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Health/Medicaid Budget Hearing
Housing Works Testimony
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Introduction:

Housing Works is a healing community of people living with and affected by HIV/AIDS. Our mission is to end the dual crises of homelessness and AIDS through relentless advocacy, the provision of lifesaving services and entrepreneurial businesses that sustain our efforts. Charles King, President and CEO of Housing Works, recently served as the community co-chair for the Task Force to End the AIDS Epidemic announced by Governor Cuomo in October of 2014, along with Guthrie Birkhead, the Deputy Commissioner of the Office of Public Health.

How New York became positioned to End the AIDS Epidemic:

Beginning in the spring of 2013, Housing Works, along with ACRIA and the Treatment Action Group, convened a series of meetings with various advocacy organizations, service providers, researchers and government representatives to review the current state of HIV and AIDS in New York State and the feasibility of creating a comprehensive plan to end AIDS as an epidemic in New York. We knew that this would be a monumental task and that there was, undoubtedly, much work to be done in preparing the State to set such a goal. However, we thought that the time was ripe to leverage the implementation of the Affordable Care Act, where the Exchanges are making health insurance available for thousands of New Yorkers that otherwise wouldn't have access to health care coverage and through the Delivery System Reform Incentive Payment Program (DSRIP) providing an influx of $6.5 billion dollars into New York's health care system, and leveraging Medicaid Redesign, where utilization of the global cap has allowed for a reinvestment of Medicaid savings for initiatives, all designed to reduce hospitalizations and emergency room visits.

These early meetings produced a community developed working paper identifing key steps that needed to be taken to prepare the State for an end to the AIDS epidemic. This paper was widely distributed during the previous legislative session and identified five pillars to actualize an end to the AIDS epidemic in New York:

1. Adopt 21st century surveillance strategies to know the epidemic. Essentially, the community urged the State to utilize HIV tests that detect acute HIV infection, to identify people living with HIV earlier and connect them to care, and identify geographic regions where HIV transmission occurs so interventions could be implemented to limit transmission in those areas.
2. Reduce new HIV infections through increased commitment to evidence-based combination prevention for both HIV-negative and HIV-positive persons. Utilizing biomedical, behavioral and structural evidence-based interventions to significantly reduce HIV infections and effective interventions for HIV-positive persons to ensure they achieve and maintain viral suppression. This pillar included age appropriate sexual health education for our youth, scaling up access to both pre-and-post exposure prohylaxis (PrEP and PEP), increased screening and connections to care for mental health and substance use, and expanding harm reduction and housing services.
3. Focus on filling the gaps in the HIV continuum of care-to maximize the number and proportion of people able to suppress HIV viral load as rapidly as possible following an HIV diagnosis. Along the entire HIV care continuum-the sequential stages of care from being diagnosed to suppressing the virus-there are significant gaps. There is an urgent

need to increase testing, since there are thousands of New Yorker's living with HIV that aren't aware of their status and link them to care, and retain HIV-positive individuals in care so that they achieve viral suppression.

4. Assure the availability of essential services that support health, prevention, and retention in care for all New Yorkers, whether HIV-positive or HIV-negative. For HIV-positive New Yorkers, retention in care requires addressing a cluster of health, behavioral and structural issues, such as homelessness, hunger and poverty.
5. Commit political leaders and all New York communities to leadership and ownership of the New York Plan to End AIDS. This task has been achieved in the almost two year period since the working paper was developed. Government and community have created an amazing partnership and the Governor's appointed Task Force recently completed work on a blueprint for the State detailing solid steps that can be taken to end the epidemic.

Through this partnership between the activist community and government officials, successful drug rebate negotiations over the past year have resulted in the larger AIDS drug (antiretrovirals or ARVs) manufacturing pharmaceutical companies providing the State with significant reimbursements, making increased access to both ARV's and PrEP more affordable for the State.

On June 29th, 2014, in conjunction with New York City's Pride Parade, the Governor announced a three-point plan to end the AIDS epidemic in New York State: "Bending the Curve." The plans stated goals are:

- 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 virus suppression so they remain healthy and prevent further transmission; and
- Facilitating access to PrEP for high-risk persons to keep them HIV negative.

The Governor set a target year to accomplish this goal of 2020, a mere five years from now! New York State was the first to create a plan and has created the most ambitious goal of any State in the Country. If we are successful, this endeavor will serve not only as a national model, but as a global model.

