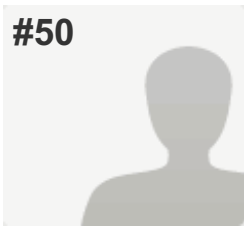


Ending the Epidemic Task Force Recommendation Form

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Q2: Title of your recommendation

Develop Peer Specialist health navigation services to support early access to, and retention in, HIV care.

Q3: Please provide a description of your proposed recommendation

Project Description:

The PPS will support an education, credentialing and supported employment program for peers to provide health navigation services in hospital or community-based health settings to support early access to, and retention in, HIV care. The PPS will create a program to train peers, who will draw on their lived experience with HIV, to assist HIV-positive consumers navigate the healthcare environment.

The peers will either be a part of the care coordination team, or serve as health navigators, outreach workers, or retention to care workers. The program will use the skills and experiences of peers to develop relationships with clients at multiple points of contact within the HIV medical system. To be eligible, prospective peers must be 18 years or older, have a high school diploma or GED and publicly self identify as a person with direct personal experience overcoming the challenges resulting from a diagnosis of HIV.

Uniform Education and Credentialing Program: The PPS, in collaboration with other PPSs also incorporating this project, will identify a contractor to develop the program curriculum. Existing peers models developed by the Primary Care Development Corporation, Cicatelli & Associates, Community Access, ASCNYC, Harlem United and Housing Works will be used as a foundation. All peers will receive basic vocation and education skills training including workforce and computer skills, time management, conflict resolution, and ESL classes under project 2.c.i. Patient Navigation; and will be trained on the proposed HIV-specific curriculum. Simultaneously, the PPS, training organizations and state agencies will collaborate to create a single Peer Specialist credentialing mechanism, ensuring accountability and creating a framework so that services become eligible for Medicaid reimbursement. Efforts will build on OMH's Peer Specialist and OASAS Certified Recovery Peer Advocates programs. Based on existing program structures, the education and training component will last approximately 10-12 weeks, including the general and HIV-specific training.

Internship & Full time Employment: At a designated point in the training process, peers will be employed at a hospital or community-based setting within the PPS provider network. Modeled off of "supported employment" programs, peers gain real life job experience coupled with the training process. Internship placements in current programs normally last for 3-6 months. Once the education and internship components are complete, peers will be eligible to take the credentialing exam. If they pass, they will be placed in a full-time position within the PPS provider network. Technical assistance and training will be provided to organizations hiring the peers. Stipends/salary of peers will initially be paid by the PPS but will become a billable service paid by Medicaid.

Comprehensive Support for Peers: During the education and job placement component, peer workers will continue to receive behavioral health, job placement and skills development assistance. The designated coordinating organization will ensure that all peer graduates find full-time employment within the PPS network while also maintaining the individual's services and support including employment coaching, peer support

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groups, and mechanisms to support peers who require time-off for medical reasons; as well as support for the organizations that hire the peers.

Resource Availability:

The PPS will draw upon diverse organizations and rich resources to design and implement its Peer Specialist program. Community-based Health Home and ADHC providers like Housing Works, Harlem United, VIP Services and AIDS Service Center of New York City already train and integrate peers into their outreach and treatment programs. Their expertise can be used to design the Peer Specialist curriculum, provide technical assistance at the management and organization level, and provide behavioral, job placement and skills development assistance directly to peers who are working full-time. Other peer training programs such as HHP have over 20 years of experience training and placing peers in health service positions.

Amida Care, a Medicaid Managed Care Organization, can also provide expertise and technical assistance to the PPS based on its Retention to Care and Peer Training Institute. Through these provider network-wide programs, Amida Care coordinates peer-based training programs for its clients. Its Retention to Care Unit utilizes peers to reach it's most difficult clients and re-connect the clients to their providers. Both these programs provide Amida Care with the technical expertise of coordinating peer specialists programs among a network of providers similar to a PPS.

Both OMH and OASAS's peer credentialing systems can act as models for peer specialists in HIV care. The PPS can also integrate lessons and from the state agencies training programs in SUD and SMI to ensure that HIV peer specialists can properly work with co-morbid clients.

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

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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

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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)

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.

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?

New program

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

Permitted under current law

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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 HIV Peer Specialist health navigation program will support and enhance DSRIP efforts to decrease hospitalization rates by 25% through integrated care delivery and improved coordination among hospital and community-based providers. Data from a New York-based peer specialist programs has shown that after six months, participants' utilization of both hospital and behavioral health services decrease significantly:

- 47.9% decrease in percentage who use inpatient services (from 92.6% to 48.2%)
- 62.5% decrease in number of inpatient days (from 11.2 days to 4.2)
- 28% increase in number of outpatient visits (from 8.5 visits to 11.8)
- 47.1% decrease in total behavioral health costs (from \$9,998.69 to \$5,291.59)
- Approximately 83% maintain sobriety while receiving peer coaching services
- \$13/hour is the average salary of Howie the Harp Training program (HHP) graduates
- 65% of HHP graduates who successfully complete the education and job internship are employed full-time

Additionally, both OMH and OASAS recognize the potential impact of peer programs and have included a mandated peer component in the draft HARP regulations.

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

Respondent skipped this question

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 primary care providers, health homes and ADHCs and generally, any provider with HIV-positive clients who could integrate peer services into their care delivery system.

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

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