

NEW YORK STATE AIDS ADVISORY COUNCIL RECOMMENDATIONS FOR THE NEW YORK STATE FY2003 -2004 BUDGET

The New York State AIDS Advisory Council has developed the following set of budget recommendations for the forthcoming state fiscal year. We have done this task earlier this year, so as to maximize the Council's impact throughout all steps of the state's budget process. As in years past, these recommendations were initially developed by the Council's budget subcommittee, which is comprised of a wide variety of service providers, advocacy organizations and governmental bodies involved in HIV programs and policy. While we believe that New Yorkers living with, and at risk for HIV/AIDS continue to have significant unmet needs, we have narrowed our recommendations and prioritized those items that are most pressing. It's important to note that a single case of HIV infection is now estimated to result in more than \$195,000 in medical costs – costs that can be reduced through effective and comprehensive community-based services and avoided altogether through comprehensive prevention education initiatives. Less than 100 new cases of HIV infection would need to be averted to cover the costs associated with the new initiatives contained in these recommendations.

Throughout the Budget Subcommittee's and Council's deliberations this year, four separate key themes emerged:

- The need to baseline existing HIV/AIDS funding into the Governor's proposed FY2003-2004 budget;
- New York State's AIDS Drug Assistance Program (ADAP), a critical resources for those with living with HIV/AIDS, is running a significant deficit and needs an immediate infusion of state funds;
- New York's investment in the Expanded Syringe Access Program (ESAP) must be enhanced in order to prevent the spread of HIV/AIDS among injection drug users and their sexual partners;
- Additional funding is required for culturally competent and language-appropriate programs to address the continued expansion of HIV-related needs in New York's communities of color.

Each of these areas and our requests are outlined in the pages that follow. New funding for SFY2003-2004 in the amount of \$18 million is detailed below.

I. THE NEED TO BASELINE ALL EXISTING FUNDS INTO THE GOVERNOR'S PROPOSED FY2003-2004 BUDGET

The Council remains deeply concerned that restored and new HIV/AIDS funding added in previous years by the Legislature is not secure for this coming year. While we understand that funds added through the legislative process are generally not considered base funds and are seldom included in proposed executive budgets, the potential omission of these funds from the Executive's FY 2003-2004 proposed budget poses significant practical difficulties for organizations on the frontlines in the fight against HIV/AIDS.

Over the course of the past few years, the Council has heard testimony on many issues from community-based AIDS service providers. Along with an ever-increasing and widening demand for services, one of the most difficult challenges facing service providers is instability of funding. It takes a great deal of time and effort for organizations to hire and train staff, plan, develop and evaluate programs. When funding is awarded for one year at a time with no assurance of the continued availability of funds, agencies are put in an untenable position, both fiscally and in terms of commitments made to their communities. In good faith, they have used these funds to implement programs desperately needed in their communities. Recruiting, hiring, training and supporting staff to implement programs with no guarantee of funding beyond one year is virtually impossible and devastating to morale, staff recruitment and clients who have to live in constant fear that a program upon which they rely will disappear.

Additionally, some of the increases for HIV/AIDS programs in years past were for long-overdue cost-of-living adjustments, which by their very nature should not be up for discussion again this year.

- **The NYS AIDS Advisory Council urges the NYS Health Commissioner to take immediate steps to encourage the inclusion of prior years' funding for HIV/AIDS programs in the 2003-2004 Executive budget, which now totals \$12.787 million. This includes funds for the programs related to culturally competent and language-appropriate HIV services for communities of color, permanency planning, treatment adherence, supportive housing services, community service programs (CSPs), community-based organizations (CBOs), community development initiatives (CDIs), and multi-service agencies (MSAs) serving persons of color, substance users, gay men, women, children and adolescents.**

II. NEW YORK STATE'S AIDS DRUG ASSISTANCE PROGRAM (ADAP) WILL FACE DEVASTATING SERVICE CUTS WITHOUT AN IMMEDIATE INFUSION OF STATE FUNDS.

The New York State Department of Health AIDS Institute operates the HIV Uninsured Care Programs including the AIDS Drug Assistance Program (ADAP), which provides access to medical services and medications for uninsured and under-insured New York State residents with HIV/AIDS.