In October of 2014, the Governor convened a Task Force with a limited life expectancy and one goal: to develop a comprehensive plan to end AIDS as an epidemic in New York by 2020. The sixty-person Task Force met from October through January, collected and reviewed approximately 300 recommendations submitted by the public and, together with the AIDS Institute, participated in or reviewed, seventeen regional listening forums with over 500 participants. The AIDS Institute staffed and assisted the Task Force through every step of this demanding and exciting journey.

A final Blueprint has been developed by the Task Force in conjunction with the AIDS Institute and should be publicly released shortly. The Blueprint details how to meet the Governor's stated goals by 2020 by (1) significantly decreasing the number of new HIV infections in New York

State to 750; (2) decreasing the rate at which HIV-positive people progress to an AIDS diagnosis by 50%, and; (3) achieving viral load suppression for New Yorkers that are HIV-positive.

The State of HIV/AIDS in New York State

In 2011, the AIDS Institute estimated that there were approximately 154,000 thousand New Yorker's living with HIV/AIDS. Roughly 120,000 HIV-positive people were estimated to be in living in New York City and the other 34,000 living outside of New York City. However, only 130,000 people statewide had tested positive and were aware of their status. As many as 23,000 New Yorker's are currently HIV-positive and are unaware of their status, that means that they are damaging their own health and potentially transmitting the virus to others without ever even knowing.

Key to ending AIDS as an epidemic is increased testing so that every New Yorker is aware of their HIV status and if they test positive are immediately linked to care. Immediate linkage to care is essential to maintain the health of the individual, provide social and psychological support and to achieve viral suppression. Once an individual is virally suppressed, it becomes highly unlikely they will be able to transmit the virus to someone else, even if they are engaging in risky behaviors. Approximately 71,000 (of the 130,000 New Yorker's living with HIV/AIDS) are virally suppressed.

Previously, once someone tested negative for HIV they were essentially sent on their way and there were few other connections to care made. However, utilizing funding through the DSRIP, we can now use these opportunities to link HIV-negative people to health insurance and provide them with information on HIV prevention, including supplying PrEP where appropriate.

For the past three decades, the AIDS Institute has served as a national model by working with the HIV/AIDS community across the State to implement innovative programming aimed at reducing the number of newly infected individuals. In New York, we have virtually eliminated mother-to-child transmission, with only three reported cases in 2012. We have also decreased the number of new infections attributable to injection drug use by over 90%. It is in keeping with these cost effective and innovative prevention methods that New York will model for the nation how to end AIDS as an epidemic in the next five years.

While we have seen significant reductions in HIV infection among specific populations, there are some key populations that have not seen a reduction in the rates of HIV transmission, namely, young men of color who have sex with men and transgender individuals, especially transgender women of color. In order to end the epidemic, significant strides need to be undertaken in these two communities to reduce the number of new infections.

The Blueprint recommends that New York State take action to:

1. **Improve and expand HIV testing:** In the 2014-15 budget, the New York State Department of Health (NYSDOH) removed the requirement for written informed consent, making the mandatory offer of an HIV test for people between the ages of 13-64 years of age much easier in medical settings. However, we need to increase the number

of New Yorker's that know their HIV status through both expanded routine testing and targeted testing-and link those New Yorker's to care.

- HIV testing needs to become truly routine. An offer for an HIV test needs to be made a routine part of primary care annual visits.
- Current compliance with the testing law is extremely low and we are missing countless opportunities to test people for HIV and connect them to care or prevention services. Therefore, electronic medical records should be utilized to provide reminders to medical personnel to offer someone an HIV test.
- Authority for HIV testing should be expanded to include dentists, pharmacists and mental health providers/facilities.
- Routine testing will not be sufficient for those persons constantly engaging in risky behaviors. Therefore, targeted testing for specific populations should also be expanded.
- We applaud the measure in the budget to remove written informed consent for HIV testing in New York State prisons.
- An additional $1 million should be added to the NYSDOH AIDS Institute budget for ongoing implementation and enforcement of New York's testing law.

2. **Stabilize homeless HIV-positive New Yorkers through access to housing and essential services.** Access to affordable housing, food and transportation for low-income people with HIV is essential to enable each person to realize the benefits of HIV treatment and improved health. The greatest unmet need of people living with HIV is access to safe, affordable, stable housing, and transportation and nutrition assistance. Research shows that stably housed individuals are more likely to be retained in medical care and achieve viral suppression.

