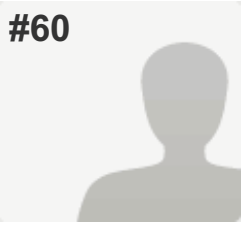


Ending the Epidemic Task Force Recommendation Form

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Q2: Title of your recommendation

Expand and Update the NYS HIV Enhanced Rental Assistance Program

Q3: Please provide a description of your proposed recommendation

Expand medical eligibility for the New York State program of HIV enhanced rental assistance to include all HIV-positive persons (PWH), require all local social service districts to make the program available to PWH through a single point of entry to public benefits (see related recommendation titled “Single Point of Entry in Every Local Social Services District to Expedite Access to Essential Benefits and Social Services Needed by Persons Living with HIV Infection”) and update the rental assistance rates provided through the program to provide rental assistance in line with fair market rental rates in localities. Income eligibility for the HIV rental assistance would be determined by budgeting total standard of need as a factor of the approved rent, the basic food and other public assistance grant, the HIV transportation allowance (see the related “Single Point of Entry” recommendation), less a contribution of 30% of any income to rent (see the related recommendation titled “30% Rent Cap HIV Affordable Housing Protection”).

The primary housing program for poor New Yorkers living with HIV/AIDS is tenant-based rental assistance funded jointly by NYS and local social services districts (LSSDs). The enhanced rental assistance program for PWH was established by NYS regulation early in the AIDS epidemic. The program subsidizes clients’ rents in private market apartments and is used by some supportive housing programs to cover a portion of operating costs. Given the limited amount of available supportive housing, the program is by far the most significant potential housing resource for PWH. In NYC, where the Human Resources Administration’s HIV/AIDS Services Administration (HASA) administers the program, over 80% of HASA clients in need of housing supports rely on the rental assistance program. However current administration of the program limits its availability and undermines its effectiveness.

The enhanced rental assistance program for PHWA was established in the late 1980’s by State regulation (18 NYCRR 352.3(k)). A 1990 Administrative Directive (90 ADM-8) entitled “The Emergency Shelter Allowances for Persons with AIDS or HIV- related Illness Faced with Homelessness” instructs local social service districts “to address the problem of homelessness faced by persons with AIDS or HIV-related illness (as defined by the AIDS Institute of the New York State Department of Health).” However, the NYS DOH definition of HIV-related illness (more recently described as “clinical/symptomatic HIV infection”) has not been changed since the mid-1990s, is now out of date (and no longer used by the AIDS Institute for any purpose) and is inconsistent with current treatment guidelines and HIV prevention strategies. Under current eligibility requirements, for example, HIV-specific housing supports are available only to asymptomatic HIV+ persons with a CD4 count <200, while AIDS Institute clinical guidelines call for initiation of antiretroviral therapy for all adults as early as possible following HIV diagnosis. Similarly, the rental assistance rate (\$480/month for single individuals and \$330 for additional household members) has not been updated since established in the 1980’s and is insufficient to support even a studio apartment in any part of NYS. Finally, outside NYC no LSSD makes the enhanced HIV rental assistance program routinely available to PWH, and it has been used only rarely to support housing for PWH in the balance of the State.

In NYC, an estimated 10,000 to 15,000 PWH (including 800 or more PWH residing in NYC shelters on any given night) remain medically ineligible for the publicly funded HIV-specific non-shelter housing assistance. Homeless PWH in NYC who are as yet asymptomatic are forced into the Hobson’s choice of initiating treatment early or delaying treatment until they qualify for rental assistance or supportive housing.

Outside NYC, PWH access to housing and services is extremely limited. The HUD HOPWA program reported in 2012 that at least 2,100 PWH residing in NYS counties outside NYC had a current unmet need for housing assistance, and results of a 2004 AIDS Institute funded HIV housing needs assessment estimated that 4,000 to 6,000 households living with HIV had an unmet housing need that was not being met through either HIV-specific or mainstream housing programs.