Established in 1987, the program has grown in scope and size to meet both the changing needs of New Yorkers with HIV disease as well as the ongoing clinical advances of the past 15 years. The program currently serves approximately 22,000 people with HIV/AIDS annually at a cost of approximately \$200 million. Program expenditures are consistently increasing more than \$20 million per year due to a variety of factors. Most notably, program enrollment has steadily increased due to new HIV infections, consumers living longer and remaining on the program for longer periods of time due to successful anti-retroviral therapy, as well as successful outreach initiatives to low-income minority populations. Moreover, the program has been strained by increasingly complex and expensive drug regimens designed to overcome viral resistance, increased medical monitoring to maintain viral suppression, increased treatment for adverse side effects, and pharmaceutical price increases.

These dynamics, combined with inadequate federal appropriations for the past several years have left ADAP with a projected deficit of approximately \$16 million in fiscal year 4/02-3/03. In an attempt to address this deficit, ADAP has maintained a moratorium on new drugs and services

since November 2000. This moratorium has prevented the program from covering the new standard of care (pegylated interferon + ribavirin) for program participants with hepatitis C co-infection. The moratorium may become critical in the future if ADAP cannot cover important new anti-retrovirals like T-20, expected to receive FDA approval in 2003.

The AIDS Institute is using normal savings to partially close the ADAP budget gap this year, and has also requested increased funding from the Title I HIV Planning Councils of New York City, Lower Hudson, Long Island and Dutchess County. Using savings to temporarily close the budget gap does not address ADAP's need for long term fiscal integrity. The problem and repercussions will become more severe in the future without large annual increases in federal appropriations and an increased commitment from New York State.

ADAP has proven to be an efficient and effective program in terms of reaching under-served people with HIV and reducing reliance on in-patient Medicaid funded care. The cost effectiveness of anti-retroviral therapy has been demonstrated in countless studies, highlighting decreases in deaths rates, hospitalizations and the use of more expensive health care interventions. Since 1987, the programs have provided more than \$1 billion in health care services, with only a modest state contribution of \$80 million from the Health Care Reform Act (HCRA) from 1996 to 2002. It would be difficult to find another New York State health care initiative of this size or scope that provides both significant benefits for consumers and medical expenditure savings, with such a small state contribution.

New York State cannot afford to allow inadequate funding of ADAP to reduce or restrict access to critically needed drugs and services for uninsured residents living with HIV/AIDS. Quality health care is an investment that New York State must make through ADAP to achieve long term savings and quality of life for its HIV positive population.

- **While the projected federal appropriations related to this program remain undecided at this time, New York State will need to significantly increase its contribution to ADAP, which has historically been made through HCRA.**

III. EXPANDED SYRINGE ACCESS PROGRAM (ESAP)

In New York, injection drug use continues to drive the HIV epidemic and is associated with more than 50% of the newly-diagnosed AIDS cases. ESAP is a broad-based program designed to provide access to sterile syringes and to promote safe disposal of injection equipment, as well as lancets and other sharps that are used outside of health care settings. The goal of ESAP is to prevent the spread of blood-borne diseases, particularly HIV and hepatitis B and C, and is intended to complement other HIV prevention interventions that reduce injection drug use-related risks.

The legislation establishing ESAP requires an evaluation report by early January 2003 to inform consideration of extending the program beyond its sunset date of March 2003. The Council has a legislatively mandated role in the evaluation and has convened a Subcommittee for this purpose. Preliminary favorable data indicate that the Council is likely to strongly endorse continuation of ESAP.

While the AIDS Institute has conducted outreach and education to pharmacists and certain health care professionals, there is an ongoing need for continued education and outreach to other health professionals serving clients/patients who can benefit from ESAP. It is also clear that if ESAP is to achieve its original goals, educational efforts aimed at injection drug users, as well as those who

self-administer injectible medications, including those with diabetes, hemophilia, rheumatoid arthritis, and other diseases, must be enhanced. Educational messages and materials that meet the needs of one population need to be adapted in order to reach other populations.

