorkers were struggling to survive on the streets or other places not intended for sleeping, while contending with a drastic reduction in access to food, bathrooms, showers, and other resources typically provided by drop-in centers and other settings that were rapidly closing to them.

Not surprisingly, as of the end of February 2021, the NYC Department of Homeless Services (DHS) reported 113 deaths from COVID-19 among people experiencing homelessness, including 101 sheltered individuals. An analysis of available data, conducted by the Coalition for the Homeless in collaboration with researchers at New York University, found that through the end of February 2021, the age-adjusted mortality rate due to COVID 19 among sheltered homeless New Yorkers was 436 deaths per 100,000 people, 49% higher than the overall NYC mortality rate.

To address this disparity, Bailey House teamed up with Housing Works to open a Department of Homeless Services Isolation Hotel in March 2020, with 170 rooms to provide a safe, private, and supported space for people experiencing homelessness to recover from COVID-19 illness. We have served over 2,500 guests so far, applying lessons learned from years of providing harm reduction housing for people with HIV.

We have learned a great deal from this experience, including the critical importance of a true harm-reduction approach – even down to providing unhealthy snacks and cigarettes for smokers, so that they don't need to go down the street to the bodega – and that voluntary isolation is critical to successful contact tracing and disease management, so that vulnerable folks are not afraid to be tested or to share their contacts for purposes of tracing. Private rooms are both humane and necessary – especially for people with mental health issues who cannot manage a shared space with a stranger. Onsite medical and behavioral health services are also key. Most of our isolation residents show up with multiple chronic conditions that have been untreated or undertreated and present health issues as serious or more serious than COVID-19 infection. Finally, we've learned that good case management, even during a short (14+ day) stay, can be life-altering if we take the opportunity to identify needs and explore options. Sometimes this means refusing to transfer a resident until an appropriate discharge plan is in place.

Most significantly for Bailey House, once we became involved for the first time in the City's homeless response, what we came to deeply appreciate is how awful and dehumanizing the City shelter system is, and we increasingly came to believe that the Coronavirus is providing us with an opportunity to transform the way homeless people are treated in New York City.

What is needed to transform our homeless response? Resources of course, but what is perhaps more vital are new approaches, a new vision for what is acceptable, and of course, collaboration to build and sustain the political will for systemic change.

Of course, we cannot end homelessness in New York unless we address the gross lack of housing that is affordable and accessible to low-income households. Ensuring equitable access to housing assistance across voucher programs is a key step towards this goal, and Housing Works commends the NYS Legislature for passing legislation – signed by Governor Hochul last month – to increase the value of State Family Homelessness and Eviction Protection Supplement Program (State FHEPS) vouchers, to create a more meaningful pathway for low-income families to enter safe and stable housing. Likewise, we applaud action taken this year by the NYC Council and HRA to increase the value of the City FHEPS vouchers and

maximum allowable rents under the HIV Emergency Shelter Allowance program. We believe that setting a uniform payment standard for all low-income housing assistance programs is critical to ensure that no population is left behind in the increasingly challenging rental market.

Continued NYS investment in supportive housing is also critical, as is the commitment of capital funding to further the State's investment in the construction of high-quality, affordable housing. Bailey House is very pleased to see the introduction of a five-year affordable housing plan in the Executive budget, including \$25 Billion for the creation and preservation of 100,000 affordable homes, including 10,000 supportive housing units. We also support the language allowing the conversion of hotels and commercial spaces for residential use and urge the legislature to continue to work with Governor Hochul to prioritize this resource for permanent housing with deep affordability, including supportive housing units.

Meanwhile, homelessness remains at record levels in NYC, with some 50,000 people in shelters each night, and thousands more New Yorkers struggling to survive on the streets or other places not intended for sleeping. Bailey House and Housing Works have formed an internal visioning committee to research and explore models of support and housing assistance for New Yorkers experiencing homelessness. Let me share some of our ideas, including the stabilization model we hope to open soon.