   Thousands of people with HIV throughout New York State do not have access to essential housing and transportation supports-including an estimated 2,000-6,000 people in Upstate New York and Long Island and an estimated 10,000-15,000 people in New York City (including the 1,000 or more people with HIV in New York City shelters on any given night). These people are currently excluded from New York State's effective housing assistance programs by outdated medical eligibility criteria or lack of adequate housing supports.

   Essential housing supports for homeless and unstably housed low-income people living with HIV should be expanded throughout New York State to meet the basic survival needs of New Yorker's.

   - The existing NYS HIV Enhanced Rental Assistance Program for people with HIV/AIDS should be updated and expanded statewide.
   - Affordable housing protections, such as the 30% Rent Cap, should be made available statewide to protect rent burdened people with HIV on SSDI and as a bridge to work for low-income people with HIV.

Potential funding sources to fund the expansion of essential housing supports for homeless and unstably housed New Yorker's include:

Supportive housing created through NY/NY IV: A program for supportive housing development financed in large part by the JP Morgan Chase Settlement Fund, there is an opportunity to inform a percentage set-aside for people living with HIV. The previous supportive housing agreement made in 2005, NY/NY III, was seen as a cost-effective tool to increase supportive housing capacity and address the multiple challenges faced by chronically homeless individuals and their families. Of the 9,000 supportive housing units developed by the agreement, 1,000 (11%) congregate and scatter-site units were targeted to chronically homeless adults with HIV, who had a co-occurring diagnosis of serious and persistent mental illness, a substance use disorder or were diagnosed as mentally ill or chemically dependent. An additional 750 units were targeted to chronically homeless families in which the head of household was diagnosed with substance use disorder or a disabling medical condition or HIV/AIDS.

NY/NY IV was included in the Executive Budget, but only 5,000 new units over a five year period were proposed. This number is insufficient to address the need of chronically homeless individuals and families statewide.

- A new statewide agreement should be negotiated to provide for 20,000 new supportive housing units over the next ten years, with at least 4,000 of those units targeted to people with HIV with co-occurring behavioral health issues.

Medicaid reimbursement for supportive housing services: Securing Medicaid reimbursement for the services provided in supportive housing programs could generate significant funding for rental assistance and housing operating costs. In New York City, HASA supportive housing contracts fund units at about $25,000 per year, of which about half goes to supportive services that could be funded through Medicaid.

- Medicaid reimbursement for supportive housing services (such as case management), ideally through a bundled managed care rate rather than per-service billing, would free an amount equal to the federal portion of the Medicaid reimbursement which could be used to fund rental assistance and other housing operating costs.

As an example, HASA funds about 4,600 permanent supportive housing units in New York City, which means that about $30 million annually could be freed to house additional HIV-positive New Yorkers.

One-time funding from the projected budget surplus: The Medicaid Redesign Team (MRT) Affordable Housing Workgroup receives approximately $40 million per year of savings accumulated from MRT initiatives providing the State Medicaid system function under the global cap. That MRT affordable housing capital could be "swapped" with a set-aside of $200 million ($40 million over 5 years) from the 2014 budget surplus. This

funding is currently used for capital costs of creating affordable housing for Medicaid beneficiaries managing chronic health conditions.

- Committing $200 million of the budget surplus to the MRT Affordable Housing Workgroup would allow for further and immediate expansion of their affordable housing initiatives for chronically ill New Yorkers and free up their $40 million set-aside for the next five years to fund rental assistance and other housing operating costs for persons living with HIV/AIDS.
- We applaud the Legislature for approving the 30% Rent Cap in last year's budget. We support the $27 million allocated in this budget to continue funding that program. However, the thousands of low-income HIV-positive New Yorkers struggling statewide to cover their housing costs each month deserve to utilize such programming as well. The 30% Rent Cap should be expanded statewide as part of a comprehensive package of essential services.

Transportation and nutrition assistance needs to be provided to meet need of homeless and unstably housed low-income people with HIV/AIDS.

