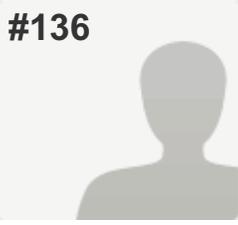


Ending the Epidemic Task Force Recommendation Form

#136



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PAGE 1

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

First Name	Evelyn
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Q2: Title of your recommendation

Single Point of Entry in Every Local Social Services District to Expedite Access to Essential Benefits and Social Services Needed by Persons Living with HIV Infection

Q3: Please provide a description of your proposed recommendation

Each local social service district (LSSD) in the State would establish a single point of entry (SPE) to coordinate and expedite the provision of essential public benefits and services for all income-eligible persons diagnosed with HIV infection (PWH). Designated caseworkers would assist PWH by identifying needs and resources, setting up direct linkages to necessary benefits and services, resolving issues, stabilizing living situations, and coordinating services with other public agencies and community based organizations (CBOs).

SPE services would include: case management and assistance in applying for public benefits and services, including: Medicaid, Supplemental Nutrition Assistance Program benefits, cash assistance, emergency transitional housing, non-emergency housing, rental assistance, home care and homemaking services, mental health and substance abuse screening and treatment referrals, employment and vocational services, transportation assistance, SSI or SSD application and appeal, and information on and referrals to CBO services. Available benefits would include the enhanced rental assistance for persons with HIV (see related recommendation titled "Expand and Update the NYS HIV Enhanced Rental Assistance Program"), an affordable housing protection for PWH with income from disability benefits or employment (see related recommendation titled "30% Rent Cap HIV Affordable Housing Protection") and an HIV-specific transportation allowance of at least \$190 per month to assist PWH who rely on public benefits to be food secure and able to travel to essential medical and support service appointments.

For many HIV-positive persons, retention in HIV care requires addressing a cluster of health, behavioral and structural issues, including poverty, housing instability, food insecurity and lack of transportation.

Homelessness, hunger and other unmet subsistence needs are powerful barriers to effective HIV prevention and treatment. Results from the long-term Community Health Advisory & Information Network (CHAIN) study of representative samples of persons living with HIV/AIDS in NYC and the Tri-County region of Westchester, Rockland and Putnam Counties indicate that the greatest current unmet needs among people living with HIV (PWH) in NYC and the Tri-County area are housing assistance and food. Participants in recent community meetings across NYS identified housing assistance, food and transportation as the greatest unmet needs of people living with HIV. Recent federal cuts in the SNAP food stamp program also have the potential to further worsen food insecurity. Eliminating new HIV infections and retaining all persons living with HIV in effective treatment will require continued and expanded reliance on evidence-based housing, food and transportation interventions as critical enablers of effective, integrated HIV prevention and care.

In NYC, since the 1980's the Human Resources Administration's HIV/AIDS Services Administration (HASA) has provided a single point of entry for access to the HIV enhanced rental assistance and other public benefits including a \$190/month HIV-specific transportation allowance. The HASA system has been extremely effective delivering coordinated benefits and services, but HASA eligibility is currently limited to PWH with a diagnosis of AIDS or advanced HIV disease. Eligibility for the program is tied under NYC local law to a NYS Department of Health AIDS Institute definition of HIV-related illness (more recently described as "clinical/symptomatic HIV infection") has not been changed since the mid-1990s, is now out of date (and no longer used by the AIDS Institute for any purpose), and is inconsistent with current treatment guidelines and HIV prevention strategies. As a result, an estimated 10,000 to 15,000 PWH in NYC (including 800 or more PWH residing in NYC shelters on any given night) remain medically ineligible for the publicly funded HIV-specific non-shelter housing assistance, case management and transportation allowance that are provided for persons with symptomatic HIV infection through HASA. Homeless people with asymptomatic HIV infection are forced into the Hobson's choice of initiating treatment and remaining homeless or delaying treatment until they qualify for rental assistance or supportive housing.

Outside NYC, no LSSD makes the enhanced HIV rental assistance program routinely available to PWH, and it has been used only rarely to support housing for PWH. Likewise, no local district outside NYC provides a single point of entry for PWH to access public benefits, and no district provides an HIV-specific transportation allowance. The HUD HOPWA program reported in 2012 that at least 2,100 PWH residing in NYS counties outside NYC had a current unmet need for housing assistance, and results of a 2004 AIDS Institute funded HIV housing needs assessment estimated that 4,000 to 6,000 extremely low-income households living with HIV had an unmet housing need that was not being met through either HIV-specific or mainstream housing programs.

Ending the Epidemic Task Force Recommendation Form

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.

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?

Permitted under current law

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?

Facilitating access to public benefits, including HIV specific rental supports and transportation allowances, will address the social drivers of the HIV epidemic in NYS by ensuring that each eligible PWH is linked to critical enablers of effective HIV treatment, including a safe, stable place to live, adequate nutrition and the ability to travel to health care and supportive services. Addressing the social and structural barriers to HIV care is also essential in order to reduce the stark HIV-related health disparities that characterize the HIV epidemic in NYS, and to realize the full potential of biomedical interventions.

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 of a SPE and the delivery of HIV-specific benefits as an unfunded mandate.

SPE systems must be implemented in a manner that maximizes access for PWH and minimizes the potential for stigma and discrimination in LSSDs with small caseloads.

Ending the Epidemic Task Force Recommendation Form

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

As LSSDs are already required to administer public benefits for income eligible PWH, additional costs associated with this recommendation would be largely tied to incremental costs of expanded access to HIV enhanced rental assistance and transportation allowances. (See related recommendations.)

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

Investments in housing and other essential supports for PWH is 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. (See supporting memorandum titled “Housing Supports and Other Basic Subsistence Benefits.”)

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

An estimated 10,000 to 15,000 PWH in NYC who are currently ineligible for HASA services.
An estimated 2,000 to 6,000 PWH in the balance of the State outside NYC who have an unmet for coordinated assistance with housing, food, transportation and other subsistence needs.

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

The number and percentage of NYS LSSD’s with a SPE for PWH.
The number and percentage of PWH in each NYS LSSD receiving coordinated public benefits through a SPE.
The number and percentage of PWH in NYS with an unmet housing need.
The number and percentage of PWH in NYS who report food insecurity.

Q15: This recommendation was submitted by one of the following Advocate