#1

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Sunday, October 26, 2014 8:28:50 AM
**Last Modified:** Sunday, October 26, 2014 8:46:20 AM
**Time Spent:** 00:17:29
**IP Address:** 68.194.182.51

PAGE 1

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

| | |
|---|---|
| First Name | Christine C. |
| Last Name | Hunter |
| Affiliation | Nassau County/ Sheriffs Department/ Nassau Suffolk Ryan White HIV Planning Council |
| Email Address | cchunter51@hotmail.com |

**Q2: Title of your recommendation**

HIV Oral Testing

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

To ensure that those at high risk have easy access to HIV testing in a supportive environment, all OASAS licensed agencies should offer Oral HIV testing at agency sites at no cost to the consumer.

**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

,

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

,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br><br>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 policy |
| **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)?** | Within the next year |

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

Early identification of HIV in substance users, increased linkage to care, early treatment .

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

None. HIV testing already offered in all license primary care facilities as a mandate. Seems like we have forgotten that substance abusers are more high risk for HIV then the general population?

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

If you estimate the cost of not testing and missing an HIV Positive individual who could have been treated the cost is minimal. The cost of the test kit.

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

I believe it is estimated that for every person who lives through the disease it cost close to 1 million dollars in medical costs until death. ROI would be ten times less if diagnosis of HIV is in early onset.

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

Substance abusers, persons with co-ocurring substance abuse and mental health, adolescents, those individuals who would not reach out for testing, because of fear, stigma and cost and taxpayers.

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

yes, requiring that all licensed agencies OASAS and OMH licensed have Oral HIV testing offered and available and that the availability and use of this service become part of the monitoring and oversight process for State Regional Offices.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Advocate,<br><br>Other (please specify)<br>Member of the N/S Ryan White HIV Planning Council |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br><br>If yes, please provide your email address<br>cchunter51@hotmail.com |

**#2**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, October 28, 2014 9:11:01 AM
**Last Modified:** Tuesday, October 28, 2014 1:31:50 PM
**Time Spent:** 04:20:49
**IP Address:** 209.68.120.101

PAGE 1

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

| | |
|---|---|
| First Name | Kim |
| Last Name | McLaughlin |
| Affiliation | NYS WISE (Working to Institutionalize Sexuality Education) |
| Email Address | kmclaughlin@gvboces.org |

**Q2: Title of your recommendation** — Statewide Sexuality Education Mandate

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

New York State Education Department regulations currently do not require sexuality education in schools. Sexual health, including learning the knowledge and skills to be healthy and safe, is critical for our youth. HIV/AIDS and STD prevention is very important, but without sexual health education, it is not adequate. Nearly 50% of our students are sexually active in HS, with 75% becoming sexually active over the next 5 years (19-24). It is so important for students to sequentially and age-appropriately learn medically accurate knowledge and skills about developing healthy relationships and avoiding unhealthy relationships, keeping oneself sexually healthy (physically, emotionally and socially as they grow and develop), understanding gender identity and roles and respect and dignity for all, personal safety for self, school and the community, and prevention of STD's and HIV and unintended pregnancy. All of these areas support effective HIV prevention and the growth and healthy development of our youth. To attain this we need state requirements for K-12 sexuality education in schools including district policies, practices, curriculum, teacher professional development and ongoing implementation, monitoring and assessment. The National Sexuality Education Standards offer quality information and guidance on best practices in this area. Schools also need to engage parents, community and students in ongoing local advisory councils to guide, learn and inform their efforts. Although HIV/AIDS advisory councils are mandated in schools, few are currently active. The state needs to monitor and actively support these being in place. Enhancing and rebuilding these councils with a broader comprehensive health or sexual health/HIV prevention emphasis will provide the needed support to enhance and sustain these efforts. The NYSED Guidance Document for Achieving the NYS Standards in Health Education offers quality, best practices, but is only recommended, not mandated. It also needs updating in the next few years. In addition, NYSED should always apply for CDC funds for health, AIDS prevention and Exemplary Sexual Health Education. This did not occur in the last funding opportunity, other than surveillance funds. NYCDOE did apply and is actively supporting their city-wide Sex Education mandate. We need a quality, strong state policy and related school policies, best practices, curricula, teacher professional development, community and family involvement, monitoring and sustainability plans. A stronger Health education mandate and time requirement for health education at all levels (based on research), would also make a huge difference in the knowledge, skills, healthy behaviors and achievement of our students and young adults.

| | |
|---|---|
| **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)** | Other (please specify)<br>Enhancing Health and Preventing HIV/AIDS in youth, adolescents and young adults |
| **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?** | New policy,<br><br>Other (please specify)<br>Either a new policy or expanding the current 135.3 regulations to include sexuality education, strengthen HIV prevention and expand health education to match current research on time requirements and related best practice policies and practices. |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Other (please specify)<br>Changes to commissioners regulations |
| **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)<br>It depends on the plan. It could be within a year or take longer. |

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

The NYSED will take a stronger role in academic achievement, comprehensive health education, sexuality education and HIV/AIDS prevention education and supportive learning environments. More schools will be supported in offering quality comprehensive health, sexuality and HIV/AIDS education. Enhanced education, knowledge and skills for all students, including high risk youth, impacting healthier and safer sexual behaviors, healthier relationships, reduced HIV, STD rates and unintended pregnancies. Enhanced graduation rates. Enhanced sexual health policies in schools with medically accurate, age-appropriate knowledge and skills. The only way we can truly End the Epidemic is with a strong comprehensive education component, as well as the other important supports.

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

It is time for NYS to move forward supporting medically accurate, comprehensive health, sexuality and HIV/Prevention education in our schools.

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

Unsure. Often these mandates are "unfunded". If funded, it would give it strength, but even if "unfunded" it gives school guidance and support for implementing a comprehensive sexual health and prevention education program.

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

Unsure, but there are many related figures that have been compiled by national groups and other states.

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

Parents, families, students, schools, young adults, healthcare, communities.

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

Requiring school policies that would be monitored by NYSED, strongly suggesting quality curricula aligning with best practices, YRBS, School Health Profiles study.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Advocate |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br>If yes, please provide your email address<br>kmclaughlin@gvboces.org |

**#3**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, October 28, 2014 1:22:10 PM
**Last Modified:** Tuesday, October 28, 2014 2:05:36 PM
**Time Spent:** 00:43:26
**IP Address:** 209.68.120.101

PAGE 1

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

| | |
|---|---|
| First Name | Desiree |
| Last Name | Voorhies |
| Affiliation | New York State Council on Adolescent Pregnancy Board members |
| Email Address | dvoorhies@gvboces.org |

**Q2: Title of your recommendation**

comprehensive sexuality education in schools

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

We can start by providing comprehensive K-12, medically accurate, age and developmentally appropriate, unbiased sexuality education as the norm. It should include healthy (sexuality) development and support abstinence as one part of risk reduction, prevention, and health care provisions efforts. Requiring public schools across NYS to provide this as part of a comprehensive health education program would be ideal. We need to be supporting those making safe and healthy choices, as well as support others in risk reduction. Finally, elementary teachers should have pre-service education in how to teach in this area, as should certified health educators.

**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)**

Other (please specify)
creating a foundation for safe and healthy behaviors

| | |
|---|---|
| **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?** | Other (please specify)<br>It would require a policy to require sexuality education in schools as part of a comprehensive health ed program and amend/enhance the HIV/AIDS instructional component already existing statewide |
| **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)?** | Within the next year |

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

1 - Building a foundation for safe and healthy sexuality and sexual relationships has ramifications for Dignity Act implementation (unbiased supports; decrease in bias against sex, gender, sexual orientation; Harassment; intimate partner violence), attendance and drop out prevention (decrease in pregnant/parenting students), increase in access to health care and prevention supports, saving tax-payer dollars targeted to support of "problems" connected with risk behaviors.
2 - According to research: Comprehensive sex education does not promote promiscuity. Comprehensive sex education does not send a confusing message to adolescents. Students have more confidence in their "no" to risk behaviors, actually use condoms or contraception, avoid sex or use a condom, change in peer norms about sex and condoms/contraception use, knowledge about consequences and risks - if they are part of comprehensive sexuality education program.
3 - Healthier students are better learners.

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

1 - Elementary teachers do not receive sexuality education as part of their pre-service education, at least not the the extent that they need it to feel comfortable teaching it.
2 - There will be parental concern that children are taught how to have intercourse, that it is "OK" to to do, or will be taught by someone with biases or ideology not aligned with their own.
3 - Many school and community members will be uncomfortable with the subject matter.

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

unknown

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

1 - Teen mothers are more likely to drop out of school and face unemployment, poverty, welfare dependency, and other negative outcomes than women who delay childbearing.
http://www.nccp.org/publications/pub_931.html

2 -Children born to teen mothers begin kindergarten with lower levels of school readiness (including lower math and reading scores, language and communication skills, social skills and physical and social well-being ) compared to children born to women in their twenties.
https://thenationalcampaign.org/sites/default/files/resource-primary-download/teen-preg-hs-dropout.pdf

3 - Between 1991 and 2010 there have been 419,795 teen births in New York, costing taxpayers a total of $10.8 billion over that period. https://thenationalcampaign.org/sites/default/files/resource-primary-download/fact-sheet-new-york.pdf

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

our children in NY State

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

mandate/legislation requirement/monitoring that aligns with Common Core requirements

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Member of the public |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br>If yes, please provide your email address<br>dvoorhies@gvboces.org |

**#4**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, October 29, 2014 5:42:57 AM
**Last Modified:** Wednesday, October 29, 2014 5:51:22 AM
**Time Spent:** 00:08:24
**IP Address:** 69.43.221.29

PAGE 1

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

| | |
|---|---|
| First Name | Anne |
| Last Name | Garno |
| Affiliation | New York State Council on Adolescent Pregnancy (NYSCAP) |
| Email Address | agarno@ncppc.org |

**Q2: Title of your recommendation**

Comprehensive Education

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

I recommend that all NYS school districts adopt and implement a comprehensive, unbiased, age-appropriate sexuality education plan including information on HIV transmission and prevention for grades K-12. This plan or curriculum should be uniform across all of the state and not left to individual districts to design. Education, including information on abstinence and safer sex practices, is the key to stopping HIV.

**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)**

Other (please specify) Education

| | |
|---|---|
| **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.<br>,<br>Unknown |
| **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 policy |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| **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?**

Young people who receive comprehensive sexuality education are more likely to delay onset of sexual activity, practice safe sex when they become sexually active, and access clinical services. This could help reduce the spread of HIV and other sexually transmitted infections prevalent among adolescents.

| | |
|---|---|
| **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?**

There are a number of non-profit organizations across the state that are able to facilitate comprehensive sexuality education. Additionally, existing school health education teachers should be able to successfully teach the material.

| | |
|---|---|
| **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?** | *Respondent skipped this question* |
| **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** | Member of the public |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br>If yes, please provide your email address<br>agarno@ncppc.org |

**#5**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, October 29, 2014 8:27:44 AM
**Last Modified:** Wednesday, October 29, 2014 8:32:41 AM
**Time Spent:** 00:04:57
**IP Address:** 24.30.243.218

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Ada |
| Last Name | Santiago |
| Affiliation | Albany Damien Center |
| Email Address | Adas@albanydamiencenter.org |
| **Q2: Title of your recommendation** | Increase marketing of Prep and Pep |

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

Prep and Pep should take a lead with providers when speaking to clients, patients, and consumers. All individuals should be well informed on prep and pep and this information should be shared on a wider scale.

| | |
|---|---|
| **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)** | Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **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?** | Unknown |

| | |
|---|---|
| **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)?** | Within the next year |

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

keeping folks negative.

| | |
|---|---|
| **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?** | *Respondent skipped this question* |
| **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)<br>Deputy Director for the Albany Damien Center |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | No |

**#6**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, October 29, 2014 8:51:53 AM
**Last Modified:** Wednesday, October 29, 2014 9:44:08 AM
**Time Spent:** 00:52:14
**IP Address:** 74.67.42.19

PAGE 1

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

| | |
|---|---|
| First Name | William Scott |
| Last Name | Daly |
| Affiliation | consumer in care |
| Email Address | kellyspoppi@aol.com |

**Q2: Title of your recommendation**

keeping those consumers with ADAP coverage in care by loosening recertification limits

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

Working plwhiv's need to recertify every 5 years to maintain their ADAP coverage. if your income as an individual or married couple is $1.00 more than the established state limit you lose your ADAP benefits. Prescription drug co-pays/co insurance out of pocket costs for consumers without ADAP benefits would create a financial burden for consumers on fixed incomes. i'm proposing the state allow for a graduating scale that would allow consumers to maintain their ADAP benefits if over the income limit, but would have to pay a % of their co pay based upon amount of income over the limit.

**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 |
| **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?**

it would allow more consumers access to ADAP & therefore access to high cost prescription drugs, which they might not be able to afford. the more consumers you have in and adhering to treatment the less chance the virus can be spread.

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

if more people qualify for ADAP will the formulary of approved meds have to be reduced to accomodate the increase in those being served?

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

i don't know.

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

i don't know.

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

working plwhiv's, both single and married couples.

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

yes, currently physicians through blood tests can determine when a consumer is being adherent and when they aren't.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Consumer |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |

| | |
|---|---|
| Q17: **Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br>If yes, please provide your email address<br>kellyspoppi@aol.com |

**#7**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, October 29, 2014 12:18:14 PM
**Last Modified:** Wednesday, October 29, 2014 12:25:07 PM
**Time Spent:** 00:06:52
**IP Address:** 161.11.121.220

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Carl |
| Last Name | Koenigsmann, M.D. |
| Affiliation | NYS Department of Corrections and Community Supervision |
| Email Address | Carl.Koenigsmann@doccs.ny.gov |
| **Q2: Title of your recommendation** | HIV testing consent for Inmates |

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

Remove the requirement for written consent for HIV testing in State Correctional facilities

| | |
|---|---|
| **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 |
| **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 policy |

| | |
|---|---|
| **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?**

Remove a persistent barrier to testing that is only currently present in the Correctional environment

| | |
|---|---|
| **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?**

No cost

| | |
|---|---|
| **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?**

Inmates, Correctional staff, general public.

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

Need legislative support

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Other (please specify) Ex-Officio member |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | No |

**#8**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, October 29, 2014 12:40:52 PM
**Last Modified:** Wednesday, October 29, 2014 1:02:08 PM
**Time Spent:** 00:21:15
**IP Address:** 74.70.52.57

PAGE 1

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

| | |
|---|---|
| First Name | Carol |
| Last Name | Bradwell |
| Affiliation | Board Member, Damien Center |

**Q2: Title of your recommendation**

Prevention Education

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

Increase availability of, and community targeted approaches to, HIV/AIDS prevention education . Without adequate education for both health care providers and communities, the 3 points in the proposed program will not succeed.

**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
,

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
,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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?** | New program,<br><br>Other (please specify)<br>Most likely requires an increase in prevention education activities which have been reduced and /or are conducted in great measure online now. Online education services do not meet the needs of many community groups. |
| **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)?** | Within the next year |

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

When community members are educated, those who may be infected and do not know it, or are afraid to find out, may be more willing to get tested and seek treatment. providers who are skilled in dealing with consumers HIV/AIDS related questions and concerns may be more able to develop better rapport with community members and encourage them to be mort open and feel safer disclosing or discovering their HIV status. Prevention education will assist people in using prevention strategies and reduce initial infections and exposures.However, prevention education must be provided by people that the target groups trust, not necessarily by teachers, etc.

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

I expect cost will be an issue since prevention is not glamorous and hard to demonstrate how it helps reduce infection. It's always harder to prove why something does NOT happen.

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

Unknown

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

ROI of educational efforts will have to be calculated based on research programs that evaluate effectiveness of training, and pre and post changes in risk behaviors. The cost of this research must be factored into prevention education initiatives and integrated into the programs.

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

Population in general, with training content adapted to the cultural values and experiences of the target audiences.

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

see 12 above

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Other (please specify)<br>Damien Center Board Member |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br>If yes, please provide your email address<br>CBRADWELL@nycap.rr.com |

**#9**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, October 29, 2014 3:57:36 PM
**Last Modified:** Wednesday, October 29, 2014 4:37:05 PM
**Time Spent:** 00:39:28
**IP Address:** 50.75.234.202

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Mark |
| Last Name | Milano |
| Affiliation | ACT UP/NY, ACRIA, Health GAP, ATAC |
| Email Address | marknyc@hotmail.com |
| **Q2: Title of your recommendation** | Community-based Education for People with HIV |

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

Increased funding for statewide community-based education for people with HIV. Regular workshops are needed on HIV treatment, drug resistance and adherence, understanding lab results, HIV transmission, and other medical topics.

| | |
|---|---|
| **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?** | New 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)?** | Within the next year |

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

I have been a community-based HIV educator for close to 25 years. In that time, I have been astounded by the continuing amount of misinformation and disinformation that I encounter.

"HIV meds will kill you faster than HIV."

"I take only half my HIV meds in order to protect my liver."

"Magic Johnson gets special meds that we can't get."

These mistaken beliefs prevent people from entering into care, discourage them from starting treatment, and make it more difficult for them to stay virally suppressed.

Even if we identified every person with HIV in New York, even if we got every one of them into care, and even if the drugs were free, we would still not achieve the over 80% viral suppression needed to end the epidemic, because people must understand the why and the how of the meds in order for them to work.

Community health education is the key. It goes into communities and provides information at understandable literacy levels. Health information is communicated in ways that are clear and that are able to be evaluated. Effective health communication uses plain, but not “dumbed-down,” language. Its information people can understand the first time they read, see, or hear it. It helps them find what they need, understand what they find, and use it to meet their needs.

Research has shown that health literacy is a significant factor in the health of people with HIV. People with HIV who have lower health literacy have lower CD4 counts, higher viral loads, are less likely to be taking HIV medications, have more hospitalizations, and are in poorer health than those with higher health literacy. Lower health literacy is associated with poorer knowledge of HIV-related health status, poorer AIDS-related disease and treatment knowledge, and more negative health care perceptions and experiences.

Some feel that this information should only be provided by health care providers, but my experience has shown that they are often not the best educators. Lack of time is a key problem: my workshops generally run two hours - something that no doctor could afford to do. In addition, I have found that many great doctors are not great educators - providing excellent health care requires a very different skill set than teaching health information. Shorthand, acronyms, and jargon are common when speaking to clinicians, and explanations are often not effective. In addition, many patients will not ask questions of clinicians, because of embarrassment at not being able to understand the information or for cultural reasons related to dealing with authority figures. Peers and community-based educators can establish a more equal relationship that allows for a more open exchange of concerns. I've had clients who admitted to me that they were not taking their HIV meds, even though their entire medical care team thought they were.

Community health educators are key to solving this problem. They are teachers, not busy health professionals, and are trained to translate difficult medical concepts to laypeople. In addition, learning this information in a group setting is powerful - many times, I have seen participants learn much from other people with HIV during my workshops. Information gained from peers is a strong weapon against rumor and myth.

There are a number of CBOs across the State with experience in health literacy who could provide workshops quickly and effectively.

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

NYS should ensure that educators are well-trained and provide science-based, accurate information while refraining from offering medical advice.

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

Based on my experience as an educator, a statewide training initiative, offering regular workshops, run by multiple CBOs, would require somewhere close to $500,000 annually.

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

Don't have a number, but I firmly believe this is an essential component of increasing the number of people who remain virally suppressed.

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

People with HIV and their partners

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

All workshops should be evaluated by participants, including using pre- and post-testing to gauge their effectiveness.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Advocate |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br>If yes, please provide your email address marknyc@hotmail.com |

**#10**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 7:02:03 AM
**Last Modified:** Thursday, October 30, 2014 7:26:37 AM
**Time Spent:** 00:24:34
**IP Address:** 24.213.132.162

PAGE 1

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

| | |
|---|---|
| First Name | James |
| Last Name | Bloomfield |
| Affiliation | Catholic Charities Community Services |
| Email Address | jbloomfield@dor.org |

**Q2: Title of your recommendation**

PrEP Dispersion Among STI Cohorts

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

Identify people testing positive for any STI in NYSDOH sites for STI treatment/diagnosis or pregnancy counseling. Link these people to a counselor, or video, or pamphlet that describes PrEP and its Benefits, and screens whether or not it would be an option that would likely decrease transmission risks of HIV to this person. Next, make PrEP available, either through insurance, ADAP, or other method so that the person will not have a financial burden beyond their current medical expenses to take PrEP. Finally, link them to a Community Monitoring Agency, to assist with consistent usage of PrEP in a timely manner. This is especially desirable if there are Treatment Adherence needs and Treatment Adherence resources that have not been linked together.

**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)**

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br><br>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?** | Unknown |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| **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?**

It is presumed that people that present with STI's have engaged in either unsafe sex, or with a partner that has not been forthcoming about their own sexual habits or sexual health. If such behaviors continue, the person with the STI is at greater risk for future transmission of HIV. Offering these people PrEP after a quick evaluation to ensure they are an appropriate candidate, should lead to a lowering of HIV transmission from future unsafe behaviors.

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

There would need to be an understanding that this is voluntary at this time, and is not a DOH mandate (such as exists with TB treatments). An assessment would need to be completed to see if Person is appropriate for PrEP.... is STI a result of consistent behavior or result of a once occurring violent crime.... are their mental health or adherence issues..... does the person have a history of pill selling or hoarding, etc.

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

The cost of this would be large if started on a blanket wide distribution, but it would be cheaper than offering PrEP to everyone in NYS that was sexually active. The cost could be lowered by targeting only those people presenting with multiple occurrences of STIs over time; or targeting people who obtain those STIs that demonstrate a high probability that latex barriers were not used (excluding genital warts and other such STI's)

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

I do not have access to State figures. Your ROI, as I figure, would be the number of people with a previous STI that test positive for HIV at a later date, times the cost of long term HIV care that is currently handled by Medicaid, Medicare,DHS Health programs and ADAP/ADAP+.
Also, as PrEP is not a permanent lifelong option, but only used during periods of risky behavior, the cost of the PrEP would not extend over the person's entire lifetime.

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

NYSDOH Testing site workers, PNAP/DIS workers, Clinicians, Insurance and pharmaceutical partners.
The beneficiaries would be anyone engaging in demonstrative risky behavior.

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

Measure the current rate at which STI+ people later test for HIV.... compare that after PrEP implementation. Also, link to Community Treatment Adherence partners for follow-up to see how well PrEP is maintained across both long and short periods of time when compared with duration of risky behaviors.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Other (please specify)<br>HIV Educator & Treatment Adherence Specialist |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br>If yes, please provide your email address<br>jbloomfield@dor.org |

**#11**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 8:23:08 AM
**Last Modified:** Thursday, October 30, 2014 8:27:40 AM
**Time Spent:** 00:04:31
**IP Address:** 50.74.26.150

PAGE 1

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

| | |
|---|---|
| First Name | Luis |
| Last Name | Scaccabarrozzi |
| Affiliation | Latino Commission on AIDS |
| Email Address | LScaccabarrozzi@latinoaids.org |

**Q2: Title of your recommendation**

Targeted HIV Outreach & Intervention Models for Underserved HIV-positive Populations not in Care

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

Identify and implement effective models of outreach to underserved people living with HIV who are not receiving care, including but not limited to Latino MSM, immigrants and seasonal/migrant workers in rural areas.

**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
,

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
,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br><br>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.<br>,<br><br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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 |
| **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)?** | Unknown |

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

It is estimated that less than half of people from underserved communities are receiving anti-HIV drugs. As a result, only slightly more than one-third have their HIV infection under control. By improving outreach to communities at risk and developing culturally and linguistically appropriate outreach to reach more people with HIV testing, improve linkage to and retention in care, improve adherence and reach community viral suppression.

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

Attempting to combat HIV/AIDS through attitude adjustment and behavior modification alone is incomplete and ineffective. A strict behavioral focus may also be misleading and increase stigma by implying that individuals' bad decisions are solely to blame for their poor health outcomes. Raising public awareness about the social, political, and economic conditions that exacerbate HIV/AIDS may combat the racial stereotype that blacks and Latinos suffer from higher HIV/AIDS prevalence because of their irresponsible sexual practices or hyper-homophobic cultures. Effective models of outreach to underserved PLWHIV who are not receiving care, including but not limited to Latinos is needed.

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

There needs to allotted budget items to reach underserved communities.

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

ROI TBD

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

Clients living with HIV
Community-at-large (reaching community viral suppression)
Government (decreased expenses on Medicaid)

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

More research targeting these populations with specific culturally and linguistically appropriate interventions, and monitoring is needed.

| | |
|---|---|
| Q15: **This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member,<br><br>Other (please specify)<br>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 |
| Q16: **I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| Q17: **Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br><br>If yes, please provide your email address<br>LScaccabarrozzi@latinoaids.org |

**#12**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 8:28:05 AM
**Last Modified:** Thursday, October 30, 2014 8:32:19 AM
**Time Spent:** 00:04:14
**IP Address:** 50.74.26.150

PAGE 1

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

| | |
|---|---|
| First Name | Luis |
| Last Name | Scaccabarrozzi |
| Affiliation | Latino Commission on AIDS |
| Email Address | LScaccabarrozzi@latinoaids.org |

**Q2: Title of your recommendation**

Treatment Education as Retention Strategy

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

Address structural barriers that cause low retention and engagement in care such as language, literacy and health literacy levels through basic HIV education, treatment education using a patient centered approach for PLHIV.

**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
,

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)** | 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.<br>,<br><br>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.<br>,<br><br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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 |
| **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?**

It will facilitate a self-management model in which patients assume an active and informed role in health care decision-making to change behaviors and social relations to optimize their health and proactively address predictable challenges of HIV. Encourage patient's self-efficacy and ability to recognize and address his/her own barriers to retention in care and adherence to treatment. It allows patients to be part of their own adherence monitoring and being able to communicate effectively with their service providers.
Providing service providers with CBA & TA on how to provide treatment education we could have service providers who are also involved in educating clients,integrating treatment education into services provided

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

Identifying key agencies that can reach across a sub-populations most affected by HIV, treatment education has been excluded of funding since 2005 by city and state funding. There is a difference between treatment adherence (mostly providing tools and asking if a patient is taking medication) and treatment education where a patient learns skills and is able to use them to become more proactive and involved in their healthcare regardless of substance use, health literacy, educational level, immigration status, sexual orientation and gender identity.

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

Cost estimate from previously funded treatment education programs directed to clients and service providers:1. Training of Trainers: developing a strongly evaluated treatment education integration program that allows the provision of trainings and ongoing TA to approximately 120 key staff/annually. The training would consist of current up-to-date information but also provide the skills on how staff will share the information with clients wit a lower health literacy and educational level. estimated 2. Direct education to client: Develop series for clients reaching over 500 clients annually. Total estimated cost of $500,000.

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

Because of the need for ongoing treatment and the potential for acquiring co-occurring illnesses, not only HIV patients benefit of self-management to reduce complications associated with the disease. HIV infection disproportionately affects individuals of lower socioeconomic status, educational level, and many with the disease are uninsured or underinsured. It would reduce the costs of treating all patients under Medicaid that might have increased spending as we try to identify new HIV cases and assure that they are accessing treatment and linked and retained in care.

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

Service providers who already work with clients living with HIV who will now be able to integrate the knowledge and skills learned in trainings and TOT sessions to better serve their clients.
Clients living with HIV (new clients, long term survivors, clients with failed regimens, clients with low health literacy level, clients with language barriers, etc.)

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

Outcomes are achieved through use of evidence-based techniques that emphasize patient activation or empowerment, collaborative goal setting, and problem-solving skills. The provider team can enhance its ability to support patients by using standardized assessments, which include questions about self-management knowledge, skills, confidence, supports, and barriers.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member,<br><br>Other (please specify)<br>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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br><br>If yes, please provide your email address<br>LScaccabarrozzi@latinoaids.org |

**#13**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 8:23:04 AM
**Last Modified:** Thursday, October 30, 2014 8:53:52 AM
**Time Spent:** 00:30:47
**IP Address:** 155.229.23.181

PAGE 1

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

| | |
|---|---|
| First Name | Kimberleigh |
| Last Name | Smith |
| Affiliation | Harlem United/GMHC/TAG/ACT UP/Spencer Cox |
| Email Address | ksmith@harlemunited.org |

**Q2: Title of your recommendation**

Provider PEP & PrEP Education/Training Initiative

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

nPEP and PrEP education campaign that will create widely available and accessible medical and social service provider education tools for nPEP and PrEP. Such a campaign will create outcome measurers for provider-focused PrEP and nPEP training and education; update NYS Clinical Guidance with index tools that can be used for a range of populations, including MSM, heterosexual women, IVUD and transgender persons. Create a tool box for medical providers and social service providers regarding PrEP; include FAQ on PrEP strategies and a training resource guide. Create opportunities for providers to communicate with community members to understand their needs around PrEP, such as patient panels.

**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)**

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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?** | New program,<br><br>Other (please specify)<br>Augmenting what is already being done. |
| **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)?** | Within the next year |

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

Efficient and widespread use of PrEP and nPEP is essential as “treatment as prevention” efforts alone are unlikely to be sufficient in ending the epidemic. Even with clinical guidance in New York State and multiple studies showing efficacy, uptake of PrEP has been slow and the availability of nPEP is limited. Medical and social service provider training and education will help to increase knowledge and demand for PrEP and nPEP. Increased knowledge and demand will drive increased access.

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

Perceived provider resistance. PrEP is considered an “orphan intervention” that is, HIV clinics don’t know how to see HIV negative clients and primary care settings think PrEP is a “specialty” intervention. HIV specialists are experienced in using antiretroviral medications and could readily provide PrEP, but many do not care for uninfected patients. Clinical and social service providers face both logistical and theoretical barriers to prescribing PrEP and nPEP. Social service providers cannot prescribe PrEP or nPEP without a medical provider.

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

To be determined.

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

To be determined.

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

Providers (medical and social services), and their patients/clients at risk of HIV infection.

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

Ongoing, strengthened provider education about changes in HIV testing law

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Advocate,<br><br>Other (please specify)<br>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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br><br>If yes, please provide your email address<br>ksmith@harlemunited.org |

**#14**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 8:54:03 AM
**Last Modified:** Thursday, October 30, 2014 9:03:43 AM
**Time Spent:** 00:09:40
**IP Address:** 155.229.23.181

PAGE 1

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

| | |
|---|---|
| First Name | Kimberleigh |
| Last Name | Smith |
| Affiliation | Harlem United/Hunter/PrEP for NYC Task Force |
| Email Address | ksmith@harlemunited.org |

**Q2: Title of your recommendation**

PrEP Infrastructure and Capacity Project

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

Funding to support the availability, access and uptake of PrEP in community-based organizations and clinics.

**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)**

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br><br>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?** | New 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)?** | Within the next year |

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

Funding and infrastructure support for community-based organizations and clinics will minimize what has become a gap between the existence of NYS Guidance for PrEP and the ability to effectively implement it across the state. Community-based organizations and community-based health clinics - including Federally-Qualified Healthcare Centers (FQHCs), OB/GYNs, family planning organizations, etc. - are uniquely positioned to provide PrEP. While close clinical monitoring is required, PrEP offers an opportunity to reach patients with behavioral support and services. Organizations where primary and preventive services are co-located are ideal for PrEP delivery. In addition, collaborations can be developed between clinical and non-clinical providers to dispense PrEP. Funding and infrastructure support can help to ease the onerous and untenable burdens placed on cbos and clinics that reach (and can reach) high-risk communities. Funding could support also the cost of care for PrEP such as visits, lab tests, which can be cost prohibitive even with patient assistance programs that exist. Funding can help equalize access to PrEP, as there is current concern that the people and populations who may need PrEP the most do not have information and access to it.

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

Right now there is concern that only “squeaky wheels” are getting PrEP. Early adopters are asking for it, but many communities and individuals who might benefit from PrEP do not have the information.

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

More data required.

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

To be determined.

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

Potential PrEP users and CBOs and clinics.

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

Targeted PrEP education and awareness campaign and initiative

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

Advocate,

Other (please specify)
Harlem United; S. Golub, Hunter; PrEP for NYC Task Force and 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

| | |
|---|---|
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br>If yes, please provide your email address<br>ksmith@harlemunited.org |

**#15**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 10:16:54 AM
**Last Modified:** Thursday, October 30, 2014 10:20:42 AM
**Time Spent:** 00:03:48
**IP Address:** 64.206.99.225

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | *Respondent skipped this question* |
| **Q2: Title of your recommendation** | Comprehensive Sexuality Education |

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

Ensure comprehensive, medically accurate sexuality education to all junior and senior high school students in the state of New York. Programs should have evidence of behavior change effectiveness and should include hands-on demonstration and practice of condom use skills to ensure that youth are capable of properly using condoms in order to prevent HIV transmission.

| | |
|---|---|
| **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)** | Unknown |
| **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?** | New policy,<br><br>Other (please specify)<br>Sex education requirement for NYS schools. Also will require changes to policies re: condom demonstrations. |

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

Youth will have accurate, up to date information on how HIV is transmitted and how to reduce transmission.

| | |
|---|---|
| **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?** | *Respondent skipped this question* |
| **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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | No |

**#16**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 9:26:35 AM
**Last Modified:** Thursday, October 30, 2014 10:58:08 AM
**Time Spent:** 01:31:33
**IP Address:** 50.75.234.202

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Benjamin |
| Last Name | Bashein |
| Affiliation | ACRIA |
| Email Address | Bbashein@acria.org |
| **Q2: Title of your recommendation** | Increasing Testing Efforts Must be Inclusive of Older Adults |

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

The New York State HIV/AIDS Annual Surveillance Report for 2012 shows that 35% (34.9%) of all new HIV diagnoses occur in older adults age 40+. And, 50% (49.6%) of all new AIDS diagnoses occurs in the 40+ age group. The older adult at risk for HIV must be included in efforts to increase testing, They account for over 1/3 of all new HIV diagnoses and half of new AIDS diagnoses. A person who is diagnosed with AIDS when first tested for HIV represents a failure of the system to detect and diagnose HIV. A person with undiagnosed AIDS has extremely high viral loads making them highly infectious. Since diagnoses of AIDS increases with age, testing programs are not effectively reaching the older adult at risk populations.
To support this effort we will need HIV testing rates by age in order to gauge the effectiveness of this recommendation.

| | |
|---|---|
| **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<br>, |
| | 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)** | 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.<br>,<br><br>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.<br>,<br><br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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,<br><br>Other (please specify)<br>An AIDS diagnosis is a failure of the implementation of existing policy. |

| | |
|---|---|
| **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)?** | Within the next year |

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

High risk sexual behaviors decline following an HIV diagnosis thus reducing the number of new infections. The annualized cost of care for an HIV infected person is nominally calculated to be $355,000 (CDC, 2014). For every 100 HIV infections prevented the savings would be over 35 million dollars.

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

Education efforts are essential. How they are achieved may vary by age group. For example the use of social media is powerful, but it is effective across all ages?

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

Costs for social messaging campaign targeting adults 40 and older state wide = $500,000.00
Costs to develop, market and implement CMEs to increase HIV testing = $100,000.00

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

See number 9 above.

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

NYS Medicaid Program
Federal Medicare Program
Older Adults with HIV.

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

Rates of concurrent HIV/AIDS diagnoses among adults 40 and older.
This rate should decline if the recommendation is implemented successfully.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member,<br><br>Other (please specify)<br>Ad Hoc End of AIDS Community Group |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |

| | |
|---|---|
| Q17: **Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br>If yes, please provide your email address BBashein@acria.org |

**#17**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 10:50:05 AM
**Last Modified:** Thursday, October 30, 2014 11:15:19 AM
**Time Spent:** 00:25:13
**IP Address:** 155.229.23.181

PAGE 1

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

| | |
|---|---|
| First Name | Kimberleigh |
| Last Name | Smith |
| Affiliation | Harlem United, GMHC, TAG, Spencer Cox |
| Email Address | ksmith@harlemunited.org |

**Q2: Title of your recommendation**

Targeted PEP & PrEP Education Campaign for Key Populations

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

Pre-exposure prophylaxis (PrEP) and Post-exposure prophylaxis (nPEP) are two important options for HIV prevention in New York State. Even with clinical guidance in New York State, and multiple studies showing efficacy, awareness and uptake of both strategies is low. Furthermore, the two interventions are often conflated. There is a need to scale up education and awareness for consumers and providers for PrEP and nPEP. Large-scale, high impact campaigns informed by the community should be tailored for key populations of people at risk of HIV. Community participation in the design of such campaigns will be critical. According to a needs assessment conducted by the Treatment Action Group, messaging should be: Sex positive, accepting of drug use, evocative, concise, relatable, holistic and empowering, recognizing of the role of stigma and structural barriers, aware of the challenges of patient-providers interactions, clear about differences between PrEP and nPEP

**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)**

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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?** | New 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)?** | Within the next year |

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

Efficient and widespread use of PrEP and nPEP is essential as “treatment as prevention” efforts alone are unlikely to be sufficient in ending the epidemic. Education and awareness will drive demand and access.

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

PrEP and nPEP will not be for everyone. It will be necessary to tailor campaigns to the key populations who need it without creating over saturation and uncompetent messaging.

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

To be determined.

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

To be determined.

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

Individuals at risk for HIV and their sexual partners.

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

Ongoing and strengthened provider and clinical education about HIV testing, PrEP and nPEP.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Advocate,<br><br>Other (please specify)<br>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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br><br>If yes, please provide your email address<br>see above |

**#18**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 11:06:36 AM
**Last Modified:** Thursday, October 30, 2014 11:23:22 AM
**Time Spent:** 00:16:45
**IP Address:** 72.89.121.18

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Jim |
| Last Name | Eigo |
| Affiliation | ACT UP/NY |
| Email Address | jimeigo@aol.com |
| **Q2: Title of your recommendation** | State Funded Drug Assistance Program |

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

Enhanced public programs to pay for PrEP and care associated with it, including all regular testing. Include mechanisms to pay for PrEP for new immigrants, for people who are under-insured (in plans with high deductibles or co-pays) and people who are uninsurable. Providers should understand, however, that all attempts must be made to link at-risk patients to affordable healthcare.

| | |
|---|---|
| **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)** | Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **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?** | New program |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| **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?**

Providing PrEP to undocumented immigrants, the under-insured and the uninsureable.

| | |
|---|---|
| **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?**

At-risk negatives who cannot pay for the high cost of PrEP and the continued testing associated with it.

| | |
|---|---|
| **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** | Ending the Epidemic Task Force member,<br><br>Other (please specify)<br>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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |

| | |
|---|---|
| Q17: **Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br>If yes, please provide your email address<br>jimeigo@aol.com |

**#19**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 11:25:47 AM
**Last Modified:** Thursday, October 30, 2014 11:40:29 AM
**Time Spent:** 00:14:41
**IP Address:** 72.89.121.18

PAGE 1

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

| | |
|---|---|
| First Name | Jim |
| Last Name | Eigo |
| Affiliation | ACT UP/NY |
| Email Address | jimeigo@aol.com |

**Q2: Title of your recommendation**

PrEP Registry

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

Create a system for monitoring the adherence to and efficacy of nPEP and PrEP for all persons enrolled in New York State Medicaid. Explore the possibility of supplementing this registry with prescription information culled from other medical data systems.

**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)**

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br><br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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?** | Unknown |
| **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?**

Provide some understanding of how many people are taking PrEP and nPEP, and of their distribution among the population.

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

Patient privacy must the preserved.

| | |
|---|---|
| **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?**

New York State in understanding how extensively and successfully a new means of HIV prevention is being implemented.

| | |
|---|---|
| **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** | Ending the Epidemic Task Force member,<br><br>Other (please specify)<br>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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | *Respondent skipped this question* |

**#20**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 11:41:32 AM
**Last Modified:** Thursday, October 30, 2014 11:54:40 AM
**Time Spent:** 00:13:07
**IP Address:** 72.89.121.18

PAGE 1

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

| | |
|---|---|
| First Name | Jim |
| Last Name | Eigo |
| Affiliation | ACT UP/NY |
| Email Address | jimeigo@aol.com |

**Q2: Title of your recommendation**

PrEP Education and Training for OASAS Staff and Clients

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

Incorporate education on PrEP for all staff and clients of Office of Alcoholism and Substance Abuse Services (OASAS) licensed programs and update the intake and counseling assessments to screen for appropriateness of PrEP referral.

**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)**

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

**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?** | New policy |
| **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)?** | Within the next year |

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

Informing more at-risk individuals about PrEP.

| | |
|---|---|
| **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?**

At-risk negatives who might benefit from taking PrEP.

| | |
|---|---|
| **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** | Ending the Epidemic Task Force member,<br><br>Other (please specify)<br>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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |

| | |
|---|---|
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | *Respondent skipped this question* |

**#21**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 11:55:15 AM
**Last Modified:** Thursday, October 30, 2014 12:23:33 PM
**Time Spent:** 00:28:18
**IP Address:** 72.89.121.18

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Jim |
| Last Name | Eigo |
| Affiliation | ACT UP/NY |
| Email Address | jimeigo@aol.com |
| **Q2: Title of your recommendation** | PrEP and PEP access for Young People Under 18 |

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

Create a scaled-up pilot program with the New York City schools system to test PrEP adherence and safety. Eliminate barriers that prevent people under 18 from being able to access nPEP and PrEP confidentially. (Truvada as PrEP is currently only FDA-approved for persons 18 and older; Truvada is currently used to treat HIV infection in teenagers 12 and above, as well as in adults.)

| | |
|---|---|
| **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)** | Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **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?** | Unknown |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| **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?**

Young people who are having sex are at high risk for acquiring HIV infection. Such a program might give them the means to protect their health.

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

How to negotiate parental consent and payment for drug and associated testing.

| | |
|---|---|
| **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?**

Youth of New York State and their loved ones.

| | |
|---|---|
| **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** | Ending the Epidemic Task Force member,<br><br>Other (please specify)<br>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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |

| | |
|---|---|
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | *Respondent skipped this question* |

**#22**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 11:06:27 AM
**Last Modified:** Thursday, October 30, 2014 12:40:37 PM
**Time Spent:** 01:34:10
**IP Address:** 50.75.234.202

PAGE 1

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

| | |
|---|---|
| First Name | Benjamin |
| Last Name | Bashein |
| Affiliation | ACRIA |
| Email Address | Bbashein@acria.org |

**Q2: Title of your recommendation**

Increased Efforts to Connect and Sustain Older Adults with HIV in Care

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

The NYS  HIV/AIDS Annual Surveillance Report for 2012 shows that 77.4% of all people living with HIV in NYS are age 40 and older. They represent over 3/4 of the NYS HIV infected population. Since up to 40% of HIV infected older adults have been shown to engage in unprotected sex they must be a focus of the core effort to achieve an undetectable viral load by sustained use of care and effective ART adherence.
The CDC Care Retention Report shows that 70% of NYS residents with HIV are in care, with 60% retained in care, leaving 40% not retained in care. Based on the above data, one can estimate that approximately 49,000 NYS people infected with HIV age 40 and older are not retained in care. The NYS program on care retention/engagement (NY Links http://www.newyorklinks.org/) is implemented in only part of NYS and needs to be expanded with increased focus on reaching this older age group.

**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)** | 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.<br>,<br><br>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.<br>,<br><br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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)?** | Within the next year |

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

Since HIV infected individuals engage in unsafe sex, achieving viral suppression will significantly reduce new HIV infections. The annualized cost of care for an HIV infected person is nominally calculated to be $355,000 (CDC, 2014). For every 100 HIV infections prevented the savings would be over 35 million dollars.
In addition early and sustained care can reduce the associated incidence of multmorbdiity in HIV infected persons as they age through increased screening for disease conditions and better treatment adherence. Health care costs can thereby be reduced for conditions not specifically related to HIV. Mortality in this age group is more likely to result from a NCD (Non-Communicable Disease) as opposed to an HIV/AIDS related illness. These include cardiac illnesses, cancers, liver and kidney failure, osteoporosis/fractures, hypertension and diabetes.

**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?**

The cost of expanding NY Links Programs beyond activities funded by the SPNS grant are not known.

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

Unknown as #11.

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

NYS Medicaid Program
Federal Medicare Program
Older Adults with HIV.

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

Community viral load by age
Incidence of co-morbid illnesses by age
ER Visits
Hospital Stays

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member,<br><br>Other (please specify)<br>Ad Hoc End of AIDS Community Group |

| | |
|---|---|
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br>If yes, please provide your email address<br>BBashein@acria.org |

**#23**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 12:25:05 PM
**Last Modified:** Thursday, October 30, 2014 12:46:58 PM
**Time Spent:** 00:21:52
**IP Address:** 72.89.121.18

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Jim |
| Last Name | Eigo |
| Affiliation | ACT UP/NY |
| Email Address | jimeigo@aol.com |
| **Q2: Title of your recommendation** | Improve HIV Prevention Tools for People Who Are Incarcerated |

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

Optimal HIV prevention in correctional settings would include comprehensive information about HIV transmission, care, services and stigma, as well as access to condoms and PrEP while incarcerated or in anticipation of release.

| | |
|---|---|
| **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)** | Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **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 policy |
| **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)?** | Within the next year |

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

Improving health outcomes of people who are incarcerated and their partners, both before and after release.

| | |
|---|---|
| **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 incarcerated and their partners, both before and after release.

| | |
|---|---|
| **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** | Ending the Epidemic Task Force member |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | *Respondent skipped this question* |

**#24**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 12:47:54 PM
**Last Modified:** Thursday, October 30, 2014 1:00:12 PM
**Time Spent:** 00:12:18
**IP Address:** 72.89.121.18

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | *Respondent skipped this question* |
| **Q2: Title of your recommendation** | Healthcare as Prevention |

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

In New York State, the initiation of the Affordable Care Act along with Expanded Medicaid gives us for the first time the opportunity to connect almost every at-risk HIV-negative New Yorker into ongoing care, including frequent testing for HIV and STIs and access to biomedical prevention and the kind of support services that we know improve people's health outcomes. It has long been our goal to connect every HIV-positive New Yorker to treatment and care; HIV prevention today demands that we try to do the same for HIV-negative New Yorkers at risk. New York State should require that HIV testing sites connect HIV-negative people to ongoing healthcare and insurance just as they now connect people who are HIV-positive.

| | |
|---|---|
| **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)** | Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative<br>,<br>Other (please specify)<br>General Prevention beyond PrEP |
| **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?** | Unknown |
| **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)?** | Within the next year |

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

Improved health outcomes for all who are linked to ongoing healthcare.

| | |
|---|---|
| **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?**

All who are linked to ongoing healthcare and, in the long run, all New Yorkers.

| | |
|---|---|
| **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** | Ending the Epidemic Task Force member,<br><br>Other (please specify)<br>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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |

| | |
|---|---|
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | *Respondent skipped this question* |

**#25**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 1:59:38 PM
**Last Modified:** Thursday, October 30, 2014 2:08:04 PM
**Time Spent:** 00:08:25
**IP Address:** 155.229.23.181

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Kimberleigh |
| Last Name | Smith |
| Affiliation | Harlem United/GMHC |
| Email Address | ksmith@harlemunited.org |
| **Q2: Title of your recommendation** | Expanded and Targeted HIV Testing in Key Populations |

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

This initiative will ensure every New Yorker knows his/her status. With more than 10,000 people living with HIV in New York State who are unaware of their HIV status, there is a need to deepen the reach of HIV testing in New York State, particularly through targeted testing of key populations. HIV testing will be made more available in a wide range of non-medical or clinical settings where key populations gather in their everyday lives.

| | |
|---|---|
| **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 |
| **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 policy,<br><br>Other (please specify)<br>This proposal would be maximized with both a change to existing policy and new funding for a 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)?** | Within the next year |

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

HIV infection can spread more readily when people don't know they're infected. By expanding HIV testing and continuing to integrate HIV testing into routine health care, HIV-negative individuals can take steps to stay negative. When individuals receive a positive diagnosis, health care providers are required to help link the patient to follow-up medical care, with the consent of the patient. Treatment can be made available for those individuals who are HIV positive to decrease the possibility of further transmitting the virus.

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

New York State's Public Health laws have changed in the past few years in order to allow for more routine HIV testing. In April 2014, the law allowed for streamlined oral patient consent to an HIV test. The only setting to which this does not apply is correctional settings. There is a concern that the law should extend to correctional settings as well and that HIV testing should be offered more broadly, and finally that current laws should be enforced more aggressively.

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

To be determined.

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

Further analysis required.

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

New Yorkers currently unaware of their HIV status and their current and potential partners.

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

Ongoing and stronger training and education on the current HIV testing laws, changes in the last few years, etc.

| | |
|---|---|
| Q15: **This recommendation was submitted by one of the following** | Advocate,<br><br>Other (please specify)<br>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 |
| Q16: **I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| Q17: **Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br><br>If yes, please provide your email address<br>See above |

**#26**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 2:01:36 PM
**Last Modified:** Thursday, October 30, 2014 2:14:43 PM
**Time Spent:** 00:13:07
**IP Address:** 70.208.85.9

PAGE 1

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

| | |
|---|---|
| First Name | Doug |
| Last Name | Wirth |
| Affiliation | Amida Care |
| Email Address | dwirth@amidacareny.org |

**Q2: Title of your recommendation**

DSRIP End of AIDS State-wide Learning Collaborative

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

Tremendous resources and energy are committed to advancing the End of AIDS agenda through the state's Ending the Epidemic Taskforce and Delivery System Reform Incentive Payment (DSRIP) Program. However, there lacks a state-wide mechanism to share best-practices and foster the development and implementation of innovative HIV/AIDS projects. The proposed state-wide DSRIP HIV/AIDS Learning Collaborative (LC) will act as this system to strengthen collaboration and implementation of DSRIP HIV/AIDS projects. The LC will work with PPS leads, state agencies and stakeholders to identify how organizations can benefit from the LC's structured support in designing, implementing and evaluating PPSs' projects during the 5-year DSRIP timeline.

The LC will be the platform for information sharing, technical assistance and general coordination among all PPSs implementing AIDS-related projects.
The LC approach, originally developed by the Institute for Healthcare Improvement, is a short-term learning system that brings together projects teams to seek improvement on specific area of operations. Learning Collaborative have been effectively used with organizations transforming into Patient Centered Medical Homes (PCMH), addressing issues of access and capacity, implementing the chronic care model for specific clinical conditions (HIV/AIDS, COPD, Diabetes, Cardiovascular disease, etc.), and integrating behavioral health and primary care services. PPS organizations and their provider networkers will learn from each other and the LC's technical staff to develop best-practices, implement DSRIP projects, collectively troubleshoot barriers to implementation and advocate for additional resources, data and regulatory relief needed to reach their objectives.

| | |
|---|---|
| **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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **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.<br>,<br>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.<br>,<br>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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| 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 |
| 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?**

The End of AIDS Learning Collaborative will:
• Develop an integrated planning process for cross-PPS coordination
• Create a system to share best-practices and health metrics collected by the PPS and DOH related to HIV prevention and treatment
• Pool resources and funding for project-specific technical assistance
• Improve health outcomes for HIV-positive individuals
• Expand innovative HIV prevention and treatment programs including PrEP/nPEP treatment, Viral Load Suppression and peer-based outreach and navigation services for integrated HIV-treatment plans.
• Develop systems for sustaining the new models after DSRIP ends and integrating those models into state-wide programs

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

n/a

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

n/a

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

n/a

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

n/a

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

n/a

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Other (please specify)<br>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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes |

**#27**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 2:21:30 PM
**Last Modified:** Thursday, October 30, 2014 2:22:38 PM
**Time Spent:** 00:01:07
**IP Address:** 50.75.234.202

PAGE 1

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

| | |
|---|---|
| First Name | Benjamin |
| Last Name | Bashein |
| Affiliation | ACRIA |
| Email Address | BBashein@acria.org |

**Q2: Title of your recommendation**

Screening for Depression with Sustained Effective Behavioral Health Care Management

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

The rates and risk for depression in those infected with HIV is high. Clinical depression is the most common mental health diagnosis in the HIV infected populations regardless of age. Depression occurs at 3-5 times rates seen in the larger community. Upwards of 40% have severe levels of depressive symptoms. In fact those rates are almost the same when comparing 1980s and today's data. Systematic screening for depression in HIV positive populations and better linkage to behavioral health care is needed.

**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 |
| **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 three to six years |

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

Multiple research reports show that depression is the single most consistent valid predictor of medication non-adherence to HIV and other health conditions. Unless mental health and its co-occurrence with substance use disorders is better managed, achieving viral load suppression through care engagement in the NYS HIV population will fall short of its goals
Depression has been found to increase the likelihood of HIV risk behaviors. Addressing Depression as well as all Mental Health issues will have a pervasive and profound effect on every element of the effort to end the epidemic in NYS. Adding this issue as a primary variable will underline NYS's leadership in the HIV/AIDS arena. Mental health has been given tertiary consideration throughout the epidemic's history, especially its co-occurrence with substance use. Giving depression management priority status will cause improvement in health outcomes at every measured level.

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

The standards of care for depression and other related mental health issues have not been effective as evidenced by the persistent high levels of this disorder throughout the epidemic.
The connection/referral to mental health care and the modalities of treatment must be assessed as status quo shows that to date they have been largely ineffective.

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

Costs are minimal if integrated with existing health care screening.

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

Unknown

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

NYS Medicaid Program
Federal Medicare Program
Older Adults with HIV.

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

Number of people with HIV/AIDS receiving successful behavioral health care management.

| | |
|---|---|
| Q15: **This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member,<br><br>Other (please specify)<br>Ad Hoc End of AIDS Community Group |
| Q16: **I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| Q17: **Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br><br>If yes, please provide your email address<br>BBashein@acria.org |

#28

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 2:16:59 PM
**Last Modified:** Thursday, October 30, 2014 2:24:13 PM
**Time Spent:** 00:07:14
**IP Address:** 70.208.85.9

PAGE 1

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

| | |
|---|---|
| First Name | Doug |
| Last Name | Wirth |
| Affiliation | Amida Care |
| Email Address | dwirth@amidacareny.org |

**Q2: Title of your recommendation** — Expanded HIV Quality Metrics

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

Propose to develop new HIV quality metrics within NYS Medicaid Managed Care (with future spread envisioned to NYS of Health): HIV testing metric; in treatment (Raves) metric; % undetectable metric; harmonize metrics for all state, as described below. These expanded HIV Quality Measures should be demonstrated and tested in Medicaid managed care and then spread to all State-Regulated Health Insurers, including private insurance, corrections, and other non-covered jurisdictions. Both health plans and providers should be rewarded and recognized for exceeding quality performance requirements. NYS Medicaid Program support for managed care health plans can lead to evidence based improvement in overall population wellness, resulting in a decrease in overall health care costs.

In order to accelerate efforts to end AIDS, the QARR and HIV QUAL performance indicators need to be expanded in order to track and trend health plan efforts:

1. A standard panel of preventive screenings, such as HIV testing, in the annual comprehensive Primary Care Provider (PCP) visit.
o Description- Percentage of members tested annually (numerator) divided by all members continuously enrolled during the measurement year (no more than a 45 day gap).

Proposed Specification:
% Unique Members Completing an HIV Antibody Screen ÷ Total Membership Not Diagnosed with HIV/AIDS = HIV Testing

2. Viral load (VL) testing every 6 months for positive individuals.
o Description- Percentage of confirmed HIV positive members who had a VL test conducted in the first six months and last six months of the measurement year (numerator) divided by all confirmed HIV positive members continuously enrolled during the measurement year (no more than a 45 day gap).

Proposed Specification:
% Unique HIV+Members Completing 2 Viral Load Tests ÷ Total Membership Diagnosed with HIV/AIDS = VL Monitoring

3. Viral load (VL) suppression.
o Description- Percentage of confirmed HIV positive members who had at least 1 undetectable Viral load result in the measurement year (numerator) divided by all confirmed HIV positive members continuously enrolled during the measurement year (no more than a 45 day gap) who had at least 3 consecutive months of ARV prescriptions.

Proposed Specification:
% Unique HIV+Members Having at Least 1 Undetectable Viral Load Result ÷ Total Membership Diagnosed with HIV/AIDS and having 3 consecutive months of ARV prescriptions = VL Supression

4. Medication Possession Ratio (MPR) annualized.
o Description- Percentage of all confirmed HIV positive members who are dispensed ARV Treatment every 30 days with no more than a 45 day gap in the measurement year (numerator) divided by all confirmed HIV positive members continuously enrolled during the measurement year (no more than a 45 day gap).

Proposed Specification:
% Unique HIV+Members Dispensed ARV Treatment ÷ Total Membership Diagnosed with HIV/AIDS = Medication Possession

| | |
|---|---|
| **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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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 policy |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | *Respondent skipped this question* |
| **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?**

The perceived benefits are possessing specific data that acts as a snapshot of the current state of overall HIV testing and treatment practices throughout the state. This data will provide DOH with a detailed understanding of which MCOs and provider networks are most successful in providing routine HIV testing, risk reduction therapies like PrEP, linking HIV-positive individuals to treatment, maintaining viral load suppression in individuals already linked to care. Overall this data can serve as a benchmark of the state's overall progress in achieving its End of AIDS goals.

| | |
|---|---|
| **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?** | *Respondent skipped this question* |
| **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)<br>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 |
| Q16: **I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| Q17: **Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | No |

**#29**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 2:26:24 PM
**Last Modified:** Thursday, October 30, 2014 2:36:09 PM
**Time Spent:** 00:09:45
**IP Address:** 70.208.85.9

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Doug |
| Last Name | Wirth |
| Affiliation | Amida Care |
| Email Address | dwirth@amidacareny.org |
| **Q2: Title of your recommendation** | Include Routine HIV Testing in Annual Primary Care Visit |

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

HIV testing should be included in the standard panel of preventative screenings that are part of the annual comprehensive Primary Care Provider visit. All Medicaid managed care plans have a key role in the testing, treatment, and access to the continuum of care, including, but not limited to case management, substance abuse services, housing services and mental health care. Testing for HIV should be treated as any sexually transmitted disease (STD) and not require special consent.

| | |
|---|---|
| **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 |
| **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 policy |
| **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)?** | Within the next year |

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

The benefits of routine testing and standardization among all providers will increase early diagnosis of HIV and improve linkage to care. If all primary care providers offer routine HIV testing it will decrease HIV testing stigma.

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

Additional training and technician assistance will be needed for primary care providers who are not following the law and need additional culturally-relevant training to integrate routine testing into all primary care visits.

| | |
|---|---|
| **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?**

High risk populations most at risk for acquiring and transmitting HIV will most benefit from this recommendation. Routine testing leading to earlier diagnosis of HIV will allow for earlier linkage to treatment services and decrease overall HIV transmission rates in high risk populations such as MSM and young black and Hispanic populations.

| | |
|---|---|
| **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)<br>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 |

| | |
|---|---|
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | No |

**#30**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 2:20:03 PM
**Last Modified:** Thursday, October 30, 2014 3:27:01 PM
**Time Spent:** 01:06:57
**IP Address:** 74.76.233.136

PAGE 1

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

| | |
|---|---|
| First Name | Gabby |
| Last Name | Santos |
| Affiliation | In Our Own Voices, Inc. |
| Email Address | gsantos@inourownvoices.org |

**Q2: Title of your recommendation**

Culturally-Specific Interventions for Transgender POC and WSW Communities

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

In order to break through the stigma and other unique issues that exist in Transgender POC and WSW communities, we must design interventions that speak to their diverse cultural experiences. Although we have advanced with curricula and service delivery models specific MSM and Heterosexual men & women, we still do not see CDC supporting specific gender-based interventions aimed at Trans women, Lesbian and Bisexual women. Trans women do not want to be clumped in with MSM-specific research, social marketing and programming. WSW, especially bisexual women and women who are questioning have risk factors that continue to be dismissed. A supportive model to ensure culturally-specific, gender-based interventions is one that is homegrown, for and led by the target population. Culturally-specific interventions and models of care can still be evidence based. Giving Transgender and WSW programs the autonomy to develop such a program, as well as to evaluate incremental and long-term outcomes can bring visibility and credibility to to the impact this approach has in client recruitment, testing, linkages to care and ultimately viral suppression to an undetectable state, as well as prevention for high-risk negatives.

**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

,

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

,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

**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.

,

Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the

| | |
|---|---|
| | Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | Unknown |
| **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)?** | Within the next year |

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

Benefits would include supporting the End of AIDS Epidemic Plan by breaking through stigma and other uniquer barriers to testing, treatment and follow up care. It would also align with the Bending the Curve model of prevention by offering culturally-specific risk reduction services (including PrEP referrals) to high-risk negatives.

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

In order for culturally-specific, gender-based models to work the programming must be led by providers who are part of that particular community. This allows a more organic connection with the target population in order to use them as a resource to inform the design of the interventions. This lends its way to retention and success rates.

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

The costs to give life to this recommendation requires the sustainability of existing Transgender and WSW grants, additional culturally-specific, gender-based grants and explicit language that allows homegrown interventions as part of the CDC and/or NYS HIV Interventions approved list.

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

Clients will report a decrease in social isolation and an increase in overall Healthy Behavior Choices. Clients will increase their self-efficacy in HIV prevention (high-risk negatives) and treatment (positives), reaching undetectable states. This will take place on an individual level while impacting community viral load levels, all of which support the goal of ending the AIDS epidemic by 2020.

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

Transgender people and WSW communities, particularly Trans women of color and WSW of color.

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

Including wrap-around services in order to address other social and medical disparities that can prevent access to HIV testing, treatment and follow up. These wrap-around services can also be monitored to identify a correlation with HIV treatment progress.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Advocate |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br>If yes, please provide your email address<br>gsantos@inourownvoices.org |

#31

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 3:22:57 PM
**Last Modified:** Thursday, October 30, 2014 3:27:10 PM
**Time Spent:** 00:04:12
**IP Address:** 66.108.190.65

PAGE 1

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

| | |
|---|---|
| First Name | Doug |
| Last Name | Wirth |
| Affiliation | Amida Care |
| Email Address | dwirth@amidacareny.org |

| | |
|---|---|
| **Q2: Title of your recommendation** | Linkage to Care and Prevention Strategies for High Risk Negatives |

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

Utilize DSRIP Project 2.d.i (Project 11) funding to engage uninsured (UI), non-utilizing (NU) and low-utilizing (LU) individuals that are at high risk for HIV to engage and activate them to utilize preventive HIV services. To respond to the disproportionally high and growing rates of HIV infection, we recommend implementation of a comprehensive and culturally competent HIV prevention program of linkages to care, and prevention strategies that are designed to augment behavioral change and reduce the risk of HIV infection among these targeted populations and other High Risk Negative (HRN) persons. Specifically, to launch an extensive educational and outreach effort to increase the awareness and availability of non-occupational Post exposure prophylaxis (nPEP) and Pre-exposure prophylaxis (PrEP) treatment, strategies that use antiretroviral medications (ARVs) to reduce the risk of acquiring HIV infection in UI, NU and LU populations.

“Hot spot” areas with high-risk, undocumented or underutilizing populations will be identified and CBOs who are familiar with these populations and trusted by the community, can perform concentrated outreach and linkage to care. Peer outreach workers and navigators will staff the hot spot areas (for example a local hospital’s emergency room) to flag and divert likely candidates for PrEP counseling by PCP specifically trained in PrEP counseling. These peers will also link the UI, NU and LU populations to insurance coverage and other social benefits.

Studies have shown that these biomedical preventions strategies can vastly reduce the chances of HIV infection. A large, multi-country clinical trial found that PrEP provided 44% additional protection to MSM who also received other prevention services (i.e. monthly HIV testing, condom provision, and management of other sexually transmitted infections). Similarly, nPEP has been found to be effective at blocking HIV infection up to 80% when taken daily starting within 72 hours of exposure.

Despite this evidence, medical providers and the public remain largely misinformed or unaware of nPEP and PrEP. A recent survey of infectious disease specialists showed that 74% supported the use of PrEP, but only 9% had actually prescribed it. Other studies show that only about a third of MSM in NYC are aware of PrEP, and even fewer (1.5%) have used it, despite 63% reporting having had unprotected sex in the past 90 days.

Several factors contribute to this limited understanding of nPEP and PrEP, including low levels of education, infrequent HIV testing, and little or no contact with AIDS specialists who are more likely to be informed on the treatments than general practitioners. Also, outspoken critics of nPEP and PrEP have publicized conflicting information about these prevention strategies, leaving many people confused about their availability and effectiveness. It is critical that community health providers and patient navigators working with UI,NU and LU individuals are fully educated on all aspects of nPEP and PrEP so they can effectively provide accurate information to the targeted HRN population.

Organizations can incorporate education and linkage programs into their current health education and outreach activities so that all eligible individuals can be informed of the potential utility, benefits, and availability of nPEP and PrEP. Organizations can provide expedited referrals for nPEP to patients at risk for HIV due to possible exposure, and referrals for PrEP to clients who would like to learn about long term HIV prevention. Peer Specialist can be available to help clients access PrEP and provide support for treatment adherence.

One of the primary goals of intervention for HRN individuals is to educate providers, patient navigators and outreach workers about the availability PEP and PrEP so that they can provide the targeted populations with referrals and information. The intervention can be based on New York State AIDS Institute’s clinical guidelines on incorporating PrEP and nPEP into a comprehensive, system-wide approach to HIV prevention. It can include basic information on the efficacy and utility of nPEP and PrEP, linkage and referrals to the services, potential side effects, health insurance options that cover nPEP and PrEP, including the availability of Medicaid coverage, and implications for delayed initiation of nPEP. Given that PrEP’s efficacy is highly dependent on adherence, the program will provide a range of adherence tools, including peer support groups, case managers and coordination with primary care and behavioral health providers to successfully manage co-morbidities of HRN populations. The program can emphasize that nPEP and PrEP are not 100% effective and do not protect against other STDs, and should be used in conjunction with condoms, HIV testing and other prevention strategies.

| | |
|---|---|
| **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)** | Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **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?** | New 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)?** | Within the next year |

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

Cost-effectiveness studies illustrate that if 25% of NYC's high-risk MSM populations are identified and link to PrEP treatment, new HIV infections would decrease by 4-23%.

| | |
|---|---|
| **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?** | *Respondent skipped this question* |

| | |
|---|---|
| **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** | *Respondent skipped this question* |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | No,<br>If yes, please provide your email address<br>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 |

**#32**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 3:11:30 PM
**Last Modified:** Thursday, October 30, 2014 3:31:47 PM
**Time Spent:** 00:20:17
**IP Address:** 88.19.189.70

PAGE 1

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

| | |
|---|---|
| First Name | Kenyon |
| Last Name | Farrow |
| Affiliation | Treatment Action Group |
| Email Address | kenyon.farrow@treatmentactiongroup.org |

**Q2: Title of your recommendation** — Housing for Homeless LGBTQ Youth as Prevention and Treatment Intervention

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

The lack of safe and supportive housing for homeless youth in New York State is a matter of urgent concern for the LGBTQ community in particular, and greatly exacerbates rates of HIV infection among LGBT Youth.

A 2010 NYC Council report found that estimated 40% of the 3,800 homeless youth - over 1,600 - identified as LGBTQ. LGBTQ youth are eight times more likely to experience homelessness than heterosexual youth. As LGBTQ youth come out in greater numbers and at earlier ages, a significant percentage are denied the love and support of their families, forcing many into homelessness. Based on these numbers, NYS would need at about 2,000 additional Emergency and Transitional shelter beds for LGBT homeless youth to meet the current demand.
In addition to being a failed health policy that endangers the health and well-being of runaway and homeless youth, New York's inadequate response is also fiscally irresponsible.
By choosing not to dedicate adequate funding, state and city lawmakers are exposing LGBTQ runaway and homeless youth to a host of risks and health and human service disparities, particularly HIV. Several studies cited in the Report of the New York City Mayoral Commission for LGBTQ Runaway and Homeless Youth, released by DYCD in June 2010, found that:
• LGBTQ youth face significantly greater incidents of physical and sexual assault than heterosexual youth.
• LGBTQ youth experience greater incidents of substance abuse and mental health disorders, both of which have been associated with increased risk for acquiring HIV.
• As many homeless LGBTQ youth are forced to resort to prostitution to survive, recent studies have indicated that approximately 20% of NYC's homeless LGBTQ youth become infected with HIV.
• Depressive disorders disproportionately impact LGBTQ youth, with 63% of LGBTQ youth having considered or attempted suicide compared with 29% of heterosexual youth who indicated the same.

Housing can me a major tool to prevent homeless LGBT youth from becoming HIV positive in the first place.

Several studies have shown homeless youth have higher numbers of sex partners than youth who are housed. Similarly, among youth who are sexually active, homeless youth report less consistent condom use than youth whom are housed. As a result, homeless youth have much higher rates of STis and HIV prevalence than their counterparts in homes. Over time, persons who improve their housing status reduce risk behaviors by as

much as half, while persons whose housing status worsens are as much as four times as likely to engage in behaviors that can transmit HIV. For homeless/unstably-housed people, housing assistance is an evidence-based HIV prevention intervention.

In addition, there are several health related outcomes that directly connect homelessness and HIV risk.

• Homelessness and unstable housing are strongly associated with greater HIV risk, inadequate HIV health care, poor health outcomes, and early death. A 2005 New York City study found the rate of new HIV diagnoses among homeless persons sixteen times the rate in the general population, and death rates due to HIV/AIDS five to seven times higher among homeless persons.

• For people living with HIV, lack of stable housing poses barriers to engagement in care and treatment success at each point in the HIV care continuum. Numerous studies, including, consistently find that PWH who lack stable housing are: more likely to delay HIV testing and entry into care following HIV diagnosis; are more likely to experience discontinuous care – dropping in and out of care and/or changing providers often; are less likely to be receiving medical care that meets minimal clinical practice guidelines; are less likely to be on antiretroviral therapy (ART); and are less likely achieve sustained viral suppression. Compared to stably housed PWH, homeless and unstably housed PWH: rate their mental, physical and overall health worse; are more likely to be uninsured, use an emergency room, and be admitted to a hospital; and have significantly higher rates of all-cause mortality. In fact, housing status is a stronger predictor of HIV health outcomes than individual characteristics including gender, race, ethnicity or age, drug and alcohol use, and receipt of social services, indicating that housing itself improves the health of people living with HIV.

• The conditions of homelessness and housing instability are also independently associated with increased risks of acquiring HIV and of transmitting the virus to others, after adjusting for other factors that influence risk such as substance use, mental health issues and access to services. Among extremely low-income HIV+ persons coping with multiple behavioral issues, those who are homeless or unstably housed are found to be two to six times more likely to use hard drugs, share needles or exchange sex than stably housed persons with the same personal and service use characteristics. A recent study found that young MSM who lacked stable housing were over three times as likely as their housed counterparts to engage in high risk sexual behaviors. Poor HIV health and higher viral load among homeless and unstably housed persons with HIV is also a factor, increasing the risk associated with exposure. Not surprisingly, among persons at greatest risk of HIV infection (e.g., men who have sex with men, persons of color, homeless youth, IV drug users, and impoverished women), those who lack stable housing are much more likely to acquire HIV over time.

• Research findings, including results from two randomized controlled trials, show that housing assistance is an evidence-based HIV health care intervention. CHAIN study data show that over time receipt of housing assistance is among the strongest predictors of accessing HIV primary care, maintaining continuous care, receiving care that meets clinical practice standards, and entry into HIV care among those outside or marginal to the health care system. For homeless/unstably-housed people, housing assistance is also an evidence-based HIV prevention intervention. Over time, persons who improve their housing status reduce risk behaviors by as much as half, while persons whose housing status worsens are as much as four times as likely to engage in behaviors that can transmit HIV.

| | |
|---|---|
| **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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | 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?** | Unknown,<br>Other (please specify)<br>Requires additional funding and resources to scale up housing for LGBTQ across NYS. |
| **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)?** | Within the next three to six years |

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

By choosing to dedicate adequate funding to runaway and homeless youth housing, state and city lawmakers would help greatly reduce the chances that LGBTQ runaway and homeless youth are exposed to a host of risks and health and human service disparities, particularly HIV. If NYS expands the number of beds for homeless and runaway youth, particularly LGBTQ youth, this could potentially reduce the social drivers of homelessness and unstable housing that help facilitate high rates of HIV infection among LGBTQ Youth and all homeless and runaway youth by:
• Reducing mental stress of homelessness that increases substance abuse and mental health disorders including suicide attempts, both of which have been associated with increased risk for acquiring HIV.
• Reducing the number of youth involved in unsafe sex through street based sex work.
• Increase the possibility of HIV testing and linkage to care through Medicaid coverage for homeless and runaway youth whether HIV negative or positive, many of whom are disconnected from health care systems until they become HIV positive.
• Facilitating access to PrEP for HIV negative youth whom are high-risk.
• Increase knowledge of HIV status among HIV positive youth along with better health outcomes along the HIV care continuum if connected to stable housing.
• Increase engagement in mental health counseling, job readiness and educational opportunities through case management and supportive services provided in transitional housing settings.

**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?**

In order to expand the number of beds for homeless youth in New York State to adequate levels, New York State needs to restore the level of funding for Runaway and Homeless Youth services to $4.7 million, with parity given to high incidence areas as well as the need for housing in already decimated rural communities. This level of funding would be $1.5 million more than the $745,000 the city received from the state in last year's budget.

The cost to taxpayers of providing homeless youth with beds in shelters today is far less than the cost of providing those same individuals with beds in hospitals or prisons in the future. Youth who are left to fend for themselves on the streets often engage in underground economic activities that put them at risk of arrest and exposes them and others to HIV and other communicable diseases.

**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?**

There are over 3800 homeless youth in NYS, and only about 250 beds dedicated to this population, and a vast majority of whom are youth of color and LGBTQ youth of color. By providing more housing for LGBTQ youth connected to supportive services, we have an opportunity to create more connection to care and economic stability for HIV positive youth, and reducing incidence among LGBTQ and runaway/homeless youth in the future.

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

The indicators are to measure how many new beds for homeless youth we're able to create, as well as measuring a reduction of homelessness among youth. Similarly, research can be done at various points in reaching this population, including intake into the shelter system, to determine seropositivity rates in the population, and over time measuring our success in reducing incidence among LGBTQ youth, and homeless/runaway youth overall. In order to measure our success as a state in ending the AIDS epidemic, we will need to develop many treatment cascades for various high-risk communities, and LGBTQ homeless youth may be a specific community to develop cascades along with more housing to measure our success over time.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Advocate,<br><br>Other (please specify)<br>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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br><br>If yes, please provide your email address<br>kenyon.farrow@treatmentactiongroup.org |

**#33**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 2:54:28 PM
**Last Modified:** Thursday, October 30, 2014 3:36:24 PM
**Time Spent:** 00:41:55
**IP Address:** 64.61.84.122

PAGE 1

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

| | |
|---|---|
| First Name | Alison |
| Last Name | Yager |
| Affiliation | HIV Law Project |
| Email Address | ayager@hivlawproject.org |

**Q2: Title of your recommendation**

Guaranteeing Minors the Right to Consent to HIV Treatment & Prophylaxis

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

NYS should amend Public Health Law, Article 27(f) ("HIV and AIDS Related Information") to allow for minors to consent to their own HIV treatment and prophylaxis.

**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
,

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
,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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 policy |
| **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?**

In New York State, a competent minor may consent to both STI and HIV testing without the need for parental consent. The law further allows minors to consent to STI treatment , but for good reasons HIV is not included in the definition of STIs for these purposes.  Statutory law, with a few exceptions, fails to guarantee minors the right to consent to their own confidential care and treatment for HIV/AIDS.

This legal bind-- that minors may be tested, but are not guaranteed the right to confidential treatment under state law -- forces young people who are unable or unwilling to disclose their HIV status to an adult authorized to make their health care decisions to forego treatment, a cruel outcome for someone newly diagnosed. Some young people are also less likely to get tested if they know that obtaining treatment is only possible with parental notification and consent.  A statutory scheme that allows a minor to consent to testing but not to treatment fails to meet the critical health needs of this essential population.  The proposed recommendation would remedy this shortcoming, and would allow minors to access the care they need, particularly if the state simultaneously takes action on the related recommendation regarding regulation of Explanation of Benefits forms for dependents.

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

Some constituents/stakeholders might raise concerns about a parent’s right to be involved in his/her child’s health care.

There may be concerns about whether a young person can maintain a care and treatment regimen without the support of an involved parent.

Solving the consent issue without solving the related Explanation of Benefits (EOB) confidentiality problem will not fully free many minors to access confidential care.

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

Outreach to providers regarding changes in the law.

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

*Savings associated with receipt of early treatment by those who might have delayed treatment until they reach the age of majority, and could consent to their own care, including reduction in ongoing transmission.

