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Q2: Title of your recommendation

Housing for Homeless LGBTQ Youth as Prevention and Treatment Intervention

Q3: Please provide a description of your proposed recommendation

The lack of safe and supportive housing for homeless youth in New York State is a matter of urgent concern for the LGBTQ community in particular, and greatly exacerbates rates of HIV infection among LGBT Youth.

A 2010 NYC Council report found that estimated 40% of the 3,800 homeless youth - over 1,600 - identified as LGBTQ. LGBTQ youth are eight times more likely to experience homelessness than heterosexual youth. As LGBTQ youth come out in greater numbers and at earlier ages, a significant percentage are denied the love and support of their families, forcing many into homelessness. Based on these numbers, NYS would need at about 2,000 additional Emergency and Transitional shelter beds for LGBT homeless youth to meet the current demand.
In addition to being a failed health policy that endangers the health and well-being of runaway and homeless youth, New York's inadequate response is also fiscally irresponsible.
By choosing not to dedicate adequate funding, state and city lawmakers are exposing LGBTQ runaway and homeless youth to a host of risks and health and human service disparities, particularly HIV. Several studies cited in the Report of the New York City Mayoral Commission for LGBTQ Runaway and Homeless Youth, released by DYCD in June 2010, found that:
• LGBTQ youth face significantly greater incidents of physical and sexual assault than heterosexual youth.
• LGBTQ youth experience greater incidents of substance abuse and mental health disorders, both of which have been associated with increased risk for acquiring HIV.
• As many homeless LGBTQ youth are forced to resort to prostitution to survive, recent studies have indicated that approximately 20% of NYC's homeless LGBTQ youth become infected with HIV.
• Depressive disorders disproportionately impact LGBTQ youth, with 63% of LGBTQ youth having considered or attempted suicide compared with 29% of heterosexual youth who indicated the same.

Housing can me a major tool to prevent homeless LGBT youth from becoming HIV positive in the first place.

Several studies have shown homeless youth have higher numbers of sex partners than youth who are housed. Similarly, among youth who are sexually active, homeless youth report less consistent condom use than youth whom are housed. As a result, homeless youth have much higher rates of STis and HIV prevalence than their counterparts in homes. 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. For homeless/unstably-housed people, housing assistance is an evidence-based HIV prevention intervention.

In addition, there are several health related outcomes that directly connect homelessness and HIV risk.

• 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 acquiring HIV and of transmitting the virus to others, after adjusting for other factors that influence risk such as substance use, mental health issues and access to services. Among extremely low-income HIV+ persons coping with multiple behavioral issues, those who are homeless or unstably housed are found to be two to six times more likely to use hard drugs, share needles or exchange sex than stably housed persons with the same personal and service use characteristics. A recent study found that young MSM who lacked stable housing were over three times as likely as their housed counterparts to engage in high risk sexual behaviors. Poor HIV health and higher viral load among homeless and unstably housed persons with HIV is also a factor, increasing the risk associated with exposure. Not surprisingly, among persons at greatest risk of HIV infection (e.g., men who have sex with men, persons of color, homeless youth, IV drug users, and impoverished women), those who lack stable housing are much more likely to acquire HIV over time.

• Research findings, including results from two randomized controlled trials, 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.

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

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?	Unknown, Other (please specify) Requires additional funding and resources to scale up housing for LGBTQ across NYS.
Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?	Permitted under current law
Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?	Within the next three to six years

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

By choosing to dedicate adequate funding to runaway and homeless youth housing, state and city lawmakers would help greatly reduce the chances that LGBTQ runaway and homeless youth are exposed to a host of risks and health and human service disparities, particularly HIV. If NYS expands the number of beds for homeless and runaway youth, particularly LGBTQ youth, this could potentially reduce the social drivers of homelessness and unstable housing that help facilitate high rates of HIV infection among LGBTQ Youth and all homeless and runaway youth by:
• Reducing mental stress of homelessness that increases substance abuse and mental health disorders including suicide attempts, both of which have been associated with increased risk for acquiring HIV.
• Reducing the number of youth involved in unsafe sex through street based sex work.
• Increase the possibility of HIV testing and linkage to care through Medicaid coverage for homeless and runaway youth whether HIV negative or positive, many of whom are disconnected from health care systems until they become HIV positive.
• Facilitating access to PrEP for HIV negative youth whom are high-risk.
• Increase knowledge of HIV status among HIV positive youth along with better health outcomes along the HIV care continuum if connected to stable housing.
• Increase engagement in mental health counseling, job readiness and educational opportunities through case management and supportive services provided in transitional housing settings.

Q10: Are there any concerns with implementing this recommendation that should be considered?	*Respondent skipped this question*

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

In order to expand the number of beds for homeless youth in New York State to adequate levels, New York State needs to restore the level of funding for Runaway and Homeless Youth services to $4.7 million, with parity given to high incidence areas as well as the need for housing in already decimated rural communities. This level of funding would be $1.5 million more than the $745,000 the city received from the state in last year's budget.

The cost to taxpayers of providing homeless youth with beds in shelters today is far less than the cost of providing those same individuals with beds in hospitals or prisons in the future. Youth who are left to fend for themselves on the streets often engage in underground economic activities that put them at risk of arrest and exposes them and others to HIV and other communicable diseases.

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

Respondent skipped this question

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

There are over 3800 homeless youth in NYS, and only about 250 beds dedicated to this population, and a vast majority of whom are youth of color and LGBTQ youth of color. By providing more housing for LGBTQ youth connected to supportive services, we have an opportunity to create more connection to care and economic stability for HIV positive youth, and reducing incidence among LGBTQ and runaway/homeless youth in the future.

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

The indicators are to measure how many new beds for homeless youth we're able to create, as well as measuring a reduction of homelessness among youth. Similarly, research can be done at various points in reaching this population, including intake into the shelter system, to determine seropositivity rates in the population, and over time measuring our success in reducing incidence among LGBTQ youth, and homeless/runaway youth overall. In order to measure our success as a state in ending the AIDS epidemic, we will need to develop many treatment cascades for various high-risk communities, and LGBTQ homeless youth may be a specific community to develop cascades along with more housing to measure our success over time.

Q15: This recommendation was submitted by one of the following

Advocate,

Other (please specify)
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