

New York State Ending the Epidemic

**Expanding Employment Opportunities
for People Living with HIV**

**Steering Committee Report
and Implementation Strategies**

**Accepted by the NYS AIDS Advisory Council
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I. Statement of Need and Background

“The first 15 years of the epidemic were about dying - first quickly, then a little more slowly, but it was all about dying. The next five years were about not dying... It’s my hope and belief that this next era of the HIV/AIDS epidemic is about living, really learning to live fully, with HIV.”

Eric Ciasullo, former board member National Working Positive Coalition

In the early years of the AIDS Epidemic, death rates were high and treatment was nonexistent or ineffective. At that time, the focus of most services for people living with HIV (PLWH) was on providing hospice care, permanency planning and keeping people as comfortable as possible. Most PLWH were unable to work due to illness. Some lost jobs or would not be hired due to discrimination. Today, the life expectancies and quality of life of PLWH are similar to those who are not living with HIV. HIV antiretroviral treatment (ART) is very effective, easy to take and generally has few side effects. These new treatments, and the focus on improved quality of life, have opened the potential for employment for many PLWH.

In 2014, Governor Andrew M. Cuomo appointed the Ending the Epidemic (ETE) Task Force, a group of community leaders, to develop and synthesize recommendations into a concrete Blueprint to End the AIDS Epidemic in New York State by the end of 2020. Included in the Blueprint (BP) were several recommendations related to employment and vocational services for PLWH. BP recommendation number 30 (BP 30) reads, “Increase access to opportunities for employment and employment/vocational services.” BP 30 also recommended increasing the capacity of HIV service providers to develop programs to improve economic stability, vocational development and full community inclusion of people with HIV. The recommendation added that efforts should employ a trauma-informed approach that validates vocational self-determination as well as economic, housing and health care stability.

Other recommendations throughout the Blueprint also made mention of employment and vocational rehabilitation (VR). The chart below summarizes these recommendations.

Ending the Epidemic Blueprint Recommendations Related to Employment	
BP 8	Enhance and streamline services to support the non-medical needs of all persons with HIV, including financial resources and employment.
BP 9	Provide enhanced services for patients within correctional and other institutions and specific programming for patients returning home from corrections or other institutional settings, including employment opportunities.
BP 21	Establish mechanisms for an HIV peer workforce.
ETE Taskforce Committees on Care, Housing and Supportive Services ETE Regional Listening Forums	Address employment needs of PLWH

Relevant Research Findings Regarding HIV and Employment

Research demonstrates that employment, and access to employment services, can result in improved access to health care, treatment adherence and overall health. Additionally, according to the World Health Organization (2007, 2008, 2010), the lower a person's socioeconomic status, the worse the person's health outcomes. A lack of employment opportunities compounds the issues of poverty that disproportionately impact the communities affected by HIV, further increasing the likelihood of negative health outcomes.

Results of the National Working Positive Coalition Vocational Development and Employment Needs Survey (NWPC-VDENS) (2008) found that, since the respondents started their most recent job, health risk behaviors (including alcohol use, drug use and unprotected sex) decreased among survey participants across the board. At the same time, reports of self-care increased by 50 percent. The 2011 US Department of Labor [HIV/AIDS Employment Roundtable Proceedings](#) also reported that use of VR services was associated with decreased risk behaviors and increased access to care and job supports.

The NWPC-VDENS found that the majority of PLWH survey respondents were not employed (59.5%) but were interested in considering employment (52.5%). 46% of those surveyed who were employed, reported working in the HIV field, which possibly speaks to the limitations of available or perceived available employment options for PLWH. The top four barriers to employment reported by unemployed respondents were: 1) health issues; 2) fear of losing financial benefits; 3) fear of losing medical/drug benefits, and 4) the recommendation of others not to work.

Review of Key Issues Regarding HIV and Employment

For many PLWH, illness, lack of opportunity, discrimination and high rates of incarceration have meant that individuals and families have had to rely on government benefits, including SSI/SSDI and other programs, for income maintenance, health coverage, rental assistance, nutrition and transportation. The path to accessing these benefits is often long and arduous. Many PLWH had to work with support services providers and government agencies for long periods of time to attain these life necessities, especially housing. Thus, PLWH are often reluctant to seek employment because it may disrupt assurance of access to these government benefits, SSI/SSDI and the life necessities that took so long to get in place.

Unemployed PLWH are 4-6 times less likely to access VR services, receive VR services and achieve an employment outcome than the overall population of people with disabilities (Jung, 2010). Many PLWH report having no employment services in their area, or lack knowledge about resources that do exist. Many want to work but face significant barriers to employment.

The discrimination that surrounds HIV is historical and complex. A recent survey conducted by POZ magazine (April/May 2017) showed that 26% of participants reported discrimination in the workplace because of HIV status, with only 42% reporting the discrimination. HIV is a prime example of intersectionality, or the ways in which oppressive institutions are interconnected and cannot be examined separately from one another. From the early days of GRID and 4-H

disease, we cannot consider discrimination related to PLWH without looking at discrimination based on race, gender, sexuality, class, disability, culture and a variety of other factors.

There is a need to educate PLWH and businesses about legal protections, rights and resources related to employment and employment services. The U.S. Department of Labor [HIV/AIDS Employment Roundtable Proceedings](#) (2011) reported a low level of knowledge and use of vocational services among PLWH, with about 1/3 or less reporting familiarity with existing vocational services. Women reported lower levels of knowledge related to these services than men. A lack of knowledge of work incentives and benefits counseling was reported among both genders.

VR services can play an important role in promoting health and prevention strategies outlined in the National HIV/AIDS Strategy (Conyers and Boomer, 2012; Datti & Conyers, 2010). Among those who used VR services (compared to those who did not) 4% reported more receipt of ongoing medical care, 26% reported more receipt of drug and alcohol treatment, 16% reported more receipt of mental health counseling, 13% reported more receipt of case management services, and 28% more reported use of services to help them keep a job. Use of VR services had a positive effect on reducing health risk behaviors, increasing access to care, and increasing job support services.

It must be acknowledged that employment may also come with a number of negative outcomes, including high demands, high stress, psychosocial issues, job insecurity, poor work conditions, lack of support and reduced adherence to medications. While employment can be greatly beneficial for PLWH, these findings support the need for increased VR services to assist PLWH with navigating transitions to work, obtaining optimal employment, accessing reasonable accommodations when needed, and managing the possible negative impact of employment. It should be noted that minimum wage employment, and even living wage employment, may not translate into adequate income to ensure a good quality of life. Calculating the real cost of living should include adequate resources for decent housing, healthy food, clothing, health coverage, ability to cover medical expenses, cell phone expenses and reasonable resources for recreational activities. In general, additional work needs to be done to ensure that all people who work for a living have adequate resources for good quality of life.

The AIDS Institute and community partners have done a great deal of work to establish a statewide certification program for HIV, hepatitis C and harm reduction peer workers. However, the number of employment opportunities available to PLWH in this specific line of work is quite limited and there are more people interested in certification than there are currently jobs available.

Lack of collaboration

Early work of the Expanding Employment Opportunities for PLWH Steering Committee has found that many HIV clinical and supportive service providers and policymakers have limited familiarity with employment issues of PLWH. HIV health service networks and public workforce programs have rarely developed strong working relationships. Few PLWH participating in public programs for health coverage, income maintenance, housing and/or nutrition have ready

access to individualized information and guidance on the impact of earnings from work on program participation, and misinformation circulates among both program participants and service providers. PLWH and HIV service providers and policymakers need more access to information, services and resources to address employment needs.

“Nothing About Us...Without Us”

Like all great wars for equity fought by PLWH, the battle is never won without having PLWH at the table when discussing solutions and opportunities. This is no different for employment. To effectively address the issues of vocational rehabilitation, a lens in which to consider recommendations needs to include utilization of a trauma-informed approach, which ensures the Trauma Informed Care principles of:

- Peer Voice
- Safety
- Choice
- Collaboration
- Trustworthiness
- Empowerment

As we utilize a client-centered approach to our HIV care systems to empower PLWH, we must also adopt a client-centered approach to our policy development, including having PLWH front and center in making decisions that impact them.

Charge to the Committee and Committee Composition

The committee was charged with developing a report and plan to outline specific action items needed to expand access to employment and vocational information, VR services and resources for PLWH. The committee was co-chaired by Mark Misrok, Board President of the National Working Positive Coalition and members of the AIDS Institute’s Office of the Medical Director. The committee was comprised of approximately 40 individuals including:

- Representatives from state agencies involved in employment/vocational services including; NYS Department of Labor, NYS Education Department/ACCES-VR, Office of Temporary and Disability Assistance (OTDA), NYS Office of Mental Health
- Representatives from the New York City Department of Health and Mental Hygiene (NYSDOHMH) and the NYC HIV/AIDS Services Administration (HASA)
- NY representatives / administrators of the US DOL Disability Employment Initiative (DEI) grant awarded to NYS DOL
- Community-based vocational counselors with experience serving people living with HIV
- HIV providers funded by the OTDA NYS HIV/AIDS Employment Initiative
- Legal services providers
- PLWH / community activists interested in expanding employment opportunities for PLWH
- Members of the former NY HIV Employment Network
- HIV prevention and health care providers

The committee began its work with an in-person meeting in New York City on April 18, 2017. Six webinars were subsequently held as follows:

- 1. Lessons Learned from Employment Services: May 31, 9:30am-11am**
 - a. Discussion of OTDA policies for reimbursement under that initiative
- 2. Coordination Between HIV Support Service Providers and Employment / VR Services: June 16th, 11am-12:30pm**
 - a. ACCES-VR and American Job Centers (One Stop Career Centers)
 - b. Development of training and toolkit
 - c. Role of peer workers
- 3. Role of Clinicians/ Clinical Settings: June 22, 3pm-4:30pm**
 - a. Making referrals for employment services
 - b. Mental health
 - c. SSDI reassessments
 - d. Clinic poster on employment
 - e. Training for clinicians
- 4. HIV and Employment Data: July 13th, 11am-12:30**
 - a. What data do we have access to?
 - b. What data do we need?
 - c. How can we move toward data driven objectives, strategies and evaluation measures?
- 5. Reports from Committees and Strategies to Address Discrimination: September 19th, 2017, 1-3pm**

In addition, it was determined that subcommittees would be formed to develop specific recommendations in four distinct areas as follows:

- **CBO Capacity Building:** This committee explored recommendations regarding how to develop the capacity of CBOs to play a more significant role addressing employment, including identifying potential funding streams for this work and preparing CBOs to be competitive for these funds.
- **Transgender and Gender Nonconforming (TGNC):** This committee explored recommendations specific to the needs of TGNC people. The committee reviewed and built upon employment-related recommendations of the TGNC ETE subcommittee with an emphasis on strategies for promoting supportive work environments, and addressing discrimination and micro-aggressions in the employment arena.
- **Race/Ethnicity/Culture/ Immigration:** This committee explored recommendations regarding how to address ongoing issues related to racial and/or ethnic discrimination as it impacts employment for people living with HIV. The committee also explored issues related to immigration policy and its impact on people living with HIV, including access to employment, health coverage, etc.

- **Legal / Access to employment services/ Transition to employment/Financial issues:** This committee explored recommendations related to legal and financial issues as they impact people living with HIV and employment benefits, including the transition from SSDI/SSI and other government benefits to employment; managing credit/debt and tax issues, reasonable accommodation and strategies for removing barriers to employment for people living with HIV who have criminal records.

Each committee met several times throughout the summer of 2017.

A work group of six individuals, including the co-chairs, providers and consumers, was created to compile the committee reports and author the final report. The report was reviewed and approved by the full committee at its final meeting on October 20th.

Employment as HIV Prevention

It should be noted that the charge to this committee was specifically to address expanding employment opportunities for PLWH. However, on multiple occasions during the committee's deliberations, it was noted that expanding access to employment has a significant potential role in HIV prevention as well. It was noted that HIV is a symptom of social inequity, and lack of access to quality education, employment opportunities, health information and health care services. Addressing the root causes of HIV requires a focus on social determinants of health. Expanding education and employment opportunities in communities of color, among young gay men, and among TGNC people is critical to actualizing HIV prevention.

II. A Person Living with HIV's Perspective on Employment

By Orbit Clanton

PLWH have been leaders in the movement to end the AIDS epidemic. The leadership of PLWH has been central in the response to HIV since the very beginning of the epidemic and our leadership is essential as we address the issue of employment. Including reference to employment in the ETE Blueprint was the direct result of input from PLWH, who also helped shape the focus of the ETE Blueprint on social determinants of health. The basic life necessities - housing, stable income, adequate nutrition, health coverage and dignity - are central to good health. These necessities contribute to a person's ability to participate in health care services, take HIV medications consistently and achieve viral load suppression.

Living wage employment is a primary way that most people access basic life necessities. However, after our HIV diagnosis, many PLWH become unemployed or are underemployed. We may gain access to stabilizing benefits to have a basic level of reliable income, health coverage and help with housing. Our ability to strengthen our health often depends on these. However, this leaves many PLWH, and their families/ dependents, living at or near the poverty line, feeling marginalized with limited options for growth and full participation in the larger society.

