



Testimony to the Committee on General Welfare

HASA Oversight Hearing

Wednesday, February 12, 2025

Submitted on behalf of the Supportive Housing Network of NY

Good morning, Chair Ayala and members of the General Welfare and Health Committees. My name is Tierra Labrada, and I serve as the Policy Director for the Supportive Housing Network of New York. We are a membership organization representing supportive housing providers throughout the state. Collectively, our members operate more than 62,000 supportive housing units, approximately 5,500 of which are contracted by HASA to provide housing and voluntary support services for people living with HIV/AIDS.

HASA has been a valued partner, working closely with us to address challenges and make improvements. However, there are persistent issues that cannot be addressed without larger systemic change, the most urgent being the persistent vacancies in HASA-contracted units.

Challenges in the Referral Process

For years, our members have reported that HASA's referral process does not yield sufficient connections with interested prospective tenants, leaving many supportive housing buildings operating with significant vacancy. HASA providers should receive at least 3 referrals per vacancy, to account for no-shows or clients declining an offer to move in. However, it is becoming more and more challenging to meet this standard. One provider reported to us that in December 2024, they only received 45% of the referrals they were expecting. Of their 22 vacancies (all single-room occupancy, or SRO), they were only able to move in 2 tenants. Due to their low occupancy rate, this provider recently lost a significant federal grant, putting their program at risk.

Feedback from housing providers and from HASA reveals that clients simply do not want to move from their transitional housing units.

HASA's transitional housing program does not require clients to pay rent and imposes no time limits on their stay. This is an admirable model for a medically vulnerable population, but the unintended consequence is clients staying in transitional housing indefinitely, rather than moving into permanent housing and contributing 30% of their limited income toward rent. This is especially the case when the prospective apartment is in an older SRO building or another shared model, which, according to providers, makes up a significant portion of the vacancies. Clients are making rational choices, but the system is not set up to achieve our shared goal of ending homelessness.

The Lack of Data Transparency

Another challenge is the lack of data on HASA units. While approximately 1,400 HASA contracted supportive housing units are included in the Coordinated Assessment and Placement System CAPS (NY/NY III and NYC 15/15 units), over 4,000 are not. As a result, they are not included in the Local Law 3 report, which City Council legislated in order to track supportive housing referrals and placements. Without a comprehensive picture that includes all HASA supportive housing, the City cannot accurately



assess referral effectiveness, track no-shows, or determine when a mismatch occurs between eligible clients and the population requirements for supportive housing vacancies.

The Network urges integrating all HASA units into CAPS. The approximately 1,400 HASA units that are already in CAPS prove that it can be done without compromising privacy or health data.

The Cost of Inaction

This is not just a housing issue—it is a fiscal and moral failure. Right now, hundreds of units sit vacant while providers lose revenue, the City incurs unnecessary costs, and thousands of people experiencing homelessness wait for housing that remains inaccessible. The City is effectively paying twice: once to house HASA clients in transitional housing and again to contract for permanent units that remain unoccupied. This is an inefficient use of City funds and an unacceptable outcome for New Yorkers languishing on the street or in shelter.

Proposed Solutions

There are several steps the City can explore to rectify this crisis:

1. Allow providers to transfer units to DOHMH: Some providers may wish to relinquish their HASA contracts. The City should facilitate the seamless transfer of these units, and the funding required to operate them, to the Department of Health and Mental Hygiene (DOHMH), where they would serve a broader population.
2. Enable the prioritization of HASA clients for HASA contracted units, while allowing a broader population to be served after attempts to fill the unit have been unsuccessful.
3. Invest in converting SROs to studio apartments: Studio units are more attractive to prospective tenants and would better align with their housing needs.
4. Cap tenant contributions in supportive housing: The Department of Homeless Services (DHS) caps rent contributions tenants moving into SROs at \$50 per month, with the City covering the remainder. HASA should adopt this model to encourage more clients to move into supportive housing.

We are happy to answer any questions you may have.

Thank you for your time and consideration.