- Transportation assistance including metrocards and gas reimbursement should be provided to assist low-income individuals with accessing the care they need.
- An additional $1 million should be added as additional funding for Nutrition Health Education and Food and Meal Services for people with HIV. This would be a 40% increase over current funding levels.
- A dedicated single point of entry should be established in each social service district with an employee(s) capable of serving as a gateway to offered services for low-income New Yorker's with HIV/AIDS.

3. **Expand access to HIV prevention treatments.** To effectively end the epidemic New York State must create a PEP and PrEP statewide education campaign, drug assistance program and monitoring, evaluation, and quality improvement program.

One of the key components of the Governor's three point plan is ramping up access to and use of PrEP. The Executive budget calls for the creation of a PrEP Assistance program to assist New Yorker's in accessing and affording PrEP. In addition to a once daily pill, people utilizing PrEP for HIV prevention must also visit their doctor every three months for HIV and STI testing, counseling about safer sex practices and harm reduction and counseling to promote medication adherence.

- Currently, there is only $2,000,000.00 allocated for a PrEP Assistance Program. However, given the fact that PrEP scale up is such a large component of the Governor's three point plan, the high cost of the drug and the medical costs associated with adherence and New York's population size, it is essential that additional funds be dedicated to this program. We do not want to have to create a PrEP Assistance Program waiting list, that will simply deter people from seeking access to PrEP in the future and it will not become as widely utilized as we are aiming for. An additional $10 million is needed to fully fund the PrEP Assistance Program for people at high risk of HIV infection, which includes drugs, labs,

medical provider visits, as well as funding for patients navigators and outreach workers in clinics and community based organizations.

PEP and PrEP are fairly new medical advances and much education is needed to both providers, on the uses and benefits of PEP and PrEP, and the general public, on their use and availability.

- We urge an additional $5 million be provided for statewide PEP and PrEP infrastructure, education and media campaigns.

4. **Adopt 21st-century HIV surveillance strategies and health systems to target interventions where they're most needed.** Last year, the Legislature approved a measure to allow for enhanced use of HIV surveillance data between the NYSDOH AIDS Institute and community health partners so that people who have fallen out of care can be identified and linked to care. This was a wonderful first step in identifying people that have fallen out of care but there is much more to be done to fully engage those who are either unaware of their status or aware of their status but are not engaged in care.

    - Acutely infected persons are the most efficient transmitters of HIV when engaging in risky behavior. Providers should have the capacity to screen for acute infection using 4th generation testing and allowing for higher reimbursement for providers using the most sensitive tests.
    - All testing centers should provide referrals for engagement in care for both HIV-positive and HIV-negative individuals.
    - Testing centers should identify what caused someone to delay testing or fall out of care if they were already aware of their status. Connections should also be made to housing and supportive services and behavioral health needs and PrEP programming.
    - Existing HIV special needs plans (SNPs) should be expanded to provide prevention services, such as PEP and PrEP, to eligible high-risk individuals.

5. **Improve retention in care and viral suppression for people with HIV.** Support outreach programs for people with HIV who have fallen out of care, to link them to culturally competent services and treatment, as well as programs to support and incentivize positive health outcomes such as suppressed viral load.

    - Electronic medical record prompts should be used to identify people that are not virally suppressed and that need some type of additional assistance.
    - Patient portals should be developed where a patient would have the ability to access their medical records, view lab results and track medical appointments.
    - Incentives have proven extremely effective in keeping people engaged in care. Incentives such as gift cards, gas cards, or other non-cash awards should be utilized to keep people engaged in care and virally suppressed. It is a small investment in retaining people in care and improving health outcomes.
    - Data systems should be linked to provide more efficient patient tracking for both medical providers and outreach workers.

The critical non-medical needs of all persons living with HIV must be met. Achieving positive health outcomes and viral suppression is about more than engaging in medical care, non-medical needs must also be addressed. A person will be less likely to be retained in care and virally suppressed if they have unmet housing, nutrition and transportation needs or lack access to substance use and mental health providers.

- Persons returning to the community from a correctional facility, mental health or substance use facility, must be linked and engaged in a care setting which includes in-facility discharge planning to continue treatment. It should also include connections to housing, enrollment in Medicaid, employment opportunities and other supports as necessary.

DSRIP needs to be more heavily utilized to facilitate an increase in HIV testing, linkage to care and retention in care to achieve viral suppression. The overall goal of DSRIP is to reduce hospitalizations by 25% and by preventing new infections or achieving viral suppression we will be able to keep people healthy and avoid opportunistic infections or other co-occurring conditions that would require a hospital stay.