Employment holds the potential for enhancing dignity, self-esteem and the feeling of making a contribution to society. Employment represents the potential for financial security and an increased sense of independence. When an individual is a member of the workforce, it can provide enhanced social interaction and creation of a support system. Many PLWH are interested in working in a setting that is supportive and provides an opportunity to use and refine their skills. However, PLWH experience significant barriers to employment, particularly when it comes to transitioning between government benefits and employment.

Due to illness, incarceration, substance use, loss of employment, discrimination related to HIV status, race, ethnicity, sexual orientation, gender identity, and other circumstances, many PLWH have experienced periods of homelessness, unstable housing or periods without one or more life necessity. In many cases, it took PLWH months or years of work with support services providers and government agencies to get these life necessities in place, particularly housing. For PLWH who have experienced homelessness or food insecurity, the thought of losing benefits that took so long to get in place, is their greatest fear, notwithstanding our continued apprehension regarding HIV stigma.

The current reality is that seeking employment can have the effect of destabilizing access to these necessities. The potential benefits of employment are often outweighed by fear of placing one's housing, income, nutrition benefits and health coverage in uncertainty, especially since unanticipated illness could result in having to stop working. Another concern is that

wages earned through employment may not be significantly higher than minimum wage, leaving the person in poverty. PLWH also have concerns about the extent to which job-based health insurance will fully cover their healthcare expenses.

The current structure of public assistance, SSI and SSDI does not allow adequate time for many PLWH to transition from these benefits to a livable wage job. The policies of some benefits programs do not effectively cover people through transitions in and out of employment. Most programs do not adequately pro-rate benefits to allow people who are employed in low to middle income jobs to continue accessing assistance / benefits at a reduced level to ensure maintenance of safe, decent housing, adequate income, healthy nutrition and adequate health coverage. In cases where a PLWH has to stop working for any reason, it can bring up feelings of inadequacy, personal failure and loss of dignity. Having to return to a government benefits office often leaves people feeling terrible and re-stimulates the trauma associated with past periods of homelessness. PLWH need assurance that if employment is interrupted for any reason, dignity will be maintained and public benefits, SSI or SSDI will be reinstated in time to avoid any interruption in rent payments or lead to eviction.

There are some instances where program policies do allow incremental transition to living wage employment, but it is often difficult for PLWH to get accurate information about these policies and how they would apply in their situation. If clear information and competent guidance about policies like "expedited reinstatement," "earned income disregards" and other "work incentives" was available, more PLWH could see a clearer pathway from these programs to the benefits of living wage employment.

PLWH are understandably reticent to place their lives, and the lives of family members, in jeopardy. Until changes are made, PLWH who are on public benefits, SSI or SSDI will continue to experience structural barriers to seeking employment and many will remain trapped in poverty, even if they are healthy enough to work, possess job skills and are interested in seeking employment. In particular, continuing to administer benefits program policies as designed during the first 2 decades of the HIV epidemic, poses serious risks to individual health and New York's ability to meet ETE goals.

It should be pointed out that modifying public assistance programs, SSI and SSDI to create more effective bridges to self-determined livable wage employment has the potential to improve health and well-being, increase tax revenues and reduce overall government expenses. See Appendix C for economic modeling.

III. Overview of OTDA NYS HIV/AIDS Employment Initiative: Successes and Challenges

The purpose of the HIV/AIDS Employment Initiative (HEI) is to address the employment and training needs of PLWH. Clients must be New York State residents interested in obtaining employment, and have gross family income that does not exceed 200% of the federal poverty level. Providers offer intensive job placement services combined with the necessary case management to ensure the continued health and supportive services needs of participants are not compromised once they enter employment. Allowable activities include job readiness training, educational training related to employment, vocational training, work experience, subsidized employment, and job placement and retention. Awards are 75% cost-based and 25% performance-based. Providers are reimbursed \$1,500 for full-time job entry and retention milestones, and funds must be evenly distributed between the 30-day job entry and 90-day job retention categories. Reimbursement of \$750 is also available for part-time placements of at least 15 hours per week, using the same entry and retention timeframes. To qualify for reimbursement for job retention milestones, the employer hiring the participant must offer health insurance.

There are seven HEI operators, and contracts are in place through September 30, 2018. Based on monthly report submissions and voucher claims to date, over 1,000 clients have participated in HEI services, and the average hourly wage attained by HEI participants who have entered employment is \$13.83. HEI operators have identified several challenges to assisting people living with HIV find employment, such as issues related to health and housing, managing appointments, work absences, mental health and cognition, stigma for parolees, managing gaps in employment and the high cost of living in many areas. Additionally, providers have expressed concern that some employers do not offer health insurance. To improve program outcomes, providers recommend enhancing collaborations with social services districts, and partnering with hospitals and health clinics as well as outside resources for vocational and HSE classes.

IV. Overarching Priority Recommendations

1. A New York State interagency workgroup should be established to carefully review the recommendations outlined in this report and develop a plan of action to expand employment opportunities for PLWH.
 - a. The interagency workgroup may be a newly formed entity developed specifically for this task or may be a subcommittee of the NYS Interagency Task Force on AIDS or the NYS Most Integrated Setting Coordinating Council (MISCC).
 - b. At a minimum, agencies participating in the interagency workgroup should include the Department of Health AIDS Institute, Department of Labor, Office of Temporary and Disability Assistance, Education Department/ ACCES-VR, SUNY/CUNY, Office of Mental Health, Office of Alcoholism and Substance Abuse Services, New York State Home and Community Renewal, the Division of Human

Rights, the Division of Criminal Justice Services, and the Department of Corrections and Community Supervision.

- c. The plan developed by the interagency workgroup should outline the specific constellation of state agencies, community organizations and private sector partners (referred to as designated partners) needed to address each Overarching Priority Recommendation requiring interagency collaboration. Overarching Priority Recommendations 4, 5, 6, 7, 8, 9, 13, 14 and 16 specifically require interagency collaboration and are noted with an asterisk.
2. All programs and activities designed to expand employment opportunities for PLWH should be guided by the principle of voluntary participation and respect for individual self-determination in pursuing employment goals, services, vocational training, and job placement.
 3. The AIDS Institute should fund quantitative and qualitative research in 2018, and periodically thereafter, to better understand issues and needs related to HIV and employment, specifically to be able to:
 - a) Identify the extent to which PLWH want to work but remain unemployed or underemployed;
 - b) Identify the extent to which PLWH are aware of the range of employment services available to assist with obtaining vocational training and employment;
 - c) Describe the nature and prevalence of employment-related discrimination experienced by PLWH;
 - d) Examine the impact of employment and employment-related services on health of PLWH;
 - e) Identify barriers to employment experienced by PLWH;
 - f) Define the extent to which HIV or co-morbidities impact feeling healthy enough to work;
 - g) Explore how needs regarding employment services and financial counseling change over the lifespan;
 - h) Describe geographic and demographic differences in employment, access to employment services and experience of discrimination;
 - i) Inform policy makers about how to remove barriers to employment related to government policies on earning income and access to health coverage, public benefits and other services.
 4. The AIDS Institute, OTDA, HASA, and other designated partners* should develop programs and services that provide PLWH with incremental pathways to full time employment with a living wage. Such programs should be designed to ensure income maintenance and access to health coverage and other benefits over multiple years as PLWH make self-determined incremental changes that can lead from: no employment to engagement in vocational training; from vocational training to part time employment; from part time employment to full time employment. Following the SSDI

return-to-work policy standards, these programs should afford 10 years to ensure people are truly self-sufficient in a livable wage job with all needed benefits before loss of eligibility for government benefits, with benefits reinstatement policies for employment interruptions in place and widely communicated.

5. The AIDS Institute should work with OTDA, the Department of Labor, ACCES-VR and other designated partners* to ensure access to employment services for PLWH in every region of New York State. This should be accomplished through through a combination of the following:
 - a. The AIDS Institute should fund a specific initiative to place Employment Specialists to work with PLWH in community based organizations;
 - b. The OTDA HIV/AIDS Employment Initiative should be expanded and program policies should be reviewed by the interagency workgroup, funded providers, PLWH and other stakeholders. Policies should be updated in accordance with this input to maximize the impact of the initiative. Funded providers should be required to partner with HIV care and support services providers, American Job Centers, ACCES-VR, the Disability Employment Initiative (as available) and other designated partners to support PLWH with access to an expanded range of employment opportunities;
 - c. The AIDS Institute should explore partnering with ACCES-VR to strategically engage the Establishment Grant and Community Rehabilitation Provider Programs to strengthen employment outcomes among eligible PLWH;
 - d. The AIDS Institute should provide training to other HIV care and support services providers to play an active role in promoting access to employment opportunities and addressing employment needs of PLWH, directly or through linkages.

6. The AIDS Institute should work with OTDA, HASA, NYS Homes and Community Renewal, and other designated partners* to expand access to information about, and guidance for navigating, the impact of employment on government income maintenance benefits, health coverage, rental assistance, nutrition assistance and other benefits. The AIDS Institute should take steps to ensure that PLWH in each region of the state have access to Benefits Specialists to inform PLWH and provide benefits advisement for transitions to work.
 - a. Statewide access to Benefits Specialists should be accomplished through a combination of the following:
 - i. The AIDS Institute should fund a statewide initiative to house Benefits Specialists in community based organizations (CBOs) serving PLWH;
 - ii. The AIDS Institute should allow currently funded agencies to use grant funds to train existing staff to serve as Benefits Specialists;
 - iii. Steps should be taken to strengthen linkages between HIV providers, PLWH and other community partners that offer benefits advisement within the Disability Employment Initiative (DEI) and Work Incentive Planning and Assistance Program (WIPA).

- iv. The AIDS Institute should work with designated partners* to ensure development of a New York statewide online benefits information resource (e.g., www.disabilitybenefits101.org) for services providers, PLWH and other people with disabilities, to include HIV-specific benefits information (eligibility, application process, and transition to work policies) including ADAP/APIC, HASA and HOPWA, as well as public assistance, SSI/SSDI, Medicaid, Medicare and other programs.
7. The NYS Department of Labor, Division of Human Rights and other designated partners* should make efforts to address stigma and discrimination in the workplace, employment services, vocational training, health care services and other public accommodations.
 - a. These efforts should recognize the principle of intersectionality, referring to the interconnected and compounding nature of discrimination based on HIV, race, ethnicity, sexual orientation, gender identity, social class, immigration status, history of involvement in the criminal justice system, age, and health status, including disabilities such as substance use disorders.
 - b. Awareness must be brought to the compounding effects that discrimination can have on limiting employment opportunities and professional growth for many PLWH.
8. The AIDS Institute, community activists, community leaders and CBOs should participate in advocacy to promote legislative changes to improve the legal standing of transgender and gender nonconforming (TGNC) people in the workplace, for example, the Gender Expression Non-Discrimination Act (GENDA). The AIDS Institute and other designated partners* should develop and deliver training and capacity building for HIV providers and employment services providers to improve services for TGNC people. Focus should be on increasing inclusion in the workforce and enhancing recognition of the unique resiliencies of TGNC people.
9. The NYS Department of Labor, Division of Human Rights and other designated partners* should develop a public campaign and capacity building assistance for businesses to build appreciation of the diversity of New York residents and build confidence among potential workers that their unique qualities and life experiences will be valued in the workforce. Capacity building should address topics such as:
 - a. Access to ongoing training and supports to help businesses become more knowledgeable, aware of and sensitive to the cultural nuances of the full range of diversity among workers that they employ or might benefit from employing.
 - b. Approaches to creating an affirming environment in the workplace to ensure that the broadest diversity of employees feel comfortable, supported and valued as part of the work team;
 - c. Promoting the practices outlined in the Fair Chance Act and Ban the Box Campaign to level the playing field in hiring and employment for people with a history of criminal justice involvement;
 - d. Best practices for managing employees of diverse backgrounds;

- e. Strategies to promote and support professional development within a diverse workforce (i.e. mentorship opportunities, continued educational support, etc.)
 - f. Strategies to ensure support and retention of individuals newly entering or re-entering the workforce (i.e. laying the ground work of *“Why you matter as a future employee”*, promoting better job satisfaction and reducing staff turnover).
10. The AIDS Institute should provide funding to establish a Training Center of Expertise (COE) responsible for providing training and technical assistance to build the capacity of CBOs and health care facilities to support PLWH in considering work, overcoming barriers to employment and navigating transitions between public benefits and employment. Training should prepare providers and peer workers to educate PLWH about legal protections against discrimination, the range of employment-related services available, effective strategies to access these resources, financial wellness and managing a budget.
11. The AIDS Institute should fund a Training Center on Trauma-Informed Care to prepare HIV providers and employment services providers to implement a trauma-informed approach to service delivery. These agencies should recognize the role that experienced and historical trauma have in influencing access to health, employment and employment-related services for vulnerable populations. A trauma informed approach should recognize the unique and pervasive experience of trauma on PLWH and focus on ensuring safety, choice, collaboration, empowerment, and PLWH voice/leadership.
12. The AIDS Institute should fund health facilities and CBOs across the state to hire NYS Certified Peer Workers in HIV, HCV and harm reduction programs to full time, living wage positions to carry out activities associated with the state’s plan to end the epidemic. The AIDS Institute should also review its portfolio of funded programs to identify opportunities to encourage providers to hire NYS Certified Peer Workers.
- a. Work should be done to define adequate Medicaid fee for service rates needed to facilitate and sustain livable wage employment for certified peer workers;
 - b. If applicants for these positions are not already certified, agencies should play an active role in supporting peer workers through the certification process. This includes allowing attendance at trainings during work hours and providing needed support;
 - c. Efforts should be made by health care facilities and CBOs to ensure that peer workers are fully integrated and treated as equal professionals on the care team and in the agency;
 - d. Efforts should be made by health care facilities and CBOs to expand employment of PLWH and members of communities served not only through peer work, but at all levels of these organizations.
13. Employment opportunities, with a livable wage and above, must be made available to PLWH in all public and private sectors of the economy, not just HIV care and prevention programs.* Three important steps to achieving this are:

- a. Promoting awareness among businesses that there are tax incentives for hiring people with disabilities and that these incentives apply to hiring PLWH;
 - b. Ensuring that employment services providers market this potential financial gain of employing PLWH;
 - c. Educating businesses and PLWH that businesses can access these tax incentives while still preserving confidentiality of health-related information.
 - d. Promoting hiring linkages between employers and OTDA HIV/AIDS Employment Initiative and other employment service providers engaged in addressing employment needs of PLWH.
14. The AIDS Institute, NYS Department of Labor, New York State Office on Aging, OTDA, and other designated partners* should develop programs and strategies to address the unique needs and challenges of older adults living with HIV with regards to employment, including: seeking or maintaining employment; retirement; impact of work on health; managing co-morbidities and employment; and, ensuring economic security as one ages.
15. The AIDS Institute should issue clear guidance to HIV clinical providers regarding their responsibility to accurately document in the medical record all ongoing health concerns that may impact a patient’s functional ability to work. Providers should be prepared to report this information whenever a Social Security Continuing Disability Review (CDR) must be completed. This is important to ensure that PLWH who are not able to work will not be placed at risk of losing their SSI/SSDI, or other disability benefits and be forced to seek employment when they are not well enough to do so.
16. The AIDS Institute, NYS Department of Labor and Education Department/ACCES-VR and other designated partners* should work together to promote creation of regional work groups consisting of American Job Centers/Career Center staff, ACCES-VR staff, HIV providers, community-based employment-related service providers, and policymakers. Regional groups, perhaps associated with local/regional Workforce Development Boards, and county Disability Standing Committees, should serve to raise awareness about resources and strategies to address employment for PLWH, foster collaboration between these organizations and lead to development of collaborative partnerships and “warm hand-off” referrals of PLWH for employment services.
17. The AIDS Institute should develop and disseminate an online and hard copy Resource Guide that describes the range of employment and vocational training services, employment-related benefits advisement and legal services, resources to address discrimination and provides information about how to access services in all areas of the state.

V. Detailed Recommendations

A. Ensuring Access to Adequate Income, Housing, Health Coverage and Other Benefits as PLWH Transition to Employment

Ensuring adequate income, stable housing and access to health coverage are essential for health. These have been cornerstones in NY's effort to address HIV since the beginning of the epidemic. Ensuring access to these necessities is critical to each of the pillars of the ETE plan and absolutely essential to the goal of ending HIV mortality. Unfortunately, the process of transitioning from government benefits and SSI/SSDI (that assure these life necessities) to employment can be confusing and difficult to navigate. The recommendations outlined below seek to demystify the process of transitioning to employment, ensure access to information about the impact of employment on government benefits and provide adequate support to ensure that employment does not negatively impact access to life necessities.

1. Assist PLWH in making informed decisions about employment by expanding access to information and advisement on the impact of income, wages and other benefits from employment on eligibility for government benefits, including state, federal and municipal programs supporting income maintenance, health coverage, rental assistance, nutrition benefits, heating resources, transportation benefits and others.
 - a) NYC HRA HASA should make available on their website a "benefits calculator" to assist PLWH in NYC to assess the impact of income on a wide range of government benefits; a broader online resource should be developed for service providers and potential/current benefits program participants to learn about benefits available, eligibility requirements, application procedures/strategies, and policies regarding work earnings, including reinstatement of benefits following unsuccessful work trials;
 - b) Educate PLWH who are earning income from employment about their right to provide clarifying information to a HASA case worker or file an appeal / request a Fair Hearing in cases where a HASA case worker makes an unfavorable determination regarding access to benefits;
 - i. Make available trained staff at community organizations to advise PLWH regarding options for navigating an unfavorable decision from HASA;
 - c) Provide funding or redirect existing funding to ensure that at least one community agency serving PLWH in each region of the state has on-site a Benefits Specialists to assist PLWH in assessing the impact of employment on government benefits;
 - d) Increase the number of community agencies serving PLWH who have at least one staff person trained as a Benefits Specialist to serve as a resource for PLWH;
 - e) Allow AIDS Institute funded contractors to use funds to facilitate appropriate staff attending benefits counseling training. Examples include the Cornell University Yang-Tan Institute on Employment and Disability (www.Yti.cornell.edu), the Virginia Commonwealth University Work Incentives

Planning and Assistance National Training and Data Center (www.vcu-ntdc.org) and other similar programs;

- f) American Job Center/One Stop Career Center, ACCES-VR and other employment services providers should receive training on New York State HIV Uninsured Care Programs in order to refer eligible PLWH who are uninsured or underinsured to the program.
2. Promote awareness of the Social Security Administration’s Work Incentive Planning and Assistance Program (WIPA) (<https://www.ssa.gov/work/WIPA.html>) which enables beneficiaries with disabilities to receive accurate information, and use that information to make a successful transition to work. Each WIPA project has Community Work Incentives Coordinators (CWICs) who will: provide in-depth counseling about benefits and the effect of work on those benefits; conduct outreach efforts to beneficiaries of SSI and SSDI (and their families) who are potentially eligible to participate in Federal or State work incentive programs; work in cooperation with Federal, State, and private agencies and nonprofit organizations that serve disabled SSI and SSDI beneficiaries.
 3. Make available to NYS residents an on-line Disability Benefits 101 website with calculators and other resources to assist people exploring employment with understanding work incentive policies, and the impact of earned income on government benefits.
 4. Significant cost savings can be accrued from HASA and public assistance benefits and Medicaid expenses by creating opportunities for people who would otherwise be dependent on public assistance to move into self-determined living wage employment. Therefore, OTDA and HASA should explore demonstration projects and programs that allow income disregard or prorated benefits for extended periods of time, up to ten years, for PLWH who have part or full-time employment in any field, not limited to HIV peer work and not limited to stipends. All HASA staff and local department staff should be consistently trained on these programs and policies.
 5. The HIV Uninsured Care Program should explore pro-rating benefits such that the program would allow people whose earnings increase to a level above the income limit to receive a lower percentage of benefits versus being cut off from program benefits completely.
 6. Support policies that ensure access to health insurance for all, increasing the ability of PLWH to navigate job transitions and career advancement without concerns about loss of access to health coverage.
 7. Explore alternative identification strategies for insurance enrollment – such as tax identification numbers that are not directly associated with immigration status, especially for people with HIV.

B. Addressing human rights, discrimination and stigma barriers to employment faced by people living with HIV and vulnerable sub-populations

Early in the epidemic, many PLWH were fired from their jobs, evicted from their homes and denied equal public accommodations. While much progress has been made, PLWH continue to experience discrimination and stigma as barriers to employment. PLWH may experience stigma based on more than one aspect of their identity. The concept of intersectionality is of critical importance in understanding the multiple dimensions of discrimination faced by many PLWH. For example, discrimination / stigma may be based on: HIV status; race; ethnicity; sexual orientation; gender identity; criminal record; and immigration status. The impact of Rockefeller Drug Laws continues to be felt in communities of color through the long-lasting effect of disproportionate rates of incarceration resulting in separation of families, unemployment and poverty.

This discrimination and stigma is often exacerbated by the fact that HIV disproportionately affects communities that are economically challenged. Rates of unemployment and lack of economic opportunity are higher than the overall state average in most communities and neighborhoods where case rates of HIV are highest. Employment opportunities in these areas are therefore, by definition, often harder to come by, creating the challenge of achieving employment in the face of both limited economic opportunity and employer discrimination. The steering committee, therefore, puts forth a wide range of recommendations to educate PLWH, HIV providers and businesses about legal protections against discrimination and emphasizes the importance of taking steps to increase appreciation of the unique skill sets and life experiences that PLWH can bring to both public and private sector employers.

1. Educate PLWH about legal protections against discrimination in hiring, in the workplace and in employment services, on the basis of: 1) their HIV status; 2) race/ ethnicity as established in the Civil Rights Act of 1964; 3) disability as established under the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), the Family Medical Leave Act of 1993, as well as their right to request reasonable accommodations in the workplace.
 - a) Develop or identify existing consumer education materials in low literacy format on the topic of legal rights and protections against HIV discrimination, HIV status disclosure, Civil Rights Act, Rehabilitation Act protections, ADA protections, FMLA and rights to request reasonable accommodations in the workplace;
 - b) Train non-clinical HIV providers, peer workers and others to deliver individual or group educational sessions to PLWH on the topic of legal rights and protections against HIV discrimination, HIV status disclosure, Civil Rights Act, Rehabilitation Act protections, ADA protections, FMLA and rights to request reasonable accommodations in the workplace;
 - c) Develop interactive on-line learning modules for PLWH and providers on the topic of rights and protections against HIV discrimination, and other forms of discrimination in the workplace.

2. Expand awareness in the HIV community of NYS Division of Human Rights and NYC Commission and Human Rights anti-discrimination programs and services and equal employment opportunity campaigns.
3. Provide training to staff of NYS Department of Labor, ACCES-VR and other employment services programs and employment agencies about legal protections against HIV discrimination to ensure that in their work with PLWH they are not perpetuating discrimination.
4. Educate the business community and employers about legal protections against HIV discrimination.
 - a) Employment specialists working in community organizations funded by the OTDA NYS HIV/AIDS Employment Initiative to expand employment opportunities for PLWH should actively educate businesses about legal protections against HIV discrimination;
 - b) The AIDS Institute should consider a campaign to educate the business community and the broader range of businesses about legal protection against HIV discrimination in the workplace;
 - c) HIV activists and community organizations should educate the business community and the broader range of employers about legal protections and advocate to ensure these legal protections are actually being adhered to in the community;
 - d) The AIDS Institute should highlight the CDC's Business Responds to HIV Initiative and the resources available to reduce stigma in the workplace at <https://www.cdc.gov/hiv/workplace/>.
5. The NYS Department of Labor should develop a public campaign and capacity building assistance for businesses and potential employers to build appreciation of diversity of New York residents and build confidence among potential workers that their unique qualities and life experiences will be valued in the workforce. Capacity building should address topic such as:
 - a. Access to ongoing training and supports to help businesses become more knowledgeable, aware of and sensitive to the cultural nuances of the full range of diversity among workers that they do or might benefit from employing.
 - b. Approaches to creating an affirming environment in the workplace to ensure that the broadest diversity of employees feel comfortable, supported and valued as part of the work team;
 - c. Best practices for managing employees of diverse backgrounds;
 - d. Strategies to promote and support professional development within a diverse workforce (i.e. mentorship opportunities, continued educational support, etc.)
 - e. Strategies to ensure support and retention of individuals entering or re-entering the workforce (i.e. laying the ground work of "*Why you matter as a future employee*", promoting better job satisfaction and reducing staff turnover).

Remove barriers to employment for PLWH who have a past criminal record.

New York will not be successful ending the epidemic unless efforts are made to include people with a history of criminal justice involvement in the implementation of the ETE Blueprint, as well as planning and delivering HIV prevention, care and support services. Given the disproportionate impact of the criminal justice system on people of color and PLWH, it is essential that efforts are made to level the playing field to support employment opportunities for people with a history of criminal justice involvement.

1. In NYC, educate the HIV community about the **Fair Chance Act** and **Fair Chance NYC** (<https://fairchancenyc.wordpress.com/>) and the legal protections it affords to people with a criminal record, including the ban on job ads saying applicants must pass a background check, preventing employers from including questions about involvement in the criminal justice system on job applications, forbidding questions about criminal justice involvement during job interviews and, if a person is denied a job because of their criminal record, the requirement that the employer explain why in writing, connecting the person's criminal record history to job duties or showing it creates an unreasonable risk.
2. The AIDS Institute should promote fair hiring practices by encouraging businesses to participate in the Ban the Box campaign (<http://bantheboxcampaign.org/>) where businesses take the Fair Chance Pledge to give people with past convictions a fair chance when competing for employment.
3. Community organizations working with PLWH who are interested in employment should make these clients aware of resources for removing barriers to employment related to past criminal record. The Legal Action Center has a wide range of resources on how people can obtain a copy of their criminal record, have the record sealed and other steps. Resources are available at: <https://lac.org/?s=seal+records>.
4. The AIDS Institute should sponsor training for support services providers and PLWH about how to overcome barriers to employment due to past involvement in the criminal justice system.
5. The AIDS Institute should support availability of individual legal services to PLWH who are experiencing barriers/ discrimination when seeking employment due to past criminal justice record or any other form of discrimination.