*Savings to hospitals and healthcare providers who must currently spend time determining how to remain within the letter of the law – work that would be unnecessary if minors were allowed to consent to their own care.

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

• Youth
• Adolescent health care providers and their institutions
• Parents
• LGBT youth service providers
• Foster care administrations and agencies

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

• Meeting of appropriate parties to determine legislative language and placement.
• Create outreach materials for providers and adolescents about the change in the law.
• Inclusion of legislative language in budget bill.
• Subsequent to passage of language (approval of budget), inform adolescent healthcare providers and care-giving institutions, as well as adolescents themselves about the change in the law.
• Percent of minors with a positive HIV test who are linked to and retained in HIV care.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Other (please specify)<br>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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | No |

**#34**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 2:43:01 PM
**Last Modified:** Thursday, October 30, 2014 3:43:28 PM
**Time Spent:** 01:00:27
**IP Address:** 64.61.84.122

PAGE 1

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

| | |
|---|---|
| First Name | Alison |
| Last Name | Yager |
| Affiliation | HIV Law Project |
| Email Address | ayager@hivlawproject.org |

**Q2: Title of your recommendation**

Comprehensive Sexuality Education for all of New York's Students

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

NYS legislature should pass a law that requires the Commissioner of Education and Board of Regents to develop a regulation requiring all school districts to provide K-12 sexuality education, including a policy, essential curricular elements (including instruction regarding PrEP and PEP), and a plan for monitoring implementation and evaluation. Instruction shall be in alignment with the National Sexuality Education Standards (http://www.futureofsexed.org/documents/josh-fose-standards-web.pdf) and require that all students in grades K-12 receive a prescribed number of hours of instruction in elementary school, middle school and high school of comprehensive, age-appropriate, medically accurate, unbiased sexual health education.

The regulation should further require those who teach sexuality education to receive appropriate and ongoing training. A sexuality education mandate must come with a substantive implementation plan and accountability metrics, including the number and percent of schools/students who receive education that conforms to National Sexuality Education Standards. Essential to the success of implementation is the creation of a system to support best practices, including training of teachers and creation of a centralized hub for compilation and dissemination of supportive resources.

(Note, this recommendation falls in line with recommendations from the New York State Youth Sexual Health Plan that was released by the State earlier this year: http://www.health.ny.gov/community/youth/development/docs/2014_nys_youth_sexual_health_plan.pdf)

| | |
|---|---|
| **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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative<br>,<br>Other (please specify) Prevention among youth |
| **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?** | New policy |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Other (please specify)<br>Statutory and/or regulatory 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)?** | Other (please specify) Within the next 1-2 years |

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

Sexual health education promotes healthy attitudes concerning growth and development, body image, gender, sexuality, dating, relationships (including familial, friendly, romantic, and intimate), sexual orientation, and gender identity, and positively affects adolescent behavior. Sexual health education provides students with the knowledge, skills, and support they need to make healthy decisions, develop positive beliefs, and respect the important role sexuality plays throughout a person's life. At the secondary level, sexuality education includes the knowledge and skills to delay sexual activity and prevent and protect against sexually transmitted infections (STIs) including HIV, unintended pregnancies, including the effective use of condoms and contraceptives and PrEP.

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

• Some number of conservative politicians and vocal interest groups are likely to oppose any sexuality education mandate, particularly if it extends to the lower grades
• School superintendents may oppose additional monitoring and training requirements
• Principals may object to additional implementation challenges and reporting requirements
• Training, implementation, and oversight will require new resources from the Department of Education.

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

* Vetting and purchasing curricular materials (state or district level)
* Teacher training (district level)
* Establishing an implementation plan
* Monitoring implementation

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

* Fewer HIV infections among young people
* Fewer STI infections among young people
* Fewer unintended pregnancies among young people
* Heightened awareness of PrEP among young people, and associated rise in PrEP uptake
* Increased student understanding of their rights, confidentiality, and accessing and using health care
* By decreasing stigma and raising awareness, education encourages testing and connection to care.
* Increase equity of access to medically accurate HIV and sexual health education/information

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

• Students/Youth
• Parents
• Teachers
• Principals
• Superintendants and local Boards of Education
• NYS Department of Education

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

• Create task force to develop goals, implementation strategy, and accountability benchmarks, and propose regulatory language
• Pursue federal funding opportunities to support training and implementation
• Hire state-wide support staff to support districts in implementation and provide targeted training and training-of-trainers (DOE)
• Create/centralize repository of online resources, taking advantage of existing resources (e.g. CDC's extensive resources and databases: http://www.cdc.gov/healthyyouth/AdolescentHealth/registries.htm)
• Disseminate regulation, implementation and accountability plans (integrate reporting requirements with DASA reporting; include spot-checks of a small number of schools)
• Create train the trainer calendar, with sessions to be offered across the state, and online
• Provide contacts at State DOE to serve as supports to districts, principals, and teachers
• Execute accountability plan

| | |
|---|---|
| Q15: **This recommendation was submitted by one of the following** | Other (please specify)<br>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 |
| Q16: **I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| Q17: **Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | No |

**#35**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 3:34:36 PM
**Last Modified:** Thursday, October 30, 2014 3:48:24 PM
**Time Spent:** 00:13:47
**IP Address:** 72.89.121.18

PAGE 1

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

| | |
|---|---|
| First Name | Jim |
| Last Name | Eigo |
| Affiliation | ACT UP/NY |
| Email Address | jimeigo@aol.com |

**Q2: Title of your recommendation**

HIV Testing by Pharmacists & in More Healthcare Settings

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

Allow pharmacists to conduct HIV tests and provide referrals to care and service. Consider expanding HIV testing into a wider range of healthcare settings, such as dentist's offices and mental health services.

**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

| | |
|---|---|
| **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.<br>,<br>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?** | Unknown |
| **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)?** | Within the next year |

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

Expanding HIV testing to sites that some people at risk for HIV might more readily use than typical HIV testing sites.

| | |
|---|---|
| **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 at risk for HIV who avoid traditional testing sites.

| | |
|---|---|
| **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** | Ending the Epidemic Task Force member,<br><br>Other (please specify)<br>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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | *Respondent skipped this question* |

**#36**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 3:54:11 PM
**Last Modified:** Thursday, October 30, 2014 4:01:49 PM
**Time Spent:** 00:07:37
**IP Address:** 64.61.84.122

PAGE 1

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

| | |
|---|---|
| First Name | Alison |
| Last Name | Yager |
| Affiliation | HIV Law Project |
| Email Address | ayager@hivlawproject.org |

**Q2: Title of your recommendation**

NYS Should Update Its AIDS Education Requirement

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

NYS Department of Education should update its AIDS education requirement (8 NYCRR 135.3(b)(2) and 135.3(c)(2)). The following changes should be made to the regulation:
• The regulation should require that school districts select curricula that are listed on the CDC Adolescent and School Health registry (or other related best practice sites) or that meet CDC best practice review criteria using HECAT (Health Education Curriculum and Assessment Tool)
• The regulation should require that HIV/AIDS prevention education shall remain current and accurately reflect the latest information and recommendations from the federal Centers for Disease Control and Prevention (CDC)
• The regulation should require that DOH author and disseminate on an annual or bi-annual basis, an HIV medical update to ensure that teachers have current information
• The regulation should require that information about PrEP and PEP be included in prevention lessons
• The regulation should require that middle and high school students receive information on local resources for HIV testing and medical care.
• The regulation should require that the lessons be unbiased
• The regulation should require that lessons include skills-building, including communication, refusal, decision-making, planning, and goal-setting
• The regulation should require discussion of HIV myths, stereotypes, and stigma
• The regulation should require that districts submit an implementation and monitoring plan to the State Department of Education
• All references to “AIDS” should be changed to “HIV/AIDS”
• The regulation should further require those who teach HIV education are to receive appropriate training and ongoing access to resources and support. The HIV education mandate demands a meaningful monitoring plan. Essential to the success of implementation is the creation of a system to support best practices, including training of teachers and creation of a centralized hub for compilation and dissemination of supportive resources and practices.

| | |
|---|---|
| **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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative<br>,<br>Other (please specify) Prevention among youth |
| **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 policy |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Other (please specify)<br>Regulatory 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?**

Commissioners Regulation 135.3 requires school districts to provide AIDS instruction in grades K-6 and as part of the required health education course that occurs once in grades 7/8 and once in grades 9-12, yet provides virtually no substantive guidance or support to school districts.

Further, the regulatory language of the mandate has not been updated since 1992. A contemporary read reveals that essential topics must be added, and the regulation must be reviewed and updated to keep it relevant.

Further, the quality of HIV education, and the degree to which curricular materials are current, varies dramatically across the state (see http://www.nyclu.org/publications/report-birds-bees-and-bias-2012). The proposed updates to the regulation would provide needed guidance and detail to teachers and administrators, and in turn allow for greater consistency of implementation. Additionally, the proposed updates would help to ensure that lesson plans and curricular materials reflect current science, that they directly address HIV stigma, and that they newly emphasize skills-building alongside knowledge.

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

No.

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

* Costs to districts to review curricula for compliance with new requirements and invest in new curricula
* Costs to districts to invest in teacher training
* Costs related to monitoring compliance

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

* Heightened awareness of PrEP among at-risk young people, and associated rise in PrEP uptake
* A drop in HIV stigma/bias and more respect, caring and empathy for people with HIV and their family members
* Increased student connection to local healthcare facilities
* Increased compliance, inclusiveness and integration of the Dignity for All Students Act and related components
* By decreasing stigma and raising awareness, education encourages testing and connection to care

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

• Students/Youth
• Parents
• Teachers
• Principals
• Superintendents and local Boards of Education
• NYS Department of Education

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

• Draft revised regulatory language
• Pursue federal funding opportunities to support training and implementation
• Hire state-wide trainers (DOE)
• Create/centralize repository of online resources, taking advantage of existing resources (e.g. from the CDC: http://www.cdc.gov/healthyyouth/AdolescentHealth/registries.htm, and the Office of Adolescent Heath at HHS: http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/)
• Disseminate revised regulation
• Create train the trainer calendar, with sessions to be offered across the state, and online
• Provide contacts at State DOE to serve as supports to districts, principals, and teachers
• Execute monitoring plan

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Other (please specify)<br>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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | No |

**#37**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 3:59:33 PM
**Last Modified:** Thursday, October 30, 2014 4:09:04 PM
**Time Spent:** 00:09:31
**IP Address:** 72.89.121.18

PAGE 1

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

| | |
|---|---|
| First Name | Jim |
| Last Name | Eigo |
| Affiliation | ACT UP/NY |
| Email Address | jimeigo@aol.com |

**Q2: Title of your recommendation**

HIV Testing Beyond Medical Settings

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

Move HIV testing into settings where key populations gather in their everyday lives. Consider testing at social gatherings, video arcades, block parties, youth centers, food & fashion outlets, etc.

**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)**

*Respondent skipped this question*

| | |
|---|---|
| **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.<br>,<br>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?** | Unknown |
| **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)?** | Within the next year |

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

Offering HIV testing to individuals in key populations who are unavailable at more traditional HIV testing sites.

| | |
|---|---|
| **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 at risk who rarely engage with traditional healthcare.

| | |
|---|---|
| **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** | Ending the Epidemic Task Force member |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | *Respondent skipped this question* |

**#38**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 4:14:04 PM
**Last Modified:** Thursday, October 30, 2014 4:23:29 PM
**Time Spent:** 00:09:25
**IP Address:** 64.61.84.122

PAGE 1

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

| | |
|---|---|
| First Name | Alison |
| Last Name | Yager |
| Affiliation | HIV Law Project |
| Email Address | ayager@hivlawproject.org |

**Q2: Title of your recommendation**

Increase Vocational Training and Job Opportunities for People Living with HIV

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

AIDS Institute funded consumer programs should newly support vocational and employment opportunities for PLWHA at all points of engagement. Consumer programs should develop partnership linkages and coordination with community agencies and resources to ensure that people living with HIV/AIDS have access to GED training and testing, job training and other adult education, vocational rehabilitation and workforce development services.

Clinical and non-clinical service providers funded by the AIDS Institute are needed to lead the process of systemic change to “Vocationalize” services that may currently present PLHIV with limited to no encouragement and assistance to be employed, or may actively discourage employment. The AIDS Institute can facilitate this through grantee mandates, issuance of guidance, and provision of training and technical assistance to HIV clinical and non-clinical service providers, through, e.g., statewide or regional HIV employment cross-sector conferences/workshops/meetings, online training materials, webinars, agency-level training and TA, etc, on:

• Identifying and decreasing barriers/discouragement to work
• Identifying and increasing incentives/encouragement to work
• Revising program policies and procedures to include assessment of employment needs of PLHIV from initial intake throughout service delivery, with responsive information and referral, or direct delivery of employment services, and required data collection tracking PLHIV employment needs and service delivery.
• Linking to and coordinating with existing providers of training, education, vocational rehabilitation and workforce development and related services, such as ACCES-VR, Ticket to Work, NYESS, OASAS, Work Incentive Planning and Assistance (WIPA), Legal Action Center, American Job Centers (One Stops), and the OTDA HIV/AIDS Employment Initiative.
• Accessing alternative sources of funding for community-based vocational rehabilitation and workforce development services (e.g., ACCES-VR, Ticket-to-Work, NYESS, Dept. of Labor, Workforce Investment Boards (WIBs), OTDA, and HRA).

| | |
|---|---|
| **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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | 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?** | 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)?** | Within the next year |

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

The below excerpt is taken from Getting to Work: A Training Curriculum for HIV/AIDS Service Providers (publication forthcoming), by National Working Positive Coalition:

Research indicates that there are tremendous economic, social and health benefits related to being employed for many individuals, including people with disabilities and those living with HIV/AIDS. This is particularly the case when key economic and psychosocial factors are present in the work environment. Common benefits often associated with employment include income, autonomy, productivity, status within society, daily structure, making a contribution to society, increased skills and self-esteem. Research also indicates that many people with disabilities, including those with HIV/AIDS, report perceptions of being less disabled (or not disabled at all) when they are working. Some research also indicates that being employed is associated with better physical and mental health outcomes for people living with HIV/AIDS when compared to those who are not working. Preliminary data also suggests that transitions to employment are associated with reduction in HIV-related health risk behaviors for many but not all.

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

A focus on vocational rehabilitation and pathways to employment may require a cultural shift among some service providers.

It is important that any new focus on employment not be understood as forced employment, or employment as a condition of receipt of benefits.

A focus on vocational rehabilitation and pathways to employment must not be so principally concerned with placement data as to lose sight of the importance of meaningful work, living wage compensation and self-determined vocational choices.

Large numbers of individuals who would like to work may require significant pre-vocational education, including in basic literacy and numeracy.

Coordination with other relevant government agencies and programs, at the federal, state, and local levels, may be complex.

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

Training of contracted program personnel
Contracting for additional ed/voc services
Needs assessment
Data collection

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

Transition of PLWHA from benefits to work
Decreased mental health costs
Decreased medical care and treatment costs
Improved health and reduced health risk behaviors reducing hospitalizations and care needs.
Reduced reliance on public benefits for income replacement, housing, medical and behavioral health care, food/nutrition.

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

• ASOs
• PLWHA with an interest in employment
• Vocational Rehabilitation providers
• Key statewide and local employment-related service systems, such as NYESS, OTDA, ACCES-VR, Ticket to Work, Work Incentive Planning and Assistance (WIPA), American Job Centers (One Stops) and Workforce Investment Boards (WIBs)

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

• Number of HIV-positive persons who participate in vocational training opportunities
• Number of HIV-positive persons who move from unemployment to peer positions, part-time employment and full-time employment annually
• AIDS Institute should track employment status, needs, and changes in all of its intake and follow up forms. (Pennsylvania is doing this.)
• Numbers of HIV organizations registering with NYESS or ACCES-VR to fund HIV employment programs
• Numbers of state-wide or regional cross-sector conferences/workshops/meetings connecting leaders/representatives from HIV, training/education, vocational rehabilitation, workforce development, benefits advisement and legal services.
• Establishment of centralized online information resource on HIV & employment for service providers and PLHIV.
• Numbers of community and agency level trainings presented on “Vocationalizing” HIV service provision.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Other (please specify)<br>co-written by Mark Misrok of the National Working Positive Coalition and Esther Lok of Federation of Protestant Welfare Agencies, and submitted on behalf of 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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | No |

**#39**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 4:13:50 PM
**Last Modified:** Thursday, October 30, 2014 4:35:13 PM
**Time Spent:** 00:21:23
**IP Address:** 64.61.84.122

PAGE 1

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

| | |
|---|---|
| First Name | Alison |
| Last Name | Yager |
| Affiliation | HIV Law Project |
| Email Address | ayager@hivlawproject.org |

**Q2: Title of your recommendation**

Ensuring Confidential Health Care Services for Covered Dependants

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

A change in state Insurance regulation to ensure that individuals (most obviously young people, but potentially others, including survivors of intimate partner violence) who are dependents on another's insurance may receive sensitive medical services (including HIV testing, care, treatment, and prevention) confidentially.

Colorado's action in this area is a strong model. The Colorado Division of Insurance issued rules requiring health plans to protect health information for adults (whether children, spouses or domestic partners) who are covered as dependents. The rule requires plans to develop a way to communicate directly with the dependent so that information would not be sent to the policyholder without the dependent's consent. This approach, if extended to include minors, is a promising path.

NOTE: Staff at the NYS Dept. of Insurance have already begun reviewing this issue, and including stakeholders in a conversation about strategic approaches to address the problem.

**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
,

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
,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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?** | New policy |
| **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)?** | Other (please specify) Within the next 1-2 years |

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

• Ensure confidentiality of HIV-related services for vulnerable populations (youth, individuals experiencing intimate partner violence)
• Link to and retain in care those who might otherwise choose to forego care for fear that a parent or spouse learn of their HIV status.
• Save public healthcare dollars by diverting from ADAP those who might use that system in lieu of receiving care on their parents' or spouse/partner's plan

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

• Insurers may not be on-board, especially as costs and technical challenges fall to them.
• Creating a fix premised on modifications to the insurers' complex software systems, or individualized inputs to electronic records will inevitably result in some inadvertent breaches of requested confidentiality.
• Consumers may not know, even if new systems are in place, that those systems exist to protect their confidentiality, and may still keep a wary distance from accessing healthcare through their insurance plan. Accordingly, an outreach campaign associated with the change in policy is essential to success.

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

*Design and execution of required systems changes by insurers.
*Education and awareness campaigns targeting consumers and providers.

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

*Savings associated with receipt of early treatment by those who might have delayed treatment until they are no longer covered as dependents.
*Savings will be associated with stemming the stream of dependents who opt out of their parent(s)' insurance and enroll in ADAP

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

• Insurers
• Youth
• Adolescent health care providers
• ADAP
• Insured dependents seeking other sensitive services (e.g. mental health services, reproductive health services, substance use services)

| | |
|---|---|
| **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)<br>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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | No |

**#40**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 4:36:18 PM
**Last Modified:** Thursday, October 30, 2014 4:50:10 PM
**Time Spent:** 00:13:51
**IP Address:** 72.89.121.18

PAGE 1

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

| | |
|---|---|
| First Name | Jim |
| Last Name | Eigo |
| Affiliation | ACT UP/NY |
| Email Address | jimeigo@aol.com |

**Q2: Title of your recommendation**

Improved Interventions for Acute HIV Infection

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

Use surveillance data to better identify and intervene in cases of acute HIV infection. Educate key populations and their providers on symptoms of acute HIV infection; educate providers and how to test for it before standard tests can detect it. The CDC recently promulgated 4th generation testing algorithms for HIV, which could help to close the diagnostic gap, identify people earlier in infection, and reduce onward transmission of acute HIV infection. Facilitate bringing 4th generation testing to points of care. Consider changes to electronically requested glandular fever screens from providers to include opt-out HIV tests in the panel of tests performed in patients aged over 16 years.

**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

| | |
|---|---|
| **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.<br>,<br><br>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?** | Unknown |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| **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?**

Helping to close the window on the period of undiagnosed HIV infection--during which so much forward infection occurs--will benefit both the patient and the community.

| | |
|---|---|
| **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 have their HIV infection diagnosed earlier and their communities.

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

Here is a link for the final suggestion:
http://guyssthomashospital.newsweaver.co.uk/Connect/1eddcfy22091lnlwi9e12m?a=1&p=47982757&t=27877675

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member,<br><br>Other (please specify)<br>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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | *Respondent skipped this question* |

**#41**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 4:52:02 PM
**Last Modified:** Thursday, October 30, 2014 5:04:47 PM
**Time Spent:** 00:12:45
**IP Address:** 72.89.121.18

PAGE 1

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

| | |
|---|---|
| First Name | Jim |
| Last Name | Eigo |
| Affiliation | ACT UP/NY |
| Email Address | jimeigo@aol.com |

**Q2: Title of your recommendation**

Allocate Testing & Prevention Resources to Target Groups at Highest Risk

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

As possible, fund testing and prevention in proportion to risk, highest among men who have sex with men (MSM), especially young men and men of color and transgender women.

**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

| | |
|---|---|
| **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.<br>,<br>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 policy |
| **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)?** | Within the next year |

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

Discovering HIV infection in individuals in communities at highest risk, and discovering it earlier.

| | |
|---|---|
| **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?**

Individuals whose HIV infection would not otherwise have been diagnosed, or diagnosed later, and the communities they live in.

| | |
|---|---|
| **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** | Ending the Epidemic Task Force member |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | *Respondent skipped this question* |

**#42**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 5:06:20 PM
**Last Modified:** Thursday, October 30, 2014 5:22:45 PM
**Time Spent:** 00:16:25
**IP Address:** 72.89.121.18

PAGE 1

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

| | |
|---|---|
| First Name | Jim |
| Last Name | Eigo |
| Affiliation | ACT UP/NY |
| Email Address | jimeigo@aol.com |

**Q2: Title of your recommendation**

Treatment as Prevention Information Campaign

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

Collaborate with communities of high HIV prevalence to design a statewide information campaign about the prevention benefits of HIV treatment. The campaign should target both HIV+ and HIV- individuals and include social media. The goals would be to improve treatment adherence for people living with HIV and the sense they have greater control over their lives and well-being, and to decrease HIV stigma in the affected communities.

**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)** | 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.<br>,<br>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?** | Unknown |
| **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)?** | Within the next year |

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

Improving treatment adherence for people living with HIV and decreasing HIV stigma in the community.

| | |
|---|---|
| **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 living with HIV and the communities they live in.

| | |
|---|---|
| **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** | Ending the Epidemic Task Force member |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | *Respondent skipped this question* |

**#43**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 5:27:42 PM
**Last Modified:** Thursday, October 30, 2014 5:44:03 PM
**Time Spent:** 00:16:21
**IP Address:** 72.89.121.18

PAGE 1

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

| | |
|---|---|
| First Name | Jim |
| Last Name | Eigo |
| Affiliation | ACT UP/NY |
| Email Address | jimeigo@aol.com |

**Q2: Title of your recommendation**

Phone Aps for Healthcare Outreach to Young People in Communities at Risk

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

New York State DOH should develop smartphone aps for healthcare outreach to young people in communities at risk, asking them to come in to participating clinics and healthcare settings to begin an engagement in ongoing care.

**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

| | |
|---|---|
| **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.<br>,<br><br>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?** | Unknown |
| **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)?** | Within the next year |

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

People engaged in healthcare have better outcomes. Maybe we can engage young people in traditionally under-served communities by using the medium they are most familiar with.

| | |
|---|---|
| **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?**

Young people in communities of high prevalence and the communities they live in and engage with.

| | |
|---|---|
| **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** | Ending the Epidemic Task Force member |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | *Respondent skipped this question* |

#44

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 5:54:43 PM
**Last Modified:** Thursday, October 30, 2014 6:06:38 PM
**Time Spent:** 00:11:55
**IP Address:** 72.89.121.18

PAGE 1

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

| | |
|---|---|
| First Name | Jim |
| Last Name | Eigo |
| Affiliation | ACT UP/NY |
| Email Address | jimeigo@aol.com |

**Q2: Title of your recommendation**

Enforce New York State's HIV Testing Law

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

The NYS HIV Testing Law requires health care professionals to offer a voluntary HIV test to all patients (with limited exceptions) between the ages of 13 to 64. Everyone in the field acknowledges that many providers fail to abide by the law. For the health of the state, NYS has to consider measures, educational and punitive, that raise the rate of adherence to the law.

**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

| | |
|---|---|
| **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.<br>,<br><br>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?** | Unknown |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| **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?**

Identifying more people who are living with HIV and linking them to care, and more people who are HIV-negative and at risk and linking them to care.

| | |
|---|---|
| **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 living with HIV who are diagnosed as a result of stricter adherence to the law, and people who are found to be HIV-negative and at risk and linked to care.

| | |
|---|---|
| **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** | Ending the Epidemic Task Force member |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | *Respondent skipped this question* |

**#45**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 7:30:29 PM
**Last Modified:** Thursday, October 30, 2014 8:20:01 PM
**Time Spent:** 00:49:31
**IP Address:** 108.183.13.55

PAGE 1

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

| | |
|---|---|
| First Name | Carmelita |
| Last Name | Cruz |
| Affiliation | Housing Works, Inc. |
| Email Address | c.cruz1@housingworks.org |

**Q2: Title of your recommendation**

Telemedicine for Follow-up Visits and Improved Retention/Linkage in Care and Viral Suppression in Rural Communities

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

Advance the use of telemedicine and social-media based interventions for HIV care providers in place of and/or in support of follow-up visits. Utilize web meetings and online video tools to make a connection between patients in rural areas and medical staff to make it easier to retain people in care who must travel long distances for a follow-up appointment. These services can also be provided through a community based organization where the person doesn't have access to the internet. A lack of adequate transportation is a barrier for medical care for countless low-income people living with HIV/AIDS in rural and suburban communities across New York State.

Advance the use of telemedicine and social media based interventions to provide links for people who have fallen out of care and bring them back into care as well as to deliver reminder for medical visits and medication reminders. This intervention is applicable statewide, not only in rural and suburban communities.

**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.<br>,<br>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 |
| **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 many rural communities the healthcare system is not organized to promote prevention, monitor and coordinate services, provide primary care etc and people are forced to travel long distances for appropriate medical care, especially those people who need to access specialist services. The use of telemedicine and wireless/mobile platforms allow for instant communication over long distances. This also allows for convenience and accessibility for both doctor and patient. Telemedicine would allow access to quality and reliable patient centered medical care. It also allows for a linkage between community based primary care providers and specialists, geographically separated, to consult on a particular patient. Telemedicine would increase the number of primary care and specialty physicians to a particular community and reduce the number of unnecessary emergency room visits.

Use of telemedicine and social media-based interventions through linkage and retention in care allows for increased access to people who may not be able to utilize the phone during the day, this would include victims of domestic violence and youth, etc. Allowing for communication via Facebook, for example, provides an ample opportunity for someone to access medical providers at their convenience. This provides increased linkage and retention in care.

Utilizing these services for medication reminders are especially effective for youth because it allows for increased confidentiality not present when speaking over the phone with someone.

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

Medical providers should be trained in telemedicine and effective social media interventions. Additionally, providers may need to increase current technological capacity. Medical providers and consumers may have additional cocnerns about confidentiality and privacy. There may be a leaning curve with equipment use and there are limitations with a virtual exam.

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

These methods have already been developed and are used by many community-based organizations statewide. Training can be easily developed for providers. Grant funding is available for increased use of telemedicine as well as funding through Delivery System Reform Incentive Payment Program (DSRIP). Providers not currently utilizing telemedicine in their practice will need to procure new equipment.

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

Reduced rate of increase in per capita cost of care to be calculated. Reduced emergency room visits to be calculated.

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

Medical providers
Consumers

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

Measure of percentage of providers who adopt telemedicine. Measure of improved linkage/retention in care and viral suppression among providers that use of telemedicine technology and social media-based interventions. A survey should be done of providers currently using telemedicine.

| | |
|---|---|
| Q15: **This recommendation was submitted by one of the following** | Advocate |
| Q16: **I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| Q17: **Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br>If yes, please provide your email address<br>c.cruz1@housingworks.org |

**#46**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, October 30, 2014 8:20:19 PM
**Last Modified:** Thursday, October 30, 2014 11:56:02 PM
**Time Spent:** 03:35:43
**IP Address:** 108.183.13.55

PAGE 1

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

| | |
|---|---|
| First Name | Carmelita |
| Last Name | Cruz |
| Affiliation | Housing Works, Inc. |
| Email Address | c.cruz1@housingworks.org |

**Q2: Title of your recommendation**

Strategies for Overcoming Rural and Suburban Transportation Barriers

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

A lack of transportation poses a significant barrier to access to medical care for people living in rural and suburban communities, especially for low income people and communities of color. A stipend or reimbursement for gas would allow for access to medical providers for people who otherwise cannot afford the cost of travel. Distance and transportation prevent many people from having access to medical care facilities to maintain their health, forcing them to use emergency rooms as primary care facilities. In many upstate regions, people are traveling a distance of hours to access the closest Designated AIDS Center for specialized care. The Medicaid and Ryan White transportation systems are difficult to use, for both providers and patients.

Additionally, many people need to travel outside of their communities in many rural areas for fear of the stigma associated with identifying as HIV-positive. Many also travel long distances to access syringe exchange services. Absent assistance with traveling, these people are likely to share or reuse syringes and forego medical care altogether.

**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

,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br>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?** | Unknown |
| **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 many rural communities the healthcare system is not organized to promote prevention, monitor and coordinate services, provide primary care etc and people are forced to travel long distances for appropriate medical care, especially those people who need to access specialist services. For communities of color, low income communities and youth, the problem is more compounded. Providing a stipend or reimbursement for travel allows people the opportunity to access medical care without sacrificing other essential needs such as paying rent, utilities and other items for personal care. Often, if a person must choose to buy food or travel to a medical appointment, the choice will be to purchase food. This leads to worsened health conditions, lack of primary and preventive care.

Lack of access to specialty care results in diminished health which increases the cost burden on our healthcare system. This can be easily overcome by providing people with assistance to travel the long distances necessary to access care.

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

Many upstate organizations provide this service already through grants and fundraising, best practices can be adopted from them. There would need to be development of regulations and much community and provider education that the benefit exists.

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

The cost should be calculated by need. Upstate providers who reimburse for travel costs now would be able to provide a better idea of overall costs for implementation.

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

The percentage of people who enroll, providing linkage and retention in care and decreased emergency room use.

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

Consumers
Providers

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

Detailed information should be collected as to the number of people benefited as well as their increase in attending regularly scheduled medical appointments.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Advocate |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br>If yes, please provide your email address<br>c.cruz1@housingworks.org |

**#47**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 5:52:24 AM
**Last Modified:** Friday, October 31, 2014 6:31:14 AM
**Time Spent:** 00:38:49
**IP Address:** 108.4.155.61

PAGE 1

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

| | |
|---|---|
| First Name | Rev. Moonhawk River |
| Last Name | Stone |
| Affiliation | RiverStone Consulting |
| Email Address | hawkrstone@aol.com |

**Q2: Title of your recommendation**

Medicaid coverage for transgender transition related healthcare

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

Medicaid coverage needs to be expanded to include all medically necessary transition related healthcare services. When transgender individuals receive medically necessary care to address their transition related health needs, their health improves along several fronts: mental health improves, suicide rates drop, substance use is decreased and HIV positive people demonstrate better compliance with care. For transgender people who are denied hormone therapy many go on to seek ways of self-administering hormones obtained illegally on the street or internet; without medical monitoring this places transgender individuals at high risk of such events as stroke, blood clots, diabetes, mental health issues due to taking too high a dose of hormones in addition to HIV, hepatitis and other diseases transmitted through needle-sharing. It may also force transwomen to seek illegal silicone injections which can lead to many complications including death. People unable to obtain hormone the ray experience increased rates of depression, suicide attempts, cutting, substance abuse and high risk sexual behavior.

Transgender individuals are 50 times more likely to contract HIV and are a highly targeted population for HIV prevention programming.

| | |
|---|---|
| **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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | 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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |

| | |
|---|---|
| **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 policy,<br><br>Other (please specify)<br>This is a simple regulatory change that then must be follow up with a set of coverage guidelines and it would be recommended that DOH reach out to transgender health care experts to develop those coverage guidelines. |
| **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)?** | Within the next year |

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

Expaning Medicaid to include all medically necessary transgender health care will lead to better health outcomes. Transgender people typically do not seek primary care until very ill, this would help people seek care earlier reducing the complexity of their illness and having a better health outcome. Expanding Medicaid will also reduce long term costs related to illegal medical procedures for transition related care. Overall mental health improves greatly, suicide rates drop, substance use decreases, HIV positive people have better compliance with care. Expanded use of PrEP for transgender people increase as they have increased access to address their primary healthcare concerns.

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

Yes, it would require NYS to repeal NY Comp Code R & Regs tit. 18 & 505.2(l).

Updated education required to healthcare providers and impacted communities.

Creation of new regulations for providing care which can be adopted from jurisdictions/insurance companies that already provide this coverage; and can utilize the WPATH SOC for guidance here.

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

There would be negligible costs involved. Prior to the current Medicaid exclusion services were provided in NYS without any noticeable financial impact on the system. Everywhere these services have been implement that has been negligible impact on the system, San Francisco, CA is the premier example here. The costs of providing services to when there is not transgender related health coverage can be significant as transgender people have a higher need of services for new HIV infection, poor mental health, homelessness, unemployment, etc.

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

Any costs would be off set by savings in mental health and substance abuse services as well as avoidable Hepatitis and HIV infections. Transgender people would also be more able to be fully participating citizens--working, paying taxes, contributing to the community and the state as a whole.

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

Transgender individuals living in New York state currently suffering from both discrimination in the areas of civil and human rights and in access to proper medically necessary healthcare.

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

Providing this coverage and changing data collection (critically important) through healthcare providers will allow for more accurate data and tracking on the number of transgender individuals living in NYS and will allow for data collection in the amount of expended per person per month for costs associated with care and will be helpful in both tracking and avoiding infections in the future.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br>If yes, please provide your email address<br>hawkrstone@aol.com |

**#48**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 7:23:54 AM
**Last Modified:** Friday, October 31, 2014 8:01:20 AM
**Time Spent:** 00:37:26
**IP Address:** 24.193.118.24

PAGE 1

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

| | |
|---|---|
| First Name | Alison |
| Last Name | Yager |
| Affiliation | HIV Law Project |
| Email Address | alison.yager@gmail.com |

**Q2: Title of your recommendation**

Provision of Periodic HIV Medical Updates by NYS DOE

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

New York State requires that schools teach HIV education, yet the state offers no resources to schools and school districts for implementation of this mandate. Meanwhile the science and medicine of HIV treatment and prevention is changing rapidly. New York State Department of Education should provide annual HIV medical updates to be made available online so that health teachers have ready access to the most up-to-date science.

**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
,
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
,
Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative
,
Other (please specify) Prevention among youth

| | |
|---|---|
| **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?** | Other (please specify) New update. |
| **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)?** | Within the next year |

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

HIV treatment and prevention science is in a state of constant progress. Teachers who are required to provide HIV education must themselves be given the tools and the knowledge to teach the most accurate, up-to-date information. Without periodic updates, teachers may not know about e.g. PrEP, PEP, and treatment as prevention, among other new and essential tools in the battle to keep people healthy and safe.

| | |
|---|---|
| **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?**

Staff time to research and write updates.

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

* Providing students and teachers with the most up-to-date information about HIV treatment and prevention
* Fewer new HIV infections among young people
* Greater awareness of and access to PrEP among high-risk youth

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

• Students
• Teachers
• Principals
• School boards/districts
• Superintendents
• Parents
• Adolescent healthcare providers

| | |
|---|---|
| **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)<br>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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | No |

**#49**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 7:53:41 AM
**Last Modified:** Friday, October 31, 2014 8:02:44 AM
**Time Spent:** 00:09:02
**IP Address:** 38.125.6.50

PAGE 1

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

| | |
|---|---|
| First Name | Corinne |
| Last Name | Carey |
| Affiliation | Assistant Legislative Director, New York Civil Liberties Union |
| Email Address | ccarey@nyclu.org |

**Q2: Title of your recommendation**

Recommendations from the New York Civil Liberties Union Regarding Decriminalization of Vital Public Health Tools

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

The New York Civil Liberties Union (NYCLU) recommends Task Force endorsement of a legislative package that would detach criminal consequences and stigma from personal possession of two essential tools in the fight to end the spread of HIV: syringes and condoms.

A) Decriminalize syringe possession. Penal Law § 220.45 should be repealed to decriminalize personal possession of syringes. Nearly 25 years after the first syringe access program was established in New York City (and 23 since syringe exchange was sanctioned by law and became part of New York's public health law) drug users who participate in state-authorized programs continue to face arrest and prosecution for syringe possession. This practice discourages both participation in syringe access programs and adherence to best practices by those who do participate - which reduces program effectiveness and undermines public health by contributing to the spread of infection.

B) Lift restrictions on the Expanded Syringe Access Program. Public Health Law § 3381 should be amended to allow providers registered with the state ESAP program to advertise their participation, and to remove the limit of 10 syringes per transaction. This will improve access and better align the service provided with actual participant needs.

C) End the Practice of Confiscating and Using Condoms as Evidence of Prostitution-Related Offenses. Current law permits a person's possession of condoms to be offered as evidence of prostitution-related criminal and civil offenses. Police sometimes confiscate condoms as contraband, and the fact that a person is carrying condoms can be used as a basis for suspicion, arrest, prosecution, or even eviction. As a result, individuals are discouraged from carrying and using condoms, undermining state efforts to limit the spread of HIV and other STIs. Permitting this practice to continue criminalizes and stigmatizes condom possession, in direct opposition to promotion of condom use as a prevention tool essential to public health. We recommend common-sense reform to end the practice of confiscating and using condoms as evidence.

Most fundamentally, the Criminal Procedure Law and Civil Practice Law and Rules should be amended to

prohibit evidentiary use of condoms as probable cause for arrest, or in legal proceedings related to prostitution. Most people who carry condoms are not sex workers, but ensuring that everyone is able to carry and use condoms - particularly if they engage in sex work - reduces harm to individual health and harm to the general public.

Public health advocates have been seeking this essential law reform since 1993 and have faced unwavering opposition year after year. NYCLU believes that twenty years is too long and we can no longer wait for the opposition to come around. We offer the following proposal as a compromise that we believe can bring both the opposition, and advocates for a complete ban on the practice, to the table. NYCLU recommends:

a. An immediate ban on the evidentiary use of condoms in all misdemeanor offenses related to prostitution, as well as all Class D and E felonies except §§ 230.05 and 230.06, which charge those who patronize persons under 14 years of age.

b. Allowing the use of evidence that a person possessed condoms only in cases brought under the remaining six felonies in Penal Law Article 230, subject to a very narrow exception, for a set period of two to five years before expiration. Under the exception, evidence of condom possession would be admissible only upon a judicial finding that the evidence a) makes out an element of the crime, and no other evidence exists to prove that element; and b) is so central to the prosecution of the crime that the need to admit it in the interest of justice outweighs the robust public health interest in promoting widespread possession and use of condoms as a prevention essential.

c. Adding provisions to New York Law which state that: a) in no case should police be permitted to confiscate condoms from anyone who is alleged to be or who is engaging in sex work, and b) police and other public servants who confiscate disease prevention tools do so in violation of public policy and may be subject to discipline.

d. Requiring a report to the legislature at the end of a two-year period from the date the reforms go into effect to assess the frequency and purpose of evidentiary use of condoms, and the impact of a graduated ban on such use and on the public health. The report would cover a period both before and after initial implementation of the ban, and contain statistics on law enforcement seizure and vouchering of condoms, and use of condoms as evidence at trial or other proceedings.

| | |
|---|---|
| **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)** | Other (please specify) Preventing transmission |

| | |
|---|---|
| **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.<br>,<br><br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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 policy,<br><br>Other (please specify)<br>Support for legislative reform of existing policies and programs |
| **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?**

The ultimate benefit will be the prevention of HIV transmission (as well as the prevention of other blood-borne infections like Hepatitis C). In addition, affected populations will also benefit from lower risk of involvement with the criminal justice system, and reduced exposure to the collateral consequences of those interactions.

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

Implementation of this recommendation would involve Task Force endorsement of a legislative package aimed at improved prevention by way of decriminalizing critical public health tools - syringes and condoms - consistent with evidence-based public health policy. No concerns relevant to Task Force endorsement have been identified at this time.

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

If approved, the cost of implementation of the recommended legislation is unknown but estimated to be minimal. The primary measures reflect adjustments to existing law, policy and practice, so the expense of implementation should largely be limited to training and reporting costs.

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

The estimated ROI is unknown; however, it is anticipated that these measures will reduce public health costs due to increased prevention of HIV transmission, and reduce costs to public safety, courts, and corrections due to reduction in the frequency and extent of law enforcement and criminal justice system interactions with at-risk individuals.

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

Beyond the broad public benefits, the individuals who are most likely to benefit, and who are likely to benefit most quickly, are members of vulnerable populations who are at highest risk for both HIV infection and criminalization - injection drug users, sex workers, those targeted by law enforcement because they are suspected of engaging in sex work (primarily those who live in urban poverty, women of color, transgender and gender-nonconforming individuals), and the families and communities of those New Yorkers.

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

The impact of improved syringe access on transmission prevention, usually expressed as measurable reductions in the rate of infection among injection drug users, is well-established and monitoring is ongoing. In contrast, it may be difficult to isolate, and therefore monitor, the impact of an intervention with broad public reach such as decriminalizing possession of condoms. However, a key component of this recommendation is a report on the frequency and purpose of evidentiary seizure and introduction of condoms, both to gather the facts necessary to determine whether or not the condoms should ever be seized and used as evidence in a case related to prostitution or trafficking, and to monitor compliance with law reform.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Advocate |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |

| | |
|---|---|
| Q17: **Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br>If yes, please provide your email address ccarey@nyclu.org |

#50

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 8:24:55 AM
**Last Modified:** Friday, October 31, 2014 9:08:29 AM
**Time Spent:** 00:43:33
**IP Address:** 70.208.66.12

PAGE 1

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

| | |
|---|---|
| First Name | Doug |
| Last Name | Wirth |
| Affiliation | Amida Care |
| Email Address | dwirth@amidacareny.org |

**Q2: Title of your recommendation**

Develop Peer Specialist health navigation services to support early access to, and retention in, HIV care.

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

Project Description:
The PPS will support an education, credentialing and supported employment program for peers to provide health navigation services in hospital or community-based health settings to support early access to, and retention in, HIV care. The PPS will create a program to train peers, who will draw on their lived experience with HIV, to assist HIV-positive consumers navigate the healthcare environment.

The peers will either be a part of the care coordination team, or serve as health navigators, outreach workers, or retention to care workers. The program will use the skills and experiences of peers to develop relationships with clients at multiple points of contact within the HIV medical system. To be eligible, prospective peers must be 18 years or older, have a high school diploma or GED and publicly self identify as a person with direct personal experience overcoming the challenges resulting from a diagnosis of HIV.

Uniform Education and Credentialing Program: The PPS, in collaboration with other PPSs also incorporating this project, will identify a contractor to develop the program curriculum. Existing peers models developed by the Primary Care Development Corporation, Cicatelli & Associates, Community Access, ASCNYC, Harlem United and Housing Works will be used as a foundation. All peers will receive basic vocation and education skills training including workforce and computer skills, time management, conflict resolution, and ESL classes under project 2.c.i. Patient Navigation; and will be trained on the proposed HIV-specific curriculum. Simultaneously, the PPS, training organizations and state agencies will collaborate to create a single Peer Specialist credentialing mechanism, ensuring accountability and creating a framework so that services become eligible for Medicaid reimbursement. Efforts will build on OMH's Peer Specialist and OASAS Certified Recovery Peer Advocates programs. Based on existing program structures, the education and training component will last approximately 10-12 weeks, including the general and HIV-specific training.

Internship & Full time Employment: At a designated point in the training process, peers will be employed at a hospital or community-based setting within the PPS provider network. Modeled off of "supported employment" programs, peers gain real life job experience coupled with the training process. Internship placements in current programs normally last for 3-6 months. Once the education and internship components are complete,

peers will be eligible to take the credentialing exam. If they pass, they will be placed in a full-time position within the PPS provider network. Technical assistance and training will be provided to organizations hiring the peers. Stipends/salary of peers will initially be paid by the PPS but will become a billable service paid by Medicaid.

Comprehensive Support for Peers: During the education and job placement component, peer workers will continue to receive behavioral health, job placement and skills development assistance. The designated coordinating organization will ensure that all peer graduates find full-time employment within the PPS network while also maintaining the individual's services and support including employment coaching, peer support groups, and mechanisms to support peers who require time-off for medical reasons; as well as support for the organizations that hire the peers.

Resource Availability:
The PPS will draw upon diverse organizations and rich resources to design and implement its Peer Specialist program. Community-based Health Home and ADHC providers like Housing Works, Harlem United, VIP Services and AIDS Service Center of New York City already train and integrate peers into their outreach and treatment programs. Their expertise can be used to design the Peer Specialist curriculum, provide technical assistance at the management and organization level, and provide behavioral, job placement and skills development assistance directly to peers who are working full-time. Other peer training programs such as HHP have over 20 years of experience training and placing peers in health service positions.

Amida Care, a Medicaid Managed Care Organization, can also provide expertise and technical assistance to the PPS based on its Retention to Care and Peer Training Institute. Through these provider network-wide programs, Amida Care coordinates peer-based training programs for its clients. Its Retention to Care Unit utilizes peers to reach it's most difficult clients and re-connect the clients to their providers. Both these programs provide Amida Care with the technical expertise of coordinating peer specialists programs among a network of providers similar to a PPS.

Both OMH and OASAS's peer credentialing systems can act as models for peer specialists in HIV care. The PPS can also integrate lessons and from the state agencies training programs in SUD and SMI to ensure that HIV peer specialists can properly work with co-morbid clients.

| | |
|---|---|
| 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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |

| | |
|---|---|
| **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.<br>,<br><br>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.<br>,<br><br>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 |

| | |
|---|---|
| **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?**

The HIV Peer Specialist health navigation program will support and enhance DSRIP efforts to decrease hospitalization rates by 25% through integrated care delivery and improved coordination among hospital and community-based providers. Data from a New York-based peer specialist programs has shown that after six months, participants' utilization of both hospital and behavioral health services decrease significantly:

• 47.9% decrease in percentage who use inpatient services (from 92.6% to 48.2%)
• 62.5% decrease in number of inpatient days (from 11.2 days to 4.2)
• 28% increase in number of outpatient visits (from 8.5 visits to 11.8)
• 47.1% decrease in total behavioral health costs (from $9,998.69 to $5.291.59)
• Approximately 83% maintain sobriety while receiving peer coaching services
• $13/hour is the average salary of Howie the Harp Training program (HHP) graduates
• 65% of HHP graduates who successfully complete the education and job internship are employed full-time

Additionally, both OMH and OASAS recognize the potential impact of peer programs and have included a mandated peer component in the draft HARP regulations.

| | |
|---|---|
| **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?**

HIV primary care providers, health homes and ADHCs and generally, any provider with HIV-positive clients who could integrate peer services into their care delivery system.

| | |
|---|---|
| **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)<br>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 |

| | |
|---|---|
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | No,<br>If yes, please provide your email address<br>dwirth@amidacareny.org |

**#51**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 8:49:26 AM
**Last Modified:** Friday, October 31, 2014 9:09:44 AM
**Time Spent:** 00:20:17
**IP Address:** 70.208.66.12

PAGE 1

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

| | |
|---|---|
| First Name | Doug |
| Last Name | Wirth |
| Affiliation | Amida Care |
| Email Address | dwirth@amidacareny.org |

**Q2: Title of your recommendation** — Expand Viral Load Suppression Initiatives

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

Summary of Proposed Project: Implement a viral load suppression (VLS) initiative that includes an integrated, incentive-based approach that works to link HIV-positive clients to comprehensive, wrap-around medical, behavioral and social supports to achieve viral load suppression.

The proposed Viral Load Suppression Initiative (VLS) is an integrated, incentive-based approach that works to link HIV-positive clients to comprehensive, wrap-around medical, behavioral and social supports to achieve viral load suppression. It is based on The Undetectables Program at Housing Works. Participating providers in the PPS will pair eligible clients with a case manager who assists with creating an individualized Antiretroviral (ARV) adherence plan and who also coordinates any additional medical or behavioral health services including peer support groups, outside medical referrals and cognitive behavioral therapy.

The intervention includes:
• Incentives: Clients will receive quarterly financial incentive for each lab report demonstrating undetectable viral loads.
• ARV Adherence Plan: Eligible clients will be connected with a case manager, who will work with them to create an individualized ARV adherence plan. As part of this process, the client will be screened for possible barriers to adherence, such as behavioral health conditions.
• Comprehensive Support Services: Clients will receive individual-level support including CBT, adherence devices or DOT (if needed) and referrals to other medical or behavioral health specialists.
• Peer Supports: The care coordination and support team will include peers. These peers will be clients who have already achieved viral load suppression (synergistic with 2.c.i and 2.d.i (Project 11)). Peers will lead weekly adherence support groups, assist with education and outreach including acting as escorts to appointments.
• Retention to Care Unit: Outreach teams comprised of peer workers will coordinate with case managers to identify and reach clients who are not adhering to their ARV treatment plan.
• Broad-based Education Campaigns: Marketing campaigns explaining the program and the positive impact of viral load suppression will be implemented at the individual and community level.

Resource Availability:
The project will leverage Housing Works' knowledge in developing the model; and Housing Works staff can be utilized to develop and expand the program. The program can be easily implemented in other parts of the well-established HIV/AIDS infrastructure, in particular the Designated AIDS Centers (DACs). It will also build on the tremendous energy created by the Governor's End of AIDS Task Force, which is looking towards PPSs' leadership to advance ending the AIDS epidemic in New York. DOHMH offers medical provider training to improve provider cultural competency and technical assistance in the implementation of the project.

| | |
|---|---|
| **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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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 |
| **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?**

The first of two major studies examining the chances of transmitting HIV with an undetectable viral load was HPTN 052. This study primarily looked at heterosexual couples of mixed HV status and compared the ability of ARVs to prevent transmission between individuals who initiated HIV therapy and those who did not. The study found that ARV treatment reduced the likelihood of transmission by 96 percent. Results from the first two years of the new PARTNER study were presented at the 2014 Conference on Retroviruses and Opportunistic Infections (CROI) in Boston (The final results of the study are slated for 2017.). The study included 1,110 heterosexual and gay serodiscordant couples, all of which were having intercourse without condoms on at least some occasions. To be included in the trial, all HIV-positive participants were on ARVs and had a viral load below 200 in their last test before entering the study, and none of the HIV-negative partners could be taking pre- or post-exposure prophylaxis ARVs (PrEP or PEP). A total of 767 couples were included in this two-year interim analysis, which included 894 couple-years of follow-up. There were no transmissions between the couples in which the HIV-positive partner had an undetectable viral load; and an estimated 50 to 100 transmissions would have taken place if no one in the study had been taking ARVs.□The researchers calculated that the average real-world risk reduction as a result of an undetectable viral load would be 95 percent. At a CROI press conference, Jens Lundgren, MD, chief physician and director of the Copenhagen HIV Programme, estimated that it is likely that the chance of transmitting HIV with an undetectable viral load is closer to zero, or perhaps even zero.□Further, the high level of sexually transmitted infections in the study's gay couples challenged the 2008 "Swiss Statement," which declared that those with a fully suppressed viral load did not transmit HIV but that the presence of STIs could increase the risk.

| | |
|---|---|
| **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?**

The VLS initiative will empower people living with HIV/AIDS through Individualized-ARV treatment plans that are jointly created and approved by the client and his/her case manager. The plan can be modified as needed based on the needs of the client. Virally-suppressed peer workers will also serve as the chief advocate and support system for clients.

VLS clients with morbidities will be specifically addressed since the VLS will use a tiered intervention model to address the needs of clients with co-behavioral or substance use morbidities and who have difficulty adhering to their treatment plan.

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

Metric 1: Viral load (VL) testing every 6 months for positive individuals:

Description- Percentage of confirmed HIV positive members who had a VL test conducted in the first six months and last six months of the measurement year (numerator) divided by all confirmed HIV positive members continuously enrolled during the measurement year (no more than a 45 day gap).

Proposed Specification:
% Unique HIV+Members Completing 2 Viral Load Tests ÷ Total Membership Diagnosed with HIV/AIDS = VL Monitoring

Metric 2: Viral load (VL) suppression.

Description- Percentage of confirmed HIV positive members who had at least 1 undetectable Viral load result in the measurement year (numerator) divided by all confirmed HIV positive members continuously enrolled during the measurement year (no more than a 45 day gap) who had at least 3 consecutive months of ARV prescriptions.

Proposed Specification:
% Unique HIV+Members Having at Least 1 Undetectable Viral Load Result ÷ Total Membership Diagnosed with HIV/AIDS and having 3 consecutive months of ARV prescriptions = VL Suppression

Metric 3: Medication Possession Ratio (MPR) annualized.

Description- Percentage of all confirmed HIV positive members who are dispensed ARV Treatment every 30 days with no more than a 45 day gap in the measurement year (numerator) divided by all confirmed HIV positive members continuously enrolled during the measurement year (no more than a 45 day gap).

Proposed Specification:
% Unique HIV+Members Dispensed ARV Treatment ÷ Total Membership Diagnosed with HIV/AIDS = Medication Possession

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Other (please specify)<br>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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | No |

**#52**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 9:39:06 AM
**Last Modified:** Friday, October 31, 2014 10:01:02 AM
**Time Spent:** 00:21:56
**IP Address:** 62.50.246.215

PAGE 1

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

| | |
|---|---|
| First Name | Jay |
| Last Name | Laudato |
| Affiliation | Callen-Lorde Community Health Center |
| Email Address | jlaudato@callen-lorde.org |

**Q2: Title of your recommendation**

Medicaid Coverage for Transgender Care

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

As Medicare has done nationwide NYS Medicaid should lift the ban on covering medically necessary transgender care services. Low income transgendered persons put themselves at great risk to receive gender confirming care. Many times engaging in sex work to obtain the funds for hormones and surgical procedures. By providing this care these patients will be engaged in the health system allowing for more opportunities to test for HIV, stay engaged in care if positive or offer PrEP for high risk patients.

**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

,

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

,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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 policy |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Other (please specify)<br>I believe this would require a change to regulation not statute |
| **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?**

It is estimated that people of transgender experience are at the highest risk for HIV infection. This policy change would have a huge impact on engaging these patients in care and thereby reduce the rate of infection.

**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?**

It is not known how many transgender patients are on Medicaid or the rate at which Medicaid would pay for medications or procedures and so it is not possible to estimate the cost of this care.

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

For the above reasons it is not possible to estimate the ROI for this proposal.

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

People of transgender experience.

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

By covering this care Medicaid will be able to track patients rate of acquisition of HIV and longevity in care thereby measuring its impact.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | No |

**#53**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 10:08:59 AM
**Last Modified:** Friday, October 31, 2014 10:22:32 AM
**Time Spent:** 00:13:33
**IP Address:** 47.23.143.194

PAGE 1

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

| | |
|---|---|
| First Name | Robert |
| Last Name | Cordero |
| Affiliation | BOOM!Health |
| Email Address | rcordero@boomhealth.org |

**Q2: Title of your recommendation**

Ensuring Adequate Implementation of the Compassionate Care Act for People Living with HIV/AIDS

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

The Health Commissioner should ensure broad implementations of the Compassionate Care Act in order to ensure that all patients, regardless of ability to pay, have access to quality medicinal marijuana services as outlined by the Compassionate Care Act. In particular, the Commissioner should:
- Make various kinds of medicinal marijuana available, including availability of the plant
- Immediately implement “emergency access” protocols for medicinal marijuana services
- Offer to waive registration fees and a sliding scale for low income patients
- Maximize the amount of dispensaries statewide in order to ensure ease of access for all patients regardless of location in the state

**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.<br>,<br>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?** | Other (please specify)<br>Implementation of existing policy |
| **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)?** | Within the next year |

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

Implementing patient-centered protocols will be essential to ensuring that all people eligible for the Compassionate Care Act can affordably access medicinal marijuana.  People living with HIV/AIDS in New York State are disproportionately low income, so easing financial burdens will allows all low income people, including people living with HIV/AIDS, to utilize these services.

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

TBD

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

TBD

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

TBD

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

All people living with HIV/AIDS, low-income people living with HIV/AIDS in particular

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

TBD

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br>If yes, please provide your email address jhellman@boomhealth.org |

#54

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 10:22:55 AM
**Last Modified:** Friday, October 31, 2014 11:21:15 AM
**Time Spent:** 00:58:19
**IP Address:** 47.23.143.194

PAGE 1

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

| | |
|---|---|
| First Name | Robert |
| Last Name | Cordero |
| Affiliation | BOOM!Health |
| Email Address | rcordero@boomhealth.org |

**Q2: Title of your recommendation**

Establishing Safe Injection Facilities (SIF) in New York State

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

The Governor should establish a pilot program exploring the development of a safe injection facility (SIF) in the state of New York, which can then lead to the development of a system of SIFs statewide funded through the state.

**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
,

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)** | 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.<br>,<br><br>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.<br>,<br><br>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 policy |
| **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?**

New York State has drastically reduced HIV transmission among Injection Drug Users (IDU) through the success of needle exchange programs. While needle exchanges are necessary components to prevention for HIV positive and negative IDU's, there is no support or supervision for active injection drug users, which can put the health of both HIV positive and HIV negative at risk.
SIFs are controlled health care settings where people can more safely inject drugs under clinical supervision and receive health care, counseling and referrals to health and social services, including drug treatment.
SIFs – also called safer injection sites, drug consumption rooms and supervised injecting centers – are legally sanctioned facilities designed to reduce the health and public order issues often associated with public injection by providing a space for people to inject pre-obtained drugs in a hygienic environment with access to sterile injecting equipment and under the supervision of trained medical staff.

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

TBD

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

TBD

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

TBD

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

Active injection drug users at risk for HIV and living with HIV/AIDS

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

TBD

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br>If yes, please provide your email address<br>rcordero@boomhealth.org |

**#55**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 10:59:17 AM
**Last Modified:** Friday, October 31, 2014 11:36:19 AM
**Time Spent:** 00:37:01
**IP Address:** 108.4.155.61

PAGE 1

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

| | |
|---|---|
| First Name | Rev. Moonhawk River |
| Last Name | Stone |
| Affiliation | RiverStone Consulting |
| Email Address | hawkrstone@aol.com |

**Q2: Title of your recommendation**

Adding Gender Identity or Expression to the existing Human Rights Law in New York State

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

Add the category of "gender identity or expression" to the existing NYS Human Rights Law, which makes it illegal to discriminate on the basis of age, race, creed, national origin, sexual orientation, sex, etc., in the areas of employment, housing, public accommodations and credit (NYS Executive Law, Article 15). Currently, transgender people are losing jobs, being fired from jobs or being refused jobs just for being transgender. Currently transgender people are being refused or denied service at public accommodations, or are evicted or denied housing simply because they are transgender. One out of every three transgender New Yorkers have been homeless at one time and two out of every three experience discrimination at work ("Injustice At Every Turn: National Transgender Survey", a joint effort by National Center for Transgender Equality and The National Gay and Lesbian Task Force). Transgender people are 50 times more likely to contract HIV, largely due to the fact that they are routinely discriminated against and do not have statutorily protected rights.

**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
,

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
,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | 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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | Other (please specify)<br>Changes to both existing policy and programs--wish you had the "both" option here! |
| **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?**

Access to safe and affordable housing and to safe and productive workplaces leads to better health outcomes and decreased costs for social service programs and shelter costs. Decreased discrimination leads to improved mental health and therefore better decision making regarding
risk behaviors for HIV, Hepatitis infections and then lower rates of new infections. Descreased discrimination in housing and employment will lead to more compliance with healthcare programming and better health outcomes. It will lead to a decrease in the exponential experience of minority stress so many transgender people experience.

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

Requires a change in statutory law. Requires, perhaps, as in NY City and San Francisco, CA, implementation guidelines to be written and disseminated. There is already model legislation available (Squadron, s. 195/Gottfried, A.4226).

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

The cost of implementing this recommendation would be negligible and would involve education of the public through various media, as well as informing/educating healthcare providers and social service program managers.

When a person is allowed access to housing and employment without discrimination, costs for social services programs, especially shelter costs, are avoided. Additionally, several studies have shown that housing stability and vocational opportunities are hugely successful interventions for providing better health outcomes.

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

This statutory change has minimal financial cost for implementation. the return on investment would include savings in shelter costs and social service programs as well as increased tax revenue from and increased number of transgender people entering the workforce.

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

Transgender New Yorkers currently suffering from multi faceted debilitating discrimination.

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

Data and tracking in healthcare regarding housing stability and vocational/employment are a solid indicator of discrimination in marginalized communities.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |

| | |
|---|---|
| Q17: **Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br>If yes, please provide your email address<br>hawkrstone@aol.com |

#56

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 11:05:06 AM
**Last Modified:** Friday, October 31, 2014 11:53:34 AM
**Time Spent:** 00:48:27
**IP Address:** 66.193.16.130

PAGE 1

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

| | |
|---|---|
| First Name | Bill |
| Last Name | Faragon |
| Affiliation | AIDS Council of Northeastern New York, Inc. |
| Email Address | bfaragon@aidscouncil.org |

**Q2: Title of your recommendation**

CBOs role in retention in care

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

Community Based Organizations with expertise in outreach have an important role to play in finding clients who have fallen out of care and helping them re-engage in medical treatment and other services. It is recommended that patient level data be provided directly to CBOs with an expertise in community-based and street outreach to facilitate the process of locating people who are not engaging in medical care. Currently, CBOs do not have access to this data.

**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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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 policy |
| **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?**

CBOs have been successful in finding people most at-risk for HIV and getting them into testing and treatment programs. This expertise should be used to find clients who have dropped out of care to help them re-engage in services. CBOs already have the structure in place to quickly implement outreach programs but lack the data about who is not receiving medical care. People who are lost to care could be found and re-engaged more quickly.

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

There are no concerns about implementing this recommendation. The NYSDOH may be concerned about sharing sensitive data with CBOs. However, CBOs already handle confidential medical data. In addition, CBOs who are also Health Home downstream providers are provided with medical data (last 5 Medicaid claims) from lead Health Homes.

| | |
|---|---|
| **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?**

Individuals who are lost to care

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

As part of the contract and workplan process, DOH could monitor the number of clients who are found and re-engaged in medical care as a marker of program success.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | *Respondent skipped this question* |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br>If yes, please provide your email address<br>bfaragon@aidscounci.org |

**#57**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 11:35:29 AM
**Last Modified:** Friday, October 31, 2014 11:55:26 AM
**Time Spent:** 00:19:56
**IP Address:** 156.145.74.79

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | *Respondent skipped this question* |
| **Q2: Title of your recommendation** | Access to HIV PrEP for under 18 years old |

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

It is very difficult for young people to access PrEP without their parents consent, due to insurance issues and organizational protocols.

| | |
|---|---|
| **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)** | Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **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?** | Unknown |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |

| | |
|---|---|
| **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)?** | Unknown |

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

More preventative tools for high risk group and potentially an opportunity to engage HIV neg individuals in more routine care.

| | |
|---|---|
| **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?** | *Respondent skipped this question* |
| **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** | Ending the Epidemic Task Force member |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | No |

**#58**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 11:50:43 AM
**Last Modified:** Friday, October 31, 2014 12:01:06 PM
**Time Spent:** 00:10:22
**IP Address:** 70.208.96.44

PAGE 1

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

| | |
|---|---|
| First Name | Virginia |
| Last Name | Shubert |
| Affiliation | Housing Works |
| Email Address | gshubert@earthlink.net |

| | |
|---|---|
| **Q2: Title of your recommendation** | Single Point of Entry in Every Local Social Services District to Expedite Access to Essential Benefits and Social Services Needed by Persons Living with HIV Infection |

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

Each local social service district (LSSD) in the State would establish a single point of entry (SPE) to coordinate and expedite the provision of essential public benefits and services for all income-eligible persons diagnosed with HIV infection (PWH). Designated caseworkers would assist PWH by identifying needs and resources, setting up direct linkages to necessary benefits and services, resolving issues, stabilizing living situations, and coordinating services with other public agencies and community based organizations (CBOs).

SPE services would include: case management and assistance in applying for public benefits and services, including: Medicaid, Supplemental Nutrition Assistance Program benefits, cash assistance, emergency transitional housing, non-emergency housing, rental assistance, home care and homemaking services, mental health and substance abuse screening and treatment referrals, employment and vocational services, transportation assistance, SSI or SSD application and appeal, and information on and referrals to CBO services. Available benefits would include the enhanced rental assistance for persons with HIV (see related recommendation titled “Expand and Update the NYS HIV Enhanced Rental Assistance Program”), an affordable housing protection for PWH with income from disability benefits or employment (see related recommendation titled “30% Rent Cap HIV Affordable Housing Protection”) and an HIV-specific transportation allowance of at least $190 per month to assist PWH who rely on public benefits to be food secure and able to travel to essential medical and support service appointments.

For many HIV-positive persons, retention in HIV care requires addressing a cluster of health, behavioral and structural issues, including poverty, housing instability, food insecurity and lack of transportation. Homelessness, hunger and other unmet subsistence needs are powerful barriers to effective HIV prevention and treatment. Results from the long-term Community Health Advisory & Information Network (CHAIN) study of representative samples of persons living with HIV/AIDS in NYC and the Tri-County region of Westchester, Rockland and Putnam Counties indicate that the greatest current unmet needs among people living with HIV (PWH) in NYC and the Tri-County area are housing assistance and food. Participants in recent community meetings across NYS identified housing assistance, food and transportation as the greatest unmet needs of people living with HIV. Recent federal cuts in the SNAP food stamp program also have the potential to further worsen food insecurity. Eliminating new HIV infections and retaining all persons living with HIV in effective treatment will require continued and expanded reliance on evidence-based housing, food and transportation interventions as critical enablers of effective, integrated HIV prevention and care.

In NYC, since the 1980’s the Human Resources Administration’s HIV/AIDS Services Administration (HASA) has provided a single point of entry for access to the HIV enhanced rental assistance and other public benefits including a $190/month HIV-specific transportation allowance. The HASA system has been extremely effective delivering coordinated benefits and services, but HASA eligibility is currently limited to PWH with a diagnosis of AIDS or advanced HIV disease. Eligibility for the program is tied under NYC local law to a NYS Department of Health AIDS Institute definition of HIV-related illness (more recently described as “clinical/symptomatic HIV infection”) has not been changed since the mid-1990s, is now out of date (and no longer used by the AIDS Institute for any purpose), and is inconsistent with current treatment guidelines and HIV prevention strategies. As a result, an estimated 10,000 to 15,000 PWH in NYC (including 800 or more PWH residing in NYC shelters on any given night) remain medically ineligible for the publicly funded HIV-specific non-shelter housing assistance, case management and transportation allowance that are provided for persons with symptomatic HIV infection through HASA. Homeless people with asymptomatic HIV infection are forced into the Hobson’s choice of initiating treatment and remaining homeless or delaying treatment until they qualify for rental assistance or supportive housing.

Outside NYC, no LSSD makes the enhanced HIV rental assistance program routinely available to PWH, and it has been used only rarely to support housing for PWH. Likewise, no local district outside NYC provides a single point of entry for PWH to access public benefits, and no district provides an HIV-specific transportation allowance. The HUD HOPWA program reported in 2012 that at least 2,100 PWH residing in NYS counties outside NYC had a current unmet need for housing assistance, and results of a 2004 AIDS Institute funded HIV housing needs assessment estimated that 4,000 to 6,000 extremely low-income households living with HIV had an unmet housing need that was not being met through either HIV-specific or mainstream housing programs.

| | |
|---|---|
| **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<br>,<br>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)** | 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?** | 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)?** | Within the next year |

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

Facilitating access to public benefits, including HIV specific rental supports and transportation allowances, will address the social drivers of the HIV epidemic in NYS by ensuring that each eligible PWH is linked to critical enablers of effective HIV treatment, including a safe, stable place to live, adequate nutrition and the ability to travel to health care and supportive services. Addressing the social and structural barriers to HIV care is also essential in order to reduce the stark HIV-related health disparities that characterize the HIV epidemic in NYS, and to realize the full potential of biomedical interventions.

For additional information see the supporting memorandum titled "Housing Supports and Other Basic Subsistence Benefits."

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

Local social service districts may perceive the requirement of a SPE and the delivery of HIV-specific benefits as an unfunded mandate.

SPE systems must be implemented in a manner that maximizes access for PWH and minimizes the potential for stigma and discrimination in LSSDs with small caseloads.

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

As LSSDs are already required to administer public benefits for income eligible PWH, additional costs associated with this recommendation would be largely tied to incremental costs of expanded access to HIV enhanced rental assistance and transportation allowances. (See related recommendations.)

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

Investments in housing and other essential supports for PWH are an effective cost-containment strategy, as public dollars spent on these essential benefits produce offsetting public savings through improved health care utilization and prevented HIV infections. A growing evidence base of such cost analyses indicate that improved stability among persons with HIV or other chronic medical or behavioral health issues results in increased engagement in cost-effective health care and reduced use of avoidable crisis care and other publicly funded services, generating “savings” in outlays for other categories of public spending that offset all or part of the cost of housing services. (See supporting memorandum titled “Housing Supports and Other Basic Subsistence Benefits.”)

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

An estimated 10,000 to 15,000 PWH in NYC who are currently ineligible for HASA-administered housing services, including the HIV enhanced rental assistance program.

An estimated 2,000 to 6,000 PWH in the balance of the State outside NYC who have an unmet housing need.

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

The number and percentage of NYS LSSD’s with a SPE for PWH.
The number and percentage of PWH in each NYS LSSD receiving coordinated public benefits through a SPE.
The number and percentage of PWH in NYS with an unmet housing need.
The number and percentage of PWH in NYS who report food insecurity.

**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

| | |
|---|---|
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br>If yes, please provide your email address<br>gshubert@earthlink.net |

#59

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 12:01:31 PM
**Last Modified:** Friday, October 31, 2014 12:10:20 PM
**Time Spent:** 00:08:48
**IP Address:** 70.208.96.44

PAGE 1

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

| | |
|---|---|
| First Name | Virginia |
| Last Name | Shubert |
| Affiliation | Housing Works |
| Email Address | gshubert@earthlink.net |

**Q2: Title of your recommendation** 30% Rent Cap HIV Affordable Housing Protection

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

Protect New Yorkers permanently disabled by HIV/AIDS (PWH) and their families by expanding the existing 30% rent cap affordable housing protection to make it available to all severely rent burdened PWH in New York State. This will require legislation to expand the availability of the 30% rent cap to eligible PWH in the balance of the State outside NYC and adjusting the formula for determining eligibility for HIV enhanced rental assistance and the 30% rent cap as a function of approved rent less 30% of household income. As currently calculated, the affordable housing protection excludes a small number of extremely rent burdened disabled PWH whose income less rent exceeds the minimal public assistance allowance.

The primary housing program for poor New Yorkers living with HIV/AIDS is tenant-based rental assistance funded jointly by NYS and local social service districts (LSSDs). (See the related recommendation titled "Expand and Update the NYS HIV Enhanced Rental Assistance Program"). As with NYS housing programs for other disabled people, enhanced rental assistance program participants with income from disability benefits contribute a portion toward rent. Unlike other programs, however, the HIV/AIDS rental assistance program put in place in the 1980's did not include an affordable housing protection. All other state and federal disability housing programs – including most HIV/AIDS supportive housing – cap a tenant's rent contribution at 30 percent of income. In contrast, until recently the NYS OTDA required that PWH who receive income from any source be budgeted for the rental assistance program at a rent level that reduces their discretionary income to the level of the public assistance grant. Permanently disabled PWH were therefore required to contribute between 50% and 75% of their fixed income from disability benefits (SSI, SSDI, or Veteran's benefits) towards their rent. HUD defines payment of more than half of income towards rent as a "severe rent burden."

This policy has two pernicious impacts. First, it causes tenants to fall behind in rent leading to housing loss and disruption of care. Second, the policy acts as a powerful disincentive to independence, as more stable residents opt to enter or stay in supportive housing in order to reduce their rent burden. As a result, there is very little turnover in the permanent supportive housing system, keeping people with more complex needs homeless.

The recent adoption by NYS and NYC of an affordable housing protection for disabled PWH in NYC caps contributions from fixed disability income towards rent to 30% of income (from previous requirement to contribute 70% or more of income to rent). This policy will provide much needed protection from housing instability or homelessness for eligible PWH, but remains unavailable to some severely rent-burdened disabled PWH due to the current NYS process for determining eligibility. As currently calculated, the affordable housing protection excludes a small number of extremely rent burdened disabled PWH whose income less rent exceeds the minimal public assistance allowance. The affordable housing protection is not currently available at all outside of NYC.

| | |
|---|---|
| **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)** | 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?** | Other (please specify)<br>A change in implementation of the current affordable housing protection in NYC is required to correct the eligibility calculation. Statutory authority is required to expand the program to the balance of the State outside of NYC. |
| **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?**

Studies have found that greater housing stability translates into savings in avoidable health care spending of $9,000 to $15,000 per PLWHA, and substantially reduces the rate of ongoing HIV transmission, saving approximately $400,000 in health spending per averted infection ($650,000 in lifetime spending discounted to a present value of $400,000).

Thirty percent of income is the widely accepted standard for housing affordability among low-income persons, and research shows that capping the rent burden at 30% will have a dramatic impact on rates of non-payment and subsequent housing loss. A 2009 study by researchers at Harlem United compared the rates of payment of the client's rent share in two of their HIV housing programs – a federally funded program with rent burden capped at 30% of disability income, and a program that utilized the HIV rental assistance program with no rent cap. They found that clients with the 30% affordable housing protection where more than twice as likely to make timely rent payments than persons with no rent cap (83% vs. 41%).

For additional information see the supporting memorandum titled "Housing Supports and Other Basic Subsistence Benefits."

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

Local social service districts may perceive the requirement to provide the HIV enhanced rental assistance and the 30% rent cap protection as an unfunded mandate.

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

In NYC, the Human Resources Administration is currently working to determine the small number of disabled PWH who are severely rent burdened but currently ineligible for the 30% rent cap. Incremental cost in NYC is not expected to be significant.

In the balance of the State outside NYC approximately 2,000 to 6,000 PHW have an unmet housing need but no access to the HIV enhanced rental assistance or the 30% rent cap. See the related recommendation titled "Expand and Update the NYS HIV Enhanced Rental Assistance Program" for a discussion of the incremental cost of the improving access to the rental assistance program. Incremental cost attributable to the 30% rent cap would depend upon the number of disabled PWH outside NYC who access the rental assistance and have income to contribute to rent.

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

Investments in housing for PWH are an effective cost-containment strategy, as public dollars spent on these essential benefits produce offsetting public savings through improved health care utilization and prevented HIV infections. A growing evidence base of such cost analyses indicate that improved stability among persons with HIV or other chronic medical or behavioral health issues results in increased engagement in cost-effective health care and reduced use of avoidable crisis care and other publicly funded services, generating "savings" in outlays for other categories of public spending that offset all or part of the cost of housing services. Studies have found that greater housing stability translates into savings in avoidable health care spending of an estimated $15,000 per PWH, and substantially reduces the rate of ongoing HIV transmission, saving approximately $400,000 in health spending per averted infection ($650,000 in lifetime spending discounted to a present value of $400,000).

See the supporting memorandum titled "Housing Supports and Other Basic Subsistence Benefits."

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

Disabled PWH in NYC who are rent burdened but currently ineligible for the affordable housing protection due to the current standard of need calculation.

Disabled PWH in the balance of the State outside NYC who rely on fixed benefits that make it difficult or impossible to secure and maintain safe, appropriate housing.

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

The number and percentage of NYS LSSD's who make the 30% affordable housing protection available to disabled PWH.

The number and percentage of PWH in each NYS LSSD who benefit from the affordable housing protection.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member,<br><br>Other (please specify)<br>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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | *Respondent skipped this question* |

#60

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 12:11:45 PM
**Last Modified:** Friday, October 31, 2014 12:18:17 PM
**Time Spent:** 00:06:31
**IP Address:** 70.208.96.44

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Virginia |
| Last Name | Shubert |
| Affiliation | Housing Works |
| Email Address | gshubert@earthlink.net |
| **Q2: Title of your recommendation** | Expand and Update the NYS HIV Enhanced Rental Assistance Program |

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

Expand medical eligibility for the New York State program of HIV enhanced rental assistance to include all HIV-positive persons (PWH), require all local social service districts to make the program available to PWH through a single point of entry to public benefits (see related recommendation titled “Single Point of Entry in Every Local Social Services District to Expedite Access to Essential Benefits and Social Services Needed by Persons Living with HIV Infection”) and update the rental assistance rates provided through the program to provide rental assistance in line with fair market rental rates in localities. Income eligibility for the HIV rental assistance would be determined by budgeting total standard of need as a factor of the approved rent, the basic food and other public assistance grant, the HIV transportation allowance (see the related “Single Point of Entry” recommendation), less a contribution of 30% of any income to rent (see the related recommendation titled “30% Rent Cap HIV Affordable Housing Protection”).

