

New York State AIDS Advisory Council (AAC)
DOCCS Subcommittee Recommendations
February 18, 2014

The following document represents the consensus of the AIDS Advisory Council as of this date and is intended to provide a basis for future discussions and deliberations on these issues. It is also recognized that the process is dynamic and the Council may revise this document based on future discussions.

- **Enhance the AI monitoring of the DOH Oversight Law for HIV/HCV care** by securing adequate state funding for monitoring duties; annually reviewing at least 20% of the prison population; providing adequate notice to the public prior to initiating the review and specifying the prisons and scope of review (specifically that public notice be posted on DOH/AIDS Institute (AI) and DOCCS websites and via the AAC through the twice yearly reports mentioned below); enhancing the indicators used in the medical chart review; including system-wide and facility-specific data analyses of important care indicators, such as staffing, testing, infection rates, monitoring activities, access to specialists, and treatment rates and outcomes; assessing continuity of care for patients leaving DOCCS; and engaging in the state's efforts to include current and formerly incarcerated persons in the expanded healthcare systems being developed by Medicaid Redesign and the Affordable Care Act (ACA).

- **Determine What Resources AI will Need to Enhance its Oversight Duties and Urge these Funds be Included in the Next Fiscal Budget.** It is crucial that the AI be given the funds needed to perform an effective review. Given the development of next year's fiscal budget is being discussed now, we urge AAC to reach out to DOH, AI and OMB officials to urge inclusion of adequate funding for this legislative mandate in the upcoming budget.

- **Institute a twice a year report by the AI to the AAC on the DOH DOCCS Oversight Law requirements.** This update to the AAC would include progress reports on the review of the prison and jail population; information on the public review process including notices of opportunities for comments; summaries of system-wide and facility-specific data analyses of important care indicators, such as staffing, testing, infection rates, monitoring activities, access to specialists, and treatment rates and outcomes; assessments of continuity of care for patients leaving DOCCS; evaluations of state efforts to include current and formerly incarcerated persons in the expanded healthcare systems being developed by Medicaid Redesign and the Affordable Care Act; and updates on CJJ and related AI programs that serve this population.

- **Support AI Efforts to Enhance its HIV Testing and Criminal Justice Initiatives in NYS Prisons to Ensure that All HIV-Infected Patients are Receiving Comprehensive HIV Services.** More incarcerated persons at risk for HIV need to be tested and those who are infected, but reluctant to disclose their status, should be encouraged to reveal their condition and enter care in prison. The efforts of the CJJ contractors can enhance the testing program through outreach directly by the contractors and through peer-educators trained through the CJJ program. In addition, the CJJ services should be expanded by ensuring all five CJJ contractor services are provided at each facility needing them; working with DOCCS to expand opportunities for CJJ peer training program graduates in general prison programs; enhancing the effectiveness of HIV counseling, testing and

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identification of HIV-infected patients; expanding the type and number of prison programs that include CJJ education on HIV and HCV; and enhancing CJJ discharge planning that integrates with current health care access initiatives facilitated by State Medicaid redesign and implementation of ACA.

- **Recommend an exploratory process involving appropriate parties in the SDOH/AIDS Institute and DOCCS to determine the feasibility of opt out testing in New York State prison system.** While we are supportive of the incredible work that is happening through the CJJ and the Positive Pathways testing initiative, more accurate HIV testing data is needed to ensure that resources to address the true dimensions of HIV in the State prison system is grounded in accurate surveillance. Stigma and fear of HIV continues to be a powerful deterrent to testing and disclosing of known HIV to access treatment while in prison. We recommend a focused review of these and other issues to develop a recommendation on testing in New York State prisons that is grounded in the realities of the current state of correctional health and need to align with the current state of testing, surveillance, and treatment in the State.

- **Urge AI and DOCCS to Expand Efforts to Identify and Treat HCV-Infected Incarcerated Persons.** With an estimated 6,000 or more HCV-infected persons in our state prisons and the new legislative mandate to offer HCV testing to all baby boomers, it is crucial that efforts be made to expand HCV testing in our prisons and jails since many HCV-infected patients are not being identified. Moreover, given improvements in outcomes for patients receiving the new HCV medications and the prospect for even more effective treatments in the near future, it is essential that more aggressive practices be implemented in our prisons and jails to get chronically infected patients in care. AI should play an essential role in developing testing and treatment protocols and ensuring the incarcerated population receives prompt and effective care which now can result in cures for a majority of HCV-infected patients.