#174

COMPLETE

Collector: Web Link (Web Link)
Started: Thursday, November 20, 2014 5:30:40 AM
Last Modified: Thursday, November 20, 2014 5:47:06 AM
Time Spent: 00:16:26
IP Address: 66.193.16.130

PAGE 1

Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)	*Respondent skipped this question*
Q2: Title of your recommendation	CBO involvement in reengagement into care

Q3: Please provide a description of your proposed recommendation

CBOs have the most expertise in outreach to individuals who have fallen out of care, and can also assist them to address barriers to retention in care. Therefore, CBOs should receive the data about who these individuals are. This will save multiple steps and be more effective. Confidentiality should not be a concern as CBOs have been abiding by HIPAA and Article 27F for years. I suggest limiting the number of CBOs who receive the information to designated agencies on a contractual basis.
An additional recommendation involves that this initiative seems to disconnect STIs from HIV. Especially upstate, there are populations at continued high risk for STIs that may not be at high risk for HIV due to low HIV seroprevalence, yet there is less and less DOH funding for us to work with these individuals. The concern is that the increasingly narrow targeting will create spikes in STIs - and eventually result in increased HIV as well.
The current DOH approach of "High Impact Prevention" is creating systems of duplication of services rather than a continuum of services. There are already funding sources to work with HIV+ individuals. How is this not duplicative and putting a lot of money towards a small group of people. Why end the types of services that moved us to these low seroprevalence rates to begin with?

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 , Other (please specify) How funding for High Impact Prevention is allocated

Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)	Prevention Committee: Develop recommendations for ensuring the effective implementation of biomedical advances in the prevention of HIV, (such as the use of Truvada as pre-exposure prophylaxis (PrEP)); for ensuring access for those most in need to keep them negative; and for expansion of syringe exchange, expanded partner services, and streamlined HIV testing by further implementing the universal offer of HIV testing in primary care, among others. The Committee will focus on continuing innovative and comprehensive prevention and harm reduction services targeted at key high risk populations, as well as grant-funded services that engage in both secondary and primary prevention. , Care Committee: Develop recommendations to support access to care and treatment in order to maximize the rate of HIV viral suppression. The Committee will promote linkages and retention in care to achieve viral suppression and promote the highest quality of life while significantly decreasing the risks of HIV transmission. Recommendations will also ensure a person centered approach is taken and that access to culturally and linguistically appropriate prevention and health care services is available. , Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs.
Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?	Unknown

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

More effective use of resources. Community based services have the systems in place, the relationships if the communities, and generally can provide services for less money than counties, the state, or medical providers.

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

Confidentiality guidelines would need to be made very clear; may need to be amended. This has already been done within the Medicaid redesign/health home system and with the expansion of electronic health records.

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

HIV + individuals; individuals at risk of STIs and related concerns; the community in general

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

Involve currently-funded, high-performing CBOs in planning.

Q15: This recommendation was submitted by one of the following	Other (please specify) HIV prevention provider