Experience has demonstrated the value of engaging community coalitions in mobilizing around the syringe access and safe disposal goals of ESAP. Local needs, resources and circumstances vary and individuals, agencies and organizations from local communities are best situated to develop approaches that build upon local resources to create workable, cost effective and locally relevant models. Ten existing local demonstration projects were initiated during the past year - six upstate and four in New York City. These demonstration projects have been very successful during their initial phase in forming broad-based community coalitions that emphasize education regarding safe disposal. Full implementation of ESAP depends squarely on maintaining these existing demonstration projects and developing additional projects in communities across New York State.

- **A total of \$750,000 is needed to: 1) support ongoing education of pharmacists, health care providers, and consumers state-wide; 2) support existing and new local demonstration projects; 3) increase the availability of syringe disposal kiosks to ensure that used syringes are disposed of safely; 4) support two staff positions for the AIDS Institute to implement ongoing ESAP activities; and 5) support associated costs, including travel, meeting and training expenses, supplies, postage, and equipment.**

IV. ADDITIONAL FUNDING IS REQUIRED TO ADDRESS THE CONTINUED EXPANSION OF HIV-RELATED NEEDS IN COMMUNITIES OF COLOR THROUGHOUT NEW YORK STATE

The AIDS Advisory Council applauds the legislature for adding \$4.75 million to last year's budget to address the HIV/AIDS epidemic in New York's communities of color. Still, we recognize that there remains a wide-spectrum of unmet needs that must be addressed if we are to meet public health imperatives.

The AIDS Advisory Council continues to be guided by an overarching consideration: the greatest impact of the HIV/AIDS epidemic in New York State has been, and continues to be, felt by communities of color, including African-Americans, Hispanics, Native Americans, and Asian/Pacific Islanders. While this is a trend in other states, AIDS cases among people of color have exceeded AIDS cases among whites since 1982 in New York State. People of color represent just one-third of New York's total population, yet they now account for approximately 85% of the total AIDS cases confirmed each year.

Recognizing the extent and urgency of the epidemic within communities of color, the Council produced the report, "*Communities At Risk: HIV/AIDS in Communities of Color*" in 2001. The New York State AIDS Advisory Council, in preparing the report and buttressing it with these budget recommendations, is issuing a call to action. Although communities of color must work actively to meet the challenge of HIV/AIDS, the problem cannot and should not be solved by people of color alone. All communities must become involved in preventing HIV and caring for those with HIV/AIDS.

The Council has highlighted seven essential elements for improved HIV/AIDS prevention and services for communities of color:

- Recognition of the urgency of the problem
- Community engagement
- A strong emphasis on HIV prevention
- Specific attention to high-risk populations
- Culturally competent and language-appropriate programs.
- A continuum of care
- A comprehensive approach, recognizing that HIV/AIDS is part of the larger constellation of health and social problems in the lives of many people of color. The lack of accessible health care and an adequate stock of clean, safe and affordable housing serve as important barriers to health.

These essential elements became the principles on which the Council's recommendations and complimentary budget proposals are based. To that end, we recommend the following:

- **\$1,000,000 to support a broad-based campaign to describe the extent and urgency of the problem.** Resources will support an intense public communications and social marketing effort focused on communities of color, with a special emphasis on benefits of prevention, counseling, testing and early care. The AIDS Advisory Council believes that this campaign must be specifically targeted to: women, men of color who have sex with men, substance users of color, youth of color and other populations at risk. This effort should also focus on the development of effective messages for government leaders, community leaders and other targeted populations.
- **\$4,000,000 for effective HIV prevention efforts targeted to communities of color.** In recognition of the enormous social and economic costs of new HIV cases, the Council recommends the implementation of a wide variety of prevention strategies likely to be most effective in various communities of color as well as integration of a strong prevention component into the traditionally treatment-oriented health care system. The Council recommends that these monies be directed to the following communities: women, men of color who have sex with men, young people and substance users.

The new funds requested by the AIDS Advisory Council will support new HIV prevention services for thousands of New Yorkers of color not served by existing efforts. This includes African Americans, Hispanics, Asian/Pacific Islanders, Native Americans/Alaskan Natives and other underserved communities throughout the state including those in suburban and rural areas. The actual number of people served depends on chosen interventions, settings, methods of delivery, range of services provided and geographic areas served; cost of services generally range from \$30 per person per month to \$60 per person per month. Given that a single case of HIV infection is now estimated to result in more than \$195,000 in medical costs, we believe these funds represent a wise investment in New York's future. Only 93 new cases of HIV infection would need to be averted to cover the costs associated with the new initiatives contained in these recommendations.

