

**Ending the Epidemic Task Force
Committee Recommendation
CR32**

**Recommendation Title: Reducing new HIV Incidence among Homeless Youth Ages 16-24,
Particularly those Most at Risk, Through Stable Housing and Supportive Services**

- 1. For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? 1, 2 and 3**

- 2. Proposed Recommendation:** Increase the number of housing units available to homeless youth to meet real need by creating at least 2,000 additional units of housing over the next five years for youth with and at risk of HIV infection, including units in programs designed to meet the unique needs of young men who have sex with men (MSM) and transgender women who are at highest risk for acquiring HIV. This new housing for homeless and runaway youth should: include units of all types, including crisis, transitional and independent living; be funded to provide wraparound services including case management, mental health care, legal assistance, and vocational and educational training; and be available to youth up to age 24 as studies have found that the brains of adolescents and young adults do not develop until the mid-twenties. Given a significant rise in HIV incidence among young adults ages 16-24, and in particular among young MSM and transgender women, it is imperative that New York State (NYS) address the structural drivers of HIV incidence. These include poverty, homelessness and housing instability, lesbian, gay, bisexual, transgender, or questioning (LGBTQ) stigma, violence (including domestic and intimate partner violence (IPV)) and health disparities, as well as a lack of access to education, employment and biomedical HIV prevention, all of which put youth at high risk for HIV infection. Other documented and key risk factors for youth include rejection by family members due to the youth's gender identity and/or sexual orientation, incarceration or death of a parent, sexual abuse and trauma.

Without comprehensive programs that address these and other factors, homeless and unstably housed youth and youth aging out of foster care are at high risk for further victimization. To survive, some engage in sex work to pay for shelter while others become victims, often of older adults, who prey on their vulnerability and subject them to violence, sex trafficking, high risk sex and sexual assault, viral hepatitis, sexually transmitted infections (STIs), HIV and unplanned pregnancies.

In New York City (NYC) alone, the most recent census of homeless youth, conducted by the Empire State Coalition and released by the Council in 2008, found that each night 3,800 unaccompanied youth between the ages of 16 and 24 lacked stable housing. Yet there are only about 400 units of housing in the NYC for homeless and runaway youth.

LGBTQ youth face significant and sometimes unique challenges. A 2010 report released by NYC found that 40% of runaway and homeless youth self-identify as LGBTQ and estimated that the



rate of HIV infection among homeless LGBTQ youth is as high as 20%. Homeless LGBTQ youth face violence, health disparities, IPV and stigma, among other issues. They are at very high risk for HIV infection since they are often victims of adult predators who may offer them shelter in return for sex. Others may rely on sex work for survival, which can lead to violence, particularly for young transgender women.

Among LGBTQ youth, young gay and bisexual men, particularly young men of color, are at greatest risk. In 2010 the Centers for Disease Control and Prevention (CDC) noted that young gay and bisexual men accounted for nearly 20% of *all* new HIV infections in the U.S. and 72% of new HIV infections among those aged 13-24. Moreover, these young MSMs had a 22% increase in new infections since 2008 and were the only age group with a significant increase. Black youth constituted 57% of all new HIV infections among youth with Hispanic/Latino youth constituting another 20%.

Girls and young women are also at significant risk and are particularly affected by domestic violence and IPV. In 2013, the White House issued a report entitled *Addressing the Intersection of HIV/AIDS, Violence against Women and Girls, & Gender-Related Health Disparities* that documents domestic violence and IPV as key drivers of HIV incidence among girls and women, including transgender women. Fifty-eight percent of girls and women affected by IPV report loss of housing, medical care, financial support and educational resources.

1) Funding

- **Develop 2,000 additional units of housing over five years for homeless youth with and at risk of HIV**, including units in programs designed to meet the unique needs of young men who have sex with men (MSM) and transgender women who are at highest risk for acquiring HIV. This should include funds devoted to capital development and operating support for a variety of housing types for homeless youth and youth aging out of foster care ages 16-24.
- **Create a NYS funding stream to fund evidence-based support services** in youth congregate and other housing (crisis, transitional, etc.).
- **Create a NYS funding stream to support a statewide rental assistance program** for homeless, unstably housed and youth aging out of foster care ages 18-24.
- **Create a NYS funding stream to support scatter site housing program models** (rent plus services) for homeless and unstably housed youth and youth aging out of foster care ages 18-24.
- **Create a seamless discharge process for youth aging out of foster care** that includes housing, income support, medical and mental health services, information about and access to biomedical HIV prevention, education and job training.
- **Target funding to ensure a full range of housing programs**, including crisis, transitional and independent living units, as well as units and programs targeted specifically for LGBTQ youth.

