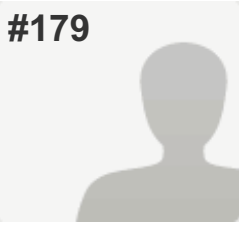


Ending the Epidemic Task Force Recommendation Form

#179



COMPLETE

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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

End of AIDS Initiative

Q3: Please provide a description of your proposed recommendation

Would need to release the names of individuals who have fallen out of care to the AIDS Institute community based organizations doing care management and prevention so we can do outreach and follow up effectively. Community based organizations have excellent experience and expertise in outreach and addressing the barriers to engagement in care.

Would need to support STI testing, treatment and prevention even among those on PrEP and also with populations that may not fall into "high risk" for HIV, especially upstate where HIV seroprevalence is low.

HASA does not work for upstate, they focus only on the NYC area.

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)

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

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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.

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.

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.

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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 policy

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 three to six years

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

Connecting individuals who are HIV+ to care that have fallen out of care.
Utilizing experienced community based organizations who have extensive experience with continuity of care, outreach and follow up for effective identification of HIV+ and those at high risk.

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

Consider additional options for risk reduction for HIV- individuals other than PrEP

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

unknown

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

unknown

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

Community Based organizations in upstate NY

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

Respondent skipped this question

Q15: This recommendation was submitted by one of the following

Advocate