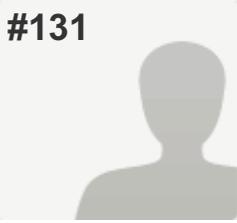


Ending the Epidemic Task Force Recommendation Form

#131



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

First Name	Gina
Last Name	Quattrochi
Affiliation	Bailey House
Email Address	rqbh@baileyhouse.org

Q2: Title of your recommendation Housing as prevention for homeless and unstably housed youth and youth aging out of foster care ages 18-24

Q3: Please provide a description of your proposed recommendation

Given the increase in HIV incidence among young adults ages 18-24, it is imperative that NYS address the structural drivers of HIV incidence, particularly poverty and the homelessness and housing instability that results from it, among young adult homeless youth and youth aging out of foster care. Significant research shows that HIV incidence is largely driven by homelessness and unstable housing, not individual behavior. Homeless youth and unstably housed youth and youth aging out of foster care are at particularly high risk since they have little or no resources to acquire stable housing, mental health services, access to comprehensive healthcare, secondary and college education and employment. Some engage in sex work to pay for shelter while others become victims of older adults who prey on their vulnerability and subject them to significant risk including violence and sexual assault.

Homeless and unstably housed youth and youth aging out of foster care need access to housing in programs that provide a strong array of comprehensive services to support positive health, educational, and vocational outcomes. The current model of providing young adults with shelter care that provides neither privacy nor adequate services, is insufficient to reduce HIV incidence among this group. NYS should, therefore, commencing in 2015:

1. create a 5yr set-aside of funds for the development of both supportive congregate and supportive scatter site housing for homeless and unstably housed youth and youth aging out of foster care ages 18 -24.
2. Charge several state agencies to form a time limited task force to develop a long term plan to end new HIV incidence among youth by addressing the structural drivers of HIV incidence among youth including poverty, homelessness, juvenile incarceration, violence, trauma, lack of access to quality education and job opportunities. These agencies would include the Office of Family and Youth Services (OCFS), DOH/AI, Department of Education (DOE), Office of Temporary Disability Assistance (OTDA), Office of Mental Health (OMH) and Dept. of Housing and Community Renewal (DHCR). Potential funding sources for resulting program implementation include HHAP, OTDA, OMH and MRT funds.

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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)

Identifying persons with HIV who remain undiagnosed and linking them to health care

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Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

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Other (please specify)

reducing HIV incidence among homeless and unstably housed youth and youth aging out of foster care

Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)

Prevention Committee: Develop recommendations for ensuring the effective implementation of biomedical advances in the prevention of HIV, (such as the use of Truvada as pre-exposure prophylaxis (PrEP)); for ensuring access for those most in need to keep them negative; and for expansion of syringe exchange, expanded partner services, and streamlined HIV testing by further implementing the universal offer of HIV testing in primary care, among others. The Committee will focus on continuing innovative and comprehensive prevention and harm reduction services targeted at key high risk populations, as well as grant-funded services that engage in both secondary and primary prevention.

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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?

New program

Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?

Permitted under current law

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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 three to six years

Q9: What are the perceived benefits of implementing this recommendation?

Reduce or eliminate the structural drivers of HIV incidence among homeless and unstably housed youth and youth aging out of foster care to eliminate new HIV infections among youth and to support them in achieving positive health, educational and vocational outcomes.

Q10: Are there any concerns with implementing this recommendation that should be considered?

Review existing statutes that set age restrictions on certain types of programs that could be effective to further reduce structural drivers of HIV incidence among youth under age 18.

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

Cost of developing and operating supportive housing for 3000 homeless or unstably housed youth and youth aging out of foster care over a 5yr period - \$10M-\$20M annually as the programs scale up.

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

Reduced HIV incidence among homeless or unstably housed youth ages 18-24 and youth aging out of foster care resulting in a cost savings of \$400,000 in lifetime HIV/AIDS care for each prevented infection.

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

Homeless or unstably housed youth and youth aging out of foster care aged 18-24 who are at "high risk" of HIV infection.

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

See task force recommendation

Q15: This recommendation was submitted by one of the following

Ending the Epidemic Task Force member