The HIV/AIDS issues facing communities of color are similar to those faced by other communities but are compounded by some important factors. National, state, and local data confirm that the numbers of people impacted by HIV/AIDS are far greater in communities of color. The disease is concentrated in a few geographic areas, and the communities most affected are those with high negative social indicators (including poor health indices) and inadequate institutional resources for public health initiatives.

The New York State Department of Health's AIDS Institute has provided much needed support and investment into a community-based HIV/AIDS care delivery system. Still, additional resources must be made available to address the care and prevention needs in communities where the epidemic poses risks not only to individuals, but to entire communities. Specifically, resources are needed to strengthen the infrastructure – administrative, fiscal, management and fundraising capabilities – of agencies addressing the issues of HIV/AIDS in these communities. Support of this type will assure the long-term survival of AIDS Service Organizations serving minority clients, and which frequently serve as public health anchors in these hard-hit communities. The Council recommends:

- **\$2,500,000 million to support AIDS service organizations with demonstrated experience and competency to serve communities of color.**

The Council recognizes that there are a wide variety of organizations in New York serving a broad range of populations. Several budget cycles of flat funding in the face of increasing costs have chipped away at the infrastructure of programs currently delivering critical HIV services and have limited New York's ability to invest in new organizations. These organizations – particularly those serving people of color – need an immediate infusion of dollars to shore-up and strengthen their capacity for program development, fiscal management, human resources, board governance, staff training and contract management. If they can do all this, they will improve their ability to attract government and private funding and deliver critically needed prevention and support services.

AIDS Service Organizations, including Multiple Service Agencies, Community Service Programs, and other Community-Based Organizations under contract with the AIDS Institute, serve thousands of persons of color living with AIDS and HIV or at risk for HIV infection. The services provided through these initiatives include: outreach, HIV prevention education, risk-reduction counseling, support groups, case management, and a broad range of other support services, such as transportation, housing and nutrition assistance. In any given year, these programs reach nearly 1,300,000 people of color through various outreach and education activities, including peer-delivered services. In addition, more than 53,000 people of color receive individual-level client and support services noted above.

Recognizing the broad impact of HIV/AIDS and the involvement of several key state agencies in efforts to address HIV/AIDS statewide, the Council further recommends:

- **Sufficient resources for every state agency (including the New York State Department of Health AIDS Institute and Office of Minority Health, Office of Alcoholism and Substance Abuse Services, Office of Mental Health, Office of Children & Family Services, Department of Correctional Services, Division of Parole and Division of Probation and Correctional Alternatives) directly providing health services or having an impact on health concerns in order to take the steps necessary to address the growing number of HIV/AIDS cases and to achieve measurable reductions in HIV in communities of color.**

V. NEW YORK STATE'S WOMEN STILL HAVE SIGNIFICANT UNMET NEEDS RELATED TO HIV/AIDS

AIDS continues to be a women's issue, and is especially devastating for women of color (African-American, African descent, native Africans, Latinas, Native American, Asian Pacific Islanders and immigrants). The same vulnerabilities that place women at risk for HIV infection –

poverty, domestic violence, substance use, cultural norms, post-traumatic stress disorder and mental illness – are often barriers to care, treatment and adherence. Many of the issues facing HIV-positive and other vulnerable women have little to do with HIV. However, our failure to address these issues in a comprehensive way places women at increased risk for HIV-infection, illness and premature death.

It is imperative that opportunities be identified to reach and engage women for other than HIV services and support the integration of comprehensive services at these sites. These may include family planning at HIV sites, testing of family members at an HIV clinic, as well as treatment adherence supports for women living in shelters, and transient and stable housing. A major missed opportunity is the absence of adequate STD screening, treatment and prevention which serves simultaneously as a primary and secondary prevention intervention.