Remove barriers to employment and needed services for immigrants living with HIV and their families

It is important to acknowledge the particular level of vulnerability currently experienced by people based on their immigration status. Current national policies can have the impact of driving immigrants underground and away from health care, public health services and limit

employment/ economic opportunities. Governor Cuomo has stated that New York State is committed to protecting immigrants and the steering committee urges continued efforts to ensure that employment opportunities, health care and social services are accessible to PLWH without regard to immigration status.

1. Educate families of “mixed immigration status” about legal rights and protections as it relates to health insurance access.
2. Provide information and resources to all potentially eligible immigrants regarding political asylum to increase awareness and support navigation of the political asylum application process.
3. Educate individuals and providers on protections and services related to access for immigrants to healthcare (i.e. Emergency Medicaid, ADAP, and other safety-net programs), to more effectively advocate on behalf their clients and provide the support they may need.
4. Adapt current health and employment related programs and service delivery models to recognize the evolving complex needs of immigrants, including strategies to outreach to, engage, and retain immigrant clients.

Remove barriers to employment and needed services for people who are transgender and gender non-confirming (TGNC)

Given that TGNC people lack adequate legal protections against discrimination based on gender identity, it is essential that attention be given to the unique assets, circumstances and challenges faced by this diverse community. It should be noted that TGNC people, while highly resilient, are at high risk for bullying, negative interactions with police and the criminal justice system and face high levels of discrimination in employment settings. Unemployment rates among TGNC people are three times the national average. (GLAAD). Resources should be allocated to empower TGNC people to take leadership roles in developing and implementing programs and services, including employment programs, to best meet the needs of TGNC people across NYS. A wide range of recommendations are put forth below to improve systems, promote collaboration and create employment opportunities for TGNC people.

1. Assess current systems in place, and provide leadership to ensure a “systems change” to make employment-related services effective to TGNC people.
2. Hold a roundtable of workforce development, vocational rehabilitation and HIV service providers and community leaders to discuss TGNC issues, barriers, needs, ideas and realities.

3. Convene state level leaders of workforce development and vocational rehabilitation programs in NYS for a high-level meeting(s) to develop a full New York State-wide approach.
4. The AIDS Institute, community activists, community leaders and CBOs should participate in advocacy to promote legislative changes to improve the legal standing of transgender and gender nonconforming (TGNC) people in the workplace. Training and capacity building to improve services and promote recognition of the unique resiliencies of TGNC people, is needed for the private sector, HIV and employment services providers.
5. The AIDS Institute and HIV services organizations should establish goals for hiring TGNC people at all levels of their organizations. These organizations should also work to review and revise human resource policies, train staff and be proactive in creating a positive work environment for people of all gender expressions.
6. Support development of regional/local employment services networks similar to the NYC DOH HIV “Considering Work Project” (Involving: Mayors Offices of Workforce Development/NYS Department of Labor Disability Employment Initiative Grant/ACCES-VR/Community-based employment, legal, benefits and HIV service providers).
7. Require TGNC staff training for AIDS Institute staff and funded contractor organizations to ensure that all agencies are welcoming, comfortable and respectful (e.g. role-specific, affirming environment, and trauma-informed).
8. Expand CBO capacity building to include TGNC legal issues, cultural competency and immigration issues.
9. Offer a training-of-trainers for TGNC people and create a pool of paid trainers across NYS.
10. Review and adopt policy changes and employment initiatives targeting need of TGNC communities implemented outside the U.S. in such places as India, Pakistan and South Asia.
11. Collaborate with local educational institutions to provide college credit for AI Education and Training (e.g. peer certification) course completion and peer certification.

C. Expanding collaboration between HIV clinical and social services providers and the network of employment/ vocational rehabilitation programs

A unique feature of the Expanding Employment Opportunities for PLWH Steering Committee is that it brought together people from the fields of HIV, employment services and vocational training. This experience has already been successful in initiating new levels of collaboration between these fields. The recommendations outlined below are essential for providing access to employment services for PLWH.

1. The AIDS Institute, NYS Department of Labor, ACCES-VR and the Division of Human Rights should work together to promote creation of regional work groups consisting of Career Center staff, ACCES-VR staff and HIV providers. These regional groups should serve to raise awareness about employment services for PLWH, foster collaboration between these organizations and lead to development of strategies for warm hand-offs of PLWH for employment services.
2. The AIDS Institute should charge the appropriate NYS HIV Clinical Guidelines Program Committee and the Consumer Advisory Committee to develop a simple screening tool that clinicians can use to screen patients regarding employment status and needs.
3. With client consent, integrated resource teams that include employment services providers and HIV providers should be available to assist PLWH in a holistic manner with planning and meeting education/vocational training and employment goals.
4. CBOs and employment services providers should work to establish linkage agreement templates to strengthen collaborations and alignment between CBOs, regional HIV networks, and employment/vocational rehabilitation service providers to effectively address and maximize employment services for PLWHA.

D. Building capacity of HIV providers to discuss employment needs/interests of patients and refer patients to the full range of available services;

The report should be read as a call to action for health and human services providers working with PLWH to begin working to support the expansion of employment opportunities for their clients/patients. These efforts should be guided by the principle of voluntary participation and respect for individual self-determination in pursuing employment goals, services, vocational training and job placement. Health and human services providers need training and organizations require capacity building services to enable them to enter this new arena of work. The steering committee puts forth the following comprehensive set of recommendations to foster an environment where PLWH will be able to access needed assistance and services to expand employment opportunities.

1. Establish a training Center of Excellence (COE) responsible for providing training and TA to build the capacity of CBO staff to understand the full range of employment services

and how to link PLWHA to these services. Ensure that the COE includes a training of trainers (TOT) component for diffusion and building services within CBOs.

2. Develop a policy brief to educate policy makers about the needs of PLWH for employment services. The concept paper should be approved by New York State AIDS Advisory Council and used during member legislative education visits.
3. The AIDS Institute should expand access to employment by allocating Ending the Epidemic and other state/federal funding streams to fund community organizations to house Benefits Specialists in each region of the state to assist PLWH in understanding and navigating the impact of employment on access to government benefits, including eligibility determination, vocational rehabilitation, benefits planning/advisement and navigating available resources.
4. Train non-clinical HIV providers, peer workers and others to deliver individual or group educational sessions to PLWH about legal rights and protections against HIV discrimination and other forms of discrimination in the workplace, and in employment services and job training programs;
5. The AIDS Institute and HIV activists should advocate on the national level for expansion of Ryan White funding to include supporting employment and benefits advisement services. These services should support PLWH in making employment transitions that will maintain or improve access to economic stability and health coverage.
6. CBO leadership should expand use of certified peer workers who are paid a livable wage and develop other job positions, encourage applications, and hire PLWH at all levels of the organization.
7. Identify and prioritize additional resources for workforce development initiatives and employment services targeting PLWH.
8. Offer employment and benefits counseling services to help facilitate retention in healthcare, and adherence to ART.
9. Gather personal stories and consumer experiences to develop a PLWH Workforce Campaign in partnership with ACCES-VR, NYS Department of Labor (DOL), and the AIDS Institute. The campaign should focus on themes related to reducing stigma and discrimination.
10. The AIDS Institute should Identify key employment resources and present this information to CBOs during scheduled AIDS Institute regional group meetings to support linkages and facilitate cross-training between CBO and employment service providers.

11. Establish linkage agreement templates to strengthen collaborations and alignment between state/local government agencies, CBOs, regional HIV networks, and employment/vocational rehabilitation service providers to effectively address and maximize employment services for PLWHA.
12. Ensure that AIDS Institute contracts include boilerplate language and work plan deliverables to assess and re-assess client needs for employment related information and resources.
13. Develop key questions related to employment status and require tracking this information via the AIDS Institute Reporting System (AIRS).
14. Monitor current and future legislation, policies/procedures, rules, and regulations at state, national and local levels that impact SSI, SSDI, Medicare, Medicaid ADAP, HASA, and ADAP. Develop and disseminate fact sheets to PLWH, CBO staff, and other key stakeholders to provide education on these changes.
15. Ensure that all AIDS Institute staff and sub-recipients receive announcement of Office of Temporary Disability Assistance funding solicitation and are aware of NYS Department of Labor, Education Department (ACCES-VR) and other employment services funding opportunities.
16. Develop resources for use by agencies providing HIV and employment-related services to improve representation and more effective participation of communities served in the development of programs and services, for example: inclusion on advisory boards; proactive recruitment of staff at all levels representative of communities served, etc.
17. Review hiring and promotion policies and procedures to reduce barriers and encourage inclusion of capable workers more fully representative of communities served, valuing lived experience and expertise as a match for levels of education, as well as supporting professional growth and development.

E. Recommendations for expanding literacy, HSE/TASC/GED and higher education opportunities to strengthen the position of PLWH in the labor market

The steering committee recognizes that chances for success in today's job market are increased through access to educational opportunities and expansion of non-traditional employment opportunities. New York State's adoption of tuition free college for students from families with income under \$100,000 is an important step to creating equal opportunity. The steering committee puts forth the following recommendations to strengthen the position of PLWH in the labor market.

1. Promote skills building educational services including literacy/numeracy, English for speakers of other languages, and high school equivalency examination preparation to all PLWH *regardless of immigration/work authorization status* as a strategy to build healthcare self-efficacy and improve access to employment opportunities and support professional advancement.
2. Build capacity of service agencies to assist participants in learning about, developing and launching worker collaboratives, self-employment and other micro-enterprise initiatives, especially to benefit immigrant communities who may face barriers to employment in other work conventional settings.

F. Other recommendations

The steering committee puts forth the following recommendations which reflect the several important areas impacting employment and financial wellness for PLWH.

Provide training to PLWH regarding managing debt, paying income taxes and accessing needed credit.

1. Education should address the specific ways in which PLWH may find themselves in debt including: debt incurred when prematurely anticipating end of life; debt from health care-related expenses; debt from unpaid school loans that did not lead to employment; loss of a spouse; debt from a period of unemployment; significant financial needs of other family members/ dependents; debt consolidation; and others.
2. Educate PLWH who are interested in job training about predatory job training/placement practices and how to access reliable, free, government-sponsored programs.
3. Expand access to education and counseling regarding work incentive policies, earned income disregards and how to transition off benefits.
4. Individuals transitioning to employment should have access to financial counselors who are versed in income tax requirements and can assist people with building credit.
5. Education, counseling and support regarding debt and credit should be provided in a manner that recognizes that PLWH are often part of a larger family unit and their needs must take the needs of the entire family into consideration.

Address the unique needs of older adults living with HIV with regards to employment, including seeking or maintaining employment, retirement, impact of work on health, managing co-morbidities and employment and ensuring economic security as one ages.

Since more than 50% of PLWH are over the age of 50, it is imperative that specific resources regarding employment address the unique needs and issues of older adults.

1. Older adults seeking to maintain employment should be provided information about their ability to request special accommodations in the workplace, FMLA benefits and other resources to support staying in the workforce.
2. Older adults with a history of employment who seek to retire should have access to Benefits Specialist who can assist them in planning for financial security during retirement years.
3. Staff from employment programs providing services to assist older PLWH in finding employment should be trained on the unique needs of older PLWH, including working with employers to mediate against age-based discrimination that could limit job opportunities for these individuals.
4. All stakeholders in the HIV community should seek to create opportunities for older PLWH who are retired or out of the workforce to engage in meaningful volunteer work to stay connected to community and share their wide-ranging knowledge, skills and experience to benefit others.

Employment and HIV Prevention

The HIV epidemic is largely symptomatic of wider societal inequities. While it is recognized that CDC and HRSA funding streams limit the scope of services that may be provided, the AIDS Institute should explore strategies and partnerships to address social determinants of health as means to prevent new cases of HIV. The following recommendation is put forth in this spirit:

1. The AIDS Institute should include discussions about “employment as HIV prevention” during its various stakeholder meetings, listening forums, contractor meetings and other interactions with the community. The goal would be to develop client-centered, practical strategies for linking people at high risk for HIV to employment and educational opportunities in manner that reduces inequities and supports health and HIV prevention.

Appendix A: Vision for Employment Services for People Living with HIV

Expanding Employment Opportunities for People Living with HIV Statewide Steering Committee

VISION STATEMENT

To support health outcomes and reduce health disparities, all PLWH will have self-determined access to trauma-informed employment services that are welcoming, affirming and sensitive to all populations, regardless of race, age, gender identity, sexual orientation.

Employment information, services and resources will assist PLWH in:

1. Considering and achieving self-determined goals related to education/ vocational training and employment;
2. Obtaining employment with a livable wage;
3. Maintaining employment;
4. Preventing job loss;
5. Evaluating the impact of employment, or changes in employment, on government benefits and access to health coverage;
6. Navigating transitions out of employment due to changes in health status or age.