The primary housing program for poor New Yorkers living with HIV/AIDS is tenant-based rental assistance funded jointly by NYS and local social services districts (LSSDs). The enhanced rental assistance program for PWH was established by NYS regulation early in the AIDS epidemic. The program subsidizes clients’ rents in private market apartments and is used by some supportive housing programs to cover a portion of operating costs. Given the limited amount of available supportive housing, the program is by far the most significant potential housing resource for PWH. In NYC, where the Human Resources Administration’s HIV/AIDS Services Administration (HASA) administers the program, over 80% of HASA clients in need of housing supports rely on the rental assistance program. However current administration of the program limits its availability and undermines its effectiveness.

The enhanced rental assistance program for PHWHA was established in the late 1980’s by State regulation (18 NYCRR 352.3(k)). A 1990 Administrative Directive (90 ADM-8) entitled “The Emergency Shelter Allowances for Persons with AIDS or HIV- related Illness Faced with Homelessness” instructs local social service districts “to address the problem of homelessness faced by persons with AIDS or HIV-related illness (as defined by the AIDS Institute of the New York State Department of Health).” However, the NYS DOH definition of HIV-related illness (more recently described as “clinical/symptomatic HIV infection”) has not been changed since the mid-1990s, is now out of date (and no longer used by the AIDS Institute for any purpose) and is inconsistent with current treatment guidelines and HIV prevention strategies. Under current eligibility requirements, for example, HIV-specific housing supports are available only to asymptomatic HIV+ persons with a CD4 count <200, while AIDS Institute clinical guidelines call for initiation of antiretroviral therapy for all adults as early as possible following HIV diagnosis. Similarly, the rental assistance rate ($480/month for single individuals and $330 for additional household members) has not been updated since established in the 1980’s and is insufficient to support even a studio apartment in any part of NYS. Finally, outside NYC no LSSD makes the enhanced HIV rental assistance program routinely available to PWH, and it has been used only rarely to support housing for PWH in the balance of the State.

In NYC, an estimated 10,000 to 15,000 PWH (including 800 or more PWH residing in NYC shelters on any given night) remain medically ineligible for the publicly funded HIV-specific non-shelter housing assistance. Homeless PWH in NYC who are as yet asymptomatic are forced into the Hobson’s choice of initiating treatment early or delaying treatment until they qualify for rental assistance or supportive housing.

Outside NYC, PWH access to housing and services is extremely limited. The HUD HOPWA program reported in 2012 that at least 2,100 PWH residing in NYS counties outside NYC had a current unmet need for housing assistance, and results of a 2004 AIDS Institute funded HIV housing needs assessment estimated that 4,000 to 6,000 households living with HIV had an unmet housing need that was not being met through either HIV-specific or mainstream housing programs.

| | |
|---|---|
| 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<br>,<br>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)** | 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?** | Permitted under current law,<br>Other (please specify)<br>The change in eligibility criteria could be accomplished through regulatory change or administrative action by the AIDS Institute to change the definition of HIV-related illness used to determine eligibility. Updating the rental assistance rates would require regulatory change. |
| 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?**

A large body of research demonstrates that homelessness and unstable housing are strongly associated with greater HIV risk, inadequate HIV health care, poor health outcomes, and early death. A 2005 New York City study found the rate of new HIV diagnoses among homeless persons sixteen times the rate in the general population, and death rates due to HIV/AIDS five to seven times higher among homeless persons.

For people living with HIV, lack of stable housing poses barriers to engagement in care and treatment success at each point in the HIV care continuum. Numerous studies, including, consistently find that PWH who lack stable housing are: more likely to delay HIV testing and entry into care following HIV diagnosis; are more likely to experience discontinuous care – dropping in and out of care and/or changing providers often; are less likely to be receiving medical care that meets minimal clinical practice guidelines; are less likely to be on antiretroviral therapy (ART); and are less likely achieve sustained viral suppression. Compared to stably housed PWH, homeless and unstably housed PWH: rate their mental, physical and overall health worse; are more likely to be uninsured, use an emergency room, and be admitted to a hospital; and have significantly higher rates of all-cause mortality. In fact, housing status is a stronger predictor of HIV health outcomes than individual characteristics including gender, race, ethnicity or age, drug and alcohol use, and receipt of social services, indicating that housing itself improves the health of people living with HIV.
The conditions of homelessness and housing instability are also independently associated with increased risks of transmitting the HIV virus to others, after adjusting for other factors that influence risk such as substance use, mental health issues and access to services.

Research findings also show that housing assistance is an evidence-based HIV health care intervention. CHAIN study data show that over time receipt of housing assistance is among the strongest predictors of accessing HIV primary care, maintaining continuous care, receiving care that meets clinical practice standards, and entry into HIV care among those outside or marginal to the health care system. For homeless/unstably-housed people, housing assistance is also an evidence-based HIV prevention intervention. Over time, persons who improve their housing status reduce risk behaviors by as much as half, while persons whose housing status worsens are as much as four times as likely to engage in behaviors that can transmit HIV.

A NYC DOHMH study of the HIV care continuum for federal Housing Opportunities for People with HIV/AIDS (HOPWA) clients employs surveillance data to compare outcomes for formerly homeless PWH in NYC who receive HOPWA housing assistance with outcomes for all PWH in NYC. Ninety-nine percent (99%) of HOPWA clients were linked to HIV care following diagnosis, compared to 84% of all persons with HIV in NYC. More than 95% of HOPWA clients were retained or engaged in care and 87% had evidence of ARV medication use; rates for all persons with HIV in NYC were 30% lower. Most importantly, 69% of NYC HOPWA clients had achieved viral suppression, a much higher rate than for other NYC PWH (44%) or rates seen in national studies (30%).

Yet housing appears to be the greatest unmet need of PWH in NYS. Results from the long-term Community Health Advisory & Information Network (CHAIN) study of representative samples of persons living with HIV/AIDS in NYC and the Tri-County region of Westchester, Rockland and Putnam Counties indicate that the greatest current unmet needs among people living with HIV (PWH) in NYC and the Tri-County area are housing assistance and food. Participants in recent community meetings across NYS identified housing assistance, food and transportation as the greatest unmet needs of people living with HIV.

Finally, addressing housing need as a key structural barrier to HIV care will also be essential in order to reduce the stark HIV-related health disparities that characterize the HIV epidemic in NYS, and to realize the full potential of biomedical interventions.

For additional information and citations see the supporting memorandum titled “Housing Supports and Other Basic Subsistence Benefits.”

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

Local social service districts may perceive the requirement to provide access to the HIV enhanced rental assistance program as an unfunded mandate.

In all LSSDs, including NYC where the enhanced rental assistance program is already available to PWH who have a diagnosis of advanced HIV disease, expanding the program will require cost sharing between NYS and LSSDs that reflects the fact that the savings attributable to the program accrue primarily to NYS in the form of reduced Medicaid spending on avoidable emergency and inpatient care and averted new HIV infections. Currently, NYS shares only about one-third of costs associated with provision of the HIV enhanced rental assistance program in NYC rather than the standard 50%/50% allocation of the costs of public benefits between LSSDs and NYS. We understand that local share of costs has been a primary barrier to the availability of the program in other LSSDs.

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

In NYC, the Human Resources Administration is currently working with the Department of Health and Mental Hygiene and the Department of Homeless Services to estimate unmet need for the HIV enhanced rental assistance among currently ineligible PWH and the incremental costs of expanding and updating the program to meet real need. Unofficial estimates indicate that approximately 10,000 to 15,000 PWH in NYC have an unmet need for housing assistance. As noted above, an estimated 2,000 to 6,000 PWH in the balance of the State outside NYC have an unmet housing need, although a more accurate current need estimate will require an update of the findings from the 2004 housing needs assessment conducted for the AIDS Institute.

Incremental cost of the recommended update and expansion of the rental assistance program should be calculated as a function of the number of PWH with an unmet housing need and the fair market rental rates in each LSSD, less any shelter or other housing costs already attributable to persons who would become newly eligible (such as the costs incurred for expensive emergency shelter for homeless individuals and families and any shelter allowances already received through regular public assistance) and anticipated contributions to rent by eligible persons with disability income (see the related recommendation titled “30% Rent Cap HIV Affordable Housing Protection”).

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

Investments in housing for PWH are an effective cost-containment strategy, as public dollars spent on housing assistance produce offsetting public savings through improved health care utilization and prevented HIV infections. A growing evidence base of such cost analyses indicate that improved stability among persons with HIV or other chronic medical or behavioral health issues results in increased engagement in cost-effective health care and reduced use of avoidable crisis care and other publicly funded services, generating “savings” in outlays for other categories of public spending that offset all or part of the cost of housing services. For example, findings from at least two studies of housing assistance for homeless and unstably housed persons with HIV show an average savings of approximately $15,000 per housed PWH through significant decreases in avoidable emergency and inpatient Medicaid spending, before taking into account savings attributable to averted new HIV infections. Findings from a HUD/CDC random controlled trial of tenant based HOPWA housing assistance conservatively indicate that housing assistance for every 100 unstably housing PWH would avert 1.56 new HIV infections annually, generating over $625,000 savings in future HIV treatment costs (at the estimated $400,000 present value of lifetime HIV treatment costs per infection. (See supporting memorandum titled “Housing Supports and Other Basic Subsistence Benefits.”)

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

An estimated 10,000 to 15,000 PWH in NYC who are currently ineligible for HASA-administered housing services, including the HIV enhanced rental assistance program.

An estimated 2,000 to 6,000 PWH in the balance of the State outside NYC who have an unmet housing need.

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

The number and percentage of NYS LSSD's who make the enhanced rental assistance readily available to all income-eligible PWH.

The number and percentage of PWH in each NYS LSSD receiving the HIV enhanced rental assistance.

The number and percentage of PWH in NYS with an unmet housing need.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member,<br><br>Other (please specify)<br>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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br><br>If yes, please provide your email address<br>gshubert@earthlink.net |

**#61**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 12:31:03 PM
**Last Modified:** Friday, October 31, 2014 12:35:28 PM
**Time Spent:** 00:04:24
**IP Address:** 70.208.96.44

PAGE 1

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

| | |
|---|---|
| First Name | Virginia |
| Last Name | Shubert |
| Affiliation | Housing Works |
| Email Address | gshubert@earthlink.net |

**Q2: Title of your recommendation**

Establish and Monitor Indicators of Living Well with HIV

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

Indicators of progress in the plan to end the AIDS epidemic in NYS must include evidence-based measures of key social determinants of HIV health outcomes, including housing status, food security and vocational opportunity among all New Yorkers living with HIV/AIDS. A substantial body of evidence demonstrates that efforts to extend and improve the lives of people living with HIV (PWH) and to reduce new infections simply will not succeed for persons who are unable to meet basic subsistence needs. (See supporting memorandum titled “Housing Supports and Other Basic Subsistence Benefits.”) Tracking housing status and food security as part of medical records would also facilitate referrals to services as part of core HIV treatment planning.

Strategies to address social factors are increasing recognized as core components of any effective HIV prevention and care strategies. Housing status is one of the seven Common Indicators for HHS-funded HIV Programs and Services, defined as the percentage of persons with an HIV diagnosis receiving services who were homeless or unstably housed in the 12-month measurement period (see http://aids.gov/pdf/hhs-common-hiv-indicators.pdf). Housing instability, food security and transportation needs are recognized as core indicators of mental health, substance abuse and supportive services in the Institute of Medicine’s (IOM) Monitoring HIV Care in the United States, Indicators and Data Systems, March 2012.

NYS has a wealth of experts to advise the Task Force and the AIDS Institute on selection and implementation appropriate validated measures, including Dr. Angela Aidala of the Columbia University Mailman School of Public Health. The development of these metrics should also track the development currently underway to establish similar measures for the NYS Health and Recovery Plan (HARP) process.

| | |
|---|---|
| **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<br>,<br>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)** | Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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 policy |
| **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)?** | Within the next year |

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

Setting goals and tracking progress towards the provision of housing, food and employment opportunities for PWH are key to achieving the goals of the plan to end AIDS in NYS and to addressing the stark disparities in HIV health outcomes.

For additional information see the supporting memorandum titled “Housing Supports and Other Basic Subsistence Benefits.”

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

Despite the evidence, medical providers and other key stakeholders may be resistant to tracking social determinants of HIV health outcomes.

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

These measures would be incorporated into existing record keeping systems, so the only incremental costs would those associated with tracking and analysis by NYS.

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

Investments in housing and other essential supports for PWH is an effective cost-containment strategy, as public dollars spent on these essential benefits produce offsetting public savings through improved health care utilization and prevented HIV infections. A growing evidence base of such cost analyses indicate that improved stability among persons with HIV or other chronic medical or behavioral health issues results in increased engagement in cost-effective health care and reduced use of avoidable crisis care and other publicly funded services, generating “savings” in outlays for other categories of public spending that offset all or part of the cost of housing services. (See supporting memorandum titled “Housing Supports and Other Basic Subsistence Benefits.”)

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

PWH in need of referrals and assistance to secure housing, food, employment and other basic necessities for effective HIV treatment.

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

Measures would be developed in consultation with NYS experts and in coordination with other ongoing processes such as the development of the HARPS.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member,<br><br>Other (please specify)<br>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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br><br>If yes, please provide your email address<br>gshubert@earthlink.net |

**#62**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 11:24:53 AM
**Last Modified:** Friday, October 31, 2014 12:49:45 PM
**Time Spent:** 01:24:51
**IP Address:** 70.44.32.52

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Peter |
| Last Name | Staley |
| Email Address | peterstaley@verizon.net |
| **Q2: Title of your recommendation** | Upgrade STD clinic services for those testing HIV negative |

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

Modelled after NYC's plans for "HIV One Stop" services at city STD clinics, at-risk clients testing HIV negative might be offered PEP or PrEP, with an insurance check, PEP or PrEP lab screening, PrEP/condom education, test running Rx for co-pay, PAP paperwork, same-day PEP/PrEP Rx, mental health assessments, mental health/SUD referral, PEP/PrEP continued care 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)** | Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |

| | |
|---|---|
| **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)?** | Within the next year |

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

Those presenting to anonymous STD testing centers are often at high-risk for HIV infection. Using their visit as an opportunity for linkage to care, prevention education, or immediate PEP/PrEP assistance should lower their ongoing risk.

| | |
|---|---|
| **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

| | |
|---|---|
| **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)<br>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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br>If yes, please provide your email address<br>peterstaley@verizon.net |

**#63**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 11:55:57 AM
**Last Modified:** Friday, October 31, 2014 1:02:00 PM
**Time Spent:** 01:06:02
**IP Address:** 64.61.84.122

PAGE 1

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

| | |
|---|---|
| First Name | Reed |
| Last Name | Vreeland |
| Affiliation | Housing Works, VOCAL-NY |
| Email Address | r.vreeland@housingworks.org matt@vocal-ny.org |

| | |
|---|---|
| **Q2: Title of your recommendation** | Strengthening HIV Services for People Who Use Drugs through Syringe Legalization, Reform of the Expanded Syringe Access Program, and Coordination of Harm Reduction Services with HIV Prevention and Care |

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

Advance syringe access and state-regulated syringe exchange programs by strengthening the Expanded Syringe Access Program (ESAP), which allows non-prescription pharmacy access and other syringe distribution, and repealing Section 220.45 of the New York State Criminal Law to eliminate arrests and prosecutions for syringe possession. Increase funding for harm reduction services in order to expand or newly establish syringe access program sites in underserved regions of the state. Continue to improve harm reduction program coordination with HIV care providers and require trainings for harm reduction staff to increase appropriate non-occupational Post Exposure Prophylaxis (nPEP) and Pre-exposure Prophylaxis (PrEP) education and linkages for harm reduction participants, and.

Specifically, we propose that New York State:

1) Legalize syringe possession by repealing Section 220.45 of the penal law, which classifies “criminal possession of a hypodermic instrument” as a class A misdemeanor). Furthermore, amend Section 220.03 of the penal law, Subdivision 2 of section 850 of the general business law, and Section 3381 of the public health law in order to clarify that syringe possession is lawful, and syringes are not considered drug-related paraphernalia under New York law.

2) Increase funding for harm reduction services in order to expand or newly establish syringe access program sites in underserved regions of the state. New funding and programming should prioritize areas in the state with limited or no harm reduction services, and be guided by HIV, HCV, and overdose surveillance, drug-related hospital or emergency department admissions, and rapid assessment as appropriate. In addition, services focusing on young or new injectors should be prioritized.

3) Strengthen the Expanded Syringe Access Program (ESAP) by amending Section 3381 of the public health law to: (a) remove the limit of 10 syringes per transaction, (b) remove the ban on program advertising, and (c) remove the age restriction that limits participation in ESAP programs to people over 18 years old.

4) Provide such resources as are necessary to the NYS AIDS Institute to conduct oversight of ESAP programs in order to encourage providers to furnish syringes and other materials and information appropriate to preventing HIV transmission and other drug-related harms.

5) Improve syringe access program coordination with the HIV treatment cascade and HIV Prevention Continuum, including provider education on nPEP and PrEP, in order to ensure that harm reduction providers are fully engaged with statewide goals to improve access to nPEP and PrEP.

New York syringe access programs have been credited with reducing HIV prevalence among people who inject drugs from 54% in 1990 to only 7–15% today, netting tens of millions of dollars in savings to the healthcare system. Harm reduction programs also serve as a crucial platform for reaching a high-need population that has not been well served by the healthcare system at large. Reforming policies that impede access to such services and increasing resources for harm reduction programs will increase providers’ ability to engage people who inject drugs, link them to testing and care, and coordinate prevention and care across multiple parts of the healthcare system. Despite these benefits, harm reduction programs have been flat-funded for years in New York, and many parts of the state have few or no such services. In short, this recommendation would strengthen the ability of these programs to follow evidence-based models prevent blood borne infections such as HIV and HCV, as well as other harms associated with drug use.

| | |
|---|---|
| **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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative<br>,<br>Unknown,<br>Other (please specify)<br>Strengthening Evidence-Based HIV Prevention Programs |
| **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?** | 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?**

This recommendation creates a clear public health message that supports the work of syringe access and harm reduction programs. If implemented this recommendation will decrease the number of new HIV and HCV infections linked to injection drug and hormone use, as well as overdose deaths, skin and soft tissue infections, and other drug-related harms among people living with HIV.

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

More education may be needed to educate legislators and the general public on the benefits of syringe access programs and related harm reduction services.

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

Cost associated with statutory change and nPEP and PrEP trainings based on program changes.
Cost associated with additional funding for harm reduction services and ESAP oversight through the NYS AIDS Institute.

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

A calculation of cost savings can be determined by accounting for savings from care coordination, averting new HIV and hepatitis C infections, reducing the number of skin and soft tissue infections, reducing overdose incidents and mortality, avoided ambulance rides and emergency room visits or hospitalizations.

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

People who participate in state-regulated syringe exchange and the Expanded Syringe Access Program. Organizations that provide syringe exchange services and consumers of these services.

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

Annual tracking of overall transactions and syringes-out through the ESAP system and annual report of county-level data for the New York State and United Hospital Fund data for New York City. Monitor arrest for syringe possession. Create interim goals for new HIV infections attributed to injection drug use.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Advocate,<br><br>Other (please specify)<br>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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | No |

**#64**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 12:54:16 PM
**Last Modified:** Friday, October 31, 2014 1:11:55 PM
**Time Spent:** 00:17:39
**IP Address:** 70.44.32.52

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Peter |
| Last Name | Staley |
| Email Address | peterstaley@verizon.net |
| **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 |
| **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)<br>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 |

| | |
|---|---|
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | No |

**#65**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 1:11:00 PM
**Last Modified:** Friday, October 31, 2014 1:18:22 PM
**Time Spent:** 00:07:21
**IP Address:** 64.61.84.122

PAGE 1

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

| | |
|---|---|
| First Name | Reed |
| Last Name | Vreeland |
| Affiliation | Housing Works |
| Email Address | r.vreeland@housingworks.org |

**Q2: Title of your recommendation**

Implement Pay-for-performance Health Homes to Improve Retention, Care, and Viral Suppression For People Living With HIV

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

Accelerate planned pay-for-performance in Medicaid Health Homes for people with HIV, which would include a simple pay-for-performance program for care coordination only, or a consolidated pay per performance methodology, both for care coordination and clinical care. Performance measures should include viral suppression, housing stability and vocational opportunity, among others.

Health Home is a care management service model created to optimize care coordination and was established to evolve into a pay-per-performance system that incentivizes achieving optimal outcomes for enrolled patients. Individuals covered by Medicaid with two chronic conditions or one single qualifying condition: HIV/AIDS or serious mental illness (SMI). The Centers for Medicare and Medicaid Services (CMS) recently approved the use of Medicaid savings to expand the New York State (NYS) Health Home services, including the implementation of a pay-for-performance system.

**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 |
| **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 recommendation would incentivize Health Home providers and possibly clinical care providers to achieve viral suppression and other favorable clinical and psychosocial outcomes for consumers. [See supportive note on pay-per-performance systems.]

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

Health Home providers and community-based clinical providers may not be not accustomed to pay-for-performance models and currently neither Health Home networks nor downstate providers have established risk tools. These concerns could be addressed through a simplified pay-for-performance system through care coordination only that evolves into a more complex risk bearing model over time, or through the use of Delivery System Reform Incentive Payment (DSRIP) Program networks that have capacity to share and appropriately distribute risk.

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

Cost paid for Health Home dollars provided through Center for Medicare and Medicaid Services (CMS) approved NYS waiver.

| | |
|---|---|
| **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?**

NYS Office of Health Insurance Programs (OHIP), Health Home providers, potentially DISRIP Performer Provider Systems (PPSs), and consumers.

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

Create a measure that includes viral suppression housing stability and vocational opportunity for persons enrolled in health homes systems.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Advocate,<br><br>Other (please specify)<br>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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br><br>If yes, please provide your email address<br>r.vreeland@housingworks.org |

**#66**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 1:13:53 PM
**Last Modified:** Friday, October 31, 2014 1:19:03 PM
**Time Spent:** 00:05:09
**IP Address:** 70.208.95.72

PAGE 1

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

| | |
|---|---|
| First Name | Reed |
| Last Name | Vreeland |
| Affiliation | Housing Works |
| Email Address | R.Vreeland@housingworks.org |

**Q2: Title of your recommendation**

Add HIV Prevention Regimens to the NYS Family Planning Benefit Program

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

Include non-occupational post-exposure prophylaxis (nPEP) and pre-exposure prophylaxis (PrEP) as prescriptions covered by the New York State (NYS) Family Planning Benefit Program (FPBF).

The FPBF provides health coverage for New Yorkers of childbearing age who meet the programs income and other requirements. The program was created to expand access to confidential family planning services to teens, women and men of childbearing age to prevent and/or reduce the incidence of unintentional pregnancies. The program covers sexually transmitted infection (STI) screening and HIV counseling and testing when provided in the context of a family planning visit and when the service provided is related directly to family planning.

**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)**

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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)?** | Within the next year |

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

This recommendation would facilitate payments for nPEP and PrEP for adolescents at high risk for HIV and others who qualify for the Family Planning Benefit Program.

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

It is unclear whether Federal regulations would allow coverage of nPEP and PrEP through the Family Planning Benefit Program.

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

Research is required to identify the amount of enrolled persons and how many enrollees are appropriate for PrEP.

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

Before a return on investment (ROI) can be calculated, research is required to identify the amount of enrolled persons and how many enrollees are appropriate for PrEP.

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

Office of Health Insurance Programs (OHIP), Family Planning Benefit Program service providers and consumers.

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

Number of nPEP or PrEP prescriptions paid for through FPBP.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member,<br><br>Other (please specify)<br>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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br><br>If yes, please provide your email address<br>R.Vreeland@housingworks.org |

**#67**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 1:19:21 PM
**Last Modified:** Friday, October 31, 2014 1:24:13 PM
**Time Spent:** 00:04:52
**IP Address:** 70.208.95.72

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Reed |
| Last Name | Vreeland |
| Affiliation | Housing Works |
| Email Address | R.Vreeland@housingworks.org |
| **Q2: Title of your recommendation** | HIV Testing in OASAS-licensed Out-patient and In-patient Programs |

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

Change New York State Medicaid regulations to allow Office of Alcoholism and Substance Abuse Services (OASAS) licensed out-patient and in-patient programs to bill for HIV testing and require managed care programs to reimburse for this service.

| | |
|---|---|
| **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 |
| **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)?** | Within the next year |

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

This recommendation would increase opportunities for testing for people who experience substance use disorder.

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

Insurance companies and managed care organizations may be resistant to pay OASAS-licensed providers for this service.

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

Research is required to quantify the expanded HIV testing that this recommendation would generate.

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

Before a return on investment (ROI) can be calculated, research is required to estimate the number of people living with HIV who could be diagnosed and linked to care based on this recommendation

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

OASAS-licensed programs and consumers of OASAS services.

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

Number of people who receive an HIV test in an OASAS-licensed facility.

Number of people living with HIV diagnosed and linked to treatment through OASAS-licensed facilities.

| | |
|---|---|
| Q15: **This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member,<br><br>Other (please specify)<br>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 |
| Q16: **I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| Q17: **Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br><br>If yes, please provide your email address<br>R.Vreeland@housingworks.org |

**#68**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 1:12:39 PM
**Last Modified:** Friday, October 31, 2014 1:24:56 PM
**Time Spent:** 00:12:16
**IP Address:** 209.212.88.18

PAGE 1

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

| | |
|---|---|
| First Name | Esther W. Y. |
| Last Name | Lok |
| Affiliation | Federation of Protestant Welfare Agencies |
| Email Address | esther@fpwa.org |

**Q2: Title of your recommendation**

Recommendations to Expand Access to Employment and Employment Services for PLWHA

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

AIDS Institute funded linkage to and retention in care programs should newly support training, education, vocational rehabilitation and workforce development opportunities for PLWHA at all points of engagement. Specifically, we recommend the AIDS Institute to do the followings:
• Issue guidance on how providers would approach discussions with clients related to transition to work.
• Revise program policies and procedures to include assessment of employment needs of PLHIV from initial intake throughout service delivery, with responsive information and referral, or direct delivery of employment services, and required data collection tracking PLHIV employment needs and service delivery.
• Through the AIDS Institute Regional Training Center, provide overview training to all AIDS Institute-funded providers about 1) barriers and challenges for PLWHA to engage in employment, vocational training and rehabilitation services, and 2) availability of resources (e.g., ACCES-VR, Ticket-to-Work, NYESS, Dept. of Labor, Workforce Investment Boards (WIBs), OTDA, HRA – and community-based HIV employment programs).
• Increase funding for linkage to and retention in care programs to include a consumer education component on training, education, and vocational rehabilitation and workforce development opportunities for people living with HIV/AIDS. In addition, funded programs would make referrals to government and community-based programs such as ACCES-VR, Ticket to Work, NYESS, OASAS, Work Incentive Planning and Assistance (WIPA), Legal Action Center, American Job Centers (One Stops), the OTDA HIV/AIDS Employment Initiative and other community-based HIV employment programs.
• Identify and eliminate barriers/discouragement to work and increase incentives/encouragement to work.

**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.<br>,<br>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?** | 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)?** | Within the next year |

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

Research indicates that there are tremendous economic, social and health benefits related to being employed for many individuals, including people with disabilities and those living with HIV/AIDS. This is particularly the case when key economic and psychosocial factors are present in the work environment. Common benefits often associated with employment include income, autonomy, productivity, status within society, daily structure, making a contribution to society, increased skills and self-esteem. Research also indicates that many people with disabilities, including those with HIV/AIDS, report perceptions of being less disabled (or not disabled at all) when they are working. Some research also indicates that being employed is associated with better physical and mental health outcomes for people living with HIV/AIDS when compared to those who are not working. Preliminary data also suggests that transitions to employment are associated with reduction in HIV-related health risk behaviors for many but not all. This foundation of research highlights the urgency for all AIDS service providers to become more knowledgeable about the need for and potential benefits of employment services for PLWHA. Employment services are critical because it is also clear that (a) not all employment settings and conditions lead to positive health and prevention outcomes and (b) trained professionals are needed to help facilitate better outcomes for all.

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

It is important that any new focus on employment not be understood as forced employment, or employment as a condition of receipt of benefits.

A focus on vocational rehabilitation and pathways to employment must not be so principally concerned with placement data as to lose sight of the importance of meaningful work .

Large numbers of individuals who would like to work may require significant pre-vocational education, including in basic literacy and numeracy.

Coordination with other relevant government agencies and programs, at the federal, state, and local levels, may be complex.

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

$500,000 to $1million

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

Because of the lack of longitudinal research examining the impact of employment on health status for people with HIV/AIDS, it is difficult to determine whether employed people have better health outcomes due to their work or whether better health enabled employment.

According to the NWPC Vocational Development and Employment Needs Survey, among survey respondents who were employed, after previously not working, just less or more than one third of them reported a decrease in their amount of alcohol use, drug use, unprotected sex, and number of sex partners. About 2/3 of this group reported no change in these health risk behaviors. As a parallel to these findings, when the respondents who were not working were asked what they'd expect if they were to go to work, one third or more expected increases in self-care and CD4 counts, with almost half expecting no change. One quarter to one third expected they would experience decreases in their alcohol use, drug use, unprotected sex and number of sex partners, if they were employed. Two thirds or more expected no change in these health risk behaviors.

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

• HIV/AIDS service providers
• PLWHA with an interest in employment
• Vocational Rehabilitation providers
• Key statewide and local employment-related service systems, such as NYESS, OTDA, ACCES-VR, Ticket to Work, Work Incentive Planning and Assistance (WIPA), American Job Centers (One Stops) and Workforce Investment Boards (WIBs)

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

• Numbers of people receiving the overview training through the AIDS Institute Regional Training Center.
• Lower CD4 count of those who are engaged in employment services
• Numbers of state-wide or regional cross-sector conferences/workshops/meetings connecting leaders/representatives from HIV, training/education, vocational rehabilitation, workforce development, benefits advisement and legal services.
• Establishment of centralized online information resource on HIV & employment for service providers and PLHIV.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Advocate |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br>If yes, please provide your email address esther@fpwa.org |

**#69**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 12:50:00 PM
**Last Modified:** Friday, October 31, 2014 1:25:35 PM
**Time Spent:** 00:35:34
**IP Address:** 66.195.66.114

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | *Respondent skipped this question* |
| **Q2: Title of your recommendation** | Training, education, vocational rehabilitation and workforce development |

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

AIDS Institute funded linkage to and retention in care programs should newly support training, education, vocational rehabilitation and workforce development opportunities for PLWHA at all points of engagement. Specifically, we recommend the AIDS Institute to do the followings:
• Issue guidance on how providers would approach discussions with clients related to transition to work.
• Revise program policies and procedures to include assessment of employment needs of PLHIV from initial intake throughout service delivery, with responsive information and referral, or direct delivery of employment services, and required data collection tracking PLHIV employment needs and service delivery.
• Through the AIDS Institute Regional Training Center, provide overview training to all AIDS Institute-funded providers about 1) barriers and challenges for PLWHA to engage in employment, vocational training and rehabilitation services, and 2) availability of resources (e.g., ACCES-VR, Ticket-to-Work, NYESS, Dept. of Labor, Workforce Investment Boards (WIBs), OTDA, HRA – and community-based HIV employment programs).
• Increase funding for linkage to and retention in care programs to include a consumer education component on training, education, and vocational rehabilitation and workforce development opportunities for people living with HIV/AIDS. In addition, funded programs would make referrals to government and community-based programs such as ACCES-VR, Ticket to Work, NYESS, OASAS, Work Incentive Planning and Assistance (WIPA), Legal Action Center, American Job Centers (One Stops), the OTDA HIV/AIDS Employment Initiative and other community-based HIV employment programs.
• Identify and eliminate barriers/discouragement to work and increase incentives/encouragement to work.

| | |
|---|---|
| **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)** | Other (please specify)<br>Employment which will lead to improved health outcomes |

| | |
|---|---|
| **Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | 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 policy |
| **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)?** | Within the next year |

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

1. Creates a more skilled workforce so PLWHA can obtain jobs and be more self-sufficent.
2. Increases the knowledge of PLWHA among providers
3. Connects PLWHA with potential providers with connections to potential jobs

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

Coordination among several providers has to be taken into consideration...getting everyone on board could be a lengthy process.

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

$50,000 -$100,000- Salary and fringe for two staff person designated for this project which would include developing and coordinating the following:
- developing guidance on how providers would approach discussions with clients related to transition to work.
- Revise program policies and procedures to include assessment of employment needs of PLHIV from initial intake throughout service delivery
- Through the AIDS Institute Regional Training Center, provide overview training to all AIDS Institute-funded providers about 1) barriers and challenges for PLWHA to engage in employment, vocational training and rehabilitation services, and 2) availability of resources
    - this component would required funding to support the training throughout NYS ($10,000)
- consumer education component on training, education, and vocational rehabilitation and workforce development opportunities for people living with HIV/AIDS
    - this component would require funding to support the training (travel, food, development of materials, etc) ($10,000)

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

It's diffucult to calculate the ROI based on an increase in PLWHA wages/income and the increase in knowledge of employment/ benefits, etc by providers and PLWHA.

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

PLWHA

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

1. Number of PLWHA that enroll become employed
2. Number of training provided to providers
3. Number of training for PLWHA

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Advocate |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | No |

**#70**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 1:18:44 PM
**Last Modified:** Friday, October 31, 2014 1:26:31 PM
**Time Spent:** 00:07:46
**IP Address:** 64.61.84.122

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Reed |
| Last Name | Vreeland |
| Affiliation | Housing Works |
| Email Address | r.vreeland@housingworks.org |
| **Q2: Title of your recommendation** | Co-location of Behavioral Health Services with HIV Clinical Care |

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

Encourage co-location of behavioral health services with HIV clinical care by establishing a demonstration program and capital funds and/or utilize Delivery System Reform Incentive Payment (DSRIP) Program project under Domain 2 or 3.

| | |
|---|---|
| **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 |
| **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?**

An expansion of co-located behavioral health services and HIV clinical care would provide improved accessibility and coordination of care and services and for people with recurring HIV and behavioral health issues, facilitating their participation in multiple services addressing these conditions and enhancing their retention in care.

Resource: Jefferey Rothman, et al, (2007). Co-located Substance Use Treatment and HIV Prevention and Primary Care Services, New York State, 1990–2002. Journal of Urban Health; 84(2): 226–242.

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

If DSRIP were used, Performing Provider Systems (PPSs) would need to have selected the appropriate project and would need to prioritize co-location of behavioral services in HIV primary care. NYS would have to create a mechanism to seek waiver of State regulations relating to co-location of services. If not applied to DISRIP, there would be a need for budgeted capital fund and a mechanism for waiver for co-located services.

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

If through DSRIP costs would be borne through DSRIP funds. Otherwise a separate capital fund would need to be established.

| | |
|---|---|
| **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?**

DSRP PPSs, HIV primary care providers and behavioral health services providers and their and consumers.

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

Measure the percentage of people with HIV who have access to co-located services; percentage of people achieving positive HIV outcomes (including viral suppression) who are enrolled in co-located services.

| | |
|---|---|
| Q15: **This recommendation was submitted by one of the following** | Advocate,<br><br>Other (please specify)<br>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 |
| Q16: **I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| Q17: **Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | No |

**#71**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 1:25:00 PM
**Last Modified:** Friday, October 31, 2014 1:28:40 PM
**Time Spent:** 00:03:40
**IP Address:** 70.208.95.72

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Reed |
| Last Name | Vreeland |
| Affiliation | Housing Works |
| Email Address | R.Vreeland@housingworks.org |
| **Q2: Title of your recommendation** | PrEP Education and Training for OASAS Staff and Clients |

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

Incorporate education on PrEP for all staff and clients of Office of Alcoholism and Substance Abuse Services (OASAS) licensed programs and update the intake and counseling assessments to screen for appropriateness of Pre-exposure Prophylaxis (PrEP) referral.

| | |
|---|---|
| **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)** | Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **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)?** | Within the next year |

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

Persons who experience substance use disorder are often at high risk for HIV infection and would benefit from the opportunity to learn about PrEP and receive the appropriate referrals while engaged in treatment.

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

Potential resistance from drug treatment staff who may be impacted by stigma around PrEP or believe that offering a referral for PrEP encourages relapse.

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

Research is required to identify the amount of enrolled persons and how many enrollees are appropriate for PrEP.

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

Before a return on investment (ROI) can be calculated, research is required to identify the amount of enrolled persons and how many enrollees are appropriate for PrEP.

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

OASAS staff and licensed programs and consumers of OASAS services.

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

Create an outcome measure by monitoring the number of staff and consumers who receive PrEP education; the percentage of persons referred to PrEP from substance use treatment programs; percentage of OASAS licensed programs that have implemented PrEP training.

| | |
|---|---|
| Q15: **This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member,<br><br>Other (please specify)<br>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 |
| Q16: **I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| Q17: **Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br><br>If yes, please provide your email address<br>R.Vreeland@housingworks.org |

**#72**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 12:47:35 PM
**Last Modified:** Friday, October 31, 2014 1:31:16 PM
**Time Spent:** 00:43:40
**IP Address:** 69.193.166.2

PAGE 1

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

| | |
|---|---|
| First Name | Tracie |
| Last Name | Gardner |
| Affiliation | Legal Action Center |
| Email Address | tgardner@lac.org |

**Q2: Title of your recommendation**

Establish a pilot to to allow for opt out HIV testing in select NYS correctional settings

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

Less than 40% of the HIV infected inmates incarcerated in NYS is currently known to prison medical staff. It is believed that most of the HIV infected inmates unknown to medical staff are personally aware of their HIV status but choose not to disclose due to the stigma associated with HIV in prison and due to concerns about the quality of Medicaid care in prison. While the opportunity for voluntary testing is widely available through the DOCCS system and there are a number of testing initiatives conducted by DOCCS and/or the NYS DOH AIDS Institute, it is not clear that they are proving to be effective in identifying any significant number of the estimated 1200 to 1500 HIV positive inmates who are released from NYS prisons. DOCCS and SDOH AIDS Institute should conduct a pilot of "opt out HIV testing" in a select number of prisons for a period of time to determine if there is an increase in the number of HIV positive inmates who are identified and linked to care. This pilot should also include protocols and confidentiality protections for inmate HIV testing and HIV status.

**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
,

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
,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br><br>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.<br>,<br><br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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?** | Other (please specify)<br>waiver or exemption to HIV testing 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)?** | Within the next year |

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

Will address a previosuly neglected area of HIV testing and clinical care that potentially has significant impact on efforts to drive down indiividual and community HIV infection rates.
Will address stigma of HIV by associating self knowledge of HIV infection and proactive responses to health and beneficial to the individual and his sexual partners.

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

Stigma is especially powerful in prison and the ability to protect health confidentiality is extremely difficult. Lack of electronic health record capacity in correctional setting. Many other protections that are a given in health care outside of prison are almost non existent inside of prison.

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

Unknown but less than thr estimated $1.5 million that it costs to implement the HIV-HCV Oversight law per year.

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

Enormous if even 100 people in DOCCS iwho don't know their HIV status or who are HIV positive but not on ARVs.

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

The DOCCS inmates, their families, the community to which they return, the health care providers in and outside of the DOCCS facility and all who want to reduce HIV infections to below epidemic levels.

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

Semi annual public reports to the AIDS Advisory Council, via SDOH website, CDC and HRSA engagement.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | No |

**#73**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 1:32:40 PM
**Last Modified:** Friday, October 31, 2014 1:36:01 PM
**Time Spent:** 00:03:20
**IP Address:** 64.61.84.122

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Reed |
| Last Name | Vreeland |
| Affiliation | Housing Works |
| Email Address | r.vreeland@housingworks.org |
| **Q2: Title of your recommendation** | Improved Linkage and Retention in Care for Clients of OASAS-licensed Programs |

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

Require the Office of Alcoholism and Substance Abuse Services (OASAS) licensed programs to make a good faith effort to ensure that all HIV-positive clients are engaged in HIV primary care, and support adherence to antiretroviral treatment, documenting such efforts in the patient chart.

| | |
|---|---|
| **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 |
| **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?**

Improved linkage/retention in care and viral suppression for people living with HIV who receive services from OASAS-licensed programs.

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

Protecting confidentiality of people who receive services from OASAS-licensed programs. Ensure that outreach and linkage training for staff of OASAS-licensed programs is culturally competent and adheres to best practices in HIV care and prevention services.

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

Cost associated with training may be borne by OASAS-licensed 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?**

OASAS staff and licensed programs and consumers of OASAS services.

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

Measure of HIV care referrals and retention/linkage follow-up notifications among OASAS-licensed programs.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Advocate,<br><br>Other (please specify)<br>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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |

| | |
|---|---|
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | No |

**#74**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 12:46:01 PM
**Last Modified:** Friday, October 31, 2014 1:41:18 PM
**Time Spent:** 00:55:17
**IP Address:** 155.229.23.181

PAGE 1

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

| | |
|---|---|
| First Name | Doug |
| Last Name | Wirth |
| Affiliation | Amida Care |
| Email Address | dwirth@amidacareny.org |

**Q2: Title of your recommendation**

Encourage all PPSs to Adopt Domain 4 HIV/AIDS Projects

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

DSRIP is an important source of funding to support the Task Force's recommendations. It can provide funding for projects that utilize recent advancements in science and data, to end AIDS, even without a cure, by reducing annual new HIV infections in NY State—from 3,000 to 750 by 2020—and by bringing those living with HIV/AIDS to optimal health.

The majority of PPSs in New York City are planning to include an HIV/AIDS project in their DSRIP applications. A NYC PPS planning group is regularly being convened to advance HIV/AIDS efforts across PPSs to achieve the greatest impact. It is building out activities under 4.c.ii Increase early access to, and retention in, HIV care. It is expected that an HIV/AIDS project will be included by PPSs covering all boroughs.

The state should ensure that similar efforts are implemented statewide and should require that an HIV/AIDS project is included by at least one PPS in each jurisdiction.

**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
,

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
,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

**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.

,

Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the

| | |
|---|---|
| | Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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 |
| **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?**

Increased funding available to carry out the work of the End of AIDS Task Force and increased coordination of efforts across the state.

| | |
|---|---|
| **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?** | *Respondent skipped this question* |
| **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)<br>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 |

| | |
|---|---|
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | No |

**#75**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 1:45:45 PM
**Last Modified:** Friday, October 31, 2014 1:49:14 PM
**Time Spent:** 00:03:29
**IP Address:** 155.229.23.181

PAGE 1

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

| | |
|---|---|
| First Name | Charles |
| Last Name | King |
| Affiliation | Housing Works |
| Email Address | king@housingworks.org |

**Q2: Title of your recommendation**

Measure Progression of HIV to AIDS

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

The state should include a measure of the progression of HIV to AIDS within two years. Specifically, measurements of time from HIV diagnosis to AIDS diagnosis and interim targets for decreasing progression to AIDS within two years of HIV diagnosis.

**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)**

*Respondent skipped this question*

**Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)**

Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs.

| | |
|---|---|
| Q6: **Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | New policy |
| 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)?** | Within the next year |
| Q9: **What are the perceived benefits of implementing this recommendation?** | *Respondent skipped this question* |
| 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?** | *Respondent skipped this question* |
| 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)<br>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 |
| Q16: **I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| Q17: **Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | No |

**#76**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 11:21:07 AM
**Last Modified:** Friday, October 31, 2014 1:51:27 PM
**Time Spent:** 02:30:19
**IP Address:** 74.72.229.152

PAGE 1

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

| | |
|---|---|
| First Name | Mark |
| Last Name | Misrok |
| Affiliation | National Working Positive Coalition |
| Email Address | markmisrok@gmail.com |

**Q2: Title of your recommendation**

Increase Access to Opportunities for Employment and Employment Services for PLHIV to Address a Key HIV/AIDS Social/Economic Determinant of Health

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

Develop current HIV/AIDS services to assess consumers for employment needs, encourage employment interests and support well-informed employment decisions.

Develop current HIV/AIDS services capacity to address identified employment needs/interests of consumers through through linkage to existing resources or direct service provision by implementing a progressive process of system change, advancing a paradigm shift embracing an HIV/AIDS rehabilitation/recovery services model:

1) Service delivery policy change
• Identifying and decreasing barriers/discouragement to work
• Identifying and increasing incentives/encouragement to work
• Revising program policies and procedures to include assessment of employment needs of PLHIV from initial intake throughout service delivery, with responsive information and referral, or direct delivery of employment services, and required data collection tracking PLHIV employment needs and service delivery;

2) Linkage, coordination and collaboration with existing systems providing needed services (GED, EFL, training, education, workforce development, vocational rehabilitation, benefits advisement and legal services), including training/TA on potential employment services funding sources (e.g., ACCES-VR, Ticket-to-Work, NYESS, Dept. of Labor, Workforce Investment Boards (WIBs), OTDA, and HRA);

3) Training and technical assistance for HIV clinical and non-clinical service providers (regional cross-sector,cross-training HIV/AIDS and Employment Conferences - see Connecticut's Positive Futures Conferences; community/agency level service provider training/TA; consumer workshops);

4) Coordination with and support for existing HIV employment initiatives (e.g., OTDA HIV/AIDS Employment Initiative; ACCES-VR HIV-specific vendor contracts; NYC/HRA Vocational Rehabilitation Programs).

| | |
|---|---|
| **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)** | 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?** | 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)?** | Within the next year |

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

PLHIV gain access to vocational development and employment services, and obtain employment, leading to:
1) improved treatment adherence and self-care
2) increased access to and retention in care
3) improved mental health
4) improved HIV health outcomes (viral suppression)
5) reduced health risk behaviors
6) reduced new HIV infections
7) increased income
8) increased economic security: stable housing and food/nutrition security
9) increased access to improved health insurance options
10) reduced reliance on emergency HIV services/resources

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

Expanding access to employment and employment services for PLHIV who can and want to work must not be accompanied by any degrading of current and/or needed services, resources and programs - not all PLHIV can and will work.

PLHIV must be supported to make well-informed, self-determined decisions about training, education and employment, without negative consequences to access to services.

Many PLHIV need access to pre-vocational services, including adult basic education, GED prep, and EFL for opportunities for health, living wage employment. These services are also associated with improved mental, behavioral and physical health outcomes, yet HIV/AIDS service providers are not currently equipped to offer, or provide information, linkage and encouragement for participation of consumers in these developmental programs.

Government agencies and programs outside of the AIDS Institute have no mandate to allocate resources to PLHIV. AIDS Institute leadership will be required to maximize leveraging of existing relevant resources and programs.

| | |
|---|---|
| **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?**

* PLHIV considering and pursuing employment goals
* HIV/AIDS service providers
* NYS Department of Health, AIDS Institute
* ACCES-VR and community-based rehabilitation providers
* Other key statewide and local employment-related service systems, such as NYESS, OTDA, Ticket to Work, Work Incentive Planning and Assistance (WIPA), American Job Centers (One Stops) and Workforce Investment Boards (WIBs)

| | |
|---|---|
| **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) Consumer/Advocate |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br>If yes, please provide your email address markmisrok@gmail.com |

**#77**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 1:48:34 PM
**Last Modified:** Friday, October 31, 2014 1:53:32 PM
**Time Spent:** 00:04:57
**IP Address:** 64.61.155.98

PAGE 1

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

| | |
|---|---|
| First Name | Jack |
| Last Name | Beck |
| Affiliation | Correctional Association of NY |
| Email Address | jbeck@correctionalassociation.org |

**Q2: Title of your recommendation**

Improve HIV Prevention Tools for People who are Incarcerated and those Returning Home

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

Optimal HIV prevention in correctional facilities, including jails and prisons, should consist of the following essential elements: (a) comprehensive education of staff and incarcerated persons, about HIV transmission, testing, harm reduction, HIV care, stigma, discharge planning and services available in the community; (b) training of HIV peer educators within the correctional facilities and integrating them into the prevention program; (c) provision of the prevention education in general content-neutral programs of correctional facilities to ensure wider participation; and (d) provision of prophylaxis devices and therapy, including condoms and PrEP both during a person's period of incarceration and when a person is being released from a correctional facility. As part of the implementation of this program, the resources provided to the Criminal Justice Initiative of the AIDS Institute would have to be expanded to ensure a comprehensive educational program in all state prisons. This prevention program would be consistent with the elements of the proposed legislation S3466A/A05340 introduced by Senator Montgomery and Assemblymember Gottfried.

**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
,

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
,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br><br>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?** | New 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)?** | Within the next three to six years |

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

A comprehensive prevention program would likely result in more incarcerated persons being identified as HIV infected and entering care. In addition, the program would educate the incarcerated population how to avoid infections, both while they are incarcerated and when they return home to their communities. Finally, providing condoms and PrEP will prevent transmission of HIV both inside correctional facilities and in our communities as people are discharged from correctional facilities.

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

These are well-established prevention tools to avoid transmission and infections. Some correctional facilities have resisted the provision of condoms due to a concern that distribution of these prophylaxis devices will encourage prohibited sexual behavior in the facilities. But the experience of several jails and prison systems in the US and abroad demonstrate that these concerns are not well founded.

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

An estimate is not available but extensive resources would not be needed at least in the state prisons system, which already has the foundations of a prevention program.

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

Not available.

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

The incarcerated population and the communities to which they will return would greatly benefit by having persons in correctional facilities educated about how to avoid infections and/or the transmission of infections, and by encouraging HIV-infected incarcerated persons who are unaware of their infection to get tested and those who know they are infected to enter and remain in care both inside the correctional facility and in the community when they return home.

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

The contractors funded by the Criminal Justice Initiative of the AIDS Institute, who likely would provide some of these services, would be in an excellent position to monitor the implementation of this program. More importantly, the AIDS Institute (AI) is required to monitor HIV and hepatitis C care in state prisons and local jails pursuant to the DOH Oversight Law, Public Health Law section 206(26), and thereby AI should be able to obtain information about implementation of these recommendations and to assess their effectiveness in preventing transmission, engaging incarcerated persons in getting tested and enrolling in care and in assisting HIV-infected persons being released from a correctional facility promptly transitioning to appropriate care in their communities.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br>If yes, please provide your email address<br>jbeck@correctionalassociation.org |

**#78**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 1:51:45 PM
**Last Modified:** Friday, October 31, 2014 1:57:21 PM
**Time Spent:** 00:05:36
**IP Address:** 74.72.229.152

PAGE 1

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

| | |
|---|---|
| First Name | Mark |
| Last Name | Misrok |
| Affiliation | National Working Positive Coalition |
| Email Address | markmisrok@gmail.com |

**Q2: Title of your recommendation**

Increase Access to Opportunities for Employment and Employment Services for PLHIV to Address a Key HIV/AIDS Social/Economic Determinant of Health

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

Develop current HIV/AIDS services to assess consumers for employment needs, encourage employment interests and support well-informed employment decisions.

Develop current HIV/AIDS services capacity to address identified employment needs/interests of consumers through through linkage to existing resources or direct service provision by implementing a progressive process of system change, advancing a paradigm shift embracing an HIV/AIDS rehabilitation/recovery services model:

1) Service delivery policy change
• Identifying and decreasing barriers/discouragement to work
• Identifying and increasing incentives/encouragement to work
• Revising program policies and procedures to include assessment of employment needs of PLHIV from initial intake throughout service delivery, with responsive information and referral, or direct delivery of employment services, and required data collection tracking PLHIV employment needs and service delivery;

2) Linkage, coordination and collaboration with existing systems providing needed services (GED, EFL, training, education, workforce development, vocational rehabilitation, benefits advisement and legal services), including training/TA on potential employment services funding sources (e.g., ACCES-VR, Ticket-to-Work, NYESS, Dept. of Labor, Workforce Investment Boards (WIBs), OTDA, and HRA);

3) Training and technical assistance for HIV clinical and non-clinical service providers (regional cross-sector,cross-training HIV/AIDS and Employment Conferences - see Connecticut's Positive Futures Conferences; community/agency level service provider training/TA; consumer workshops);

4) Coordination with and support for existing HIV employment initiatives (e.g., OTDA HIV/AIDS Employment Initiative; ACCES-VR HIV-specific vendor contracts; NYC/HRA Vocational Rehabilitation Programs).

| | |
|---|---|
| **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)** | 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?** | 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)?** | Within the next year |

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

PLHIV gain access to vocational development and employment services, and obtain employment, leading to:
1) improved treatment adherence and self-care
2) increased access to and retention in care
3) improved mental health
4) improved HIV health outcomes (viral suppression)
5) reduced health risk behaviors
6) reduced new HIV infections
7) increased income
8) increased economic security: stable housing and food/nutrition security
9) increased access to improved health insurance options
10) reduced reliance on emergency HIV services/resources

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

Expanding access to employment and employment services for PLHIV who can and want to work must not be accompanied by any degrading of current and/or needed services, resources and programs - not all PLHIV can and will work.

PLHIV must be supported to make well-informed, self-determined decisions about training, education and employment, without negative consequences to access to services.

Many PLHIV need access to pre-vocational services, including adult basic education, GED prep, and EFL for opportunities for health, living wage employment. These services are also associated with improved mental, behavioral and physical health outcomes, yet HIV/AIDS service providers are not currently equipped to offer, or provide information, linkage and encouragement for participation of consumers in these developmental programs.

Government agencies and programs outside of the AIDS Institute have no mandate to allocate resources to PLHIV. AIDS Institute leadership will be required to maximize leveraging of existing relevant resources and programs.

| | |
|---|---|
| **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?**

* PLHIV considering and pursuing employment goals
* HIV/AIDS service providers
* NYS Department of Health
* NYS Department of Health, AIDS Institute
* ACCES-VR and community-based rehabilitation providers
* Other key statewide and local employment-related service systems, such as NYESS, OTDA, Ticket to Work, Work Incentive Planning and Assistance (WIPA), American Job Centers (One Stops) and Workforce Investment Boards (WIBs)
*

| | |
|---|---|
| **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) Consumer/Advocate |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br>If yes, please provide your email address markmisrok@gmail.com |

#79

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 1:54:36 PM
**Last Modified:** Friday, October 31, 2014 1:57:28 PM
**Time Spent:** 00:02:52
**IP Address:** 64.61.155.98

PAGE 1

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

| | |
|---|---|
| First Name | Jack |
| Last Name | Beck |
| Affiliation | Correctional Association of NY |
| Email Address | jbeck@correctionalassociation.org |

| | |
|---|---|
| **Q2: Title of your recommendation** | Improve Transitional and Post-Release Services for People Leaving Jail/Prison |

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

Persons leaving New York correctional facilities encounter substantial barriers in accessing adequate information prior to their release about their current medical status, documentation of their treatment while incarcerated, health insurance options and, most importantly, the healthcare resources available in the community to which they will be returning. All correctional facilities and other agencies involved in providing services to persons involved in the criminal justice system should be required to develop a transitional health program to educate soon-to-be-released persons and other criminal-justice-system-involved persons about how they can engaged in the healthcare systems they will encounter once discharged and to provide them with the necessary documentation they will need to promptly enroll in care. In addition, efforts are need to expand the enrollment of soon-to-be-released persons in Medicaid from all state prisons and jails and to provide similar enrollment services to persons engaged with other agencies involved in the criminal justice system, such as specialized courts, alternative to incarceration programs, parole and probation. A recent analysis of persons released from NYS prisons in 2013 demonstrates that more than 80% of these persons eventually enroll in Medicaid and therefore it is essential that this happen prior to release to ensure prompt engagement in community care. For HIV-infected patients in jails and prisons who are about to be released, it is crucial that there be mechanisms to connect them to community providers prior to their release. This should include resources to: assistance with discharge planning to identify community healthcare agencies who will provide care to the patient once released and schedule an appointment with such providers prior to discharge; facilitate communication between the correctional facility medical systems and community providers to supply the latter with necessary medical information to determine eligibility for care and ensure continuity of care; and install IT equipment and implement protocols in both the correctional facilities and community agencies to facilitate communication between incarcerated patients and community providers prior to the persons release to increase the likelihood of patients promptly engaging in community care when they come home. For persons who are receiving medication in the correctional facility, including PrEP, they must be provided with a 30-day supply of the drugs when they are discharged and prescriptions they will need to be filled once they are in the community to ensure continuity of treatment. In order to accomplish this continuity in treatment, these patients must have insurance to pay for the medications, have appropriate identification documents and the prescriptions must be ones which the community pharmacies will honor.

The community providers engaging formerly incarcerated patients must have the training and resources to both recruit these patients into community care and to support these patients so that they can retain them in care. In order to accomplish this, the community providers should be encouraged to hire care coordinators and other support staff experienced in dealing with the formerly incarcerate population and who can understand the barriers these patients experience in trying to get medical care both while incarcerated and in the community.

The federally funded, three-year Positive Pathways Project coordinated by the AIDS Institute is a pilot program at 18 prisons primarily using CJI contractors to educate security and health staff and the incarcerated population about the benefits of HIV testing and treatment and to sensitize staff about barriers to patients' agreeing to be tested or enter care due to issues of stigma, lack of confidentiality and skepticism about prison healthcare. The program includes an effort to have interventions with any person about to leave prison whose HIV status is unknown, to urge them to be tested. Finally, it includes a six-month post-release support program to get formerly incarcerated HIV-infected persons to enter and stay in community care. We strongly support this program but urge that peer educators be included and that the testing intervention not be limited only to those about to be released from incarceration. The Positive Pathways Project should be expanded by deploying the project at more facilities, publicizing the curriculum for security and medical staff trainings, and encouraging DOCCS and CJI to adopt project materials and activities that prove effective.

| | |
|---|---|
| **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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **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.<br>,<br>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?** | New 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)?** | Within the next three to six years |

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

A comprehensive transitional program, including discharge planning and continuity of care elements, would result in more HIV-infected persons being promptly engaged in community care once released. In addition, the program would educate the incarcerated population how seek appropriate healthcare when they return home to their communities. Finally, promptly engaging recently released patients in care will prevent transmission of HIV in our communities as people are discharged from correctional facilities.

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

One major barrier to implementation such a program is having adequate resources both for the criminal justice agencies and the community-based health agencies engaging this patient population. In order to facilitate communication between criminal justice agencies and community providers additional mechanisms must be developed to permit the exchange of data and healthcare information.

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

Not known

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

Not known

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

The incarcerated population and the communities to which they will return would greatly benefit by having adequate transitional program, discharge planning and post-release services for persons being discharged from a correctional facility.

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

The contractors funded by the Criminal Justice Initiative of the AIDS Institute, who likely would provide some of these services, would be in an excellent position to monitor the implementation of parts of this program. More importantly, the AIDS Institute (AI) is required to monitor HIV and hepatitis C care in state prisons and local jails pursuant to the DOH Oversight Law, Public Health Law section 206(26), and thereby AI should be able to obtain information about implementation of these recommendations and to assess their effectiveness in engaging soon-to-be-released persons in enrolling in care and the adequacy of communication among correctional facility providers, community providers and patients being released from incarceration.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | *Respondent skipped this question* |

**#80**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 1:36:39 PM
**Last Modified:** Friday, October 31, 2014 2:00:24 PM
**Time Spent:** 00:23:44
**IP Address:** 64.61.84.122

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Reed |
| Last Name | Vreeland |
| Affiliation | Housing Works |
| Email Address | r.vreeland@housingworks.org |
| **Q2: Title of your recommendation** | Introduce Stigma Measures For Healthcare Providers, the General Population and People Living With HIV |

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

New York State (NYS) and New York City (NYC) should include questions that measure HIV-related stigma and discrimination, and intersecting stigmas in care- and service settings (including homophobia, transphobia, sexism, racism, and biases against immigrants) in regularly occurring surveys until 2020. Existing reliable HIV-related stigma measures should be used for healthcare workers, the general population, and people living with HIV (PLHIV). specifically, “Measuring HIV Stigma and Discrimination among Health Facility Staff: field-tested questionnaire” by the Health Policy Project, the general population stigma survey developed by the International Center for Research on Women, and the “People Living with HIV Stigma Index.” These three surveys were created to include similar questions on specific domains of stigma and can be used to triangulate results (see Measuring Stigma and Discrimination: A Technical Brief by Stangl, A; Brady, L; and Fritz, K. (2013)).

New York State should implement the People Living with HIV Stigma Index project (Stigma Index) in partnership with networks of people with HIV and community-based organizations to measure HIV-related stigma and discrimination as experienced by people living with HIV and to identify the most effective systemic changes that will link and retain people in quality medical care, ensure viral load suppression, reduce mortality, and increase the quality of life of people with HIV.

• See www.stigmaindex.org
• Dos Santos, M.M. et al.(2014). An exploratory survey measuring stigma and discrimination experienced by people living with HIV/AIDS in South Africa: the People Living with HIV Stigma Index. BMC Public Health. 2014 Jan 27;14:80. doi: 10.1186/1471-2458-14-80.
• Grossman CI and Stangl AL. (2013). Editorial: Global action to reduce HIV stigma and discrimination. Journal of the International AIDS Society 2013, 16(Suppl 2):18881
• Aparna, J. et al. (2013). Community-based interventions that work to reduce HIV stigma and discrimination: results of an evaluation study in Thailand. Journal of the International AIDS Society 2013, 16(Suppl 2):18711
• SeyedAlinaghi, S. (2013). Evaluation of Stigma Index Among People Living with HIV/AIDS in Six Cities in Iran. Thrita. 2013 November; 2(2): 69-75.
• Sprague, L., Simon, S., & Sprague, C. (2011). Employment discrimination and HIV stigma: survey results from civil society organisations and people living with HIV in Africa. African Journal of AIDS Research, 10(sup1), 311-324.
• Holzemer, W.L. et al. (2007). Validation of the HIV/AIDS Stigma Instrument - PLWA (HASI-P). AIDS Care. 2007 Sep;19(8):1002-12.

**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
,

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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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 |
| **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 three to six years |

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

HIV-related stigma and discrimination are repeatedly identified as key barriers to ending the epidemic, whether in healthcare, employment, the legal system, education, or access to public services. In healthcare, every point along the HIV Care Continuum is affected negatively by stigma and discrimination. People report that they fear being seen testing for HIV or accessing medical care; they fear rejection from family and friends; they fear losing their jobs; and they fear physical violence. Failing to address stigma and discrimination not only keeps people from health care services, it makes HIV treatment less effective even when it is accessed. If the plan to end the AIDS epidemic in New York State by 2020 is to succeed, an effective measure for HIV-related stigma must be included in the Plan.

To address HIV-related stigma and discrimination, reliable data is needed on its incidence, extent, and locations for different affected populations. The Stigma Index and measures of stigma for healthcare workers and the general population would provide this data.

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

Strict confidentiality protocols will be required for participants in Stigma Index interviews.

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

Costs associated with introducing stigma measures for healthcare workers and the general population. The Stigma Index is scalable and its costs include: project management, training of interviewers, conducting interviews, interview stipends, travel costs, data entry and analysis, capacity building and training for people with HIV, community mobilization (to identify needed systemic changes), development of recommendations and programs. If NYS were to implement this program costs would be shared with community stakeholders and foundation grants.

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

Studies to determine ROI for stigma interventions are rare and use different calculation methods (see examples below). However, a positive ROI is expected both for the health effects of getting and keeping people in care and the social effects of improved access to employment, services, education, and community networks.

Expected measurable outcomes include: increased uptake of HIV testing, treatment, and care services, resulting in lower viral load, morbidity, mortality, and transmission; and increased employment, housing, and other quality of life measures for people with HIV.

---

In New York, Brent (2013) calculated the value for each point reduction in stigma (using Berger's 2001 scale) at $1000 per person with HIV. To illustrate, if 50 people saw a reduction in stigma by 5 points (on a 120 point scale), the value would be $250,000. (Brent, R.J. 2013. The Value of Reducing HIV Stigma. Fordham University, Department of Economics Discussion Paper No: 2013-05.)

An evaluation of the social return on investment (SROI), which includes social, economic and environmental costs, of stigma reduction activities in Zambia found the value over five years ranged from 1:14 to 1:21. (International HIV/AIDS Alliance. 2011. The true cost-Evaluating the Social Return on Investment of the stigma and discrimination component of the Alliance's Africa Regional Programme II. Hove, UK:IHHA.)

Modeling in South Africa and India indicates that early ART initiation saves $590 and $530, respectively, per life year saved by improving the health of the person with HIV and reducing onward transmission. (Walensky, R.P. et al. 2013. Cost-Effectiveness of HIV Treatment as Prevention in Serodiscordant Couples. N Engl J Med 2013; 369:1715-1725.)

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

People living with HIV, particularly those not linked to services or retained in quality care, those at risk of falling out of care, and those with undiagnosed HIV.
Racial and ethnic minorities, young people, women, LGBT people, immigrants, people who are incarcerated, people who use drugs, and sex workers.

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

Measure and changes in health, quality of life, self-efficacy, and internalized stigma experienced by people living with HIV who and measure the efficacy of interventions. Measure healthcare worker stigma and HIV-related stigma in the general population.
Set interim stigma targets. The target for 2020 should be zero stigma.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Advocate,<br><br>Other (please specify)<br>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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | No |

**#81**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 1:57:42 PM
**Last Modified:** Friday, October 31, 2014 2:03:45 PM
**Time Spent:** 00:06:03
**IP Address:** 64.61.155.98

PAGE 1

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

| | |
|---|---|
| First Name | Jack |
| Last Name | Beck |
| Affiliation | Correctional Association of NY |
| Email Address | jbeck@correctionalassociation.org |

| | |
|---|---|
| **Q2: Title of your recommendation** | Improve Linkage to Care for Patients in Correctional Facilities |

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

The incarcerated population in our state prisons and many local jails suffers from very high rates of HIV and hepatitis C (HCV), and many of these agencies have difficulty identifying all those individuals in their custody who are infected with these illnesses and/or engaging these persons in care. Unfortunately, there are many HIV-infected incarcerated persons who refuse to disclose their HIV status and enter care. Their reluctance to engage in care is due to concerns about the quality of medical care within the correctional facilities, the lack of confidentiality in these institutions, the stigma associated with being infected, and the failure to have adequate support services within correctional facilities to deal with being infected and under care while incarcerated. These concerns are justified in that the quality of care varies significantly throughout state prisons and local jails, in part due to limited medical resources at some facilities and apparent limitations in the training, skill, and/or commitment of some medical staff to provide timely and effective care to every patient. At some state prisons, patients infected with HIV and/or HCV are closely monitored, are receiving timely and appropriate care, and seem to have few complaints about the care they are receiving. In contrast, at other facilities, there is less access to care due to understaffing, patients have much more limited access to specialty care and other services, and patients express significant dissatisfaction with the quality of care they are receiving.
In order to provide appropriate linkage to care for all HIV-infected incarcerated persons the following measures are necessary. First, enhanced education about HIV and the effectiveness of care within a correctional setting, including a more active role of peer educators, is needed. Additional resources are needed for the contractors of the Criminal Justice Initiative to expand their direct services to the HIV-infected population and for their outreach activities to encourage HIV-infected individuals to disclose their status to the medical staff within the correctional facilities and to encourage patients to engage in care. To improve the quality of care within correctional facilities the AIDS Institute needs additional funds so that they can adequately perform their legislative duties under the DOH Oversight Law, Public Health Law § 206(26), which mandates that they assess HIV care in state prisons and local jails. These reviews may identify changes in HIV treatment protocols within our jails and prisons in order to achieve care comparable to that in the community and the need for additional medical staffing and other resources to provide appropriate care. In addition, better monitoring of correctional healthcare for HIV-infected patients is needed to ensure that these patients are getting timely access to HIV specialists, that their health status is being appropriately monitored and that they are getting timely access to the most effective antiretroviral medications. Finally, adequate discharge planning is needed to ensure that HIV-infected patients being treated inside our correctional facilities are promptly enrolling in community care once they are released.

| | |
|---|---|
| **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<br>,<br>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 |
| **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 three to six years |

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

Enhancing linkage to care, including discharge planning and continuity of care elements, would result in more HIV-infected persons being promptly engaged in care while incarcerated and once they return home. In addition, the program would educate the incarcerated population how seek appropriate healthcare when they return home to their communities. Finally, promptly engaging incarcerated patients in care will prevent transmission of HIV in our communities as people are discharged from correctional facilities.

**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?**

Not known

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

Not known

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

The incarcerated population and the communities to which they will return would greatly benefit by having appropriate healthcare inside our correctional facilities.

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

The contractors funded by the Criminal Justice Initiative of the AIDS Institute, who likely would provide some of these services, would be in an excellent position to monitor the implementation of parts of this program. More importantly, the AIDS Institute (AI) is required to monitor HIV and hepatitis C care in state prisons and local jails pursuant to the DOH Oversight Law, Public Health Law section 206(26), and thereby AI should be able to obtain information about implementation of these recommendations and to assess their effectiveness in engaging HIV-infected persons in care while incarcerated.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member |

| | |
|---|---|
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | *Respondent skipped this question* |

**#82**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 12:45:40 PM
**Last Modified:** Friday, October 31, 2014 2:08:28 PM
**Time Spent:** 01:22:48
**IP Address:** 150.142.232.4

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Mark |
| Last Name | Hammer |
| Affiliation | New York State Department of Health AIDS Institute |
| **Q2: Title of your recommendation** | Eliminating condoms as evidence in prostitution-related proceedings |

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

New York's Criminal Procedure Law should be amended so that condoms may not be admitted into evidence for criminal trials, hearings or other proceedings for prosecution of prosecution (Criminal Law Section 230.00) or oitering for the purpose of engaging in a prostitution offense (Criminal Law Section 240.37).

| | |
|---|---|
| **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)** | Other (please specify)<br>Ensuring that those who are most vulnerable to HIV and STDs are able to protect themselves with condoms without fear that possession of condoms will be used against them. |
| **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?** | New policy |
| **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?**

Without exception we encourage sexually active individuals to use condoms so as to protect themselves and their sexual partners from HIV and sexually transmitted diseases. Unfortunately possession of condoms has been used as evidence in prostitution-related offences. This has a chilling effect on the use of condoms by sex workers, those perceived to be sex workers, and others because of the fear that that protection will lead to arrest and or harassment.

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

None. This policy has already been implemented without problems in New York City through support of the mayor and the New York Police Department. We now need statewide implementation through a change in the law.

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

None

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

Individuals who may have been afraid to carry condoms out of fear of harassment or criminal prosecution will no longer have this concern. There is a positive return on investment--not only from HIV and STD cases averted, but also from avoiding baseless criminal proceedings.

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

Sex workers
Individuals perceived to be sex workers
Individuals who patronize sex workers
Criminal justice system (fewer baseless prosecutions)

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

Continued emphasis with sexually active individuals that condoms are a good means of protecting themselves and their sexual partners.

| | |
|---|---|
| Q15: **This recommendation was submitted by one of the following** | Other (please specify) AIDS Institute staff |
| Q16: **I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| Q17: **Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br>If yes, please provide your email address<br>Mark.Hammer@health.ny.gov |

**#83**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 12:45:41 PM
**Last Modified:** Friday, October 31, 2014 2:08:36 PM
**Time Spent:** 01:22:55
**IP Address:** 150.142.232.4

PAGE 1

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

| | |
|---|---|
| First Name | Mark |
| Last Name | Hammer |
| Affiliation | New York State Department of Health AIDS Institute |
| Email Address | Mark.Hammer@health.ny.gov |

**Q2: Title of your recommendation**

Lifting the ban on pharmacy advertising of participation in ESAP

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

Public Health Law Section 3381(5)(d)(1) prohibits pharmacies from advertising to the public that they are selling or furnishing syringes without a prescription under the Expanded Syringe Access Program (ESAP). The implementing regulation in 10 NYCRR 80.137(d)(2)(i) mirrors this limitation. This limitation should be lifted through revisions to both the statute and the regulation. The current restriction even keeps pharmacies from having a small decal in their windows indicating that they are ESAP-registered programs.

**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)**

Other (please specify)
Reducing syringe reuse and sharing by making their availability without a prescription more widely known

| | |
|---|---|
| **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?** | 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?**

Pharmacy advertising will allow individuals who inject drugs to be better informed of their options regarding obtaining sterile syringes. It will also save individuals from the potential stigma and embarrassment of asking at the pharmacy whether they can obtain syringes in this manner. The actual advertising may be nothing more than a decal in a pharmacy's window.

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

None. Syringe availability does not promote drug use or drug injection.

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

None.

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

A better informed injecting public, along with reductions in HIV and HCV transmission as well as reductions in skin and soft tissue injury and infections.

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

People who inject drugs:  They will be know more easily--and with asking potentially embarrassing questions--where they can obtain syringes without a prescription.  It will also help to relieve them of some of the stigma associated with syringe acquisition..

Pharmacists:  Changing the law to allow the advertising of syringe sale without a prescription will enhance the relationship that the pharmacists have with their customers who inject drugs.

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

Ongoing pharmacy (and other provider) education and support.

Continued promotion of ESAP,

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Other (please specify)  AIDS Institute staff |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br>If yes, please provide your email address<br>Mark.Hammer@health.ny.gov |

**#84**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 11:12:13 AM
**Last Modified:** Friday, October 31, 2014 2:08:43 PM
**Time Spent:** 02:56:29
**IP Address:** 150.142.232.4

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Mark |
| Last Name | Hammer |
| Affiliation | New York State Department of Health AIDS Institute |
| Email Address | Mark.Hammer@health.ny.gov |
| **Q2: Title of your recommendation** | Lifting the limit on the number of syringes available per transaction through ESAP |

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

Public Health Law Section 3381(1)(c) limits the sale or provision of syringes without a prescription under the Expanded Syringe Access Program (ESAP) to a quantity of 10 or less. The implementing regulation in 10 NYCRR 80.137(d)(1) mirrors this limitation. This limitation should be lifted through revisions to both the statute and the regulation.

| | |
|---|---|
| **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)** | Other (please specify)<br>Reducing syringe reuse and sharing by making them more available. |
| **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?** | 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?**

The current 10-syringe restriction places an unnecessary barrier on accessing clean, sterile injection equipment. All individuals who inject drugs require a new, sterile syringe for each injection. A used syringe carries with it the risk of transmitting HIV and other bloodborne pathogens. Re-use of syringes may also lead to debilitating skin and soft tissue injury and infection.
The regulated syringe exchange programs (SEPs) do not have a mandated cap on the number of syringes they can provide to their participants. Instead, the SEPs are authorized to provide as many syringes as are required to ensure safer injection practices among their participants. Individuals who acquire their injection equipment through ESAP warrant the same protections.

**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?**

None.

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

Reductions in HIV and HCV transmission as well as reductions in skin and soft tissue injury and infections.

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

People who inject drugs: They will be able to have their needs met more efficiently and more safely. They will also now have a more responsive public health partners in their pharmacists, which may lead to improved engagement around health care.

Pharmacists and other ESAP providers: They will be able to deal with their customers/clients/patients more efficiently and better serve their needs. This may also enhance their rapport with their customers/clients/patients leading to improved bridges to health care more generally.

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

Ongoing pharmacy (and other provider) education and support.

Continued promotion of ESAP,

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Other (please specify) AIDS Institute staff |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br>If yes, please provide your email address<br>mark.hammer@health.ny.gov |

**#85**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 2:04:23 PM
**Last Modified:** Friday, October 31, 2014 2:09:12 PM
**Time Spent:** 00:04:49
**IP Address:** 70.208.95.72

PAGE 1

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

| | |
|---|---|
| First Name | Virginia |
| Last Name | Shubert |
| Affiliation | Housing Works |
| Email Address | gshubert@earthlink.net |

**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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **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)<br>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.

**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,<br><br>Other (please specify)<br>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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br><br>If yes, please provide your email address<br>gshubert@earthlink.net |

**#86**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 2:01:01 PM
**Last Modified:** Friday, October 31, 2014 2:36:32 PM
**Time Spent:** 00:35:30
**IP Address:** 64.61.84.122

PAGE 1

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

| | |
|---|---|
| First Name | Reed |
| Last Name | Vreeland |
| Affiliation | Housing Works |
| Email Address | r.vreeland@housingworks.org |

**Q2: Title of your recommendation**

Automatic Electronic Medical Record (EMR) Prompt System for HIV Testing

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

Recommend as best practice that all health care systems required to offer HIV testing establish a prompt in their electronic medical records (EMR) so that providers are notified when a patient is due for an HIV test.