Seeing the COVID crisis as a pivotal opportunity for new Medicaid investments to improve health outcomes and reduce costs among homeless persons with chronic medical and behavioral health issues, we have proposed three potential 1115 waiver applications:

**1) Comprehensive Care for the Street Homeless: From Street to Home**

This proposed waiver would seek a Medicaid match to existing City and State homeless service dollars that would support the development and operation of programs that would combine key elements of existing street-based medicine, drop-in centers, and Safe Haven programs operating in NYC to create a single, holistic model that supports unsheltered homeless individuals with community-based healthcare and stabilization services needed to move them along the housing continuum from the street to permanent housing.

**2) Medical Respite**

We fully support licensed medical respite pilot programs for people experiencing, or at risk, of homelessness who have a medical condition that would otherwise require a hospital stay or who lack a safe option for discharge and recovery. To advance this much-needed model of care, Bailey House proposes a waiver to authorize a Medicaid match to existing City and State homeless service dollars that would allow use of Medicaid dollars to support program costs for room and board as necessary components of effective medical care. Medical Respite programs provide a safe place for homeless individuals to recuperate following an acute inpatient stay or to recover from a medical or behavioral health condition that cannot be effectively managed in a shelter or on the street but does not require inpatient hospitalization.

**3) Medically Enriched Supportive Housing**

A third Medicaid waiver would authorize the State to create and operate Medically Enriched Supportive Housing (MESH) programs to comprehensively meet the needs of individuals experiencing homelessness who have complex chronic health conditions and histories of repeated hospitalizations or stays in medical respite, by placing them in supportive housing staffed by a team of integrated health care professionals. MESH will address the needs of individuals who need more intensive services than those available in supportive housing but who do not qualify for far more costly assisted living programs or skilled nursing facilities.

Even short of such Medicaid waivers, we are excited by the prospect of moving towards value-based Medicaid reimbursement models that will allow greater flexibility to provide the care, including housing, required to improve health outcomes among people with chronic conditions who are experiencing homelessness.

Bailey House is even now working along with Housing Works to combine funding sources to open an exciting new pilot “street to home” program with support from the NYC Department of Homeless Services – our Comprehensive Stabilization Services Pilot Program. In response to the COVID crisis, DHS funded stabilization hotels for homeless single adults, both to de-densify congregate shelters, and for those who sleep on the street because they refuse placements in city shelters. However, these stabilization hotels have not received funding to provide medical or behavioral health care, despite residents’ needs for services to address multiple co-morbidities.

We are close to finalizing a contract with DHS to support an integrated Stabilization Center that combines stabilization hotel beds and a drop-in center with onsite health and supportive services. Our harm reduction stabilization hotel will operate 24/7/365 and offer residents private rooms, intensive case management services, access to onsite medical and behavioral health services, and peer supports at the co-located drop-in center. Located in an underutilized hotel, the Stabilization Center will offer primary care and behavioral healthcare services, case management support, housing placement assistance, and navigation and referral services.

The overarching goal of the Stabilization Center – like all our services – is to improve the health and well-being of clients experiencing street homelessness by providing low-threshold services delivered in a respectful manner using a harm reduction approach. We plan to evaluate the pilot rigorously, to continue to build our own competence to offer effective services, and to provide the evidence necessary to support advocacy for system-wide change. We are actively exploring opportunities presented to repurpose other underutilized hotels and commercial spaces to create affordable housing, including supportive housing programs.

We cannot end homelessness in New York, unless we address its drivers. Those include the gross lack of affordable housing, mass incarceration that removes people from the workforce and deprives them of access to low-income housing, and the insistence on treating mental illness and substance use disorder among low-income New Yorkers of color as criminal justice rather than public health issues. And we certainly do nothing to help homeless people by warehousing them in mass congregate shelters designed to strip them of their autonomy and even of their dignity. In a world grappling with the COVID pandemic and its aftermath, we must insist on policies, investments and innovation that treat people who find themselves homeless as people worthy of dignity, autonomy, respect and care. We look forward to working with all of you towards this vision of a transformed New York State and City homeless response.

In conclusion, Bailey House, along with organizations, individuals and communities across the State, ask for the Legislature’s support to at last fully implement the *EtE Blueprint* by investing in essential housing supports for people living with HIV in the rest of the State outside NYC. Equally urgent is our request that the Legislature work with us to transform our current State and local responses to the experience of homelessness to meet real need in a manner that supports every person’s basic human rights.

Sincerely,

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