

# Ending the Epidemic Task Force Recommendation Form

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**Q2: Title of your recommendation**

Encourage all PPSs to Adopt Domain 4 HIV/AIDS Projects

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

DSRIP is an important source of funding to support the Task Force's recommendations. It can provide funding for projects that utilize recent advancements in science and data, to end AIDS, even without a cure, by reducing annual new HIV infections in NY State—from 3,000 to 750 by 2020—and by bringing those living with HIV/AIDS to optimal health.

The majority of PPSs in New York City are planning to include an HIV/AIDS project in their DSRIP applications. A NYC PPS planning group is regularly being convened to advance HIV/AIDS efforts across PPSs to achieve the greatest impact. It is building out activities under 4.c.ii Increase early access to, and retention in, HIV care. It is expected that an HIV/AIDS project will be included by PPSs covering all boroughs.

The state should ensure that similar efforts are implemented statewide and should require that an HIV/AIDS project is included by at least one PPS in each jurisdiction.

**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.

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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.

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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.

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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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<b>Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?</b>	New program
<b>Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?</b>	Permitted under current law
<b>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)?</b>	Within the next year
<b>Q9: What are the perceived benefits of implementing this recommendation?</b>	
Increased funding available to carry out the work of the End of AIDS Task Force and increased coordination of efforts across the state.	
<b>Q10: Are there any concerns with implementing this recommendation that should be considered?</b>	<i>Respondent skipped this question</i>
<b>Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?</b>	<i>Respondent skipped this question</i>
<b>Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?</b>	<i>Respondent skipped this question</i>
<b>Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?</b>	<i>Respondent skipped this question</i>
<b>Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?</b>	<i>Respondent skipped this question</i>
<b>Q15: This recommendation was submitted by one of the following</b>	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