Establishing EMR prompt systems for HIV testing is effective at increasing HIV testing, diagnosis and linkage to care. After the implementation of an EMR HIV testing prompt system, Urban Health Plan in New York City increased HIV testing increased from 8% of patients in 2010 to 56% during January 2011 to September 2013. Out of the 148 patients diagnosed with HIV under the new program none had received HIV-related care and 120 of them were referred to care. [1]

1. Lin X, et al, MMWR Morb Mortal Wkly Rep, 2014; 63 (25); 537-541. Cited in August 2014 JAMA article titled, “Electronic Health Records Assist in Routine HIV Screening.”

**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

| | |
|---|---|
| **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)?** | Within the next year |

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

Identifying persons with HIV who remain undiagnosed. Significantly increase routine HIV testing in health care facilities using electronic medical records (EMRs).

| | |
|---|---|
| **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?**

Changes to the electronic medical record system can be made as part of a routine electronic systems update.

| | |
|---|---|
| **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?**

The key stakeholders who would benefit from this recommendation are health care facilities that use electronic medical records and their providers and consumers.

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

A measure of the universal adoption of the HIV testing prompt system

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Advocate,<br><br>Other (please specify)<br>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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | No |

**#87**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 2:36:48 PM
**Last Modified:** Friday, October 31, 2014 2:56:44 PM
**Time Spent:** 00:19:55
**IP Address:** 64.61.84.122

PAGE 1

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

| | |
|---|---|
| First Name | Reed |
| Last Name | Vreeland |
| Affiliation | Housing Works |
| Email Address | r.vreeland@housingworks.org |

**Q2: Title of your recommendation**

Automatic Electronic Medical Record (EMR) Reminder for HIV Treatment: Retention, treatment, Viral Load, CD4

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

Recommend as best practice that all health care systems engaged in providing HIV care establish a prompt in their electronic medical records (EMR) so that providers are notified by HIV treatment prompts for retention, treatment, viral load and CD4.

Establishing EMR prompt systems for HIV testing has been effective at increasing HIV testing, diagnosis and linkage to care. After the implementation of an EMR HIV testing prompt system, Urban Health Plan in New York City increased HIV testing increased from 8% of patients in 2010 to 56% during January 2011 to September 2013. Out of the 148 patients diagnosed with HIV under the new program none had received HIV-related care and 120 of them were referred to care. [1]
1. Lin X, et al, MMWR Morb Mortal Wkly Rep, 2014; 63 (25); 537-541. Cited in August 2014 JAMA article titled, “Electronic Health Records Assist in Routine HIV Screening.”

**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 policy |
| **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)?** | Within the next year |

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

Identifying persons with HIV who remain undiagnosed. Significantly increase retention in care, viral suppression and other positive health outcomes in healthcare facilities using electronic medical records (EMRs).

| | |
|---|---|
| **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?**

Changes to the electronic medical record system can be made as part of a routine electronic systems update.

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

Return on investment could be calculated through an estimate of increased retention in care and viral suppression and avoided emergency room visits or hospital stays.

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

The key stakeholders who would benefit from this recommendation are health care facilities that use electronic medical records and their providers and consumers.

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

A measure of the universal adoption of the HIV-related care prompt system. Measure of increased retention in care, viral suppression and other positive health outcomes in health systems that have established EMR prompt systems linked to HIV care.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Advocate,<br><br>Other (please specify)<br>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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | No |

**#88**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 3:18:05 PM
**Last Modified:** Friday, October 31, 2014 3:25:06 PM
**Time Spent:** 00:07:00
**IP Address:** 64.61.84.122

PAGE 1

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

| | |
|---|---|
| First Name | Reed |
| Last Name | Vreeland |
| Affiliation | Housing Works |
| Email Address | r.vreeland@gmail.com |

**Q2: Title of your recommendation**

Bi Directional and Cross-Collaborative Use of HIV Surveillance to Improve Health Outcomes

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

Establish streamlined and functional cross-collaboration and communication between surveillance and health care/supportive service providers to enable better outcomes. Surveillance data would be linked to Health Home portal and regional health information exchanges (RHIOs, now also called Health Information Exchanges, or HIEs) with bi-directional communication. This would allow information to be shared by New York State Department of Health (NYSDOH) and Health Home providers and regional health information organizations with the patients' consent.

Surveillance data can be crucial to providing good care, and vice versa. The NYS DOH should establish mechanisms to assure streamlined and functional, bidirectional cross-collaboration and communication between surveillance and health care/supportive service providers to enable providers to improve retaining people in care successfully, identifying people out of care and reaching out to return them to care. Provider data can also improve surveillance by, for example, helping to identify individuals who have moved within or out of the state and are no longer in care in a given jurisdiction. There are many other examples of the usefulness of this strategy including the proposed NYS Chemoprophylaxis Registry (CPR) for New Yorkers on Medicaid who are receiving non-occupational post-exposure prophylaxis (nPEP) or pre-exposure prophylaxis (PrEP).

NYSDOH has already partnered with Healthix, the largest health information exchange in the state, with the goal of accessing additional HIV-related data from consumers and improving health care measures important to ending the epidemic, including measures of HIV testing, linkage to care, retention in care, antiretroviral therapy and viral suppression.

| | |
|---|---|
| **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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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 policy,<br>Other (please specify)<br>Change to existing HIV Surveillance System |
| **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)?** | Within the next year |

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

Enhanced coordination for better health outcomes. Allows improved use of surveillance data to alert providers when a patient has fallen out of care. Improved assessment and evaluation interventions to establish best practices. Allows NYS DOH, AIDS Institute, ROIs and providers to assess and improve adherence to PrEP.

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

Overcoming technology obstacles. Developing protocols for efficient consent that respects patient rights.

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

There would be a one-time cost of installing the technology. Cost of support from a newly established analytics office in the AIDS Institute. Existing Federal and State funding exists for surveillance coordination activity.

| | |
|---|---|
| **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?**

NYS DOH, AIDS Institute, Office for Health Insurance Programs (OHIP), Health Homes, RIOs and Consumers and AIDS Institute

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

Create indicators for implementation of linkage technology. Measure of availability, use and effectiveness of consenting process. Measure how timely the prompt system triggers a response when someone has fallen out of care.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Advocate,<br><br>Other (please specify)<br>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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | No |

**#89**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 3:36:33 PM
**Last Modified:** Friday, October 31, 2014 3:42:34 PM
**Time Spent:** 00:06:01
**IP Address:** 64.61.84.122

PAGE 1

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

| | |
|---|---|
| First Name | Reed |
| Last Name | Vreeland |
| Affiliation | Housing Works |
| Email Address | r.vreeland@housingworks.org |

**Q2: Title of your recommendation**

Link Insurance Providers to HIV Surveillance System to Improve Health Outcomes

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

Make HIV surveillance data available to New York State regulated insurance providers with patients' consent in order to promote improved retention in care, treatment, viral suppression and other positive health outcomes. This recommendation would permit insurance companies to track whether providers are offering HIV care that meets quality requirements and whether consumers are receiving optimal HIV care.

**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)** | Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | New policy,<br><br>Other (please specify)<br>Change to HIV Surveillance System |
| **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)?** | Within the next year |

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

This recommendation would allow insurance companies to track whether or not they're meeting quality requirements and whether providers are providing appropriate care, and whether or patients or members are being retained in care.

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

Concern that insurance companies use this information in a way other than optimizing care for members.

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

Cost of technology to implement surveillance systems would be borne by insurance providers.

| | |
|---|---|
| **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?**

NYS DOH, NYS regulated insurance programs, consumers.

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

Create indicators for whether information transfers are happening and whether insurance programs have set up systems for using data to optimize member outcomes. Create a measurement of protection of individuals' confidentiality and integrity of opt-out system.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Advocate |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | No |

**#90**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 3:50:30 PM
**Last Modified:** Friday, October 31, 2014 4:05:11 PM
**Time Spent:** 00:14:41
**IP Address:** 64.61.84.122

PAGE 1

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

| | |
|---|---|
| First Name | Reed |
| Last Name | Vreeland |
| Affiliation | Housing Works |
| Email Address | r.vreeland@housingworks.org |

**Q2: Title of your recommendation**

Strategies to Address Gender-based and Interpersonal Violence

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

Improve links between trauma services and anti-violence counseling with HIV prevention and care. Promote programs and policies that provide HIV prevention interventions for people who have experienced interpersonal, and increase access to culturally competent trauma services and anti-violence counseling for people living with HIV.

**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

| | |
|---|---|
| **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?** | Unknown |
| **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)?** | Within the next year |

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

Decreased new HIV infections among survivors of interpersonal violence. Increased access to trauma and anti-violence services for people living with HIV.

| | |
|---|---|
| **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?**

Trauma services providers and anti-violence programs, and consumers.

| | |
|---|---|
| **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 |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |
| **Q17: Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | *Respondent skipped this question* |

**#91**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, October 31, 2014 6:04:11 PM
**Last Modified:** Friday, October 31, 2014 6:11:47 PM
**Time Spent:** 00:07:36
**IP Address:** 207.237.116.45

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Terri |
| Last Name | Wilder |
| Affiliation | Task Force Member |
| Email Address | twilder@chpnet.org |
| **Q2: Title of your recommendation** | nPEP Drug Assistance Program |

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

Funding for a nPEP drug assistance program. People who are uninsured or underinsured need access to nPEP to prevent acquisition of HIV. Funding is currently available for victims of sexual assault. New Yorkers who can't afford nPEP services should have a program that helps pay for the cost of this HIV prevention intervention.

| | |
|---|---|
| **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)** | Other (please specify) HIV Prevention (nPEP) |
| **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?** | New 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)?** | Within the next year |

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

Reduce rates of HIV in New York State

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

Funding , Creating a state-wide system to coordinate application for free medications, delivery of drugs, etc.

| | |
|---|---|
| **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?**

New Yorkers at risk for HIV
Women
Transgender women and men
MSM
Young adults

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

The ADAP program could be a model for this program (application, delivery, etc) although slightly different in delivery since access to nPEP is often an emergency and best give within in 36 hours (ideally within 2 hours after exposure).

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Advocate,<br><br>Other (please specify) Ad Hoc Task Force |
| **Q16: I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website** | Yes |

| | |
|---|---|
| Q17: **Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?** | Yes,<br>If yes, please provide your email address twilder@chpnet.org |

# Ending the Epidemic Task Force
# Internal AIDS Institute
# Recommendation Form


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


| | |
|---|---|
| First Name | Peter |
| Last Name | Laqueur |
| Affiliation | NYSDOH AIDS Institute |
| Email Address | peter.laqueur@health.ny.gov |


**2. Title of your recommendation**

Coordination and collaboration

**3. Please provide a description of your proposed recommendation**

The AIDS Institute should convene at least quarterly meetings of agencies funded through the YMSMOC and MSMOC Initiatives to promote collaboration and coordination of activities and services. The purposes of these meetings would be share strategies (i.e promoting PrEP, problem solve, conduct joint activities (when in same regions), develop joint social marketing/media campaigns that are too expensive for just one and develop best practices that could be shared more broadly.

**4. 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)**

- [x] Identifying persons with HIV who remain undiagnosed and linking them to health care
- [ ] 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
- [x] Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative
- [ ] Unknown

**5. This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)**

- [x] 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.

- [ ] Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs.
- [ ] Unknown

**6. Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?**

- [ ] Change to existing policy
- [x] Change to existing program
- [ ] New policy
- [ ] New program
- [ ] Unknown
- [ ] Other (please specify)

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

- [x] Permitted under current law
- [ ] Statutory change required
- [ ] Unknown
- [ ] Other (please specify)

**8. 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)?**

- [x] Within the next year
- [ ] Within the next three to six years
- [ ] Unknown
- [ ] Other (please specify)

**9. What are the perceived benefits of implementing this recommendation?**

-a more cohesive program targeting the population that is driving the epidemic
-fostering partnerships
-providing a forum for exchanging ideas, brain storming solutions to problems
-sharing of expertise

**10. Are there any concerns with implementing this recommendation that should be considered?**

-The potential of larger stronger agencies dominating process
- Reluctance of both AI staff and agencies to engage in serious discussion since this is a departure of normal practice

**11. What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

There should not be additional costs as travel is included in contracts

**12. What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

**13. Who are the key individuals/stakeholders who would benefit from this recommendation?**

YMSMOC, MSMOC, funded agencies,

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

improved outcomes by each funded agency
increased number of individuals that know their status,linked to care
increased number of individuals on PrEP

**15. This recommendation was submitted by one of the following**

- [ ] Ending the Epidemic Task Force member
- [ ] Advocate
- [ ] Consumer
- [ ] Member of the public
- [x] Other (please specify)

**16. I acknowledge and agree with this recommendation being publicly posted on the AIDS Institute's website**

- [x] Yes
- [ ] No

**17. Would you like to be added to the bi-monthly Ending the Epidemic Community Call email list?**

- [x] Yes
- [ ] No

If yes, please provide your email address peter.laqueur@health.ny.gov

NEW YORK
state department of
HEALTH

**#92**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Saturday, November 01, 2014 8:37:46 AM
**Last Modified:** Saturday, November 01, 2014 8:44:53 AM
**Time Spent:** 00:07:07
**IP Address:** 68.194.182.51

PAGE 1

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

| | |
|---|---|
| First Name | Christine C. |
| Last Name | Hunter |
| Affiliation | SASDC Member/ Nassau /Suffolk HIV Planning Council |
| Email Address | cchunter51@hotmail.com |

**Q2: Title of your recommendation**

Expanding Access to Employment and Employment Services for PLHIV

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

AIDS Institute funded linkage to and retention in care programs should newly support training, education, vocational rehabilitation and workforce development opportunities for PLWHA at all points of engagement. Specifically, we recommend the AIDS Institute to do the followings:

• Issue guidance on how providers would approach discussions with clients related to transition to work.

• Revise program policies and procedures to include assessment of employment needs of PLHIV from initial intake throughout service delivery, with responsive information and referral, or direct delivery of employment services, and required data collection tracking PLHIV employment needs and service delivery.

• Through the AIDS Institute Regional Training Center, provide overview training to all AIDS Institute-funded providers about 1) barriers and challenges for PLWHA to engage in employment, vocational training and rehabilitation services, and 2) availability of resources (e.g., ACCES-VR, Ticket-to-Work, NYESS, Dept. of Labor, Workforce Investment Boards (WIBs), OTDA, HRA – and community-based HIV employment programs).

• Increase funding for linkage to and retention in care programs to include a consumer education component on training, education, and vocational rehabilitation and workforce development opportunities for people living with HIV/AIDS. In addition, funded programs would make referrals to government and community-based programs such as ACCES-VR, Ticket to Work, NYESS, OASAS, Work Incentive Planning and Assistance (WIPA), Legal Action Center, American Job Centers (One Stops), the OTDA HIV/AIDS Employment Initiative and other community-based HIV employment programs.

• Identify and eliminate barriers/discouragement to work and increase incentives/encouragement to work.

| | |
|---|---|
| **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)** | 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.<br>,<br>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 |
| **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?**

described in summary above

**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?**

some cost but rate ROIhigher

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

do not have exact estimates but have been stablished through data committee work and are available.

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

affected individuals and community at large

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

described in summary above

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

**#93**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Saturday, November 01, 2014 12:09:50 PM
**Last Modified:** Saturday, November 01, 2014 12:20:28 PM
**Time Spent:** 00:10:37
**IP Address:** 205.232.35.3

PAGE 1

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

| | |
|---|---|
| First Name | Jo |
| Last Name | Boufford |
| Affiliation | New York Academy of Medicine |
| Email Address | joufford@nyam.org |

**Q2: Title of your recommendation**

PREVENTION IS KEY

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

While I have no argument with the three steps identified in the plan, the lack of attention to individual and community based prevention through outreach and education is a major gap in strategy. There are new generations of at risk populations who need to have access to information on how to avoid the risk behaviors that lead to HIV. We should not re-medicalize this disease, but be sure that the schools, workplaces, religious institutions,CBOs and advocacy groups who have been so effective in reducing the epidemic are supported in their continued (if not revitalized) efforts to reach vulnerable populations before they are infected.

**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)**

Other (please specify) NOt mentioned!!!

**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.<br>,<br>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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | Unknown |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | *Respondent skipped this question* |

| | |
|---|---|
| **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?**

Preventing the disease in the first place

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

No

| | |
|---|---|
| **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?**

Reduce the costs of treatment.

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

Reduction in infection rates

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member |

**#94**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Sunday, November 02, 2014 10:50:03 AM
**Last Modified:** Sunday, November 02, 2014 10:57:18 AM
**Time Spent:** 00:07:15
**IP Address:** 81.38.218.59

PAGE 1

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

| | |
|---|---|
| First Name | Mark |
| Last Name | Harrington |
| Affiliation | Treatment Action Group |
| Email Address | mark.harrington@treatmentactiongroup.org |

**Q2: Title of your recommendation**

Prevention + Treatment Incentives (TP11 / C15)

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

a. Explore targeted prevention incentives to high-risk individuals (TP11)
b. Explore targeted treatment incentives to HIV+ individuals (C15)

Based on the results of HPTN study 065 (“Test Link + Care Plus”), which are expected next year, explore the use of targeted prevention incentives to high-risk individuals (TP11) to return for follow-up visits and remain HIV-negative; and the use of targeted treatment retention and adherence visits to HIV-positive individuals to remain retained in care and achieve and maintain virologic suppression.

**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

,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

**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.

,

Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs.

| | |
|---|---|
| **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 |
| **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 three to six years |

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

Increased risk-reduction behavior and reduced HIV infections among uninfected individuals.
Increased retention in care and long-term virologic suppression among HIV-positive individuals.

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

Some HIV-negative and HIV-positive individuals have expressed resistance to the use of financial incentives to achieve health-related outcomes.

The domestic evidence base for the use of such incentives is limited, but this may change after HPTN 065 results are in, expected sometime in 2015.

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

HPTN 065 is using relatively small financial incentives to strengthen retention in care and viral suppression for HIV-positive individuals. The results are expected in 2015. If the results are positive, the use of these incentives should be implemented and funded through DSRIP projects.

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

Not yet known.

Depends on results of HPTN 065 and on scale-up of resulting recommendations.

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

Providers
HIV-negative persons.
HIV-positive persons.
Insurers.

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

Measure HIV-negative status over time through Chemoprophylaxis Registry (GP12) and impact of incentives on increasing rates of staying HIV-negative and reduced new infections.
Measure HIV-positive linkage, retention in care and virologic suppression and impact of incentives on increasing retention and long-term virologic suppression rates.

| | |
|---|---|
| Q15: **This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member |

**#95**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 03, 2014 6:42:07 AM
**Last Modified:** Monday, November 03, 2014 6:53:12 AM
**Time Spent:** 00:11:05
**IP Address:** 64.61.84.122

PAGE 1

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

| | |
|---|---|
| First Name | Mark |
| Last Name | Harrington |
| Affiliation | Treatment Action Group (TAG) |
| Email Address | mark.harrington@treatmentactiongroup.org |

**Q2: Title of your recommendation**

Increase viral suppression (VS) to >85% of HIV+ New Yorkers and >95% HIV+ New Yorkers in care

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

Increase long-term virologic suppression (VS) to >85% of all HIV+ New Yorkers and to >95% of all HIV+ New Yorkers in care.

**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)**

Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs.

| | |
|---|---|
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | Unknown,<br><br>Other (please specify)<br>Measure of Plan to end the AIDS epidemic |
| **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)?** | Within the next year |

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

Near-universal long-term viral suppression (VS) will virtually eliminate HIV transmission and progression to AIDS and death.

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

Currently 44% of New Yorkers experience VS – 51% of those in care – so we will need to almost double the number of those with successful long-term VS.

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

Increased cost of successful long-term care. Reduced costs from reduced/eliminated new HIV infections, AIDS illness and AIDS deaths. Antiretroviral rebates negotiated between OHIP and ARV manufacturers will help to cover the costs. Savings from reduced costs can be invested in supportive services and in other NYS health 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?**

HIV-positive New Yorkers.
HIV-negative New Yorkers.
Providers.
Insurers.
ARV manufacturers.
Public-health officials.
Government leaders.
Affected communities.

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

Annual # and % of New Yorkers successfully achieving VS.

| | |
|---|---|
| Q15: **This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member,<br><br>Other (please specify)<br>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 |

**#96**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 03, 2014 6:53:42 AM
**Last Modified:** Monday, November 03, 2014 7:00:04 AM
**Time Spent:** 00:06:21
**IP Address:** 64.61.84.122

PAGE 1

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

| | |
|---|---|
| First Name | Mark |
| Last Name | Harrington |
| Affiliation | Treatment Action Group (TAG) |
| Email Address | mark.harrington@treatmentactiongroup.org |

**Q2: Title of your recommendation**

Establish baseline, interim, and final targets for all recommendations and metrics within Plan

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

Establish baseline and interim + final targets for all recommendations + metrics within the Plan. All subcommittees should contribute. Data subcommittee should coordinate.

**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
,

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
,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative
,

Other (please specify)
Measures and Targets for Plan to end the AIDS Epidemic in NYS by 2020

| | |
|---|---|
| **Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | Unknown |
| **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)?** | Within the next year |

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

Target-setting will allow measurement of the Plan's baseline, launch, implementation, and success. Metrics may be adjusted along the way as new data become available (e.g., new interventions, successful programs which need to be scaled up, or unsuccessful approaches which need to be stopped).

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

Baseline data are lacking on some key populations (e.g., transgender individuals). We don't have clear denominators for some at-risk groups (MSM, transgender women, high-risk women, IDUs). We don't have clear data on the number of at-risk and HIV+ persons who move in and out of New York each year. Data are not yet harmonized among all providers.

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

Target-setting will be relatively inexpensive. Achieving targets will be relatively costly, but will also save approximately $400,000 per averted infection, plus reduced health-care costs for HIV+ New Yorkers. Increased analytic capacity at the NYS DOH AIDS Institute will be moderately costly.

| | |
|---|---|
| **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?**

HIV-negative persons.
HIV-positive persons.
Providers.
Insurers.
State and locality governments.
Affected communities.

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

Task Force + Data Subcommittee will set baseline, interim, and final targets, which will then be implemented and adjusted as appropriate by NYS DOH and local jurisdictions.

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

Ending the Epidemic Task Force member,

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

**#97**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 03, 2014 7:00:11 AM
**Last Modified:** Monday, November 03, 2014 7:05:07 AM
**Time Spent:** 00:04:55
**IP Address:** 64.61.84.122

PAGE 1

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

| | |
|---|---|
| First Name | Mark |
| Last Name | Harrington |
| Affiliation | Treatment Action Group (TAG) |
| Email Address | mark.harrington@treatmentactiongroup.org |

**Q2: Title of your recommendation**

Measure Time-to-ART Start and CD4 at ART Start

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

Measure time from HIV diagnosis to initiation of antiretroviral therapy (ART) as well as CD4 count at initiation of ART to demonstrate improvements in early diagnosis, linkage, retention, and treatment success, by showing over time a shorter time-to-ART-start as well as a higher CD4 count at ART start.

Currently fewer than 37% of HIV+ New Yorkers are on ART and the median CD4 at HIV diagnosis is 372 CD4 cells/mm3, meaning that over half of HIV+ New Yorkers who are diagnosed have the full benefit of Treatment as Prevention (TasP).

**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
,

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)** | Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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)?** | Within the next year |

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

Quick ART start at high CD4 levels will be essential to reducing transmission, incidence, and to reducing HIV progression to AIDS and death.

**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?**

These data are already collected.

| | |
|---|---|
| **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?**

HIV-positive New Yorkers.
HIV-negative New Yorkers (through reduced transmission).
Providers.
Insurers.
Manufacturers.
Government leaders + officials.
Affected communities + service providers.

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

Time between HIV diagnosis and ART start. CD4 at diagnosis and at ART start.

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

Ending the Epidemic Task Force member,

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

**#98**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 03, 2014 7:06:26 AM
**Last Modified:** Monday, November 03, 2014 7:11:41 AM
**Time Spent:** 00:05:15
**IP Address:** 64.61.84.122

PAGE 1

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

| | |
|---|---|
| First Name | Mark |
| Last Name | Harrington |
| Affiliation | Treatment Action Group (TAG) |
| Email Address | mark.harrington@treatmentactiongroup.org |

**Q2: Title of your recommendation**

Strengthen Analytic Capacity at the NYS DOH/AIDS Institute to Monitor Data Streams to Measure Progress Achieving the Plan

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

Strengthen Analytic Capacity at the NYS DOH/AIDS Institute to Monitor Data Streams to Measure Progress Achieving the Plan (D10).

Multiple data streams are and will become available as the Plan launches and grows; some sources such as the Medicaid Drug Utilization Review database contain data on all tests, drugs, vaccines, office visits, etc., which are reimbursed by Medicaid for providers in NYS. This DUR database could be used to monitor HIV prevention and care quality, administration of nPEP and PrEP, and other elements crucial to the Plan among all NYS Medicaid patients who are HIV+ or at high-risk, but currently neither the Medicaid office nor the DOH/AI has the analytic bandwidth to handle these kinds of big data. We propose a Data Analytics Office to be housed in the DOH/AI and to both hire in-house staff with high-level analytic capacity as well as the ability to form consortia and partner with academics, providers, and other organizations to design, assess, and evaluate large data sets crucial to measuring the Plan's success.

**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

,

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

,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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 |
| **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?**

Stronger analytic capacity is needed to harmonize databases and create a close-to-real-time ability to monitor Plan deployment and implementation. NYS DOH AI will need both in-house and contracting/grant-making abilities to achieve this.

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

Some agencies and/or jurisdictions may resist harmonizing data sets and systems.

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

For a relatively small investment, the AI could create a “dashboard” to monitor all aspects of Plan implementation, measuring progress against interim and final targets. There will be some costs related to harmonization of databases and systems.

| | |
|---|---|
| **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?**

NYS DOH.
NYS other state agencies.
NYS local jurisdictions + governments.
NYS correctional facilities.
NYS drug use facilities.
NYS mental-health facilities.
Hospitals + clinics.
Housing and supportive service providers.
Academic researchers and institutions.
Public-health agencies and institutions.
Providers.
Insurers.
AIDS-service and community-based organizations.
Affected communities.

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

Development of NYS DOH AI analytic capacity.
Use and implementation of NYS DOH AI analytic capacity.
Increased coordination and resource streamlining.
Better access to closer-to-real-time data.
Better ability to monitor progress achieving Plan targets + objectives.

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

Ending the Epidemic Task Force member,

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

**#99**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 03, 2014 7:12:29 AM
**Last Modified:** Monday, November 03, 2014 7:17:27 AM
**Time Spent:** 00:04:58
**IP Address:** 64.61.84.122

PAGE 1

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

| | |
|---|---|
| First Name | Mark |
| Last Name | Harrington |
| Affiliation | Treatment Action Group (TAG) |
| Email Address | mark.harrington@treatmentactiongroup.org |

**Q2: Title of your recommendation**

Use HIV Phylogenetic Data to Improve Surveillance and Prevention

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

Using routine HIV genetic data gathered at time of diagnosis, NYS has the largest collection of HIV genetic data from any single jurisdiction in the country. Approximately 60% of newly-diagnosed New Yorkers have their HIV protease and integrase genes sequenced to provide baseline drug-resistance information to guide therapeutic options. These data can be used to map clusters of ongoing HIV transmission and -- by intervening into those clusters where recent HIV infection has occurred and prioritizing these ""hotspots"" for PrEP and TasP -- can help to reduce ongoing HIV transmission and incidence, as is being done at UC San Diego by Susan Little's group with computational expertise from Joel Wertheim, who is also working with NYC DOHMH on the NYC genetic data. Other researchers such as Erik M. Volz (Imperial College, London) and Tanja Stadler (UTH, Zurich) are also using this approach. The Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) is exploring this approach to mapping incidence and rapidly increasing ART coverage to reduce new infections in global settings. NYS DOH, NYC DOHMH, TAG, and ACT UP/NY have begun discussions about how to implement this in NYS.

**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

,

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

,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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 |
| **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?**

Potentially reduced new infections. Potentially more rapid initiation of therapy. Potentially reduced occurrence of ARV drug resistance.

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

It may be difficult to obtain viral sequence data in real-time. Patient confidentiality must be maintained. Community acceptance and education will be crucial.

| | |
|---|---|
| **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?**

Potentially high, if testing and programs can be aligned rapidly and effectively.

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

HIV-negative New Yorkers.
HIV-positive New Yorkers.
Providers.
Researchers, epidemiologists + surveillance/public health agencies.
Insurers.
ARV manufacturers.
Affected communities.

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

Number and percentage of newly-diagnosed HIV+ New Yorkers whose HIV genes are sequenced.
Rapidity of provision of sequence data to prevention/treatment programs for early intervention.
Impact of use of sequence data on breaking ongoing transmission as measured through mapping of incidence and transmission.
Potential use of this approach in other epidemic infections, such as HCV.

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

Ending the Epidemic Task Force member,

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

**#100**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 03, 2014 7:18:02 AM
**Last Modified:** Monday, November 03, 2014 7:22:53 AM
**Time Spent:** 00:04:50
**IP Address:** 64.61.84.122

PAGE 1

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

| | |
|---|---|
| First Name | Mark |
| Last Name | Harrington |
| Affiliation | Treatment Action Group (TAG) |
| Email Address | mark.harrington@treatmentactiongroup.org |

**Q2: Title of your recommendation**

Reduce New HIV Infections to Zero and AIDS Zeaths to Zero

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

Reduce new HIV infections and AIDS deaths to zero by the end of the year 2020. We suggest setting zero as the target to overshoot the goals in the Governor's plan so as to increase the chances of at least reaching and possibly surpassing them.

**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
,

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
,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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,<br><br>Other (please specify)<br>Measure of NYS Plan to End the AIDS Epidemic by 2020 |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | *Respondent skipped this question* |
| **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)?** | *Respondent skipped this question* |

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

HIV transmission will end. AIDS deaths will end. NYS will have eliminated AIDS as an epidemic by the end of 2020.

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

No jurisdiction has yet accomplished these objectives. NYS will need to enroll all high-risk and HIV+ individuals in care and retain them successfully in care. Even if all transmission within NYS and all deaths among already HIV+ New Yorkers are ended, movement of people from outside the state into NYS may bring in new HIV infections or HIV+ persons who will develop AIDS; hence, we must cover all individuals, including those ineligible for Medicaid expansion/ACA coverage.

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

Total costs of the plan and total benefits of the plan will be included in these goals.

| | |
|---|---|
| **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?**

HIV-negative New Yorkers.
HIV-positive New Yorkers.
Providers.
Insurers.
Public-health officials.
Government leaders.
Community members.

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

HIV incidence.
HIV prevalence.
Progression to AIDS.
AIDS deaths (HIV-related).
Deaths among people with HIV (non-HIV-related).

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member,<br><br>Other (please specify)<br>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 |

**#101**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 03, 2014 7:23:33 AM
**Last Modified:** Monday, November 03, 2014 7:29:20 AM
**Time Spent:** 00:05:46
**IP Address:** 64.61.84.122

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Mark |
| Last Name | Harrington |
| Affiliation | Treatment Action Group (TAG) |
| Email Address | mark.harrington@treatmentactiongroup.org |
| **Q2: Title of your recommendation** | Provide HCV testing to all HIV+ individuals and HCV treatment to all HIV/HCV coinfected individuals |

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

Reduce HCV transmission and new infections among HIV+ persons and eliminate HCV-related morbidity and mortality among HIV/HCV coinfected persons by providing HCV testing to all HIV+ individuals and HCV treatment to all HIV/HCV coinfected individuals.

| | |
|---|---|
| **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 policy |

| | |
|---|---|
| **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)?** | Within the next three to six years |

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

Increased testing and cure for HCV among HCV/HIV coinfected individuals. Reduced HCV-related ESLD, hepatocellular carcinoma (HCC), and death among HCV/HIV coinfected individuals. Reduced HCV incidence, transmission, and new infections among HIV+, HCV-negative individuals.

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

Cost. Perceived inequity in care/treatment between HIV-negative and HIV-positive individuals coinfected with HCV.

| | |
|---|---|
| **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?**

At least 25% of HIV+ New Yorkers are HCV/HIV coinfected. There is an emerging epidemic of rapidly progressive, sometimes fatal HCV infections among HIV+ persons. HCV directly kills more Americans than HIV.
HCV testing is already available and relatively inexpensive. HCV treatment is becoming increasingly available and is expensive; however, NYS could achieve rebates and cost-savings through manufacturer negotiations as it has with antiretroviral treatments. Long-term savings to NYS Medicaid will be substantial through reduced new HCV infections, hospitalizations, end-stage liver disease (ESLD), liver cancer, and deaths.

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

HIV+ individuals who do not know their HCV status. HIV+ individuals who are HCV-negative and would have a greater chance of remaining HCV-negative. HIV+ individuals who are HCV-positive and would have reduced illness and death due to HCV coinfection.
Providers.

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

Number and % of HIV+ New Yorkers who have been tested for HCV.
HCV incidence among HIV+ New Yorkers from 2015-2020.
Reduced new HCV infections among HIV+ New Yorkers.
Greater than 98% HCV cure rates can be achieved with new HCV regimens among HIV+ persons.
Reduced ESLD and HCC will reduce health care costs significantly to NYS Medicaid and other providers in the medium- and long-term.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member,<br><br>Other (please specify)<br>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 |

**#102**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 03, 2014 7:29:35 AM
**Last Modified:** Monday, November 03, 2014 7:34:59 AM
**Time Spent:** 00:05:23
**IP Address:** 64.61.84.122

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Mark |
| Last Name | Harrington |
| Affiliation | Treatment Action Group (TAG) |
| Email Address | mark.harrington@treatmentactiongroup.org |
| **Q2: Title of your recommendation** | Prevention + Treatment Incentives: Explore targeted prevention incentives to high-risk individuals |

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

Based on the results of HPTN study 065 (“Test Link + Care Plus”), which are expected next year, explore the use of targeted prevention incentives to high-risk individuals to return for follow-up visits and remain HIV-negative; and the use of targeted treatment retention and adherence visits to HIV-positive individuals to remain retained in care and achieve and maintain virologic suppression.

| | |
|---|---|
| **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)** | Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **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?** | New 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)?** | Within the next year |

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

Increased risk-reduction behavior and reduced HIV infections among uninfected individuals.
Increased retention in care and long-term virologic suppression among HIV-positive individuals.

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

Some HIV-negative and HIV-positive individuals have expressed resistance to the use of financial incentives to achieve health-related outcomes. The domestic evidence base for the use of such incentives is limited, but this may change after HPTN 065 results are in, expected sometime in 2015.

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

HPTN 065 is using relatively small financial incentives to strengthen retention in care and viral suppression for HIV-positive individuals. The results are expected in 2015. If the results are positive, the use of these incentives should be implemented and funded through DSRIP projects.

| | |
|---|---|
| **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?**

Providers
HIV-negative persons.
HIV-positive persons.
Insurers.

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

Measure HIV-negative status over time through Chemoprophylaxis Registry (GP12) and impact of incentives on increasing rates of staying HIV-negative and reduced new infections.
Measure HIV-positive linkage, retention in care and virologic suppression and impact of incentives on increasing retention and long-term virologic suppression rates.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member,<br><br>Other (please specify)<br>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 |

**#103**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 03, 2014 7:35:48 AM
**Last Modified:** Monday, November 03, 2014 7:40:37 AM
**Time Spent:** 00:04:48
**IP Address:** 64.61.84.122

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Mark |
| Last Name | Harrington |
| Affiliation | Treatment Action Group (TAG) |
| Email Address | mark.harrington@treatmentactiongroup.org |
| **Q2: Title of your recommendation** | Explore Targeted Treatment Incentives to HIV+ Individuals |

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

Based on the results of HPTN study 065 (“Test Link + Care Plus”), which are expected next year, explore the use of targeted prevention incentives to high-risk individuals to return for follow-up visits and remain HIV-negative; and the use of targeted treatment retention and adherence visits to HIV-positive individuals to remain retained in care and achieve and maintain virologic suppression.

| | |
|---|---|
| **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?** | New 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)?** | Unknown |

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

Increased retention in care and long-term virologic suppression among HIV-positive individuals.

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

Some HIV-negative and HIV-positive individuals have expressed resistance to the use of financial incentives to achieve health-related outcomes.
The domestic evidence base for the use of such incentives is limited, but this may change after HPTN 065 results are in, expected sometime in 2015.

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

HPTN 065 is using relatively small financial incentives to strengthen retention in care and viral suppression for HIV-positive individuals. The results are expected in 2015. If the results are positive, the use of these incentives should be implemented and funded through DSRIP projects.

| | |
|---|---|
| **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?**

Providers
HIV-positive persons.
Insurers.

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

Measure HIV-positive linkage, retention in care and virologic suppression and impact of incentives on increasing retention and long-term virologic suppression rates.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member,<br><br>Other (please specify)<br>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 |

**#104**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 03, 2014 7:46:42 AM
**Last Modified:** Monday, November 03, 2014 7:50:14 AM
**Time Spent:** 00:03:31
**IP Address:** 64.61.84.122

PAGE 1

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

| | |
|---|---|
| First Name | Mark |
| Last Name | Harrington |
| Affiliation | Treatment Action Group (TAG) |
| Email Address | mark.harrington@treatmentactiongroup.org |

**Q2: Title of your recommendation**

Identify and address Implementation Science Research Gaps

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

Identify implementation science gaps and determine what resources are needed to carry out a comprehensive agenda to answer research questions to optimize program outcomes within the Plan. TAG and amfAR have developed a community-driven research agenda to fill gaps in the HIV treatment cascade (http://www.treatmentactiongroup.org/hiv/filling-gaps). Implementing this agenda in the New York State context and broadening the implementation science agenda to include prevention, housing and supportive services will provide a stronger evidence base for optimizing resource allocation to achieve the goals and objectives of the Plan.

**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

,

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

,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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 |
| **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?**

Addressing implementation science gaps and conducting research to resolve outstanding issues related to implementing comprehensive testing, prevention, care, and supportive services programs will increase the successful implementation of the Plan.

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

Coordinating research initiatives with program providers and affected communities will require a commitment to collaboration and harmonization.

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

Addressing implementation science gaps and conducting research to resolve outstanding issues related to implementing comprehensive testing, prevention, care, and supportive services programs will increase the successful implementation of the Plan. TAG has mapped available CDC research funding to NYS HIV programs and is identifying NIH research funding to NYS-based institutions which will help provide an inventory of existing resources. NYS may need to invest its own resources to address NYS-specific implementation issues.
The costs of the implementation science will be offset by the benefits from applying its results to achieving success of the Plan.

**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?**

Researchers.
Public-health agencies.
Providers.
Insurers.
Government leaders and agencies.
Affected communities.
HIV-negative and HIV-positive individuals.

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

Once the inventory of existing research resources and approaches is complete, the NYS DOH AI and partners should define and allocate resources to answering key questions about how to optimize the delivery of services to achieve the goals of the Plan.

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

Ending the Epidemic Task Force member,

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

**#105**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 03, 2014 8:36:34 AM
**Last Modified:** Monday, November 03, 2014 8:47:14 AM
**Time Spent:** 00:10:40
**IP Address:** 150.142.232.5

PAGE 1

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

| | |
|---|---|
| First Name | Gale |
| Last Name | Burstein |
| Affiliation | Erie County Department of Health |
| Email Address | gale.burstein@erie.gov |

**Q2: Title of your recommendation**

Expand school-based health center rapid HIV testing

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

NYS grant-funded school-based health centers (SBHC) exist in many high schools throughout NYS that serve a population that is right risk for HIV and STIs and difficult to access to care. Funding should be made available in the NYS SBHC grants to fund development and start up for a rapid HIV testing program

**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

| | |
|---|---|
| **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.<br>,<br><br>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?** | Other (please specify)<br>Change to existing policy and 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)?** | Within the next year |

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

Many at-risk youth do not access health care services, including HIV testing. SBHCs offer a proven benefit of increasing access to confidential, sexual health care for difficult-to-reach youth. SBHCs are the perfect setting to offer confidential health services.
SBHC rapid HIV testing availability has the potential benefits of
• Increasing HIV testing services by at-risk youth
• Increasing all sexual health services by at-risk youth
• Increasing use of SBHC for health services by youth in schools
• Increased identification of HIV infected youth and linkages into care
o HIV+ youth could be monitored for compliance of treatment at SBHC

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

School policy may not permit rapid HIV testing
Parents may oppose
SBHC staff may feel uncomfortable with offering rapid HIV testing
Expense and staff time
Training needs
Establishing referral system for positives

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

Cost of training, purchasing kits, staff time for testing and quality control program, cost of school and community buy in.

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

Savings associated with receipt of early HIV diagnosis and treatment in persons who otherwise would not access health care

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

Adolescents
Schools
SBHCs

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

# of SBHCs offering rapid HIV testing
# of rapid HIV tests performed

**Q15: This recommendation was submitted by one of the following** Ending the Epidemic Task Force member

**#106**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 03, 2014 8:47:21 AM
**Last Modified:** Monday, November 03, 2014 8:50:08 AM
**Time Spent:** 00:02:46
**IP Address:** 150.142.232.5

PAGE 1

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

| | |
|---|---|
| First Name | Gale |
| Last Name | Burstein |
| Affiliation | Erie County Department of Health |
| Email Address | gale.burstein@erie.gov |

**Q2: Title of your recommendation**

Expand peer to peer HIV education network in schools

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

In many NYS high schools, organized GLBTQ peer educational, referral, and advocacy groups exist, such as the Gay-Straight Alliance (GSA; http://www.gsanetwork.org/) and Gay & Lesbian Youth Services (GLYS). These existing infrastructures can be strengthened with funding and programs to support peer to peer education regarding PrEP with direct linkages to care.

**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

| | |
|---|---|
| **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.<br>,<br>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?** | Other (please specify)<br>Change to existing policy and 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,<br><br>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?**

Increased PrEP awareness among young MSM which is population with greatest rise in HIV incidence.
Using existing infrastructure to implement this program
Increased PrEP acceptance and normalization among young MSM which is population with greatest rise in HIV incidence.

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

Schools may be resistant
Cost
Fidelity of messaging
Identifying youth-friendly providers to offer PrEP
PrEP for minors is off-label so may not be covered by health plans and providers may refuse to provide.

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

Cost of recruiting/advertising program
Cost of training
Cost of supervising

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

Savings associated with receipt of early identification and treatment

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

Youth
Adolescent providers
Schools

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

# peers trained
# youth referred to PrEP

**Q15: This recommendation was submitted by one of the following** Ending the Epidemic Task Force member

**#107**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 03, 2014 12:37:28 PM
**Last Modified:** Monday, November 03, 2014 1:50:26 PM
**Time Spent:** 01:12:57
**IP Address:** 50.74.156.38

PAGE 1

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

| | |
|---|---|
| First Name | Sharon |
| Last Name | Stancliff |
| Affiliation | Harm Reduction Coalition |
| Email Address | stancliff@harmreduction.org |

**Q2: Title of your recommendation**

Expand access to buprernorphine and methadone maintenance treatment

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

Buprenorphine
-remove prior approval on the Medicaid Managed care formularies, if not immediately possible then remove requirements demanding counseling and/or limiting dose, length of treatment. These are out of step with the medical literature.
-publish and promote guidance for physicians to continue treatment of patients who continue to use other drugs, and/or who are not adherent with psychosocial treatment - also to come up to date with the medical literature
-provide emergency dosing sites for people not in care to prevent risky behavior when in withdrawal (ERs? STD clinics?)
-include buprenorphine treatment in all local and state correctional facilities
Methadone
-Rapid expansion of clinics in high need regions allowing some lag in bringing clinics fully up to counseling requirements
-include methadone in all local and state correctional facilities
-review state regulation of methadone programs in light of promoting the End of AIDS

| | |
|---|---|
| **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<br>,<br>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<br>,<br>Other (please specify)<br>Preventing HIV and HCV transmission among the growing numbers of young injectors |

| | |
|---|---|
| **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.<br>,<br><br>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.<br>,<br><br>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 policy |
| **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)?**

Within the next year

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

NY is experiencing a tremendous growth in young injectors who are in need of treatment. It is clear in the medical literature that a combination of opioid maintenance treatment, syringe access and HIV treatment is far more effective at ending the epidemic than are the separate parts. Syringe access and opioid treatment are also both needed to prevent HCV.
Outside NYC there are tremendous waiting lists for methadone but huge barriers to expanding slots.
In regards to buprenorphine, physicians feel compelled to discharge patients from care for continuing other drug use (including marijuana) and for refusing counseling. They are also deterred from prescribing buprenorphine by prior authorization requirements.
A lower threshold, harm reduction approach has the potential to bring more people into care, earlier in the course of drug use and thus prevent transmission of HIV &HCV and overdose deaths.

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

Diversion of both medications to street sales, where it is purchased most often for self treatment when medical treatment is unavailable, is a concern. Expanding access has the potential to increase this - or it may decrease it as more people get access to care less street market is needed.
It is important to be aware that buprenorphine has far far less likelihood of fatal overdose than any other opioid.
Some consider availability on the street to be in keeping with public health.

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

I believe methadone programs in NYC charge $60-$100 per week to uninsured patients.
Buprenorphine, out of pocket, is about $6000-9000 per year for generic, plus medical visits, lab testing.
Methadone is less expensive but not always consumer friendly, especially for young injectors who should be targeted.
Medicaid data on this should be easy to obtain.

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

There are multiple international studies and older national studies finding that methadone is high highly cost effective.
A recent study on buprenorphine calculated a $35,000-$100,000 per Quality Adjusted Life year but without using the savings of HIV or HCV prevention in the calculation. Another study conducted in 1998 found that if buprenorphine increases access to opioid agonist treatment by 10%, it has a cost-effectiveness ratio less than $45,000/QALY ($70,700/QALY in 2010 US dollars), but this study only considered benefits attributable to reduced HIV transmission.
As an FYI $100,000/QALY is accepted as an appropriate cost in many analyses of various medical interventions.

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

People who are misusing opioids, particularly those who inject them.
Family, friends, sex partners.
Physicians - prescribing buprenorphine is very satisfying.
Opioid maintenance is also associated with reductions in crime.

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

Increased patients  in opioid maintenance with higher retention.
Increased number of physicians prescribing.

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

*Respondent skipped this question*

**#108**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, November 04, 2014 9:24:23 AM
**Last Modified:** Tuesday, November 04, 2014 9:48:03 AM
**Time Spent:** 00:23:39
**IP Address:** 184.75.5.26

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Jaime |
| Last Name | Valencia |
| Affiliation | AID FOR AIDS |
| Email Address | JValencia@aidforaids.org |
| **Q2: Title of your recommendation** | STIs Prevention |

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

To ensure that all people in PrEP , Go through  education about the STIs, screening for STIs and always promote the use of condoms and a healthy sexual behaviors

| | |
|---|---|
| **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)** | Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **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?** | New policy |

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

Changing in risk sexual behaviors
Decrease in new STIs diagnosis
Decrease the risk or HIV infection
Be sure the PrEP goes along with the use of condoms

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

No

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

unknown

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

unknown

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

High Risk population , specially LGTB

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

Epidemiology statistics such as:
- # of STIs diagnoses
- # of New HIV infections
- # of people in PrEP

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

**#109**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 05, 2014 8:24:24 AM
**Last Modified:** Wednesday, November 05, 2014 8:42:08 AM
**Time Spent:** 00:17:44
**IP Address:** 150.142.223.249

PAGE 1

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

| | |
|---|---|
| First Name | Denis |
| Last Name | Nash |
| Affiliation | CUNY School of Public Health and Hunter College |
| Email Address | dnash@hunter.cuny.edu |

| | |
|---|---|
| **Q2: Title of your recommendation** | Create a web-based, public facing dashboard to disseminate metrics in a timely fashion |

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

In order to adequately target scarce resources and track progress of programmatic activities under the End of the Epidemic Initiative, timely programmatic and epidemiologic data must be triangulated at the State, city, county, and sub-county (i.e., ZIP code) levels across a number of traditionally siloed data sources (surveillance, medicaid, vital statistics, testing, etc). These data must be disseminated to those who need them in a usable format, including using graphs and maps. Therefore, I propose the development of a web-based data system to integrate and disseminate End of the AIDS Epidemic priority metrics. This dashboard would allow everyone to see the same indicators, and allow them to focus or drill down on the programmatic or geographic areas of most interest to them. All stakeholders would in theory be able to identify gaps, target activities according to need, and evaluate impact using this system. An example would be the HIV care cascade that could be subset according to sex, race/ethnicity, risk category, calendar time, and geography.

Metrics: Identifying a set of core metrics most meaningful to the activities of the initiative; should be a manageable number of indicators.
1. Key realms:
    a. Prevention
        a.1. Prevention cascade/continuum
    b. Diagnosis and linkage
    c. Care and treatment:
        c.1. pre-ART care phase, ART initiation, longer-term following ART initiation
2. Key data sources: BRFSS/CHS/YRBS, testing kits, routine population-based HIV surveillance, vital statistics, Medicaid, ADAP, SPARCS, STD surveillance, pharmaceutical industry databases, AIRS, matching across these data sources, MMP, other
3. Benchmarks and targets needed
    a. Historical data for New York, national data
4. Dissemination of metrics to stakeholders
    a. Targeting of initiative
    b. Evaluation of initiative
    c. Format and timing – disseminate key metrics and trends rapidly and widely

| | |
|---|---|
| **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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative<br>,<br>Other (please specify)<br>Disseminating data and information on the progress of the initiative. |
| **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.

,

Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs.

| | |
|---|---|
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | Other (please specify)<br>No. But, this would require a concerted effort by public health agencies to generate streams of aggregate data that feed into the web-based dashboard system. |
| **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)?** | Within the next year |

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

Would allow all stakeholders to be on the same page, and get information into the hands of everyone who is in a position to help achieve the goals of the initiative.

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

Will require a small amount of cooperation and resources from data management staff in the NYS and NYC DOHs.

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

about 25% of a data manager/analyst for 12-18 months at the State DOH and another 25% at the City DOHMH.

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

We would be able to accurately target resources to ending the epidemic. We would know where we have succeeded and where we have not. All stakeholders would be able to follow the same information and make course corrections along the way.

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

All/

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

The key priority metrics recommended by the task force.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member |

**#110**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 05, 2014 8:42:56 AM
**Last Modified:** Wednesday, November 05, 2014 8:46:06 AM
**Time Spent:** 00:03:10
**IP Address:** 65.51.163.146

PAGE 1

| | |
|---|---|
| Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address) | *Respondent skipped this question* |
| Q2: Title of your recommendation | *Respondent skipped this question* |
| Q3: Please provide a description of your proposed recommendation | *Respondent skipped this question* |
| 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)** | Other (please specify) N/A |
| Q5: **This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | Unknown |
| Q6: **Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | Unknown |
| Q7: **Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Other (please specify) N/A |
| 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) N/A |
| Q9: What are the perceived benefits of implementing this recommendation? | *Respondent skipped this question* |
| 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?** | *Respondent skipped this question* |
| **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** | Member of the public |

**#111**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, November 06, 2014 7:39:25 AM
**Last Modified:** Thursday, November 06, 2014 7:45:08 AM
**Time Spent:** 00:05:43
**IP Address:** 12.39.94.2

PAGE 1

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

| | |
|---|---|
| First Name | Jeffrey |
| Last Name | Kwong |
| Affiliation | Columbia University |
| Email Address | jjk2204@columbia.edu |

**Q2: Title of your recommendation**

expand and incorporate this plan in health profession curriculum

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

As future health care providers enter the workforce, all individuals should be aware of the plan and how they can contribute. By incorporating and including these components into health profession education, we will create a future workforce that is more cognizant of their roles in ending HIV. Especially with regard to PREVENTION, RETENTION IN CARE

**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

,

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

,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br><br>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?** | Unknown |
| **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?**

increased provider base, increased capacity

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

curriculum may have other competing topics

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

unkknown

| | |
|---|---|
| **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?**

Everyone - this is a great plan!

| | |
|---|---|
| **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** | Member of the public |

**#112**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, November 06, 2014 7:43:23 AM
**Last Modified:** Thursday, November 06, 2014 7:45:43 AM
**Time Spent:** 00:02:20
**IP Address:** 161.185.151.150

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | *Respondent skipped this question* |
| **Q2: Title of your recommendation** | *Respondent skipped this question* |
| **Q3: Please provide a description of your proposed recommendation** | *Respondent skipped this question* |
| **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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **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. |

| | |
|---|---|
| | ,<br><br>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.<br>,<br><br>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.<br>,<br><br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| 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 |

| | |
|---|---|
| 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?** | *Respondent skipped this question* |
| **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?** | *Respondent skipped this question* |
| **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** | *Respondent skipped this question* |

**#113**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, November 06, 2014 7:35:33 AM
**Last Modified:** Thursday, November 06, 2014 7:54:05 AM
**Time Spent:** 00:18:31
**IP Address:** 208.46.132.130

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| Affiliation | The Fortune Society |
| **Q2: Title of your recommendation** | Portrayal of Young Women |

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

Young women who carry condoms are portrayed and viewed as sexually promiscuous. If a woman has a condom in her wallet, her potential sexual partner views this negatively, as opposed to viewing her as a smart and safe sexual partner. As a result, women- particularly young women- do not carry condoms and feel awkward pulling one out when the time comes. I think there needs to be some type of media platform to help in this area.

| | |
|---|---|
| **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)** | Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative<br>,<br>Other (please specify) Prevention |
| **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?** | New 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)?** | Within the next year |

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

Prevention
Decreasing the number of new HIV diagnoses

| | |
|---|---|
| **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?** | *Respondent skipped this question* |
| **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** | Member of the public |

**#114**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, November 06, 2014 7:34:04 AM
**Last Modified:** Thursday, November 06, 2014 8:43:15 AM
**Time Spent:** 01:09:11
**IP Address:** 208.46.132.130

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Thelma |
| Last Name | Frasier |
| Affiliation | The Fortune Society |
| Email Address | tfrasier@fortunesociety.org |
| **Q2: Title of your recommendation** | Facilitate access to Pre-Exposure Prophylaxis (PrEP) for high risk persons to keep them HIV negative. |

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

I propose more prevention based program offering Pre-Exposure (Prep) for high Risk people.

I also recommend additional services and housing opportunities for people that are HIV+ that are not CDC AIDS diagnosed.

| | |
|---|---|
| **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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative<br>,<br>Other (please specify)<br>Housing fro HIV positive clients |
| **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 |

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.

,

Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service

| | |
|---|---|
| | suppression and address their support service, behavioral health, and adherence needs. |
| **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 |
| **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 clients that are positive are have access to incentive housing they will stay connected to care, and this would also reduce the recidivism rate for clients with the correctional facilities as well as reduce the transmission rate of new cases of HIV. The clients would be able to afford medications and housing and reduce crime rate as well.

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

Yes, a lot of people are moving away from HIV not seeing it as an emergency and concentrating on other chronic illnesses.

| | |
|---|---|
| **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?**

Clients that are HIV +

| | |
|---|---|
| **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** | Member of the public |

**#115**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, November 06, 2014 10:17:08 AM
**Last Modified:** Thursday, November 06, 2014 10:24:02 AM
**Time Spent:** 00:06:54
**IP Address:** 208.46.132.130

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | walter |
| Last Name | harper |
| Affiliation | the fortune society |
| Email Address | walharpiii@fortyunesociety.org |
| **Q2: Title of your recommendation** | *Respondent skipped this question* |
| **Q3: Please provide a description of your proposed recommendation** | *Respondent skipped this question* |
| **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)** | 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 policy |

| | |
|---|---|
| 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)?** | *Respondent skipped this question* |
| **Q9: What are the perceived benefits of implementing this recommendation?** | *Respondent skipped this question* |
| **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?** | *Respondent skipped this question* |
| **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** | Member of the public |

**#116**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, November 06, 2014 7:51:52 AM
**Last Modified:** Thursday, November 06, 2014 1:23:42 PM
**Time Spent:** 05:31:49
**IP Address:** 162.212.4.146

PAGE 1

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

| | |
|---|---|
| First Name | Sharen |
| Last Name | Duke |
| Affiliation | AIDS Service Center NYC (ASCNYC) |
| Email Address | sharen@ascnyc.org |

| | |
|---|---|
| **Q2: Title of your recommendation** | NYSDOH NYSDOH Peer Health Coach Certification (eligible for Medicaid reimbursement) |

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

NYSDOH Peer Certification Standards

NYSDOH will implement a Certification Training Program for individuals living with or affected by HIV/AIDS, mental illness and/or substance use to complete in order to be designated by NYSDOH as a Certified Peer Health Coach. NYSDOH Certified Peer Health Coaches will be eligible to offer Medicaid reimbursable services as part of case finding and/or care management programs.
NYSDOH Peer Certification requirements will include successful completion of:
• Peer Education Core Training Curriculum (80 training hours and required topics)
• Peer Internship Placement (250 hours of service/up to 6 months)
• Supervision (24 hours of supervision in health care or community-based setting)
• Written Exam
NYSDOH Certified Peer Health Coaches will be trained to conduct:
• Outreach: Health Information/Outreach/Case Finding/Referral to HIV/HepC/STI Screening
• Care Coordination: Enrollment/Reminder Phone Calls/Accompaniment to Appointments/Health Education/Referral Follow-Up
• Adherence: Treatment Adherence Support/Reminder Phone Calls/Accompaniment to Appointments/Service Documentation
Agencies wishing to receive placement of NYSDOH Certified Peer Health Coaches will be required to have designated staff successfully complete a Peer Health Coach Supervisory Training (online or in-person; 6 training hours).
NYSDOH Certified Peer Health Coaches will be required to re-certify every 3 years, and demonstrate successful completion of a minimum of 30 continuing education hours.
NYSDOH Certified Peer Health Coach Eligibility criteria may include:
• 18 years old
• HS or GED
• Housing Stability
NYSDOH Certified Peer Health Coaches may obtain additional certification in specialty areas such as OMH Certification for Peer Specialists and OASAS Certification for Recovery Peer Advocates. Both OMH and OASAS have additional certification criteria

| | |
|---|---|
| **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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |

| | |
|---|---|
| **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.<br>,<br><br>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.<br>,<br><br>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?** | 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)?**

Within the next year

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

Certification of Peer Health Coaches is an investment in a cost effective approach to deliver services in the evolving Medicaid healthcare delivery system, leading to long-term stability, increased access to medical care, enhanced social connections and improved health outcomes for people living with HIV and other chronic medical conditions in NYC.

Peer Health Coaches will provide health education, peer coaching, accompaniment to appointments, meals, and routine communication with medical staff to ensure that patients living with HIV and other chronic illnesses receive consistent, high quality care. Peer Health Coaches provide the individualized support necessary to sustaining patients in care.

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

Coordination with establishment of Medicaid HARPs and reimbursement levels for 1915i peer delivered services.

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

NYSDOH will need to make an initial investment in curriculum development and designation of one or more training facilities to conduct Peer Health Coach Certification trainings, internship placements, monitoring, and establishment of a NYSDOH Peer Certification Registry.

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

Certification of Peer Health Coaches is a cost effective investment in linkage and retention in care services that will contribute to decrease missed appointments; decreased inpatient days; decreased ER utilization; increased outpatient visits; and increased viral suppression.

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

People living with HIV/AIDS; HIV medical and behavioral health providers, Health Homes, HARPs, MCO, ADHCs and Community Based Organizations.

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

# HIV+ people receiving certified peer health coach services who:
- visit MD every 3-6 months
- achieve viral suppression within 6 months
- sustain viral suppression after 12 months
- # hospitalizations and days spent inpatient
- # ER visits

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

Ending the Epidemic Task Force member

**#117**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, November 07, 2014 6:13:35 AM
**Last Modified:** Friday, November 07, 2014 8:49:31 AM
**Time Spent:** 02:35:55
**IP Address:** 72.22.162.209

PAGE 1

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

| | |
|---|---|
| First Name | Lisa |
| Last Name | Reid |
| Affiliation | Hudson River HealthCare, Inc. |
| Email Address | 1 Webster Ave., Suite 202 |

**Q2: Title of your recommendation**

Utilizing Peer Linkage Specialist to Link and Retain Persons Diagnosed with HIV in Medical Care

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

Incorporate skilled Peer Linkage to Care Specialists to engage and retain persons diagnosed with HIV in medical care by:
Building rapport through sharing personal experiences in an edcational perspective to increase the person's understanding of the need to engage and maintain health care, treatment, viral load suppression, retentioin in care, coping with diagnosis and HIV related issues;
Educating through the use of technology - aps, ipad/utube videos, social networking websites, and educational websites such as UPWORDS Voices and HIVStopsWithMe;
Building professional skills through the completion of an ongoing training program on topics such as: communication skills, motivational interviewing, public speaking, mental health & substance use screening, documentation, sexual risk reduction, harm reduction, domestic violence, PrEP and other topics as appropriate.
Focusing education and support on living with a "life changing illness" rather than a "chronic illness" to give hope but not deminish the seriousness of HIV infection;
Facilitating linkage to care by meeting with community medical providers and DOH and linkage persons to HIV medical care;
Participating in the HIV interdisciplinary treatment team to share information and transition persons linked to care to case management;
Participating in supervision maintaining support, guidance,  education and well being.

**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?** | New 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)?** | Within the next year |

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

Perceived benefits to persons diagnosed with HIV receiving peer linkage services include:
Increased knowledge
improved problem solving skills
behavior change
improved health outcomes (retention and viral load suppression)
access to community services
generalization of "linkage" skills

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

The change from chronic disease to life changing disease

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

Implementation can be incorporated into the currently funded model of care.

| | |
|---|---|
| **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?**

Consumers
service providers
community members

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

Measures could include:
Completion of medical visits (retention in care) during the first 6 months of involvement with Peer Linkage Specialist;
Viral load suppression 6 months following linkage to care or;
linkage to community resources to stabilize  perosn's life, i.e. housing, mental health, substance use treatment.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Other (please specify)<br>Service Provider - Director of HIV Primary Care & Supportive Sevices |

**#118**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, November 07, 2014 2:30:40 PM
**Last Modified:** Friday, November 07, 2014 2:48:50 PM
**Time Spent:** 00:18:10
**IP Address:** 159.123.253.1

PAGE 1

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

| | |
|---|---|
| First Name | Barbara |
| Last Name | Warren |
| Affiliation | Mount Sinai Health System |
| Email Address | Bwarren@chpnet.org |

**Q2: Title of your recommendation**

Increasing Transgender Access to Care

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

Currently transgender individuals still are unable to use Medicaid dollars to access transition related or other Trans specific health care. For most, this is a disincentive to being engaged in regular primary care which increases risk associated with STIs, HIV and other health and mental health issues. Lifting the ban on transgender related care under Medicaid is imperative to engaging Trans people at risk in the continuum of care and would align with the objectives of this plan. It needs to happen now

**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
,

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
,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br><br>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 policy |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Other (please specify)<br>administrative regulatory change |
| **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?**

Incentive to engage and be retained in care which would allow for all of the other related health prevention and treatment services to be offered, delivered and monitored;
address minority stress and anxiety related to actual and percieved healthcare discrimination and minority stress related to lack of critically needed transition related care in order to live fully in one's gender identity;
potentially decrease risky sex and sex work some trans women and men engage in in order to pay for transiton related treatments.

**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?**

There are studies, recently conducted in reference to changing the policy in California, which the show the cost of thsis as neglible.

http://williamsinstitute.law.ucla.edu/wp-content/uploads/Herman-Cost-Benefit-of-Trans-Health-Benefits-Sept-2013.pdf

http://transgenderlawcenter.org/wp-content/uploads/2013/04/Economic-Impact-Assessment-Gender-Nondiscrimination-In-Health-Insurance.pdf

| | |
|---|---|
| **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?**

taxpayers, transgender pindividuals , their partners,

| | |
|---|---|
| **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)<br>Director for LGBT Programs and Policies, Office of Diversity and Inclusion, Mount Sinia Health System |

**#119**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Sunday, November 09, 2014 9:13:05 AM
**Last Modified:** Sunday, November 09, 2014 10:08:19 AM
**Time Spent:** 00:55:13
**IP Address:** 108.183.19.154

PAGE 1

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

| | |
|---|---|
| First Name | Linda |
| Last Name | Wagner |
| Affiliation | NYS Association of County Health Officials |
| Email Address | linda@nysacho.org |

**Q2: Title of your recommendation**

Physical and Behavioral Health Care Provider Education

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

To ensure that individuals at higher risk of HIV/AIDS are linked to both preventive and treatment care, we need a renewed, intensive emphasis on STD/HIV health education for all types of physical and behavioral health care providers whose patients may include those at-risk individuals. The first step is to identify those providers - and their staff members - who are most likely to encounter the populations at risk - e.g. Emergency Room nurses, docs, and even the staff who handle paperwork. Urgent care center staff. FQHC staff. County jail staff. County social service staff. The health education task is a role that local health departments currently play, and could expand if provided with the appropriate educational tools and increased resources. To overcome problems in the HIV/AIDS arena such as that found with the ER staff in Dallas who missed the initial ebola patient, or the hospitals that have had high rates of nosocomial infections, we need intensive health education that will ensure that these providers recognize the indicators of at-risk patients and connect them with the appropriate care. Based on the Nov. 5 discussion of the Care committee, it seems that there are far too many "missed opportunities" that are due to a lack of awareness in these provider communities of the risk indicators and the available care connections. This is just as true of behavioral health and substance abuse providers who encounter the at-risk populations but are not always as informed about public health risks from the physical health side. The task force should recommend the development of educational tool kits for providers in all available media that can be used by health educators to target the most relevant provider groups. Some of the educational materials could also be developed to be useful to local governmental units such as social services units and non-governmental charitable organizations that have a high rate of encounters with the at-risk populations.

| | |
|---|---|
| **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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **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.<br>,<br>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.<br>,<br>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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| 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,<br><br>Other (please specify)<br>This is an enhancement of existing programs. It requires the development of fresh provider educational materials that focus on the indicators of at-risk individuals, the identification of provider groups most likely to encounter these at-risk populations, and an expansion of resources for health educators in local health departments and elsewhere. |
| 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)<br>I believe this would have a two year ramp up, with materials developed and provider groups identified in year one and the health education efforts launched in year two, with measurable benefits by year 3. |

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

This fits well within the MRT's goals for DSRIP and with the broader goals of stronger care coordination through provider education. There are many existing structures in NYS for provider education, such as medical, nursing and public health schools, Grand Rounds, the health commerce system, the state and local health department infrastructure, provider associations, and more that could be involved in the delivery of the provider education.

| | |
|---|---|
| **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?**

I believe that there are other models of provider education for other topics that NYSDOH, the CDC, or other states might have available for cost/benefit/ROI calculations.

| | |
|---|---|
| **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?**

Ultimately, the primary beneficiaries would be the populations at risk for HIV/AIDS. It would also strengthen the flow of resources to the public health and provider education communities toward that ultimate end.

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

I imagine that the key measure would be an increase in referrals of at-risk individuals for assessment, prevention and treatment.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member |

**#120**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Sunday, November 09, 2014 10:44:55 AM
**Last Modified:** Sunday, November 09, 2014 10:49:54 AM
**Time Spent:** 00:04:58
**IP Address:** 69.118.113.160

PAGE 1

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

| | |
|---|---|
| First Name | Helen |
| Last Name | Nazario |
| Affiliation | Montefiore Medical Center |
| Email Address | hnazario@adolescentaids.org |

**Q2: Title of your recommendation**

*Respondent skipped this question*

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

More education, providers and educators who would link those who are high risk as well as include family members or their support personnel that would help the understanding of decreasing HIV and it's prevention

**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
,

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
,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br>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 policy |
| **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)?** | Within the next year |

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

Prevention of HIV especially among MSM

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

WE have to be sure that educators and care providers understand the plight of those who are in danger of acquiring HIV

| | |
|---|---|
| **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?**

patients, providers, Significant others, etc

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

Have a grant that would help those to monitor and educate those who are high risk

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Member of the public |

**#121**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 10, 2014 6:28:14 AM
**Last Modified:** Monday, November 10, 2014 6:42:19 AM
**Time Spent:** 00:14:05
**IP Address:** 208.46.132.130

PAGE 1

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

| | |
|---|---|
| First Name | Barbara |
| Last Name | Hoffmann |
| Affiliation | Fortune Society |
| Email Address | bhoffman@fortunesociety.org |

**Q2: Title of your recommendation**

Consider complexity of task

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

At-risk persons are not monolithic...although they may share common traits of a history of trauma; substance abuse; mental health issues. Each goal of the task force opens up a web of concerns that needs its own approach; each risk group requires its own explanation...YMSMOC present issues different from other YMSM's; from MSM's in general; from minority women young or otherwise who are at risk. Why members of each of these groups remain undiagnosed; refuse linkages to care; resist medication are core issues that will require explanation before a solution can be found.

**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
,

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
,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br>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?** | Unknown |
| **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)?** | Within the next year |

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

If there is an understanding of the co-factors for risk in the highest risk populations there is a chance that strategies can be targeted and thus be effective.

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

Initially it might require reflection on tried and true methods that did not yield desired results.

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

None

| | |
|---|---|
| **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 at risk

| | |
|---|---|
| **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** | Ending the Epidemic Task Force member |

**#122**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 10, 2014 6:25:55 AM
**Last Modified:** Monday, November 10, 2014 7:09:31 AM
**Time Spent:** 00:43:36
**IP Address:** 208.46.132.130

PAGE 1

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

| | |
|---|---|
| First Name | Joseph |
| Last Name | Krasovsky |
| Affiliation | The Fortune Society |
| Email Address | krasovj711@gmail.com |

**Q2: Title of your recommendation**

General Education of the Public on the Immune System and How Microorganisms make us Sick

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

I believe that the more informed the general public is on how our immune systems work, and how microorganism and viruses (such as HIV) contribute to disease, the more likely they will take common sense approaches to protecting themselves. A public education campaign educating the public could be a valuable tool in the fight, not only against HIV, but maintaining personal health in general.

I am not sure if things have changed, but it was not until I was undertaking college studies did I obtain a clear understanding of how bacteria and viruses work and can lead to disease. It wasn't until I was working professionally, before I learn how our immune systems work to maintain health, and combat diseases such as HIV.

I believe that knowledge is empowering, and that our youth and adult populations will have a better appreciation to protect themselves, when they possess a good general education in the areas of immunity, and microbiology.

**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)**

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

,

Other (please specify)
A stong early general public education in these areas would also help people prevent diseases in general, and not only HIV.

| | |
|---|---|
| **Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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?** | Unknown |
| **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?**

A good appreciation of how our immune system works, and how microorganisms circumvent it, may give people a better capability to avoid high - risk behaviors. This may be akin to our public education campaigns into the dangers of tobacco and certain drugs.

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

None that I can see. It needn't be too complicated or difficult to understand. The concepts can be presented in very simplistic terms and concepts.

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

Not known...but I suspect, relatively inexpensive in the scheme of things.

| | |
|---|---|
| **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?**

The population in general, and not only HIV at risk., or infected individuals.

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

This would necessitate a monitoring of long term infection rates. On would hope that with a better educated population in these areas, the rates would drop in time.

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

Member of the public

**#123**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 10, 2014 2:26:09 PM
**Last Modified:** Monday, November 10, 2014 2:42:31 PM
**Time Spent:** 00:16:21
**IP Address:** 158.74.35.8

PAGE 1

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

| | |
|---|---|
| First Name | Chandak |
| Last Name | Ghosh |
| Affiliation | Senior Medical Advisor, US HHS/HRSA |
| Email Address | cghosh@hrsa.gov |

**Q2: Title of your recommendation** — Link patients to community health centers

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

The Health Resources and Services Administration (HRSA) funds over 9000 community health center sites around the country to provide complete primary care to everyone without regards to ability to pay, insurance status, or immigration status. Most are very involved with their surrounding communities so understand issues regarding cultural competence as well.

Your Blueprint should include connecting patients (both HIV positive and negative) to such community health centers. While many receive federal Ryan White funding to treat HIV patients, others also test and treat through other funding streams. For example. In September, 2014, HRSA-supported community health centers received $9.9 million to enhance HIV services (See: http://www.hrsa.gov/about/news/pressreleases/140918healthcentershiv.html)

The creators of ACA knew that millions would be left uninsured even after the law's enactment (particularly the undocumented). $11 billion were targeted for community centers to increase capacity to treat these uninsured and vulnerable.

To find a community health center in New York near anyone, go to HRSA.gov and input a zip code under "Find a Health Center."

| | |
|---|---|
| **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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **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.<br>,<br>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?** | Other (please specify)<br>No change to policy--just enhancing the connection between federal and state resources |
| **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)?**

Within the next year

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

The central issue of the Governor's Plan to end the epidemic is finding both HIV positive and negative-at-risk individuals and linking them to care and counseling. Many are uninsured, particularly the undocumented. Since these community health centers already exist and do excellent work, once there is a linkage to these services, much of the obstacles of the central issue are resolved.

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

No

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

None

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

Unlimited

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

HIV positive and negative New Yorkers

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

Number of HIV/AIDS patients seen at community health centers.
Number of HIV tests performed by community health centers.

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

Member of the public

**#124**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 10, 2014 5:52:29 PM
**Last Modified:** Monday, November 10, 2014 9:35:50 PM
**Time Spent:** 03:43:20
**IP Address:** 24.90.229.130

PAGE 1

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

| | |
|---|---|
| First Name | Damon L. |
| Last Name | Jacobs |
| Affiliation | Private Practice Psychotherapist / PrEP Educator / "PrEP Facts" Facebook Group Leader |
| Email Address | Damon@DamonLJacobs.com |

**Q2: Title of your recommendation** — Recommendations For PrEP Implementation

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

My recommendation is for Governor Cuomo to consider implementing programs to support and promote adherence to PrEP. Access, in and of itself, is not always maximally effective. In order for PrEP to be maximally effective in reducing new infections by 2020, it is important that adherence to the medication be considered as well.

People who use PrEP are often subjected to negative reactions from others. From fearful disapproval, to outright disdain, I am daily informed of instances where a PrEP user received stigma from a family member, sexual partner, online contact, or peer. Many such occurrences are documented on my Facebook page (https://www.facebook.com/groups/PrEPFacts), as well as sent to me privately.

Training front-line workers in doctor's office and prescribing clinics to help their patients cope with potential stigma can go a long way to enhancing adherence. Helping clients anticipate social and logistical barriers to daily adherence will also enable clients to take meds consistently.

Similarly utilizing Evidenced-Based practices (EBP's), that have been traditionally used in medical and psychiatric contexts, can have an enormous impact here. "Motivational Interviewing" (M.I.) is one such intervention I have used in my practice with at-risk populations, in terms of successfully enhancing adherence to psychiatric medications. It has been used frequently as well in models of mental health, criminal rehabilitation, drug and alcohol recovery, and many more (http://www.centerforebp.case.edu/practices/mi).

One of the reasons why M.I. is popular is the collaborative and conversational nature of its approach, and how well suited it is for working with differences. It allows clinician and consumer to discuss values, goals, interests, then cater a unique plan-of-action based on what is most appropriate for the consumer. It is fundamentally based in respect, appreciation, and understanding for where the patient is at , (versus where the doctor thinks he or she "should" be at). It introduces choice, agency, and empowerment into the conversation.

Another important EBP is Cognitive-Behavioral Therapy interventions. Whether in individual therapy sessions, or supportive group therapy sessions, Cognitive-Behavioral therapy has been proven to improve medication adherence, and reduce symptoms of depression (http://www.ncbi.nlm.nih.gov/pubmed/19210012). Training staff how to provide these services could be of great consequence.

If we only focus solely on access to medications, without addressing the social/emotional/logistical barriers to adherence, then I'm afraid the Governor's plan will fail to meet its goals. But addressing the full spectrum of issues that will help people access and adhere to PrEP will enable great success in ending HIV by 2020.

-(Thank you for reading!)

| | |
|---|---|
| **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)** | Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |

| | |
|---|---|
| **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?** | New 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)?** | Within the next year |

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

That people who choose to use PrEP in New York will adhere more consistently than those in research trials and pilot studies, and therefore will an instrumental part of Governor Cuomo's plan to significantly reduce new infections by 2020.

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

Some people using PrEP may be highly motivated to do so on their own, and not require additional services and support. But for those who have internal and external barriers to adherence, these EBP's will be essential in order for PrEP to be effective.

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

Unknown. Some clinics already have personnel and staff providing support services. Some will need require trainings and restructurings in order to help serve the needs of HIV negative consumers.

