

**Ending the Epidemic Task Force
Committee Recommendation
CR34**

Recommendation Title: Expand Comprehensive Supportive Housing for People with HIV in New York State, Including More Housing Options for Low-Income Residents who are not Administratively Eligible for Public Assistance

- 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:** Expand supportive housing opportunities for low-income people with HIV (PWH) through new funding for construction, operating and supportive services costs. Make supportive housing opportunities available to HIV-infected persons regardless of HIV disease stage, and expand eligibility criteria to include PWH who are not administratively eligible for public assistance. Supportive housing programs should include behavioral and vocational services and be adequately funded to build the wrap around comprehensive services that are needed to reach the goals of ending the epidemic. Funding sources for new supportive housing should include:
 - 1) An increase in the Operating Support for AIDS Housing/Homeless Housing Assistance Program sufficient to meet the current need with annual adjustments to meet new needs.
 - 2) Funding for a new New York/New York (NY/NY) agreement to create not less than 30,000 units of supportive housing over 10 years, including new housing for homeless people with HIV.
 - 3) Expanding the availability of the 30% rent cap program to eligible PWH in all parts of NYS, including supportive housing residents, and adjusting eligibility criteria for the program as outlined in CR44.
 - 4) A full range of other potential funding sources, including potential Medicaid reimbursement for housing-based supportive services.

The greatest unmet need of PWH in New York State (NYS) is housing. Research demonstrates that a lack of stable housing is a formidable barrier to consistent engagement in HIV care and effectiveness at each point in the HIV care continuum. PWH who lack stable housing are: more likely to delay HIV testing and entry into care; more likely to experience discontinuous care; less likely to be on antiretroviral therapy (ART); and less likely to achieve sustained viral suppression. Studies also show that supportive housing is an evidence-based HIV health intervention that improves stability, connection to health care, rates of viral suppression and other health outcomes for PWH regardless of co-occurring medical, behavioral or psychosocial issues.



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

- An estimated 10,000 to 15,000 PWH in New York City (NYC) who are currently ineligible for HIV/AIDS Services Administration (HASA)-administered housing services
- An estimated 2,000 to 6,000 PWH in the balance of the state outside NYC who have an unmet housing need
- More than 3,000 PWH who are homeless in NYC on any given night, living on the streets, in the NYC shelter system or in emergency housing
- PWH who experience HIV health disparities including disconnection from care, lack of viral suppression and avoidable HIV-related mortality
- Health and social services providers charged with improving HIV health outcomes
- Low-income PWH in NYC who are rent burdened, but currently ineligible for the 30% rent cap affordable housing protection due to the current standard of need calculation

List of measures that would assist in monitoring impact

Number and percentage of:

- PWH in homeless shelters and estimate of street homeless
- Number of those most at risk for HIV (particularly 13-25 years old) who are unstably housed
- PWH in NYS with stable housing
- PWH in NYS with an unmet housing need
- PWH in each NYS Local Social Services District (LSSD) who benefit from the 30% rent cap affordable housing protection
- PWH in each NYS LSSD receiving the HIV enhanced rental assistance
- PWH in each NYS LSSD receiving supportive housing services
- PWH attending regularly scheduled medical and supportive services appointments
- Waiting lists for Homeless Housing and Assistance Program (HHAP), Housing and Urban Development (HUD) funding supportive housing programs

Footnotes or References

Aidala, A.A., Lee, G., Abramson, D.M., Messeri, P., & Siegler, A. (2007). Housing need, housing assistance, and connection to medical care. *AIDS & Behavior*, 11(6)/Supp 2: S101-S115.

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Hawk, M. & Davis, D (2012). The effects of a harm reduction housing program on the viral loads of homeless individuals living with HIV/AIDS. *AIDS Care*, 24(5): 577-82.

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3. **Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** Permitted under current law.
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.
5. **Please list the TF numbers of the original recommendations that contributed to this current version:** TF151, TF196, TF273, TF293, TF210, TF274.

