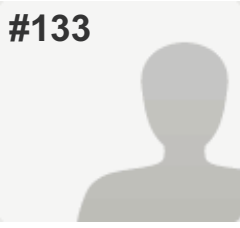


Ending the Epidemic Task Force Recommendation Form

#133



COMPLETE

Collector: Web Link (Web Link)

Started: Thursday, November 13, 2014 8:34:07 AM

Last Modified: Thursday, November 13, 2014 8:38:57 AM

Time Spent: 00:04:50

IP Address: 158.222.232.38

PAGE 1

Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)

First Name	Madeline
Last Name	Winard
Affiliation	VOCAL
Email Address	maddy@vocal-ny.org

Q2: Title of your recommendation 30% Rent Cap HIV Affordable Housing Protection

Ending the Epidemic Task Force Recommendation Form

Q3: Please provide a description of your proposed recommendation

Protect New Yorkers permanently disabled by HIV/AIDS (PWH) and their families by expanding the existing 30% rent cap affordable housing protection to make it available to all severely rent burdened PWH in New York State. This will require legislation to expand the availability of the 30% rent cap to eligible PWH in the balance of the State outside NYC and adjusting the formula for determining eligibility for HIV enhanced rental assistance and the 30% rent cap as a function of approved rent less 30% of household income. As currently calculated, the affordable housing protection excludes a small number of extremely rent burdened disabled PWH whose income less rent exceeds the minimal public assistance allowance.

The primary housing program for poor New Yorkers living with HIV/AIDS is tenant-based rental assistance funded jointly by NYS and local social service districts (LSSDs). (See the related recommendation titled "Expand and Update the NYS HIV Enhanced Rental Assistance Program"). As with NYS housing programs for other disabled people, enhanced rental assistance program participants with income from disability benefits contribute a portion toward rent. Unlike other programs, however, the HIV/AIDS rental assistance program put in place in the 1980's did not include an affordable housing protection. All other state and federal disability housing programs – including most HIV/AIDS supportive housing – cap a tenant's rent contribution at 30 percent of income. In contrast, until recently the NYS OTDA required that PWH who receive income from any source be budgeted for the rental assistance program at a rent level that reduces their discretionary income to the level of the public assistance grant. Permanently disabled PWH were therefore required to contribute between 50% and 75% of their fixed income from disability benefits (SSI, SSDI, or Veteran's benefits) towards their rent. HUD defines payment of more than half of income towards rent as a "severe rent burden."

This policy has two pernicious impacts. First, it causes tenants to fall behind in rent leading to housing loss and disruption of care. Second, the policy acts as a powerful disincentive to independence, as more stable residents opt to enter or stay in supportive housing in order to reduce their rent burden. As a result, there is very little turnover in the permanent supportive housing system, keeping people with more complex needs homeless.

The recent adoption by NYS and NYC of an affordable housing protection for disabled PWH in NYC caps contributions from fixed disability income towards rent to 30% of income (from previous requirement to contribute 70% or more of income to rent). This policy will provide much needed protection from housing instability or homelessness for eligible PWH, but remains unavailable to some severely rent-burdened disabled PWH due to the current NYS process for determining eligibility. As currently calculated, the affordable housing protection excludes a small number of extremely rent burdened disabled PWH whose income less rent exceeds the minimal public assistance allowance. The affordable housing protection is not currently available at all outside of NYC.

Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)

Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission

Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)

Housing and Supportive Services Committee: Develop recommendations that strengthen proven interventions enabling optimal engagement and linkage and retention in care for those most in need. This Committee will recommend interventions that effectively address complex and intersecting health and social conditions and reduce health disparities, particularly among New York's low-income and most vulnerable and marginalized residents. These interventions will diminish barriers to care and enhance access to care and treatment leaving no subpopulation behind.

Ending the Epidemic Task Force Recommendation Form

Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?

Change to existing program

Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?

Statutory change required

Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?

Within the next year

Q9: What are the perceived benefits of implementing this recommendation?

Studies have found that greater housing stability translates into savings in avoidable health care spending of \$9,000 to \$15,000 per PLWHA, and substantially reduces the rate of ongoing HIV transmission, saving approximately \$400,000 in health spending per averted infection (\$650,000 in lifetime spending discounted to a present value of \$400,000).

Thirty percent of income is the widely accepted standard for housing affordability among low-income persons, and research shows that capping the rent burden at 30% will have a dramatic impact on rates of non-payment and subsequent housing loss. A 2009 study by researchers at Harlem United compared the rates of payment of the client's rent share in two of their HIV housing programs – a federally funded program with rent burden capped at 30% of disability income, and a program that utilized the HIV rental assistance program with no rent cap. They found that clients with the 30% affordable housing protection were more than twice as likely to make timely rent payments than persons with no rent cap (83% vs. 41%).

For additional information see the supporting memorandum titled "Housing Supports and Other Basic Subsistence Benefits."

Q10: Are there any concerns with implementing this recommendation that should be considered?

Local social service districts may perceive the requirement to provide the HIV enhanced rental assistance and the 30% rent cap protection as an unfunded mandate.

Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?

In NYC, the Human Resources Administration is currently working to determine the small number of disabled PWH who are severely rent burdened but currently ineligible for the 30% rent cap. Incremental cost in NYC is not expected to be significant.

In the balance of the State outside NYC approximately 2,000 to 6,000 PHW have an unmet housing need but no access to the HIV enhanced rental assistance or the 30% rent cap. See the related recommendation titled "Expand and Update the NYS HIV Enhanced Rental Assistance Program" for a discussion of the incremental cost of the improving access to the rental assistance program. Incremental cost attributable to the 30% rent cap would depend upon the number of disabled PWH outside NYC who access the rental assistance and have income to contribute to rent.

Ending the Epidemic Task Force Recommendation Form

Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?

Investments in housing for PWH are an effective cost-containment strategy, as public dollars spent on these essential benefits produce offsetting public savings through improved health care utilization and prevented HIV infections. A growing evidence base of such cost analyses indicate that improved stability among persons with HIV or other chronic medical or behavioral health issues results in increased engagement in cost-effective health care and reduced use of avoidable crisis care and other publicly funded services, generating “savings” in outlays for other categories of public spending that offset all or part of the cost of housing services. Studies have found that greater housing stability translates into savings in avoidable health care spending of an estimated \$15,000 per PWH, and substantially reduces the rate of ongoing HIV transmission, saving approximately \$400,000 in health spending per averted infection (\$650,000 in lifetime spending discounted to a present value of \$400,000).

See the supporting memorandum titled “Housing Supports and Other Basic Subsistence Benefits.”

Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?

Disabled PWH in NYC who are rent burdened but currently ineligible for the affordable housing protection due to the current standard of need calculation.

Disabled PWH in the balance of the State outside NYC who rely on fixed benefits that make it difficult or impossible to secure and maintain safe, appropriate housing.

Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?

The number and percentage of NYS LSSD’s who make the 30% affordable housing protection available to disabled PWH.

The number and percentage of PWH in each NYS LSSD who benefit from the affordable housing protection.

Q15: This recommendation was submitted by one of the following *Respondent skipped this question*