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

Every at-risk New Yorker who doesn't seroconvert can save the state great amounts of funds and resources. Some investment in adherence-focused EBP's now will go a long way toward saving treatment needs in the future.

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

The consumers who utilize PrEP for prevention, as well as their families, communities, and loved ones.

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

That trainers with experience and training in M.I. and other EBP's be included in training the hands-on staff, and that trainers themselves display a level of sex-affirmative, culturally competent knowledge.

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

**#125**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, November 11, 2014 8:21:33 AM
**Last Modified:** Tuesday, November 11, 2014 8:42:47 AM
**Time Spent:** 00:21:13
**IP Address:** 208.46.132.130

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Michael |
| Last Name | Westervelt |
| Affiliation | Employee |
| Email Address | michael.westervelt@gmail.com |
| **Q2: Title of your recommendation** | Increase public awareness of PrEP |

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

Create a public ad campaign that tells New Yorkers about PrEP. Also, let them know about the programs (especially through Gilead) that provide PrEP for free to the insured, underinsured and uninsured (basically, everybody).

| | |
|---|---|
| **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)** | Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **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?** | New 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)?** | Within the next year |

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

People who are at risk for contracting HIV will know about another way to prevent it. Even some healthcare professionals don't know about Truvada for PrEP!

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

Yes, PrEP is a politically sensitive topic because some suggest that it could lead some to participate in more unprotected sex because they believe they are protected.

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

The cost of an ad campaign in NYC can vary greatly depending on the scope.

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

I cannot estimate the ROI for this; however, the reduction of long-term healthcare expenses for Medicaid alone could be significant.

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

The individual people who will be protected from contracting HIV, as well as the government entities and private healthcare institutions who would not be spending money on long-term treatment.

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

I would suggest that providers ask potential clients where they heard about PrEP to judge whether the campaign had been successful.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Member of the public |

**#126**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, November 11, 2014 8:21:18 AM
**Last Modified:** Tuesday, November 11, 2014 8:57:35 AM
**Time Spent:** 00:36:16
**IP Address:** 155.229.23.181

PAGE 1

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

| | |
|---|---|
| First Name | Orlando |
| Last Name | Perez |
| Affiliation | harlem United Community AIDS center |
| Email Address | operez@harlemunited.org |

**Q2: Title of your recommendation**

PrEP Introduction to Illegal Brothels and Undocumented Sex Workers

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

Since the advent of PrEP, NYC has been focusing their efforts solely to the LGBTQ community. Infact there are numerous illegal brothels where undocumented men and women get sexually served, by undocumented sex workers. This is an area where HIV, STI's and HCV are rampant and the great majority don't get tested for HIV! Many of the undocumented sex workers travel to many brothels, servicing a host of undocumented individuals,

When I was working in New Jersey, I befriended the owners of the brothels and theie was an agreement to have their sex workers tested for HIV/STI/HCV monthly, as the undocumented sex workers would only stay at one site for a month, then new sex workers were brought in.

It is imperative that we want to seriously end the epidemic by 2020, this is one specific high risk sexual area that has been missed and never targeted.

My recommendation is that the Task Force research and develop a plan of action that will introduce HIV/STI/HCV screenings to this target population as well as introducing PrEP to the sex workers that test HIV-, without any fear of repurcussion from ICE and immigration. Develop a specific flyer in a langauge where this target population will feel safe, as well as the brothel owners...

**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

| | |
|---|---|
| **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.<br>,<br><br>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.<br>,<br><br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | New program,<br><br>Other (please specify)<br>There is no existing policy in place at this time and a needs to be created. |

| | |
|---|---|
| **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?**

Lowering the sero-positivity rates among the undocumented population, as well as avoiding the spread of infections to wives, girlfriends, husbands and boyfriends, of whom many live abroad. HIV edcuation among the undocumented population is still not to par with what we know and understand. Their is fear of reprisal by family, friends and government, as well as being outed in public to the point of being killed.

This will also benefit risk of undocumented sex workers, many of whom never tell their families how they are surviving in New York and won't have to be shamed or embarrassed because of the high possibility of infection rate in their line of work.

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

N/A

| | |
|---|---|
| **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?**

1. ASO's, and CBO's who have Latino staff, who will be able to identify with the undocumented sex workers in their native language and have an understanding of the inner cultural working.

2. The city of New York, by being able to identify a demographic where high risk sexual behaviors occur daily. The ability to provide newly diagnosed HIV+ patients, the treatment and medical care to lower community viral load and enhance Quality of Life.

3. The city of New York, will be able to lower the sero-positivity rate by providing PrEP to those individuals who have sero-negative status and edcuate on the importance of self preservation and the use of contraception.

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

Measures need to be developed...

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

**#127**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, November 11, 2014 10:59:35 AM
**Last Modified:** Tuesday, November 11, 2014 11:12:08 AM
**Time Spent:** 00:12:32
**IP Address:** 199.168.151.164

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Liana |
| Last Name | Fixell |
| Affiliation | Open Door Family Medical Centers |
| Email Address | lfixell@odfmc.org |
| **Q2: Title of your recommendation** | NYS to follow CDC HIV testing guidelines |

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

NYS should follow the CDC's HIV testing guidelines, which state that HIV testing should be done on an opt-out basis and that prevention counseling should not be required with HIV diagnostic testing or as part of HIV screening programs in health-care settings.

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

More unknown positives would be identified, which would enable linkage to care and viral load suppression.

| | |
|---|---|
| **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?** | *Respondent skipped this question* |
| **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 |

**#128**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, November 11, 2014 11:12:21 AM
**Last Modified:** Tuesday, November 11, 2014 11:23:55 AM
**Time Spent:** 00:11:33
**IP Address:** 199.168.151.164

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Liana |
| Last Name | Fixell |
| Affiliation | Open Door Family Medical Centers |
| Email Address | lfixell@odfmc.org |
| **Q2: Title of your recommendation** | Reinstate CDC Expanded Testing Project funding to health centers |

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

The AIDS Institute provided funding to community health centers (CHCs) through the CDC Expanded Testing Project, so that CHCs could provide free HIV testing to uninsured patients. With the implementation of the Affordable Care Act, this funding was stopped, with the justification that HIV testing would be covered by the new insurance coverage provided by the ACA. The ACA, however, leaves many people uninsured, including those who cannot afford the premiums and deductibles of private insurance plans, and undocumented immigrants who are ineligible for coverage. Free testing is still offered by the Westchester County DOH, but many low-income people cannot travel to their sites and instead utilize the CHCs in their neighborhoods for their care. Without funding to provide free HIV testing, CHCs miss countless opportunities to test their uninsured patients who cannot afford to pay for the test.

| | |
|---|---|
| **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 |

| | |
|---|---|
| **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?** | New 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)?** | Within the next year |

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

Health centers are already equipped to provide HIV testing; there would be little legwork needed. It would just increase HIV testing by making it accessible to uninsured people.

| | |
|---|---|
| **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?** | *Respondent skipped this question* |
| **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 |

**#129**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, November 11, 2014 11:24:02 AM
**Last Modified:** Tuesday, November 11, 2014 11:59:57 AM
**Time Spent:** 00:35:55
**IP Address:** 199.168.151.164

PAGE 1

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

| | |
|---|---|
| First Name | Liana |
| Last Name | Fixell |
| Affiliation | Open Door Family Medical Centers |
| Email Address | lfixell@odfmc.org |

**Q2: Title of your recommendation**

Insurance plans should implement pharmacy exemption rules

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

On June 3, 2013, Attorney General Eric Schneiderman's office put out a press release stating that "A.G. Schneiderman sends letters urging 15 New York health insurance plans to implement pharmacy exemption rules." This was done in response to the requirement by many commercial insurance plans that clients receive specialty medications, such as antiretrovirals, from a specialty mail-order pharmacy contracted by the insurance plan. This created many barriers for clients and providers who either a) had long-standing relationships with local pharmacies b) had trouble receiving medications by mail and/or c) could not effectively communicate with specialty pharmacies that repeatedly made errors in processing orders and did not send out medications in time. The ETE Taskforce should partner with the AG Health Care Bureau to push insurance plans to implement specialty pharmacy exemptions and make sure it is a seamless process for clients to use a pharmacy that will supply their ART without interruptions.

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

The recommendation would benefit PLWHA who have private commercial insurance and have had trouble accessing ART due to the insurance plan's specialty mail-order pharmacy requirement.

| | |
|---|---|
| **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?** | *Respondent skipped this question* |
| **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 |

**#130**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 12, 2014 8:19:55 AM
**Last Modified:** Wednesday, November 12, 2014 9:12:47 AM
**Time Spent:** 00:52:52
**IP Address:** 66.9.5.200

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Reginald |
| Last Name | Brown |
| Affiliation | VOCAL-NY , HIV Is Not A Crime Conference, and Unity Fellowship Church |
| Email Address | brown.trbrown.reginald4@gmail.com |
| **Q2: Title of your recommendation** | No condoms as evidence and decriminalization of HIV non-disclosure |

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

New York (VOCAL-NY). VOCAL-NY is a statewide grassroots membership organization building power among low-income people affected by HIV/AIDS, the drug war and mass incarceration to create healthy and just communities.

We know that condoms are an important public health tool and that criminalizing them undermines our efforts to promote safe sex practices in our communities. When this criminalization is connected to prostitution, we know that this disproportionately and negatively impacts low-income, LGBTQ, communities of color where folks are commonly sex trading and sex working as well as more commonly profiled as sex workers by law enforcement. We know that there is no part-way solution to this issue; for the purposes of public safety, we need a wholesale decriminalization of condoms that is consistent across the State and inclusive of all prostitution related offenses.

When we maintain condoms as evidence in promoting and trafficking offenses, as the NYPD policy has, we create a powerful deterrent for pimps and traffickers to provide condoms to the people they are exploiting. Once it becomes clear that condoms are a potential element in a case against them, any minimally intelligent and self preserving trafficker or pimp will eliminate their large-scale availability. We are in effect disincentivizing exactly what we want to happen, which is that if people are forcing sexual labor then they in the very least provide some means for the vulnerable people they are exploiting to protect themselves.

Anything less than a comprehensive ban on condoms as evidence prevents harm reduction workers in our communities from the unequivocal promotion of condom possession as a public and individual good. As long as condoms carry weight in criminal proceedings people who engage in sex trading, either by force or by choice, will have questions about whether condoms can be used against them. This is especially true amongst

young people whose involvement is deemed by law to constitute sex trafficking and fear the use of condoms as evidence in promotion or trafficking each other.

It is vitally important that New York City legislators seek an expanded ban against the use of condoms as evidence beyond the newly adopted NYPD policy that prohibits the practice in only a fraction of prostitution related offenses. While we appreciate the NYPD policy as a first step in recognizing the importance of this issue we are also clear that it does not go nearly far enough. We urge you to pass this resolution in support of A.2736/S.1379 a Statewide bill to prohibit the use of condoms as evidence in prostitution and prostitution related trials.

HIV IS NOT A CRIME CONFERENCE aka THE GRINNELL GATHERING
Although New York State has not HIV specific laws, it still criminalizes non-disclosure with "assault with a deadly weapon." David Plunkett a NYS resident had an addtional 5 years added to his sentence for spitting on policeman AFTER it was learned that he is HIV+ and did not tell the police officer.

This is wrong on 2 levels. #1 HIV is NOT a deadly disease as it was 30 years ago. #2 ( this applies to both condoms as evidence and criminalizing HIV) Condoms and HIV are public health issues, NOT criminal justice issues!! Both of these racist, ignorant and hateful laws dissuade people from doing what they need to do to keep themselves and others healthy. "Take the test, risk arrest." (non-disclosure) Have "too many" condoms get the condoms confiscated and even if returned still dissuades use of the various scientifically and medically proven prevention tools!

The US Justice Department, The U.S. Department of Justice Calls on States to Eliminate or Reform Archaic HIV Criminalization Laws, released a paper in March 2014 stating that the current laws do not reflect the current medical and scientific reality of HIV/AIDS. In addition the Center for HIV Law & Policy released Positive Justice Project Consensus Statement on the Criminalization of HIV in the United States. http://www.hivlawandpolicy.org/resources/us-department-justice-calls-states-eliminate-or-reform-archaic-hiv-criminalization-laws

Positive Justice Project/Center for HIV Law and Policy. http://www.hivlawandpolicy.org/resources/positive-justice-project-consensus-statement-criminalization-hiv-united-states-positive.

The bottom line is that criminal justice is no place to address public health or any other kind of health!!

**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
,

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
,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br><br>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 policy |
| **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?**

These changes will empower those who want to use all the available tools to protect themselves and not have to be afraid of knowing their status because knowing and not disclosing would subject to criminal prosecution.

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

They should be implemented sooner rather than later because these decisions are based on medical and scientific facts.

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

What is the estimated costs in live of NOT implementing.

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

It will enhance the lives of the people who are marginalized. We are NOT statistics.

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

Low income people of color. Trans MSM's IDU Injection Drug Users

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

Establishing an oversight committee of the people who are directly impacted. I cannot believe that a year after this idea was birthed (I was one of the people who helped formulate what is now the Governor's recommendations that at the NYC listening session there was only ONE male person of color and ZERO trans women of color. Your legitimacy is questionable. There is NO reason for there not to be Trans people of color at the table when their needs are being considered. I know at least 5 front line Trans activists that should have at least been offered the opportunity. I will gladly give your their contact information. It's disgraceful that I can find my sister and brothers, BECAUSE I looked and you have not. Shame on you!!!

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

**#131**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 12, 2014 11:11:12 AM
**Last Modified:** Wednesday, November 12, 2014 1:46:07 PM
**Time Spent:** 02:34:54
**IP Address:** 50.74.44.226

PAGE 1

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

| | |
|---|---|
| First Name | Gina |
| Last Name | Quattrochi |
| Affiliation | Bailey House |
| Email Address | rqbh@baileyhouse.org |

**Q2: Title of your recommendation**

Housing as prevention for homeless and unstably housed youth and youth aging out of foster care ages 18-24

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

Given the increase in HIV incidence among young adults ages 18-24, it is imperative that NYS address the structural drivers of HIV incidence, particularly poverty and the homelessness and housing instability that results from it, among young adult homeless youth and youth aging out of foster care. Significant research shows that HIV incidence is largely driven by homelessness and unstable housing, not individual behavior. Homeless youth and unstably housed youth and youth aging out of foster care are at particularly high risk since they have little or no resources to acquire stable housing, mental health services, access to comprehensive healthcare, secondary and college education and employment. Some engage in sex work to pay for shelter while others become victims of older adults who prey on their vulnerability and subject them to significant risk including violence and sexual assault.

Homeless and unstably housed youth and youth aging out of foster care need access to housing in programs that provide a strong array of comprehensive services to support positive health, educational, and vocational outcomes. The current model of providing young adults with shelter care that provides neither privacy nor adequate services, is insufficient to reduce HIV incidence among this group. NYS should, therefore, commencing in 2015:

1. create a 5yr set-aside of funds for the development of both supportive congregate and supportive scatter site housing for homeless and unstably housed youth and youth aging out of foster care ages 18 -24.
2. Charge several state agencies to form a time limited task force to develop a long term plan to end new HIV incidence among youth by addressing the structural drivers of HIV incidence among youth including poverty, homelessness, juvenile incarceration, violence, trauma, lack of access to quality education and job opportunities. These agencies would include the Office of Family and Youth Services (OCFS), DOH/AI, Department of Education (DOE), Office of Temporary Disability Assistance (OTDA), Office of Mental Health (OMH) and Dept. of Housing and Community Renewal (DHCR). Potential funding sources for resulting program implementation include HHAP, OTDA, OMH and MRT funds.

| | |
|---|---|
| **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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative<br>,<br>Other (please specify)<br>reducing HIV incidence among homeless and unstably housed youth and youth aging out of foster care |
| **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.<br>,<br>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 |

**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 three to six years

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

Reduce or eliminate the structural drivers of HIV incidence among homeless and unstably housed youth and youth aging out of foster care to eliminate new HIV infections among youth and to support them in achieving positive health, educational and vocational outcomes.

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

Review existing statutes that set age restrictions on certain types of programs that could be effective to further reduce structural drivers of HIV incidence among youth under age 18.

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

Cost of developing and operating supportive housing for 3000 homeless or unstably housed youth and youth aging out of foster care over a 5yr period - $10M-$20M annually as the programs scale up.

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

Reduced HIV incidence among homeless or unstably housed youth ages 18-24 and youth aging out of foster care resulting in a cost savings of $400,000 in lifetime HIV/AIDS care for each prevented infection.

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

Homeless or unstably housed youth and youth aging our of foster care aged 18-24 who are at "high risk" of HIV infection.

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

See task force recommendation

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

Ending the Epidemic Task Force member

**#132**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 12, 2014 2:26:50 PM
**Last Modified:** Wednesday, November 12, 2014 3:35:06 PM
**Time Spent:** 01:08:15
**IP Address:** 139.127.61.29

PAGE 1

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

| | |
|---|---|
| First Name | John |
| Last Name | Wikiera |
| Affiliation | CNY HIV Care Network Chair, CNY PWA, Consultant, NYS DUR & Quality Com. member |
| Email Address | jwikiera@aol.com or cnyhivcarenetwork@gmail.com |

**Q2: Title of your recommendation**

Please consider the following

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

I would recommend that the committee considers the following:
1) Regional Consumer advisory committee's, this could help guide discussion on the needs specific to each region. And meetings with all regional cab's could be conducted with the NYS committee to assist them or guide them in their decision making process. This could be done via social media. Our most rural area consumers may appreciate the opportunity to give their input for a change.
2) More "peer based/lead" educations & the hiring of more peers to assist clinicians/clinics to meet the goals.
3) Be sure there is proper & adequate funding in place to meet all goals, hiring peers will not place a burden on the already stretched too thin current staff. Peers have a unique position that can help facilitate optimal results.
4) Conduct ongoing meetings with providers from each county to discuss what is working, not working and what is needed to achieve optimal results. This can be done through social media as well. Maybe a quarterly meeting.
5) Make sure Upstate has the same "housing" assistance as Downstate. There are far too many "very long" waiting lists for safe adequate housing. This as we all know prevents TA and can lead to further health problems. Addressing housing on a "state" level would be ideal and would show that Upstate and Downstate have equal housing opportunities. Every housing apartment building, complex, units with several subsidized apartments should be required to hold tenant meetings and the person leading the meeting should "NOT" be employed by that buildings owners or staff. There should be trained peers that would conduct quarterly meetings to discuss problems or to be a designated as a point of contact for complaints.
6) Where available, the committee Rep should ask to present at a HIV Care Network meeting to give updates, ask for help getting information out, and to help collaborate on a legislative

**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

,

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

,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

**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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| 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 policy,<br>Other (please specify)<br>possibly more than one answer |
| Q7: **Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown,<br>Other (please specify)<br>I don't think any laws come into play on this |
| 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?**

Benefits are the more people who are engaged in this work and talking about it, the more acceptable it becomes for everyone. And more easily accepted, especially when talking about funding for Prep.

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

I think a concern would be if proper funding is not in place, you can't tell people go get tested or get back in treatment, there wouldn't be adequate services available. There does not need to be huge sums of money to engage discussion and track data, but some additional funding is crucial to making this all work.

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

NA

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

NA

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

Key people, Consumers first and foremost. We have an obligation to provide adequate housing and treatment services, and not just for HIV. Other diseases such as HCV need to be addressed in a similar way.

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

I believe you can rely on some of the information I provided about regarding advisory type committee work.

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

Advocate,

Other (please specify)
I am an advocate, consumer, member of the public, a provider, etc

**#133**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, November 13, 2014 8:34:07 AM
**Last Modified:** Thursday, November 13, 2014 8:38:57 AM
**Time Spent:** 00:04:50
**IP Address:** 158.222.232.38

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Madeline |
| Last Name | Winard |
| Affiliation | VOCAL |
| Email Address | maddy@vocal-ny.org |
| **Q2: Title of your recommendation** | 30% Rent Cap HIV Affordable Housing Protection |

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

Protect New Yorkers permanently disabled by HIV/AIDS (PWH) and their families by expanding the existing 30% rent cap affordable housing protection to make it available to all severely rent burdened PWH in New York State. This will require legislation to expand the availability of the 30% rent cap to eligible PWH in the balance of the State outside NYC and adjusting the formula for determining eligibility for HIV enhanced rental assistance and the 30% rent cap as a function of approved rent less 30% of household income. As currently calculated, the affordable housing protection excludes a small number of extremely rent burdened disabled PWH whose income less rent exceeds the minimal public assistance allowance.

The primary housing program for poor New Yorkers living with HIV/AIDS is tenant-based rental assistance funded jointly by NYS and local social service districts (LSSDs). (See the related recommendation titled "Expand and Update the NYS HIV Enhanced Rental Assistance Program"). As with NYS housing programs for other disabled people, enhanced rental assistance program participants with income from disability benefits contribute a portion toward rent. Unlike other programs, however, the HIV/AIDS rental assistance program put in place in the 1980's did not include an affordable housing protection. All other state and federal disability housing programs – including most HIV/AIDS supportive housing – cap a tenant's rent contribution at 30 percent of income. In contrast, until recently the NYS OTDA required that PWH who receive income from any source be budgeted for the rental assistance program at a rent level that reduces their discretionary income to the level of the public assistance grant. Permanently disabled PWH were therefore required to contribute between 50% and 75% of their fixed income from disability benefits (SSI, SSDI, or Veteran's benefits) towards their rent. HUD defines payment of more than half of income towards rent as a "severe rent burden."

This policy has two pernicious impacts. First, it causes tenants to fall behind in rent leading to housing loss and disruption of care. Second, the policy acts as a powerful disincentive to independence, as more stable residents opt to enter or stay in supportive housing in order to reduce their rent burden. As a result, there is very little turnover in the permanent supportive housing system, keeping people with more complex needs homeless.

The recent adoption by NYS and NYC of an affordable housing protection for disabled PWH in NYC caps contributions from fixed disability income towards rent to 30% of income (from previous requirement to contribute 70% or more of income to rent). This policy will provide much needed protection from housing instability or homelessness for eligible PWH, but remains unavailable to some severely rent-burdened disabled PWH due to the current NYS process for determining eligibility. As currently calculated, the affordable housing protection excludes a small number of extremely rent burdened disabled PWH whose income less rent exceeds the minimal public assistance allowance. The affordable housing protection is not currently available at all outside of NYC.

| | |
|---|---|
| **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)** | 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?**

Studies have found that greater housing stability translates into savings in avoidable health care spending of $9,000 to $15,000 per PLWHA, and substantially reduces the rate of ongoing HIV transmission, saving approximately $400,000 in health spending per averted infection ($650,000 in lifetime spending discounted to a present value of $400,000).
Thirty percent of income is the widely accepted standard for housing affordability among low-income persons, and research shows that capping the rent burden at 30% will have a dramatic impact on rates of non-payment and subsequent housing loss. A 2009 study by researchers at Harlem United compared the rates of payment of the client's rent share in two of their HIV housing programs – a federally funded program with rent burden capped at 30% of disability income, and a program that utilized the HIV rental assistance program with no rent cap. They found that clients with the 30% affordable housing protection where more than twice as likely to make timely rent payments than persons with no rent cap (83% vs. 41%).
For additional information see the supporting memorandum titled "Housing Supports and Other Basic Subsistence Benefits."

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

Local social service districts may perceive the requirement to provide the HIV enhanced rental assistance and the 30% rent cap protection as an unfunded mandate.

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

In NYC, the Human Resources Administration is currently working to determine the small number of disabled PWH who are severely rent burdened but currently ineligible for the 30% rent cap. Incremental cost in NYC is not expected to be significant.
In the balance of the State outside NYC approximately 2,000 to 6,000 PHW have an unmet housing need but no access to the HIV enhanced rental assistance or the 30% rent cap. See the related recommendation titled "Expand and Update the NYS HIV Enhanced Rental Assistance Program" for a discussion of the incremental cost of the improving access to the rental assistance program. Incremental cost attributable to the 30% rent cap would depend upon the number of disabled PWH outside NYC who access the rental assistance and have income to contribute to rent.

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

Investments in housing for PWH are an effective cost-containment strategy, as public dollars spent on these essential benefits produce offsetting public savings through improved health care utilization and prevented HIV infections. A growing evidence base of such cost analyses indicate that improved stability among persons with HIV or other chronic medical or behavioral health issues results in increased engagement in cost-effective health care and reduced use of avoidable crisis care and other publicly funded services, generating “savings” in outlays for other categories of public spending that offset all or part of the cost of housing services. Studies have found that greater housing stability translates into savings in avoidable health care spending of an estimated $15,000 per PWH, and substantially reduces the rate of ongoing HIV transmission, saving approximately $400,000 in health spending per averted infection ($650,000 in lifetime spending discounted to a present value of $400,000).
See the supporting memorandum titled “Housing Supports and Other Basic Subsistence Benefits.”

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

Disabled PWH in NYC who are rent burdened but currently ineligible for the affordable housing protection due to the current standard of need calculation.
Disabled PWH in the balance of the State outside NYC who rely on fixed benefits that make it difficult or impossible to secure and maintain safe, appropriate housing.

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

The number and percentage of NYS LSSD’s who make the 30% affordable housing protection available to disabled PWH.
The number and percentage of PWH in each NYS LSSD who benefit from the affordable housing protection.

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

*Respondent skipped this question*

**#134**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, November 13, 2014 9:12:59 AM
**Last Modified:** Thursday, November 13, 2014 9:25:19 AM
**Time Spent:** 00:12:20
**IP Address:** 158.222.232.38

PAGE 1

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

| | |
|---|---|
| First Name | Evelyn |
| Last Name | Milan |
| Email Address | evelyn@vocal-ny.org |

**Q2: Title of your recommendation** 30% Rent Cap HIV Affordable Housing Protection

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

Protect New Yorkers permanently disabled by HIV/AIDS (PWH) and their families by expanding the existing 30% rent cap affordable housing protection to make it available to all severely rent burdened PWH in New York State. This will require legislation to expand the availability of the 30% rent cap to eligible PWH in the balance of the State outside NYC and adjusting the formula for determining eligibility for HIV enhanced rental assistance and the 30% rent cap as a function of approved rent less 30% of household income. As currently calculated, the affordable housing protection excludes a small number of extremely rent burdened disabled PWH whose income less rent exceeds the minimal public assistance allowance.

The primary housing program for poor New Yorkers living with HIV/AIDS is tenant-based rental assistance funded jointly by NYS and local social service districts (LSSDs). (See the related recommendation titled "Expand and Update the NYS HIV Enhanced Rental Assistance Program"). As with NYS housing programs for other disabled people, enhanced rental assistance program participants with income from disability benefits contribute a portion toward rent. Unlike other programs, however, the HIV/AIDS rental assistance program put in place in the 1980's did not include an affordable housing protection. All other state and federal disability housing programs – including most HIV/AIDS supportive housing – cap a tenant's rent contribution at 30 percent of income. In contrast, until recently the NYS OTDA required that PWH who receive income from any source be budgeted for the rental assistance program at a rent level that reduces their discretionary income to the level of the public assistance grant. Permanently disabled PWH were therefore required to contribute between 50% and 75% of their fixed income from disability benefits (SSI, SSDI, or Veteran's benefits) towards their rent. HUD defines payment of more than half of income towards rent as a "severe rent burden."

This policy has two pernicious impacts. First, it causes tenants to fall behind in rent leading to housing loss and disruption of care. Second, the policy acts as a powerful disincentive to independence, as more stable residents opt to enter or stay in supportive housing in order to reduce their rent burden. As a result, there is very little turnover in the permanent supportive housing system, keeping people with more complex needs homeless.

The recent adoption by NYS and NYC of an affordable housing protection for disabled PWH in NYC caps contributions from fixed disability income towards rent to 30% of income (from previous requirement to contribute 70% or more of income to rent). This policy will provide much needed protection from housing instability or homelessness for eligible PWH, but remains unavailable to some severely rent-burdened disabled PWH due to the current NYS process for determining eligibility. As currently calculated, the affordable housing protection excludes a small number of extremely rent burdened disabled PWH whose income less rent exceeds the minimal public assistance allowance. The affordable housing protection is not currently available at all outside of NYC.

| | |
|---|---|
| **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)** | 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,<br>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?**

Studies have found that greater housing stability translates into savings in avoidable health care spending of $9,000 to $15,000 per PLWHA, and substantially reduces the rate of ongoing HIV transmission, saving approximately $400,000 in health spending per averted infection ($650,000 in lifetime spending discounted to a present value of $400,000).
Thirty percent of income is the widely accepted standard for housing affordability among low-income persons, and research shows that capping the rent burden at 30% will have a dramatic impact on rates of non-payment and subsequent housing loss. A 2009 study by researchers at Harlem United compared the rates of payment of the client's rent share in two of their HIV housing programs – a federally funded program with rent burden capped at 30% of disability income, and a program that utilized the HIV rental assistance program with no rent cap. They found that clients with the 30% affordable housing protection where more than twice as likely to make timely rent payments than persons with no rent cap (83% vs. 41%).
For additional information see the supporting memorandum titled "Housing Supports and Other Basic Subsistence Benefits."

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

Local social service districts may perceive the requirement to provide the HIV enhanced rental assistance and the 30% rent cap protection as an unfunded mandate.

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

In NYC, the Human Resources Administration is currently working to determine the small number of disabled PWH who are severely rent burdened but currently ineligible for the 30% rent cap. Incremental cost in NYC is not expected to be significant.
In the balance of the State outside NYC approximately 2,000 to 6,000 PHW have an unmet housing need but no access to the HIV enhanced rental assistance or the 30% rent cap. See the related recommendation titled "Expand and Update the NYS HIV Enhanced Rental Assistance Program" for a discussion of the incremental cost of the improving access to the rental assistance program. Incremental cost attributable to the 30% rent cap would depend upon the number of disabled PWH outside NYC who access the rental assistance and have income to contribute to rent.

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

Investments in housing for PWH are an effective cost-containment strategy, as public dollars spent on these essential benefits produce offsetting public savings through improved health care utilization and prevented HIV infections. A growing evidence base of such cost analyses indicate that improved stability among persons with HIV or other chronic medical or behavioral health issues results in increased engagement in cost-effective health care and reduced use of avoidable crisis care and other publicly funded services, generating “savings” in outlays for other categories of public spending that offset all or part of the cost of housing services. Studies have found that greater housing stability translates into savings in avoidable health care spending of an estimated $15,000 per PWH, and substantially reduces the rate of ongoing HIV transmission, saving approximately $400,000 in health spending per averted infection ($650,000 in lifetime spending discounted to a present value of $400,000).
See the supporting memorandum titled “Housing Supports and Other Basic Subsistence Benefits.”

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

Disabled PWH in NYC who are rent burdened but currently ineligible for the affordable housing protection due to the current standard of need calculation.
Disabled PWH in the balance of the State outside NYC who rely on fixed benefits that make it difficult or impossible to secure and maintain safe, appropriate housing.

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

The number and percentage of NYS LSSD’s who make the 30% affordable housing protection available to disabled PWH.
The number and percentage of PWH in each NYS LSSD who benefit from the affordable housing protection.

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

**#135**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, November 13, 2014 9:26:52 AM
**Last Modified:** Thursday, November 13, 2014 9:34:15 AM
**Time Spent:** 00:07:23
**IP Address:** 158.222.232.38

PAGE 1

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

| | |
|---|---|
| First Name | Evelyn |
| Last Name | Milan |
| Email Address | evelyn@vocal-ny.org |

**Q2: Title of your recommendation**

Expand and Update the NYS HIV Enhanced Rental Assistance Program

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

Expand medical eligibility for the New York State program of HIV enhanced rental assistance to include all HIV-positive persons (PWH), require all local social service districts to make the program available to PWH through a single point of entry to public benefits (see related recommendation titled “Single Point of Entry in Every Local Social Services District to Expedite Access to Essential Benefits and Social Services Needed by Persons Living with HIV Infection”) and update the rental assistance rates provided through the program to provide rental assistance in line with fair market rental rates in localities. Income eligibility for the HIV rental assistance would be determined by budgeting total standard of need as a factor of the approved rent, the basic food and other public assistance grant, the HIV transportation allowance (see the related “Single Point of Entry” recommendation), less a contribution of 30% of any income to rent (see the related recommendation titled “30% Rent Cap HIV Affordable Housing Protection”).

The primary housing program for poor New Yorkers living with HIV/AIDS is tenant-based rental assistance funded jointly by NYS and local social services districts (LSSDs). The enhanced rental assistance program for PWH was established by NYS regulation early in the AIDS epidemic. The program subsidizes clients’ rents in private market apartments and is used by some supportive housing programs to cover a portion of operating costs. Given the limited amount of available supportive housing, the program is by far the most significant potential housing resource for PWH. In NYC, where the Human Resources Administration’s HIV/AIDS Services Administration (HASA) administers the program, over 80% of HASA clients in need of housing supports rely on the rental assistance program. However current administration of the program limits its availability and undermines its effectiveness.

The enhanced rental assistance program for PHWHA was established in the late 1980’s by State regulation (18 NYCRR 352.3(k)). A 1990 Administrative Directive (90 ADM-8) entitled “The Emergency Shelter Allowances for Persons with AIDS or HIV- related Illness Faced with Homelessness” instructs local social service districts “to address the problem of homelessness faced by persons with AIDS or HIV-related illness (as defined by the AIDS Institute of the New York State Department of Health).” However, the NYS DOH definition of HIV-related illness (more recently described as “clinical/symptomatic HIV infection”) has not been changed since the mid-1990s, is now out of date (and no longer used by the AIDS Institute for any purpose) and is inconsistent with current treatment guidelines and HIV prevention strategies. Under current eligibility requirements, for example, HIV-specific housing supports are available only to asymptomatic HIV+ persons with a CD4 count <200, while AIDS Institute clinical guidelines call for initiation of antiretroviral therapy for all adults as early as possible following HIV diagnosis. Similarly, the rental assistance rate ($480/month for single individuals and $330 for additional household members) has not been updated since established in the 1980’s and is insufficient to support even a studio apartment in any part of NYS. Finally, outside NYC no LSSD makes the enhanced HIV rental assistance program routinely available to PWH, and it has been used only rarely to support housing for PWH in the balance of the State.

In NYC, an estimated 10,000 to 15,000 PWH (including 800 or more PWH residing in NYC shelters on any given night) remain medically ineligible for the publicly funded HIV-specific non-shelter housing assistance. Homeless PWH in NYC who are as yet asymptomatic are forced into the Hobson’s choice of initiating treatment early or delaying treatment until they qualify for rental assistance or supportive housing.

Outside NYC, PWH access to housing and services is extremely limited. The HUD HOPWA program reported in 2012 that at least 2,100 PWH residing in NYS counties outside NYC had a current unmet need for housing assistance, and results of a 2004 AIDS Institute funded HIV housing needs assessment estimated that 4,000 to 6,000 households living with HIV had an unmet housing need that was not being met through either HIV-specific or mainstream housing programs.

**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

,

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)** | 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?** | 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)?** | Within the next year |

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

A large body of research demonstrates that homelessness and unstable housing are strongly associated with greater HIV risk, inadequate HIV health care, poor health outcomes, and early death. A 2005 New York City study found the rate of new HIV diagnoses among homeless persons sixteen times the rate in the general population, and death rates due to HIV/AIDS five to seven times higher among homeless persons.
For people living with HIV, lack of stable housing poses barriers to engagement in care and treatment success at each point in the HIV care continuum. Numerous studies, including, consistently find that PWH who lack stable housing are: more likely to delay HIV testing and entry into care following HIV diagnosis; are more likely to experience discontinuous care – dropping in and out of care and/or changing providers often; are less likely to be receiving medical care that meets minimal clinical practice guidelines; are less likely to be on antiretroviral therapy (ART); and are less likely achieve sustained viral suppression. Compared to stably housed PWH, homeless and unstably housed PWH: rate their mental, physical and overall health worse; are more likely to be uninsured, use an emergency room, and be admitted to a hospital; and have significantly higher rates of all-cause mortality. In fact, housing status is a stronger predictor of HIV health outcomes than individual characteristics including gender, race, ethnicity or age, drug and alcohol use, and receipt of social services, indicating that housing itself improves the health of people living with HIV.
The conditions of homelessness and housing instability are also independently associated with increased risks of transmitting the HIV virus to others, after adjusting for other factors that influence risk such as substance use, mental health issues and access to services.
Research findings also show that housing assistance is an evidence-based HIV health care intervention. CHAIN study data show that over time receipt of housing assistance is among the strongest predictors of accessing HIV primary care, maintaining continuous care, receiving care that meets clinical practice standards, and entry into HIV care among those outside or marginal to the health care system. For homeless/unstably-housed people, housing assistance is also an evidence-based HIV prevention intervention. Over time, persons who improve their housing status reduce risk behaviors by as much as half, while persons whose housing status worsens are as much as four times as likely to engage in behaviors that can transmit HIV.
A NYC DOHMH study of the HIV care continuum for federal Housing Opportunities for People with HIV/AIDS (HOPWA) clients employs surveillance data to compare outcomes for formerly homeless PWH in NYC who receive HOPWA housing assistance with outcomes for all PWH in NYC. Ninety-nine percent (99%) of HOPWA clients were linked to HIV care following diagnosis, compared to 84% of all persons with HIV in NYC. More than 95% of HOPWA clients were retained or engaged in care and 87% had evidence of ARV medication use; rates for all persons with HIV in NYC were 30% lower. Most importantly, 69% of NYC HOPWA clients had achieved viral suppression, a much higher rate than for other NYC PWH (44%) or rates seen in national studies (30%).
Yet housing appears to be the greatest unmet need of PWH in NYS. Results from the long-term Community Health Advisory & Information Network (CHAIN) study of representative samples of persons living with HIV/AIDS in NYC and the Tri-County region of Westchester, Rockland and Putnam Counties indicate that the greatest current unmet needs among people living with HIV (PWH) in NYC and the Tri-County area are housing assistance and food. Participants in recent community meetings across NYS identified housing assistance, food and transportation as the greatest unmet needs of people living with HIV.
Finally, addressing housing need as a key structural barrier to HIV care will also be essential in order to reduce the stark HIV-related health disparities that characterize the HIV epidemic in NYS, and to realize the full potential of biomedical interventions.
For additional information and citations see the supporting memorandum titled “Housing Supports and Other Basic Subsistence Benefits.”

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

Local social service districts may perceive the requirement to provide access to the HIV enhanced rental assistance program as an unfunded mandate.
In all LSSDs, including NYC where the enhanced rental assistance program is already available to PWH who have a diagnosis of advanced HIV disease, expanding the program will require cost sharing between NYS and LSSDs that reflects the fact that the savings attributable to the program accrue primarily to NYS in the form of reduced Medicaid spending on avoidable emergency and inpatient care and averted new HIV infections. Currently, NYS shares only about one-third of costs associated with provision of the HIV enhanced rental assistance program in NYC rather than the standard 50%/50% allocation of the costs of public benefits between LSSDs and NYS. We understand that local share of costs has been a primary barrier to the availability of the program in other LSSDs.

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

In NYC, the Human Resources Administration is currently working with the Department of Health and Mental Hygiene and the Department of Homeless Services to estimate unmet need for the HIV enhanced rental assistance among currently ineligible PWH and the incremental costs of expanding and updating the program to meet real need. Unofficial estimates indicate that approximately 10,000 to 15,000 PWH in NYC have an unmet need for housing assistance. As noted above, an estimated 2,000 to 6,000 PWH in the balance of the State outside NYC have an unmet housing need, although a more accurate current need estimate will require an update of the findings from the 2004 housing needs assessment conducted for the AIDS Institute. Incremental cost of the recommended update and expansion of the rental assistance program should be calculated as a function of the number of PWH with an unmet housing need and the fair market rental rates in each LSSD, less any shelter or other housing costs already attributable to persons who would become newly eligible (such as the costs incurred for expensive emergency shelter for homeless individuals and families and any shelter allowances already received through regular public assistance) and anticipated contributions to rent by eligible persons with disability income (see the related recommendation titled “30% Rent Cap HIV Affordable Housing Protection”).

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

Investments in housing for PWH are an effective cost-containment strategy, as public dollars spent on housing assistance produce offsetting public savings through improved health care utilization and prevented HIV infections. A growing evidence base of such cost analyses indicate that improved stability among persons with HIV or other chronic medical or behavioral health issues results in increased engagement in cost-effective health care and reduced use of avoidable crisis care and other publicly funded services, generating “savings” in outlays for other categories of public spending that offset all or part of the cost of housing services. For example, findings from at least two studies of housing assistance for homeless and unstably housed persons with HIV show an average savings of approximately $15,000 per housed PWH through significant decreases in avoidable emergency and inpatient Medicaid spending, before taking into account savings attributable to averted new HIV infections. Findings from a HUD/CDC random controlled trial of tenant based HOPWA housing assistance conservatively indicate that housing assistance for every 100 unstably housing PWH would avert 1.56 new HIV infections annually, generating over $625,000 savings in future HIV treatment costs (at the estimated $400,000 present value of lifetime HIV treatment costs per infection. (See supporting memorandum titled “Housing Supports and Other Basic Subsistence Benefits.”)

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

An estimated 10,000 to 15,000 PWH in NYC who are currently ineligible for HASA-administered housing services, including the HIV enhanced rental assistance program.An estimated 2,000 to 6,000 PWH in the balance of the State outside NYC who have an unmet housing need.

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

The number and percentage of NYS LSSD's who make the enhanced rental assistance readily available to all income-eligible PWH.
The number and percentage of PWH in each NYS LSSD receiving the HIV enhanced rental assistance.
The number and percentage of PWH in NYS with an unmet housing need.

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

Advocate

**#136**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, November 13, 2014 9:35:44 AM
**Last Modified:** Thursday, November 13, 2014 9:44:59 AM
**Time Spent:** 00:09:15
**IP Address:** 158.222.232.38

PAGE 1

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

| | |
|---|---|
| First Name | Evelyn |
| Last Name | Milan |
| Email Address | evelyn@vocal-ny.org |

| | |
|---|---|
| **Q2: Title of your recommendation** | Single Point of Entry in Every Local Social Services District to Expedite Access to Essential Benefits and Social Services Needed by Persons Living with HIV Infection |

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

Each local social service district (LSSD) in the State would establish a single point of entry (SPE) to coordinate and expedite the provision of essential public benefits and services for all income-eligible persons diagnosed with HIV infection (PWH). Designated caseworkers would assist PWH by identifying needs and resources, setting up direct linkages to necessary benefits and services, resolving issues, stabilizing living situations, and coordinating services with other public agencies and community based organizations (CBOs).
SPE services would include: case management and assistance in applying for public benefits and services, including: Medicaid, Supplemental Nutrition Assistance Program benefits, cash assistance, emergency transitional housing, non-emergency housing, rental assistance, home care and homemaking services, mental health and substance abuse screening and treatment referrals, employment and vocational services, transportation assistance, SSI or SSD application and appeal, and information on and referrals to CBO services. Available benefits would include the enhanced rental assistance for persons with HIV (see related recommendation titled “Expand and Update the NYS HIV Enhanced Rental Assistance Program”), an affordable housing protection for PWH with income from disability benefits or employment (see related recommendation titled “30% Rent Cap HIV Affordable Housing Protection”) and an HIV-specific transportation allowance of at least $190 per month to assist PWH who rely on public benefits to be food secure and able to travel to essential medical and support service appointments.
For many HIV-positive persons, retention in HIV care requires addressing a cluster of health, behavioral and structural issues, including poverty, housing instability, food insecurity and lack of transportation. Homelessness, hunger and other unmet subsistence needs are powerful barriers to effective HIV prevention and treatment. Results from the long-term Community Health Advisory & Information Network (CHAIN) study of representative samples of persons living with HIV/AIDS in NYC and the Tri-County region of Westchester, Rockland and Putnam Counties indicate that the greatest current unmet needs among people living with HIV (PWH) in NYC and the Tri-County area are housing assistance and food. Participants in recent community meetings across NYS identified housing assistance, food and transportation as the greatest unmet needs of people living with HIV. Recent federal cuts in the SNAP food stamp program also have the potential to further worsen food insecurity. Eliminating new HIV infections and retaining all persons living with HIV in effective treatment will require continued and expanded reliance on evidence-based housing, food and transportation interventions as critical enablers of effective, integrated HIV prevention and care.
In NYC, since the 1980’s the Human Resources Administration’s HIV/AIDS Services Administration (HASA) has provided a single point of entry for access to the HIV enhanced rental assistance and other public benefits including a $190/month HIV-specific transportation allowance. The HASA system has been extremely effective delivering coordinated benefits and services, but HASA eligibility is currently limited to PWH with a diagnosis of AIDS or advanced HIV disease. Eligibility for the program is tied under NYC local law to a NYS Department of Health AIDS Institute definition of HIV-related illness (more recently described as “clinical/symptomatic HIV infection”) has not been changed since the mid-1990s, is now out of date (and no longer used by the AIDS Institute for any purpose), and is inconsistent with current treatment guidelines and HIV prevention strategies. As a result, an estimated 10,000 to 15,000 PWH in NYC (including 800 or more PWH residing in NYC shelters on any given night) remain medically ineligible for the publicly funded HIV-specific non-shelter housing assistance, case management and transportation allowance that are provided for persons with symptomatic HIV infection through HASA. Homeless people with asymptomatic HIV infection are forced into the Hobson’s choice of initiating treatment and remaining homeless or delaying treatment until they qualify for rental assistance or supportive housing.
Outside NYC, no LSSD makes the enhanced HIV rental assistance program routinely available to PWH, and it has been used only rarely to support housing for PWH. Likewise, no local district outside NYC provides a single point of entry for PWH to access public benefits, and no district provides an HIV-specific transportation allowance. The HUD HOPWA program reported in 2012 that at least 2,100 PWH residing in NYS counties outside NYC had a current unmet need for housing assistance, and results of a 2004 AIDS Institute funded HIV housing needs assessment estimated that 4,000 to 6,000 extremely low-income households living with HIV had an unmet housing need that was not being met through either HIV-specific or mainstream housing programs.

| | |
|---|---|
| **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)** | 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?** | 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)?** | Within the next year |

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

Facilitating access to public benefits, including HIV specific rental supports and transportation allowances, will address the social drivers of the HIV epidemic in NYS by ensuring that each eligible PWH is linked to critical enablers of effective HIV treatment, including a safe, stable place to live, adequate nutrition and the ability to travel to health care and supportive services. Addressing the social and structural barriers to HIV care is also essential in order to reduce the stark HIV-related health disparities that characterize the HIV epidemic in NYS, and to realize the full potential of biomedical interventions.
For additional information see the supporting memorandum titled "Housing Supports and Other Basic Subsistence Benefits."

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

Local social service districts may perceive the requirement of a SPE and the delivery of HIV-specific benefits as an unfunded mandate.
SPE systems must be implemented in a manner that maximizes access for PWH and minimizes the potential for stigma and discrimination in LSSDs with small caseloads.

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

As LSSDs are already required to administer public benefits for income eligible PWH, additional costs associated with this recommendation would be largely tied to incremental costs of expanded access to HIV enhanced rental assistance and transportation allowances. (See related recommendations.)

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

Investments in housing and other essential supports for PWH is an effective cost-containment strategy, as public dollars spent on these essential benefits produce offsetting public savings through improved health care utilization and prevented HIV infections. A growing evidence base of such cost analyses indicate that improved stability among persons with HIV or other chronic medical or behavioral health issues results in increased engagement in cost-effective health care and reduced use of avoidable crisis care and other publicly funded services, generating “savings” in outlays for other categories of public spending that offset all or part of the cost of housing services. (See supporting memorandum titled “Housing Supports and Other Basic Subsistence Benefits.”)

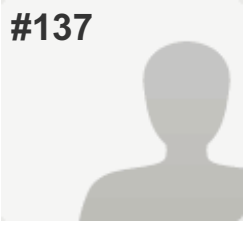
**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

An estimated 10,000 to 15,000 PWH in NYC who are currently ineligible for HASA services.
An estimated 2,000 to 6,000 PWH in the balance of the State outside NYC who have an unmet for coordinated assistance with housing, food, transportation and other subsistence needs.

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

The number and percentage of NYS LSSD’s with a SPE for PWH.
The number and percentage of PWH in each NYS LSSD receiving coordinated public benefits through a SPE.
The number and percentage of PWH in NYS with an unmet housing need.
The number and percentage of PWH in NYS who report food insecurity.

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




**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, November 13, 2014 11:42:57 AM
**Last Modified:** Thursday, November 13, 2014 12:13:34 PM
**Time Spent:** 00:30:37
**IP Address:** 24.39.142.234

PAGE 1

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

| | |
|---|---|
| First Name | Stephanie |
| Last Name | Friot |
| Affiliation | Diaspora Community Services |
| Email Address | sfriot@gmail.com |

| | |
|---|---|
| **Q2: Title of your recommendation** | Insurance Coverage for Undocumented HIV+ Individuals |

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

Our agency has been providing a Medical Benefits Assistance program for HIV+ minority individuals since 2004. This program's goal is to connect HIV+ persons with medical benefits and ultimately transition them into comprehensive health insurance. Last year our program enrolled 266 HIV+ people into health insurance, however, this year we have been confronted with a large barrier following the implementation of the ACA.

The ADAP Plus Insurance Continuation (APIC) program through the NYS DOH HIV Uninsured Care program (informally known as ADAP) has been the primary mechanism for insuring low-income HIV positive individuals who otherwise do not qualify for other available health insurance – including undocumented immigrants.

Unfortunately, undocumented immigrants are barred from accessing the benefits of health care reform, including the ability to purchase insurance in the New York State of Health. Before the launch of the New York State of Health, members of the New York State Department of Health and New York State AIDS Institute assured advocates and providers that uninsured HIV positive individuals who do not have access to the benefits of the ACA could continue utilizing the APIC program to acquire health insurances off of the exchange.

However, since April 1st – the end of the open enrollment period for the New York State of Health - private insurance plans have not been accepting applications from uninsured HIV positive individuals and are informing them that they must wait until the next open enrollment period in the fall of this year. As a result, individuals who were told that they could still access the APIC program are being turned away from applying for health insurance. For undocumented immigrants, the APIC program is the only option to obtain coverage for HIV treatment which allows individuals to receive care and attain better health outcomes

Without access to health insurance, treatment for HIV/AIDS is unaffordable. The overall implications of this policy change is that a significant number of HIV-positive undocumented individuals do not have the opportunity to be linked to ongoing medical care, and they will not be able to access treatment until the annual open enrollment period, sometimes delaying entrance into care for months. Not only does this delay in linkage to care and treatment affect their individual health outcomes, but it also has implications for their partners, families and our communities as a whole.

It is an unnecessary and dangerous barrier to recommended HIV care and treatment for hundreds of individuals in New York State who do not have access year-round.

My proposed recommendation is that undocumented immigrants still be eligible to purchase private insurance coverage off of the Marketplace all-year long regardless of enrollment period or qualifying health event. This recommendation is permitted under current law and it is something that could feasibly be implemented in the short-term (within next year). The benefits would include connecting our undocumented HIV+ immigrants to treatment and care and not only improving their health outcomes but also reducing community viral load. This recommendation is in alignment with the Governor's three-point plan and would assist in Point #1 and Point #2

1. Identify persons with HIV who remain undiagnosed and link them to health care.

2. Link and retain persons diagnosed with HIV in health care to maximize virus suppression so they remain healthy and prevent further transmission.

**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
,

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)** | 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.<br>,<br><br>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,<br><br>Other (please specify)<br>Better coordination between the NYSoH Marketplace, private insurance companies and the NYS HIV Uninsured Care Program (HUCP/ ADAP). |
| **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)?** | Within the next year |

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

Increase in access to care and treatment for undocumented immigrants who are HIV+ all year round and not just during the three month open enrollment period

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

Absolutely not. Prior to the full implementation of the ACA this was a very easy process

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

It would actually save the city and state money in the long run by reducing emergency room visits, emergency medicaid usage and also reducing people's viral loads making them less likely to transmit the virus to others.

**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?**

Everyone! In particular, service providers, medical providers and HIV+ immigrants

**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

**#138**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, November 13, 2014 1:09:16 PM
**Last Modified:** Thursday, November 13, 2014 1:22:37 PM
**Time Spent:** 00:13:20
**IP Address:** 128.122.176.122

PAGE 1

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

| | |
|---|---|
| First Name | Sherry |
| Last Name | Deren |
| Affiliation | NYU |
| Email Address | shd2@nyu.edu |

**Q2: Title of your recommendation**

Addressing HIV prevention and treatment needs of PWID in Puerto Rico

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

Incidence and prevalence of HIV/AIDS in New York State is influenced by PWID (people who inject drugs) who immigrate from Puerto Rico (where there are fewer HIV prevention resources such as SEP and drug treatment) to New York. Efforts to monitor and address the need for services in Puerto Rico, including engagement in HIV care, should be undertaken as part of the goal of Ending the Epidemic in New York.

**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)**

Other (please specify)
reducing HIV prevalence and incidence in NY

| | |
|---|---|
| **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.<br>,<br><br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | Unknown |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| **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?**

Would potentially reduce HIV in Puerto Rico, thus helping to reduce it in NYS.

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

An inter-region cooperative agreement would be needed, between Puerto Rico and New York State, perhaps undertaken with federal assistance

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

unknown

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

unknown

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

Puerto Rican PWID

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

Availability and adequacy of NEP services and drug treatment, and access to ART in Puerto Rico. It would be useful to make comparisons with similar data from NYS.

**Q15: This recommendation was submitted by one of the following** Ending the Epidemic Task Force member

**#139**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, November 13, 2014 1:22:54 PM
**Last Modified:** Thursday, November 13, 2014 1:31:13 PM
**Time Spent:** 00:08:19
**IP Address:** 128.122.176.122

PAGE 1

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

| | |
|---|---|
| First Name | Sherry |
| Last Name | Deren |
| Affiliation | NYU |
| Email Address | shd2@nyu.edu |

**Q2: Title of your recommendation**

Longitudinal data on HIV care measures

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

For those who are HIV-infected and in care, separate measures of engagement in care and adherence to medications are needed. Also, given that these are not static conditions, the collection and analysis of longitudinal data, to determine characteristics of those who drop out of care or who reduce adherence levels should be undertaken, so that early interventions can be initiated for those at high risk of drop out or reduced adherence.

**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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | *Respondent skipped this question* |
| **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)?** | Within the next year |

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

Benefit would be the ability to undertake early interventions with individuals who are at risk of dropping out of care or of reducing adherence levels- before these negative events occur.

| | |
|---|---|
| **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?**

unknown- data are already available.

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

unknown

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

HIV-infected individuals in care.

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

measures of retention in care and adherence

**Q15: This recommendation was submitted by one of the following** Ending the Epidemic Task Force member

**#140**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, November 13, 2014 1:31:23 PM
**Last Modified:** Thursday, November 13, 2014 1:44:34 PM
**Time Spent:** 00:13:10
**IP Address:** 128.122.176.122

PAGE 1

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

| | |
|---|---|
| First Name | Sherry |
| Last Name | Deren |
| Affiliation | NYU |
| Email Address | shd2@nyu.edu |

**Q2: Title of your recommendation**

Monitoring risk among out-of-treatment high risk populations

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

Many of the recommendations to the Task Force involve individuals who have been tested and /or are in HIV care. It is important to to monitor HIV risk for those who are at high risk who have not been tested and/or are not engaged in care. Building on present data collection systems, e.g., the NHBS (which uses RDS and venue-based sampling and targets 3 groups: MSM, PWID, and high risk heterosexuals), establishing more regular surveillance of out-of-care high risk populations (e.g., to conduct HIV testing and to assess risk behaviors) is needed. These efforts can serve to identify new cases and to link people to needed care, and can provide important measures of progress in ending the epidemic.

**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

,

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

,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br><br>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.<br>,<br><br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | *Respondent skipped this question* |

| | |
|---|---|
| **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)?** | Within the next year |

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

On a state-wide level, this would enhance our surveillance efforts (to identify changes in risk behaviors, "hot spots" for new HIV cases, etc.) and on an individual level, this would serve to identify new infections and provide referrals for those who are HIV-infected.

| | |
|---|---|
| **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?**

unknow

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

unknown

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

high risk populations

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

Repeated measures over time can help to assess changes in incidence, risk, etc.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member |

**#141**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, November 14, 2014 8:00:38 AM
**Last Modified:** Friday, November 14, 2014 8:31:41 AM
**Time Spent:** 00:31:03
**IP Address:** 150.142.232.5

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | *Respondent skipped this question* |
| **Q2: Title of your recommendation** | Transitional housing support for incarcerated individuals returning to the community |

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

Formerly incarcerated persons face many challenges when released to the community. Successfull re-entry depends on many variables. Many formerly incarcerated persons are not adequately prepared to navigate back into their communities, families struggle to address the needs of formerly incarcerated persons upon release, and communities are not prepared to meet the needs of the reentry population. It is important to understand and create systems, policies, or programs to assist in the reentry process, given that many barriers to successful reentry are associated with costly returns to prison or jail.

Incarceration places individuals at increased risk for houisng instability and insecurity. Often, the housing placement is temporary or inadequate to meet the multiple needs of those re-entering the community after incarceration. Securing adequate permanent housing for the formerly incarcerated has been documented as a serious challenge local and state governments have found difficult to overcome. However, all agree that locating appropriate and stable housing, in addition to assistance with other support services: employment/vocational training, family reunification skills, anger/viloence prevention and substance use & mental health services is critical to assist in successful re-integration.

It is often said that Housing is Prevention and Prevention is Housing, if so, then securing adequate and stable housing (as well as other support services) for HIV+ persons released from prisons, especially after long periods of incarceration would play a critical role in linkage to care, treatment adherence, etc.

| | |
|---|---|
| **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)** | 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 policy,<br><br>Other (please specify)<br>It has been documented that securing stable housing for formerly incarcerated persons is a challenge faced by corrections because the options are limited and may not be available in all communities, especially in rest of state areas (not NYC) where about 40% of inmates are released to. Please refer to the following report for additional information: http://www.urban.org/UploadedPDF/412552-Housing-as-a-Platform-for-Formerly-Incarcerated-Persons.pdf |
| Q7: **Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| 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 three to six years |

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

Adequate housing may mean HIV+ inmates would be stable and better positioned to self manage their HIV infection. Other support services would ensure sustained retention. Stable housing and support services provided may even impact recidivism rates.

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

Although about 60 - 70% of inmates (state prisons) are released to NYC, increasingly inmates are being released to rest of state areas where there are very limited resources for temporary housing let alone stable housing. Behavioral and support services are also not as widely available.

This recommendation would need to be implemented in partnership with the Department of Corrections and Community Supervision as well as local jails as housing placement is decided before an inmates is released at this level and depends on many variables that this committee may or may not fully understand or be aware.

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

Unknown.
There may be cost associated or perhaps re-direction of existing funds to ensure this vulnerable population has access to the housing resources that already exist - statewide.

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

Adequate housing may mean HIV+ inmates would be stable and better positioned to self manage their HIV infection. Other support services would ensure sustained retention. Stable housing and support services provided may even impact recidivism rates.

The return on investment would depend on sustain linkage to care, viral load suppression and the impact on recidivism rates.

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

HIV + persons formerly incarcerated, their families.
Medical providers (stable housing may mean adherence)
Corrections/law enforcement (stable housing and support services may mean less likeless to re-offend).

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

% of HIV positive persons re-entering the community from a state prison (or county jail) to achieve stable and adequate housing.
% of HIV positive persons that achieve stable and adequate houisng that are successfully linked to care, achieve viral supression.
% of HIV positive persons that achieve stable and adequate houisng that are successfully linked to care, that avoid re-incarceration.

There might be more but those are the three top ones.

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

Other (please specify) AIDS Institute Staff

**#141**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, November 14, 2014 8:00:38 AM
**Last Modified:** Friday, November 14, 2014 8:31:41 AM
**Time Spent:** 00:31:03
**IP Address:** 150.142.232.5

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | *Respondent skipped this question* |
| **Q2: Title of your recommendation** | Transitional housing support for incarcerated individuals returning to the community |

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

Formerly incarcerated persons face many challenges when released to the community. Successfull re-entry depends on many variables. Many formerly incarcerated persons are not adequately prepared to navigate back into their communities, families struggle to address the needs of formerly incarcerated persons upon release, and communities are not prepared to meet the needs of the reentry population. It is important to understand and create systems, policies, or programs to assist in the reentry process, given that many barriers to successful reentry are associated with costly returns to prison or jail.

Incarceration places individuals at increased risk for houisng instability and insecurity. Often, the housing placement is temporary or inadequate to meet the multiple needs of those re-entering the community after incarceration. Securing adequate permanent housing for the formerly incarcerated has been documented as a serious challenge local and state governments have found difficult to overcome. However, all agree that locating appropriate and stable housing, in addition to assistance with other support services: employment/vocational training, family reunification skills, anger/viloence prevention and substance use & mental health services is critical to assist in successful re-integration.

It is often said that Housing is Prevention and Prevention is Housing, if so, then securing adequate and stable housing (as well as other support services) for HIV+ persons released from prisons, especially after long periods of incarceration would play a critical role in linkage to care, treatment adherence, etc.

| | |
|---|---|
| **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)** | 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 policy,<br><br>Other (please specify)<br>It has been documented that securing stable housing for formerly incarcerated persons is a challenge faced by corrections because the options are limited and may not be available in all communities, especially in rest of state areas (not NYC) where about 40% of inmates are released to. Please refer to the following report for additional information: http://www.urban.org/UploadedPDF/412552-Housing-as-a-Platform-for-Formerly-Incarcerated-Persons.pdf |
| Q7: **Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| 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 three to six years |

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

Adequate housing may mean HIV+ inmates would be stable and better positioned to self manage their HIV infection. Other support services would ensure sustained retention. Stable housing and support services provided may even impact recidivism rates.

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

Although about 60 - 70% of inmates (state prisons) are released to NYC, increasingly inmates are being released to rest of state areas where there are very limited resources for temporary housing let alone stable housing. Behavioral and support services are also not as widely available.

This recommendation would need to be implemented in partnership with the Department of Corrections and Community Supervision as well as local jails as housing placement is decided before an inmates is released at this level and depends on many variables that this committee may or may not fully understand or be aware.

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

Unknown.
There may be cost associated or perhaps re-direction of existing funds to ensure this vulnerable population has access to the housing resources that already exist - statewide.

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

Adequate housing may mean HIV+ inmates would be stable and better positioned to self manage their HIV infection. Other support services would ensure sustained retention. Stable housing and support services provided may even impact recidivism rates.

The return on investment would depend on sustain linkage to care, viral load suppression and the impact on recidivism rates.

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

HIV + persons formerly incarcerated, their families.
Medical providers (stable housing may mean adherence)
Corrections/law enforcement (stable housing and support services may mean less likeless to re-offend).

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

% of HIV positive persons re-entering the community from a state prison (or county jail) to achieve stable and adequate housing.
% of HIV positive persons that achieve stable and adequate houisng that are successfully linked to care, achieve viral supression.
% of HIV positive persons that achieve stable and adequate houisng that are successfully linked to care, that avoid re-incarceration.

There might be more but those are the three top ones.

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

Other (please specify) AIDS Institute Staff

**#142**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, November 14, 2014 1:14:40 PM
**Last Modified:** Friday, November 14, 2014 1:21:20 PM
**Time Spent:** 00:06:40
**IP Address:** 64.132.179.118

PAGE 1

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

| | |
|---|---|
| First Name | Audrie |
| Last Name | MacDuff |
| Affiliation | Empire State Pride Agenda - NYS LGBT Health & Human Services Network |
| Email Address | amacduff@prideagenda.org |

**Q2: Title of your recommendation**

Data Collection for LGBT Individuals

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

At the Empire State Pride Agenda, I work as the coordinator of the New York State LGBT Health and Human Services Network, which connects 54 LGBT-supportive and LGBT-serving organizations throughout the state. The Network reaches all 62 counties in New York and advocates for the sustainability of the crucial services that these non-profits offer.

One project that the Network is passionate about is the data collection efforts currently taking place within New York State agencies. These agencies have been tasked with collecting LGBT-related demographic information from the clients that they serve. In order for us to know what services LGBT individuals access and how, it is of the utmost importance for us to begin collecting and analyzing information.

I recommend that throughout the duration of the work that the Ending AIDS task-force does, there is a meaningfully thought-out process for collecting data on LGBT individuals who are accessing HIV-related care, especially those who are on Medicaid. As we know, LGBT individuals have a disproportionately high amount of health disparities and are in need of culturally competent, inclusive, and affordable health care. Additionally, studies have shown that transgender women of color are contracting HIV at an increased rate. It is crucial that this task-force takes a holistic look at how the epidemic is impacting the aforementioned groups and subsequently implements plans to properly serve the communities. Far too often, transgender individuals, especially transgender women of color, are left out of the discussions that influence their own health and well-being. In order to forge ahead and end this epidemic, the task-force needs to make sure that the voices of these folks are being sought out, listened to, and are an integral part of prevention efforts.

In conclusion, I reiterate the importance of collecting sexual orientation and gender identity information from vulnerable populations and emphasize the vital role it will play in strengthening prevention efforts.

| | |
|---|---|
| **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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **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.<br>,<br>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.<br>,<br>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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The |

| | |
|---|---|
| | Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| Q6: **Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | New policy |
| 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)?** | Within the next year |

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

Gaining data on sexual orientation and gender identity will give us additional information about the most at-risk communities and will help guide us in maximizing prevention effort by better understanding how to best serve our target individuals.

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

N/A

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

This project has foreseen costs associated with it.

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

N/A

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

LGBT individuals, especially transgender women of color

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

It will be helpful to reach out to organizations who are already doing this work, especially Nora Yates, who is the Director of the CORe initiative at the Governor's office.

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

**#143**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Sunday, November 16, 2014 2:19:42 PM
**Last Modified:** Sunday, November 16, 2014 2:31:33 PM
**Time Spent:** 00:11:50
**IP Address:** 108.41.252.170

PAGE 1

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

| | |
|---|---|
| First Name | Tatiana |
| Last Name | Nobels |

| | |
|---|---|
| **Q2: Title of your recommendation** | Expand and Update the NYS HIV Enhanced Rental Assistance Program |

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

Expand medical eligibility for the New York State program of HIV enhanced rental assistance to include all HIV-positive persons (PWH), require all local social service districts to make the program available to PWH through a single point of entry to public benefits (see related recommendation titled “Single Point of Entry in Every Local Social Services District to Expedite Access to Essential Benefits and Social Services Needed by Persons Living with HIV Infection”) and update the rental assistance rates provided through the program to provide rental assistance in line with fair market rental rates in localities. Income eligibility for the HIV rental assistance would be determined by budgeting total standard of need as a factor of the approved rent, the basic food and other public assistance grant, the HIV transportation allowance (see the related “Single Point of Entry” recommendation), less a contribution of 30% of any income to rent (see the related recommendation titled “30% Rent Cap HIV Affordable Housing Protection”).
The primary housing program for poor New Yorkers living with HIV/AIDS is tenant-based rental assistance funded jointly by NYS and local social services districts (LSSDs). The enhanced rental assistance program for PWH was established by NYS regulation early in the AIDS epidemic. The program subsidizes clients’ rents in private market apartments and is used by some supportive housing programs to cover a portion of operating costs. Given the limited amount of available supportive housing, the program is by far the most significant potential housing resource for PWH. In NYC, where the Human Resources Administration’s HIV/AIDS Services Administration (HASA) administers the program, over 80% of HASA clients in need of housing supports rely on the rental assistance program. However current administration of the program limits its availability and undermines its effectiveness.
The enhanced rental assistance program for PHWHA was established in the late 1980’s by State regulation (18 NYCRR 352.3(k)). A 1990 Administrative Directive (90 ADM-8) entitled “The Emergency Shelter Allowances for Persons with AIDS or HIV- related Illness Faced with Homelessness” instructs local social service districts “to address the problem of homelessness faced by persons with AIDS or HIV-related illness (as defined by the AIDS Institute of the New York State Department of Health).” However, the NYS DOH definition of HIV-related illness (more recently described as “clinical/symptomatic HIV infection”) has not been changed since the mid-1990s, is now out of date (and no longer used by the AIDS Institute for any purpose) and is inconsistent with current treatment guidelines and HIV prevention strategies. Under current eligibility requirements, for example, HIV-specific housing supports are available only to asymptomatic HIV+ persons with a CD4 count <200, while AIDS Institute clinical guidelines call for initiation of antiretroviral therapy for all adults as early as possible following HIV diagnosis. Similarly, the rental assistance rate ($480/month for single individuals and $330 for additional household members) has not been updated since established in the 1980’s and is insufficient to support even a studio apartment in any part of NYS. Finally, outside NYC no LSSD makes the enhanced HIV rental assistance program routinely available to PWH, and it has been used only rarely to support housing for PWH in the balance of the State.
In NYC, an estimated 10,000 to 15,000 PWH (including 800 or more PWH residing in NYC shelters on any given night) remain medically ineligible for the publicly funded HIV-specific non-shelter housing assistance. Homeless PWH in NYC who are as yet asymptomatic are forced into the Hobson’s choice of initiating treatment early or delaying treatment until they qualify for rental assistance or supportive housing.
Outside NYC, PWH access to housing and services is extremely limited. The HUD HOPWA program reported in 2012 that at least 2,100 PWH residing in NYS counties outside NYC had a current unmet need for housing assistance, and results of a 2004 AIDS Institute funded HIV housing needs assessment estimated that 4,000 to 6,000 households living with HIV had an unmet housing need that was not being met through either HIV-specific or mainstream housing programs.

**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
,

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)** | 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 policy,<br><br>Other (please specify)<br>change to existing policy & program |
| Q7: **Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Permitted under current law,<br><br>Other (please specify)<br>The change in eligibility criteria could be accomplished through regulatory change or administrative action by the AIDS Institute to change the definition of HIV-related illness used to determine eligibility. Updating the rental assistance rates would require regulatory change. |
| 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?**

A large body of research demonstrates that homelessness and unstable housing are strongly associated with greater HIV risk, inadequate HIV health care, poor health outcomes, and early death. A 2005 New York City study found the rate of new HIV diagnoses among homeless persons sixteen times the rate in the general population, and death rates due to HIV/AIDS five to seven times higher among homeless persons.
For people living with HIV, lack of stable housing poses barriers to engagement in care and treatment success at each point in the HIV care continuum. Numerous studies, including, consistently find that PWH who lack stable housing are: more likely to delay HIV testing and entry into care following HIV diagnosis; are more likely to experience discontinuous care – dropping in and out of care and/or changing providers often; are less likely to be receiving medical care that meets minimal clinical practice guidelines; are less likely to be on antiretroviral therapy (ART); and are less likely achieve sustained viral suppression. Compared to stably housed PWH, homeless and unstably housed PWH: rate their mental, physical and overall health worse; are more likely to be uninsured, use an emergency room, and be admitted to a hospital; and have significantly higher rates of all-cause mortality. In fact, housing status is a stronger predictor of HIV health outcomes than individual characteristics including gender, race, ethnicity or age, drug and alcohol use, and receipt of social services, indicating that housing itself improves the health of people living with HIV.
The conditions of homelessness and housing instability are also independently associated with increased risks of transmitting the HIV virus to others, after adjusting for other factors that influence risk such as substance use, mental health issues and access to services.
Research findings also show that housing assistance is an evidence-based HIV health care intervention. CHAIN study data show that over time receipt of housing assistance is among the strongest predictors of accessing HIV primary care, maintaining continuous care, receiving care that meets clinical practice standards, and entry into HIV care among those outside or marginal to the health care system. For homeless/unstably-housed people, housing assistance is also an evidence-based HIV prevention intervention. Over time, persons who improve their housing status reduce risk behaviors by as much as half, while persons whose housing status worsens are as much as four times as likely to engage in behaviors that can transmit HIV.
A NYC DOHMH study of the HIV care continuum for federal Housing Opportunities for People with HIV/AIDS (HOPWA) clients employs surveillance data to compare outcomes for formerly homeless PWH in NYC who receive HOPWA housing assistance with outcomes for all PWH in NYC. Ninety-nine percent (99%) of HOPWA clients were linked to HIV care following diagnosis, compared to 84% of all persons with HIV in NYC. More than 95% of HOPWA clients were retained or engaged in care and 87% had evidence of ARV medication use; rates for all persons with HIV in NYC were 30% lower. Most importantly, 69% of NYC HOPWA clients had achieved viral suppression, a much higher rate than for other NYC PWH (44%) or rates seen in national studies (30%).
Yet housing appears to be the greatest unmet need of PWH in NYS. Results from the long-term Community Health Advisory & Information Network (CHAIN) study of representative samples of persons living with HIV/AIDS in NYC and the Tri-County region of Westchester, Rockland and Putnam Counties indicate that the greatest current unmet needs among people living with HIV (PWH) in NYC and the Tri-County area are housing assistance and food. Participants in recent community meetings across NYS identified housing assistance, food and transportation as the greatest unmet needs of people living with HIV.
Finally, addressing housing need as a key structural barrier to HIV care will also be essential in order to reduce the stark HIV-related health disparities that characterize the HIV epidemic in NYS, and to realize the full potential of biomedical interventions.
For additional information and citations see the supporting memorandum titled “Housing Supports and Other Basic Subsistence Benefits.”

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

Local social service districts may perceive the requirement to provide access to the HIV enhanced rental assistance program as an unfunded mandate.
In all LSSDs, including NYC where the enhanced rental assistance program is already available to PWH who have a diagnosis of advanced HIV disease, expanding the program will require cost sharing between NYS and LSSDs that reflects the fact that the savings attributable to the program accrue primarily to NYS in the form of reduced Medicaid spending on avoidable emergency and inpatient care and averted new HIV infections. Currently, NYS shares only about one-third of costs associated with provision of the HIV enhanced rental assistance program in NYC rather than the standard 50%/50% allocation of the costs of public benefits between LSSDs and NYS. We understand that local share of costs has been a primary barrier to the availability of the program in other LSSDs.

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

In NYC, the Human Resources Administration is currently working with the Department of Health and Mental Hygiene and the Department of Homeless Services to estimate unmet need for the HIV enhanced rental assistance among currently ineligible PWH and the incremental costs of expanding and updating the program to meet real need. Unofficial estimates indicate that approximately 10,000 to 15,000 PWH in NYC have an unmet need for housing assistance. As noted above, an estimated 2,000 to 6,000 PWH in the balance of the State outside NYC have an unmet housing need, although a more accurate current need estimate will require an update of the findings from the 2004 housing needs assessment conducted for the AIDS Institute. Incremental cost of the recommended update and expansion of the rental assistance program should be calculated as a function of the number of PWH with an unmet housing need and the fair market rental rates in each LSSD, less any shelter or other housing costs already attributable to persons who would become newly eligible (such as the costs incurred for expensive emergency shelter for homeless individuals and families and any shelter allowances already received through regular public assistance) and anticipated contributions to rent by eligible persons with disability income (see the related recommendation titled “30% Rent Cap HIV Affordable Housing Protection”).

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

Investments in housing for PWH are an effective cost-containment strategy, as public dollars spent on housing assistance produce offsetting public savings through improved health care utilization and prevented HIV infections. A growing evidence base of such cost analyses indicate that improved stability among persons with HIV or other chronic medical or behavioral health issues results in increased engagement in cost-effective health care and reduced use of avoidable crisis care and other publicly funded services, generating “savings” in outlays for other categories of public spending that offset all or part of the cost of housing services. For example, findings from at least two studies of housing assistance for homeless and unstably housed persons with HIV show an average savings of approximately $15,000 per housed PWH through significant decreases in avoidable emergency and inpatient Medicaid spending, before taking into account savings attributable to averted new HIV infections. Findings from a HUD/CDC random controlled trial of tenant based HOPWA housing assistance conservatively indicate that housing assistance for every 100 unstably housing PWH would avert 1.56 new HIV infections annually, generating over $625,000 savings in future HIV treatment costs (at the estimated $400,000 present value of lifetime HIV treatment costs per infection. (See supporting memorandum titled “Housing Supports and Other Basic Subsistence Benefits.”)

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

An estimated 10,000 to 15,000 PWH in NYC who are currently ineligible for HASA-administered housing services, including the HIV enhanced rental assistance program.
An estimated 2,000 to 6,000 PWH in the balance of the State outside NYC who have an unmet housing need.

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

The number and percentage of NYS LSSD's who make the enhanced rental assistance readily available to all income-eligible PWH.
The number and percentage of PWH in each NYS LSSD receiving the HIV enhanced rental assistance.
The number and percentage of PWH in NYS with an unmet housing need.