The New York AIDS Advisory Council recognizes the enormous social and economic costs of AIDS and seeks to avert as many new cases of HIV as possible. We further recognize the need to integrate HIV prevention and treatment and support services for women so that, simply, HIV negative women will stay negative and HIV positive women can stay healthy, limit their risk of exposure and limit the possibility of disease transmission to others. Our recommendations reflect the need to provide and enhance state resources for broad-based prevention and care programs that exist along a continuum of risk and disease. We support the development of comprehensive, “women-focused” care programs for women infected and affected by HIV/AIDS – programs that address women’s needs across their life cycle, support autonomy, provide access to a wide spectrum of services and continually assess needs and respond accordingly.

The Council recommends the following initiatives:

- **\$1,000,000 to support primary and secondary prevention initiatives for women.**
- **\$1,000,000 to expand HIV testing and services for women and to better integrate testing options into sites regularly serving women at risk for HIV.**
- **\$250,000 to support a statewide public information campaign and services that support the options regarding the future care and custody of children orphaned by AIDS. This should include funding to support education about new options such as those included in the Families in Transition Act of 2000 as well as increased funding for the state’s permanency planning initiative.**

VI. WE MUST REDOUBLE OUR EFFORTS TO REACH YOUNG PEOPLE

As the average age of infection rates drop nationwide, New York must do more to address AIDS among young people, particularly young people of color. History has documented all too well the price New York pays for inadequate prevention investments, particularly among young people and even more specifically among young people of color. HIV prevention initiatives targeted at adolescents appear to have waned in recent years. At the same time the challenges faced by New York’s youth have grown more complex and urgent. Preventing HIV/AIDS among youth requires an acknowledgment that health promotion must be part of a comprehensive approach that includes efforts to reduce violence, substance use, and sexually transmitted diseases.

Many of today’s youth are also impacted by poverty, family disintegration, and inadequate education. The AIDS Advisory Council believes that New York must mount a renewed campaign to increase basic awareness and stimulate behavior change among adolescents. Funded providers

should have experience in conducting successful prevention education initiatives for youth and communities of color. To that end, the AIDS Advisory Council recommends:

- **\$1,000,000 to support community-based prevention education initiatives focused on youth.**

VII. MEN WHO HAVE SEX WITH MEN

A resurgence of new HIV infections among men who have sex with men, and data suggesting high rates of infection among gay men of color, demand increased attention and state funding. A recent CDC study found that men of color represent an increasing proportion of AIDS cases among gay and bisexual men, rising from 31% in 1989 to 52% in 1998. African American and Latino men make up the vast majority of these cases. Cultural factors including stigma associated with homosexuality were found to be associated issues for African American and Latino men who have sex with men. In a multi-site survey of 8,780 HIV positive men who have sex with men, CDC found that 24% of African American and 15% of Latino men identified themselves as heterosexual. A study conducted by the New York City Department of Health and the New York Blood Center in 1999 indicated that 12 percent of their sample population of 15-22 year old men who have sex with men are infected with HIV. Two-thirds of those participating in the survey reported that they had also had sex with women. This overlap indicates that successful HIV prevention efforts targeting MSMs of color will yield benefits beyond that group. The Council recommends:

- **\$1,000,000 to fund indigenous comprehensive HIV prevention interventions, including individual level, multi-session group-level interventions, and community-level interventions for MSMs in urban, suburban and rural communities statewide.**

VIII. NEW YORK MUST STRENGTHEN ITS COMMITMENT TO HIV PREVENTION MEASURES TARGETED TO SUBSTANCE USERS

In New York, the spread of HIV continues to be fueled by substance use, primarily in low-income communities of color. These communities often do not have meaningful access to drug treatment or adequate HIV prevention services. In order to address these gaps in services, New York State has enacted the Expanded Syringe Access Program (ESAP) and has funded twelve comprehensive harm reduction programs, including syringe exchange. These programs have dramatically reduced IDU-related HIV infection rates and serve as a bridge to drug treatment, health care and support services. A study conducted by Beth Israel Hospital found at least a 50% reduction in new HIV infections among injecting drug users who had access to syringe exchange programs. (Des Jarlais, D.C., Marmor, M., Paone, D., Titus, S., Shi, Q., Perlia, T., Jose, B., & Friedman, S.R. (1996) HIV Incidence among injecting Drug Users in New York City Syringe Exchange Programmes. *The Lancet*, 348, 987-991).