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Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)

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

Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission

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

Housing and Supportive Services Committee:
Develop recommendations that strengthen proven interventions enabling optimal engagement and linkage and retention in care for those most in need. This Committee will recommend interventions that effectively address complex and intersecting health and social conditions and reduce health disparities, particularly among New York's low-income and most vulnerable and marginalized residents. These interventions will diminish barriers to care and enhance access to care and treatment leaving no subpopulation behind.

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

Change to existing program

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

Permitted under current law,

Other (please specify)

The change in eligibility criteria could be accomplished through regulatory change or administrative action by the AIDS Institute to change the definition of HIV-related illness used to determine eligibility. Updating the rental assistance rates would require regulatory change.

Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?

Within the next year

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

A large body of research demonstrates that homelessness and unstable housing are strongly associated with greater HIV risk, inadequate HIV health care, poor health outcomes, and early death. A 2005 New York City study found the rate of new HIV diagnoses among homeless persons sixteen times the rate in the general population, and death rates due to HIV/AIDS five to seven times higher among homeless persons.

For people living with HIV, lack of stable housing poses barriers to engagement in care and treatment success at each point in the HIV care continuum. Numerous studies, including, consistently find that PWH who lack stable housing are: more likely to delay HIV testing and entry into care following HIV diagnosis; are more likely to experience discontinuous care – dropping in and out of care and/or changing providers often; are less likely to be receiving medical care that meets minimal clinical practice guidelines; are less likely to be on antiretroviral therapy (ART); and are less likely achieve sustained viral suppression. Compared to stably housed PWH, homeless and unstably housed PWH: rate their mental, physical and overall health worse; are more likely to be uninsured, use an emergency room, and be admitted to a hospital; and have significantly higher rates of all-cause mortality. In fact, housing status is a stronger predictor of HIV health outcomes than individual characteristics including gender, race, ethnicity or age, drug and alcohol use, and receipt of social services, indicating that housing itself improves the health of people living with HIV.

The conditions of homelessness and housing instability are also independently associated with increased risks of transmitting the HIV virus to others, after adjusting for other factors that influence risk such as substance use, mental health issues and access to services.

Research findings also show that housing assistance is an evidence-based HIV health care intervention. CHAIN study data show that over time receipt of housing assistance is among the strongest predictors of accessing HIV primary care, maintaining continuous care, receiving care that meets clinical practice standards, and entry into HIV care among those outside or marginal to the health care system. For homeless/unstably-housed people, housing assistance is also an evidence-based HIV prevention intervention. Over time, persons who improve their housing status reduce risk behaviors by as much as half, while persons whose housing status worsens are as much as four times as likely to engage in behaviors that can transmit HIV.

A NYC DOHMH study of the HIV care continuum for federal Housing Opportunities for People with HIV/AIDS (HOPWA) clients employs surveillance data to compare outcomes for formerly homeless PWH in NYC who receive HOPWA housing assistance with outcomes for all PWH in NYC. Ninety-nine percent (99%) of HOPWA clients were linked to HIV care following diagnosis, compared to 84% of all persons with HIV in NYC. More than 95% of HOPWA clients were retained or engaged in care and 87% had evidence of ARV medication use; rates for all persons with HIV in NYC were 30% lower. Most importantly, 69% of NYC HOPWA clients had achieved viral suppression, a much higher rate than for other NYC PWH (44%) or rates seen in national studies (30%).

Yet housing appears to be the greatest unmet need of PWH in NYS. Results from the long-term Community Health Advisory & Information Network (CHAIN) study of representative samples of persons living with HIV/AIDS in NYC and the Tri-County region of Westchester, Rockland and Putnam Counties indicate that the greatest current unmet needs among people living with HIV (PWH) in NYC and the Tri-County area are housing assistance and food. Participants in recent community meetings across NYS identified housing assistance, food and transportation as the greatest unmet needs of people living with HIV.

Finally, addressing housing need as a key structural barrier to HIV care will also be essential in order to reduce the stark HIV-related health disparities that characterize the HIV epidemic in NYS, and to realize the full potential of biomedical interventions.

For additional information and citations see the supporting memorandum titled “Housing Supports and Other Basic Subsistence Benefits.”