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

Advocate,

Other (please specify)
On behalf of the Ad Hoc End of AIDS Working Group, including [list of orgs to come]

#144

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Sunday, November 16, 2014 2:31:49 PM
**Last Modified:** Sunday, November 16, 2014 2:35:45 PM
**Time Spent:** 00:03:56
**IP Address:** 108.41.252.170

PAGE 1

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

| | |
|---|---|
| First Name | Tatiana |
| Last Name | Nobels |
| Affiliation | VOCAL-NY |
| Email Address | tatiana@vocal-ny.org |

| | |
|---|---|
| **Q2: Title of your recommendation** | Single Point of Entry in Every Local Social Services District to Expedite Access to Essential Benefits and Social Services Needed by Persons Living with HIV Infection |

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

Each local social service district (LSSD) in the State would establish a single point of entry (SPE) to coordinate and expedite the provision of essential public benefits and services for all income-eligible persons diagnosed with HIV infection (PWH). Designated caseworkers would assist PWH by identifying needs and resources, setting up direct linkages to necessary benefits and services, resolving issues, stabilizing living situations, and coordinating services with other public agencies and community based organizations (CBOs).
SPE services would include: case management and assistance in applying for public benefits and services, including: Medicaid, Supplemental Nutrition Assistance Program benefits, cash assistance, emergency transitional housing, non-emergency housing, rental assistance, home care and homemaking services, mental health and substance abuse screening and treatment referrals, employment and vocational services, transportation assistance, SSI or SSD application and appeal, and information on and referrals to CBO services. Available benefits would include the enhanced rental assistance for persons with HIV (see related recommendation titled “Expand and Update the NYS HIV Enhanced Rental Assistance Program”), an affordable housing protection for PWH with income from disability benefits or employment (see related recommendation titled “30% Rent Cap HIV Affordable Housing Protection”) and an HIV-specific transportation allowance of at least $190 per month to assist PWH who rely on public benefits to be food secure and able to travel to essential medical and support service appointments.
For many HIV-positive persons, retention in HIV care requires addressing a cluster of health, behavioral and structural issues, including poverty, housing instability, food insecurity and lack of transportation. Homelessness, hunger and other unmet subsistence needs are powerful barriers to effective HIV prevention and treatment. Results from the long-term Community Health Advisory & Information Network (CHAIN) study of representative samples of persons living with HIV/AIDS in NYC and the Tri-County region of Westchester, Rockland and Putnam Counties indicate that the greatest current unmet needs among people living with HIV (PWH) in NYC and the Tri-County area are housing assistance and food. Participants in recent community meetings across NYS identified housing assistance, food and transportation as the greatest unmet needs of people living with HIV. Recent federal cuts in the SNAP food stamp program also have the potential to further worsen food insecurity. Eliminating new HIV infections and retaining all persons living with HIV in effective treatment will require continued and expanded reliance on evidence-based housing, food and transportation interventions as critical enablers of effective, integrated HIV prevention and care.
In NYC, since the 1980’s the Human Resources Administration’s HIV/AIDS Services Administration (HASA) has provided a single point of entry for access to the HIV enhanced rental assistance and other public benefits including a $190/month HIV-specific transportation allowance. The HASA system has been extremely effective delivering coordinated benefits and services, but HASA eligibility is currently limited to PWH with a diagnosis of AIDS or advanced HIV disease. Eligibility for the program is tied under NYC local law to a NYS Department of Health AIDS Institute definition of HIV-related illness (more recently described as “clinical/symptomatic HIV infection”) has not been changed since the mid-1990s, is now out of date (and no longer used by the AIDS Institute for any purpose), and is inconsistent with current treatment guidelines and HIV prevention strategies. As a result, an estimated 10,000 to 15,000 PWH in NYC (including 800 or more PWH residing in NYC shelters on any given night) remain medically ineligible for the publicly funded HIV-specific non-shelter housing assistance, case management and transportation allowance that are provided for persons with symptomatic HIV infection through HASA. Homeless people with asymptomatic HIV infection are forced into the Hobson’s choice of initiating treatment and remaining homeless or delaying treatment until they qualify for rental assistance or supportive housing.
Outside NYC, no LSSD makes the enhanced HIV rental assistance program routinely available to PWH, and it has been used only rarely to support housing for PWH. Likewise, no local district outside NYC provides a single point of entry for PWH to access public benefits, and no district provides an HIV-specific transportation allowance. The HUD HOPWA program reported in 2012 that at least 2,100 PWH residing in NYS counties outside NYC had a current unmet need for housing assistance, and results of a 2004 AIDS Institute funded HIV housing needs assessment estimated that 4,000 to 6,000 extremely low-income households living with HIV had an unmet housing need that was not being met through either HIV-specific or mainstream housing programs.

| | |
|---|---|
| **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)** | 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,<br><br>Other (please specify) And a new 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)?** | Within the next year |

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

Facilitating access to public benefits, including HIV specific rental supports and transportation allowances, will address the social drivers of the HIV epidemic in NYS by ensuring that each eligible PWH is linked to critical enablers of effective HIV treatment, including a safe, stable place to live, adequate nutrition and the ability to travel to health care and supportive services. Addressing the social and structural barriers to HIV care is also essential in order to reduce the stark HIV-related health disparities that characterize the HIV epidemic in NYS, and to realize the full potential of biomedical interventions.
For additional information see the supporting memorandum titled "Housing Supports and Other Basic Subsistence Benefits."

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

Local social service districts may perceive the requirement of a SPE and the delivery of HIV-specific benefits as an unfunded mandate.
SPE systems must be implemented in a manner that maximizes access for PWH and minimizes the potential for stigma and discrimination in LSSDs with small caseloads.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

As LSSDs are already required to administer public benefits for income eligible PWH, additional costs associated with this recommendation would be largely tied to incremental costs of expanded access to HIV enhanced rental assistance and transportation allowances. (See related recommendations.)

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Investments in housing and other essential supports for PWH is an effective cost-containment strategy, as public dollars spent on these essential benefits produce offsetting public savings through improved health care utilization and prevented HIV infections. A growing evidence base of such cost analyses indicate that improved stability among persons with HIV or other chronic medical or behavioral health issues results in increased engagement in cost-effective health care and reduced use of avoidable crisis care and other publicly funded services, generating “savings” in outlays for other categories of public spending that offset all or part of the cost of housing services. (See supporting memorandum titled “Housing Supports and Other Basic Subsistence Benefits.”)

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

An estimated 10,000 to 15,000 PWH in NYC who are currently ineligible for HASA services.
An estimated 2,000 to 6,000 PWH in the balance of the State outside NYC who have an unmet for coordinated assistance with housing, food, transportation and other subsistence needs.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

The number and percentage of NYS LSSD’s with a SPE for PWH.
The number and percentage of PWH in each NYS LSSD receiving coordinated public benefits through a SPE.
The number and percentage of PWH in NYS with an unmet housing need.
The number and percentage of PWH in NYS who report food insecurity.

**Q15: This recommendation was submitted by one of the following**

Advocate,

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

**#145**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Sunday, November 16, 2014 2:36:05 PM
**Last Modified:** Sunday, November 16, 2014 2:39:53 PM
**Time Spent:** 00:03:47
**IP Address:** 108.41.252.170

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Tatiana |
| Last Name | Nobels |
| Affiliation | VOCAL-NY |
| Email Address | tatiana@vocal-ny.org |

**Q2: Title of your recommendation** — 30% Rent Cap HIV Affordable Housing Protection

**Q3: Please provide a description of your proposed recommendation**

Protect New Yorkers permanently disabled by HIV/AIDS (PWH) and their families by expanding the existing 30% rent cap affordable housing protection to make it available to all severely rent burdened PWH in New York State. This will require legislation to expand the availability of the 30% rent cap to eligible PWH in the balance of the State outside NYC and adjusting the formula for determining eligibility for HIV enhanced rental assistance and the 30% rent cap as a function of approved rent less 30% of household income. As currently calculated, the affordable housing protection excludes a small number of extremely rent burdened disabled PWH whose income less rent exceeds the minimal public assistance allowance.

The primary housing program for poor New Yorkers living with HIV/AIDS is tenant-based rental assistance funded jointly by NYS and local social service districts (LSSDs). (See the related recommendation titled "Expand and Update the NYS HIV Enhanced Rental Assistance Program"). As with NYS housing programs for other disabled people, enhanced rental assistance program participants with income from disability benefits contribute a portion toward rent. Unlike other programs, however, the HIV/AIDS rental assistance program put in place in the 1980's did not include an affordable housing protection. All other state and federal disability housing programs – including most HIV/AIDS supportive housing – cap a tenant's rent contribution at 30 percent of income. In contrast, until recently the NYS OTDA required that PWH who receive income from any source be budgeted for the rental assistance program at a rent level that reduces their discretionary income to the level of the public assistance grant. Permanently disabled PWH were therefore required to contribute between 50% and 75% of their fixed income from disability benefits (SSI, SSDI, or Veteran's benefits) towards their rent. HUD defines payment of more than half of income towards rent as a "severe rent burden."

This policy has two pernicious impacts. First, it causes tenants to fall behind in rent leading to housing loss and disruption of care. Second, the policy acts as a powerful disincentive to independence, as more stable residents opt to enter or stay in supportive housing in order to reduce their rent burden. As a result, there is very little turnover in the permanent supportive housing system, keeping people with more complex needs homeless.

The recent adoption by NYS and NYC of an affordable housing protection for disabled PWH in NYC caps contributions from fixed disability income towards rent to 30% of income (from previous requirement to contribute 70% or more of income to rent). This policy will provide much needed protection from housing instability or homelessness for eligible PWH, but remains unavailable to some severely rent-burdened disabled PWH due to the current NYS process for determining eligibility. As currently calculated, the affordable housing protection excludes a small number of extremely rent burdened disabled PWH whose income less rent exceeds the minimal public assistance allowance. The affordable housing protection is not currently available at all outside of NYC.

| | |
|---|---|
| **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)** | 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,<br>Other (please specify) And new program. |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Permitted under current law,<br>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?**

Studies have found that greater housing stability translates into savings in avoidable health care spending of $9,000 to $15,000 per PLWHA, and substantially reduces the rate of ongoing HIV transmission, saving approximately $400,000 in health spending per averted infection ($650,000 in lifetime spending discounted to a present value of $400,000).
Thirty percent of income is the widely accepted standard for housing affordability among low-income persons, and research shows that capping the rent burden at 30% will have a dramatic impact on rates of non-payment and subsequent housing loss. A 2009 study by researchers at Harlem United compared the rates of payment of the client's rent share in two of their HIV housing programs – a federally funded program with rent burden capped at 30% of disability income, and a program that utilized the HIV rental assistance program with no rent cap. They found that clients with the 30% affordable housing protection where more than twice as likely to make timely rent payments than persons with no rent cap (83% vs. 41%).
For additional information see the supporting memorandum titled "Housing Supports and Other Basic Subsistence Benefits."

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Local social service districts may perceive the requirement to provide the HIV enhanced rental assistance and the 30% rent cap protection as an unfunded mandate.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

In NYC, the Human Resources Administration is currently working to determine the small number of disabled PWH who are severely rent burdened but currently ineligible for the 30% rent cap. Incremental cost in NYC is not expected to be significant.
In the balance of the State outside NYC approximately 2,000 to 6,000 PHW have an unmet housing need but no access to the HIV enhanced rental assistance or the 30% rent cap. See the related recommendation titled "Expand and Update the NYS HIV Enhanced Rental Assistance Program" for a discussion of the incremental cost of the improving access to the rental assistance program. Incremental cost attributable to the 30% rent cap would depend upon the number of disabled PWH outside NYC who access the rental assistance and have income to contribute to rent.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Investments in housing for PWH are an effective cost-containment strategy, as public dollars spent on these essential benefits produce offsetting public savings through improved health care utilization and prevented HIV infections. A growing evidence base of such cost analyses indicate that improved stability among persons with HIV or other chronic medical or behavioral health issues results in increased engagement in cost-effective health care and reduced use of avoidable crisis care and other publicly funded services, generating “savings” in outlays for other categories of public spending that offset all or part of the cost of housing services. Studies have found that greater housing stability translates into savings in avoidable health care spending of an estimated $15,000 per PWH, and substantially reduces the rate of ongoing HIV transmission, saving approximately $400,000 in health spending per averted infection ($650,000 in lifetime spending discounted to a present value of $400,000).
See the supporting memorandum titled “Housing Supports and Other Basic Subsistence Benefits.”

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Disabled PWH in NYC who are rent burdened but currently ineligible for the affordable housing protection due to the current standard of need calculation.
Disabled PWH in the balance of the State outside NYC who rely on fixed benefits that make it difficult or impossible to secure and maintain safe, appropriate housing.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

The number and percentage of NYS LSSD’s who make the 30% affordable housing protection available to disabled PWH.
The number and percentage of PWH in each NYS LSSD who benefit from the affordable housing protection.

**Q15: This recommendation was submitted by one of the following**

Advocate,

Other (please specify)
On behalf of the Ad Hoc End of AIDS Working Group

**#146**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 17, 2014 7:11:19 AM
**Last Modified:** Monday, November 17, 2014 7:35:28 AM
**Time Spent:** 00:24:08
**IP Address:** 64.61.180.74

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Teresita |
| Last Name | Rodriguez |
| Affiliation | Apicha Community Health Center |
| Email Address | TRodriguez@apicha.org |

**Q2: Title of your recommendation**

*Respondent skipped this question*

**Q3: Please provide a description of your proposed recommendation**

PrEP
Increase dissemination of information on PrEP in print and social media to adequately reach Gay men and Men who have Sex with Men. These media outlets may include publications catering to gay/MSM (Gay City News, Next Magazine, Metro Source as well as daily mainstream publications read by gay/MSM who do not access gay publications; Metro, AM New York, El Diario, La Voz Hispana, El Especialito (Spanish) Sing Tao & World Journal (Chinese). Social media sites include Facebook and Twitter. Other web-based applications include "Grindr, Jack'd [Joey please add]. Additionally, Kiosks located near subways, venues frequented by gay/MSM individuals could serve as vehicles to create a public awareness of PrEP . Messages may include educational information; what is PrEP and how it works as well as promoting the use of PrEP.

1. Insurance coverage offered by employers or purchased by healthy people may have high deductibles, which deter eligible patients from starting on PrEP. Some people with this type of insurance often find the cost of PrEP a financial burden. A pool of funds is needed for people whose income is high enough to be disqualified from the existing drug assistance programs and for the uninsured.

Data Reporting and HIV Health Outcome Measures
1. Work with appropriate agencies in the healthcare delivery system to establish a standardized requirement for HIV measures in various data reporting systems. Specifically, we recommend that Viral Loan Suppression and the number of HIV patients retained in care be included in the UDS.

The federal Health Resources and Services Administration requires Federally Qualified Health Centers (FQHC) to report service data in Uniform Data System (UDS). Until 2014, there were no HIV indicators included in the UDS. The only measure currently included in the system relates to the number of patients with a new HIV diagnosis. This measure does not report on the quality of care for the HIV populations.

Medicaid Managed Care Organizations (MCOs) incentivize medical providers to improve the quality of their patients' care. Each MCO has a set of quality measures; to our knowledge, however, none of them have any meaningful HIV measure such as Viral Load suppression. Moreover, Quality Assurance Reporting Requirements (QARR) and Healthcare Effectiveness Data and Information Set (HEDIS) require of MCOs to report on quality measures. These measures include only one HIV measure: HIV Comprehensive Care. To meet this measure, MCOs need to report that their members had at least 2 visits in a calendar year had at least 2 Viral Loan measures in a calendar year and had at least 1 syphilis test – all of which do not capture Viral Load suppression.

HIV Patients and Anal Cancer Prevention
1. Care for HIV patients must also include anal cancer prevention, as data show HIV patients are at an increased risk for anal cancer. According to a survey of community health center HIV providers, while many health centers screen for anal cancer, they do not have reliable places to refer patients who have abnormal anal pap smears. Only a handful of providers offer anal colposcopy (High-resolution anoscopy because the cost is high and current reimbursement for non-hospital based providers are inadequately low. New York State needs to: 1) offer incentives to providers to offer High Resolution Anoscopy (HRA), 2) establish a Center of Excellence to train providers in HRA, and 3) provide resources for workforce development

| | |
|---|---|
| **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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative<br>,<br>Other (please specify)<br>Gaps in Data Reporting; HIV Patients & Anal Cancer Prevention |

| | |
|---|---|
| **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.<br>,<br><br>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.<br>,<br><br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | Other (please specify)<br>Insurance coverage for PrEP may require policy change. |

| | |
|---|---|
| **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)?** | Within the next three to six years |

**Q9: What are the perceived benefits of implementing this recommendation?**

1. Dissemination of information on PrEP to hard to reach populations
2. Increased to PrEP
3. Community Health Centers in NY State will enhance their role in ending the AIDS epidemic
4. Reduce co-morbidities among PLWHA

| | |
|---|---|
| **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 at high risk for HIV infection, PLWHA

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

See description

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member |

**#147**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 17, 2014 8:06:18 AM
**Last Modified:** Monday, November 17, 2014 8:18:09 AM
**Time Spent:** 00:11:50
**IP Address:** 74.70.158.225

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Eòghann |
| Last Name | Renfroe |
| Affiliation | Empire State Pride Agenda |
| Email Address | erenfroe@prideagenda.org |
| **Q2: Title of your recommendation** | Addition of the category “gender identity and expression” to the protected classes of the existing NYS Human Rights Law |

**Q3: Please provide a description of your proposed recommendation**

Addition of the category “gender identity and expression” to the protected classes of the existing NYS Human Rights Law.

3. Please provide a description of your proposed recommendation
The Empire State Pride Agenda recommends the addition of the category “gender identity and expression” to the existing NYS Human Rights Law. The addition of “gender identity and expression” would protect transgender and gender non-conforming New Yorkers from discrimination in the areas of employment, housing, education, public accommodations, and credit. Transgender New Yorkers face routine, debilitating discrimination in all of these areas:

• 20% have been fired for being transgender, and 37% have been passed over for a job.
• 75% of transgender students have experienced severe harassment, and 35% have experienced physical assault, which leads 14% to drop out of school altogether.
• 19% of transgender New Yorkers have been denied a home or apartment because of their gender identity, 18% have become homeless solely because of their gender identity, and 25% have had periods of being precariously housed – having to find temporary spaces to sleep or live.
• 17% of transgender New Yorkers have been outright refused medical care because of their gender identity.
[statistics from the New York findings of “Injustice At Every Turn: The National Transgender Survey” by the National Center for Transgender Equality and the National LGBTQ Taskforce, which can be found at: http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_state/ntds_state_ny.pdf ]

Because of these interlocking forms of discrimination, transgender New Yorkers face staggering amounts of unemployment, income instability, and access to competent healthcare, and because of this are uniquely vulnerable to HIV infection. In fact the rate of HIV infection in the transgender population is 50 times that of the general population. [World Health Organization press release: http://www.who.int/mediacentre/news/releases/2014/key-populations-to-hiv/en/ ]

Making discrimination against transgender people illegal would do much to alleviate the burdens upon transgender people in their attempts to access steady employment, stable housing, and competent healthcare – both through greater availability of employer-based health insurance, and the legal requirement to offer the same level of access to medical care to transgender people as to non-transgender people. All of these outcomes would in turn lower the risks of HIV infection in the transgender population and their partners.

**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
,

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
,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| Q5: **This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | 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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| Q6: **Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | Other (please specify)<br>This recommendation will require change to existing policy and creation of new policy, in order to facilitate non-discrimination in areas that will impact health/ vulnerability to infection/access to treatment for transgender individuals. |
| 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?**

This recommendation would help alleviate many of the burdens on the transgender population of New York State which place them at high risk of HIV infection, and will also help alleviate costs associated with programs serving transgender people with HIV or who are at high risk of HIV infection.

Greater access to employment would provide transgender New Yorkers with greater financial stability and access to employer-based health insurance, as well as greater access to affordable private health insurance, and better health outcomes overall. This will also decrease costs associated with Medicaid and other healthcare services for low-income New Yorkers. Greater access to safe and affordable housing will improve health and alleviate the financial burdens of transgender New Yorkers, and will lead to decreased costs for shelters and other temporary housing programs. Decreased discrimination in education will allow transgender students a greater chance to forge stable lives and careers, which in turn leads to higher incomes and greater health. Greater access to competent healthcare will lead directly to better health outcomes for the transgender population, including lower risk of HIV infection and transmission, greater access to preventative measures, and better care for those who are HIV positive.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

This recommendation requires a change in statutory law. There is already model legislation available [Squadron, S. 195/Gottfried, A.4226], known as the Gender Expression Non-Discrimination Act. This Legislation has passed the Assembly seven times but has not yet been voted on by the Senate.

Following the change to statutory law, there would be a need for the creation and dissemination of implementation guidelines. This is an area in which the Empire State Pride Agenda could be of service.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

The cost of the implementation of the recommendation would be negligible, and would consist mainly in education of the public and the dissemination of implementation guidelines. Any cost incurred would likely be offset by the savings to the state in decreased need for access to public assistance programs and increased tax revenue from stably employed transgender New Yorkers.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

The Williams Institute issued a report in April of 2013, “The Cost of Employment and Housing Discrimination against Transgender Residents of New York” [http://williamsinstitute.law.ucla.edu/wp-content/uploads/Herman-NY-Cost-of-Discrimination-April-2013.pdf ], which estimated that the implementation of a statewide non-discrimination statute protecting transgender New Yorkers, such as is the subject of this recommendation, would save the State of New York considerable revenue:

• New York State would save more than $1 million dollars annually in Medicaid expenditures alone.
• By ending housing discrimination the State of New York could save between $475,000 to $5.9 million a year in federal and state housing expenditures and other costs related to homelessness.
• Stably employed transgender workers could generate millions more dollars in income tax revenues for the State with the reduction or elimination of employment discrimination.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Transgender New Yorkers, who currently face almost overwhelming amounts of discrimination in every facet of life, and who are uniquely at risk to HIV infection; their partners; and their families.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Data collection of transgender individuals is necessary at every level of state government and healthcare provision; not only in order to monitor its impact, but also to more effectively target the population in question, which suffers from a historical lack of data collection by state and federal agencies.

**Q15: This recommendation was submitted by one of the following**

Advocate

**#148**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 17, 2014 8:18:34 AM
**Last Modified:** Monday, November 17, 2014 8:29:09 AM
**Time Spent:** 00:10:35
**IP Address:** 74.70.158.225

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Eòghann |
| Last Name | Renfroe |
| Affiliation | Empire State Pride Agenda |
| Email Address | erenfroe@prideagenda.org |

| | |
|---|---|
| **Q2: Title of your recommendation** | Banning of exclusions for transition-related healthcare for transgender New Yorkers from all health insurance plans offered in New York State, including, and most importantly, from Medicaid |

**Q3: Please provide a description of your proposed recommendation**

The Empire State Pride Agenda recommends the banning of exclusions for transition-related healthcare for transgender New Yorkers from all health insurance plans offered in New York State, including, most importantly, from Medicaid.

The exclusion of coverage for medically necessary transition-related care by Medicaid and many private insurers in New York is not only discriminatory, it results in significantly lower healthcare outcomes for transgender New Yorkers overall, and especially affects access to and compliance with HIV treatment and preventative care, leading to higher rates of infection and poorly managed care for infected individuals.

Healthcare outcomes for transgender people improve in a myriad of ways when they are able to receive medically necessary transition-related care:

• Most importantly for this Taskforce: Access to transition-related health care not only improves general health, but also specifically improves compliance with HIV care. According to a report from the State of California's Department of Insurance entitled, "Economic Impact Assessment: Gender Nondiscrimination In Health Insurance" [http://transgenderlawcenter.org/wp-content/uploads/2013/04/Economic-Impact-Assessment-Gender-Nondiscrimination-In-Health-Insurance.pdf ] it is "significant that studies show 'high rates of adherence to HIV care for trans people when combined with hormonal treatment.' This is particularly relevant to insurers because it provides evidence that offering treatment may reduce the long-term costs of treatment for HIV/AIDS. It is particularly relevant for the welfare of all Californians because, '[w]hen compliant with care, HIV-positive people stay healthier longer and are far less likely to transmit the virus to others.'" As the rate of HIV infection amongst the transgender population is 50 times that of the general population, this is not a statistic or a trend that can be ignored if New York is serious about eliminating AIDS as an epidemic.

• Mental health improves significantly in transgender people who are able to access competent transition-related medical care. The rate of attempted suicide in the transgender population of NYS is 36%, which is 22 times that of the general population. Access to transition-related healthcare dramatically improves the mental health of transgender people, with a meta-analysis of 28 different studies showing that 78% of transgender people had improved psychological functioning after treatment [IBID]. Improved mental health promotes greater self-care as well as compliance with preventative strategies and treatment for HIV infection.

• Substance abuse, smoking, and drinking are common coping mechanisms among transgender people who are unable to access transition-related healthcare, and illness and ill health associated with these practices, including liver disease, heart disease, stroke, lung cancer, and more, all interfere with the proper treatment and prevention of HIV.
• Many transgender people without access to competent transition-related healthcare will still attempt to self-medicate with black market hormones, silicone injections, and other practices which may have long-lasting negative effects on health. Transgender people who self-administer hormones have no way to monitor their hormones levels and ensure they are optimal levels, which may lead to a variety of health problems including high blood pressure, stroke, and more – these easily preventable health problems can negatively impact HIV prevention and care. Sharing of needles for the purposes of injecting hormones can also be common in this circumstances, leading to a high risk of infection not only of HIV, but myriad other diseases, which can also negatively impact healthcare outcomes around HIV prevention and care. Silicone injections, used by some transgender women who are unable to access appropriate hormone replacement therapy, have the same risks around needle sharing, and can also lead to many complications from the silicone itself, including death.

• Inability to access transition-related healthcare care leads many transgender people to eschew regular medical care in general; this leads to generally poorer health and a lack of education on how to prevent HIV infection, how to manage HIV infection, and even a lack of knowledge as to one's own status as HIV positive or negative.

| | |
|---|---|
| **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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **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.<br>,<br>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.<br>,<br>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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| 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 policy |
| 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)?** | Within the next year |

Q9: **What are the perceived benefits of implementing this recommendation?**

Banning exclusions for transition-related care will result in better health outcomes for transgender New Yorkers, and will specifically improve rates of HIV infection as well as compliance with HIV treatment among already infected individuals, leading to lower rates of HIV transmission overall.

Because of a lack of access to transition-related care, many transgender people avoid all medical care, which leads to many HIV positive individuals being ignorant of their status. These individuals may engage in risky behavior that can spread infection because of their ignorance of their status, and of ways to control it. This also often results in greater complexity and strength of infection and illness once it is discovered, which makes control of the infection much more difficult to achieve.

The exclusion of transition-related healthcare also requires physicians and other medical personnel only treat some of the healthcare needs of their transgender patients, and not all, which leads to gaps in treatment and care overall.

Access to transition-related care greatly improves the quality of primary care, and compliance with care. Better primary care means greater access to and use of PrEP.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

This recommendation could be easily effected by an Insurance Bulletin issued by the New York State Department of Financial Services.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Cost for the recommendation is estimated to be negligible.

Six states have already banned transition-related healthcare exclusions. One of those states, California, stated in its own “Economic Impact Assessment: Gender Nondiscrimination In Health” from the Department of Insurance [http://transgenderlawcenter.org/wp-content/uploads/2013/04/Economic-Impact-Assessment-Gender-Nondiscrimination-In-Health-Insurance.pdf] that costs to the state were determined to be low based on the costs from areas of the state that had already put such bans into place, including San Francisco (city and county): “For San Francisco, the initial cost per employee was $1.70 per member per month (PMPM) in 2001. Due to low utilization, San Francisco reduced the PMPM to $1.16 in 2004-2005 and the city’s self-insured plan reduced its charge to $0.50 PMPM. As of July 1, 2006, the cost data demonstrated that no separate rate was required, so the charge was removed entirely.”

The assessment ended with the expectation that banning exclusions in California would “cost little or nothing in the short run and may produce longer-term cost savings and improved health benefits for transgender people.”

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

This recommendation is expected to lower healthcare costs in the long term, by lowering costs associated with suicide and attempted suicide, overall costs of mental illness, costs associated with substance abuse and illnesses associated with substance abuse, and costs associated with the spread of HIV infection and HIV related illnesses.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Transgender New Yorkers, who are uniquely at risk to HIV infection and its attendant health problems; their partners; and their families.

All service providers who attempt to serve populations at risk of infection for HIV.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Data collection of transgender individuals is necessary at every level of state government and healthcare provision; not only in order to monitor its impact, but also to more effectively target the population in question, which suffers from a historical lack of data collection by state and federal agencies.

**Q15: This recommendation was submitted by one of the following** Advocate

**#149**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 17, 2014 10:09:18 AM
**Last Modified:** Monday, November 17, 2014 11:22:59 AM
**Time Spent:** 01:13:41
**IP Address:** 68.195.34.131

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Gregory |
| Last Name | Noone |
| Affiliation | Thursday's Child of Long Island |
| Email Address | greg@thursdayschildofli.org |

**Q2: Title of your recommendation**

AIDS will NEVER end without access to supportive services

**Q3: Please provide a description of your proposed recommendation**

1. Increase spending on essential supportive services and to the non-profit ASO's and CBO's which provide them.
2. Demand that the State run / County administered Departments of Social Services provide liasons with the HIV/AIDS CBO's ASO's.
3. Increase housing subsidies: for example, an average studio apartment in Suffolk County NY runs $1,200 - $1,500 per month; DSS can only pay MAX $309 per month towards rent. It doesn't work.
4. End the use of 'Federal Poverty Limit' numbers along with household size when qualifying for supportive services. The FPL is out-dated and does not reflect the actual cost of living in our area.
5. Increase CBO's and ASO's ability to provide transportation services: help pay for vans, car services, and the insurance costs that go with them.
6. GET RID OF HEALTH HOMES and return to COBRA HIV case management! Years of successfully assisitng PLWHAs with case management have been tossed aside in favour of an insurance-based, 15 minute visit service model. It is ineffective; it does not take into account the wide array of time-consuming services that clients need.
A case manager can NOT under any circumstances handle a caseload of 80+ clients per month - it is a set-up for failure.
7. Create a network of mental health provider agencies that can offer effective treatment to targeted populations.
8. Transgender persons are testing HIV+ in record numbers - yet, there is not ONE SINGLE doctor in our 1,000 square mile County that offers even basic general medical practice to Transgender people.
9. Support 'GENDA' - gender equality non discrimination act, laws that will offer dignity and protection which may go a long way in reducing HIV in the Trans population.
10. STOP saying we're going to 'end the AIDS pandemic' - unless you are seriously going to fund the programs needed to keep people healthy. Food, clothing, shelter are not vague concepts - without access to these, there will be no end to AIDS nor will medical outcomes be successful.

| | |
|---|---|
| **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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative<br>,<br>Unknown,<br>Other (please specify)<br>Supportive Services are vital to a successful medical outcome! |
| **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.<br>,<br>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.<br>,<br>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 |

| | |
|---|---|
| | 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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs.<br>,<br>Unknown |
| 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 policy,<br>Other (please specify) All of the above! |
| Q7: **Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Permitted under current law,<br>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?**

The benefits of promoting the health and welfare of People Living with HIV and AIDS will be to truly end the AIDS pandemic.
As this is a disease of behaviours, real world behaviours must be taken into account. To not do so is to invite failuire before you even start.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Yes: increasing public welfare will come at a cost. There may be considerable public outcry - some of which is justifiable!
However, scarpping the use of FPL's and implementing benefits which take into account the true cost of living are concepts that the public can understand and identify with.
The provision of Social Services on a sliding scale upward basis will turn around public opinion - those who are the neediest will be served, and those who are able to fund and return to work will find encouragement!
The present dis-incentive to work is plain to all who look: why would I look for work if my health insurance will be lost? Why take a job that will not let me pay rent, food, insurance, clothing, that pays poverty wages, but just enough wages that one would lose their Food Stamps, or HEAP, or rental assistance.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

A lot, I am sure.
But if you really want to end AIDS, you better be prepared to pay the price.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

ROI will indeed be the end of AIDS in a generation.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

People Living with HIV and AIDS.
The public.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Sure!
Treatment adherence rates could skyrocket if and when the persistent worries about how one is going to pay the rent, of buy food, or clothes, or laundry detergent...when these are addressed along with aggressive medical treatment - the measurements of undetectable community viral loads can be truly made.

**Q15: This recommendation was submitted by one of the following** Advocate

**#150**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 17, 2014 3:17:16 PM
**Last Modified:** Monday, November 17, 2014 3:29:45 PM
**Time Spent:** 00:12:28
**IP Address:** 143.104.67.89

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | David |
| Last Name | Rubin |
| Affiliation | NYHQ |
| Email Address | dsr9001@nyp.org |

**Q2: Title of your recommendation**

Change the NYS Public Health Law on HIV testing

**Q3: Please provide a description of your proposed recommendation**

In order to find the maximal number of infected New Yorkers, adoption of the CDC's 2006 recommendation on "opt-out testing" should be substituted for the current iteration of the law which requires "Universal offering" of the test. In reality, this develops into a "dance" between provider and patient to avoid actually performing the test and still fulfilling the sense of the law. HIV testing should be "de-exceptionalized" and in doing so, some of the stigma of doing this test will, as well, be removed. Though the current iteration of the law is a big improvement on the onerous initial one passed at a time when AIDS was a death sentence; with all the protections and checks currently in place, there is no reason not to do what I am suggesting.

**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

**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 policy |
| **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?**

Implementation could be done quickly as long as the legistature agrees with doing so. The benefits are clear. I don't believe that high risk individuals will react any differently to testing than they do now.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

A re-emphasis on HIPAA protection of medical information would go nicely with implementing this change, which would benefit all New Yorkers.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Unknown

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

More infected people will be identified.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Patients

| | |
|---|---|
| **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** | Ending the Epidemic Task Force member |

**#151**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 17, 2014 11:21:54 PM
**Last Modified:** Monday, November 17, 2014 11:46:28 PM
**Time Spent:** 00:24:33
**IP Address:** 173.68.250.97

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Jennifer |
| Last Name | Flynn |
| Affiliation | VOCAL-NY |
| Email Address | jennifer@vocal-ny.org |
| **Q2: Title of your recommendation** | Build More Housing for People Living with HIV and AIDS |

**Q3: Please provide a description of your proposed recommendation**

NY State needs more supportive housing built for low-income people living with HIV. An additional 2000 units statewide created each year, over 10 years could end homelessness among people living with HIV. Supportive housing has proven to provide support for treatment adherence.

| | |
|---|---|
| **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<br>,<br>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)** | 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?** | *Respondent skipped this question* |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

Stable housing allows persons living with HIV/AIDS to access comprehensive healthcare and adhere to complex HIV/AIDS drug therapies. The Centers for Disease Control and Prevention (CDC) estimates that more than one million Americans are living with HIV/AIDS. Throughout many communities, persons living with HIV/AIDS risk losing their housing due to compounding factors, such as increased medical costs and limited incomes or reduced ability to keep working due to related illnesses. Research has shown that coupling permanent housing with supportive services is highly effective at maintaining housing stability, as well as helps improve health outcomes and decreases the use of publicly funded institutions. In the Collaborative Initiative to Help End Chronic Homelessness (CICH), participants who had been homeless for an average of eight years were immediately placed into permanent housing. The CICH evaluation reported that 95% of those individuals were in independent housing after 12 months. In May 2009, the Journal of the American Medical Association
(JAMA) published research findings confirming that immediate access to housing and support services results in chronically ill, homeless individuals utilizing fewer emergency room and inpatient hospital days as compared to a similar group receiving usual care. The randomized controlled trial, led by the AIDS Foundation of Chicago (AFC), provides empirical evidence that chronically ill homeless people treated with stable, supportive housing achieve better health outcomes, at a lower cost, than those not immediately enrolled in stable housing.

| | |
|---|---|
| **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?**

There is a commitment to create a NY/NYIV agreement and expand it statewide (now NY Urban). It is hoped that approximately 3000 units of supportive housing will be created. The State should also invest another 1000 units of supportive housing each year dedicated to low-income people living with HIV. The true cost per day for supportive housing is approximately $100.

http://shnny.org/images/uploads/NY-NY-III-Interim-Report.pdf

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

In New York City, each unit of permanent supportive housing saved $16,282 per year in public costs for shelter, health care, mental health, and criminal justice. The savings alone offset nearly all of the $17,277 cost of the supportive housing. In the interim analysis of the NY/NYIII agreement, there were savings in the cost of shelter use for chronically homeless single adults who were dually diagnosed with a mental illness HIV/AIDS of $18,193. The cost savings for a chronically homeless person living with AIDS and a persistent mental illness was $1,576 per year when compared to jail. There were also savings in cash assistance costs for heads of families HIV/AIDS of $7,061. The cost savings of NY/NY III supportive housing for Medicaid was significant. Single adults with a Substance Use Disorder was $8,710, and for young adults aging out of foster care it was $4,628.
Supportive housing reduces emergency room visits.

http://www.aidschicago.org/housing-home/chhp
http://shnny.org/images/uploads/NY-NY-III-Interim-Report.pdf

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

homeless people living with HIV in NYS.
supportive housing providers.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

A study on the health impact study for HIV+, but asymptomatic would assist in tracking how important housing is in maintaining your health.

**Q15: This recommendation was submitted by one of the following** Ending the Epidemic Task Force member

**#152**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 17, 2014 11:01:17 PM
**Last Modified:** Tuesday, November 18, 2014 2:18:40 AM
**Time Spent:** 03:17:23
**IP Address:** 74.73.108.136

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Victor |
| Affiliation | None |
| Email Address | curious.pr@hotmail.com |

**Q2: Title of your recommendation**

*Respondent skipped this question*

**Q3: Please provide a description of your proposed recommendation**

Critique to the three point plan for ending the HIV epidemic

Premise: The plan should be specially targeted at the most worrisome trend in the HIV epidemic which is the rise in young gay infections.

Analysis:

A) Criminalization of HIV gives a false sense of security to negative gays. It penalizes getting tested and makes it a risk to both get and remain in treatment.

B) Outreach efforts have failed. Organizations are not doing their job at neither identifying nor retaining patients. What is failing in the institutional culture of the organizations that receive so much funding for these efforts? PrEP will never reach those that most need it due to these failures too. As the Internet has become probably the most important medium for gay interaction it should be central to any plan.

C) HIV meds took out visibility from the HIV prevention equation. This invisibility also makes efforts at expanding information about linking to treatment and staying in treatment less efficient. The best approach to dealing with these interrelated problems is to break the HIV closet by dealing with criminalization and visibility as a real priority. The HIV closet is both a health issue and quality of life issue also for positive people.

D) Cost is of course a central consideration about PrEP, but this should not be so very soon as the patent on Truvada expires. Without demand for PrEP maybe there will not be a generic version of Truvada soon enough. PEP also needs to come to the forefront of the discussion about HIV.

Recommendations:

1. Until legislation is reviewed executive action should be taken regarding HIV criminalization. At least there should be guidelines regarding which cases of HIV transmission would be subject to prosecution. The public health message must be unequivocal: every gay man is responsible for his own health.

2. The premise about HIV risk should be that almost all gays are high risk. This should be the public message to gays. The point isn´t to stigmatize gay sex but to deal with facts, including the fact of transmission in the context of relationships. The point is to get past fear based campaigns and move wholeheartedly to fact based ones based on freedom of choice.

3. The transmission of information should be targeted through the Internet. If there needs to be a choice between spending on community based organizations and Internet based strategies it is time to give new media a real chance. The owners of most of the gay tailored media have shown interest but the follow up has been slow, inconsistent, unclear and incoherent.

4. Yet new media will probably not be enough to break with the HIV closet. Just like the gay closet, breaking this one requires a few brave people to start living openly with HIV in gay social settings. Currently there is almost no spending on HIV prevention that supports the casual social interaction between gay positives and negatives. Remarkaby community based organizations have done nothing about this either. So again, new organizations have to be considered for this strategy and old organizations should probably be defunded.

5. There is also a need for new social apps targeted at positive gay men. Activism would also benefit from the networking that would be made possible by their development.

6. Positive gay men can be the best advocates for the expansion of PrEP but not in the current climate of stigma that borders on persecution that prevails in gay culture.

7. Activists, government and the pharmaceutical industry need to devise strategies to make access to generic PrEP a reality as soon as possible.

8. Access to PEP could be even more important than access to PrEP but is not getting enough attention.

| | |
|---|---|
| **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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | New policy,<br>Other (please specify) All of the above |

| | |
|---|---|
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Permitted under current law,<br>Other (please specify)<br>Criminalization would require change in law. Access to PrEP and PEP could require changes in prescription regulation. Patent expiration could maybe have to be dealt with. |
| **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)<br>Most of the changes could be implemented very quickly if there is will |
| **Q9: What are the perceived benefits of implementing this recommendation?** | *Respondent skipped this question* |

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

The pharmaceutical industry, health professionals and community based organizations have conflicts of interest when it comes to policy changes

| | |
|---|---|
| **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?** | *Respondent skipped this question* |

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

The use of internet based systems lowers monitoring costs and is probably as reliable as most of the information that has been traditionally used about sexual behavior

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Member of the public |

**#153**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, November 18, 2014 11:39:04 AM
**Last Modified:** Tuesday, November 18, 2014 11:55:27 AM
**Time Spent:** 00:16:22
**IP Address:** 108.30.103.36

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Blake |
| Last Name | Strasser |
| Affiliation | BRAKING AIDS® Ride and the Pos Peds |
| Email Address | bstrasser@globalimpactpro.com |
| **Q2: Title of your recommendation** | Tell us what to do |

**Q3: Please provide a description of your proposed recommendation**

There are so many people who do not work in the HIV/AIDS field who want to help end this epidemic. Please let us know what to do and how we can help. It could be a simple webpage with "Got 5 second? Retweet this. Got 1 minute - sign this petition, got 5 call your representative., got 10? Start a conversation with a loved one. . ." Also a link to put volunteers with organizations where you can search by area or interest or skill set. Even something as simple as matching up someone with a car with someone who needs a ride to the doctor can make a difference.

| | |
|---|---|
| **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)** | Other (please specify) All of the above |
| **Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | Unknown |
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | Unknown,<br><br>Other (please specify)<br>New communication, but not a new 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)?**

Within the next year

**Q9: What are the perceived benefits of implementing this recommendation?**

More people involved leading to more awareness and more people helping. So far I have only heard about the plan/task force from Charles King - the word needs to get out and people need a way to feel invested. This epidemic has always had people on the sidelines saying "what can I do?" The thing that has made groups like ACT UP work is because they gave people something to do.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

There would be a slight cost on building a webpage, can't think of much else.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Our web guys would charge between $500 and $1000 I would guess to add a page/form to a site, then it's about determining who can add data/volunteer opportunities, etc. Could be a simple form and someone who just needs to approve them.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

It's hard to put a number on awareness. If someone tweets that there is HIV testing happening, and someone finds out their status, becomes undetectable and doesn't infect anyone else it's a win.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Organizations that need volunteers and people who want to make a difference in the fight.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

It's easy enough to track tweets, etc. Organizations could track the number of volunteers they get as well if they need/want to.

**Q15: This recommendation was submitted by one of the following**

Member of the public

**#154**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, November 18, 2014 1:00:54 PM
**Last Modified:** Tuesday, November 18, 2014 1:29:50 PM
**Time Spent:** 00:28:55
**IP Address:** 50.74.51.122

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Glennda |
| Last Name | Testone |
| Affiliation | Executive Director |
| Email Address | glennda@gaycenter.org |
| **Q2: Title of your recommendation** | More Testers = More Tests |

**Q3: Please provide a description of your proposed recommendation**

Offer funding for agencies to train more peer providers of different intersectionality's and marginalized populations (for example: transgender Latina women who are bi-lingual in Spanish, bi-lingual Russian gay men, etc.) to complete the CDC testing certification and become a testing counselor. This would help identify new positives and engage people who are status-unknown

| | |
|---|---|
| **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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |

| | |
|---|---|
| **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.<br>,<br><br>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?** | New 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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

The benefits of this are many. Over the years many of the EBIs and DEBIs for prevention, including prevention with HIV+ individuals, have been developed around the idea that when people can feel comfortable or a kinship with providers regarding cultural norms, prevention is more likely to matter. Currently, many who test have other credentials and job roles, in part due to lack of funds from organizations just to hire testers. By offering funding for agencies to train a diverse set of HIV certified testing providers this would empower those who become testers to become stronger advocates for their own health because now they'd be role models in the community, and allow them to reach many more people. This also would allow individuals with many barriers to care, employment, education, and more to obtain a free certification from CDC, and practice in a professional setting. By having more, and increasingly diverse, certified HIV testers we are more likely to help identify new positives in a shorter time span and link them to care.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

The capacity of agencies to have and train multiple testers. Language barriers for those who want to complete the CDC online testing certification.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

The estimated cost would be contingent on how testers who be compensated and how many people we'd want to reach.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

The value of this investment would be strong because it becomes a self-sustaining network. Not only are you testing people, but also training more testers. For example, in 1 month a tester could test 5 people a week or 20 people total. OR - In one month the same tester could test 5 people a week with one becoming a certified tester. The second week they both test 5 people each, which is 10 total and 2 more become testers. The third week all 4 testers test 5 people each, that's 20 total, and 2 more become HIV testers. The fourth week all 6 testers test 5 people each, that's 30 total. In this way one staff yields 65 tests in a month, instead of 20, by training new testers in the process. In this way concerns like staff turnover, agency budgeting, etc. become minimized.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Everyone because the more testers we have, the more people who will know their status, and this will lead to viral load suppression, thus providing a quicker road to ending the epidemic. This also provides employment and income for individuals of marginalized populations who typically are placed at risk for high level of employment, including those who do not have a college degree.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

It would be interesting to follow a few individuals and provide a case study of how many people they test then become certified testers, and how many people those people test. It would also be important that CBOs which provide testing are considered as prime candidates for this funding and it's not limited to medical settings.

**Q15: This recommendation was submitted by one of the following** Ending the Epidemic Task Force member

**#155**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, November 18, 2014 1:30:51 PM
**Last Modified:** Tuesday, November 18, 2014 1:40:37 PM
**Time Spent:** 00:09:46
**IP Address:** 50.74.51.122

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Glennda |
| Last Name | Testone |
| Affiliation | Executive Director |
| Email Address | glennda@gaycenter.org |

**Q2: Title of your recommendation**

Ban trans-health care discrimination by private insurers to facilitate access to health care and associated HIV testing/care

**Q3: Please provide a description of your proposed recommendation**

Collectively engage in advocacy that results in NYS ending the trans-health care discrimination by private insurers. Transgender and gender non-conforming people face many barriers to health care. Studies indicate that transgender individuals in New York face unemployment, poverty, homelessness at alarming rates. Barriers also include not always being able to access trans affirmative care. This put the community at great risk for things like using illegal hormones, sharing syringes, working “off the books” to get extra money to pay for care, and more. For many years the silent message has been once you seroconvert you have access to things like health insurance, housing, hormones, SRSS, and more, but before that you’re on your own. Doing prevention work, which is large part has moved to a model of treatment as prevention is possible for HIV+ people, but not always for HIV- or HIV-unknown. This would allow all transgender people to have access to PEP and PrEP, and allow them to be able to establish care with a primary care provider then can trust. Being connected to a trusting Primary Care Provider who sees you for regular follow up, in many systems has resulted in patients being better informed about health risks, providers being able to more effective address health disparities, and patients being empowered to become agents of change in their own lives. This would also ensure that if someone tested positive they would engage in care quicker, because they would already have an established relationship.

| | |
|---|---|
| **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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |

| | |
|---|---|
| **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.<br>,<br><br>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.<br>,<br><br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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 policy |

| | |
|---|---|
| **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)?** | Other (please specify)<br>once the law is changed this could easily be implemented |

**Q9: What are the perceived benefits of implementing this recommendation?**

This would ensure that all medical interventions designed for prevention are reaching all members of high risk populations, which is not possible with the current system.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

No concerns.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

This would need to be calculated by the insurance agencies, and costs, if any for lobbying political officials.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

The estimated ROI is undetermined but should be calculated by the money that would be saved by preventing new infections, getting people into treatment sooner, having transgender people who seroconvert already be healthier because their already linked to healthcare, and reducing costs of fewer emergency room visits.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Transgender individuals, their families, children, and partners.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Tracking unique #'s of transgender individuals in the healthcare system following this reform would be able to reflect its effectiveness.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member |

**#156**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, November 18, 2014 1:40:59 PM
**Last Modified:** Tuesday, November 18, 2014 1:46:17 PM
**Time Spent:** 00:05:18
**IP Address:** 50.74.51.122

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Glennda |
| Last Name | Testone |
| Affiliation | Executive Director |
| Email Address | glennda@gaycenter.org |

**Q2: Title of your recommendation**

End the NYS Medicaid ban on trans-health care coverage to facilitate access to health care and associated HIV testing

**Q3: Please provide a description of your proposed recommendation**

Collectively engage in advocacy that results in NYS ending the trans-health care discrimination by Medicaid. Transgender and gender non-conforming people face many barriers to health care. Studies indicate that transgender individuals in New York face unemployment, poverty, homelessness at alarming rates. Barriers also include not always being able to access trans affirmative care. This put the community at great risk for things like using illegal hormones, sharing syringes, working “off the books” to get extra money to pay for care, and more. For many years the silent message has been once you seroconvert you have access to things like health insurance, housing, hormones, SRSS, and more, but before that you’re on your own. Doing prevention work, which is large part has moved to a model of treatment as prevention is possible for HIV+ people, but not always for HIV- or HIV-unknown. This would allow all transgender people to have access to PEP and PrEP, and allow them to be able to establish care with a primary care provider then can trust. Being connected to a trusting Primary Care Provider who sees you for regular follow up, in many systems has resulted in patients being better informed about health risks, providers being able to more effective address health disparities, and patients being empowered to become agents of change in their own lives. This would also ensure that if someone tested positive they would engage in care quicker, because they would already have an established relationship.

| | |
|---|---|
| **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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |

| | |
|---|---|
| **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.<br>,<br><br>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.<br>,<br><br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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 policy |

| | |
|---|---|
| **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)?** | Other (please specify)<br>once the law is changed this could easily be implemented |

**Q9: What are the perceived benefits of implementing this recommendation?**

This would ensure that all medical interventions designed for prevention are reaching all members of high risk populations, which is not possible with the current system.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

No concerns

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

This would need to be calculated by CMS (The Centers for Medicaid and Medicare), and costs, if any for lobbying political officials.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

The estimated ROI is undetermined but should be calculated by the money that would be saved by preventing new infections, getting people into treatment sooner, having transgender people who seroconvert already be healthier because their already linked to healthcare, and reducing costs of fewer emergency room visits.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Transgender individuals, their families, children, and partners.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Tracking unique #’s of transgender individuals in the healthcare system following this reform would be able to reflect its effectiveness.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member |

#157

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, November 18, 2014 1:46:58 PM
**Last Modified:** Tuesday, November 18, 2014 1:54:24 PM
**Time Spent:** 00:07:25
**IP Address:** 50.74.51.122

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Glennda |
| Last Name | Testone |
| Affiliation | Executive Director |
| Email Address | glennda@gaycenter.org |
| **Q2: Title of your recommendation** | Address Basic Needs including Housing and Employment |

**Q3: Please provide a description of your proposed recommendation**

Address the basics needs of transgender people: aid the development of innovative and comprehensive prevention interventions for HIV negative trans people that address the factors that place them at the highest risk including improving key socioeconomic factors. These could their economic/employment and housing security so they can to then prioritize their health, promote early entry to care and optimize management HIV infection, as well as helping them to prioritize PrEP and their health.

Background: The stubbornly high rates of infection among transgender people suggest the need for another approach beyond “test-treat-retain”. HIV rates among transgender individuals are a symptom of a larger problem, spoken of far less frequently, which calls out for our attention – poverty. Transgender individuals are up to four times more likely to live in poverty. One-third of transgender people of color have incomes of less than $10,000. And transgender people are twice as likely to be unemployed and underemployed.

New York State can instead treat poverty as the broad indicator of transgender health and driving force behind the staggeringly high transgender HIV rates and many of the community’s other challenges: suicide, homelessness, substance abuse and inadequate education, to name just a few.

Despite the abundance of existing resources in New York State, service gaps for the transgender community exist. NYS and its partners can develop the following to address the poverty-related needs of transgender people:  individualized job readiness services; rigorous literacy and education instruction, GED and college preparation; goal planning and employment skills and resume/interview workshops; job placement services; internship program; career fair; career leadership conference and mentoring services.

Measures: economic/employment – reduction in poverty, increased employment, completion of a high school education for adults older than 24 years, and an eighth-grade education for adults older than 18 years; housing security – engagement in trans-affirming housing providers, homeless support and, eventually, rental self-sufficiency; retention in care – increase numbers of trans people retained in HIV care

Short-term milestones: engagement in the program and progress toward educational, workforce, housing health or related milestones established in their individual service plan

**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
,

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
,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br>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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

This would ensure that all medical interventions designed for prevention are reaching all members of high risk populations, which is not possible with the current system.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

No concerns.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

This would need to be calculated by CMS (The Centers for Medicaid and Medicare), and costs, if any for lobbying political officials.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

The estimated ROI is undetermined but should be calculated by the money that would be saved by preventing new infections, getting people into treatment sooner, having transgender people who seroconvert already be healthier because their already linked to healthcare, and reducing costs of fewer emergency room visits.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Transgender individuals, their families, children, and partners.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Tracking unique #’s of transgender individuals in the healthcare system following this reform would be able to reflect its effectiveness.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member |

**#158**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, November 18, 2014 3:34:16 PM
**Last Modified:** Tuesday, November 18, 2014 3:51:08 PM
**Time Spent:** 00:16:51
**IP Address:** 70.209.131.6

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Gina |
| Last Name | Quattrochi |
| Affiliation | Bailey House and "30 for 30 Campaign" |
| Email Address | Rqbh@ baileyhouse.org |
| **Q2: Title of your recommendation** | Ensuring women's access to PrEP and PeP |

**Q3: Please provide a description of your proposed recommendation**

PrEP and PeP education and drugs will be made available to women at women's reproductive health centers and abortion clinics.

| | |
|---|---|
| **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)** | Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **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?** | Unknown |

| | |
|---|---|
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

Women will have increased access to information about PrEP and PeP and the drugs that comprise these biomedical prevention interventions.

**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?**

Funds would be provided to these clinics for educational materials and staff training.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Decreased HIV incidence among women in NYS.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Women, their families and the communities in which they reside.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Require healthcare providers in these settings to document efforts at providing PrEP and PeP education and drugs to women seen in their clinics.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member |

**#159**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 19, 2014 1:51:28 AM
**Last Modified:** Wednesday, November 19, 2014 2:05:05 AM
**Time Spent:** 00:13:36
**IP Address:** 68.174.5.189

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Bernard |
| Last Name | Peno |
| Affiliation | health care provider, rehabilitation counselor. |
| Email Address | Bpeno@chpnet.org |

**Q2: Title of your recommendation**

education and awarenes of hiv-aids to our youth.

**Q3: Please provide a description of your proposed recommendation**

On going education to our public school population by making HiV-AIDS education mandatory in all health education curriculum.

**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

| | |
|---|---|
| **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.<br>,<br><br>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.<br>,<br><br>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 policy |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |

| | |
|---|---|
| **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?**

Our inner city school children from public school to college would be educated on HIV modes of prevention and methods of medical care.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Parents

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Marginal cost in developing a curriculum and implementing it in our schools.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

A healthy inner city child

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

our youth who are having un protected sex.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Monitoring by the department of education and the board of health should be appointed to monitor the outcome.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Member of the public |

**#160**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 19, 2014 5:33:03 AM
**Last Modified:** Wednesday, November 19, 2014 5:39:23 AM
**Time Spent:** 00:06:19
**IP Address:** 161.185.150.206

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Demetre |
| Last Name | Daskalakis |
| Affiliation | NYC DOHMH |
| Email Address | ddaskalakis@health.nyc.gov |

**Q2: Title of your recommendation**

Pharmacist initiated PEP starter packs

**Q3: Please provide a description of your proposed recommendation**

Emergency contraception provides a great model for pharmacist initiated provision of prophylaxis after a sexual exposure. Given the low threshold to allow women to access this intervention, analogous interevntions for PEP seem important. Most of the wasted time and barriers around PEP exist around the initial access of the medications. A limited supply of medications, a starte pack, usually 3 days could expiedite and streamiline PEP initiation. Ideally this intervention should be paid for by a PEP/PrEP assistance program directly to the pharmacy.

**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)**

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

,

Other (please specify) nPEP

| | |
|---|---|
| **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?** | New policy |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| **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?**

PEP is a gateway to PrEP and is not well supported in NYS/C in a consistent manner.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Legal review will be needed

| | |
|---|---|
| **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?**

Individuals who may have high risk encounters

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Number of PEP packs distributed

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member,<br><br>Other (please specify)<br>Reporting on a comment made in the task force meeting by Dr Varma |

**#161**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 19, 2014 7:17:41 AM
**Last Modified:** Wednesday, November 19, 2014 7:27:18 AM
**Time Spent:** 00:09:36
**IP Address:** 64.61.84.122

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Soledad |
| Last Name | Soriano-Kaplan |
| Affiliation | Housing Works |
| Email Address | s.soriano-Kaplan@housingworks.org |

**Q2: Title of your recommendation**

Keep It Simple

**Q3: Please provide a description of your proposed recommendation**

1. Less Politics More Action
2.Healtier Food More Fruits And Veggies Less Sugar and Fat
3.Better Treatment for the Underserve
4. Housing Improve it improve it and always can be better
5. More physical activities exercise
6. More Education about HIV/AIDS in all of our schools

**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)**

Unknown

**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.<br>,<br>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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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 policy |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | *Respondent skipped this question* |

**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?**

Better Human Beings

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Yes not taking action

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Actually less people sick and better care of everyone. Cost is priceless

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Love

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Benefit All

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Keep it simple and move on

**Q15: This recommendation was submitted by one of the following**

Member of the public

**#162**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 19, 2014 7:55:28 AM
**Last Modified:** Wednesday, November 19, 2014 8:19:22 AM
**Time Spent:** 00:23:54
**IP Address:** 108.14.36.162

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Bethsy |
| Last Name | Morales |
| Affiliation | Hispanic Federation / LUCES coalition |
| Email Address | bmorales@hispanicfederation.org |
| **Q2: Title of your recommendation** | PrEP awareness campaign |

**Q3: Please provide a description of your proposed recommendation**

PrEP awareness campaign should include social marketing, social media, and education for service and medical providers. Messaging must emphasize that PrEP should be used as an additional tool for prevention and the message must include other risks that one would take by solely relying on PrEP as a prevention method. PrEP guidelines should include a more comprehensive plan for the use of PrEP.

| | |
|---|---|
| **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)** | Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **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?** | New 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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

Research has shown that if PrEP target populations were aware of this prevention tool, they would use it. An awareness campaign would provide this opportunity.

| | |
|---|---|
| **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?**

Men who have sex with men

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Street interviews, qualifying question in intake forms.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Other (please specify) coalition |

**#163**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 19, 2014 8:17:13 AM
**Last Modified:** Wednesday, November 19, 2014 8:24:42 AM
**Time Spent:** 00:07:29
**IP Address:** 72.0.130.202

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Valerie |
| Last Name | Flanders |
| Affiliation | Albany County Department of Health |
| **Q2: Title of your recommendation** | PreP & Pep |

**Q3: Please provide a description of your proposed recommendation**

That PreP & Pep be targeted and advertized to women, and made aviable to women. Made aviable to women in reproductive health clinics as well. Make advertizment frendly to women of all ages and races.

| | |
|---|---|
| **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)** | Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **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?** | Unknown |

| | |
|---|---|
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| **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)?** | Unknown |

**Q9: What are the perceived benefits of implementing this recommendation?**

decreasing number of new infections in women

| | |
|---|---|
| **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?** | *Respondent skipped this question* |
| **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** | *Respondent skipped this question* |

**#164**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 19, 2014 8:50:15 AM
**Last Modified:** Wednesday, November 19, 2014 8:57:14 AM
**Time Spent:** 00:06:58
**IP Address:** 69.126.198.9

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Nancy |
| Last Name | Duncan |
| Affiliation | Consumer |
| Email Address | nan26@opotnline.net |

**Q2: Title of your recommendation**

Targeting undocumented persons

**Q3: Please provide a description of your proposed recommendation**

More information about targeting undocumented persons who may me living with HIV and not know it or have not accessed or have fallen out of primary care.

**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

,

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)** | 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?** | Unknown |
| **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)?** | Within the next three to six years |

**Q9: What are the perceived benefits of implementing this recommendation?**

To let this population know that they can get tested and get access to primary care.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

The undocumented population may be afraid to get tested due to fear of being reported and deportation.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Not sure.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Not sure.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Persons who are illegal immigrants and unaware of their HIV status.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Outreach and education in areas where these populations reside.

**Q15: This recommendation was submitted by one of the following**

Advocate

**#165**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 19, 2014 8:16:31 AM
**Last Modified:** Wednesday, November 19, 2014 8:58:40 AM
**Time Spent:** 00:42:08
**IP Address:** 64.19.84.147

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Regina |
| Last Name | Brown |
| Email Address | rbrown@stemc.org |

**Q2: Title of your recommendation**

Linking/retaining patients in care.

**Q3: Please provide a description of your proposed recommendation**

Great goals, there appears to be no plan in how to make them happen.
Housing, transportation and nutrition were mentioned in November 19ths conference call. There was no mention of mental health and substance use/abuse barriers which complicate individuals ability to link/engage in care. We definately need more mental health/substance use facilities, along with more Medicaid Managed Care plans/insurances that cover such services.

**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
,

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)** | 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.<br>,<br>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?** | *Respondent skipped this question* |
| **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)?** | *Respondent skipped this question* |

**Q9: What are the perceived benefits of implementing this recommendation?**

Patients engaging in HIV care. Viral load suppression.

| | |
|---|---|
| **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?**

Everyone.

| | |
|---|---|
| **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** | *Respondent skipped this question* |

**#166**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 19, 2014 6:15:17 AM
**Last Modified:** Wednesday, November 19, 2014 9:24:45 AM
**Time Spent:** 03:09:28
**IP Address:** 24.136.105.206

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Michael |
| Last Name | Jones |
| Affiliation | Iris House |
| Email Address | mjones@irishouse.org |

**Q2: Title of your recommendation**

Ensuring the Inclusion of Women & Meeting Gender Specific Needs

**Q3: Please provide a description of your proposed recommendation**

We would like to recommend that all final recommendations and new programs started under the Task Force's plan be filtered through a gender responsive perspective that looks at if and how programs can be implemented to meet the specific needs of women, and proportionately funded to ensure that such implementations can happen.

In New York City in the first half of 2013, women made up 18.8% of new HIV Diagnoses. 28% of people living with HIV/AIDS were women, and more than 30% of deaths were among women. More than 90% of these individuals were women of color. This epidemic is disproportionately affecting women of color, and we must find programs that specifically address their needs.

In the lead up to the development of the National HIV/AIDS Strategy, efforts were made to include women in the conversation, but that final document only includes one paragraph specifically about women. This has critically impacted the funding available for more than 25% of people living with HIV/AIDS today. We hope that the Task Force will help to correct this oversight and ensure that meeting the needs of women are addressed as we move forward to End AIDS in New York State.

**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

,

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

,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

**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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| Q6: **Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | New policy |
| Q7: **Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| 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?**

Women, particularly African-American women and Latinas, are disproportionately affected by HIV/AIDS. By ensuring that programs are evaluated to be effective to meet their particular needs, we will do a better job at prevention education, identification of new positives, connection and retention to care and ultimately, increase the levels of viral suppression in this population.

Women are also the caretakers of family and community, and by ensuring that they are taken care of, educated about HIV/AIDS and related disparities, and provided appropriate support, we will ensure that their friends and family are impacted by this work as well.

Q10: **Are there any concerns with implementing this recommendation that should be considered?**

No.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Unknown, but shouldn't increase the budget: we're asking for a proportionate amount of funding be ascribed to gender-specific programs. Without a specific focus on women in the process, there will be greater costs down the road.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Unknown.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Everyone. Women are individuals, but also heads of households, teachers, grandmothers, aunts and the center of the communities we serve. By including gender specific programming, and engaging women in their own care, we would be impacting and influencing their children, their friends, their partners.

| | |
|---|---|
| **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 |

**#167**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 19, 2014 9:35:42 AM
**Last Modified:** Wednesday, November 19, 2014 9:48:53 AM
**Time Spent:** 00:13:10
**IP Address:** 208.96.116.41

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Sheila |
| Last Name | Borton |
| Affiliation | kerry-2003@hotmail.com |

**Q2: Title of your recommendation**

I am HIV Positive.

**Q3: Please provide a description of your proposed recommendation**

I have been HIV for over 10 years now.I would like to see all of this end one of these days.Before 2020 if that is possible for us with HIV-AIDS.So far epidemic is getting pretty high everywhere in the world.And HIV-AIDS people need to be treated.And taken care of.The health department where I live has so many people coming in that are HIV-AIDS and some don not want to be treated,which I do not understand why not.I have been for over 10 years since the first day I found out I was HIV.I heard for those that dont want to be treated,is scared to start treatment, because they are afraid what the medication might do to them.Which to me does not make any sense.I took treatment to end this epidemic.

**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

**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

| | |
|---|---|
| | 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.<br>,<br>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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| 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 policy |
| 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?**

For those that are HIV-AIDS to get better health care.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Helping those that are HIV-AIDS to take better care of themselves with better health care.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Not sure.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Not Sure.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Not Sure.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Yes and not sure why.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Member of the public |

**#168**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 19, 2014 9:25:02 AM
**Last Modified:** Wednesday, November 19, 2014 10:40:46 AM
**Time Spent:** 01:15:43
**IP Address:** 24.136.105.206

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Michael |
| Last Name | Jones |
| Affiliation | Iris House |
| Email Address | mjones@irishouse.org |

**Q2: Title of your recommendation**

Restoring Critical Support Service Programs for HIV+ Women and those at-risk

**Q3: Please provide a description of your proposed recommendation**

In June 2014, funding ended for women's supportive services in New York City. We are recommending that we restore those programs to at least the level of funding that existed in FY14.

Specifically, we are looking to restore programs that provide care coordination/case management to ensure a holistic approach to client health that addresses related social and medical needs and enhances both treatment and medication adherence as well as those that provide a layer of services designed to engage and retain the client and improve quality of life, such as emotional wellness groups that increase personal accountability and responsibility, peer support, education/job and life skills training as well as transportation. Many of these services should be integrated into other recommendations to provide integrated primary care/behavioral health and to provide supportive housing to young women at high-risk.

**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.<br>,<br>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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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 policy,<br><br>Other (please specify)<br>Restoration of a former 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)?**

Within the next year

**Q9: What are the perceived benefits of implementing this recommendation?**

For twenty years, Iris House has provided supportive services to women living with HIV/AIDS, including case management, emotional wellness groups, housing, food and nutrition programs, behavioral health and harm reduction services and prevention education. In early 2014, we measured the success of our program (the benefits) against the national HIV Treatment Cascade.

While most national and NYC HIV+ individuals are linked to care, virtually all (97%) Iris House clients diagnosed with HIV that receive supportive services are linked to care. Iris House retention and ARV rates are as high as twice the national average and well above NYC rates.

Iris House serves a hard to reach population, primarily women and minorities, in particular African-American, with over 90% living at or below the poverty level. For these subpopulations, Iris House achieves VL suppression rates of 70% and 73% respectively; rates which are 250% above the national average and well above NYC rates.

The substantial improvements of the Iris House outcomes demonstrate the critical importance of supportive services that increase linkage and retention to care. Enhanced linkage/retention can improve access to medication, treatment adherence and quality of life—all critical factors in optimal health and VL suppression. They also clearly demonstrate the idiosyncratic service delivery of Iris House and its dedicated and passionate staff.

VL suppression, which focuses primarily on transmission risk, is just one way to look at health outcomes. CD4 count, which helps to measure a body's ability to fight off infection, is also used by clinicians to measure the health of HIV+ individuals.

The higher the CD4 count, the better. An individual with a CD4 count of less than 200 is considered to have AIDS. Whereas a CD4 count of 500 to 1,000 is considered normal. As CD4 counts are highly variable and can change by time of day, stress, fatigue and other factors, CD4 ranges (e.g., 0 to 200, 200 to 499, 500 to 749, etc) are often used to measure changes in health. 86% of Iris House clients had stable or improved health as measured by CD4 and more than two-and-one-half times the number of clients saw increases in CD4 than had lower CD4 results.

This is demonstrative proof that supportive services benefit women by lowering their viral load and increasing their CD4 counts: markers on a pathway to improved health outcomes and a marked decrease in the ability to pass the virus to other partners.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

If 18.8% of new HIV infections are women (NYCDOH, first half of 2013) and more than 25% of New York City residents living with HIV are women, why aren't we spending an appropriate / proportionate amount on services for these populations: gender-specific services.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Restoration of NYC programs existing in June 2014 would cost $2.3 million dollars; Expanding these programs throughout NYS and to engage greater numbers would cost more.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

While it is difficult to calculate the ROI for a life saved, we can look at some of the basic goals of the Affordable Care Act, namely, to get individuals into regular, ongoing care and save money by lowering healthcare (i.e., emergency room) visits. HIV+ women in case management and support service programs are more likely to have regular visits with primary care doctors, have fewer life-threatening illnesses and use the emergency room for regular illnesses with decreasing frequency.

According to an article on debt.org addressing the costs of emergency room care versus urgent care facilities, there are very real savings to be had. For example, the standard emergency room cost of three chronic conditions that plague our clients (acute bronchitis, sore throat and upper respiratory tract infections) are listed as $595, $525 and $486. Urgent care facilities average costs for those same ailments are $127, $94, and $111, a savings of between 77% and 82%.

Keeping women focused on their healthcare as an ongoing exercise will lead to far fewer trips to the emergency room, saving in the aggregate more than 75% in the cost of care.

Anecdotally, we are also aware that women with undetectable viral loads are more likely to be holding part time or full time jobs and be on the road to independent living at a greater rate than those women who are still struggling to keep their HIV in check. Programs like the women's supportive services at Iris House and at other agencies doing similar work deliver tremendous savings in healthcare and provide an independence to women that has significant economic implications.

The CDC does a very thorough analysis on the cost effectiveness of programs, which can be found at http://www.cdc.gov/hiv/prevention/ongoing/costeffectiveness/.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Everyone. Women are individuals, but also heads of households, teachers, grandmothers, aunts and the center of the communities we serve. By including gender specific programming, and engaging women in their own care, we would be impacting and influencing their children, their friends, their partners.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

This impact can be monitored in several distinct ways:
1) Tracking Viral Load and CD4 Rate of women active in programs;
2) Following up with general labwork in six month intervals;
3) Monitoring frequency of healthcare access and format
4) Self-reporting through surveys given in six-month intervals

**Q15: This recommendation was submitted by one of the following** Advocate

**#169**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 19, 2014 1:26:06 PM
**Last Modified:** Wednesday, November 19, 2014 1:32:24 PM
**Time Spent:** 00:06:18
**IP Address:** 66.108.25.109

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | anna |
| Last Name | saini |
| Affiliation | VOCAL-NY |
| Email Address | anna@vocal-ny.org |

**Q2: Title of your recommendation** 30% Rent Cap HIV Affordable Housing Protection

**Q3: Please provide a description of your proposed recommendation**

Protect New Yorkers permanently disabled by HIV/AIDS (PWH) and their families by expanding the existing 30% rent cap affordable housing protection to make it available to all severely rent burdened PWH in New York State. This will require legislation to expand the availability of the 30% rent cap to eligible PWH in the balance of the State outside NYC and adjusting the formula for determining eligibility for HIV enhanced rental assistance and the 30% rent cap as a function of approved rent less 30% of household income. As currently calculated, the affordable housing protection excludes a small number of extremely rent burdened disabled PWH whose income less rent exceeds the minimal public assistance allowance.

The primary housing program for poor New Yorkers living with HIV/AIDS is tenant-based rental assistance funded jointly by NYS and local social service districts (LSSDs). (See the related recommendation titled "Expand and Update the NYS HIV Enhanced Rental Assistance Program"). As with NYS housing programs for other disabled people, enhanced rental assistance program participants with income from disability benefits contribute a portion toward rent. Unlike other programs, however, the HIV/AIDS rental assistance program put in place in the 1980's did not include an affordable housing protection. All other state and federal disability housing programs – including most HIV/AIDS supportive housing – cap a tenant's rent contribution at 30 percent of income. In contrast, until recently the NYS OTDA required that PWH who receive income from any source be budgeted for the rental assistance program at a rent level that reduces their discretionary income to the level of the public assistance grant. Permanently disabled PWH were therefore required to contribute between 50% and 75% of their fixed income from disability benefits (SSI, SSDI, or Veteran's benefits) towards their rent. HUD defines payment of more than half of income towards rent as a "severe rent burden."

This policy has two pernicious impacts. First, it causes tenants to fall behind in rent leading to housing loss and disruption of care. Second, the policy acts as a powerful disincentive to independence, as more stable residents opt to enter or stay in supportive housing in order to reduce their rent burden. As a result, there is very little turnover in the permanent supportive housing system, keeping people with more complex needs homeless.
The recent adoption by NYS and NYC of an affordable housing protection for disabled PWH in NYC caps contributions from fixed disability income towards rent to 30% of income (from previous requirement to contribute 70% or more of income to rent). This policy will provide much needed protection from housing instability or homelessness for eligible PWH, but remains unavailable to some severely rent-burdened disabled PWH due to the current NYS process for determining eligibility. As currently calculated, the affordable housing protection excludes a small number of extremely rent burdened disabled PWH whose income less rent exceeds the minimal public assistance allowance. The affordable housing protection is not currently available at all outside of NYC.

| | |
|---|---|
| **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)** | 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 policy |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

Studies have found that greater housing stability translates into savings in avoidable health care spending of $9,000 to $15,000 per PLWHA, and substantially reduces the rate of ongoing HIV transmission, saving approximately $400,000 in health spending per averted infection ($650,000 in lifetime spending discounted to a present value of $400,000).

Thirty percent of income is the widely accepted standard for housing affordability among low-income persons, and research shows that capping the rent burden at 30% will have a dramatic impact on rates of non-payment and subsequent housing loss. A 2009 study by researchers at Harlem United compared the rates of payment of the client's rent share in two of their HIV housing programs – a federally funded program with rent burden capped at 30% of disability income, and a program that utilized the HIV rental assistance program with no rent cap. They found that clients with the 30% affordable housing protection where more than twice as likely to make timely rent payments than persons with no rent cap (83% vs. 41%).

For additional information see the supporting memorandum titled "Housing Supports and Other Basic Subsistence Benefits."

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Local social service districts may perceive the requirement to provide the HIV enhanced rental assistance and the 30% rent cap protection as an unfunded mandate.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

In NYC, the Human Resources Administration is currently working to determine the small number of disabled PWH who are severely rent burdened but currently ineligible for the 30% rent cap. Incremental cost in NYC is not expected to be significant.

In the balance of the State outside NYC approximately 2,000 to 6,000 PHW have an unmet housing need but no access to the HIV enhanced rental assistance or the 30% rent cap. See the related recommendation titled "Expand and Update the NYS HIV Enhanced Rental Assistance Program" for a discussion of the incremental cost of the improving access to the rental assistance program. Incremental cost attributable to the 30% rent cap would depend upon the number of disabled PWH outside NYC who access the rental assistance and have income to contribute to rent.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Investments in housing for PWH are an effective cost-containment strategy, as public dollars spent on these essential benefits produce offsetting public savings through improved health care utilization and prevented HIV infections. A growing evidence base of such cost analyses indicate that improved stability among persons with HIV or other chronic medical or behavioral health issues results in increased engagement in cost-effective health care and reduced use of avoidable crisis care and other publicly funded services, generating "savings" in outlays for other categories of public spending that offset all or part of the cost of housing services. Studies have found that greater housing stability translates into savings in avoidable health care spending of an estimated $15,000 per PWH, and substantially reduces the rate of ongoing HIV transmission, saving approximately $400,000 in health spending per averted infection ($650,000 in lifetime spending discounted to a present value of $400,000).

See the supporting memorandum titled "Housing Supports and Other Basic Subsistence Benefits."

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Disabled PWH in NYC who are rent burdened but currently ineligible for the affordable housing protection due to the current standard of need calculation.

Disabled PWH in the balance of the State outside NYC who rely on fixed benefits that make it difficult or impossible to secure and maintain safe, appropriate housing.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

The number and percentage of NYS LSSD's who make the 30% affordable housing protection available to disabled PWH.