At present, twelve of the hardest-hit regions in New York State lack adequate syringe exchange services. These regions have high indicators of substance abuse and HIV infection among communities of color and include: Albany, Binghamton, Nassau/Suffolk, Lower Hudson, Mid Hudson, Syracuse, West Harlem/Morningside Heights, Southeast Queens, North Brooklyn (Williamsburg, Bushwick, East New York), Central Brooklyn (Bedford-Stuyvesant, Flatbush, East Flatbush), Central Bronx (Fordham, Bronx Park), West Bronx (Crotona, Tremont).

Based on existing research and data, we believe that if programs are established in these communities, we can reasonably expect a 50-75% decrease in new IDU-related infections, a significant reduction in other substance use-related HIV infections, and a substantial increase in drug treatment placements.

In this area, we recommend:

- **\$1,000,000 to support the establishment of 7 new syringe exchange programs in these regions.**
- **\$1,000,000 to be targeted to these regions for the establishment of harm reduction programs that would serve non-injecting drug users (crack users, alcohol users, etc.)**

The AIDS Institute currently funds the cost of purchasing syringes for existing syringe exchange programs. They do this with a limited amount of funds accrued through re-appropriation dollars. In order to cover the cost of additional supplies for new syringe exchange programs and to encourage Article 28 organizations to distribute syringes to IDUs, we recommend:

- **An additional \$250,000 to be made available to the AIDS Institute for the purchase of additional syringes and other risk reduction supplies.**

Earlier in this document, we have highlighted our recommendations related to full implementation of ESAP. We continue to believe that this program is one of New York State's best hopes for reducing the spread of HIV infection among injection drug users and their sexual partners. Of course, for the deregulation of the sale and possession of syringes to be successful, disposal options must mirror the increase in syringe availability. Even though state law requires hospitals and Article 28-licensed organizations to accept used syringes for safe disposal, the IDU and other communities, including persons with diabetes, have not accessed this option due to institutional barriers and a lack of awareness about disposal options. Here, we reiterate our recommendation that New York State increase funding by \$750,000 for the ESAP program, specifically to enhance outreach/education efforts and safe disposal options.

IX. NEW YORK STATE MUST ADDRESS THE NEEDS OF PERSONS SIMULTANEOUSLY AFFECTED BY HIV, MENTAL ILLNESS AND SUBSTANCE USE

Since 1991, at least ten studies have appeared in the peer-reviewed literature concerning the HIV seroprevalence rates among people with serious and persistent mental illness (SPMI) in New York (Cournos et al., 1991; Volavka et al., 1991; Sacks et al., 1992; Kee et al., 1992; Meyer et al., 1993a; Empfield et al., 1993; Susser et al., 1993; Meyer et al., 1993b; Silberstein et al., 1994; Cournos et al., 1994). This research shows that this population has a greatly elevated risk for HIV infection. A 4% infection rate was found among long-stay (hospitalized for more than one year) state hospital inpatients. Rates of infection ranging from 5.5% to 8.9% have been reported for patients admitted to state and private psychiatric units in New York City. The highest rates of infection, ranging from 16.3% to 22.9% were found among admissions to units accepting mentally ill, chemical-abusing (MICA) patients.

Research conducted in New Jersey examined the Medicaid data for HIV-infected persons and reported that 5.7% of the people on the registry had a concurrent diagnosis of schizophrenia and 6.8% had a concurrent diagnosis of major affective disorder (percentages far higher than their percentage of the total population) (Walkup et al., 1999). Preliminary analysis of the AIDS Medicaid data base in New York reveals similar numbers and indicates that medical care for these persons is much more costly.

Specific remedies to these problems involve developing systems of care that are responsive to the unique needs of the multiply diagnosed. The Council recommends:

- **\$500,000 for outreach to HIV-infected persons with SPMI and to those at risk; for prevention, counseling, testing, case management, linkages to medical care providers; and to promote adherence to treatment regimens.**
- **\$250,000 to provide training to mental health service providers regarding HIV care and services, including assessment of the need for HIV counseling and testing and training for HIV service providers in how to effectively treat persons with SPMI.**
- **\$1,000,000 to provide coordinated care in unified settings for persons who are HIV-infected, SPMI or mentally ill chemical abusers (MICA), rather than the parallel, fragmented, and non-communicative systems of care that now exist.**

