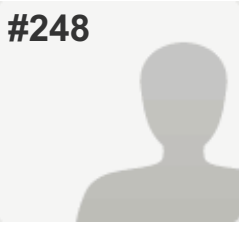


# Ending the Epidemic Task Force Recommendation Form

#248



**COMPLETE**

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PAGE 1

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

First Name	Perry
Last Name	Junjulas
Affiliation	The Albany Damien Center
Email Address	perryj@albanydamiencenter.org

**Q2: Title of your recommendation** Trauma-Informed Training

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

1. Develop a multi-stage Trauma-Informed curriculum tailored to HIV/AIDS service organizations and clinical providers that would begin with an awareness course and have additional levels that would give practical, hands-on information for implementing trauma-informed approaches in a range of settings.
2. Require all agencies serving PLWH/A and those at high risk for HIV take Trauma-Informed trainings at all levels of the organization and provide documentation of the adoption of six key principles (safety, trustworthiness/transparency, peer support, collaboration/mutuality, empowerment/voice/choice, cultural/historical/gender issues) as defined by SAMSHA.

**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

## Ending the Epidemic Task Force Recommendation Form

**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

## Ending the Epidemic Task Force Recommendation Form

**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?**

In a trauma-informed approach, all people at all levels of the organization or system have a basic realization about trauma and understand how trauma can affect families, groups, organizations, and communities as well as individuals. The increased understanding of the pervasiveness of trauma and its connections to physical and behavioral health and well-being, have propelled a growing number of organizations and service systems to explore ways to make their services more responsive to people who have experienced trauma. This has been happening in state and local systems and federal agencies.

Reference: SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, July 2014 prepared by SAMHSA's Trauma and Justice Strategic Initiative.

All persons living with HIV/AIDS have experienced varying levels of trauma, which too often prevent them from adequately accessing needed services and care. All persons at a high risk for acquiring HIV also have experienced varying degrees of trauma and would benefit from agencies who incorporate trauma-informed approaches in their work.

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

None

**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?**

Persons living with HIV/AIDS  
Persons at high risk for HIV/AIDS  
Service Providers  
Community at large

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

The number of agencies adopting Trauma-Informed approaches  
The number of people assisted, who would otherwise have been lost to care due to trauma.

**Q15: This recommendation was submitted by one of the following**

Ending the Epidemic Task Force member