The number and percentage of PWH in each NYS LSSD who benefit from the affordable housing protection.

**Q15: This recommendation was submitted by one of the following** Advocate

**#170**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 19, 2014 1:32:56 PM
**Last Modified:** Wednesday, November 19, 2014 1:58:24 PM
**Time Spent:** 00:25:28
**IP Address:** 66.108.25.109

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | anna |
| Last Name | saini |
| Affiliation | VOCAL-NY |
| Email Address | anna@vocal-ny.org |
| **Q2: Title of your recommendation** | Expand and Update the NYS HIV Enhanced Rental Assistance Program |

**Q3: Please provide a description of your proposed recommendation**

Expand medical eligibility for the New York State program of HIV enhanced rental assistance to include all HIV-positive persons (PWH), require all local social service districts to make the program available to PWH through a single point of entry to public benefits (see related recommendation titled “Single Point of Entry in Every Local Social Services District to Expedite Access to Essential Benefits and Social Services Needed by Persons Living with HIV Infection”) and update the rental assistance rates provided through the program to provide rental assistance in line with fair market rental rates in localities. Income eligibility for the HIV rental assistance would be determined by budgeting total standard of need as a factor of the approved rent, the basic food and other public assistance grant, the HIV transportation allowance (see the related “Single Point of Entry” recommendation), less a contribution of 30% of any income to rent (see the related recommendation titled “30% Rent Cap HIV Affordable Housing Protection”).

The primary housing program for poor New Yorkers living with HIV/AIDS is tenant-based rental assistance funded jointly by NYS and local social services districts (LSSDs). The enhanced rental assistance program for PWH was established by NYS regulation early in the AIDS epidemic. The program subsidizes clients’ rents in private market apartments and is used by some supportive housing programs to cover a portion of operating costs. Given the limited amount of available supportive housing, the program is by far the most significant potential housing resource for PWH. In NYC, where the Human Resources Administration’s HIV/AIDS Services Administration (HASA) administers the program, over 80% of HASA clients in need of housing supports rely on the rental assistance program. However current administration of the program limits its availability and undermines its effectiveness.

The enhanced rental assistance program for PHWHA was established in the late 1980’s by State regulation (18 NYCRR 352.3(k)). A 1990 Administrative Directive (90 ADM-8) entitled “The Emergency Shelter Allowances for Persons with AIDS or HIV- related Illness Faced with Homelessness” instructs local social service districts “to address the problem of homelessness faced by persons with AIDS or HIV-related illness (as defined by the AIDS Institute of the New York State Department of Health).” However, the NYS DOH definition of HIV-related illness (more recently described as “clinical/symptomatic HIV infection”) has not been changed since the mid-1990s, is now out of date (and no longer used by the AIDS Institute for any purpose) and is inconsistent with current treatment guidelines and HIV prevention strategies. Under current eligibility requirements, for example, HIV-specific housing supports are available only to asymptomatic HIV+ persons with a CD4 count <200, while AIDS Institute clinical guidelines call for initiation of antiretroviral therapy for all adults as early as possible following HIV diagnosis. Similarly, the rental assistance rate ($480/month for single individuals and $330 for additional household members) has not been updated since established in the 1980’s and is insufficient to support even a studio apartment in any part of NYS. Finally, outside NYC no LSSD makes the enhanced HIV rental assistance program routinely available to PWH, and it has been used only rarely to support housing for PWH in the balance of the State.

In NYC, an estimated 10,000 to 15,000 PWH (including 800 or more PWH residing in NYC shelters on any given night) remain medically ineligible for the publicly funded HIV-specific non-shelter housing assistance. Homeless PWH in NYC who are as yet asymptomatic are forced into the Hobson’s choice of initiating treatment early or delaying treatment until they qualify for rental assistance or supportive housing.

Outside NYC, PWH access to housing and services is extremely limited. The HUD HOPWA program reported in 2012 that at least 2,100 PWH residing in NYS counties outside NYC had a current unmet need for housing assistance, and results of a 2004 AIDS Institute funded HIV housing needs assessment estimated that 4,000 to 6,000 households living with HIV had an unmet housing need that was not being met through either HIV-specific or mainstream housing programs.

| | |
|---|---|
| **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<br>,<br>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)** | 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 policy |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Permitted under current law,<br>Other (please specify)<br>The change in eligibility criteria could be accomplished through regulatory change or administrative action by the AIDS Institute to change the definition of HIV-related illness used to determine eligibility. Updating the rental assistance rates would require regulatory change. |
| **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?**

A large body of research demonstrates that homelessness and unstable housing are strongly associated with greater HIV risk, inadequate HIV health care, poor health outcomes, and early death. A 2005 New York City study found the rate of new HIV diagnoses among homeless persons sixteen times the rate in the general population, and death rates due to HIV/AIDS five to seven times higher among homeless persons.

For people living with HIV, lack of stable housing poses barriers to engagement in care and treatment success at each point in the HIV care continuum. Numerous studies, including, consistently find that PWH who lack stable housing are: more likely to delay HIV testing and entry into care following HIV diagnosis; are more likely to experience discontinuous care – dropping in and out of care and/or changing providers often; are less likely to be receiving medical care that meets minimal clinical practice guidelines; are less likely to be on antiretroviral therapy (ART); and are less likely achieve sustained viral suppression. Compared to stably housed PWH, homeless and unstably housed PWH: rate their mental, physical and overall health worse; are more likely to be uninsured, use an emergency room, and be admitted to a hospital; and have significantly higher rates of all-cause mortality. In fact, housing status is a stronger predictor of HIV health outcomes than individual characteristics including gender, race, ethnicity or age, drug and alcohol use, and receipt of social services, indicating that housing itself improves the health of people living with HIV.

The conditions of homelessness and housing instability are also independently associated with increased risks of transmitting the HIV virus to others, after adjusting for other factors that influence risk such as substance use, mental health issues and access to services.
Research findings also show that housing assistance is an evidence-based HIV health care intervention. CHAIN study data show that over time receipt of housing assistance is among the strongest predictors of accessing HIV primary care, maintaining continuous care, receiving care that meets clinical practice standards, and entry into HIV care among those outside or marginal to the health care system. For homeless/unstably-housed people, housing assistance is also an evidence-based HIV prevention intervention. Over time, persons who improve their housing status reduce risk behaviors by as much as half, while persons whose housing status worsens are as much as four times as likely to engage in behaviors that can transmit HIV.

A NYC DOHMH study of the HIV care continuum for federal Housing Opportunities for People with HIV/AIDS (HOPWA) clients employs surveillance data to compare outcomes for formerly homeless PWH in NYC who receive HOPWA housing assistance with outcomes for all PWH in NYC. Ninety-nine percent (99%) of HOPWA clients were linked to HIV care following diagnosis, compared to 84% of all persons with HIV in NYC. More than 95% of HOPWA clients were retained or engaged in care and 87% had evidence of ARV medication use; rates for all persons with HIV in NYC were 30% lower. Most importantly, 69% of NYC HOPWA clients had achieved viral suppression, a much higher rate than for other NYC PWH (44%) or rates seen in national studies (30%).

Yet housing appears to be the greatest unmet need of PWH in NYS. Results from the long-term Community Health Advisory & Information Network (CHAIN) study of representative samples of persons living with HIV/AIDS in NYC and the Tri-County region of Westchester, Rockland and Putnam Counties indicate that the greatest current unmet needs among people living with HIV (PWH) in NYC and the Tri-County area are housing assistance and food. Participants in recent community meetings across NYS identified housing assistance, food and transportation as the greatest unmet needs of people living with HIV.

Finally, addressing housing need as a key structural barrier to HIV care will also be essential in order to reduce the stark HIV-related health disparities that characterize the HIV epidemic in NYS, and to realize the full potential of biomedical interventions.
For additional information and citations see the supporting memorandum titled “Housing Supports and Other Basic Subsistence Benefits.”

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Local social service districts may perceive the requirement to provide access to the HIV enhanced rental assistance program as an unfunded mandate.

In all LSSDs, including NYC where the enhanced rental assistance program is already available to PWH who have a diagnosis of advanced HIV disease, expanding the program will require cost sharing between NYS and LSSDs that reflects the fact that the savings attributable to the program accrue primarily to NYS in the form of reduced Medicaid spending on avoidable emergency and inpatient care and averted new HIV infections. Currently, NYS shares only about one-third of costs associated with provision of the HIV enhanced rental assistance program in NYC rather than the standard 50%/50% allocation of the costs of public benefits between LSSDs and NYS. We understand that local share of costs has been a primary barrier to the availability of the program in other LSSDs.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

In NYC, the Human Resources Administration is currently working with the Department of Health and Mental Hygiene and the Department of Homeless Services to estimate unmet need for the HIV enhanced rental assistance among currently ineligible PWH and the incremental costs of expanding and updating the program to meet real need. Unofficial estimates indicate that approximately 10,000 to 15,000 PWH in NYC have an unmet need for housing assistance. As noted above, an estimated 2,000 to 6,000 PWH in the balance of the State outside NYC have an unmet housing need, although a more accurate current need estimate will require an update of the findings from the 2004 housing needs assessment conducted for the AIDS Institute.

Incremental cost of the recommended update and expansion of the rental assistance program should be calculated as a function of the number of PWH with an unmet housing need and the fair market rental rates in each LSSD, less any shelter or other housing costs already attributable to persons who would become newly eligible (such as the costs incurred for expensive emergency shelter for homeless individuals and families and any shelter allowances already received through regular public assistance) and anticipated contributions to rent by eligible persons with disability income (see the related recommendation titled “30% Rent Cap HIV Affordable Housing Protection”).

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Investments in housing for PWH are an effective cost-containment strategy, as public dollars spent on housing assistance produce offsetting public savings through improved health care utilization and prevented HIV infections. A growing evidence base of such cost analyses indicate that improved stability among persons with HIV or other chronic medical or behavioral health issues results in increased engagement in cost-effective health care and reduced use of avoidable crisis care and other publicly funded services, generating “savings” in outlays for other categories of public spending that offset all or part of the cost of housing services. For example, findings from at least two studies of housing assistance for homeless and unstably housed persons with HIV show an average savings of approximately $15,000 per housed PWH through significant decreases in avoidable emergency and inpatient Medicaid spending, before taking into account savings attributable to averted new HIV infections. Findings from a HUD/CDC random controlled trial of tenant based HOPWA housing assistance conservatively indicate that housing assistance for every 100 unstably housing PWH would avert 1.56 new HIV infections annually, generating over $625,000 savings in future HIV treatment costs (at the estimated $400,000 present value of lifetime HIV treatment costs per infection. (See supporting memorandum titled “Housing Supports and Other Basic Subsistence Benefits.”)

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

An estimated 10,000 to 15,000 PWH in NYC who are currently ineligible for HASA-administered housing services, including the HIV enhanced rental assistance program.

An estimated 2,000 to 6,000 PWH in the balance of the State outside NYC who have an unmet housing need.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

The number and percentage of NYS LSSD's who make the enhanced rental assistance readily available to all income-eligible PWH.

The number and percentage of PWH in each NYS LSSD receiving the HIV enhanced rental assistance.

The number and percentage of PWH in NYS with an unmet housing need.

**Q15: This recommendation was submitted by one of the following** Advocate

**#171**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 19, 2014 1:58:35 PM
**Last Modified:** Wednesday, November 19, 2014 2:02:21 PM
**Time Spent:** 00:03:46
**IP Address:** 66.108.25.109

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | anna |
| Last Name | saini |
| Affiliation | VOCAL-NY |
| Email Address | anna@vocal-ny.org |

| | |
|---|---|
| **Q2: Title of your recommendation** | Single Point of Entry in Every Local Social Services District to Expedite Access to Essential Benefits and Social Services Needed by Persons Living with HIV Infection |

**Q3: Please provide a description of your proposed recommendation**

Each local social service district (LSSD) in the State would establish a single point of entry (SPE) to coordinate and expedite the provision of essential public benefits and services for all income-eligible persons diagnosed with HIV infection (PWH). Designated caseworkers would assist PWH by identifying needs and resources, setting up direct linkages to necessary benefits and services, resolving issues, stabilizing living situations, and coordinating services with other public agencies and community based organizations (CBOs).

SPE services would include: case management and assistance in applying for public benefits and services, including: Medicaid, Supplemental Nutrition Assistance Program benefits, cash assistance, emergency transitional housing, non-emergency housing, rental assistance, home care and homemaking services, mental health and substance abuse screening and treatment referrals, employment and vocational services, transportation assistance, SSI or SSD application and appeal, and information on and referrals to CBO services. Available benefits would include the enhanced rental assistance for persons with HIV (see related recommendation titled “Expand and Update the NYS HIV Enhanced Rental Assistance Program”), an affordable housing protection for PWH with income from disability benefits or employment (see related recommendation titled “30% Rent Cap HIV Affordable Housing Protection”) and an HIV-specific transportation allowance of at least $190 per month to assist PWH who rely on public benefits to be food secure and able to travel to essential medical and support service appointments.

For many HIV-positive persons, retention in HIV care requires addressing a cluster of health, behavioral and structural issues, including poverty, housing instability, food insecurity and lack of transportation. Homelessness, hunger and other unmet subsistence needs are powerful barriers to effective HIV prevention and treatment. Results from the long-term Community Health Advisory & Information Network (CHAIN) study of representative samples of persons living with HIV/AIDS in NYC and the Tri-County region of Westchester, Rockland and Putnam Counties indicate that the greatest current unmet needs among people living with HIV (PWH) in NYC and the Tri-County area are housing assistance and food. Participants in recent community meetings across NYS identified housing assistance, food and transportation as the greatest unmet needs of people living with HIV. Recent federal cuts in the SNAP food stamp program also have the potential to further worsen food insecurity. Eliminating new HIV infections and retaining all persons living with HIV in effective treatment will require continued and expanded reliance on evidence-based housing, food and transportation interventions as critical enablers of effective, integrated HIV prevention and care.
In NYC, since the 1980’s the Human Resources Administration’s HIV/AIDS Services Administration (HASA) has provided a single point of entry for access to the HIV enhanced rental assistance and other public benefits including a $190/month HIV-specific transportation allowance. The HASA system has been extremely effective delivering coordinated benefits and services, but HASA eligibility is currently limited to PWH with a diagnosis of AIDS or advanced HIV disease. Eligibility for the program is tied under NYC local law to a NYS Department of Health AIDS Institute definition of HIV-related illness (more recently described as “clinical/symptomatic HIV infection”) has not been changed since the mid-1990s, is now out of date (and no longer used by the AIDS Institute for any purpose), and is inconsistent with current treatment guidelines and HIV prevention strategies. As a result, an estimated 10,000 to 15,000 PWH in NYC (including 800 or more PWH residing in NYC shelters on any given night) remain medically ineligible for the publicly funded HIV-specific non-shelter housing assistance, case management and transportation allowance that are provided for persons with symptomatic HIV infection through HASA. Homeless people with asymptomatic HIV infection are forced into the Hobson’s choice of initiating treatment and remaining homeless or delaying treatment until they qualify for rental assistance or supportive housing.

Outside NYC, no LSSD makes the enhanced HIV rental assistance program routinely available to PWH, and it has been used only rarely to support housing for PWH. Likewise, no local district outside NYC provides a single point of entry for PWH to access public benefits, and no district provides an HIV-specific transportation allowance. The HUD HOPWA program reported in 2012 that at least 2,100 PWH residing in NYS counties outside NYC had a current unmet need for housing assistance, and results of a 2004 AIDS Institute funded HIV housing needs assessment estimated that 4,000 to 6,000 extremely low-income households living with HIV had an unmet housing need that was not being met through either HIV-specific or mainstream housing programs.

| | |
|---|---|
| **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)** | 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 policy |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

Facilitating access to public benefits, including HIV specific rental supports and transportation allowances, will address the social drivers of the HIV epidemic in NYS by ensuring that each eligible PWH is linked to critical enablers of effective HIV treatment, including a safe, stable place to live, adequate nutrition and the ability to travel to health care and supportive services. Addressing the social and structural barriers to HIV care is also essential in order to reduce the stark HIV-related health disparities that characterize the HIV epidemic in NYS, and to realize the full potential of biomedical interventions.

For additional information see the supporting memorandum titled "Housing Supports and Other Basic Subsistence Benefits."

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Local social service districts may perceive the requirement of a SPE and the delivery of HIV-specific benefits as an unfunded mandate.

SPE systems must be implemented in a manner that maximizes access for PWH and minimizes the potential for stigma and discrimination in LSSDs with small caseloads.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

As LSSDs are already required to administer public benefits for income eligible PWH, additional costs associated with this recommendation would be largely tied to incremental costs of expanded access to HIV enhanced rental assistance and transportation allowances. (See related recommendations.)

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Investments in housing and other essential supports for PWH is an effective cost-containment strategy, as public dollars spent on these essential benefits produce offsetting public savings through improved health care utilization and prevented HIV infections. A growing evidence base of such cost analyses indicate that improved stability among persons with HIV or other chronic medical or behavioral health issues results in increased engagement in cost-effective health care and reduced use of avoidable crisis care and other publicly funded services, generating “savings” in outlays for other categories of public spending that offset all or part of the cost of housing services. (See supporting memorandum titled “Housing Supports and Other Basic Subsistence Benefits.”)

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

An estimated 10,000 to 15,000 PWH in NYC who are currently ineligible for HASA services.

An estimated 2,000 to 6,000 PWH in the balance of the State outside NYC who have an unmet for coordinated assistance with housing, food, transportation and other subsistence needs.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

The number and percentage of NYS LSSD’s with a SPE for PWH.

The number and percentage of PWH in each NYS LSSD receiving coordinated public benefits through a SPE.

The number and percentage of PWH in NYS with an unmet housing need.

The number and percentage of PWH in NYS who report food insecurity.

**Q15: This recommendation was submitted by one of the following** Advocate

**#172**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 19, 2014 2:29:46 PM
**Last Modified:** Wednesday, November 19, 2014 2:56:41 PM
**Time Spent:** 00:26:55
**IP Address:** 156.111.216.150

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**


| | |
|---|---|
| First Name | Alex |
| Last Name | Carballo-Dieguez, Ph.D. |
| Affiliation | New York State Psychiatric Institute and Columbia University |
| Email Address | ac72@columbia.edu |


**Q2: Title of your recommendation**

Make self-testing available free of charge to those who request it

**Q3: Please provide a description of your proposed recommendation**

The Oraquick HIV Home test has been approved by the FDA for over-the-counter sale. It allows an individual to test himself or herself in privacy, following simple instructions. In 20 minutes, the test can detect HIV antibodies. It's an ideal tool for people who don't want to go to a clinic or discuss HIV with a health care professional. Also, for those who have been tested in the past but don't want to go through "the ritual of retesting" (they are fatigued about the counseling offered at testing sites), the self-test is a good alternative.

However, each test kit costs $40 over the counter, which makes it inaccessible for those who need it the most. I propose that the test be made available for free to those who request it from STD clinics or CBO. The test kits could be picked up in person or sent by mail. The person requesting it would be asked to provide contact information that could be use to further follow and offer PrEP if the results were negative, or linkage to care if the results were positive.

**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

,

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

,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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?** | New 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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

By offering free self-test kits, individuals who are closeted, "in the down low," or who simply postpone being tested, would have an easy, quick way to be able to test themselves whenever and wherever they want.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

The test is FDA approved. The kit includes hotline numbers and resources to contact for further help. The test is easy to interpret. The are clear indications in the kit that the results are preliminary and require confirmation, and that there is a window period in which recent infections cannot be detected.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Bought wholesale in large quantitates the DOH could negotiate to probably pay about $5 per test kit. If you ad to that the cost of shipping, you can probably reach out interested parties for $8 per kit. Add to that some registry to follow up with cases, and probably you can implement the whose system for $10 per capita.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

The return of investment is that for $10 per person, the DOH could identify individuals at risk (that is why they are requesting the HIV test) that can be offered PrEP, or individuals who are infected and don't know about it, who could be offered treatment.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

men who have sex with men, bisexual men, closeted men, women who suspect their husbands are not monogamous, women with multiple sexual partners who don't use condoms, undocumented foreigners who fear going to clinics, adolescents (the test is licensed for use by 17 year-olds), people with disabilities that impede them to go to clinics.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

There should be a central registry of all individuals requesting the test who agree to provide contact information. This registry could be used for further prevention outreach.

**Q15: This recommendation was submitted by one of the following**

Ending the Epidemic Task Force member

**#173**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 19, 2014 4:26:41 PM
**Last Modified:** Wednesday, November 19, 2014 4:35:10 PM
**Time Spent:** 00:08:28
**IP Address:** 66.87.117.36

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Lillibeth |
| Last Name | Gonzalez |
| Affiliation | GMHC |
| Email Address | lillyzalez@hotmail.com |
| **Q2: Title of your recommendation** | PrEP for Women |
| **Q3: Please provide a description of your proposed recommendation** | *Respondent skipped this question* |
| **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)** | Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |

| | |
|---|---|
| **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.<br>,<br><br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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?** | Unknown |
| **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 three to six years |

**Q9: What are the perceived benefits of implementing this recommendation?**

Women will have access to information on PrEP. Attend groups, forums and community wide events. Meet other women on PrEP and get information on the efficacy.

| | |
|---|---|
| **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?** | *Respondent skipped this question* |
| **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 |

**#174**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, November 20, 2014 5:30:40 AM
**Last Modified:** Thursday, November 20, 2014 5:47:06 AM
**Time Spent:** 00:16:26
**IP Address:** 66.193.16.130

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | *Respondent skipped this question* |
| **Q2: Title of your recommendation** | CBO involvement in reengagement into care |

**Q3: Please provide a description of your proposed recommendation**

CBOs have the most expertise in outreach to individuals who have fallen out of care, and can also assist them to address barriers to retention in care. Therefore, CBOs should receive the data about who these individuals are. This will save multiple steps and be more effective. Confidentiality should not be a concern as CBOs have been abiding by HIPAA and Article 27F for years. I suggest limiting the number of CBOs who receive the information to designated agencies on a contractual basis.
An additional recommendation involves that this initiative seems to disconnect STIs from HIV. Especially upstate, there are populations at continued high risk for STIs that may not be at high risk for HIV due to low HIV seroprevalence, yet there is less and less DOH funding for us to work with these individuals. The concern is that the increasingly narrow targeting will create spikes in STIs - and eventually result in increased HIV as well.
The current DOH approach of "High Impact Prevention" is creating systems of duplication of services rather than a continuum of services. There are already funding sources to work with HIV+ individuals. How is this not duplicative and putting a lot of money towards a small group of people. Why end the types of services that moved us to these low seroprevalence rates to begin with?

| | |
|---|---|
| **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<br>,<br>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<br>,<br>Other (please specify)<br>How funding for High Impact Prevention is allocated |

| | |
|---|---|
| **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.<br>,<br><br>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.<br>,<br><br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | Unknown |

| | |
|---|---|
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| **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?**

More effective use of resources. Community based services have the systems in place, the relationships if the communities, and generally can provide services for less money than counties, the state, or medical providers.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Confidentiality guidelines would need to be made very clear; may need to be amended. This has already been done within the Medicaid redesign/health home system and with the expansion of electronic health records.

| | |
|---|---|
| **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?**

HIV + individuals; individuals at risk of STIs and related concerns; the community in general

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Involve currently-funded, high-performing CBOs in planning.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Other (please specify) HIV prevention provider |

**#175**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, November 20, 2014 6:13:49 AM
**Last Modified:** Thursday, November 20, 2014 7:25:32 AM
**Time Spent:** 01:11:42
**IP Address:** 24.30.243.218

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Andrew |
| Last Name | Mendez |
| Affiliation | The Albany Damien Center |
| Email Address | AndrewM@albanydamiencenter.org |

**Q2: Title of your recommendation** — Taking a look on the inside

**Q3: Please provide a description of your proposed recommendation**

As Community-Based Organization and Community Service Providers, we tend to make recommendations surrounding funding barriers and limitations surrounding grants and entitlements. Although these too effect our relationships within the community and sometimes hinder our interactions and presence in the community, we must also focus on how we present ourselves as agencies and look at not just how to engage these high-risk communities, but also their perceptions of our agencies.

Although staff turnover is a long-stemmed issue within the non-profit community, it is not an issue those at the highest-risk are unfamiliar with. Those individuals who finally become comfortable with their Care/Case Managers, their physicians, their prevention workers, are all to familiar with the discouraging effect of an employee leaving and having to re-tell their story, or catch the new employee up on their case. This is a huge barrier to consumer retention. Many individuals who are interested in participating in prevention programs get lost in new employee transitions, referrals are misplaced, or when finally the new employee is ready to begin providing services those consumers have lost interest in participating. We see this same struggle when those whom are HIV+ must transition Care/Case Managers. Many individuals who are HIV+ have dealt with stigma, poverty, and isolation. Reliving their experiences and having to explain how they became infected and their need for services becomes a deterrent to retention in care.

I recommend that agencies become monitored by a state institution or the NYSDOH AI on their employee retention practices and what they are doing to address staff turnover. If we can begin to address why employees are leaving agencies or what we can do to begin making sure that employees are planning to stay long terms of time, then we can help maintain consumer retention.

**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)**

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.

,

Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the

| | |
|---|---|
| | have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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?** | 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?**

Implementing a new policy or task force would help benefit the community in that they can become comfortable with agency staff without the fear of staff turnover, and having to relive experiences.

Also, having an outside program that monitors what organizations are doing to retain staff would boast employee moral in that they would have a perceived benefit that someone other than the organization is looking out for employee needs and concerns.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Regulating agencies with an outside program may present issues for organizations.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

unknown

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

unkown

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Consumers

| | |
|---|---|
| **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 |

**#176**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, November 20, 2014 8:06:08 AM
**Last Modified:** Thursday, November 20, 2014 8:22:26 AM
**Time Spent:** 00:16:18
**IP Address:** 166.171.187.47

PAGE 1

**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 survial 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 deterioate. 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

| | |
|---|---|
| **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.<br>,<br><br>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 afriad 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.

| | |
|---|---|
| **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 |

**#177**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, November 20, 2014 6:50:50 AM
**Last Modified:** Thursday, November 20, 2014 10:08:43 AM
**Time Spent:** 03:17:53
**IP Address:** 24.97.220.14

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Michelle |
| Last Name | McElroy |
| Affiliation | Southern Tier AIDS Program |
| Email Address | mmcelroy@stapinc.org |

**Q2: Title of your recommendation**

Medicaid Transportation by Approved Community Members

**Q3: Please provide a description of your proposed recommendation**

Facilitate a network of Medicaid-approved drivers in rural communities to transport eligible members to provider appts. Allow these drivers to be reimbursed mileage for providing this service, rather than paying MUCH higher rates for Medicaid cabs or other medical transport.

**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.<br>,<br>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?** | Unknown |
| **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?**

Save cost, due to less use of Medicaid cab. Better transport, as many Medicaid cab companies are unreliable, run late, miss scheduled (and confirmed appts), and do not treat clients well. Better confidentiality protections, as the individuals could recruit people they know to provide reimbursable transport, rather than getting into a cab with an unknown driver every time.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Transport people would have to go through confidentiality training and complete attestation. They would likely also have to provide proof of active license and insurance policy.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Less cost than current transport with Medicaid cab/medical transport. Not sure of actual cost estimate, but it seems the savings could be calculated by comparing the cost of a Medicaid cab transport to the cost of the federal mileage reimbursement rate

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

See above #11.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

PLWHA who are eligible for Medicaid transport, primarily in micropolitan and rural communities.

| | |
|---|---|
| **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 |

**#178**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, November 20, 2014 10:50:17 AM
**Last Modified:** Thursday, November 20, 2014 10:59:14 AM
**Time Spent:** 00:08:56
**IP Address:** 152.51.56.1

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Marc |
| Last Name | Meachem |
| Affiliation | ViiV Healthcare |
| Email Address | Marc.s.meachem@viivhealthcare.com |

**Q2: Title of your recommendation**

Entities providing Medicaid medical services should implement the NQF 2082 HIV Viral Load Suppression quality measure

**Q3: Please provide a description of your proposed recommendation**

Currently, all Medicaid managed care organizations are required to track how many beneficiaries have had a viral load test. This is a “process” quality measure whereas an “outcomes” quality measure assesses whether HIV treatment is successful. The National Quality Forum (NQF) has endorsed NQF 2082: HIV Viral Load Suppression: Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year. This measure was created by HRSA and included by CMS in their Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Medicaid Adult Core Set), which states can opt to use in their Medicaid programs. It is also included in the Physician Quality Reporting System, established by CMS as a Pay-for-Reporting Medicare quality program. The NQF 2082 quality measure can be found at: http://hab.hrsa.gov/deliverhivaidscare/coremeasures.pdf

We recommend that the NQF 2082 HIV Viral Load Suppression be a required outcomes quality measure that is tracked by any contracted entity providing medical services to Medicaid beneficiaries, including Medicaid Managed Care plans, Accountable Care Organizations, Medical Homes and other service delivery models.

**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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | New policy |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

While it is important to make sure that viral load tests are being conducted by Medicaid managed care organizations, it is more important to know that a patient's treatment is successful, as evidenced by reduced or undetectable viral load. The National Quality Forum is emphasizing outcomes measures, rather than process measures, as a way to improve patient care.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

All of the measures in the New York Medicaid Quality Assurance Reporting Requirements (QARR) focus on process, not outcomes. We recognize that implementing an outcomes measure will require plans to change their tracking and reporting mechanisms. Quality measures have been evolving for many years and we hope that New York can take the lead in establishing a robust viral load suppression outcomes quality measure that can be implemented by its contracted partners.

| | |
|---|---|
| **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?**

Medicaid beneficiaries, whose care is managed by organizations that are measured by how well HIV is controlled. This would allow New York State to assess HIV control of contracted organizations that provide medical care to Medicaid beneficiaries and determine which ones are best managing HIV.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

There are other outcomes quality measures that can track the progress of an individual patient and an organization in moving its population along the HIV care continuum, from testing to viral load suppression. If viral load is suppressed, however, it shows that the support that must be provided along the care continuum has been successful.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Other (please specify)<br>Specialist HIV pharmaceutical company |

**#179**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, November 20, 2014 11:12:35 AM
**Last Modified:** Thursday, November 20, 2014 11:28:16 AM
**Time Spent:** 00:15:41
**IP Address:** 66.193.16.130

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | *Respondent skipped this question* |
| **Q2: Title of your recommendation** | End of AIDS Initiative |

**Q3: Please provide a description of your proposed recommendation**

Would need to release the names of individuals who have fallen out of care to the AIDS Institute community based organizations doing care management and prevention so we can do outreach and follow up effectively. Community based organizations have excellent experience and expertise in outreach and addressing the barriers to engagement in care.

Would need to support STI testing, treatment and prevention even among those on PrEP and also with populations that may not fall into "high risk" for HIV, especially upstate where HIV seroprevalence is low.

HASA does not work for upstate, they focus only on the NYC area.

| | |
|---|---|
| **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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **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.

,

Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs.

| | |
|---|---|
| **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 policy |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| **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 three to six years |

**Q9: What are the perceived benefits of implementing this recommendation?**

Connecting individuals who are HIV+ to care that have fallen out of care.
Utilizing experienced community based organizations who have extensive experience with continuity of care, outreach and follow up for effective identification of HIV+ and those at high risk.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Consider additional options for risk reduction for HIV- individuals other than PrEP

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

unknown

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

unknown

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Community Based organizations in upstate NY

| | |
|---|---|
| **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 |

**#180**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, November 20, 2014 11:50:38 AM
**Last Modified:** Thursday, November 20, 2014 12:00:08 PM
**Time Spent:** 00:09:29
**IP Address:** 155.229.23.181

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Kimberleigh |
| Last Name | Smith |
| Affiliation | Harlem United |
| Email Address | ksmith@harlemunited.org |

**Q2: Title of your recommendation**

Building Bridges: Connecting Mental Health, Primary Care and Housing for PLWHAs

**Q3: Please provide a description of your proposed recommendation**

Investment in/increase funding for a statewide initiative that will provide mental health services to people living with HIV and AIDS with mental illness or substance abuse disorders in order to increase their level of functioning and reduce barriers to access and engagement in HIV primary care. The program could be modeled on the Ryan White Part A mental health service category in the NYC EMA, but would be replicated and expanded statewide. The ultimate goals are to promote optimal health outcomes, thus facilitating clients' overall well-being and quality of life from a holistic approach.

**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.<br>,<br>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 |
| 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?**

The integration of physical health with mental health and substance use treatment is critical for individuals with co-morbid medical and behavioral health conditions who have difficulty accessing care in a fragmented system.

The Community Health Advisory & Information Network (CHAIN) project, a longitudinal cohort study of PLWHA in New York City, has found that access to comprehensive primary care and HIV case management correlates with improved medical outcomes for PLWHA with mental health challenges. These findings likely can be applied to other areas of the state.

To further improve health care utilization and enhance health outcomes, the there should be increased investment in mental health services, specifically tailored for PLWHA, those not covered by Medicaid and those not reached through traditional mental health clinics and programs. This would improve treatment adherence and aid in the reduction of transmission rates within high-risk communities.

Model programming would be those which build bridges across mental health, primary care and housing, specifically co-located with HIV primary care services or have established linkages with HIV primary care and housing providers. Services should include mental health assessment and counseling, psychiatric care with buprenorphine treatment (or do we wan tto say medication monitoring), and AOD (maybe spell out acronym) counseling. Interventions would include evidence-based practices, such as motivational interviewing, cognitive behavioral therapy, individual, family and couples counseling as well as home visits.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Front end costs, but ultimately will save the state and public health systems money.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

To be determined.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

More research is needed to determine.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

PLWHAs with serious mental illness and substance abuse histories, who are not consistently in care.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Supportive housing

**Q15: This recommendation was submitted by one of the following**

Ending the Epidemic Task Force member,

Other (please specify)
Harlem United staff via Task Force member

**#181**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, November 20, 2014 11:00:08 AM
**Last Modified:** Thursday, November 20, 2014 12:22:17 PM
**Time Spent:** 01:22:09
**IP Address:** 152.51.56.1

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Marc |
| Last Name | Meachem |
| Affiliation | ViiV Healthcare |
| Email Address | Marc.s.meachem@viivhealthcare.com |

**Q2: Title of your recommendation**

Insurance plans should designate pharmacists to resolve barriers to HIV medication access

**Q3: Please provide a description of your proposed recommendation**

The Access to HIV Medications Survey (AHMS), fielded by the AIDS Institute in 2014 and completed by providers and consumers, indicates that there are many barriers to HIV medication access: pharmacy delays and errors, refill delays as a result of prior authorizations or pharmacies providing only a 30 day supply when a 90-day supply was written, formularies that are challenging to find, incomplete and change. Our recommendation is that all the Medicaid Managed Care plans train select pharmacists to be the “HIV pharmacy expert” when consumers or providers call needing help in resolving barriers to HIV Medicaid access encountered at the pharmacy. In addition, Medicaid Managed Care plans can establish and publicize an “HIV pharmacy” telephone number that can efficiently route calls to the HIV pharmacy expert. In the alternative, this recommendation could apply to the Medicaid Managed Care plans that have a certain number of HIV lives, for example 3,000 HIV+ enrollees. We encourage New York State to work with commercial and employer plans to recommend that they have HIV pharmacy experts to resolve pharmacy barriers.

**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 policy |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

It is important that people who have started on HIV treatment do not have treatment interruptions. Even if ARVs are available through all the Medicaid Managed Care plans without indication-related prior authorization or step edits, there can be logistical barriers and errors at pharmacies. Resolving these barriers requires a person knowledgeable about HIV treatment at the insurance plan who understands the importance of uninterrupted treatment and works to assess the problem and efficiently resolve it.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Medicaid Managed Care plans will have to train and dedicate pharmacy staff to resolve barriers to HIV medication access.

| | |
|---|---|
| **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?**

Patients, who will minimize treatment interruption with dedicated HIV pharmacy staff who will work to resolve issues; and providers, who will have less of an administrative burden in helping patients access the medicines they have been prescribed.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Survey of Medicaid recipients and providers a year after the recommendation is implemented.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Other (please specify)<br>Specialist HIV pharmaceutical company |

**#182**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, November 20, 2014 11:06:17 AM
**Last Modified:** Thursday, November 20, 2014 12:25:56 PM
**Time Spent:** 01:19:39
**IP Address:** 152.51.56.1

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Marc |
| Last Name | Meachem |
| Affiliation | ViiV Healthcare |
| Email Address | Marc.s.meachem@viivhealthcare.com |

**Q2: Title of your recommendation**

HIV education for staff should be required of all Medicaid Managed Care plans

**Q3: Please provide a description of your proposed recommendation**

With the majority of HIV+ Medicaid beneficiaries receiving care through non-HIV Special Needs Plans (SNPs), all Medicaid Managed Care plans should be required to provide HIV education for staff. Section 16 of the Model contract on the website has “Quality Assurance” requirements. Many of these requirements apply to all Medicaid Managed Care plans, but sections 16.4-9 apply only to the HIV SNPs. These sections should be assessed to determine if any of these quality assurance requirements should be included in the contract with all the Medicaid Managed Care plans, not just the SNPs. Our recommendation is to include HIV education, which includes prevention and treatment education, for staff in all the Medicaid Managed Care contracts. In the alternative, this recommendation could apply to the Medicaid Managed Care plans that have a certain number of HIV lives, for example 3,000 HIV+ enrollees.

**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)** | 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.<br>,<br>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 policy |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

With the majority of HIV+ Medicaid beneficiaries receiving care through non-HIV SNPs, this recommendation will ensure that staff in all Medicaid Managed Care plans receive annual education on HIV prevention and treatment. It is important that staff in all the plans that are providing HIV services to Medicaid beneficiaries, especially those with the most number of HIV lives, receive annual HIV education.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Non-SNP Managed Care plans will have to develop procedures to educate staff on HIV.

| | |
|---|---|
| **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?**

Patients, providers and ancillary health staff.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Whatever measures are being used now to assess whether and how the SNPs are providing this education could be applied to the non-SNP Managed Care plans.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Other (please specify)<br>Specialist HIV pharmaceutical company |

**#183**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, November 20, 2014 12:26:13 PM
**Last Modified:** Thursday, November 20, 2014 12:29:37 PM
**Time Spent:** 00:03:23
**IP Address:** 152.51.56.1

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Marc |
| Last Name | Meachem |
| Affiliation | ViiV Healthcare |
| Email Address | Marc.s.meachem@viivhealthcare.com |

**Q2: Title of your recommendation**

Access to ARVs through Medicaid Managed Care plans

**Q3: Please provide a description of your proposed recommendation**

Contracts that the state enters into to provide services to Medicaid beneficiaries, including Medicaid Managed Care plans, Accountable Care Organizations, Medical Homes and other service delivery models, should not allow utilization management tools for antiretroviral drugs, such as prior authorization, unless those restrictions are being used to insure that medicines are being prescribed for FDA approved or compendia supported indications.

**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)** | 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.<br>,<br><br>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?** | New policy |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

The Access to HIV Medications Survey (AHMS), fielded by the AIDS Institute in 2014 and completed by providers and consumers, indicates that barriers to medicines include prior authorizations. PAs “have resulted in additional delays and treatment interruptions” for patients and “increase administrative burden in clinics” for providers. Without utilization management barriers, providers will be able to offer their patients the best treatment options for them, and will allow patients to obtain the medicine without unnecessary barriers to access.

| | |
|---|---|
| **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?**

The cost to the state is likely to be significantly offset by other cost savings.

**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?**

Medicaid patients, who will be able to obtain medicines prescribed by providers without unnecessary barriers. Medicaid providers, who will be able to offer their patients the best treatment options for them with minimal administrative burden.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Tracking the percent of patients with suppressed viral load, and if significant numbers are virally suppressed, that indicates that Medicaid beneficiaries are taking their medicines, although that could not be directly linked to this recommendation.

**Q15: This recommendation was submitted by one of the following**

Other (please specify)
Specialist HIV pharmaceutical company

**#184**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, November 20, 2014 12:29:55 PM
**Last Modified:** Thursday, November 20, 2014 12:33:14 PM
**Time Spent:** 00:03:18
**IP Address:** 152.51.56.1

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Marc |
| Last Name | Meachem |
| Affiliation | ViiV Healthcare |
| Email Address | Marc.s.meachem@viivhealthcare.com |

**Q2: Title of your recommendation**

HIV adherence services and engaging those lost to follow-up should be required of all Medicaid Managed Care plans

**Q3: Please provide a description of your proposed recommendation**

With the majority of HIV positive Medicaid beneficiaries receiving care through non-HIV Special Needs Plans (SNPs), all Medicaid Managed Care plans should be required to provide more HIV-related support services. Section 10.34 of Model contract on the website has “Additional Requirements for the HIV SNP Program Only.” These services include Care and Benefits Coordination, Prevention and Risk Reduction, and Treatment Adherence. Section 10.34 should be assessed to determine if any of these services should be included in the contract with all the Medicaid Managed Care plans, not just the SNPs. Our recommendation is to include HIV treatment adherence services and engagement efforts for HIV+ enrollees lost to follow-up in all contracts that the state enters into to provide services to Medicaid beneficiaries, including Medicaid Managed Care plans, Accountable Care Organizations, Medical Homes and other service delivery models. In the alternative, this recommendation could apply to the Medicaid contracted partners that have a certain number of HIV lives, for example 3,000 HIV+ enrollees.

**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 policy |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

With the majority of HIV positive Medicaid beneficiaries receiving care through non-HIV SNPs, this recommendation will ensure that all Medicaid Managed Care plans are 1) providing HIV adherence services; and 2) trying to re-engage HIV+ enrollees who are lost to follow-up. These are important services for plans that have the majority of the Medicaid lives and will help further the goals of the Governor's plan.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Non-SNP Managed Care plans will have to develop procedures to implement the recommendations.

| | |
|---|---|
| **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?**

All Medicaid beneficiaries, with greater benefit being felt by those enrolled in non-SNP Managed Medicaid plans.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Whatever measures are being used now to assess whether and how the SNPs are providing these services could be applied to the non-SNP plans.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Other (please specify)<br>Specialist HIV pharmaceutical company |

**#185**

## COMPLETE

**Collector:** Web Link (Web Link)
**Started:** Thursday, November 20, 2014 12:33:36 PM
**Last Modified:** Thursday, November 20, 2014 12:36:46 PM
**Time Spent:** 00:03:09
**IP Address:** 152.51.56.1

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Marc |
| Last Name | Meachem |
| Affiliation | ViiV Healthcare |
| Email Address | Marc.s.meachem@viivhealthcare.com |

**Q2: Title of your recommendation**

Ensuring that primary prevention requirements of all Medicaid Managed Care plans include ARV treatment

**Q3: Please provide a description of your proposed recommendation**

In light of the results of the HPTN 052 study showing that initiating antiretroviral treatment reduces transmission of HIV, all primary prevention requirements of Medicaid Managed Care plans should explicitly include ART. For example, Section 10.34(d)(i) of the Model Contract on the Medicaid website addresses the requirements of all Medicaid Managed Care plans to promote HIV prevention to all enrollees. It states, “Primary prevention also includes strategies to help prevent infected Enrollees from transmitting HIV infection, i.e., behavior counseling with an HIV infected Enrollee to reduce risky sexual behavior or providing antiviral therapy to a pregnant, HIV infected female to prevent transmission of HIV infection to a newborn.” The contract should also include, “communicating that being on antiviral therapy has been shown to decrease transmission of HIV infection to others.” Also, other areas of the contract that address primary transmission should include ART to prevent transmission. This brings prevention requirements in line with current treatment guidelines.

**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)** | 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.<br>,<br><br>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 policy |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

Updating the definition of primary prevention educates the managed care companies (especially the non-HIV Special Needs Plans) that there are multiple ways to prevent HIV transmission. In addition, providers working in these plans can enhance adherence messages to include reduction of transmission in support of efforts to end the epidemic.

| | |
|---|---|
| **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?**

Patients, whose care is being managed by organizations that are responsible for promoting HIV prevention. There are many ways to promote HIV prevention, and treatment with ARVs is an important one.

| | |
|---|---|
| **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)<br>Specialist HIV pharmaceutical company |

**#186**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Thursday, November 20, 2014 1:51:36 PM
**Last Modified:** Thursday, November 20, 2014 3:02:41 PM
**Time Spent:** 01:11:05
**IP Address:** 24.215.246.253

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Marcelo |
| Last Name | Maia |
| Affiliation | ACT UP NY |
| Email Address | marcelomaia@earthlink.net |

**Q2: Title of your recommendation** — Busting HIV Myths - k-12 HIV Curriculum

**Q3: Please provide a description of your proposed recommendation**

Since the beginning of the epidemic, HIV has been crowned with several myths. first and probably one the most damaging, it was identified as a gay disease, that only homosexuals were affected, that masculine men were safe, that straight people had nothing to worry.
Since them, a lot has changed, but many of the myths persist. Even though not only associate with gay men, gay men continue being the most affected group locally, nationally and internationally. the idea that HIV only affect gay men, specially feminine gay men still holds value on the decision making process of young blacks and latino men that have sex with men and other gay men.
Myths can only be busted with facts, knowledge and education. it is my concern that young gay men and other msm of color are prime candidates to HIV infection. These young men leave high-schools and get in line for possible HIV exposure. NYC has a k-12 HIV curriculum, which is still laced with Bush era strategies like abstinence. Meanwhile over 60% of young men on 12 grade reported having sex, some without condoms. The curriculum must be updated and prevention strategies revised to conform with latest prevention options. The implementation of the curriculum is perhaps the biggest hindrance, teacher must be comfortable teaching and talking about sexuality and HIV prevention, support and care. NYC HIV curriculum, once updated needs to become a norm on schools in NY.

| | |
|---|---|
| **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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative<br>,<br>Other (please specify)<br>HIV education, prevention and care. |

| | |
|---|---|
| **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.<br>,<br><br>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.<br>,<br><br>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?** | 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)?**

Within the next year

**Q9: What are the perceived benefits of implementing this recommendation?**

Over 1/2 of the persons tested positive are gay men and other msm, while young men of color continue experiencing the highest increases on transmission rates, basically because of lack of knowledge and access to information. By 2020 young gay men leaving high-school today will be in their early 20s and part of the population with the highest number of infections.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

The concern is with providing young men of color who have sex with men, gay men, and young men and women at risk for HIV, with the tool to protect themselves. Parents should not have the option of denying their kids the access to information which may protect them from HIV, as they have no right to deny those who are having sex to have access to condoms.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

The K-12 HIV curriculum is already in use NYC, it just needs to be revised and the implementation evaluated. The costs for that would be negligible. As for implementation on the rest of the state, costs would be minimal, since no hiring would be necessary only training of teachers using the curriculum.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

this is a difficult question, but I don't see how NY will reach the goal of reducing transmission below epidemic levels without it.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Young gay and other msm of color, young women of color and young people in general in the school system, who are having sex and those who will start once graduating, just about all of them.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Yes, the curriculum must be constantly evaluate for implementation, performance and efficacy. Simple surveys of high school students could provide information on areas & schools where education must be improved.

**Q15: This recommendation was submitted by one of the following**

Advocate,

Other (please specify) HIV Activist

**#187**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, November 21, 2014 8:16:31 AM
**Last Modified:** Friday, November 21, 2014 8:59:56 AM
**Time Spent:** 00:43:25
**IP Address:** 216.255.101.115

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Donna |
| Last Name | Futterman, MD |
| Affiliation | Adolescent AIDS Program, Montefiore Medical Center |
| Email Address | dfutterman@adolescentaids.org |

**Q2: Title of your recommendation**

PREP for Minors- NY Must lead

**Q3: Please provide a description of your proposed recommendation**

As part of the Governors Task Force and Plan we need a VERY strong call for allowing minors to access PREP without parental permission/consent in the rare cases where the youth is unable to disclose to a parent. While the FDA license for PREP is older than 18, medications are frequently prescribed "off label" by physicians. NY needs to lead in calling for and recognizing that youth are the fastest growing segment of those newly infected with HIV. LGBT youth who are rejected by their families are MOST at risk for adverse health and mental health outcomes including depression, suicide and increased rates of STIs. If a youth is unable to disclose to their parent their sexual orientation and need for PREP, why should they have to risk their lives? We need an alternative path for consent or better yet place prep under the classification of confidential health issues that allow minors to give their own consent such as birth control, STI diagnosis and treatment and substance use and mental health treatment. What is the rationale for this exclusion? Is it better for the young person to get HIV? Given the prominence of PREP as one of the three pillars of the governors plan, we cannot allow our wariness of "stepping into issues of care for minors" to overcome the urgent need to lead and make life saving prevention available for those most at risk. I am happy to supply citations and expand on this.

**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)**

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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 policy |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Permitted under current law,<br>Other (please specify)<br>I am not sure but it is urgent |
| **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?**

The most at-risk youth will have access to life-saving prevention. There is a small segment of young gay men and trangender women who are at exceedingly high risk for HIV yet so estranged from their families that parental permission for PREP is virtually impossible. While family engagement is a key component of work with youth, this can be either unfeasible or take extensive time for some. We will literally save lievs by implementing this well-established principal of care for minors- there are some issues that need to remain confidential in order for youth to access care. We successfully changed teh recommendations on OTC access to Plan B for minors, why is PREP different. Lets lead New York!!

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

1-Youth or providers might take an "easy way out" and not try to engage parents, but is this a major problem- I dont think so.
2- NY will be ahead of the FDA on approving use of PREP under minor consent. Again-what is wrong with leadership if we are to END THIS EPIDEMIC.
3- Payment plan will have to be worked out for youth on parental insurance to ensure that inadvertant disclosure does not occur due to Explanation of Benefits or other breaches of confidentiality.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Minimal. I dont know.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Help me hear.  Every case of HIV prevented is a HUGE ROI.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

YOUTH- especially LGBT youth of color.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Yes- reporting on how many minor youth need PREP without parental recommendation

**Q15: This recommendation was submitted by one of the following**

Advocate,

Other (please specify)  Provider of care to youth

**#188**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, November 21, 2014 10:17:26 AM
**Last Modified:** Friday, November 21, 2014 10:31:24 AM
**Time Spent:** 00:13:58
**IP Address:** 173.225.57.100

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Audrey |
| Last Name | Korokeyi |
| Affiliation | Rochester City School District |
| Email Address | audrey.korokeyi@rcsdk12.org |

**Q2: Title of your recommendation**

NYS law or mandate requiring grade K-12 Comprehensive Sexuality Education in Schools in NYS.

**Q3: Please provide a description of your proposed recommendation**

1. State Policy requiring grade K-12 comprehensive sexuality education in all NYS schools as part of a comprehensive health education program.

2. Requirement for all schools to have a comprehensive sexuality education policy.

3. Grade K-12 comprehensive sexuality education curriculum, instruction and assessment that is:

- Sequential
- Age and developmentally appropriate
- Unbiased
- Culturally appropriate
- Medically accurate
- Research-based or evidence informed
- Aligned with the NYSED Health Education Standards and Guidance Document and the National Sexuality Education Standards including functional knowledge and a strong health skills base in the following areas: anatomy and physiology, puberty and child and adolescent development, pregnancy and reproduction, STD's, healthy relationships and personal safety.

4. Ongoing, quality professional development for elementary educators, health educators and FACs teachers providing the K-12 sexuality education in schools.

5. Ongoing implementation and monitoring to ensure quality programming and sustainability of health and sexuality education in schools.

| | |
|---|---|
| **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)** | Other (please specify)<br>Preventive Education for school-age children and youth |
| **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?** | *Respondent skipped this question* |
| **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?**

There is a mandate, (commissioner regulation 135.b) that students are taught HIV instruction from K-12th grade. This isn't happening in many schools or districts. We must insist that districts be held accountable to provide comprehensive sexuality education to all students.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

There are no concerns just requires schools to adjust schedules to teach health education to all students.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

This program should be taking place in schools because you have health educators(teachers) in buildings. The cost might be a few thousand in each school.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

the return investment would be less young people being diagnosed with HIV.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

all public education students throughout New York State.

| | |
|---|---|
| **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** | Member of the public |

**#189**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, November 21, 2014 10:31:05 AM
**Last Modified:** Friday, November 21, 2014 10:41:55 AM
**Time Spent:** 00:10:49
**IP Address:** 70.195.132.183

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Ben |
| Email Address | bmckeegan@rochester.rr.com |

**Q2: Title of your recommendation**

Prep / Asking about HIV test on each visit

**Q3: Please provide a description of your proposed recommendation**

Incorporate the topics of prep and making the offer for an HIV test routine into Grand Rounds. This could be target the Medicine or Primary Care events.

**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
,

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
,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br><br>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?** | Unknown,<br><br>Other (please specify)<br>Would just be an offered topic for these regularly scheduled event. |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

Increase awareness.
Increase HIV testing.
Decrease new HIV Positive patients.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Scheduling with each institution.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Potential honorarium/travel expense for presenter.

| | |
|---|---|
| **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?** | Community |
| **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** | Member of the public |

**#190**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, November 21, 2014 9:00:20 AM
**Last Modified:** Friday, November 21, 2014 10:43:33 AM
**Time Spent:** 01:43:13
**IP Address:** 216.255.101.115

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Donna |
| Last Name | Futterman, MD |
| Affiliation | Adolescent AIDS Program, Montefiore Medical Center |
| Email Address | dfutterman@adolescentaids.org |

**Q2: Title of your recommendation**

Facilitate and monitor progress of routine HIV test offer in medical facilities

**Q3: Please provide a description of your proposed recommendation**

Monitor and facilitate the routine offer of HIV testing in ALL medical facilities including OPD/CHCs, ED and hospitals. Provide a clear message that THE GOAL IS HIV TESTING FOR ALL not just offering. The mandate to offer is often interpreted by facilities as a time consuming and convoluted mandate to document offering as opposed to getting on with the business of testing most people. It is NOT the pateints who refuse a provider recommendation but rather multiple levels of provider and institutional inaction that have resulted in very few institutions in NYS truly implementing the 2010 mandate. While the 2014 revision of consent to allow for verbal consent and opt out should have been an impetus for change, it really wasnt. Providers and lawyers often take the most minimal response necessary. Please do a realistic QA to see how minimally this is implemented. Without any monitoring or clear expectations from the state, there is not really incentive for medical care systems to change their policy. They are often more afraid of someone reporting they werent given the opportunity to opt out than worried about the multitude of missed opportunities to diagnose and link to care those who may have HIV yet remain untested as they are provided other medical care. If HIV testing is to be routine, it needs to be treated like other routine tests and not have a list of information points to communicate or other ways in which it gets singled out. I have even heard that there is some pressure to backtrack on the testing recommendations when what we need are foreceful and clear guidelines about streamlining HIV testing and the expectation and monitoring plan to truly make it routine. As the first pillar of the Governors plan to END the epidemic, we WILL NOT succedd if we dont deliver a CLEAR, direct message and develop a monitoring and enforcement plan on routine testing. We know how to do this and it is within our capacity. Lets move forward and LEAD!!!

**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

| | |
|---|---|
| **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.<br>,<br><br>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.<br>,<br><br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | Other (please specify)<br>Require forceful and clear guidance and monitoring and accountability plan. |

| | |
|---|---|
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

We could actually accomplish routine testing (Offer and testing). You need people from the non-HIV care system who run clinics and EDs to weigh in on how this can be streamlined and incorporated. While it is estimated that 15-20% of adults whoa re positive dont know, the most recent study of youth showed 60% of those who were positive did not know. This combined with lack of access to PREP for minors is so wrong at this stage of the epidemic.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

How to get past the very conservative and historically incorrect ideas of so-called advocates who continue to place barriers in the way of routine diagnosis. If a person finds out they have HIV, their ability to make choices about their care and treatment is theirs. I really dont know anyone who would ultimately be offended by having that info especialy when compared to the risk of being seen by a doctor and NEVER being offered the test. That is just not the way we treat other diseases or public health problems.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Dont know

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Dont know but it is already in the plan!

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Patients and providers. New York State taxpayers.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Clear messaging and social marketing that it is the public health goal for every New Yorker to know their HIV status to be empowered to make prevention and care choices. HIV is not yet over but this plan can go along way in getting us there. Messages must be segmented to the various audiences (including youth and MSM and communities of color) and be in places where the most at risk will see them-
And the need to develop and M&E system and accountability for the providers and institutions. If one large system

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Other (please specify) Health Care Provider |

**#191**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, November 21, 2014 10:43:43 AM
**Last Modified:** Friday, November 21, 2014 10:58:27 AM
**Time Spent:** 00:14:43
**IP Address:** 216.255.101.115

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Donna |
| Last Name | Futterman, MD |
| Affiliation | Adolescent AIDS Program, Montefiore Medical Center |
| Email Address | dfutterman@adolescentaids.org |

**Q2: Title of your recommendation**

Incorporating Youth into Governors Plan to End AIDS

**Q3: Please provide a description of your proposed recommendation**

The Governors Plan to End HIV touches on 3 key action steps that are both achievable and will have a strong impact on the epidemic  But given that adolescents and young adults are the fastest rising population of new infections, it is surprising, if not alarming, that there is NO specific representation of youth and their care providers and advocates.  Testing, care and prevention have unique manifestations for youth- in care, consent, marketing and engagement.  The recommendation is to increase the representation of the "youth community" on the TF as well as ensure there is a focus on how each of the plans and recommendations may impact youth.  Our youth of color and especially young msm, transgender females and young women remain vulnerable yet oddly neglected in the past and in this round.  PREP for minors is just one example of a crucial issue as is the need for youth focused social marketing and programs.  Every five years is a new generation- we need to update our messages and remember that the youth in High school today werent there and wont be in 5 years. We also need to ensure that data is disaggregated to allow us to view health disparities and success by age.

**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

,

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

,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

,

Other (please specify)
Focus on unique issues for youth.

**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

| | |
|---|---|
| | 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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| Q6: **Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | Other (please specify)<br>New appointments and Special focus by experts in the youth field, including but not limited to youth themselves. We dont expect homeless people to be their only advicates- we have experts in housing also representing them. |
| 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)?** | Within the next year |

Q9: **What are the perceived benefits of implementing this recommendation?**

A highly vulnerable population will have its interests incorporated into the Governors Plan.

Q10: **Are there any concerns with implementing this recommendation that should be considered?**

None except why wasnt it considered in the first place.

| | |
|---|---|
| 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?**

representation is not expensive.  Ignoring youth is.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Youth and generations to come.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Disaggregate data by age.

**Q15: This recommendation was submitted by one of the following**

Other (please specify)  Health care provider

**#192**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, November 21, 2014 11:03:14 AM
**Last Modified:** Friday, November 21, 2014 11:08:16 AM
**Time Spent:** 00:05:02
**IP Address:** 173.225.57.199

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | *Respondent skipped this question* |
| **Q2: Title of your recommendation** | HIV and Health Education |

**Q3: Please provide a description of your proposed recommendation**

Expand health and HIV education in schools and require K-12 Sexuality Education would make a real difference in ending the epidemic. This approach is proactive not reactive!!!! Let's do some preventative education early.

| | |
|---|---|
| **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)** | Unknown |

| | |
|---|---|
| **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.<br>,<br><br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

you would educate individuals at an early age so that they understand how this disease is spread and how it can be prevented.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

NO

| | |
|---|---|
| **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?** | *Respondent skipped this question* |
| **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** | Member of the public |

**#193**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, November 21, 2014 11:18:19 AM
**Last Modified:** Friday, November 21, 2014 12:01:39 PM
**Time Spent:** 00:43:19
**IP Address:** 129.49.157.121

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Maria |
| Last Name | McCue |
| Affiliation | The Research Foundation for SUNY - Stony Brook |
| Email Address | maria.mccue@stonybrookmedicine.edu |

**Q2: Title of your recommendation**

Covering PrEp Through The Family Planning Benefits Program (Insurance)

**Q3: Please provide a description of your proposed recommendation**

While I realize that The Family Planning Benefits Program (FPBP) covers Birth Control, it also covers STI education, testing and medication. While the FPBP does not cover HIV medication because it must be monitored carefully, and has many side effects, it might not be as economically or medically challenging to cover PrEP in the services offered. PrEP does not have to be monitored as much, nor does a client need to remain on it forever--only while they are presumed to be high risk. Education and evaluation to all those who receive Family Planning Benefits would discover who is at risk for HIV infection. Clients could be immediately linked to doctors/clinics that prescribe PrEP and provide follow-up care. Thereby, reducing the chance that they will become another HIV statistic.

**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)**

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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?** | Unknown |
| **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)?** | Unknown |

**Q9: What are the perceived benefits of implementing this recommendation?**

1. Educating those that are at-risk of becoming infected with HIV before that happens.
2. Providing medication that will further decrease the chance that high-risk clients will become infected with HIV.
3. Enlightening those who belong to the program so that they may recognize the need to help others and therefore either reduce HIV infection or be able to recognize more people with it that need to be in care.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

1. Confidentiality is always a concern.
2. While young people should be able to get this medication if they are high-risk without needing parental consent, educators should present a way to talk to parents/caregivers if that is possible.
3. Transportation for young people to medical care is difficult in our area. So, for follow-ups, it may be difficult.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

I have no idea.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

I have no idea.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Adolescents between the ages of 13 and 24

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

All those that enroll youth into family planning could check off whether they have educated youth on PRep on the forms that are already in place. I would imagine that if, and when, a client on the FPBP receives care, and a medical provider feels they are at risk and prescribes PrEP, that the state is alerted, but that no contact information is given out. Follow up appointments would also need to be reported. Perhaps when the client is no longer on the medication, they can fill out a another form. (Geez, no wonder there is so much paperwork!)

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Other (please specify)<br>I am a Health Educator who works with youth between the ages of 10 through 21 |

**#194**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, November 21, 2014 11:48:16 AM
**Last Modified:** Friday, November 21, 2014 12:05:24 PM
**Time Spent:** 00:17:07
**IP Address:** 66.66.250.94

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | *Respondent skipped this question* |
| **Q2: Title of your recommendation** | NYS law or mandate requiring grade K-12 comprehensive sexuality education in schools in NYS. |

**Q3: Please provide a description of your proposed recommendation**

1. State Policy requiring grade K-12 comprehensive sexuality education in all NYS schools as part of a comprehensive health education program.

2. Requirement for all schools to have a comprehensive sexuality education policy.

3. Grade K-12 comprehensive sexuality education curriculum, instruction and assessment that is:

- Sequential
- Age and developmentally appropriate
- Unbiased
- Culturally appropriate
- Medically accurate
- Research-based or evidence informed
- Aligned with the NYSED Health Education Standards and Guidance Document and the National Sexuality Education Standards including functional knowledge and a strong health skills base in the following areas: anatomy and physiology, puberty and child and adolescent development, pregnancy and reproduction, STD's, healthy relationships and personal safety.

4. Ongoing, quality professional development for elementary educators, health educators and FACs teachers providing the K-12 sexuality education in schools.

5. Ongoing implementation and monitoring to ensure quality programming and sustainability of health and sexuality education in schools.

| | |
|---|---|
| **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)** | Other (please specify)<br>HIV/AIDS education/awareness |

| | |
|---|---|
| **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?** | Unknown |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| **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?**

K-12 comprehensive sexuality education will help prevention of HIV transmission. Learning about the transmission of HIV and how to prevent transmission is critical to ending the epidemic.

| | |
|---|---|
| **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?** | *Respondent skipped this question* |
| **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) Health Educator |

**#195**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Friday, November 21, 2014 1:36:44 PM
**Last Modified:** Friday, November 21, 2014 2:14:43 PM
**Time Spent:** 00:37:59
**IP Address:** 159.123.253.1

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Jennifer |
| Last Name | Irwin |
| Affiliation | Mount Sinai Beth Israel |
| Email Address | jeirwin@chpnet.org |

**Q2: Title of your recommendation**

Adolescents/young adults

**Q3: Please provide a description of your proposed recommendation**

I want to make sure that young people have a voice, both on the task force itself and in the listening sessions and in all steps along the way. It is also imperative that the needs and priorities of young women/women of color be at the forefront in terms of prevention and care, as well as widening the conversation/services/solutions to include issues of domestic violence, structural inequality, mental health issues, abuse and trauma and poverty and their impact in young women's lives putting them at heightened risk for HIV/AIDS and negatively impacting thier ability to manage living with HIV/AIDS. We must address gender and power imbalance that continues to silence young women's voices and puts their needs as low priority in the fight to end AIDS.

**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

,

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

,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br><br>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.<br>,<br><br>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?** | Other (please specify)<br>This needs both changes to existing programs and policies. |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

Ending AIDS in 2020 is unrealistic without young women/women being an integral part of the policymaking and program development.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

No

| | |
|---|---|
| **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?**

young people
society/families in NYC and beyond
juvenile justice system
welfare system
employment
foster care system
education system
youth programs/CBOS

Just to name a few...we all benefit from society where we have happy, healthy adol/young adults who can be productive members of society.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Happy to think this through with other folks who work with young people....have many ideas. This warrants discussion.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Advocate |

**#196**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Saturday, November 22, 2014 4:28:30 PM
**Last Modified:** Saturday, November 22, 2014 5:11:03 PM
**Time Spent:** 00:42:32
**IP Address:** 66.67.51.189

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | ernest |
| Last Name | g |
| Affiliation | catholic charities |
| Email Address | ygrn3@aol.com |

**Q2: Title of your recommendation**

housing for HIV consumers

**Q3: Please provide a description of your proposed recommendation**

I have been living with the virus for more than 25 years, losing a house due to my illness in 2006.The middle class life I once had gone I found myself depressed and stressed out due to the lack of appropriate housing available for lower income PWA families my SSD benifit is stretched to the limit. I moved from Brooklyn NY to Rochester NY in 2008 only to find in order to live in a safe neighborhood the rents are very high and without a subsidy matching that of New York City its hard to make ends meet. I have always worked hard to provide a safe comfortable environment for my family, in speaking with others in the same situation. we ask that you consider upstate NY also has  a large HIV population in need of housing funding to help live in safe areas and not relegated to bad crime/drug infested neighborhoods for lack of help.

**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)**

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?** | Unknown |
| **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?**

people need dignity living with the change the virus and living in a safe clean environment/neighborhood helps to maintain and reduce the stress of housing worries so we can focus on treatment adherence.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

the funding are not focused fairly for upstate NY to provide this needed service

| | |
|---|---|
| **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 living with HIV

| | |
|---|---|
| **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** | Consumer |

**#197**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Saturday, November 22, 2014 8:35:21 PM
**Last Modified:** Saturday, November 22, 2014 8:46:38 PM
**Time Spent:** 00:11:16
**IP Address:** 74.66.94.28

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | *Respondent skipped this question* |
| **Q2: Title of your recommendation** | NYS law or mandate requiring grade K-12 Comprehensive grade K-12 Sexuality Education in Schools in NYS |

**Q3: Please provide a description of your proposed recommendation**

1. State Policy requiring grade K-12 comprehensive sexuality education in all NYS schools as part of a comprehensive health education program.

2. Grade K-12 comprehensive sexuality education curriculum, instruction and assessment that is:
- Sequential
- Age and developmentally appropriate
- Unbiased
- Culturally appropriate
- Medically accurate
- Research-based or evidence informed
- Aligned with the NYSED Health Education Standards and Guidance Document and the National Sexuality Education Standards including functional knowledge and a strong health skills base in the following areas: anatomy and physiology, puberty and child and adolescent development, pregnancy and reproduction, STD's, healthy relationships and personal safety.

3. Ongoing, quality professional development for elementary educators, health educators and FACs teachers providing the K-12 sexuality education in schools.

4. Ongoing implementation and monitoring to ensure quality programming and sustainability of health and sexuality education in schools.

| | |
|---|---|
| **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)** | Other (please specify)<br>None at present, but this recommendation would add an educational component to the list of goals. |

| | |
|---|---|
| **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?** | Unknown |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| **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 three to six years |

**Q9: What are the perceived benefits of implementing this recommendation?**

This recommendation supports the prevention of HIV/AIDS and is, therefore, related if not directly aligned with the goals of the New York State Prevention Agenda.

| | |
|---|---|
| **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?** | *Respondent skipped this question* |
| **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** | Member of the public |

**#198**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Sunday, November 23, 2014 9:35:26 AM
**Last Modified:** Sunday, November 23, 2014 10:21:42 AM
**Time Spent:** 00:46:16
**IP Address:** 72.225.20.157

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Ronald |
| Last Name | Carthen |
| Affiliation | Catholic Charities of Rochester,N.Y., Action For A Better Community,Action Front Center, Trillium Health |
| Email Address | sherasdreams@yahoo.com |

**Q2: Title of your recommendation**

Reaching Marginalized Peoples, Transgendered,Undocumented Peoples, Communities Of Colored Peoples.

**Q3: Please provide a description of your proposed recommendation**

I believe that mass media, prime time tv needs to be utilized today to educate the masses as to what it means to be HIV positive today verse what it meant in the 1980,s and early 1990,s That HIV has no recognizable face today and that people are living health lives by being on their medications. People in general are still scared to touch people, share eating utensils, share the same breathing spaces. I believe that if mass media was used to educate in 2 or 3 minutes segments during prime tv station at prime time hours information would reach huge masses of people across our state and nation. This information would help communities of color where people tend to hold on to the stereo type of perception of what HIV/AIDS meant in the pass. Strategies also need to be developed to reach and help people that have been marginalized like Transgender individuals and undocumented aliens who often have no health insurance, are living in fear of deportation and those who are uninsured because of gender identity.

**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

,

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)**

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.

,

Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service,

| | |
|---|---|
| | behavioral health, and adherence needs. |
| **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 policy |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| **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?**

Would reach large populations of people across our nation.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

How masses of people would reaction to being educated as to what it means to be HIV/AIDs positive and where the numbers of cases are headed.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Don,t know

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

To keep our populations from becoming infected and reducing medical cost and care.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Our populations of people as a whole and our nations youth.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Outreach education, education about condom use and protections.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Consumer,<br>Other (please specify) And Advocate. |

**#199**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 24, 2014 3:58:40 AM
**Last Modified:** Monday, November 24, 2014 4:06:30 AM
**Time Spent:** 00:07:50
**IP Address:** 64.75.117.1

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Shari |
| Last Name | Biro |
| Affiliation | School Administrator |
| Email Address | sbiro@k12mcsd.net |

**Q2: Title of your recommendation**

NYS law requiring Comprehensive Sexuality Ed in Schools grades K-12

**Q3: Please provide a description of your proposed recommendation**

1. State Policy requiring grade K-12 comprehensive sexuality education in all NYS schools as part of a comprehensive health education program.

2. Grade K-12 comprehensive sexuality education curriculum, instruction and assessment that is:

- Sequential
- Age and developmentally appropriate
- Unbiased
- Culturally appropriate
- Medically accurate
- Research-based or evidence informed
- Aligned with the NYSED Health Education Standards and Guidance Document and the National Sexuality Education Standards including functional knowledge and a strong health skills base in the following areas: anatomy and physiology, puberty and child and adolescent development, pregnancy and reproduction, STD's, healthy relationships and personal safety.

3. Ongoing, quality professional development for elementary educators, health educators and FACs teachers providing the K-12 sexuality education in schools.

4. Ongoing implementation and monitoring to ensure quality programming and sustainability of health and sexuality education in schools.

**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

,

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

,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

**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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | New policy |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

Knowledge is a step in the right direction.  Educating students is key to ending this epidemic.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Obviously the level of information for the younger students should be carefully implemented.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

There are already Health classes in our educational system. They need to include this information.

| | |
|---|---|
| **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?**

Everyone

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Data is important to make sure that with the knowledge comes less Aids statistics

**Q15: This recommendation was submitted by one of the following**

Member of the public

**#200**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 24, 2014 5:04:05 AM
**Last Modified:** Monday, November 24, 2014 5:15:05 AM
**Time Spent:** 00:11:00
**IP Address:** 168.169.225.72

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Kim |
| Last Name | Miller |
| Affiliation | Ken-Ton School District |
| Email Address | kimmil416@yahoo.com |

**Q2: Title of your recommendation**

Health Education including HIV education

**Q3: Please provide a description of your proposed recommendation**

You HAVE to expand health and HIV education and require comprehensive sexuality education K-12 in NYS schools. HIV epidemic can NOT be stopped if there is no education component to your proposed plans!!!! Its like telling people to not get heart disease without telling them how.

**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

,

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

,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

,

Other (please specify)
Education on prevention and precautions to keep people HIV negative

| | |
|---|---|
| **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?** | *Respondent skipped this question* |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

Preventing HIV will SAVE MILLIONS of dollars in HIV treatment!!!!

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Many school districts do not have a certified health educator teaching at the elementary level, rather they are asking classroom teachers to cover material on HIV. The classroom teachers are over burdened already with common core and state testing, and HIV education is NOT HAPPENING!!! Kids are getting most of the education about HIV in the High school level when for many students the information is too late!!!

| | |
|---|---|
| **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?** | *Respondent skipped this question* |

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Check with school districts to see who has elementary health education being taught by certified health educators.  Make it a mandate that it is!!!

**Q15: This recommendation was submitted by one of the following**

Member of the public

**#201**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 24, 2014 5:24:35 AM
**Last Modified:** Monday, November 24, 2014 5:39:11 AM
**Time Spent:** 00:14:36
**IP Address:** 170.158.126.17

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Kathy |
| Last Name | Miller |
| Affiliation | OCM BOCES Youth Development |
| Email Address | kamiller@ocmboces.org |

**Q2: Title of your recommendation**

Maintain and expand comprehensive sexuality education for K-12

**Q3: Please provide a description of your proposed recommendation**

NYS law or mandate currently requires grade K-12 Comprehensive Sexuality Education in Schools in NYS. This includes education in HIV/AIDS and other diseases which can be spread through unsafe sexual practices. As part of the Ending the Epidemic Task Force, there still is a need for students of all ages to receive ange and developmentally-appropriate comprehensive sexuality education. Schools districts that have been complying with this mandate should continue as in the past. Districts that have not been complying should be provided with technical asssistance to implement a curriculum as soon as possible. Ongoing professional development for staff should be part of the plan. This education should also be culturally appropriate, medically accurate, based on sound evidence, and aligned with NYS Health Education Standards and National Sexuality Education Standards.

**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)**

Other (please specify)
This would be a supportive goal that supports the three listed.

| | |
|---|---|
| **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?** | Unknown |
| **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)<br>this really should be ongoing |

**Q9: What are the perceived benefits of implementing this recommendation?**

Young people and adults who are healthy sexually and who do not put themselves or others in danger of contracing HIV/AIDS through sexual contact, leading to a decrease in the numbers of new cases.

| | |
|---|---|
| **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?**

There should not be significant costs since this is a mandate that is already in place.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

I cannot quantify this other than to say that we will save many dollars in terms of health care and other costs if the number of cases comes down.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Citizen of New York

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Periodic audtis of school districts to insure they are delivering this program.

**Q15: This recommendation was submitted by one of the following**

Advocate

**#202**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 24, 2014 5:34:43 AM
**Last Modified:** Monday, November 24, 2014 5:50:39 AM
**Time Spent:** 00:15:56
**IP Address:** 208.125.75.153

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Sheila |
| Last Name | Driscoll |
| Affiliation | Metro Council for Teen Potential, Baden Street Settlement |
| Email Address | driscoll.mctp@badenstreet.org |

**Q2: Title of your recommendation**

Education component for young people

**Q3: Please provide a description of your proposed recommendation**

One of the key ways to prevent HIV is to educate young people about the disease and its prevention. NYS should require that students receive comprehensive, developmentally appropriate, medically accurate and evidence-based health education in grades K through 12. This health education should focus on sexuality and reproductive health, anatomy, puberty, STDs and HIV, pregnancy prevention, healthy relationships, child and adolescent development and personal safety. This curriculum should be delivered by elementary teachers, FAC teachers and health teachers and should align with NYSED Health Education Standards. Ongoing and quality professional development should be provided. A parent opt out procedure should be put in place for the very small minority of parents who do not want their children to receive this education.

**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
,
Other (please specify) Primary prevention

| | |
|---|---|
| **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 policy |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| **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 three to six years |

**Q9: What are the perceived benefits of implementing this recommendation?**

Prevention of HIV as we educate more youth about the prevention, transmission and consequences of the disease.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

No

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

We currently have elementary teachers and pieces of the curriculum in place. This policy would require the sharing of curriculum and professional development for elementary teachers. It would also probably require the hiring of additional health or FAC teachers for the older grades.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Unknown.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Young people and their families across NYS.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Typical curriculum assessments could be used along with surveys for older students such as Youth Risk Behavior Survey (The Youth Risk Behavior Survey currently indicates low rates of condom use among high school students.)

