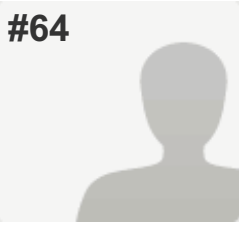


Ending the Epidemic Task Force Recommendation Form

#64



COMPLETE

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Q2: Title of your recommendation

Upgrade STD clinic services for those testing HIV positive

Q3: Please provide a description of your proposed recommendation

Modelled after NYC's plans for "HIV One Stop" services at city STD clinics, clients testing HIV would be immediately linked to care; insurance checks; insurance paperwork; ADAP paperwork; referral to Ryan White program; blood draws for CD4, VL, and Phylo/Genotype tests; same day ARV start; mental health assessments and mental health/SUD referral; harm reduction referral.

These upgrades might require the following employees: one navigator (case manager), one entitlements specialist (could be same person as case manager or separate depending on volume of clinic), co-funding of 1-2 STD clinicians as clinic-based HIV experts (~ .5 fte per site, and could simply involve extra training for current clinicians).

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

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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?

This "red carpet" linkage to care will catch at-risk populations rarely engaged to healthcare systems, via anonymous STD clinics. Upgrading the clinics to do lab draws and write ARV scripts should help with loss to follow-up.

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?

Extra training and staff at county health/STD clinics, some or most of which could be paid for by current reimbursement programs.

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?

Young MSM. IVDU's

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