2) Policy

- **NYS to review and revise the “Runaway and Homeless Youth Act of 1978”** to recommend changes and revisions so as to respond to the risks faced by today’s youth



and to address strategies for reducing HIV incidence, youth homelessness and other factors that subject youth to poor health and mental health outcomes;

- **Create an interagency council** comprised of NYS agencies that address homelessness, foster care, juvenile justice and incarceration, violence, healthcare, mental health, substance use, education and employment to develop a blueprint on reducing youth homelessness. These include the Office of Children and Family Services (OCFS), Department of Health (DOH), Department of Education (DOE), Office of Temporary and Disability Assistance (OTDA), Office of Mental Health (OMH), Department of Housing and Community Renewal (DHCR) and Department of Labor (DOL). We also recommend that the state include community partners including youth services providers, advocacy groups, school based teachers and guidance counselors and legal service organizations that serve youth. The goals and activities of this interagency council will be to:
 - **Review current youth housing and services** and recommend new or revamped existing youth programs to better address the challenges faced by youth today with the goal to reduce their HIV incidence, ensure their access to health and mental health services, improve access to education and employment pursuant to the Workforce Innovation and Opportunity Act and creates programs to stop the wave of domestic violence and IPV that put these young men and women at risk for trauma, homelessness, abuse, poor physical and mental health, HIV infection and other threats to their well-being.
 - **Identify potential funding sources** for new and revamped programs. Potential sources include but are not limited to New York State (NYS) Office of Children and Family Services (OCFS), NYS Homeless and Housing Assistance Program (HHAP), NYS Division of Housing and Community Renewal (DHCR), NYS Office of Temporary and Disability Assistance (OTDA), NYS Department of Health (DOH), NYS Office of Mental (OMH), NYS Department of Education (DOE), NYS Department of Labor (DOL) and MYS Medicaid Redesign Team (MRT) and Housing Opportunities for Persons with AIDS (HOPWA).
 - **Report back to the Governor's Office** by July 1, 2015 with strategies and policy/regulatory changes and funding recommendations to build a strong community infrastructure to address the structural drivers of youth HIV incidence and support positive health and mental health outcome.
 - **Expand the age range of housing for youth and services from 18-24 years to 16-26 years** to provide youth sufficient time on both ends of the spectrum to access housing and services that help them achieve positive health and mental health outcomes; reduce their risk for HIV infection and provide them with adequate time to develop the skills and resources needed for independence.

List of key individuals, stakeholders, or populations who would benefit from this recommendation

- Homeless and unstably housed youth and youth aging out of foster care
- Families and dependents of homeless youth
- Foster care system; educational system; youth service providers



List of measures that would assist in monitoring impact

- Require local social service districts to conduct an annual count of homeless or unstably housed youth in years one, two, three, four, and five with goal of significant reduction by year 5
- Compare the health and mental health outcomes of homeless and unstably housed youth and youth aging out of foster care with that of youth who receive housing stable housing and supportive services over the next 5 years
- Track new HIV incidence among youth ages 16-18
- Track pharmacy data on number of prescriptions for biomedical prevention including PrEP and nPeP provided to homeless and unstably housed youth and youth aging out of foster care ages 16-24
- Document the employment status of formerly homeless and unstably housed youth and youth aging out of foster care in years one, two, three, four, and five with goal to increase the number who are employed

Footnotes or References

http://www.cdc.gov/hiv/risk/age/youth/index.html?s_cid=tw_std0141316

NYC Department of Youth & Community Development (DYCD) (2010). Final report and recommendations from the NYC Commission for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Runaway and Homeless Youth.

http://www.nyc.gov/html/om/pdf/2010/pr267_10_report.pdf

Freeman, L. & Hamilton, D. (2008.) A Count of Homeless Youth in New York City. New York: Empire State Coalition of Youth and Family Services.

Runaway and Homeless Youth Act of 1978.

2014 White House paper on “Addressing the Intersection of HIV/AIDS, Violence against Women and Girls, & Gender-Related Health Disparities”.

New York State Office of Children and Family Services (OCFS). Runaway and Homeless Youth Annual Report 2012.

<http://www.ocfs.state.ny.us/main/reports/Annual%20Report%20RHYA.pdf>

US Dept. of Housing and Urban Development

<https://www.hudexchange.info/resources/documents/HUDs-Homeless-Definition-as-it-Relates-to-Children-and-Youth.pdf>.

Ryan, C., D. Huebner, R. Diaz, and J. Sanchez (2009). *Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults*. Pediatrics, vol 123.

State of the City’s Homeless Youth Report 2011: A Community-Written Document on Homeless, Runaway and Street-Involved Youth and How They are Impacted Homelessness in New York City <http://www.empirestatecoalition.org> ~ info@empirestatecoalition.org.



3. Would implementation of this recommendation be permitted under current laws or would a statutory change be required? Permitted under current law. Statutory change required: some changes to OCFS regulations regarding types of housing for youth under 18 years of age.

4. 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: Appointment of Interagency Council and report back to Governor's Office.
- Within the next three to six years: revision of "Runaway Youth Act of 1978"; development of an annual NYS budget line for implementation of housing, health and mental healthcare and other resources to reduce youth homelessness; and development of funding and RFP process for new programs and housing for homeless and unstably housed youth and youth aging out of foster care.

5. Please list the TF numbers of the original recommendations that contributed to this current version: TF131.

