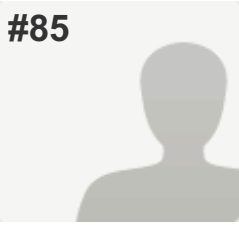


Ending the Epidemic Task Force Recommendation Form

#85



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Q2: Title of your recommendation

Include HIV Testing in New Assessment for Central Booking

Q3: Please provide a description of your proposed recommendation

Include HIV/STI screening, linkage to insurance as necessary and linkage to primary care for people in Central Booking as part of the new New York City Public Health Diversion Center being developed by the City with the goal of redirecting low-level offenders to community-based services in lieu of arrest and prosecution. (See the NYC Department of Health and Mental Hygiene (DOHMH) Revised Public Health Diversion Center Concept Paper submitted in support of this recommendation.) This new process will include a new private mental health screening conducted by DOHMH (rather than EMS) and the primary goal of the Center is to ultimately support the NYC Department of Health and Mental Hygiene's (DOHMH's) multi-pronged approach aimed at moving New Yorkers with behavioral health problems out of the criminal justice system and into treatment. We understand that the NYC Department of Human Resources (HRA) has plans to locate outreach workers in this Center to also facilitate access to needed public assistance and social services. The new Center presents an important opportunity to do private screens as well for HIV/STIs and to connect persons to ongoing primary care that would include preventive health care.

Outside NYC the same process could be explored for other metropolitan areas that see a high number of arrests each year.

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.

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

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)?

Other (please specify)
Could be implemented on the same timeline as the new Center.

Q9: What are the perceived benefits of implementing this recommendation?

Last year over 300,000 people were arrested and arraigned in NYC – including many persons at heightened risk of behavioral health issues, HIV and other STI's, lack of health insurance and lack of primary care. Providing HIV screening and linkage to ongoing care for this group of persons will help identify undiagnosed HIV infection and improve access to HIV prevention, including PrEP, in this high-risk group.

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

Planned funding for the initiative may not be sufficient for this broadened scope of services.

Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?

Research is needed to estimate the incremental costs of adding these services to the planned model in NYC, as well as the cost of replicating the model in other NYS metropolitan areas.

Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?

Improved HIV health outcomes and savings realized through referral to early HIV treatment and improved HIV prevention.

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Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?

Persons who pass through Central Booking each year.

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

The numbers of persons who receive HIV screening, obtain health coverage and/or are linked to ongoing primary care through the process.

Q15: This recommendation was submitted by one of the following

Ending the Epidemic Task Force member,

Other (please specify)

Submitted on behalf of the 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