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June 11, 2012

The New York City Council

250 Broadway

New York, N.Y. 10007

Honorable Members of the Council of the City of New York:

Re: Recent Changes to HASA Policy

Since its founding in 1870, the Association of the Bar of the City of New York has grown to over 23,000 members who work to promote the public good by advocating for legal reform. The membership of the Association's Special Committee on-AIDS includes lawyers with comprehensive

knowledge of HIV-related law and policy issues. You recently heard testimony from advocates and constituents who oppose certain policy changes within the HIV/AIDS Services Administration ("HASA") division of the Human Resources Administration ("HRA") of New York City. We also oppose these changes, as they will jeopardize the health and wellness of New Yorkers living with HIV/AIDS and significantly increase costs to the city budget. We hope you will consider our comments when evaluating changes to HASA and its fiscal year budgeting.

There are three HRA changes that the Committee opposes which may compromise the health and well-being of people living with HIV/AIDS ("PLWHA"): 1) new substance use screening policies, 2) the reduction in payment of apartment-rental brokers' fees, and 3) the security deposit voucher system.

First, we voice opposition to HASA's new policy of substance-use screening. Under the current policy, clients who refuse substance abuse related services, or who are non-compliant with services, can either a) take a supportive housing placement, or b) face eviction and homelessness by losing their right to arrears payments or enhanced shelter allowance. However, due to the dire lack of supportive housing, the first of these options is unrealistic for all but a very few clients. Instead, HASA clients find themselves in long stays at costly and largely unsafe single room occupancy residences ("SROs").

Next, HASA has reduced payment of apartment brokers' fees from 100% to only 50%. It is our collective experience that brokers in New York City are unwilling to accept this reduced fee. As a result, many brokers have either stopped accepting HASA clients altogether, or have informally asked HASA clients to pay the other 50% themselves. The overwhelming result is that fewer people living with HIV/AIDS can access stable, safe and suitable housing. Consequently, more and more PLWHA spend protracted time in city shelters or SROs, which are both unhealthy and inordinately expensive. This policy is not sound fiscally or socially since it merely shifts costs from payment of brokers' fees to payment for emergency and transitional

shelter. The resulting cost is more expensive, does not benefit the HASA recipient, and places the recipient at risk of adverse health consequences.

Finally, HASA's new security deposit vouchering system provides for security deposits only in the form of a paper voucher. In order for landlords to redeem their voucher after the tenant has vacated the premises, they must submit extensive paperwork regarding apartment conditions, documentation of damages, estimates for repair work, and receipts for work performed. Landlords we speak with are unwilling to comply with this burdensome procedure. Yet again, landlords are deterred from accepting housing applications from HASA clients and PLWHA are precluded from securing stable housing.

In addition to being bad public health policy, the recent changes implemented by HASA substantially increase housing costs for PLWHA. For example, the City pays at least \$55.00 per night for emergency housing or \$1,650.00 per month. In contrast, HASA pays \$940 per month for a one bedroom apartment (almost half the cost of emergency housing). The forfeiture of permanent housing exacts a physical—as well as economic—cost to chronically ill HASA clients whose health is jeopardized by the loss of a safe and stable home environment. There are, moreover, other means of effectuating cost savings which protect the health and safety of the HASA beneficiary. For example, Social Services Law §143-b empowers the New York City Human Resources Administration and HASA to withhold payment of rent in any case in which living conditions are dangerous, hazardous or detrimental to life or health. Unfortunately, HASA rarely utilizes this authority or its authority to seek a reduction in the rent when such conditions exist. Rather, it frequently continues to pay rent for recipients who are living in substandard housing with multiple hazardous violations of record.

In conclusion, these new policies at HRA and HASA yield higher expenses to the city and dramatically decrease the quality of life for HASA clients. HRA should reverse these policy changes, and institute more efficient means to safeguard its limited resources. Thank you for considering our submission.

Respectfully Yours,

Lynn Neugebauer, Esq.

Committee Chair