CORE VALUES

- Self-determination with regards to participating in employment services, pursuing education/vocational training opportunities, setting job goals and employment
- Livable wage employment
- Maintaining or improving access to health coverage, housing and economic stability and security while pursuing education/vocational training, transitioning into or out of employment
- Employment initiatives prioritize quality of health in evaluating outcomes of success for individuals and initiatives as a whole
- Conditions of employment should support health
- Trauma-informed approaches are applied in workforce development and vocational training
- Broad access to non-judgmental education in financial literacy is available, including skills building in balance competing benefits, managing debt and credit, numeracy, income taxes and retirement planning
- State and federal policymakers will be aware of the impact of employment policy on PLWH
- Recognition of the impact of co-morbidities on PLWH and how these can impact vocational training, employment services, seeking, maintaining or leaving employment

OBJECTIVES

1. HIV health care and support services providers will discuss employment issues with patients/clients and make referrals to appropriate information, services and resources when needed.
2. Linkage and coordination between employment/vocational service programs and HIV health and social services providers leads to coordinated, active referrals for employment and vocational services for PLWH.
3. PLWH have access to information about, and referrals for, employment / vocational services to assist them in planning and achieving their self-determined employment goals, including earning a livable wage.
4. PLWH are informed about their employment rights and protections and have access to resources to address discrimination with regards to their HIV status, race/ethnicity, identification as LGBT, prior criminal record, immigration status or other factors.
5. PLWH have access to information to assist them in understanding how changes in employment status may affect their income, health coverage, housing, entitlements and other benefits.
6. PLWH who are transitioning out of employment due to changes in health status or age have access to information, services and resources to assist with the transition.
7. New York State policy is supportive of achieving this vision and supportive of stated core values.

Appendix B: Subcommittee Reports

Order of Committee Reports

1. Legal, Benefits and Financial Issues Subcommittee
2. Race, Ethnicity, Culture and Immigration Status Subcommittee
3. Transgender and Gender Nonconforming Subcommittee
4. CBOs Capacity Building Subcommittee

Recommendations from the Legal, Benefits and Financial Issues Subcommittee

I. Take steps to overcome HIV-related stigma, discrimination and other barriers to employment that PLWH may face.

Recommendations:

1. Educate PLWH about legal protections against HIV discrimination and other forms of discrimination, in the workplace and in employment services and job training programs.
 - a) Develop or identify existing consumer education materials in low literacy format on the topic of legal rights and protections against HIV discrimination, and other forms of discrimination, in the workplace, and in employment services and job training programs;
 - b) Develop interactive on-line learning modules for PLWH and providers on the topic of rights and protections against HIV discrimination, and other forms of discrimination in the workplace;
2. Train non-clinical HIV providers, peer workers and others to deliver individual or group educational sessions to PLWH about legal rights and protections against HIV discrimination and other forms of discrimination in the workplace, and in employment services and job training programs;
3. Expand awareness in the HIV community of NYS Division of Human Rights and NYC Commission and Human Rights anti-discrimination programs and services and equal employment opportunity campaigns.
4. Provide training to staff of NYS Department of Labor, ACCES-VR and other employment services programs and employment agencies about legal protections against HIV discrimination to ensure that in their work with PLWH they are not perpetuating discrimination.
5. Educate the business community and employers about legal protections against HIV discrimination.
 - a) Employment specialists working in community organizations funded by the OTDA NYS HIV/AIDS Employment Initiative to expand employment opportunities for PLWH should actively educate businesses about legal protections against HIV discrimination;
 - b) The AIDS Institute should consider a campaign to educate the business community and the broader range of employers about legal protection against HIV discrimination in the workplace;
 - c) HIV activists and community organizations should educate the business community and the broader range of employers about legal protections and advocate to ensure these legal protections are actually being adhered to in the community;

- d) The AIDS Institute should highlight the CDC’s Business Responds to HIV Initiative and the resources available to reduce stigma in the workplace at <https://www.cdc.gov/hiv/workplace/>.

II. Educate PLWH about their rights in hiring and on the job, and in employment services and job training programs regarding HIV status disclosure, protections for people with disabilities established under the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA), the Family Medical Leave Act of 1993, and their right to request reasonable accommodations in the workplace.

Recommendations

1. Develop or identify existing consumer education materials in low literacy format on the topic of HIV status disclosure, Rehabilitation Act protections, ADA protections, including rights to request reasonable accommodations in the workplace, and the FMLA;
2. Train non-clinical HIV providers, peer workers and others to deliver individual or group educational sessions to PLWH on the topics of HIV status disclosure, Rehabilitation Act, ADA and FMLA protections and right to request reasonable accommodations in the workplace.

III. Remove barriers to employment for PLWH who have a past criminal record.

Recommendations:

1. In NYC, educate the HIV community about the **Fair Chance Act** and **Fair Chance NYC** (<https://fairchancenyc.wordpress.com/>) and the legal protections it affords to people with a criminal record, including the ban on job ads saying applicants must pass a background check, preventing employers from including questions about involvement in the criminal justice system on job applications, forbidding questions about criminal justice involvement during job interviews and, if a person is denied a job because of their criminal record, the requirement that the employer explain why in writing, connecting the person’s criminal record history to job duties or showing it creates an unreasonable risk;
2. The AIDS Institute should promote fair hiring practices by encouraging businesses to participate in the Ban the Box campaign (<http://bantheboxcampaign.org/>) where businesses take the Fair Chance Pledge to give people with past convictions a fair chance when competing for employment;
3. Community organizations working with PLWH who are interested in employment should make these clients aware of resources for removing barriers to employment related to past criminal record. The Legal Action Center has a wide range of resources on how people can obtain a copy of their criminal record, have the record sealed and other steps. Resources are available at: <https://lac.org/?s=seal+records>.

4. The AIDS Institute should sponsor training for support services providers and PLWH about how to overcome barriers to employment due to past involvement in the criminal justice system;
5. The AIDS Institute should support availability of individual legal services to PLWH who are experiencing barriers/ discrimination when seeking employment due to past criminal justice record or any other form of discrimination.

IV. Assisting PLWH in navigating the impact of employment on government benefits.

Recommendations:

1. Assist PLWH in making informed decisions on employment by expanding access to information and advisement on the impact of income, wages and other benefits from employment on eligibility for government benefits, including state, federal and municipal programs supporting income maintenance, rental assistance, nutrition benefits, heating resources, transportation benefits and others.
 - a) NYC HRA HASA should make available on their website a “benefits calculator” to assist PLWH in NYC to assess the impact of income on a wide range of government benefits; a broader online resource should be developed for service providers and potential/current benefits program participants to learn about benefits available, eligibility requirements, application procedures/strategies, and policies regarding work earnings.
 - b) Educate PLWH who are earning income from employment about their right to provide clarifying information to a HASA case worker or file an appeal / request a Fair Hearing in cases where a HASA case worker makes an unfavorable determination regarding access to benefits.
 - i. Make available trained staff at community organizations to advise PLWH regarding options for navigating an unfavorable decision from HASA.
 - c) Provide funding or redirect existing funding to ensure that at least one community agency serving PLWH in each region of the state have on-site a Benefits Specialists to assist PLWH in assessing the impact of employment on government benefits;
 - d) Increase the number of community agencies serving PLWH who have at least one staff person trained as a Benefits Specialist to serve as a resource for PLWH;
 - e) Allow AIDS Institute funded contractors to use funds to facilitate staff completing training through the Cornell University Yang-Tan Institute on Employment and Disability (www.Yti.cornell.edu), or the Virginia Commonwealth University Work Incentives Planning and Assistance National Training and Data Center (www.vcu-ntdc.org).
 - f) Career Central staff and other employment services providers should receive training on New York State HIV Uninsured Care Programs in order to refer eligible PLWH who are uninsured or underinsured to the program.

2. Promote awareness of the Social Security Administration’s Work Incentive Planning and Assistance Program (WIPA) (<https://www.ssa.gov/work/WIPA.html>) which enables beneficiaries with disabilities to receive accurate information, and use that information to make a successful transition to work. Each WIPA project has Community Work Incentives Coordinators who will: provide in-depth counseling about benefits and the effect of work on those benefits; conduct outreach efforts to beneficiaries of SSI and SSDI (and their families) who are potentially eligible to participate in Federal or State work incentives programs; work in cooperation with Federal, State, and private agencies and nonprofit organizations that serve disabled SSI and SSDI beneficiaries.

V. Provide training to PLWH regarding managing debt, paying income taxes and accessing needed credit.

1. Education should address the specific ways in which PLWH may find themselves in debt, including: debt incurred when prematurely anticipating end of life; debt from health care-related expenses; debt from unpaid school loans that did not lead to employment; loss of a spouse; debt from a period of unemployment; significant financial needs of other family members/ dependents; debt consolidation; and others;
2. Educate PLWH who are interested in job training about predatory job training/placement practices and how to access reliable, free, government-sponsored programs;
3. Expand access to education and counseling regarding work incentive policies, earned income disregards and how to transition off benefits;
4. Individuals transitioning to employment should have access to financial counselors who are versed in income tax requirements and can assist people with building credit;
5. Education, counseling and support regarding debt and credit should be provided in a manner that recognizes that PLWH are often part of a larger family unit and their needs must take the needs of the entire family into consideration.

VI. Address the unique needs of older adults living with HIV with regards to employment, including seeking or maintaining employment, retirement, impact of work on health, managing co-morbidities and employment and ensuring economic security as one ages.

1. Since more than 50% of PLWH are over the age of 50, it is imperative that specific resources regarding employment address the unique needs and issues of older adults;
 - a) Older adults seeking to maintain employment should be provided information about their ability to request special accommodations in the workplace, FMLA benefits and other resources to support staying in the workforce;
 - b) Older adults with a history of employment who seek to retire should have access to benefits counselors who can assist them in planning for financial security during retirement years;

- c) Staff from employment programs providing services to assist older PLWH in finding employment should be trained on the unique needs of older PLWH, including working with employers to mediate against age-based discrimination that could limit job opportunities for these individuals;
- d) All stakeholders in the HIV community should seek to create opportunities for older PLWH who are retired or out of the workforce to engage in meaningful volunteer work to stay connected to community and share their wide-ranging knowledge, skills and experience to benefit others.

VII. A Resource List/Guide/Summary of labor and employment programs to help people enter/re-enter or maintain employment should be developed.

Recommendations from the Race, Ethnicity, Culture and Immigration Subcommittee

1. Promote skills building educational services, including literacy/numeracy, English for speakers of other languages, and high school equivalency examination preparation, to all PLWH *regardless of immigration/work authorization status* as a strategy to build healthcare self-efficacy in addition to improving access to employment opportunities and to support professional advancement.
2. Increase access to information, services and resources for people transitioning out of incarceration to address barriers to employment as an investment in economic and psychosocial stability, reduction in recidivism, and improvement in health outcomes.
3. Educate providers of employment and HIV services on legal rights and protections against employment discrimination based on race, color, religion, sex and national origin afforded by Title VII of the Civil Rights Act of 1964, and build capacity to provide the services needed and to advocate on behalf of all PLWH, including communities that have historically experienced inequitable access to culturally sensitive, non-discriminatory services.
4. Develop capacity building assistance for businesses and potential employers to build a diverse workforce reflective of the communities served, including:
 - a) Access to ongoing training and supports to help businesses become more knowledgeable, aware of and sensitive to the cultural nuances of the full range of diversity among workers that they do or might benefit from employing.
 - b) Approaches to creating an affirming environment in the workplace to ensure that the broadest diversity of employees feel comfortable, supported and valued as part of the work team;
 - c) Best practices for managing employees of diverse backgrounds;
 - d) Strategies to promote and support professional development within a diverse workforce (i.e. mentorship opportunities, continued educational support, etc.)
 - e) Strategies to ensure support and retention of individuals entering or re-entering the workforce (i.e. laying the ground work of “Why you matter as a future employee”, promoting better job satisfaction and reducing staff turnover)
5. Engage the NYS Department of Labor in a joint workforce development and healthcare project in which attracting, retaining and maximizing the potential of employees from a broad range of culture is valued as a business model.

6. Develop resources for use by agencies providing HIV and employment-related services, to improve representation and more effective participation of communities served in the development of programs and services (Inclusion on advisory boards, proactive recruitment of staff at all levels representative of communities served, etc.)
7. Review hiring and promotion policies and procedures to reduce barriers and encourage inclusion of capable workers more fully representative of communities served, valuing lived experience and expertise as a match for levels of education, as well as supporting professional growth and development.
8. Engage in dialogue with funders around required qualifications for staff of programs they fund, to increase recognition of the value of lived experience as matching if not exceeding education requirements.
9. Promote service delivery and programming that facilitate and support job maintenance when PLWH choose to engage in work, eliminating barriers to needed services and resources that maximize both job retention and optimal engagement in health care.
10. Build capacity of service agencies to assist participants in learning about, developing and launching worker cooperatives, self-employment or other micro-enterprise initiatives.
11. Explore alternative identification strategies for insurance enrollment – such as tax identification numbers that are not directly associated with immigration status, especially for people with HIV.
12. Support policies that ensure access to health insurance for all, increasing the ability of PLWH to navigate job transitions and career advancement without concerns about loss of access to health coverage.
13. Educate families of “mixed immigration status” about legal rights and protections as it relates to health insurance access.
14. Provide information and resources to all potentially eligible immigrants regarding political asylum to increase awareness and support navigation of the political asylum application process.
15. Educate individuals and providers on protections and services related to access for immigrants to healthcare (i.e. Emergency Medicaid, ADAP, and other safety-net programs), to more effectively advocate on behalf their clients and provide the support they may need.