- Each Performing Provider System (PPS) statewide should adopt a Domain 4 HIV/AIDS project or join a DSRIP End AIDS Learning Collaborative so that we have a comprehensive statewide approach to incorporating DSRIP and the plan to end AIDS.

6. **Provide HIV education, prevention, and treatment outreach and access for all New York youth.** Reduce HIV incidence among youth with comprehensive sexual health education in New York State schools, improved access to confidential HIV treatment and prevention, and housing support for homeless youth.
    - Pass the Healthy Teens Act. Funding should be made available for comprehensive age appropriate sexual health education. We should equip our youth with the knowledge to make informed decisions about their sexual health, but also their physical, emotional, mental and spiritual health. Curriculum should also address, condom use, PrEP, substance use, mental health, healthy relationships, sexual orientation and gender identity.
    - Extend the NYS Family Planning Benefits Program (FPBP) to cover all sexual health services such as PrEP, HIV treatment (testing is already covered), Hepatitis C testing and treatment and transgender transition related services.
    - Remove the restriction on mature minor's consent to HIV treatment. Currently, minors can consent to HIV testing, but not HIV treatment. Mature minors should be allowed to consent to HIV treatment if they test positive.

Youth are at increased risk for HIV due to a variety of social drivers including lack of support and financial stability. Therefore, stable housing and supportive services for homeless and at risk youth should be greatly expanded. Without these comprehensive services, we will not be able to keep our youth HIV-negative.

- Given the high rates of HIV among LGBT populations and the substantial lack of housing resources, housing options for homeless LGBT youth should be

substantially expanded. Services for Runaway and Homeless Youth is current funded at $2.36 million and it should be increased to $4.7 million.

7. **Expand healthcare and human rights for transgender New Yorkers.** Pass the Gender Expression Non-Discrimination Act (GENDA) and improve and expand transition-related health care for transgender New Yorkers. The Governor took significant steps throughout this past year to provide access to gender affirming health care in private health insurance plans and Medicaid. However, transgender New Yorker's lack basic civil rights protections in New York, resulting in discrimination in housing, employment and access to healthcare. The Governor did include GENDA as one of the priorities identified in his Opportunity Agenda.

   There is a fiscal impact upon the State by failing to pass GENDA and allowing unfettered discrimination against transgender New Yorkers. Discrimination in employment leads to increased use of public assistance programs and decreases in tax revenue for the State. Discrimination in housing increases the amount of state and federal dollars that must be spent on public housing programs, shelter systems and other costs associated with homelessness. Discrimination in both of these areas, leads transgender individuals to be reliant on public assistance programs and accessing healthcare through Medicaid. Transgender identified individuals are fifty times more likely to contact HIV. While significant strides have been made to provide easier access to health care coverage over the past year, we will not achieve a reduction in new HIV infections among the transgender population absent passing GENDA.

   - GENDA should be included in the Article VII.
   - Given the high rates of HIV among the transgender population and the substantial lack of housing resources, housing options for homeless and unstably housed transgender individuals, these resources should be substantially expanded.

   We applaud the NYS Department of Health for taking the crucial step of lifting the exclusions of coverage for transgender-related care in the Medicaid program. The previous exclusions were discriminatory and detrimental to the health of transgender New Yorkers. Studies have shown that transgender people face disproportionate rates of discrimination and face significant difficulties in accessing the healthcare they need. The proposed changes to Medicaid will improve the health and well being of many transgender individuals. We are concerned with a number of the age restrictions identified in the policy proposal.

- The proposal to limit coverage for hormone therapy only to individuals 18 or older, for example, is inconsistent with medical standards of care and would deprive many younger individuals of the care they desperately need. We strongly recommend that the proposal be amended to remove all age restrictions for appropriate care, and that puberty blockers be made available for those under the age of 18.
- The draft regulation unnecessarily spells out specific exclusions for care that have been clearly considered appropriate medical care for the treatment of gender dysphoria. We recommend that the regulation be amended as not to arbitrarily identify specific

procedures that would not be covered and instead leave those determinations to the individual and their medical providers.

New York has taken a bold step forward in advancing the medical needs of the transgender population in New York, arbitrary restrictions on that care will only result in significant difficulties for transgender individuals attempting to access care, which will negate the original intent in providing the coverage.

