

Testimony before
The Council of the City of New York
Committee on General Welfare

Oversight Hearing: Recent Policy Changes at HASA

February 8, 2012

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Chairman Palma and Members of the Committee on General Welfare:

I am the Housing Project Coordinator at HIV Law Project. HIV Law Project fights for the rights of the most under-served people living with HIV/AIDS (PLWHA) through innovative legal services and advocacy programs. HIV Law Project believes that all people deserve the same rights, including the right to live with dignity and respect, the right to be treated as equal members of society, and the right to have their basic human needs fulfilled. These fundamental rights are elusive for many people living with HIV/AIDS. For many of our clients, the work of obtaining and maintaining affordable housing is like trying to push a boulder up a hill. The latest policy changes by HASA: the reduction in payment of brokers' fees, the security deposit voucher system, and the substance use screening polices, have turned that hill into a mountain.

As of last March, HASA now pays only 50% of brokers' fees on behalf of clients securing new housing. The vast majority of brokers are unwilling to accept this reduced fee, and have either stopped working with HASA clients, or have informally asked HASA clients to pay the other 50% themselves. This shift has made it nearly impossible for HASA clients and their advocates to secure new apartments, and has forced many PLWHA to spend long periods of time living in single room occupancies (S.R.O.s), which are both unhealthy and unduly expensive. Further, it has forced many HASA clients to take undue and unhealthy risks to secure money to pay a broker.

Brokers play an essential role in placing HASA clients in housing. Cutting their fee by 50% has meant that very few of those brokers who once worked with HASA clients will do so now. But HASA and its clients rely on brokers not just to show apartments, but also to serve as an intermediary between client and landlord, especially with landlords inexperienced in renting to HASA clients. Without brokers to provide that critical level of reassurance to new landlords, the stigma and discrimination so many HASA clients face in their housing search goes unmanaged.

And landlords now have further reason to be wary of renting to HASA clients. New HRA policy now requires HASA to pay landlords their security deposit in the form of a voucher, rather than a check. In order for landlords to collect on this voucher, they must submit extensive paperwork: documentation of damages, estimates for repair work, and receipts for work done. The prospect of such an onerous process is daunting, and disincentivizes landlords from accepting HASA clients. While the city's attempt to control the loss of un-returned security deposits is understandable, the process that has been established is too burdensome on landlords, and must be revised to ensure that landlords will continue to work with HASA.

Though these new policies were adopted as cost-saving measures, an honest assessment of the new reality shows that in fact they have had an unintended, and costly, impact. The lack of brokers willing to accept just half of their fee, and the disinterest of landlords in accepting the security voucher has left our clients seeking permanent housing with very few options. As a result, many HASA clients are stuck in emergency housing. This is both inefficient and unhealthy. The city pays approximately \$55.00 per night for emergency housing at an SRO. That amounts to \$1,650.00 per month. By comparison, HASA will pay up to \$940 per month for a one bedroom apartment. The math just does not add up.

And the conditions in emergency housing are entirely unsuitable for PLWHA. HASA clients in these facilities are regularly without a proper place to cook a meal, or store medications that need refrigeration. While staying in emergency housing, HASA clients are at risk of compromising their sobriety and struggle to maintain their medical, psychological and social service routines. Or they accede to the below-the-radar demands of many brokers that HASA clients now pay the remaining 50% of the broker's fee themselves. In order to do so, individuals are taking dangerous risks: selling their medications, engaging in sex work, and turning to loan sharks in order to come up with the money. Forcing PLWHA to make these sorts of desperate and hazardous decisions is inexcusable.

I'd also like to address HASA's new policy of substance use screening, which further complicates the search for, or the maintenance of permanent housing. While we don't object to substance use screening, *per se*, we do object to the implications and the application of this new policy. First, the policy implies that clients are in arrears solely because they are buying drugs. Yet most people who owe rent arrears are underwater not because of problems with substance use, but because they are forced to pay an undue share of their monthly income to rent. They are in arrears because HASA is the only city agency that does not have a 30% of income rent cap. Many HASA clients receive SSI or SSDI and are forced to spend all but about \$360.00 of their Social Security Check on rent. That leaves the client with \$12 dollars a day for groceries, utilities, transportation to doctor appointments or treatments, etc. (I cannot tell you how many times clients have told me that they chose to pay ConEd instead of paying their rent.) So passage of the 30% rent cap bill is an essential piece to solving this equation.

Second, the substance use screening not only impugns our clients' dignity, it too is wasteful and inefficient. HASA case managers have full discretion to require substance use screening as a prerequisite to the payment of rental arrears assistance, or the maintenance of ongoing rental assistance. Under the policy, clients who refuse substance-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 above-enhanced rental payments (which are at the city's sole discretion). This is a fictitious choice, since we know that there is a dire lack of supportive housing spots available, due in large part to HASA's delay in developing those units planned under NY/NY III. This is a further example of a choice made under the guise of cost-saving-- saving operating costs-- that quickly becomes a source of additional expenses.

Third, the policy is unduly coercive, and offers an inadequate array of referral options. While New York has long embraced the merits and efficacy of harm reduction services, the available referrals are all abstinence-based programs. HRA should add harm reduction services to the list of available referrals.

Finally, this policy places our clients in jeopardy of losing their Medicaid if they refuse services or are non-compliant with a referral. Once a client's HASA rental assistance case is closed, all other services are stopped and clients must apply separately for food stamps and Medicaid. The only local stand-alone food stamps office is located in Brooklyn, meaning that a physically

disabled client will be forced to travel from her home in the Bronx to Brooklyn in order to re-apply.

In conclusion, these new policies are not cost-saving, as advertised, but the opposite. Meanwhile, they serve as significant hurdles to HASA clients as they attempt to obtain and maintain permanent housing. HIV/AIDS stigma still exists and our clients already face more than enough related challenges. HASA should not add to their burden with these costly, ineffective policies.

I thank you for your attention to this important issue, and for the opportunity to provide testimony.