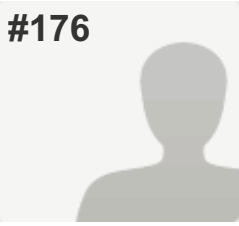


# Ending the Epidemic Task Force Recommendation Form

#176



**COMPLETE**

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**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

First Name	Michael
Last Name	Tikili
Affiliation	Health GAP
Email Address	Michael@healthgap.org

**Q2: Title of your recommendation** accessing services to positive youth

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

In order to end AIDS in NYS more attention must be focused on the homeless LGBT population, many of whom are HIV+ or highly at risk due to drug usage or survival sex work. Currently HASA policy only gives housing and other crucial services to homeless positive people who are below a 200 CD4 count or have other opportunistic infections. This needs to be changed now!! Waiting for someone to become ill before receiving services is actually more expensive, as you will have to treat more ailments as a result of allowing their health to deteriorate. Also, allowing homeless youth individuals to not get housing, because they aren't sick enough can spread the disease further, as they are still an active member of society and have the potential to infect others.

I also recommend more resources be put into marketing campaign's on PreP, particularly in communities of color, where infection rates are much higher for LGBT individuals.

I also recommend the NYSDOH pressure the judicial system to remove all laws that use condoms as evidence for prostitution. A tool that prevents pregnancy and transmission of infectious disease, should never be used against someone. Furthermore, these condoms as evidence laws, affect more LGBT individuals of color; whom we know are already at a higher risk than other groups.

**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

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.

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?**

Change to existing program

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

Statutory change required

**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?**

If all positive homeless youth receive services, they become healthier fast, and therefore don't spread the virus once undetectable and safe in a home.

If LGBT youth of color are not afraid of carrying condoms because of getting arrested, this prevention tool will be embraced more by this at risk group.

A lot of people still don't know PrEP exist. The people who are most at risk need to know about this the most. I want to see DOH posters in communities of color.

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**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?**

People who are negative and at risk stand to benefit of education and exposure of Prep as a preventative tool.

People who are living with HIV and homeless stand the opportunity to adhere to medication under the safety of a home, if we expand access to HASA programs.

**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