16. Adapt current health and employment related programs and service delivery models to recognize the evolving complex needs of immigrants, including strategies to outreach to, engage, and retain immigrant clients.
17. Recognize the role that experienced and historical trauma have in influencing access to health and employment related services for vulnerable populations (race, ethnicity, gender identity, sexual orientation, national origin, immigration status) and promote trauma-informed services that ensure safety, choice, collaboration and empowerment.

Recommendations from the TGNC Subcommittee

“Nothing About Us... Without Us”

An effective lens in which to consider recommendations needs to include utilization of a trauma-informed and/or trauma-informed approach, which takes into consideration/guarantees the TIC principles of:

- ❖ Safety
- ❖ Choice
- ❖ Collaboration
- ❖ Trustworthiness
- ❖ Empowerment
- ❖ Peer Voice

Our Priorities

(Along with the AI Cross Walk with TGNC ETE Priorities)

1. Cross-cutting & Intersectional

a. **Accountability**

- i. Hold ETE Entities at the table accountable, with *commitment, resources and action*.

b. **Training/Systems Change**

- i. Assess current systems in place, and provide leadership to ensure a “systems change” to make employment-related services effective to TGNC people.
- ii. Require TGNC staff training for AI staff and funded contractor organizations to ensure that all agencies are welcoming, comfortable and respectful (e.g. role-specific, affirming environment, and trauma-informed).
- iii. Expand CBO capacity building to include TGNC legal issues, cultural competency and immigration issues.
- iv. Offer a training-of-trainers for TGNC people and create a pool of paid trainers across NYS.

2. Hiring and retention of TGNC people

a. **Internal:**

- i. Make the NYS DOH a more AI TGNC-affirming for TGNC people to work, including efforts focused on Trans-PLWHA and Trans-POC.
- ii. Develop and implement plan to hire and retain TGNC employees at AI.
 1. This plan will include review of job descriptions (including FTE, PTE, and Hourly), job announcements and minimum requirements of various jobs (e.g., minimum education or work experience), to

ensure that capable TGNC people are eligible for hiring and advancement, and encouraged to apply.

2. This plan will include a mechanism to measure outcomes/success.
 3. This plan will include developing guidance for TGNC applicants (e.g. when to use legal name, how to handle benefits/loss of benefits, understanding civil service).
 4. *Include CLAS Standards, in provision of all services.*
- iii. Increase TGNC representation on all AI committees and in all AI departments/bureaus/units, and cultivate talent appropriately.

b. External: AI-funded agencies

- i. AI-funded agencies should develop and implement plans to hire, retain and offer professional development opportunities to TGNC employees, and measure outcomes.
- ii. Plans should include considerations for a full range of employment opportunities including leadership and higher-level positions. Plans should also detail expectations around offering employment opportunities that include a living wage, health insurance and other benefits.

3. Funding Priorities

- a. Increase funding for TGNC-specific RFAs.
- b. Create funding opportunity to develop Trans-Specific Employment Services (based on the “1 Stop Shop Kiosk” models in NYC.
- c. Make available TGNC Equal Quality Health Care.
- d. Develop funding for TGNC Leadership Training Institute

4. Collaboration/Advocacy to address TGNC employment needs statewide

- a. Hold a roundtable on workforce development and vocational rehabilitation for HIV service providers and community leaders to discuss TGNC issues, barriers, needs, ideas and realities.
- b. Convene state level leaders of workforce development and vocational rehabilitation programs in NYS for a high-level meeting(s) to develop a full New York State-wide approach.
- c. AI needs to participate in advocacy and legislative changes to move TGNC in the workplace improvements forward.
- d. Support development of regional/local employment services networks similar to the NYC DOH HIV “Considering Work Project” (Involving: Mayors Office of Workforce Development)/NYS Department of Labor Disability Employment Initiative Grant/ACCES-VR/Community-based employment, legal, benefits and HIV service providers).

- e. Review and adopt policy changes and employment initiatives targeting need of TGNC communities implemented outside the U.S. in such places as India, Pakistan and South Asia.
- f. Collaborate with local educational institutions to provide college credit for AI Education and Training (e.g. peer certification) course completion and peer certification.

Recommendations from the CBO Capacity Building Subcommittee

The CBO Capacity Building Subcommittee will explore recommendations regarding how to develop capacity of CBOs to play a more significant role addressing employment, including identifying potential funding streams for this work and preparing CBOs to be competitive for these funds. The following recommendations were made by attendees during the July 14, 2017 conference call.

1. Develop a concept paper to educate policy makers about the needs of PLWHA for employment services. Ensure concept paper is approved by New York State AIDS Advisory Council and used during member legislative education visits.
2. Expand access to employment services by allocating Ending the Epidemic (ETE) and other state/federal funding streams to secure CBO employment specialist counselor staff devoted to navigating employment services including eligibility determination, vocational rehabilitation, benefits planning/advisement and navigating available resources.
3. Explore how Ryan White funding can be expanded and used for employment and benefits advisement services to support employment transitions that maintain or improve access to health coverage and economic stability.
4. Develop employment services Center of Excellence (COE) responsible for providing TA to build the capacity among CBOs staff to understand what employment services currently exist and how to link PLWHA to these services. Ensure that the COE includes a training of trainers (TOT) component for diffusion and building services within CBOs.
5. Offer training to CBO staff on business models that can be used to generate revenue for employment services.
6. CBO leadership should develop various job positions, recruit and encourage applications, hire, and advance PLWHA in various capacities.
7. Identify and prioritize additional resources for workforce development initiatives and employment services targeting PLWH/AIDS (PLWHA).
8. Review national employment services survey conducted by the Pennsylvania State University and use data to document need for employment services
9. Conduct assessment to identify current and future employment service needs at local, state, regional and national levels. Use data from needs assessment to inform existing and future policies and the allocation of resources.
10. Offer employment and benefits counseling services to help facilitate retention in healthcare, and adherence to ART.
11. Gather personal stories and consumer experiences to develop a PLWHA Workforce Campaign in partnership with ACCES-VR, NYS Department of Labor (DOL), and the AIDS Institute. Themes for the campaign should focus on themes to reduce stigma and discrimination.
12. Identify key employment resources and present this information to CBOs during scheduled AIDS Institute regional group meetings to support linkages and facilitate cross-training between CBO and employment service providers.

13. Establish linkage agreement templates to strengthen collaborations and alignment between state/local government agencies, CBOs, regional HIV networks, and employment/vocational rehabilitation service providers to effectively address and maximize employment services for PLWHA.
14. Ensure that AIDS Institute contracts include boilerplate language and work plan deliverables to assess and re-assess PLWHA needs for employment related information and resources.
15. Develop key questions related to employment status and require tracking this information via the AIDS Institute reporting system.
16. Train peers across New York State as a component of the AIDS Institute Peer Certification initiative to help PLWHA understand and navigate local employment programs.
17. Monitor current and future legislation, policies/procedures, rules, and regulations at state, national and local levels that impact SSI, SSDI, Medicare, Medicaid ADAP, HASA, and ADAP. Develop and disseminate fact sheets to PLWHA, CBO staff, and other key stakeholders to provide education on these changes.
18. Ensure that all AIDS Institute staff and sub-recipients receive announcement of Office of Temporary Disability Assistance funding solicitation and are aware of NYS Department of Labor, Education Department (ACCES-VR) and other employment services funding opportunities.

Appendix C: Economic Modeling of Savings From Revised Policies



COST SAVINGS

A flexible grace period to work, without being penalized for earned income, could realize cost saving by allowing PLWH to move off of public assistance. The following tables demonstrate a conservative estimate of some of the cost savings associated with ending dependency on these programs.

Assumptions:

- 5% of PLWH on Medicaid only are likely to transition to work
5 % of the 29,000 HIV Medicaid only population in NYC = 1450 PLWH³
- Using Amida Care’s model of care the average cost to Medicaid of a SNP Medicaid recipient is \$5,100 a month or \$61,200 annually.
- Average HASA rental assistance for a single individual at \$1,100⁴ a month = \$13,200 per year

MEDICAID SAVINGS: for 1450 PLWH after 2 year grace period to transition to work

Years after grace period	Year 3	Years 4 & 5	5 years post	10 years post
NYS Medicaid savings	\$88,740,000	\$177,480,000	\$443,700,000	\$887,400,000

HASA SAVINGS: on Housing Assistance for 1450 PLWH after 2 year grace period to transition to work

Years after full employment	Year 3	Years 4 & 5	5 years post	10 years post
Savings	\$19,140,000	\$38,280,000	\$95,700,000	\$191,400,000
NYC Savings (70%)	\$13,398,000	\$26,960,000	\$66,990,000	\$133,980,000
NYS Savings (30%)	\$5,742,000	\$11,484,000	\$28,710,000	\$57,420,000

CONCLUSION

If the flexible grace period to transition to work while maintaining public assistance were to be implemented, it could save as much as \$13 million in New York City and \$94 million in New York State in Year 3 (The first year after a two year grace period). Cost savings could be accomplished by moving people who would otherwise be dependent on public assistance into living wage employment.

³ This is a conservative estimate.

⁴ This does not account for HASA flexibility to increase housing allowance.

Appendix D: Glossary of Terms and Acronyms

- **ACCES-VR - The Office of Adult Career and Continuing Education Services (ACCES)** is part of the New York State Education Department and is comprised of three primary areas: Vocational Rehabilitation (including Independent Living Program Administration), Adult Education, and the Bureau of Proprietary School Supervision.
- **ADA - The Americans with Disabilities Act (ADA)** of 1990 is a civil rights law that prohibits discrimination based on disability. The ADA makes it illegal for a private employer (applies to employers with 15 or more employees) or a state or local government employer to discriminate on the basis of disability. It also makes it illegal to retaliate against a person because the person complained about discrimination.
- **CDC** - Centers for Disease Control and Prevention
- **CDR - Continuing Disability Review (CDR)**. The Social Security Administration (SSA) will periodically review cases to see if your disabling medical impairments ended or improved and if you can return to work. This review process is called a continuing disability review or “CDR”.
- **DEI - The Disability Employment Initiative (DEI)** is jointly funded and administered by the United States Department of Labor’s Employment and Training Administration and the Office of Disability Employment Policy. This federally-funded disability employment service is available in ten Career Centers across New York State.
- **DOL** - Department of Labor
- **DOH** - Department of Health
- **DRC - A Disability Resource Coordinator (DRC)** serves as an expert on workforce development issues and policies impacting adult individuals with disabilities who are seeking employment, skill development, job retention assistance, or career advancement through the Disability Employment Initiative (DEI).
- **EID (HASA) - Earned Income Disregard (EID)** is a HASA (NYC) incentive which allows eligible clients with active Cash Assistance (CA) cases, who gain full or part-time employment, to continue receiving financial assistance provided a budget deficit exists. In November, 2017 the current income disregard is 51% of gross income (minus a standard deduction of \$45 every two weeks). For single and multiple adult cases, each employed individual on the CA case is eligible for the EID for a maximum cumulative period of 12 months. For family cases, any employed member of the CA household is eligible for the EID for as long as there is a child in the household and on the CA case. This remains in effect until the last dependent child in the household reaches 18 years of age.
- **EID (HUD) - Earned Income Disallowance (or Disregard / EID)** is a work incentive for tenants in HOPWA and other HUD-funded programs. It provides a full disregard of earned income in annual rent calculations for a maximum of 12 months, a 50% disregard of earned income for an additional maximum of 12 months, and provides an extension of the disallowance period for up to 48 months if earned income is sporadic.

