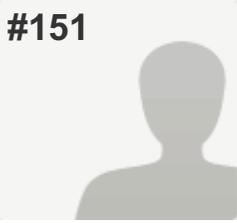


Ending the Epidemic Task Force Recommendation Form

#151



COMPLETE

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

First Name	Jennifer
Last Name	Flynn
Affiliation	VOCAL-NY
Email Address	jennifer@vocal-ny.org

Q2: Title of your recommendation Build More Housing for People Living with HIV and AIDS

Q3: Please provide a description of your proposed recommendation

NY State needs more supportive housing built for low-income people living with HIV. An additional 2000 units statewide created each year, over 10 years could end homelessness among people living with HIV. Supportive housing has proven to provide support for treatment adherence.

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

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.

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Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?

Respondent skipped this question

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?

Stable housing allows persons living with HIV/AIDS to access comprehensive healthcare and adhere to complex HIV/AIDS drug therapies. The Centers for Disease Control and Prevention (CDC) estimates that more than one million Americans are living with HIV/AIDS. Throughout many communities, persons living with HIV/AIDS risk losing their housing due to compounding factors, such as increased medical costs and limited incomes or reduced ability to keep working due to related illnesses. Research has shown that coupling permanent housing with supportive services is highly effective at maintaining housing stability, as well as helps improve health outcomes and decreases the use of publicly funded institutions. In the Collaborative Initiative to Help End Chronic Homelessness (CICH), participants who had been homeless for an average of eight years were immediately placed into permanent housing. The CICH evaluation reported that 95% of those individuals were in independent housing after 12 months. In May 2009, the Journal of the American Medical Association

(JAMA) published research findings confirming that immediate access to housing and support services results in chronically ill, homeless individuals utilizing fewer emergency room and inpatient hospital days as compared to a similar group receiving usual care. The randomized controlled trial, led by the AIDS Foundation of Chicago (AFC), provides empirical evidence that chronically ill homeless people treated with stable, supportive housing achieve better health outcomes, at a lower cost, than those not immediately enrolled in stable housing.

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

Respondent skipped this question

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

There is a commitment to create a NY/NYIV agreement and expand it statewide (now NY Urban). It is hoped that approximately 3000 units of supportive housing will be created. The State should also invest another 1000 units of supportive housing each year dedicated to low-income people living with HIV. The true cost per day for supportive housing is approximately \$100.

<http://shnny.org/images/uploads/NY-NY-III-Interim-Report.pdf>

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

In New York City, each unit of permanent supportive housing saved \$16,282 per year in public costs for shelter, health care, mental health, and criminal justice. The savings alone offset nearly all of the \$17,277 cost of the supportive housing. In the interim analysis of the NY/NYIII agreement, there were savings in the cost of shelter use for chronically homeless single adults who were dually diagnosed with a mental illness HIV/AIDS of \$18,193. The cost savings for a chronically homeless person living with AIDS and a persistent mental illness was \$1,576 per year when compared to jail. There were also savings in cash assistance costs for heads of families HIV/AIDS of \$7,061. The cost savings of NY/NY III supportive housing for Medicaid was significant. Single adults with a Substance Use Disorder was \$8,710, and for young adults aging out of foster care it was \$4,628. Supportive housing reduces emergency room visits.

<http://www.aidschicago.org/housing-home/chhp>
<http://shnny.org/images/uploads/NY-NY-III-Interim-Report.pdf>

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

homeless people living with HIV in NYS.
supportive housing providers.

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

A study on the health impact study for HIV+, but asymptomatic would assist in tracking how important housing is in maintaining your health.

Q15: This recommendation was submitted by one of the following Ending the Epidemic Task Force member