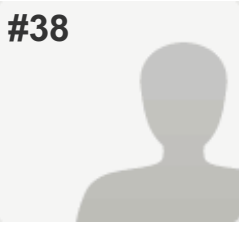


# Ending the Epidemic Task Force Recommendation Form

#38



**COMPLETE**

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**Q2: Title of your recommendation**

Increase Vocational Training and Job Opportunities for People Living with HIV

**Q3: Please provide a description of your proposed recommendation**

AIDS Institute funded consumer programs should newly support vocational and employment opportunities for PLWHA at all points of engagement. Consumer programs should develop partnership linkages and coordination with community agencies and resources to ensure that people living with HIV/AIDS have access to GED training and testing, job training and other adult education, vocational rehabilitation and workforce development services.

Clinical and non-clinical service providers funded by the AIDS Institute are needed to lead the process of systemic change to "Vocationalize" services that may currently present PLHIV with limited to no encouragement and assistance to be employed, or may actively discourage employment. The AIDS Institute can facilitate this through grantee mandates, issuance of guidance, and provision of training and technical assistance to HIV clinical and non-clinical service providers, through, e.g., statewide or regional HIV employment cross-sector conferences/workshops/meetings, online training materials, webinars, agency-level training and TA, etc, on:

- Identifying and decreasing barriers/discouragement to work
- Identifying and increasing incentives/encouragement to work
- Revising program policies and procedures to include assessment of employment needs of PLHIV from initial intake throughout service delivery, with responsive information and referral, or direct delivery of employment services, and required data collection tracking PLHIV employment needs and service delivery.
- Linking to and coordinating with existing providers of training, education, vocational rehabilitation and workforce development and related services, such as ACCES-VR, Ticket to Work, NYESS, OASAS, Work Incentive Planning and Assistance (WIPA), Legal Action Center, American Job Centers (One Stops), and the OTDA HIV/AIDS Employment Initiative.
- Accessing alternative sources of funding for community-based vocational rehabilitation and workforce development services (e.g., ACCES-VR, Ticket-to-Work, NYESS, Dept. of Labor, Workforce Investment Boards (WIBs), OTDA, and HRA).

**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)**

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

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**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

**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?**

The below excerpt is taken from Getting to Work: A Training Curriculum for HIV/AIDS Service Providers (publication forthcoming), by National Working Positive Coalition:

Research indicates that there are tremendous economic, social and health benefits related to being employed for many individuals, including people with disabilities and those living with HIV/AIDS. This is particularly the case when key economic and psychosocial factors are present in the work environment. Common benefits often associated with employment include income, autonomy, productivity, status within society, daily structure, making a contribution to society, increased skills and self-esteem. Research also indicates that many people with disabilities, including those with HIV/AIDS, report perceptions of being less disabled (or not disabled at all) when they are working. Some research also indicates that being employed is associated with better physical and mental health outcomes for people living with HIV/AIDS when compared to those who are not working. Preliminary data also suggests that transitions to employment are associated with reduction in HIV-related health risk behaviors for many but not all.

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

A focus on vocational rehabilitation and pathways to employment may require a cultural shift among some service providers.

It is important that any new focus on employment not be understood as forced employment, or employment as a condition of receipt of benefits.

A focus on vocational rehabilitation and pathways to employment must not be so principally concerned with placement data as to lose sight of the importance of meaningful work, living wage compensation and self-determined vocational choices.

Large numbers of individuals who would like to work may require significant pre-vocational education, including in basic literacy and numeracy.

Coordination with other relevant government agencies and programs, at the federal, state, and local levels, may be complex.

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

Training of contracted program personnel  
Contracting for additional ed/voc services  
Needs assessment  
Data collection

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

Transition of PLWHA from benefits to work  
Decreased mental health costs  
Decreased medical care and treatment costs  
Improved health and reduced health risk behaviors reducing hospitalizations and care needs.  
Reduced reliance on public benefits for income replacement, housing, medical and behavioral health care, food/nutrition.

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

- ASOs
- PLWHA with an interest in employment
- Vocational Rehabilitation providers
- Key statewide and local employment-related service systems, such as NYESS, OTDA, ACCES-VR, Ticket to Work, Work Incentive Planning and Assistance (WIPA), American Job Centers (One Stops) and Workforce Investment Boards (WIBs)

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

- Number of HIV-positive persons who participate in vocational training opportunities
- Number of HIV-positive persons who move from unemployment to peer positions, part-time employment and full-time employment annually
- AIDS Institute should track employment status, needs, and changes in all of its intake and follow up forms. (Pennsylvania is doing this.)
- Numbers of HIV organizations registering with NYESS or ACCES-VR to fund HIV employment programs
- Numbers of state-wide or regional cross-sector conferences/workshops/meetings connecting leaders/representatives from HIV, training/education, vocational rehabilitation, workforce development, benefits advisement and legal services.
- Establishment of centralized online information resource on HIV & employment for service providers and PLHIV.
- Numbers of community and agency level trainings presented on “Vocationalizing” HIV service provision.

### **Q15: This recommendation was submitted by one of the following**

Other (please specify)  
co-written by Mark Misrok of the National Working Positive Coalition and Esther Lok of Federation of Protestant Welfare Agencies, and submitted on behalf of 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