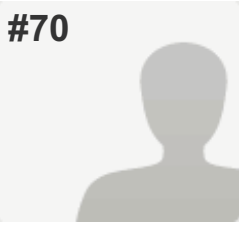


Ending the Epidemic Task Force Recommendation Form

#70



COMPLETE

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Q2: Title of your recommendation	Co-location of Behavioral Health Services with HIV Clinical Care
Q3: Please provide a description of your proposed recommendation	Encourage co-location of behavioral health services with HIV clinical care by establishing a demonstration program and capital funds and/or utilize Delivery System Reform Incentive Payment (DSRIP) Program project under Domain 2 or 3.
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
Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)	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.
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

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

An expansion of co-located behavioral health services and HIV clinical care would provide improved accessibility and coordination of care and services and for people with recurring HIV and behavioral health issues, facilitating their participation in multiple services addressing these conditions and enhancing their retention in care.

Resource: Jefferey Rothman, et al, (2007). Co-located Substance Use Treatment and HIV Prevention and Primary Care Services, New York State, 1990–2002. Journal of Urban Health; 84(2): 226–242.

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

If DSRIP were used, Performing Provider Systems (PPSs) would need to have selected the appropriate project and would need to prioritize co-location of behavioral services in HIV primary care. NYS would have to create a mechanism to seek waiver of State regulations relating to co-location of services. If not applied to DISRIP, there would be a need for budgeted capital fund and a mechanism for waiver for co-located services.

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

If through DSRIP costs would be borne through DSRIP funds. Otherwise a separate capital fund would need to be established.

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?

DSRP PPSs, HIV primary care providers and behavioral health services providers and their and consumers.

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

Measure the percentage of people with HIV who have access to co-located services; percentage of people achieving positive HIV outcomes (including viral suppression) who are enrolled in co-located services.

Q15: This recommendation was submitted by one of the following

Advocate,

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