X. NEW YORK STATE MUST ADDRESS THE NEEDS OF PERSONS WHO ARE INCARCERATED AND EX-OFFENDERS

The Council has continued its efforts to monitor the care being provided to HIV-infected inmates in New York State correctional facilities and to work with State officials in the Department of Correctional Services (DOCS) and Department of Health (DOH) to develop a plan for provision of care to this population that is consistent with the community standards for HIV care. The Council remains concerned about the high rates of new and existing HIV infection among inmates in New York State prisons and local jails. Many HIV-infected inmates are not being identified while incarcerated and, consequently, these individuals are not receiving the benefits of early treatment for the disease. It is estimated that fewer than half of all HIV-infected inmates in the state prisons are known to DOCS authorities. Additional resources are needed to educate the inmate population about the importance of learning their HIV status, initiating therapy, and preventing the transmission of disease to others. These services are not available in all state prisons, and in many prisons the programs must be expanded to reach the entire prison population.

Moreover, not all inmates requesting HIV testing receive this service promptly given inadequate counseling/testing staffing levels throughout the state.

Additional resources are also needed to ensure that there is adequate continuity of care for HIV-infected inmates released into the community. The need for continuity of care upon release exists both in the state prisons and local jails. Given the short length of stay for jail inmates and the paucity of HIV services available in many local correctional facilities, it is particularly important that these inmates receive assistance in making the transition to the community if any benefits are to be realized in identifying their HIV infection while incarcerated.

In order to identify more infected inmates and to ensure that they receive the best possible care while they are incarcerated and once they are released, the Council urges the adoption of the recommendations contained in the Council's Criminal Justice report, issued February 1999, proposing enhancements to education, testing, and discharge planning services. An Action Plan for implementing these recommendations was developed and distributed by the Council in June 2000.

Specifically, the funding for the Criminal Justice Initiative (CJI) of the AIDS Institute needs to be expanded to provide crucial HIV services to all state prisons. This should include staffing to expand the CJI educational services for inmates and for the training of peer educators; an

educational program must be developed for each prison, and such programs must be held at regular intervals to reach all inmates and must include the provision of bilingual services. Additional funds are also needed to increase CJI and AIDS Institute staff to enhance the counseling and testing services conducted by both these entities.

The Council's recommendations contained in the Criminal Justice Subcommittee report also include several initiatives directed to the enhancement of DOCS medical staff's HIV expertise and the development of a chronic care system for DOCS inmates with the assistance of AIDS Institute staff. In addition, the Council has urged greater involvement of the Department of Health and the AIDS Institute in the development of an effective quality improvement program in DOCS. We believe that AIDS Institute staff should undertake these advisory duties and therefore propose that two full-time positions be created in the AIDS Institute to: (1) advise and assist state prisons and local jails in the development of mandatory training programs for medical staff about HIV care and to assist these departments in the development of appropriate protocols for the care of HIV-infected inmates, and (2) assist these correctional departments in the development and implementation of a continuous quality assurance program to assess the care provided to HIV-infected inmates.

Discharge planning services are crucial for all HIV-infected inmates, whether they are in state prisons or local jails, as it is extremely difficult to maintain continuity of care after making a transition from a correctional facility to the community. The Council urges that the discharge planning services provided by the CJI contractors to state inmates be enhanced and that similar programs be developed for larger local jail facilities within the state. Consequently, the Council recommends the following:

- **\$500,000 in additional funding for enhancement in staffing for CJI contractors and AIDS Institute staff to perform anonymous counseling and testing programs in state criminal justice facilities, including the provision of these services for Spanish language dominant inmates;**
- **\$300,000 in additional funding for the education of state inmates, including those that are Spanish language dominant, concerning HIV infection, testing, the benefits of treatment, and HIV prevention by CJI contractors and peer educators trained through the CJI program;**
- **\$200,000 in additional funds to hire two full-time staff at the AIDS Institute whose duties shall be (1) to advise and assist state prisons and local jails in the development of mandatory training programs for medical staff about HIV care and to assist these correctional departments in the development of appropriate protocols for the care of HIV-infected inmates, and (2) to assist these correctional departments in the development and implementation of a continuous quality improvement program to assess the care provided HIV-infected inmates;**
- **\$250,000 in additional funds to develop and expand services for early, individualized and comprehensive discharge planning for HIV-infected inmates, releasees, parolees and their families, to link them with community-based social service and health care providers, and to assist them in obtaining housing, Medicaid and other entitlements, substance abuse treatment, prevention education and other needed services; and**
- **\$250,000 in additional funds to develop discharge planning for HIV-infected inmates in county and city jails.**