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

Local social service districts may perceive the requirement to provide access to the HIV enhanced rental assistance program as an unfunded mandate.

In all LSSDs, including NYC where the enhanced rental assistance program is already available to PWH who have a diagnosis of advanced HIV disease, expanding the program will require cost sharing between NYS and LSSDs that reflects the fact that the savings attributable to the program accrue primarily to NYS in the form of reduced Medicaid spending on avoidable emergency and inpatient care and averted new HIV infections. Currently, NYS shares only about one-third of costs associated with provision of the HIV enhanced rental assistance program in NYC rather than the standard 50%/50% allocation of the costs of public benefits between LSSDs and NYS. We understand that local share of costs has been a primary barrier to the availability of the program in other LSSDs.

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

In NYC, the Human Resources Administration is currently working with the Department of Health and Mental Hygiene and the Department of Homeless Services to estimate unmet need for the HIV enhanced rental assistance among currently ineligible PWH and the incremental costs of expanding and updating the program to meet real need. Unofficial estimates indicate that approximately 10,000 to 15,000 PWH in NYC have an unmet need for housing assistance. As noted above, an estimated 2,000 to 6,000 PWH in the balance of the State outside NYC have an unmet housing need, although a more accurate current need estimate will require an update of the findings from the 2004 housing needs assessment conducted for the AIDS Institute.

Incremental cost of the recommended update and expansion of the rental assistance program should be calculated as a function of the number of PWH with an unmet housing need and the fair market rental rates in each LSSD, less any shelter or other housing costs already attributable to persons who would become newly eligible (such as the costs incurred for expensive emergency shelter for homeless individuals and families and any shelter allowances already received through regular public assistance) and anticipated contributions to rent by eligible persons with disability income (see the related recommendation titled “30% Rent Cap HIV Affordable Housing Protection”).

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

Investments in housing for PWH are an effective cost-containment strategy, as public dollars spent on housing assistance produce offsetting public savings through improved health care utilization and prevented HIV infections. A growing evidence base of such cost analyses indicate that improved stability among persons with HIV or other chronic medical or behavioral health issues results in increased engagement in cost-effective health care and reduced use of avoidable crisis care and other publicly funded services, generating “savings” in outlays for other categories of public spending that offset all or part of the cost of housing services. For example, findings from at least two studies of housing assistance for homeless and unstably housed persons with HIV show an average savings of approximately \$15,000 per housed PWH through significant decreases in avoidable emergency and inpatient Medicaid spending, before taking into account savings attributable to averted new HIV infections. Findings from a HUD/CDC random controlled trial of tenant based HOPWA housing assistance conservatively indicate that housing assistance for every 100 unstably housing PWH would avert 1.56 new HIV infections annually, generating over \$625,000 savings in future HIV treatment costs (at the estimated \$400,000 present value of lifetime HIV treatment costs per infection. (See supporting memorandum titled “Housing Supports and Other Basic Subsistence Benefits.”)

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

An estimated 10,000 to 15,000 PWH in NYC who are currently ineligible for HASA-administered housing services, including the HIV enhanced rental assistance program.

An estimated 2,000 to 6,000 PWH in the balance of the State outside NYC who have an unmet housing need.

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

The number and percentage of NYS LSSD's who make the enhanced rental assistance readily available to all income-eligible PWH.

The number and percentage of PWH in each NYS LSSD receiving the HIV enhanced rental assistance.

The number and percentage of PWH in NYS with an unmet housing need.

Q15: This recommendation was submitted by one of the following

Ending the Epidemic Task Force member,

Other (please specify)

Submitted on behalf of the Ad Hoc End of AIDS Community Group: ACRIA, Amida Care, Correctional Association of New York, Jim Eigo (ACT UP/Prevention of HIV Action Group), GMHC, Harlem United, HIV Law Project, Housing Works, Latino Commission on AIDS, Legal Action Center, Peter Staley (activist), Terri L. Wilder (Spencer Cox Center for Health), Treatment Action Group, VOCAL New York