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DEMAND HOUSING
FOR HOMELESS PEOPLE
LIVING WITH AIDS & HIV

HOUSING WORKS

Testimony on
Governor Spitzer's
FY 2008-09 Executive
Budget Proposal
On Social Services

Senate Finance Committee
Hon. Owen Johnson, Chair

Assembly Ways & Means Committee
Hon. Herman D. Farrell, Jr.,
Chair

February 5, 2008

Thank you for the opportunity to testify today on behalf of the clients, staff and volunteers of Housing Works.

Housing Works is the largest community-based HIV/AIDS service organization in New York and in the United States; we are also the nation's largest minority-controlled AIDS service organization.

HIV/AIDS and New York

Twenty-five years into the epidemic, New York has remained the epicenter of HIV/AIDS in America.

Today, between 180,000 and 250,000 New Yorkers are living with HIV/AIDS, according to state health officials. Eight out of ten are Black or Latino, and a majority will experience homelessness or extreme poverty at some point during our diagnosis.

These populations have significant and ongoing social service needs. Housing, disability benefits, job training, education and supportive services are all crucial to survival for thousands of New Yorkers living with AIDS and HIV.

Your work and your decisions on the state social services budget will have a life-and-death impact on people with AIDS in our state.

Spitzer budget proposals: strong on HIV/AIDS, housing & health

Housing Works supports Governor Spitzer's 08-09 Executive Budget proposals on health care and housing, and recommends legislative passage of key provisions including:

- AIDS Adult Day Health Care programs: state share of funding for previously-passed rate increase
- Medicaid reform: new resources for front-line care providers including primary care rate increases; savings and reforms in drug purchasing and assessment of for-profit HMOs; elimination of cap on Article 31 mental health treatment licenses; Child Health Plus expansion
- Housing Opportunity Fund: \$400M capital fund for affordable and supportive housing upstate and downstate

- Doctors Across New York: new supports for doctors in underserved urban & rural areas, including loan repayment and aid to clinics
- HIV/AIDS: new investments in HIV prevention and treatment; restoration of SSI benefits to households receiving AIDS housing assistance; continued HIV exemption from mandatory enrollment in managed care

It's important to note that the Spitzer administration has made two significant policy changes to reverse Pataki administration policies on welfare, housing and HIV/AIDS - and that these improvements will help thousands of New Yorkers living with HIV/AIDS.

- AIDS rent policy

The Spitzer Administration agreed that federal rent-cap rules apply to tenants living with HIV/AIDS in federally-subsidized housing, protecting over 1000 low-income tenants at risk of eviction.

- SSI invisibility

The Spitzer budget strips out Pataki-era language on household budgeting that will restore over \$7M in survival benefits to households receiving SSI and the AIDS enhanced shelter allowance - over 1100 vulnerable families will receive about \$573 per month more in benefits as a result.

HIV, poverty and homelessness or unstable housing

Homelessness is an independent risk factor for HIV in New York and in America, and HIV is a major risk factor for homelessness. And clearly, lack of income to afford housing and survival basics puts low-income New Yorkers at risk for both.

According to studies by the New York City Department of Health and Mental Health and Columbia University, 50% of New Yorkers newly diagnosed with HIV last year were homeless.

Research studies demonstrate that homelessness and unstable housing are strongly linked to:

- Greater HIV risk among vulnerable populations;
- Poor health outcomes for persons living with HIV/AIDS;
- Early death from AIDS and related illnesses.

Specifically:

- people who are homeless or unstably housed are up to nine times more likely to be HIV-positive;
- people who are homeless or unstably housed are up to six times more likely to engage in high-risk sex and drug-use practices;
- people living with HIV who are homeless or unstably housed are five times more likely to die from AIDS.

Studies also show strong and consistent correlations between improved housing status and:

- Reduction in HIV/AIDS risk behavior;
- Better access to medical care;
- Improved health outcomes;
- Savings in taxpayer dollars.

People who move from unstable housing or homelessness into stable housing:

- decrease high-risk behaviors like unsafe sex or drug use;

- increase connections with HIV prevention and services;
- are more likely to know their HIV status and receive proper HIV treatment; and
- are less likely to transmit the virus to others.

The risks related to unstable housing and the benefits of improving housing status are particularly acute for people who are mentally ill and/or struggling with chemical dependency - stable housing is a particular benefit for HIV prevention and treatment among these groups.