XI. HOUSING IS A PUBLIC HEALTH MEASURE

The continued lack of safe, affordable, accessible housing is one of the most pressing needs for people living with HIV/AIDS in New York. Despite many promising developments in the last decade in the realm of prevention and clinical management of the disease, housing options for people with HIV and AIDS remain intransigently few and have possibly deteriorated within the last decade. All areas where progress has been made in improving and maintaining the health and social stability of people with HIV disease are at risk for being undermined by the lack of accessible, affordable housing. Some of the most troubling evidence of this comes from anecdotal information from state supported treatment adherence programs. Administrators of these programs point to the direct relationship between clients who are stably housed with higher rates of adherence than those clients who are in more transitional and precarious housing such as drug infested, poorly maintained single room occupancy hotels. The strong link between housing and HIV prevention can be viewed within the context of the increase of HIV and AIDS cases in communities of color, especially among women and young, gay men of color. Populations at an especially high risk for being underhoused are also at risk for HIV and this link points to an ever increasing need for housing for populations with special needs in addition to HIV related.

Housing must continue to be a critical priority for HIV/AIDS resources from the State. The Council is well aware that the housing struggle that people living with HIV and AIDS face is within the context of a broader housing crisis that exists most acutely in New York City but is a reality across the state. A study commissioned by the New York City HIV Planning Council reported that 60% of New York City residents living with HIV/AIDS experience homelessness during the course of their illness and that at any point in time an estimated 20-25% of all people living with HIV in New York City are unstably housed. According to a recent assessment by the Hudson Planning Group of the housing needs of people with HIV/AIDS in the New York metropolitan area, people with HIV who need housing are at the mercy of the private housing market. Accessibility to these housing units is limited by three primary factors: the overall vacancy rate in the city is only 3%, (a city is considered in a housing crisis when the rate is 5%), hundreds of thousands of affordable units have been lost and rental prices have risen faster than wages. The assessment also notes that all levels of government are providing fewer dollars for housing development and rental assistance. The rising rate of HIV among the homeless population highlights homelessness and unsafe housing conditions as a factor in HIV transmission. Indeed, the number of New York families who have become homeless has risen this year to its highest point ever and New York City alone is faced with a serious shortage of emergency homeless beds.

Moreover, in the wake of sentencing reform and decreased census in state correctional facilities, there is an unprecedented number of persons living with HIV/AIDS who are being released annually from New York's correctional facilities; most have acute housing needs. Limited housing options are compounded by SSI/SSD addiction restrictions and benefit cut-offs in New York City, which reduce available shelter allowances and supplemental funds for rent. The enhanced rent allotment for people living with HIV in New York City remains far below market rates. Federal monies earmarked for AIDS housing by the federal government for Housing Opportunities for People with AIDS (HOPWA) remains inadequate and a redistribution of funds over 3 new EMSAs will further reduce HOPWA funding for New York by \$3 million.

Given the current housing crisis, projected increases in need as people with HIV live for longer periods of time, and projected loss of federal housing funds, the Council recommends the following:

- **Increase the rental allowance for HIV/AIDS housing in statute in order to increase the availability of open market rentals. This would mean increasing the state share of funding for rent enhancement.**
- **Increase funding for the Homeless Housing Assistance Program (HHAP) and increase AIDS-specific HHAP funding beyond its current level of \$5 million.**
- **Remove the increased matching fund requirement proposed by the Governor for the receipt of HHAP funds. This proposed change would increase the financial burden of any non-profit agency seeking to utilize HHAP funds for acquisition and renovation of new AIDS housing.**
- **Increase funding for the Operational Support for AIDS Housing program (OSAH) to support a state funded operating stream of HHAP funded HIV/AIDS housing. The current funding level of \$1.4 million does not provide for ongoing staffing and program needs.**

**Adopted
September 26, 2002**