8. **Eliminate barriers to clean syringe and condom use.**
   - The criminal law allows for condom possession to be used as evidence of prostitution and sex trafficking related crimes which discourages individuals from carrying condoms, and therefore using condoms, for fear of arrest. The Executive budget calls for the end of condoms as evidence in limited misdemeanor crimes. This ban should be expanded, to all prostitution and trafficking related crimes, whether misdemeanor or felony. It is time the criminal law and public health law work in harmony. No individual should be deterred from carrying and using condoms, that is simply bad public health policy.

   Injection drug users were once the highest number of people testing positive for HIV, however implementation of syringe exchange programs has resulted in a 90% decrease in the number of new HIV infections attributable to sharing syringes. These programs are an extremely cost efficient way to avert new injections and access should be expanded with no barriers.

   - The Executive budget proposes removing limits on the Expanded Syringe Access Program (ESAP) and adding specific language to the Penal Code to allow for ESAP and Syringe Exchange Program (SEP) participants to be exempt from current laws regarding syringe possession. However, this is not enough and allows for far too much room for arrests to continue. ESAP and SEP participants should never have a reason to be deterred from utilizing clean syringes and equipment. Instead, we should be encouraging injection drug users to access these programs. Therefore, the language should be expanded to allow for decriminalization of syringes in all circumstances.
   - Funding should also be expanded to effective syringe exchange program and other harm reduction programs. Syringe exchange programs should be accessible statewide and there are currently significant gaps in coverage across Upstate New York. A 3-year scaled up increase in current funding (including the cost of a pilot project for a safer injection facility) would require an additional $4 million be added to the AIDS Institute budget for this fiscal year.

9. **Create peer employment opportunities.** Throughout discussions with community members statewide, access to additional employment opportunities was identified as a significant need. People with HIV are living healthier, longer lives and want to return to the workforce. Engagement in employment is also an indicator of adherence to medication and regular engagement in care and viral suppression.

An HIV peer workforce should be developed to assist providers with outreach, linkage to and retention in care. Peers are uniquely qualified to assist medical providers because of their common experience. A peer workforce can be developed to reflect the diverse population of people served, including transgender individuals and youth, which would provide for more effective and culturally appropriate communications between client and provider.

- An additional $2.4 million should be added to the budget to increase access to opportunities for employment and vocational services so that people can return to work.
- $650,000.00 should be added to the budget so that the NYSDOH can develop a Peer Credentialing process (including curriculum, online training platform, credential standards and board, etc). PPSs will use DSRIP funding to support training, salaries and other peer costs towards the goal of peer health navigation as a Medicaid-reimbursable service for program sustainability.

10. **Provide testing and treatment for Hepatitis C.** It is estimated that approximately 15-30% of HIV-positive individuals are also co-infected with Hepatitis C. Hepatitis C leads to sever liver damage and death when not treated appropriately. Co-infected individuals are much more likely to utilize emergency rooms and have longer hospital stays. New York State has already passed a testing law aimed at increasing testing for Hepatitis C. Treatment efforts have substantially improved but the treatment guidelines for Hepatitis C lag behind. While we wait for the treatment guidelines to catch up, we risk the health and lives of thousands of New Yorkers.
    - Testing efforts should be increased so that we are identifying people that are Hepatitis C-positive as early as possible.
    - Treatment guidelines should be updated to provide for immediate treatment for all co-infected individuals.
    - An additional $2 million should be added to the budget to support NYSDOH oversight and enforcement of HIV/HCV care in correctional facilities.

HOUSING

Access to affordable housing, food and transportation for low-income people with HIV is essential to enable each person to realize the benefits of HIV treatment and improved health. Studies show that safe and affordable housing stability is a strong predictor of positive health outcomes and viral suppression. Therefore, there should be financial assistance provided for low-income people living with HIV, to assist in meeting their housing, transportation and nutritional needs. Stably housing people infected with HIV leads to better health outcomes, saving the State Medicaid expenditures, and will directly lead to a decrease in new infections. People are unlikely to get tested, or engage in care to become virally suppressed, if they are unstably housed.

A dedicated single point of entry should be established in each social service district with an employee(s) capable of serving as a gateway to these services for low-income New Yorker's that are living with HIV/AIDS.