So the connection between poverty, housing, homelessness and HIV is clear: if people don't have enough income to maintain their housing and basic needs, they will be at higher risk for HIV and more likely to suffer and die if they become HIV-positive, and public programs will pay far more for their shelter and health care as a result.

The economic costs of ongoing HIV transmissions and HIV treatment failure within this population are enormous. The estimated lifetime medical treatment cost of each new infection is over \$300,000.

"HASA for All": new benefits & services for low-income PLWHA statewide

One important step legislators and policymakers could take to address these serious concerns is to pass legislation to expand New York City's HIV/AIDS Services Administration housing and support services statewide - and to make these lifesaving benefits available to all low-income people who are infected with the HIV virus.

Only about a dozen people outside of New York City are getting the AIDS rent enhancement available under current law. And in New York City, you can only get housing assistance and services from HASA if you've got advanced HIV illnesses or AIDS.

Despite academic studies showing that AIDS housing keeps people healthy and prevents high-cost illnesses, Official policy in New York City and New York State is to deny housing assistance until those in need become very ill.

"HASA for All" legislation would mean expansion of rental enhancement, nutrition & transportation cash supplement grants, and lower-caseload ratio social

services coordination currently available to low-income New York City residents living with advanced HIV illness or AIDS to all low-income New York State residents living with HIV infection.

Academic research demonstrates the linkage between unstable or inadequate housing, HIV infection and AIDS diagnoses.

Studies show that stable housing reduces the incidence of high-risk behavior, preventing new HIV infections.

And stable housing improves connections with health care, promoting adherence to HIV treatment, improvement in health outcomes and reductions in AIDS deaths.

Housing Works recommends passage of "HASA for All" legislation to be reintroduced this session in both houses of the Legislature.

30% Rent Cap for AIDS Housing: new statutory rent limits

And we've got to do a better job keeping supportive housing affordable for people with very low incomes.

One means to do that would be to incorporate federal rent standards for subsidized housing into state law. Federal law limits rent charges for residents of federally-supported housing programs to 30% of tenant income, including SSI, SSD, VA or other public benefits or disability/retirement income.

Supportive and scattered-site tenants living with HIV/AIDS who reside in state-supported housing don't have the same rent protections, and must pay up to 80% of their income for rent, forcing repeated choices between food, shelter and daily necessities and driving up the rate of homelessness among people living with HIV/AIDS.

Again, academic research demonstrates the linkage between unstable or inadequate housing, HIV infection and AIDS diagnoses.

Studies show that stable housing reduces the incidence of high-risk behavior, preventing new HIV infections.

And stable housing improves connections with health care, promoting adherence to HIV treatment, improvement in health outcomes and reductions in AIDS deaths.

Housing Works recommends passage of 30% rent cap legislation to be reintroduced in both houses of the Legislature this session.

Increase welfare grant to support stable housing

Clearly, in New York basic welfare grants don't come close to meeting the cost of shelter and other survival needs.

Fair market rents for a two-bedroom apartment are far beyond welfare shelter allowances - or even the full welfare grant for a family:

- NYC FMR \$1133/mo
- Nassau-Suffolk FMR \$1280/mo
- Westchester FMR \$1132/mo
- Albany-Schenectady-Troy FMR \$715/mo

For people living with or at high risk for HIV/AIDS, housing is a necessary foundation for lifesaving health care and HIV prevention services - and it's crucially important for people with other disabilities, including mental illness, mobility limitations or chemical dependency.

Housing Works urges new efforts to address survival, health and housing needs for low-income New Yorkers who rely on public assistance grants.

- We support increases in both the monthly cash grant and the shelter allowance to allow families and individuals to afford and maintain stable housing while assuring daily needs including nutrition and transportation.
- We support the use of HUD fair market rents to determine actual shelter costs for low-income families and individuals.
- We support targeted efforts to fight homelessness and unstable housing among people with disabilities, including people living with HIV.

- We support state legislation to cap rents for people living with HIV/AIDS to 30% of income, reflecting federal law and regulations for subsidized and supportive housing.
- We support expansion of the New York City HIV/AIDS Services Administration benefits and services to all low-income people living with HIV across the state - "HASA for All."

New York should lead the nation on social services, welfare and HIV/AIDS with adequate benefits, comprehensive legal protections and funding. The three recommendations we've made to you are good antipoverty policy, housing policy, good public health policy, and good HIV/AIDS policy.

Thank you for the opportunity to testify.