- **EXR - Expedited Reinstatement (EXR)** is a work incentive for SSDI and SSI recipients that are enrolled in the Ticket to Work program, whereby if your benefits stopped because of your earnings level, and you are no longer able to work because of your medical condition, or one related to it, you can request to have your benefits reinstated without having to complete a new application. While Social Security determines your benefits reinstatement, you are eligible to receive temporary benefits for up to six months.
- **FICA - The Federal Insurance Contributions Act (FICA)** taxes are the Social Security and Medicare taxes paid by individuals and employers. FICA taxes are called payroll taxes because they are based on the amounts paid to employees.
- **FMLA - The Family and Medical Leave Act (FMLA)** Provides eligible employees up to 12 weeks of unpaid, job-protected leave for a range of health reasons, with continuation of group health care coverage under the same terms and conditions as if the employee had not taken leave.
- **HASA - HIV/AIDS Services Administration (HASA)**, within the NYC Human Resources Administration (HRA), provides housing assistance, coordinates home care covered by Medicaid, case management and enhanced Public Assistance to anyone residing in NYC who is HIV+ and meets their financial criteria.
- **HUD - U.S. Department of Housing and Urban Development.**
- **IRT - An Integrated Resource Team (IRT)** is one of the key strategic service delivery components of the Disability Employment Initiative (DEI), a project of the US Department of Labor implemented in the workforce development system. The IRT approach involves diversified service systems coordinating services and leveraging funding to meet the needs of an individual jobseeker with a disability.
- **Living Wage (also sometimes referred to as a livable wage)** - a wage that is high enough to maintain a normal standard of living; the amount of pay sufficient for you and your family to cover basic costs of living in a specific location. Living wage is different from minimum wage. Minimum wage is regulated by the government and sets standards for employers but is not connected to cost of living, inflation or definition of poverty. For a living wage calculator visit www.livingwage.mit.edu.
- **Medicaid** - Medicaid is a government health insurance program administered by the government.
- **Medicaid Buy-In Program** - The Medicaid Buy-In Program provides full Medicaid coverage to working individuals from ages 16 - 64 who have a disability as defined by the Social Security Administration.
- **NYESS** - New York State Employment Services System
- **ODEP** - Office of Disability Employment Policy, in the U.S. Department of Labor
- **OPWDD** - Office for People with Developmental Disabilities
- **OTDA** - Office of Temporary and Disability Assistance
- **PLWH** - People Living with HIV

- **Quality Improvement (QI) - Quality Improvement (QI)** is defined as an organizational approach to improve quality of care and services using a specified set of principles and methodologies. Those principles include, but are not limited to, leadership commitment, staff involvement, cross-functional team approach, consumer orientation, and a continuing cycle of improvement activities and performance measurements. Synonyms include Continuous Quality Improvement (CQI) and Total Quality Management (TQM).
- **TANF - The Temporary Assistance for Needy Families (TANF)** program is designed to help needy families achieve self-sufficiency.
- **Trial Work Period** - during the first nine months that you return to work, beneficiaries will continue to receive SSDI benefits. At the end of nine months of work, the trial work period is over, and the SSA will decide if you have been doing "substantial gainful activity," or SGA.
- **SGA - Substantial Gainful Activity (SGA)**. At the end of nine months of work, your trial work period is over, and the SSA will decide if you have been doing "substantial gainful activity," or SGA. A person who is earning more than a certain monthly amount (net of impairment-related work expenses) is ordinarily considered to be engaging in SGA. The amount of monthly earnings considered as SGA depends on the nature of a person's disability.
- **SNAP - The Supplemental Nutrition Assistance Program (SNAP)** issues electronic benefits that can be used like cash to purchase food. SNAP helps low-income working people, senior citizens, the disabled and others feed their families. Eligibility and benefit levels are based on household size, income and other factors.
- **SSDI - Social Security Disability Insurance (SSDI)** is a benefit from the federal government that provides monthly payments based on the amount of F.I.C.A taxes paid during your work history.
- **SSI - Supplemental Security Income (SSI)** is a program for those with limited income and resources.
- **TTW - Social Security's Ticket to Work (TTW)** Program is a free and voluntary program available to people ages 18 through 64 who are blind or have a disability and who receive Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits which can help support a transition to work and off benefits. Under this program, eligible beneficiaries with disabilities who are receiving monthly cash benefit payments are entitled to participate by signing up with an approved service provider of their choice to receive services. These services may be training, career counseling, vocational rehabilitation, job placement, and ongoing support services necessary to achieve a work goal.
- **TWP - The Trial Work Period (TWP)** allows you to test your ability to work for at least nine months under the Ticket to Work program. During your TWP, you will receive full SSDI benefits no matter how much you earn, as long as your work activity is reported and you have a disabling impairment.
- **VR - Vocational Rehabilitation (VR)** agencies, often referred to as "VR", are managed by every state, but are overseen by the federal government. VR is designed to help people with

disabilities meet career goals, from entry-level to professional. It helps people with disabilities get jobs, whether the person is born with a disability, develops a disability or becomes a person with a disability while working.

- **WIPA - Work Incentives Planning and Assistance (WIPA).** The goal of the WIPA program is to enable beneficiaries with disabilities to receive accurate information, and use that information to make a successful transition to work. Each WIPA project has Community Work Incentives Coordinators who will: provide in-depth counseling about benefits and the effect of work on those benefits; conduct outreach efforts to beneficiaries of SSI and SSDI (and their families) who are potentially eligible to participate in Federal or State work incentives programs; and work in cooperation with Federal, State, and private agencies and nonprofit organizations that serve disabled SSI and SSDI beneficiaries.

HIV Uninsured Care Programs (ADAP, ADAP Plus, Home Care, & APIC)

- **ADAP - AIDS Drug Assistance Program (ADAP)** is a state and territory-administered program authorized under Part B that provides FDA-approved medications to low-income PLWH who have limited or no health coverage from private insurance, Medicaid, or Medicare.
- **AHIP - AIDS Health Insurance Program (AHIP)** is a Medicaid program that pays health insurance premiums for people with HIV/AIDS who are not eligible for Medicaid (if you have Medicaid and health insurance, Medicaid will pay the health insurance premium).
- **APIC - ADAP Plus Insurance Continuation (APIC)** was started by the New York State Department of Health's AIDS Drug Assistance Program (ADAP) on July 1, 2000. This program pays premiums for comprehensive insurance for people with HIV/AIDS who do not have Medicaid or do not meet the eligibility criteria for the AHIP Program.
- **HIV Home Care Program** is another ADAP program which pays for the cost of home care services but there is a \$30,000 lifetime cap.

Appendix E: Considering Work Project

Bureau of HIV Prevention and Control NYC Department of Health and Mental Hygiene



Introduction

Rates of unemployment and underemployment are high among communities disproportionately impacted by HIV, including young Black and Latino gay, bisexual and other MSM, and transgender women of color. In many cases, it is not possible to effectively address HIV transmission or care without also addressing structural factors and social determinants of health, such as poverty, lack of education, unemployment, homelessness and other issues. In addition, employment has been associated with improved physical and mental health outcomes including increased ARV adherence and reduction in health risk behaviors.

With this in mind, BHIV launched the Considering Work Project in 2015 in partnership with Mark Misrok, the co-founder of the National Working Positive Coalition and member of the U.S. PLWH Caucus Steering Committee. The Considering Work Project aims to improve access to employment opportunities for people living with or at risk for HIV in NYC, particularly among Black and Latino gay, bisexual and other MSM, and transgender women of color. To enhance the initiative, BHIV developed a Considering Work Project Working Group (CWPWG) consisting of BHIV staff and community members interested in advancing this work. A key goal of the group is to leverage the community expertise to advance integration of employment service responses within HIV care and prevention programs.

The Considering Work Project: Year One

In Year one, the CWPWG identified primary needs, effective strategies, and key resources and partners in order to enhance service access and responses with the intent of increasing employment opportunities for PLWH and those at-risk of HIV acquisition. Recognizing the need to increase the knowledge of workforce development resources available among HIV prevention and care providers, and how employment may affect financial, health coverage and housing stability benefits, the Considering Work Project developed a Year One series which began with two webinars and culminated with a full-day in-person meeting.

Webinars

The first webinar entitled “Considering Work: Income and Benefits” provided an overview of how and when working would affect benefits such as: financial (SSI, SSDI), medical (Medicaid, Medicare, ADAP), and housing (NYC HASA, HOPWA). The second webinar, entitled “Considering Work: Understanding Employment Services and Resources Available in NYC,” provided HIV service providers an introduction to services, training and education, resources and strategies to meet employment needs of participants. Resources that were explored for the second webinar included: community-based organizations, and ACCES-VR, Workforce1 and other public workforce development programs. Both webinars invited experts in the field including representatives from ACCES-VR, The Mayor’s Office of Workforce Development (MOWD), the

NYC Human Resources Administration (HRS) HIV/AIDS Services Administration (HASA), the NYSDOH AIDS Institute Uninsured Care Programs, and GMHC. The aim was to strengthen the linkage between established employment and vocational rehabilitation programs and HIV services, with the understanding that HIV prevention and care providers with knowledge about employment-related information, services, resources and strategies can contribute to reducing poverty, unemployment and underemployment.

Full-Day Event for HIV Prevention and Care Providers

Following the successful webinars, BHIV hosted a full-day Considering Work Project meeting entitled “Considering Work: Addressing Employment Needs in HIV Prevention and Care” for HIV prevention and care service providers on August 19, 2016. Panels and presentations focused on spotlighting employment as a social and economic determinant of health, individuals representing communities disproportionately impacted by HIV, and diverse community-based employment service providers aligned with HIV care and prevention services. In addition, presenters explored the relationships between work earnings, financial benefits, health coverage, housing supports, employment-related legal rights and protections and public workforce development programs. The 104 participants in attendance received a resource list for reference in developing key employment-related referral linkages.

The Considering Work Project: Year Two

In Year 2, the CWPWG was expanded to include community members representing HIV care and treatment, prevention and employment services programs. Currently the CWPWG includes representation from approximately 10 community organizations. Recognizing the varying needs of PLWH and HIV-negative persons, this expanded CWPWG defined a Year Two plan to host a half-day event for HIV prevention providers and a full-day event for HIV care providers. The CWPWG also decided to hold a full-day community employment information and resource fair for people living with or at risk for HIV in Year Three.

Half-Day Event for HIV Prevention Providers

On July 18, 2017, BHIV held the “Strategies and Resources for Providers to Address Employment Needs of People at Risk for HIV” event. Expert panelists focused on three topic areas: 1) legal rights and protections to reduce barriers to employment for individuals at risk for HIV; 2) Workforce 1 and ACCES-VR as key public workforce development programs and resources available to clients; and 3) community-based employment programs designed to address employment needs clients of HIV prevention programs. The 65 participants in attendance received a resource list of employment-related programs and resources to address employment needs and reduce barriers for individuals at risk for HIV.

Full-Day Event for HIV Care Providers

On September 15, 2017, BHIV held the “Improving HIV Health Outcomes Through Employment: Strategies and Resources for Providers to Address Employment Needs of People Living with HIV” event. Expert panelists focused on topics and resources to help equip HIV care providers to strengthen service responses to the employment needs of people living with HIV in NYC. Morning presentations explored the policies of NYC’s HRA and HASA as they related to income

changes of HASA participants associated with work activities, and work earnings related program policies of SSI, SSDI, Medicaid, Medicare, and ADAP. A tabling session featuring representatives from 12 employment-related programs and agencies offered 1-on-1 networking and information gathering for attendees. Afternoon breakout sessions included panels and presentations exploring peer work training and employment opportunities; public workforce programs; legal rights, protections and strategies reducing employment barriers; and community-based programs addressing employment needs of people living with HIV. The 80 participants in attendance received a resource list of employment-related programs and resources to address employment needs and reduce barriers for people living with HIV.

Next Steps

In the next year the CWPWG will continue its work by holding a forum for persons at risk for and persons living with HIV. Specifics on the forum will be determined by the CWPWG.

Appendix F: Employment Services Resource Directory and Other Resources

The AIDS Institute’s Public Benefits and the Transition to Employment Series: Resource for People Living with HIV/AIDS and Those Pursuing AIDS Institute Peer Worker Certification – (<https://www.hivtrainingny.org/PeerCert/Resources>) explores the impact of employment on a number of government benefits including SSI, SSDI, TTW, SNAP, TANF and HUD.

American Job Centers (AJCs) (<https://www.careeronestop.org/site/american-job-center.aspx>) provide free help to job seekers for a variety of career and employment-related needs. Services vary by location but can include: Resource rooms with phones, free internet and resume writing tools; employment plan development; job training services; job search assistance; career counseling; practice interviewing; skills testing; labor market and employer information, employment Workshops; supportive services (which can include information about Food Stamps, Financial Assistance, Medicaid, Training Services, Child Care, Emergency Funds), hiring events and business service information, accessibility and special accommodations for people with disabilities, referrals to community resources and other agencies, and more access to CareerOneStop Workers Re Employment Web site for laid-off workers.

ACCES-VR (<http://www.acces.nysed.gov/vr>) or Adult Career and Continuing Education Service – Vocational Rehab assists people with disabilities to achieve and maintain employment and to support independent living through training, education, rehabilitation and career development. Basic Guide brochure available here:

<http://www.acces.nysed.gov/common/acces/files/vr/basic.pdf>.

- **ACCES-VR Disability Etiquette Guide: Tips for Interacting with People with Disabilities**
http://www.nyc.gov/html/mopd/downloads/pdf/etiquette_form.pdf

ATTAIN Lab – (<http://www.attain.suny.edu/index.php>) The State University of New York ATTAIN (Advanced Technology Training and Information Networking) is a statewide project offering an assortment of academic, occupational and employability courses through 35 state of the art technology labs (lab locations: http://www.attain.suny.edu/labs_list.php). These courses are geared to introduce as well as supplement student participants with educational & vocational.

Ban the Box Campaign (<http://www.nelp.org/publication/ban-the-box-fair-chance-hiring-state-and-local-guide/>) where businesses take the Fair Chance Pledge to give people with past convictions a fair chance when competing for employment.

The Business Case for Employing Qualified Individuals with HIV/AIDS

(<https://www.dol.gov/odep/topics/hivaids/businesscase.pdf>) a guide from the NYSDOL provides questions and answers that can help businesses understand the benefits of and how to foster a work environment welcoming of the skills and talents of all individuals, including individuals living with HIV/AIDS.

CareerOneStop (<https://www.careeronestop.org/Help/FAQs-CareerOneStop.aspx>) is partner of American Job Center, CareerOneStop is the flagship career, training, and job search website for the U.S. Department of Labor. The website serves job seekers, businesses, students, and career advisors with a variety of free online tools, information and resources.

CDC's Business Responds to HIV Initiative (<https://www.cdc.gov/hiv/workplace/>) offer resources available to reduce stigma in the workplace.

Cornell University Yang-Tan Institute on Employment and Disability (www.Yti.cornell.edu) advances knowledge, policies and practice to enhance equal opportunities for all people with disabilities through activities including training for employment service providers and benefit practitioners.

DOL Business Services (<https://labor.ny.gov/businessservices/landing.shtm>) offer many services to help with workforce needs. These include:

- The New York State Job Bank and NY Talent
- Customized Recruitments and Career Fairs
- Hiring Incentives: Tax Credits and On-the-Job Training (OJT)
- Workforce Intelligence
- Apprenticeship Programs
- New York Job Service Employer Committee (JSEC)
- Human Resource Consultation Services
- Layoff Aversion

Employer Assistance and Resource Network on Disability Inclusion (EARN)

(<http://www.askearn.org/earn-training-center/>) offers free training on the latest disability inclusion topics and provides training materials, presentations and webinars on topics related to disability employment.

Equal Employment Opportunity Commission ADA Webpage

(www.eeoc.gov/laws/statutes/adaaa_info.cfm) offers resources related to the 2008 Americans with Disabilities(ADA) Act Amendments Act of 2008, including the Equal Employment Opportunity Commission (EEOC) ADA Fact Sheet: www.eeoc.gov/facts/ada18.html.

Fair Chance Act and **Fair Chance NYC** (<https://fairchancenyc.wordpress.com/>) affords legal protections to individuals with a criminal record, including the ban on job ads saying applicants must pass a background check, preventing businesses from including questions about involvement in the criminal justice system on job applications, forbidding questions about criminal justice involvement during job interviews and, **if a person is denied a job because of their criminal record**, the requirement that the employer explain why **in writing**, connecting the person's criminal record history to job duties or showing it creates an unreasonable risk.

Getting to Work: An Online Training Curriculum for HIV/AIDS Service Providers and Housing Providers (<https://www.hudexchange.info/trainings/dol-hud-getting-to-work-curriculum-for->

[hiv-aids-providers/](#)) is an interactive multi-media curriculum, developed collaboratively by the U.S. Department of Labor and the U.S. Department of Housing and Urban Development, that assists HIV/AIDS service providers, including housing providers, to understand how employment can add value for individuals, families and communities. It provides proven strategies that service providers can implement to incorporate employment into their approach and create new opportunities for the populations they serve.

HASA FAQs (<http://www1.nyc.gov/site/hra/help/hasa-faqs.page>) includes responses to the questions, “What is Earned Income Disregard?” and “Will They Budget My Income If I’m a Peer Educator?”

Helping Clients living with HIV Who Need Accommodations at Work

(https://www.eeoc.gov/eeoc/publications/hiv_doctors.cfm) briefly explains the law of reasonable accommodation and the health provider's role in the process.

HIV.gov – Employment (<https://www.hiv.gov/topics/employment>) - includes a number of employment-related resources on the Federal government website to increase visibility of U.S. Federal HIV programs, policies and resources. Links on the page are to articles including, “Employment and Health,” “Civil Rights,” “Workplace Rights,” and “Employment and People Living with HIV: #Inclusion Works!”

HUD Earned Income Disallowance (EID) Training

(https://www.hudexchange.info/resources/documents/EID_Training.pdf) (applicable for PLWH in HOPWA, Section 8 and other programs) is a self-paced training focuses on the eligibility criteria and benefits of EID and provides instructions, guidance, and scenarios to property managers, tenants, case managers, and employment specialists who will be receiving the benefit, administering the benefit, or advising benefit recipients.

IRT- An Integrated Resource Team (IRT)

(https://dei.workforcegps.org/resources/2016/04/13/14/02/Integrated_Resource_Team_FAQs) is one of the key strategic service delivery components of the Disability Employment Initiative (DEI), a project of the US Department of Labor implemented in the workforce development system. The IRT approach involves diversified service systems coordinating services and leveraging funding in order to meet the needs of an individual jobseeker with a disability.

Job Accommodation Network (JAN) (<https://askjan.org/media/aids.htm>) is a free service of ODEP, providing confidential technical assistance about job accommodations and the Americans with Disabilities Act (ADA), including for PLWH.

The Legal Action Center (<https://lac.org/resources/>) provides information about the rights of people with criminal records, HIV/AIDS, and substance use disorders via publications, webinars, videos, training materials, and sample forms, including how people can obtain a copy of their criminal record, have the record sealed and other steps.

Living with HIV: Your Legal Rights in the Workplace Under the ADA

https://www.eeoc.gov/eeoc/publications/hiv_individual.cfm briefly explains these rights, which are provided under the Americans with Disabilities Act (ADA).

Medicaid Buy-In Program for Working People with Disabilities Toolkit –

https://www.health.ny.gov/health_care/medicaid/program/buy_in/docs/working_people_with_disabilities.pdf The Medicaid Buy-In for Working People with Disabilities (MBI-WPD) program is a federal and state effort that grants states the ability to extend Medicaid coverage to working people with disabilities.

National Working Positive Coalition (<http://www.workingpositive.net/>) is a coalition of individuals living with HIV, service providers, researchers, and advocates who are committed to improving the financial and personal wellbeing of individuals living with HIV and AIDS. Their website offers resources for policymakers, service providers and PLWH.

National Working Positive Coalition (NWPC) 2008 Vocational Development and Employment Needs Survey (http://www.workingpositive.net/pdf/conyers_nra_2013.pdf) research study from the NWPC and the Penn State University explores the education, training, employment and health needs of PLWH.

New York Employment Services System (NYESS): (<http://www.nyess.ny.gov/>) is a single approach to linking and coordinating employment supports for jobseekers, with resources to support service providers. This comprehensive employment system provides all New Yorkers – regardless of their (dis)ability – with a single point to access all employment-related services and supports, including job matching with the approximately 90,000 jobs currently posted by businesses in the NYS Job Bank. Participating programs providing employment services can sign up through NYESS to receive Ticket to Work payments for services, under its Administrative Employment Network.

U.S. Department of Labor’s Employment and Living with HIV- A Resource Guide

<https://www.dol.gov/odep/topics/hivaids/EmploymentLivingwithHIVAIDS.pdf>) Topics include: Legal rights and protections, resources and strategies for getting a job, and financial impacts and tax incentives.

New York State Peer Worker Certification in HIV, HCV, HR and Foundational Training Program

<https://www.hivtrainingny.org/Home/PeerCertification> provides training and certification for peer workers who complete requirements including 90 hours of coursework, a 500 hour work practicum, an online exam and application.

Peer Worker Employment Opportunities Listserv

<https://www.hivtrainingny.org/PeerCert/listserv>, sign-up in box at bottom of page) links peer workers seeking open job positions with agencies in need of peer workers.

The Prime Objective: A Job Seeking Guide for Ex-Offenders

(<https://labor.ny.gov/formsdocs/pubs/pdfs/es302.pdf>) A resource booklet from the New York State Department of Labor designed to help make reentering the workforce as successful as possible for ex-offenders.

Social Security Administration's Work Incentive Planning and Assistance Program (WIPA)

(<https://www.ssa.gov/work/WIPA.html>) enables beneficiaries with disabilities to receive accurate information, and use that information to make a successful transition to work. Each WIPA project has Community Work Incentives Coordinators who will: provide in-depth counseling about benefits and the effect of work on those benefits; conduct outreach efforts to beneficiaries of SSI and SSDI (and their families) who are potentially eligible to participate in Federal or State work incentives programs; work in cooperation with Federal, State, and private agencies and nonprofit organizations that serve disabled SSI and SSDI beneficiaries. This information introduces many programs and tools that can help widen the door to healthy employment. To identify local WIPA providers:

<https://choosework.ssa.gov/findhelp/result?option=directSearch>

Ticket to Work (TTW)(<https://www.ssa.gov/work/home.html>) Social Security's free and voluntary program available to people ages 18 through 64 who are blind or have a disability and who receive Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits, which can help support a transition to work and off benefits.

U.S. Department of Justice (DOJ) HIV/AIDS ADA Webpage www.ada.gov/aids/index.htm provides information related to Federal civil rights protections afforded to individuals with disabilities by the Americans with Disabilities Act (ADA).

Virginia Commonwealth University Work Incentives Planning and Assistance National Training and Data Center (www.vcu-ntdc.org) provides comprehensive training and technical assistance to Work Incentives Planning and Assistance (WIPA) projects, the Ticket to Work Help Line, and community partners to ensure accurate and timely support for beneficiaries on the road to employment and financial independence.

What You Should Know About HIV/AIDS & Employment Discrimination

(https://www.eeoc.gov/eeoc/newsroom/wysk/hiv_aids_discrimination.cfm) outlines the laws related to eradicating employment discrimination against those living with HIV/AIDS.

Appendix G: Roster of Committee Members

Community Co-Chair: Mark Misrok, National Working Positive Coalition

AIDS Institute Co-Chairs: Richard Cotroneo, Dan Tietz, Cassandra Kahl

- Nasra Aidarus, NYC DOHMH
- Melissa Alexander, OTDA
- Brian Alvarado, ACCES VR
- John Barry, STAP
- Cathy Bowman, Legal Services of NY
- Vinnie Chesimard, OASAS
- Jen Chiu, CUNY, Hunter College
- Scott Daley
- Orbit Clanton, Perceptions for People with Disabilities
- Demetre Daskalakis, NYC DOHMH
- Malcolm Davis, Osborne Association
- Sharen Duke, Alliance for Positive Change
- Waverly Fair, Alliance for Positive Change
- C. Virginia Fields, NBLCA
- Ingrid Floyd, Iris House
- Alan Gallagher, NYS DOL Disability Employment Initiative (DEI)
- Terry Hamilton, NYC HHC
- Sara Harms, NYS DOL Disability Employment Initiative (DEI)
- Perry Junjulus, Albany Damien Center
- Wendy Ledesma, NYC LGBT Community Center
- Jennifer Lester, Housing Works
- Joanne Lester, Dept of Education, ACCES-VR
- Octavia Lewis, Bronx Lebanon Hospital Center
- Robert Linton, ACCES VR
- Esther Lok, Sheltering Arms/ NY State HIV Advisory Body
- Lisa McKay, SUNY
- Josh McClain, Evergreen Health
- Laura Mokrzycki, ACR Health
- David Piersante, HASA
- Alexandra Remmel, GMHC
- Joseph Sarno, NADAP
- James Satriano, OMH
- Luis Scaccabarozzi, Latino Commission on AIDS
- Kiara St. James, NY Transgender Advocacy Group (NYTAG)
- Joe Swinford, OMH
- Dawn Trotter, Evergreen Health
- Kate Wagner-Goldstein, Legal Action Center
- Geri Walsh, Career Central/American Job Center (DOL)
- April Watkins, GMHC
- Anthony Watson, SUNY
- Doug Wirth, Amida Care

AIDS Institute Staff:

- Shannon Mason
- Robert Curry
- Rachel Newport
- Julie Ruttan

Subcommittee Membership

CBO Capacity Building Committee

Alan Gallagher	Sara Harms
Doug Wirth	Josh McClain
Orbit Clanton	Waverly Fair
Melissa Alexander	Perry Junjulas
Ingrid Floyd	Dawn Trotter
Dan Tietz	Mark Misrok

TransGender and Gender Non-Conforming Committee

Robert Curry	Octavia Lewis
Kiara St. James	Rosy Galvan
Levi Solimine	Cristina Herrera
Jasmine Lopez	Vinnie Chesimard
Mark Misrok	

Race/Ethnicity/Culture/ Immigration Committee

Shannon Mason	Octavia Lewis
Luis Scaccabarozzi	Kalani Dodampahala
Julia Cohen	Amegnona (Thierry) Ekon
Vinnie Chesimard	Kiara St. James
Mark Misrok	Mauro Julca
Jacinthe Thomas	Julie Ruttan

Legal / Access to employment / Benefits/ Financial Issues Committee

Daniel Tietz	Orbit Clanton
Alexandra Remmel	Julia Cohen
Jennifer Lester	Kalani Dodampahala
Morine Bowen	Kate Wagner-Goldstein
Cathy Bowman	David Piersante
Julie Ruttan	Mark Misrok
Richard Cotroneo	Cassandra Kahl

Report Authorship Team

Orbit Clanton	Waverly Fair
Mark Misrok	Doug Wirth
Richard Cotroneo	Cassandra Kahl