**Q15: This recommendation was submitted by one of the following** Advocate

**#203**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 24, 2014 5:41:30 AM
**Last Modified:** Monday, November 24, 2014 5:55:45 AM
**Time Spent:** 00:14:15
**IP Address:** 209.68.120.123

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | *Respondent skipped this question* |
| **Q2: Title of your recommendation** | HIV Prevention |

**Q3: Please provide a description of your proposed recommendation**

Prevention of HIV/AIDS. Have a state policy requiring grade K-12 comprehensive sexuality education in NYS schools as part of a comprehensive health education program. There should be sexuality education curriculum, instruction and assessment for our students. And ongoing, quality professional development for elementary teachers, health educators and Family and Consumer Science teachers providing the K-12 sexuality education in our schools. Prevention is key!

| | |
|---|---|
| **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)** | Other (please specify) HIV prevention |

| | |
|---|---|
| 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.<br>,<br><br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| 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 policy,<br><br>Other (please specify)<br>There is no educational component in the current plan. |
| 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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

Prevention is key. We need to assist our youth in knowing what HIV/AIDS is so that it does not become an epidemic. Many of our school age children do not even know what this disease is (which is a good thing). Let's educate them of how to prevent it so we do not need to worry about how to identify persons and find them medical help.

| | |
|---|---|
| **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?**

Youth

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Align with the NYSED Health Education Standards and Guidance Document and the National Sexuality Education Standards including functional knowledge and a strong health skills base.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Member of the public |

**#204**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 24, 2014 5:21:40 AM
**Last Modified:** Monday, November 24, 2014 6:18:15 AM
**Time Spent:** 00:56:34
**IP Address:** 24.213.132.162

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Joe |
| Last Name | Alesi |
| Affiliation | Catholic Charities Community Services |
| Email Address | jalesi@dor.org |

**Q2: Title of your recommendation**

Public Image/ Housing / Treatment Adherence / PrEP

**Q3: Please provide a description of your proposed recommendation**

1.) The public image of people living with HIV/AIDS in Monroe county is an image that is still based on fear and misinformation. People living with HIV/AIDS are still subject to intense stigma in our community, especially in communities of color. Educating the public on what living with HIV/AIDS is like in our world today is important to dismiss any irrational fears about HIV/AIDS.

Displaying images of healthy, positive people living with HIV/AIDS to a wide audience can increase awareness of the realities of HIV/AIDS today. Billboards, posters at bus stops, and PSA's/informative commercials on television can provide educational information on transmission, treatment, prevention, PrEP, and dispel fears about interacting with people living with HIV/AIDS. Having this kind of information in specialized media such as Poz is a great start, but to end an epidemic we need to educate the masses.

2.) There are many individuals living with HIV/AIDS in the Rochester Area that have very limited access to affordable and adequate housing environments. One consumer noted that there are subsidies in NYC that provide affordable and adequate housing to people living with HIV/AIDS and would like to see those same subsidies come to Monroe County.

3.) To those in our community that are currently on anti-retroviral therapy, treatment adherence is an area that needs a lot of attention. We all have seen individuals who don't know the importance of taking medication on a consistent time schedule, who don't know what to do when they miss a dose, or who consistently forget to refill their prescriptions on time. The state could create a short guide that could address these issues and more, written in plain language with informative diagrams, which could be given to all people receiving anti-retroviral therapy. If a standardized guide is created by the state, it could also be used as a base of education for doctors, nurse practitioners, care managers, etc. who can reinforce this education to the HIV positive client's they interact with on a regular basis.

4.) Educating all medical providers in the state on how PrEP works and can help people at high risk. Providing web conferences and/or holding education sessions to inform medical providers in high risk areas on what PrEP is and how to inform their patients about PrEP could help it seem more increased use.

| | |
|---|---|
| **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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative<br>,<br>Other (please specify) Combating stigma. |

| | |
|---|---|
| **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.<br>,<br><br>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.<br>,<br><br>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?** | Unknown |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Permitted under current law,<br><br>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)?** | Other (please specify)<br>Most within the next year, except housing subsidies may take longer. |

**Q9: What are the perceived benefits of implementing this recommendation?**

Educating the public to decrease stigma and raise awareness on the realities of living with HIV/AIDS today. Provide more thorough education and services to those in need.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

n/a

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Unsure.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Unsure.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

People living with HIV/AIDS, medical providers, and the general public.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Pre-Tests/Post-Test measures to those who could be impacted (patients, medical providers, care managers, community members).

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Advocate |

**#205**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 19, 2014 8:19:44 AM
**Last Modified:** Monday, November 24, 2014 6:38:51 AM
**Time Spent:** Over a day
**IP Address:** 108.14.36.162

PAGE 1

| | |
|---|---|
| Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address) | *Respondent skipped this question* |
| Q2: **Title of your recommendation** | Expand and support patient navigation/care coordinator programs |

Q3: **Please provide a description of your proposed recommendation**

Patient navigators and/or care coordinators have have demonstrated success in liking and retaining patients into care. Patient navigators can use individualized plans for patients to increase linkage and adherence.

| | |
|---|---|
| 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?** | Unknown |
| 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)?** | Within the next year |
| **Q9: What are the perceived benefits of implementing this recommendation?** | *Respondent skipped this question* |
| **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?** | *Respondent skipped this question* |
| **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 |

**#206**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 24, 2014 6:40:17 AM
**Last Modified:** Monday, November 24, 2014 6:44:55 AM
**Time Spent:** 00:04:38
**IP Address:** 209.68.120.123

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

*Respondent skipped this question*

**Q2: Title of your recommendation**

*Respondent skipped this question*

**Q3: Please provide a description of your proposed recommendation**

1. State Policy requiring grade K-12 comprehensive sexuality education in all NYS schools as part of a comprehensive health education program.

2. Grade K-12 comprehensive sexuality education curriculum, instruction and assessment that is:

- Sequential
- Age and developmentally appropriate
- Unbiased
- Culturally appropriate
- Medically accurate
- Research-based or evidence informed
- Aligned with the NYSED Health Education Standards and Guidance Document and the National Sexuality Education Standards including functional knowledge and a strong health skills base in the following areas: anatomy and physiology, puberty and child and adolescent development, pregnancy and reproduction, STD's, healthy relationships and personal safety.

3. Ongoing, quality professional development for elementary educators, health educators and FACs teachers providing the K-12 sexuality education in schools.

4. Ongoing implementation and monitoring to ensure quality programming and sustainability of health and sexuality education in schools.

**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

,

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

,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

**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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| 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 policy |
| 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)?** | Within the next year |

Q9: **What are the perceived benefits of implementing this recommendation?**

STD awareness and prevention

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?**

less youth contracting STDs

Q12: **What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Statistical analysis

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

K-12 studetns

| | |
|---|---|
| **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 |

**#207**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 24, 2014 5:56:54 AM
**Last Modified:** Monday, November 24, 2014 7:21:12 AM
**Time Spent:** 01:24:17
**IP Address:** 50.48.129.83

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Denise |
| Last Name | Haig |
| Affiliation | Living A Quality Life With HIV |
| Email Address | d-counts@hot.com |
| **Q2: Title of your recommendation** | Positive Social Media Outreach |

**Q3: Please provide a description of your proposed recommendation**

People with HIV are always shown in the media in a negative light, the disease is bad not the people living with it. I have HIV and I am living a good quality life. And as long as I take care of my overall health, I will continue to live this good life for as long as God is willing. The treatment for HIV is not the same as it was in the 80's and early 90's. We are living full lives and would like for the world to, see it, hear it, and thought education and social media, understand it.

| | |
|---|---|
| **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)** | Other (please specify) Possitive Media Outreach |
| **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.<br>,<br>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.<br>,<br>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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| 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?** | Unknown |

| | |
|---|---|
| **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?**

The benefits would be that the stigma and fear associate with people living with HIV would begin to diminish.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

The willingness of those living with HIV to share their story.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

unkown

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

unkown

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

All people with with HIV and Society as a whole.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

The Health Department and the CDC, along with Doctor treating people with HIV.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Advocate |

**#208**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 24, 2014 7:41:37 AM
**Last Modified:** Monday, November 24, 2014 7:45:24 AM
**Time Spent:** 00:03:47
**IP Address:** 168.169.225.78

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Shannon |
| Last Name | Pariso |
| Affiliation | Kenmore Tonawanda Union Free School District |
| Email Address | spariso@k12.ny.us |

| | |
|---|---|
| **Q2: Title of your recommendation** | Mandating a State Policy requiring grade K-12 comprehensive sexuality education in all NYS schools as part of a comprehensive health education program. |

**Q3: Please provide a description of your proposed recommendation**

1. State Policy requiring grade K-12 comprehensive sexuality education in all NYS schools as part of a comprehensive health education program.

2. Grade K-12 comprehensive sexuality education curriculum, instruction and assessment

that is:

- Sequential
- Age and developmentally appropriate
- Unbiased
- Culturally appropriate
- Medically accurate
- Research-based or evidence informed
- Aligned with the NYSED Health Education Standards and Guidance Document and the National Sexuality Education Standards including functional knowledge and a strong health skills base in the following areas: anatomy and physiology, puberty and child and adolescent development, pregnancy and reproduction, STD's, healthy relationships and personal safety.

3. Ongoing, quality professional development for elementary educators, health educators and FACs teachers providing the K-12 sexuality education in schools.

4. Ongoing implementation and monitoring to ensure quality programming and sustainability of health and sexuality education in schools.

| | |
|---|---|
| **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)** | Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |

| | |
|---|---|
| **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?** | New 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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

Prevention being taught by qualified health educators in the school system.

| | |
|---|---|
| **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?** | *Respondent skipped this question* |
| **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** | Member of the public |

**#209**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 24, 2014 7:09:54 AM
**Last Modified:** Monday, November 24, 2014 7:56:16 AM
**Time Spent:** 00:46:21
**IP Address:** 173.225.57.118

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Mary |
| Last Name | Trostle |
| Affiliation | New York State 7-12 educator |
| Email Address | mary.trostle@rcsdk12.org |

**Q2: Title of your recommendation**

Prevention Education is the way to go

**Q3: Please provide a description of your proposed recommendation**

Teaching students ways to avoid potential infection, making healthy lifestyle choices, and assisting them in becoming advocates for themselves and others in order to prevent HIV/AIDS.

**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)**

Other (please specify) Prevention Education

**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?**

*Respondent skipped this question*

| | |
|---|---|
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Other (please specify)<br>Change to the 3 point plan. |
| **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?**

Stopping the spread of the infection by providing instruction will lesson the burden of medical costs that will be incurred after a person is identified as HIV positive or exhibits signs of AIDS.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

The concerns of this not being implemented outweigh any of the concerns of it being implemented. Health Educators are part of the majority of schools within New York State. The required 1/2 credit required for graduation can include an updated required HIV/AIDS component.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

The cost should be minimal, consisting of the creation of up-to-date HIV/AIDS curriculum and it being made available to the teachers throughout the State of New York.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

The ROI would be exponential depending on the rate of decline of new infections.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Everyone within a community would benefit from this recommendation. On a personal level fewer families would have to experience the heartache, expense, and loss of having an infected family member. On the community level there would be less loss of productivity and fewer expenses related to medical treatment.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Collection of data related to individuals testing positive to HIV and information of if they have completed an HIV/AIDS health education component or not. If the numbers of infected individuals goes down for those given instruction, it would suggest that the prevention education is working.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Advocate |

**#210**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 24, 2014 8:13:11 AM
**Last Modified:** Monday, November 24, 2014 8:17:36 AM
**Time Spent:** 00:04:25
**IP Address:** 216.214.188.112

PAGE 1

| | |
|---|---|
| Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address) | *Respondent skipped this question* |
| Q2: **Title of your recommendation** | Housing for undocumented PLWHA |

Q3: **Please provide a description of your proposed recommendation**

More housing resources for undocumented PLWHA is greatly needed

| | |
|---|---|
| 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)** | 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?** | 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)?** | Within the next three to six years |

**Q9: What are the perceived benefits of implementing this recommendation?**

increase housing stability for better treatment outcomes

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

affordability

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

not sure

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

not sure

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

undocumented individuals living with HIV/AIDS

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

support services for housing program

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Advocate |

**#211**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 24, 2014 8:14:15 AM
**Last Modified:** Monday, November 24, 2014 8:26:53 AM
**Time Spent:** 00:12:38
**IP Address:** 24.39.235.185

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Rich |
| Last Name | Fowler |
| Affiliation | Trillium Health |
| Email Address | rfowler@trilliumhealth.org |

**Q2: Title of your recommendation**

Provider eduacation to support routine HIV testing

**Q3: Please provide a description of your proposed recommendation**

To assist health care providers toward compliance with routine HIV testing regulations continued education is needed. I recommend working with local or regional medical societies to provide training opportunities for medical professionals to assist with techniques to encourage routine HIV testing.

While educational opportunities have been made available through the HIV Clinical Education Initiative these do not appear to have reached many private practitioners or those in our rural communities.

Routine testing also provides a vehicle to provide prevention messaging and introduce PrEP for those with identified risk factors.

**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

| | |
|---|---|
| **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?** | New 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)?** | Within the next year |
| **Q9: What are the perceived benefits of implementing this recommendation?** | *Respondent skipped this question* |
| **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?** | *Respondent skipped this question* |
| **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** | Consumer |

**#212**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 24, 2014 8:27:54 AM
**Last Modified:** Monday, November 24, 2014 8:37:57 AM
**Time Spent:** 00:10:03
**IP Address:** 24.39.235.185

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Rich |
| Last Name | Fowler |
| Affiliation | Trillium Health |
| Email Address | rfowler@trilliumhjealth.org |

**Q2: Title of your recommendation**

Regional Data Review

**Q3: Please provide a description of your proposed recommendation**

Please consider this recommendation to the Department of Health encouraging the review of blinded data from regional labs, such as ACM Laboratories in Monroe County. This measure may assist in determining facilities or practitioners who are struggling with the concept of routine HIV testing for everyone between the ages of 13 and 64. Looking at the number of patient visits in comparison to the number of HIV tests ordered may help determine those not in accordance with the testing mandate. Similar data may also be available through managed care and commercial insurers or facility utilization review.

**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

**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?** | New 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)?** | Within the next year |
| Q9: **What are the perceived benefits of implementing this recommendation?** | *Respondent skipped this question* |
| 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?** | *Respondent skipped this question* |
| 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** | Consumer |

**#213**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 24, 2014 8:38:58 AM
**Last Modified:** Monday, November 24, 2014 8:43:24 AM
**Time Spent:** 00:04:26
**IP Address:** 24.39.235.185

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Rich |
| Last Name | Fowler |
| Affiliation | Trillium Health |
| Email Address | rfowler@trilliumhealth.org |

**Q2: Title of your recommendation**

Telemedicine for Specialty Care

**Q3: Please provide a description of your proposed recommendation**

First and foremost addressing non-medical issues such as safe affordable housing, meeting nutritional needs, mental health and substance use treatment and transportation need to be considered. These factors have a direct correlation to treatment adherence and retention in services.

Once those areas are stabilized ensuring that appropriate care is available must be a priority; HIV specialty care may be readily available in our urban and metropolitan areas but for those in rural counties going to the doctor may be an all-day commitment. I have heard many tales from individuals who have to catch a bus in the early morning and travel 3 to 4 hours for a 20 minute doctors visit then wait a few more hours to catch a return bus.

Telemedicine is one avenue to help address this issue and should be considered in the planning process. Possibly offering incentives to engage providers and help offset the cost of required equipment, etc.

Additionally specialty care, such as oncology and gynecological services, may not be available in many areas based on insurance or a multitude of other factors. These needs could also be lessened through the implementation of telemedicine.

**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.<br>,<br>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 |
| **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?** | *Respondent skipped this question* |
| **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?** | *Respondent skipped this question* |
| **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** | Consumer |

**#214**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 24, 2014 8:44:10 AM
**Last Modified:** Monday, November 24, 2014 8:46:28 AM
**Time Spent:** 00:02:18
**IP Address:** 24.39.235.185

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Rich |
| Last Name | Fowler |
| Affiliation | Trillium Health |
| Email Address | rfowler@trilliumhealth.org |

**Q2: Title of your recommendation**

PrEP Assistance Funding

**Q3: Please provide a description of your proposed recommendation**

PrEP is a promising tool in the eradication of HIV/AIDS but the most at risk individuals often face a financial barrier. This barrier has been seen both when initiating PrEP and later continuing use if they have a change in insurance coverage. Funding must be identified to assist candidates with co-pays, deductibles or those who are uninsured or underinsured.

Positive, main-stream promotion of PrEP is another area for consideration. Education is key in making behavioral changes. I would encourage reaching out to Gilead to embark on a media campaign to promote PrEP for routine care and prevention.

**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)**

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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?** | New program |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| **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?** | *Respondent skipped this question* |
| **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?** | *Respondent skipped this question* |
| **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** | Consumer |

**#215**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 24, 2014 8:47:05 AM
**Last Modified:** Monday, November 24, 2014 8:51:21 AM
**Time Spent:** 00:04:15
**IP Address:** 24.39.235.185

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Rich |
| Last Name | Fowler |
| Affiliation | Trillium Health |
| Email Address | rfowler@trilliumhealth.org |

**Q2: Title of your recommendation**

Living Positive in Main-Stream Media

**Q3: Please provide a description of your proposed recommendation**

The stigma surrounding HIV/AIDS is an area of focus across the board in the eradication of the disease. In my opinion we would gain the most benefit from providing educational opportunities in as many forms as possible. In the Rochester Regional Listening Forum a consumer talked about using media to portray those living with HIV in a positive light; showing success stories.

I agree that a marketing campaign of this sort could be beneficial in educating the public and helping to address the continued stigma surrounding HIV/AIDS and now PrEP. However, I suggest a campaign focused on main stream media. We see these articles in POZ or other HIV publications; we need to add People Magazine, Better Homes & Garden, and Cosmopolitan. Also prime-time TV spots, we see prevention messages on Logo and MTV; we need to target ABC, NBC, Fox and the CW.

**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
,

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
,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br><br>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 |
| **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?** | *Respondent skipped this question* |
| **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?** | *Respondent skipped this question* |
| **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** | Consumer |

**#216**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 24, 2014 6:37:49 AM
**Last Modified:** Monday, November 24, 2014 8:51:54 AM
**Time Spent:** 02:14:05
**IP Address:** 74.10.152.68

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Kelvin |
| Last Name | Johnson |
| Affiliation | Action for a Better Community |
| Email Address | kjohnson@abcinfo.org |
| **Q2: Title of your recommendation** | Photovoice for a media campaign |

**Q3: Please provide a description of your proposed recommendation**

I propose to use Photo Voice, which is a platform that uses photography to relay messages to the viewer and/or community. These messages or recommendations are then written up to be presented to our elected officials based on and in addition to the Photo Voice project.

It was said by someone during the last listening session that what the community could benefit from would be to see positive examples of people who look like you and me, living and thriving with a HIV/AIDS diagnosis.

It was also recommended that this media campaign go national. In other words, it wouldn't be limited to just the media that addresses people who are currently managing their diagnosis, but to those who may not even be aware of their status at all.

| | |
|---|---|
| **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 |

| | |
|---|---|
| **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?** | New policy |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| **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?**

To start the conversation in our community amongst one another about HIV/AIDS.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

The concern would be that we be diligent in our presentation of factual information, that we be prepared to dispel myths that are still being perpetuated in our communities, and not only stigma, but the fear of stigma that prevails around the transmission of HIV/AIDS, and what your status may of may not be.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

?

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

?

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Anyone who would take time to observe the campaign, and possibly be willing to engage in a conversation so we could gather their feedback. Initially we would possibly target the population that has a high transmission rate, those who don't know their status, and those who aren't linked to care in our communities of color.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

?

**Q15: This recommendation was submitted by one of the following**

Advocate

**#217**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 24, 2014 8:57:54 AM
**Last Modified:** Monday, November 24, 2014 9:01:07 AM
**Time Spent:** 00:03:13
**IP Address:** 170.158.3.250

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | *Respondent skipped this question* |
| **Q2: Title of your recommendation** | NYS law or mandate requiring grade K-12 Comprehensive grade K-12 Sexuality Education in Schools in NYS. |

**Q3: Please provide a description of your proposed recommendation**

State Policy requiring grade K-12 comprehensive sexuality education in all NYS schools as part of a comprehensive health education program.

2. Grade K-12 comprehensive sexuality education curriculum, instruction and assessment that is:

- Sequential
- Age and developmentally appropriate
- Unbiased
- Culturally appropriate
- Medically accurate
- Research-based or evidence informed
- Aligned with the NYSED Health Education Standards and Guidance Document and the National Sexuality Education Standards including functional knowledge and a strong health skills base in the following areas: anatomy and physiology, puberty and child and adolescent development, pregnancy and reproduction, STD's, healthy relationships and personal safety.

3. Ongoing, quality professional development for elementary educators, health educators and FACs teachers providing the K-12 sexuality education in schools.

4. Ongoing implementation and monitoring to ensure quality programming and sustainability of health and sexuality education in schools.

| | |
|---|---|
| **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)** | Unknown |
| **Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | Unknown |

| | |
|---|---|
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | Unknown |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

Educated students that will practice safer behaviors

| | |
|---|---|
| **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?**

children

| | |
|---|---|
| **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** | Member of the public |

**#218**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 24, 2014 8:15:47 AM
**Last Modified:** Monday, November 24, 2014 9:09:17 AM
**Time Spent:** 00:53:29
**IP Address:** 24.136.105.206

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Michael |
| Last Name | Jones |
| Affiliation | Iris House |
| Email Address | mjones@irishouse.org |

**Q2: Title of your recommendation**

Hot Meals and Nutrition Education as a Gateway for Treatment and Prevention

**Q3: Please provide a description of your proposed recommendation**

It has been demonstrated that food-insecure individuals are at higher risk for contracting HIV than those who are not hungry.

It is our experience at Iris House that we have better health outcomes from HIV+ individuals who are actively participating in our food and nutrition services than those who are not.

We recommend that the Task Force put in place proposals to ensure funding for both meal programs and ongoing nutrition education, as those programs serve multiple functions to improve the overall health of people living with HIV and as a key piece of a comprehensive prevention program.

**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
,

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
,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br><br>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.<br>,<br><br>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?** | Unknown |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |

**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?**

For HIV+ Individuals, access to hot meals and healthy ingredient pantry bags provides several benefits: 1) A balanced meal is often required for individuals on certain HIV medications, and many of our clients do not have the resources to ensure their ongoing dietary needs are met on their own, 2) Overall health outcomes can be improved when PLWHA have a better understanding of their relationship with food, particularly in regard to diabetes, hypertension and other conditions that are manageable with proper education, 3) Clients coming in for meals and pantry programs have better access to case managers, behavioral health specialists and emotional wellness groups, and conversely, 4) Staff have better access to hard-to-reach clients when the clients are coming to the building regularly for food programs.

For HIV Negative individuals, there are several direct benefits as well: 1) Food security reduces the likelihood that people will participate in risky behavior to have a meal, 2) Individuals coming into our organizations' dining rooms or program spaces provides opportunities for us to present HIV Prevention messaging and access to free, confidential rapid testing, 3) Nutrition education programs deliver information to improve overall health outcomes, get people to monitor their health, see their doctor regularly and keep a focus on living a healthier lifestyle.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Direct food is the incentive that gets people into the building, and as such is as important as nutrition education; We recommend that a comprehensive program be put forth that does not favor one over the other but allows and funds organizations to build the best programs for their own communities, neighborhoods and clients.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Unknown

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Unknown

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

HIV+ Individuals who are food insecure
HIV+ Individuals battling (or at risk of) diabetes, hypertension or other ailments that can be managed with healthier lifestyles

At-risk food insecure populations, for whom the need to eat is greater than the need to practice HIV prevention behaviors

Food insecure individuals who do not know their HIV status.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

The impact can be monitored for HIV+ individuals by bi-annual review of labwork to ascertain how access to both prepared meals and healthy ingredients for home-cooked meals are improving their overall health incomes.

Rates along the treatment cascade should improved as more individuals are brought into these programs.

**Q15: This recommendation was submitted by one of the following** Advocate

**#219**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 24, 2014 9:27:19 AM
**Last Modified:** Monday, November 24, 2014 9:32:03 AM
**Time Spent:** 00:04:44
**IP Address:** 66.108.25.109

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | anna |
| Last Name | saini |
| Affiliation | VOCAL-NY |
| Email Address | anna@vocal-ny.org |

| | |
|---|---|
| **Q2: Title of your recommendation** | Ensuring Access to Condoms by Adopting a Comprehensive Ban on the Use of Condoms as Evidence in All Prostitution and Trafficking-Related Offenses |

**Q3: Please provide a description of your proposed recommendation**

The Access to Condoms Coalition recommends a comprehensive ban on the confiscation and citation of possession or presence of condoms as evidence of prostitution and trafficking-related offenses across New York State, in recognition of the vital role of condom access toward the goal of ending the AIDS epidemic in New York State by 2020.

Current law permits possession or presence of condoms as evidence of prostitution and trafficking-related offenses. Police can confiscate condoms at will, and the fact that a person is carrying condoms can be used as a basis for a stop and frisk, arrest, prosecution, and even eviction. As a result, individuals are discouraged from carrying condoms, undermining state efforts to prevent the spread of HIV, unwanted pregnancies and STIs.

It is critical that a statutory ban is “comprehensive:” specifically, that is categorically precludes the vouchering of condoms as evidence in all prostitution-related cases, and that it does not apply only to some offenses and not others. Coalition members are particularly committed to ensuring condom access for New Yorkers who are especially vulnerable to exploitation, such as those who are trafficked or forced into sex trading through other means. The use of condoms as evidence in cases of sex trafficking, pimping, promoting, and patronizing creates a perverse incentive for traffickers and pimps to deny condom access to those they are exploiting. Continuing to confiscate, cite and introduce condoms as evidence of intent to engage in trafficking offenses in effect dis-incentivizes exactly what we want to happen, which is that vulnerable people have one last line of defense in situations of exploitation.

Allowing condoms to be used as evidence of intent to engage in any prostitution-related offense undermines our efforts to promote safe sex practices in our communities. It is well settled that policing of prostitution disproportionately and negatively impacts low-income women and LGBTQ people and communities of color where New Yorkers are or are profiled as trading sex for economic survival. This fact makes the practice of vouchering condoms as evidence doubly harmful; the communities who are most in need of scaled-up access to condoms are precisely those who are being policed for carrying them.

The vouchering of condoms as evidence has a high cost for outreach workers, as well. Anything less than a comprehensive ban on condoms as evidence prevents outreach workers in our communities from being stopped and harassed by police for distributing condoms in “high-crime” areas most in need of condom distribution. The adoption of a ban that is anything less than comprehensive would also undermine the hard work of outreach and “know your rights” education. It would be an impossible task for an outreach worker to explain to a person they reach on the stroll that a condom cannot be used as evidence of a misdemeanor or violation, but can be used to prove they are promoting prostitution of trafficking a minor. The End AIDS Task Force must back the unequivocal promotion of condom possession as a public good. As long as condoms carry weight in criminal proceedings, people who engage in sex trading, either by force, for survival or by choice, will have questions about whether condoms can be used against them. This is especially true amongst people under the age of 18 whose involvement in the sex trade is deemed by law to constitute sex trafficking.

As such, we urge the Taskforce to move forward on a wholesale ban on the use of condoms as evidence in prostitution and trafficking-related offenses - especially offenses related to patronizing a minor, sex trafficking, pimping, promoting and all other forms of non-consensual sex trade – by amending the Criminal Procedure Law and Civil Practice Law and Rules to prohibit evidentiary use of condoms as probable cause for arrest, and in legal proceedings related to prostitution and trafficking offenses.

We know that there is no partway solution to this issue. There is no compromise on public health. For the purposes of public safety, we need a wholesale decriminalization of condoms that is consistent across the State and inclusive of all prostitution and trafficking-related offenses.

**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)**

Other (please specify) Prevention

| | |
|---|---|
| Q5: **This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | 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 policy |
| 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?**

The benefits of this recommendation are the assurance that fears of police harassment and arrest will no longer be a barrier for individuals to prevent the spread of HIV/AIDS by carrying condoms as well as distributing condoms. It will empower sex workers to use condoms with all of their clients, encourage sex traffickers and pimps to provide condoms to victims of exploitation and allow outreach workers to unequivocally promote condom use amongst everyone they serve. Since condoms are the most fundamental public health tool in preventing sexual transmission of HIV, this policy will have broad implications in ending AIDS by 2020.

Affected populations will also benefit from lower risk of involvement with the criminal justice system and reduced exposure to the collateral consequences of those interactions. It is well established that state-involvement increases health harms, and especially risk of HIV transmission as a result of poor access to health care while incarcerated and the burden of a criminal conviction after release.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

The Coalition, which includes anti-trafficking organizations and service providers working with the vast majority of survivors of trafficking in New York State, is extremely concerned that the adoption of any policy that excludes certain offenses rather than adopting a wholesale ban on condom as evidence would worsen rather than improve the situation of trafficking victims. The NYPD and several local District Attorneys have recently introduced policies that will stop the use of condoms as evidence in limited number of prostitution-related offenses, while continuing to allow the practice in over thirteen New York Penal Law offenses and civil proceedings. While these new policies show evolved thinking on this issue, they also further highlight the need for a comprehensive statewide solution. Limited bans on the use of condoms as evidence may have the opposite impact by incentivizing police to "charge up" in cases where condoms are confiscated in order to introduce them as evidence, and will do nothing to dispel the stigma and fear of prosecution associated with carrying condoms. Therefore, there is an urgent need for New York State to institute a complete ban on condom in criminal proceedings, with a special emphasis on protecting the most vulnerable populations.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

If approved, this recommendation will result in significant cost-savings since the current practice of confiscating condoms takes condoms off the street and out of commission, at the cost of New York State and municipal health agencies.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

It is anticipated that these measures will reduce public health costs due to increased prevention of HIV transmission and eliminating costs associated with the confiscation of condoms that are distributed by public health agencies with the use of public funds, and reduce costs to public safety, courts, and corrections due to reduction in the frequency and extent of law enforcement and criminal justice system interactions with at-risk individuals.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Beyond the broad public benefits, the individuals who are most likely to benefit, and who are likely to benefit most significantly are members of vulnerable populations who are at highest risk for both HIV infection and criminalization including sex workers, people forced into the sex trade, as well as women of color, LGBTQ, gender non-conforming, low-income and/or street homeless people who are profiled by law enforcement because they are suspected of engaging in sex work.

| | |
|---|---|
| **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 |

**#220**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 24, 2014 7:10:12 AM
**Last Modified:** Monday, November 24, 2014 9:37:32 AM
**Time Spent:** 02:27:19
**IP Address:** 74.10.152.68

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | patricia |
| Last Name | terziani |
| Affiliation | action for a better community |
| Email Address | pterziani@abcinfo.org |

**Q2: Title of your recommendation**

*Respondent skipped this question*

**Q3: Please provide a description of your proposed recommendation**

Persons Living with HIV :Empowerment is high impact prevention, especially for people living with HIV. Those engaged activities particularly that have purpose such as peer education, advocacy, as well as support groups etc. that reduce isolation are more likely to be treatment adherent. The campaign should include people living with HIV and recognize the value of non-medical and non-care management activities. More assistance with disclosure on an ongoing basis is needed as it is a long-term process and not a single event.

Community: Stigma, fear of stigma, and homophobia negatively impact prevention, willingness to get tested, and treatment are significant barriers to ending the epidemic. Education and awareness still need to address the general community to address and abate the contextual/environmental and structural barriers to ending the epidemic. There are still many people that have very limited knowledge about HIV, Hepatitis C and STDs. For the campaign to be successful it still should be broad as well as targeted to people living with HIV and at highest risk. We should not be switching strategies as much as adding. A campaign that shows people living with HIV in a positive light, showing what they achieve when they access treatment, etc. could be helpful.

Criminal Justice Systems: Increased prevention and support services for those incarcerated and are critical because of fear of stigma in prison/jail is greater than the fear of HIV. Greater transitional services and support for all those released is needed.

| | |
|---|---|
| **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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | Unknown |
| **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 |
| **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)<br>within the next year and ongoing |
| **Q9: What are the perceived benefits of implementing this recommendation?** | *Respondent skipped this question* |
| **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?** | *Respondent skipped this question* |
| **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 |

**#221**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 24, 2014 12:02:05 PM
**Last Modified:** Monday, November 24, 2014 12:19:38 PM
**Time Spent:** 00:17:32
**IP Address:** 24.103.216.50

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Wil |
| Last Name | Murtaugh |
| Affiliation | ACR Health |
| Email Address | wmurtaugh@acrhealth.org |

**Q2: Title of your recommendation**

Ustate NY Transportation barriers

**Q3: Please provide a description of your proposed recommendation**

Expand current Medical transportation grant contracts to cover not only HIV + individuals, but also individuals at high risk for contracting HIV, especially those who would benefit from PrEP

Transportation barriers are greater for individuals in the Upstate regions, especially in rural areas

**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)**

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br><br>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 policy,<br><br>Other (please specify)<br>New Funding should be developed to provide transportation to individuals at High Risk for developing HIV and needing PrEP, especially in rural upstate NY where there is limited public transportation |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| **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?**

Greater access to PrEP care fro High Risk individuals in areas that are deficient in Medicaid and public transportation

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

No, they should model current HIV Medical Transportation contracts

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

&Unknown

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Unknown

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

People at high risk for acquiring HIV / partners of HIV+ individuals

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

No, follow current Medical Transportation guidelines

**Q15: This recommendation was submitted by one of the following**

Other (please specify)
HIV/AIDS service organization

**#222**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 24, 2014 12:20:01 PM
**Last Modified:** Monday, November 24, 2014 12:28:33 PM
**Time Spent:** 00:08:32
**IP Address:** 24.103.216.50

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Wil |
| Last Name | Murtaugh |
| Affiliation | ACR Health |
| Email Address | wmurtaugh@acrhealth.org |

**Q2: Title of your recommendation**

Cultural Competency Training for Medical Providers and other Helalth Care Providers

**Q3: Please provide a description of your proposed recommendation**

Provide cultural competency trainings (transgender) to Physicians, Nurses and other Health Care Providers - in NYS

**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

,

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

,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br><br>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.<br>,<br><br>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 |

| | |
|---|---|
| **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?**

Reduce the stigma transgender individuals face, which are currently barriers to their access to and retention in care.

**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?**

Unknown

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Unknown

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Transgender and gay individuals at high risk for acquiring HIV and needing PrEP

| | |
|---|---|
| **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)<br>HIV/AIDS service organization |

**#223**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 24, 2014 12:28:42 PM
**Last Modified:** Monday, November 24, 2014 12:45:15 PM
**Time Spent:** 00:16:32
**IP Address:** 24.103.216.50

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Wil |
| Last Name | Murtaugh |
| Affiliation | ACR Health |
| Email Address | wmurtaugh@acrhealth.org |

**Q2: Title of your recommendation**

Promote and facilitate the access to syringe disposal kiosks throughout NYS

**Q3: Please provide a description of your proposed recommendation**

NYS should promote and facilitate partnerships throughout the state to increase the presence and availability of Syringe disposal kiosks. This strategy addresses the increased risk for HIV infection that could result from the current heroin injection epidemic. It also facilitate the efforts of current syringe exchange programs and reduces the barriers to these programs resulting from community perceptions of the presence of syringe exchange in their neighborhoods/areas

**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)**

Other (please specify)
Reduce rthe risk of HIV infection from contaminated syringes

**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?** | New 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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

Reduction in exposure to potentially contaminated syringes

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

No,  Use the established Syringe Exchange Programs in NYS

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Unknown

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Unknown

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

General Public, syringe users and collaterals of syringe users

| | |
|---|---|
| **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)<br>HIV/AIDS service organization |

**#224**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 24, 2014 12:45:51 PM
**Last Modified:** Monday, November 24, 2014 12:55:18 PM
**Time Spent:** 00:09:27
**IP Address:** 24.103.216.50

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Paul |
| Last Name | Riccardi |
| Affiliation | ACR Health |
| Email Address | priccardi@acrhealth.org |
| **Q2: Title of your recommendation** | Direct access to specialty clinics for PrEP |

**Q3: Please provide a description of your proposed recommendation**

Facilitate direct access to specialty medical clinics for providing PrEP to individuals at high risk for HIV
Encourage these clinics to accept referrals without the need to see a primary care physician beforehand.

| | |
|---|---|
| **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)** | Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

Many low income individuals have difficulty accessing services due to their inability to connect to primary care PrEP eligible individuals would benefit to this direct, easy access to treatment - eliminating the barrier that currently exists

Currently, some clinics are providing this direct access. The goal is to expand this access.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Medical Clinics' resistance

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

None

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Unknown

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Individuals at high risk for acquiring HIV, especially low income, disadvantaged individuals

| | |
|---|---|
| **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)<br>HIV/AIDS service organization |

**#225**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 24, 2014 1:06:29 PM
**Last Modified:** Monday, November 24, 2014 1:19:47 PM
**Time Spent:** 00:13:18
**IP Address:** 24.103.31.138

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Alan |
| Last Name | Davis |
| Affiliation | Concerned gay, HIV- citizen |
| Email Address | formerfarmer@mail.com |
| **Q2: Title of your recommendation** | PrEP is an insane idea |

**Q3: Please provide a description of your proposed recommendation**

I think it is disgraceful that NYS would consider putting gay men on a powerful drug for the rest of their lives, without regard to what the long-term consequences might be, rather than focus on effective interventions.

NYS is effectively throwing up its hands and giving up on an entire community. "Here's a pill, Queer-boy, now go bareback."

If you can tell me with any scientific certainty that the mass PrEP-ing of an entire community for decades on end will not have any unintended consequences, I will consider changing my mind. Otherwise, I will assume that the NYSDOH is in the pocket of Gilead Sciences, like all the ASOs who are also advocated for this disaster in the making.

| | |
|---|---|
| **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)** | Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |

| | |
|---|---|
| **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 policy |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

Not drugging an entire community for the rest of their lives.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Yea, you wouldn't get any more money from Gilead.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Zero.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Infinite.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

HIV- men who do not have to put poison in their system every day.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Who knows?

**Q15: This recommendation was submitted by one of the following**

Member of the public

**#226**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 24, 2014 1:04:28 PM
**Last Modified:** Monday, November 24, 2014 2:12:44 PM
**Time Spent:** 01:08:16
**IP Address:** 64.61.84.122

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Bryce-Anthoney |
| Last Name | Dixon |
| Affiliation | Housing Works, Inc. Second Life Job Training Program |
| Email Address | b.dixon@housingworks.org |

**Q2: Title of your recommendation**

Employment Opportunities and Support

**Q3: Please provide a description of your proposed recommendation**

HASA client should be eligible for at least one year of continued and full benefits support after finding gainful employment. This initial one-year period should be followed by a second one-year period of gradual benefits reduction i.e., 9% of total budget per month. This would assist individuals who have never worked and or have been out of the workforce for extended periods due to their HIV/AIDS status. While two years of continued benefit support, might seem excessive, please remember that if the individual's starting wage is equal to the New York State's minimum wage of $8:00 to $9:00 per hour, then it might take a year or more to get on the job wage increases to be able to meet self-sufficiency needs; i.e., rent, utilities, transportation and other daily living expenses. It might prove helpful to review similar program available to SSI/SSD recipients, which allows individuals to work while still receiving their benefits. Such support might prove even more helpful for those individuals actively engaged in eligible and accredited comprehensive job training programs.

**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)**

Other (please specify)
entry level empolyment options

| | |
|---|---|
| **Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | 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 policy |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| **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 three to six years |

**Q9: What are the perceived benefits of implementing this recommendation?**

Implementing this type of program would give greater and positive incentives for individuals to return to the workforce gradually over the two-year time frame.  Over and against the current worker opportunity program (WOP) offered by HRA/HASA.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Will the individual be making enough income to meet their living expenses and not need to go back to receiving benefits just to have a decent place to call home and  be able to purchase adequate food for thier table.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

$4,512 in cash assistance
$2,376 in food stamps
$11,760 in rental assistance
---
18,648 in annual total assistance for a single individual HASA recipients

Current Est. 150,000 persons receiving benefits per year $2,797,200,000 * 2:
Compared to having the same individuals receiving benefits indefinitely because it is not practice or financial feasibly to return to work on a minimum wage salary

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

ROI should be based on the number of individuals who retain gainful employment for a 5-year period after coming off HASA benefits

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Those living with and affected by HIV/AIDS - the New York State tax payers

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

The Department of Human Resources could keep track of recidivism rates amongst HASA clients, who re-open their cases, within the 5 year period

**Q15: This recommendation was submitted by one of the following** Advocate

**#227**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Monday, November 24, 2014 6:49:55 PM
**Last Modified:** Monday, November 24, 2014 6:53:25 PM
**Time Spent:** 00:03:29
**IP Address:** 74.128.137.170

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Sienna |
| Last Name | Baskin |
| Affiliation | Access to Condoms Coalition |
| Email Address | sbaskin@urbanjustice.org |

| | |
|---|---|
| **Q2: Title of your recommendation** | Ensuring Access to Condoms by Adopting a Comprehensive Ban on the Use of Condoms as Evidence in All Prostitution and Trafficking-Related Offenses |

**Q3: Please provide a description of your proposed recommendation**

The Access to Condoms Coalition recommends a comprehensive ban on the confiscation and citation of possession or presence of condoms as evidence of prostitution and trafficking-related offenses across New York State, in recognition of the vital role of condom access toward the goal of ending the AIDS epidemic in New York State by 2020.
Current law permits possession or presence of condoms as evidence of prostitution and trafficking-related offenses. Police can confiscate condoms at will, and the fact that a person is carrying condoms can be used as a basis for a stop and frisk, arrest, prosecution, and even eviction. As a result, individuals are discouraged from carrying condoms, undermining state efforts to prevent the spread of HIV, unwanted pregnancies and STIs.
It is critical that a statutory ban is “comprehensive:” specifically, that it categorically precludes the vouchering of condoms as evidence in all prostitution-related cases, and that it does not apply only to some offenses and not others. Coalition members are particularly committed to ensuring condom access for New Yorkers who are especially vulnerable to exploitation, such as those who are trafficked or forced into sex trading through other means. The use of condoms as evidence in cases of sex trafficking, pimping, promoting, and patronizing creates a perverse incentive for traffickers and pimps to deny condom access to those they are exploiting. Continuing to confiscate, cite and introduce condoms as evidence of intent to engage in trafficking offenses in effect dis-incentivizes exactly what we want to happen, which is that vulnerable people have one last line of defense in situations of exploitation.

Allowing condoms to be used as evidence of intent to engage in any prostitution-related offense undermines our efforts to promote safe sex practices in our communities. It is well settled that policing of prostitution disproportionately and negatively impacts low-income women and LGBTQ people and communities of color where New Yorkers are or are profiled as trading sex for economic survival. This fact makes the practice of vouchering condoms as evidence doubly harmful; the communities who are most in need of scaled-up access to condoms are precisely those who are being policed for carrying them.

The vouchering of condoms as evidence has a high cost for outreach workers, as well. Anything less than a comprehensive ban on condoms as evidence prevents outreach workers in our communities from being stopped and harassed by police for distributing condoms in “high-crime” areas most in need of condom distribution. The adoption of a ban that is anything less than comprehensive would also undermine the hard work of outreach and “know your rights” education. It would be an impossible task for an outreach worker to explain to a person they reach on the stroll that a condom cannot be used as evidence of a misdemeanor or violation, but can be used to prove they are promoting prostitution of trafficking a minor. The End AIDS Task Force must back the unequivocal promotion of condom possession as a public good. As long as condoms carry weight in criminal proceedings, people who engage in sex trading, either by force, for survival or by choice, will have questions about whether condoms can be used against them. This is especially true amongst people under the age of 18 whose involvement in the sex trade is deemed by law to constitute sex trafficking.

As such, we urge the Taskforce to move forward on a wholesale ban on the use of condoms as evidence in prostitution and trafficking-related offenses - especially offenses related to patronizing a minor, sex trafficking, pimping, promoting and all other forms of non-consensual sex trade – by advocating for the NYS legislature and governor to amend the Criminal Procedure Law and Civil Practice Law and Rules to prohibit evidentiary use of condoms as probable cause for arrest, and in legal proceedings related to prostitution and trafficking offenses.

We know that there is no partway solution to this issue. There is no compromise on public health. For the purposes of public safety, we need a wholesale decriminalization of condoms that is consistent across the State and inclusive of all prostitution and trafficking-related offenses.

| | |
|---|---|
| **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)** | Other (please specify) Prevention |

| | |
|---|---|
| Q5: **This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | 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 policy |
| 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?**

The benefits of this recommendation are the assurance that fears of police harassment and arrest will no longer be a barrier for individuals to prevent the spread of HIV/AIDS by carrying condoms as well as distributing condoms. It will empower sex workers to use condoms with all of their clients, encourage sex traffickers and pimps to provide condoms to victims of exploitation and allow outreach workers to unequivocally promote condom use amongst everyone they serve. Since condoms are the most fundamental public health tool in preventing sexual transmission of HIV, this policy will have broad implications in ending AIDS by 2020.
Affected populations will also benefit from lower risk of involvement with the criminal justice system and reduced exposure to the collateral consequences of those interactions. It is well established that state-involvement increases health harms, and especially risk of HIV transmission as a result of poor access to health care while incarcerated and the burden of a criminal conviction after release.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

The Coalition, which includes anti-trafficking organizations and service providers working with the vast majority of survivors of trafficking in New York State, is extremely concerned that the adoption of any policy that excludes certain offenses rather than adopting a wholesale ban on condom as evidence would worsen rather than improve the situation of trafficking victims. The NYPD and several local District Attorneys have recently introduced policies that will stop the use of condoms as evidence in limited number of prostitution-related offenses, while continuing to allow the practice in over thirteen New York Penal Law offenses and civil proceedings. While these new policies show evolved thinking on this issue, they also further highlight the need for a comprehensive statewide solution. Limited bans on the use of condoms as evidence may have the opposite impact by incentivizing police to "charge up" in cases where condoms are confiscated in order to introduce them as evidence, and will do nothing to dispel the stigma and fear of prosecution associated with carrying condoms. Therefore, there is an urgent need for New York State to institute a complete ban on condom in criminal proceedings, with a special emphasis on protecting the most vulnerable populations.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

If approved, this recommendation will result in significant cost-savings since the current practice of confiscating condoms takes condoms off the street and out of commission, at the cost of New York State and municipal health agencies.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

It is anticipated that these measures will reduce public health costs due to increased prevention of HIV transmission and eliminating costs associated with the confiscation of condoms that are distributed by public health agencies with the use of public funds, and reduce costs to public safety, courts, and corrections due to reduction in the frequency and extent of law enforcement and criminal justice system interactions with at-risk individuals.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Beyond the broad public benefits, the individuals who are most likely to benefit, and who are likely to benefit most significantly are members of vulnerable populations who are at highest risk for both HIV infection and criminalization including sex workers, people forced into the sex trade, as well as women of color, LGBTQ, gender non-conforming, low-income and/or street homeless people who are profiled by law enforcement because they are suspected of engaging in sex work.

| | |
|---|---|
| **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 |

**#228**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, November 25, 2014 6:56:57 AM
**Last Modified:** Tuesday, November 25, 2014 7:25:56 AM
**Time Spent:** 00:28:59
**IP Address:** 163.153.32.5

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Pamela |
| Last Name | Boulerice |
| Affiliation | Health Teacher |
| Email Address | pamela20@primelink1.net |

**Q2: Title of your recommendation**

State Policy requiring grade K-12 comprehensive sexuality education in all NYS school as part of a comprehensive Health Education Program.

**Q3: Please provide a description of your proposed recommendation**

Program is sequential, age and developmentally appropriate, unbiased, medically accurate, researched based and is aligned with NYS Education Health Education Standards, Guidance Document and the National Sexuality Education Standards..

Program includes functional knowledge and health skills base in anatomy and physiology, puberty and child and adolescent development, pregnancy and reproduction, STD's, healthy relationships and personal safety. There must be quality professional development for elementary educators and health educators
Program instructed by a Certified Health Educator.

**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)**

Other (please specify)
Education, preventative, reduction of individuals infected.

| | |
|---|---|
| **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.<br>,<br><br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | Other (please specify)<br>Supportive of existing state mandates and improvement |
| **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)<br>It should be in place needs reinforcing and support. |

**Q9: What are the perceived benefits of implementing this recommendation?**

Reduction of individuals infected.  Peer education. Community Awareness. Reductions in medical cost. Reduction in cost to our society as well as mental stress.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Support from Administration and School Board.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Cost of training . . .and staff.

**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?**

Every person in our state from community members to insurance companies to mental health and stress management non-profit community agencies.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

I believe the Health Department has a running survey of the number of HIV/AIDS infected individuals by county.

**Q15: This recommendation was submitted by one of the following**

Member of the public

**#229**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, November 25, 2014 6:38:30 AM
**Last Modified:** Tuesday, November 25, 2014 7:49:12 AM
**Time Spent:** 01:10:42
**IP Address:** 139.127.167.126

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Nuala |
| Last Name | Wheat |
| Affiliation | SUNY Upstate Medical University |
| Email Address | wheatn@upstate.edu |

**Q2: Title of your recommendation**

Access to prevention services for adolescents and young adults

**Q3: Please provide a description of your proposed recommendation**

Because of expansion of health care insurance coverage to dependents up to age 26, more adolescents and young adults have access to insurance benefits to help pay for healthcare costs. However, because EOBs primarily go to the policy holder and/or home address of the patient and policy holder, young adults patients are reluctant to receive services (such as PrEP, PeP, HIV and STD testing and treatment) that will be billed to insurance. These services are critical to ending the epidemic. My recommendation is to redirect EOBs for these services for young adults to go only to the patient and not to the policy holder.

**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

,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br>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 policy |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| **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?**

Increased number of young adults who receive PrEP therapy and PeP following potential HIV exposure.
Decreased new HIV infections due to increased prevention.
Improved adherence to medications.
Improved retention in care for HIV positive individuals.

| | |
|---|---|
| **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?**

This recommendation would not incur specific programming cost.

**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?**

adolescents and young adults up to age 26.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Surveillance data looking at # of individuals 26 and under receiving PrEP.

**Q15: This recommendation was submitted by one of the following**

Advocate

**#230**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, November 25, 2014 7:56:50 AM
**Last Modified:** Tuesday, November 25, 2014 8:08:30 AM
**Time Spent:** 00:11:40
**IP Address:** 139.127.167.126

PAGE 1

| | |
|---|---|
| Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address) | *Respondent skipped this question* |
| Q2: **Title of your recommendation** | Expedited approval for use of Truvada as PrEP for <18 year olds. |

Q3: **Please provide a description of your proposed recommendation**

Truvada is currently approved for use in <18 year olds for HIV treatment and PeP. Lack of approval for use as PrEP creates a barrier for insurance coverage and provider advocacy in prescribing PrEP as prevention. Approval of use of Truvada for PrEP for <18 would offer another prevention tool to at risk youth.

| | |
|---|---|
| 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)** | Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| 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 policy |

| | |
|---|---|
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| **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)?** | Unknown |

**Q9: What are the perceived benefits of implementing this recommendation?**

Increased number of youth who could add PrEP to their prevention strategies, particularly for individuals at higher risk of HIV infection.

| | |
|---|---|
| **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?**

At risk youth <18 years.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

# of indivuals <18 who are using PrEP.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Advocate |

**#231**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, November 25, 2014 7:43:42 AM
**Last Modified:** Tuesday, November 25, 2014 8:13:10 AM
**Time Spent:** 00:29:28
**IP Address:** 50.74.156.38

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Sharon |
| Last Name | Stancliff |
| Affiliation | Harm Reduction Coalition |
| Email Address | stancliff@harmreduction.org |

| | |
|---|---|
| **Q2: Title of your recommendation** | Expansion of Syringe Exchange to young injectors and uncovered areas of the state/expansion of Opioid Overdose Prevention trainings in the community and in correctional settings |

**Q3: Please provide a description of your proposed recommendation**

1. Drug injection is increasing as the use of heroin increases nationally and in NYS. Numerous recent studies are finding high incidence of hepatitis C among young and new injectors for example a cluster identified in Buffalo in 2007. Hepatitis C is a serious problem in and of itself but this also indicates high levels of unsafe injection practices which is fertile ground for the transmission of HIV. Syringe access and opioid maintenance treatment (OMT) (with methadone and buprenorphine) have been shown to reduce risk of HCV among injectors. Recent work has found that participation in OMT reduced the incidence of HCV by as much as 60%. Research has also found that young injectors in NY have little knowledge of safer injection and other harm reduction behaviors.

As with HIV both prevention and treatment are key; it is time for a concerted effort with the recommendations put forth by the HHS in 2013.
a) Education about safer injection and drug treatment options, for example the Staying Safe Project need to be expanding in venues and social media that reach younger injectors
b) Access to safe injection equipment, including but not limited to syringes, needs to be expanded via access in Community Based Organizations which serve young injectors and via easing regulations regarding ESAP. Peer Delivered Syringe Exchange and satellite SAPs are potential points of access.
c) Increasing access to OMT, particularly to buprenorphine. This will require using a low-threshold harm reduction approach t OMT, for example continuing treatment even if patients are not adherent to recommendations that they receive counseling or discontinue use of other drugs. Physicians need encouragement to prescribe buprenorphine, for example need for prior approval and misunderstanding regulations have been identified as barriers.
d) Like HIV, models are suggesting that reducing the virus in the population using treatment as prevention for HCV. Yet, there continue to be stigma (and prior approval?) related barriers to treatment of people who use drugs. Testing and access to treatment need to be available and tailored to the needs of young injectors.

Hepatitis C Virus Infection in Young Persons Who Inject Drugs 1
Office of HIV/AIDS and Infectious Disease Policy 5/13 http://www.cdc.gov/hepatitis/Populations/idu.htm
2. Expansion of Syringe Exchange to uncovered areas of the state, particularly using PDSE. PDSE has been proven to be the most effective way to reach hard to reach individuals. 22 of the 23 currently approved SEPS are approved for PDSE. Expanding PDSE will allow more individuals to be reached. For example, hiring peers who are young injectors (or previous injectors) will allow more young IDUs to be reached.

3. Expansion of opioid overdose prevention trainings. This would be true in the community as well as in correctional facilities. All incarcerated individuals should be trained in opioid overdose prevention prior to release, with naloxone being made available to them.

| | |
|---|---|
| **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)** | 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?** | *Respondent skipped this question* |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

1. Reductions in the transmission of hepatitis C and drawing young people into care including drug treatment and medical care would be beneficial results of this intervention.
This care can also include treatment and prevention of STIs and increasing young adult levels of vaccination. Furthermore as noted this population is at risk of HIV; continuation of the low levels of HIV transmission among PWID is vital to Ending the Epidemic.

2. Expansion of syringe exchange will allow more IDUs to be reached and connected to care. The numbers have continued to decrease since the early 90s, primarily because of the syringe exchange programs. Additional efforts can bring the number to zero.

3. The number of individuals dying from drug overdoses continues to increase. Additional programs will allow more individuals to be trained in the community. Statistics also show that incarcerated individuals are more likely to overdose within the first few weeks after they are released. Training all individuals prior to release and equipping them with naloxone will allow this vulnerable population to be served.

**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?**

TBD

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

ROI TBD but should include:
Reductions in the cost of treating hepatitis C, HIV, complications of overdose and untreated STIs.
Decreased sequela of drug use- loss of productivity, incarceration.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

• IDUs
• Young IDUs
• Incarcerated individuals
• Syringe Exchange programs
• Community at large

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Evaluation of the proposed activities would be conducted to determine the efficacy of the proposed interventions, with adjustments being made to improve the outcomes

**Q15: This recommendation was submitted by one of the following**

Other (please specify) Funded Provider

**#232**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, November 25, 2014 7:11:28 AM
**Last Modified:** Tuesday, November 25, 2014 8:57:55 AM
**Time Spent:** 01:46:26
**IP Address:** 144.71.77.240

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Michael |
| Last Name | Chase |
| Affiliation | Erie County Department of Health |
| Email Address | michael.chase@erie.gov |

**Q2: Title of your recommendation** — Comprehensive Sexuality Education

**Q3: Please provide a description of your proposed recommendation**

The 3 points in the Governors proposal, I believe are short sited... The points feel like a bandaid approach in some ways... In order for this curve to continue bending downward... the State must invest in our young people. Our youth are the key to maintaining the momentum and allowing the next generation to live free of HIV infection. Without a proper comprehensive approach to behavior change, positive options and sexuality education, HIV/STD's and unintended pregnancies will continue to cost NYS tax payers millions of dollars and the curve will never bend enough.

New York State currently has no k-12 comprehensive sexuality education curriculum recommendations or mandates. The "Bending the Curve" plan does not include investing or enhancing educational offerings or recommending comprehensive sexuality education ... to include HIV/STD and Pregnancy prevention. The youth who are currently entering, participating and graduating from the New York State school systems will be the generation that will benefit and maintain an HIV free generation... without current and comprehensive education for these students starting in kindergarten the curve will not continue to bend and may infact bounce back.

RECOMMENDATION:
Implement a State Policy requiring grade K-12 comprehensive sexuality education in all NYS schools as part of a comprehensive health education program.

Stop reducing funding to school systems and then continue to expect our youth to make healthy choices without the resources.... (i.e., schools based clinics, comprehensive health education, healthy food choices, extra curricular opportunities, etc.) CUT... CUT.... CUT... What is the definition of insanity?... We just don't get it... our youth are our future... invest in our future... The youth will "Bend The Curve"

**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

| | |
|---|---|
| Q5: **This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | 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 policy |
| Q7: **Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| 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?**

See recommendation

| | |
|---|---|
| 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?** | *Respondent skipped this question* |
| 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 |

**#233**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, November 25, 2014 10:10:22 AM
**Last Modified:** Tuesday, November 25, 2014 10:19:10 AM
**Time Spent:** 00:08:47
**IP Address:** 47.22.138.138

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Mike |
| Last Name | Selick |
| Affiliation | PROS Network |
| Email Address | prosnetworknyc@gmail.com |

| | |
|---|---|
| **Q2: Title of your recommendation** | Ensuring Access to Condoms by Adopting a Comprehensive Ban on the Use of Condoms as Evidence in All Prostitution and Trafficking-Related Offenses |

**Q3: Please provide a description of your proposed recommendation**

The PROS Network recommends a comprehensive ban on the confiscation and citation of possession or presence of condoms as evidence of prostitution and trafficking-related offenses across New York State, in recognition of the vital role of condom access toward the goal of ending the AIDS epidemic in New York State by 2020.

Current law permits possession or presence of condoms as evidence of prostitution and trafficking-related offenses. Police can confiscate condoms at will, and the fact that a person is carrying condoms can be used as a basis for a stop and frisk, arrest, prosecution, and even eviction. As a result, individuals are discouraged from carrying condoms, undermining state efforts to prevent the spread of HIV, unwanted pregnancies and STIs.

It is critical that a statutory ban is “comprehensive:” specifically, that is categorically precludes the vouchering of condoms as evidence in all prostitution-related cases, and that it does not apply only to some offenses and not others. Network members are particularly committed to ensuring condom access for New Yorkers who are especially vulnerable to exploitation, such as those who are trafficked or forced into sex trading through other means. The use of condoms as evidence in cases of sex trafficking, pimping, promoting, and patronizing creates a perverse incentive for traffickers and pimps to deny condom access to those they are exploiting. Continuing to confiscate, cite and introduce condoms as evidence of intent to engage in trafficking offenses in effect dis-incentivizes exactly what we want to happen, which is that vulnerable people have one last line of defense in situations of exploitation.

Allowing condoms to be used as evidence of intent to engage in any prostitution-related offense undermines our efforts to promote safe sex practices in our communities. It is well settled that policing of prostitution disproportionately and negatively impacts low-income women and LGBTQ people and communities of color where New Yorkers are or are profiled as trading sex for economic survival. This fact makes the practice of vouchering condoms as evidence doubly harmful; the communities who are most in need of scaled-up access to condoms are precisely those who are being policed for carrying them.

The vouchering of condoms as evidence has a high cost for outreach workers, as well. Anything less than a comprehensive ban on condoms as evidence prevents outreach workers in our communities from being stopped and harassed by police for distributing condoms in “high-crime” areas most in need of condom distribution. The adoption of a ban that is anything less than comprehensive would also undermine the hard work of outreach and “know your rights” education. It would be an impossible task for an outreach worker to explain to a person they reach on the stroll that a condom cannot be used as evidence of a misdemeanor or violation, but can be used to prove they are promoting prostitution of trafficking a minor. The End AIDS Task Force must back the unequivocal promotion of condom possession as a public good. As long as condoms carry weight in criminal proceedings, people who engage in sex trading, either by force, for survival or by choice, will have questions about whether condoms can be used against them. This is especially true amongst people under the age of 18 whose involvement in the sex trade is deemed by law to constitute sex trafficking.

As such, we urge the Taskforce to move forward on a wholesale ban on the use of condoms as evidence in prostitution and trafficking-related offenses - especially offenses related to patronizing a minor, sex trafficking, pimping, promoting and all other forms of non-consensual sex trade – by amending the Criminal Procedure Law and Civil Practice Law and Rules to prohibit evidentiary use of condoms as probable cause for arrest, and in legal proceedings related to prostitution and trafficking offenses.

We know that there is no partway solution to this issue. There is no compromise on public health. For the purposes of public safety, we need a wholesale decriminalization of condoms that is consistent across the State and inclusive of all prostitution and trafficking-related offenses.

**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)**

Other (please specify) prevention

| | |
|---|---|
| Q5: **This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | 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 policy |
| 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?**

The benefits of this recommendation are the assurance that fears of police harassment and arrest will no longer be a barrier for individuals to prevent the spread of HIV/AIDS by carrying condoms as well as distributing condoms. It will empower sex workers to use condoms with all of their clients, encourage sex traffickers and pimps to provide condoms to victims of exploitation and allow outreach workers to unequivocally promote condom use amongst everyone they serve. Since condoms are the most fundamental public health tool in preventing sexual transmission of HIV, this policy will have broad implications in ending AIDS by 2020.

Affected populations will also benefit from lower risk of involvement with the criminal justice system and reduced exposure to the collateral consequences of those interactions. It is well established that state-involvement increases health harms, and especially risk of HIV transmission as a result of poor access to health care while incarcerated and the burden of a criminal conviction after release.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

PROS Network includes many different service providers and is part of the Access to Condoms Coalition, which includes anti-trafficking organizations and service providers working with the vast majority of survivors of trafficking in New York State, is extremely concerned that the adoption of any policy that excludes certain offenses rather than adopting a wholesale ban on condom as evidence would worsen rather than improve the situation of trafficking victims. The NYPD and several local District Attorneys have recently introduced policies that will stop the use of condoms as evidence in limited number of prostitution-related offenses, while continuing to allow the practice in over thirteen New York Penal Law offenses and civil proceedings. While these new policies show evolved thinking on this issue, they also further highlight the need for a comprehensive statewide solution. Limited bans on the use of condoms as evidence may have the opposite impact by incentivizing police to "charge up" in cases where condoms are confiscated in order to introduce them as evidence, and will do nothing to dispel the stigma and fear of prosecution associated with carrying condoms. Therefore, there is an urgent need for New York State to institute a complete ban on condom in criminal proceedings, with a special emphasis on protecting the most vulnerable populations.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

If approved, this recommendation will result in significant cost-savings since the current practice of confiscating condoms takes condoms off the street and out of commission, at the cost of New York State and municipal health agencies.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

It is anticipated that these measures will reduce public health costs due to increased prevention of HIV transmission and eliminating costs associated with the confiscation of condoms that are distributed by public health agencies with the use of public funds, and reduce costs to public safety, courts, and corrections due to reduction in the frequency and extent of law enforcement and criminal justice system interactions with at-risk individuals.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Beyond the broad public benefits, the individuals who are most likely to benefit, and who are likely to benefit most significantly are members of vulnerable populations who are at highest risk for both HIV infection and criminalization including sex workers, people forced into the sex trade, as well as women of color, LGBTQ, gender non-conforming, low-income and/or street homeless people who are profiled by law enforcement because they are suspected of engaging in sex work.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

The number of people with charges relating to sex work would no longer include taking condoms and entering them as evidence. This data can be collected by DCJS or through court monitoring.

**Q15: This recommendation was submitted by one of the following** Advocate

**#234**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, November 25, 2014 10:36:57 AM
**Last Modified:** Tuesday, November 25, 2014 10:41:57 AM
**Time Spent:** 00:05:00
**IP Address:** 47.22.138.138

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Mike |
| Last Name | Selick |
| Affiliation | New York Harm Reduction Educators (NYHRE) |
| Email Address | mselick@nyhre.org |

**Q2: Title of your recommendation**

Recommendations from New York Harm Reduction Educators (NYHRE) to Ensure Access to HIV/AIDS Prevention Tools

**Q3: Please provide a description of your proposed recommendation**

New York Harm Reduction Educators (NYHRE) recommends Task Force endorsement of a legislative package that would improve access to important public health tools to prevent the spread of HIV. By ensuring that access to syringes and condoms are protected and New Yorkers who are in possession of either condoms or syringes are not subjected to arrest or harassment by the police we can achieve the goal of ending AIDS by 2020 in New York State.

A) Decriminalize syringe possession. Penal Law § 220.45 should be repealed to decriminalize personal possession of syringes. Penal Law § 220.03 should be amended to state that it shall not be a violation of Penal Law § 220.03 when a person possess a residual amount of a controlled substance and that residual amount is in on a hypodermic syringe or hypodermic needle. By removing the section of Penal Law § 220.03 that requires a hypodermic syringe or hypodermic needle must be obtained and possessed pursuant to section thirty-three hundred eighty-one of the public health law it will ensure that no one who is in possession of a use syringe will have to fear arrest which encourages proper disposal of syringes through syringe exchange programs or other appropriate means.

Nearly 25 years after the first syringe access program was established in New York City (and 23 since syringe exchange was sanctioned by law and became part of New York's public health law) drug users who participate in state-authorized programs continue to face arrest and prosecution for syringe possession. This practice discourages both participation in syringe access programs and adherence to best practices by those who do participate - which reduces program effectiveness and undermines public health by contributing to the spread of infection.

B) Lift restrictions on the Expanded Syringe Access Program. Public Health Law § 3381 should be amended to allow providers registered with the state ESAP program to advertise their participation, and to remove the limit of 10 syringes per transaction. This will improve access and better align the service provided with actual participant needs.

C) End the Practice of Confiscating and Using Condoms as Evidence of Prostitution-Related Offenses. Current law permits possession or presence of condoms as evidence of prostitution and trafficking-related offenses. Police can confiscate condoms at will, and the fact that a person is carrying condoms can be used as a basis for a stop and frisk, arrest, prosecution, and even eviction. As a result, individuals are discouraged from carrying condoms, undermining state efforts to prevent the spread of HIV, unwanted pregnancies and STIs.

It is critical that a statutory ban is “comprehensive:” specifically, that is categorically precludes the vouchering of condoms as evidence in all prostitution-related cases, and that it does not apply only to some offenses and not others. Coalition members are particularly committed to ensuring condom access for New Yorkers who are especially vulnerable to exploitation, such as those who are trafficked or forced into sex trading through other means. The use of condoms as evidence in cases of sex trafficking, pimping, promoting, and patronizing creates a perverse incentive for traffickers and pimps to deny condom access to those they are exploiting. Continuing to confiscate, cite and introduce condoms as evidence of intent to engage in trafficking offenses in effect dis-incentivizes exactly what we want to happen, which is that vulnerable people have one last line of defense in situations of exploitation.

Allowing condoms to be used as evidence of intent to engage in any prostitution-related offense undermines our efforts to promote safe sex practices in our communities. It is well settled that policing of prostitution disproportionately and negatively impacts low-income women and LGBTQ people and communities of color where New Yorkers are or are profiled as trading sex for economic survival. This fact makes the practice of vouchering condoms as evidence doubly harmful; the communities who are most in need of scaled-up access to condoms are precisely those who are being policed for carrying them.

The vouchering of condoms as evidence has a high cost for outreach workers, as well. Anything less than a comprehensive ban on condoms as evidence prevents outreach workers in our communities from being stopped and harassed by police for distributing condoms in “high-crime” areas most in need of condom distribution. The adoption of a ban that is anything less than comprehensive would also undermine the hard work of outreach and “know your rights” education. It would be an impossible task for an outreach worker to explain to a person they reach on the stroll that a condom cannot be used as evidence of a misdemeanor or violation, but can be used to prove they are promoting prostitution of trafficking a minor. The End AIDS Task Force must back the unequivocal promotion of condom possession as a public good. As long as condoms carry weight in criminal proceedings, people who engage in sex trading, either by force, for survival or by choice, will have questions about whether condoms can be used against them. This is especially true amongst people under the age of 18 whose involvement in the sex trade is deemed by law to constitute sex trafficking.

As such, we urge the Taskforce to move forward on a wholesale ban on the use of condoms as evidence in prostitution and trafficking-related offenses - especially offenses related to patronizing a minor, sex trafficking, pimping, promoting and all other forms of non-consensual sex trade – by amending the Criminal Procedure Law and Civil Practice Law and Rules to prohibit evidentiary use of condoms as probable cause for arrest, and in legal proceedings related to prostitution and trafficking offenses.

We know that there is no partway solution to this issue. There is no compromise on public health. For the purposes of public safety, we need a wholesale decriminalization of condoms that is consistent across the State and inclusive of all prostitution and trafficking-related offenses.

| | |
|---|---|
| **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)** | Other (please specify) Harm Reduction |

| | |
|---|---|
| Q5: **This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | 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 policy |
| 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?**

The benefits of this recommendation are the assurance that fears of police harassment and arrest will no longer be a barrier for individuals to prevent the spread of HIV/AIDS by carrying condoms/syringes as well as distributing condoms/syringes. It will empower sex workers to use condoms with all of their clients, encourage sex traffickers and pimps to provide condoms to victims of exploitation and allow outreach workers to unequivocally promote condom use amongst everyone they serve. It will also empower people who inject drugs to use a new sterile syringe for every injection, as well as return their used syringes to a syringe exchange program. Since condoms and syringes are two the most fundamental public health tools in preventing transmission of HIV, this policy will have broad implications in ending AIDS by 2020.

Affected populations will also benefit from lower risk of involvement with the criminal justice system and reduced exposure to the collateral consequences of those interactions. It is well established that state-involvement increases health harms, and especially risk of HIV transmission as a result of poor access to health care while incarcerated and the burden of a criminal conviction after release.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Implementation of this recommendation would involve Task Force endorsement of a legislative package aimed at improved prevention by way of decriminalizing critical public health tools—syringes and condoms—consistent with evidence-based public health policy. No concerns relevant to Task Force endorsement have been identified at this time for the recommendations related to expanding access to syringes.

There are some concerns identified with our recommendation about ending the use of condoms as evidence. This recommendation was developed by the Access to Condoms Coalition, of which New York Harm Reduction Educators (NYHRE) is an Executive Committee Member. This Coalition, which includes anti-trafficking organizations and service providers working with the vast majority of survivors of trafficking in New York State, is extremely concerned that the adoption of any policy that excludes certain offenses rather than adopting a wholesale ban on condom as evidence would worsen rather than improve the situation of trafficking victims. The NYPD and several local District Attorneys have recently introduced policies that will stop the use of condoms as evidence in limited number of prostitution-related offenses, while continuing to allow the practice in over thirteen New York Penal Law offenses and civil proceedings. While these new policies show evolved thinking on this issue, they also further highlight the need for a comprehensive statewide solution. Limited bans on the use of condoms as evidence may have the opposite impact by incentivizing police to "charge up" in cases where condoms are confiscated in order to introduce them as evidence, and will do nothing to dispel the stigma and fear of prosecution associated with carrying condoms. Therefore, there is an urgent need for New York State to institute a complete ban on condom in criminal proceedings, with a special emphasis on protecting the most vulnerable populations.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

If approved, the cost of implementation of the recommended legislation is unknown but estimated to be minimal. The primary measures reflect adjustments to existing law, policy and practice, so the expense of implementation should largely be limited to training costs.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

The estimated ROI is unknown; however, it is anticipated that these measures will reduce public health costs due to increased prevention of HIV transmission, and reduce costs to public safety, courts, and corrections due to reduction in the frequency and extent of law enforcement and criminal justice system interactions with at-risk individuals.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Beyond the broad public benefits, the individuals who are most likely to benefit, and who are likely to benefit most quickly, are members of vulnerable populations who are at highest risk for both HIV infection and criminalization - injection drug users, sex workers, those targeted by law enforcement because they are suspected of engaging in sex work (primarily those who live in urban poverty, women of color, transgender and GNC individuals), and the families and communities of those New Yorkers.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

The impact of improved syringe access on transmission prevention, usually expressed as measurable reductions in the rate of infection among injection drug users, is well-established and monitoring is ongoing. In contrast, it may be difficult to isolate, and therefore monitor, the impact of an intervention with broad public reach such as decriminalizing possession of condoms.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Advocate |

**#235**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, November 25, 2014 10:43:02 AM
**Last Modified:** Tuesday, November 25, 2014 10:56:15 AM
**Time Spent:** 00:13:12
**IP Address:** 74.101.78.100

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Veronica |
| Last Name | Bayetti Flores |
| Affiliation | Streetwise and Safe |
| Email Address | veronica@streetwiseandsafe.org |

| | |
|---|---|
| **Q2: Title of your recommendation** | Ensuring Access to Condoms by Adopting a Comprehensive Ban on the Use of Condoms as Evidence in All Prostitution and Trafficking-Related Offenses |

**Q3: Please provide a description of your proposed recommendation**

The Access to Condoms Coalition recommends a comprehensive ban on the confiscation and citation of possession or presence of condoms as evidence of prostitution and trafficking-related offenses across New York State, in recognition of the vital role of condom access toward the goal of ending the AIDS epidemic in New York State by 2020.
Current law permits possession or presence of condoms as evidence of prostitution and trafficking-related offenses. Police can confiscate condoms at will, and the fact that a person is carrying condoms can be used as a basis for a stop and frisk, arrest, prosecution, and even eviction. As a result, individuals are discouraged from carrying condoms, undermining state efforts to prevent the spread of HIV, unwanted pregnancies and STIs.
It is critical that a statutory ban is “comprehensive:” specifically, that is categorically precludes the vouchering of condoms as evidence in all prostitution-related cases, and that it does not apply only to some offenses and not others. Coalition members are particularly committed to ensuring condom access for New Yorkers who are especially vulnerable to exploitation, such as those who are trafficked or forced into sex trading through other means. The use of condoms as evidence in cases of sex trafficking, pimping, promoting, and patronizing creates a perverse incentive for traffickers and pimps to deny condom access to those they are exploiting. Continuing to confiscate, cite and introduce condoms as evidence of intent to engage in trafficking offenses in effect dis-incentivizes exactly what we want to happen, which is that vulnerable people have one last line of defense in situations of exploitation.

Allowing condoms to be used as evidence of intent to engage in any prostitution-related offense undermines our efforts to promote safe sex practices in our communities. It is well settled that policing of prostitution disproportionately and negatively impacts low-income women and LGBTQ people and communities of color where New Yorkers are or are profiled as trading sex for economic survival. This fact makes the practice of vouchering condoms as evidence doubly harmful; the communities who are most in need of scaled-up access to condoms are precisely those who are being policed for carrying them.

The vouchering of condoms as evidence has a high cost for outreach workers, as well. Anything less than a comprehensive ban on condoms as evidence prevents outreach workers in our communities from being stopped and harassed by police for distributing condoms in “high-crime” areas most in need of condom distribution. The adoption of a ban that is anything less than comprehensive would also undermine the hard work of outreach and “know your rights” education. It would be an impossible task for an outreach worker to explain to a person they reach on the stroll that a condom cannot be used as evidence of a misdemeanor or violation, but can be used to prove they are promoting prostitution of trafficking a minor. The End AIDS Task Force must back the unequivocal promotion of condom possession as a public good. As long as condoms carry weight in criminal proceedings, people who engage in sex trading, either by force, for survival or by choice, will have questions about whether condoms can be used against them. This is especially true amongst people under the age of 18 whose involvement in the sex trade is deemed by law to constitute sex trafficking.

As such, we urge the Taskforce to move forward on a wholesale ban on the use of condoms as evidence in prostitution and trafficking-related offenses - especially offenses related to patronizing a minor, sex trafficking, pimping, promoting and all other forms of non-consensual sex trade – by advocating for the NYS legislature and governor to amend the Criminal Procedure Law and Civil Practice Law and Rules to prohibit evidentiary use of condoms as probable cause for arrest, and in legal proceedings related to prostitution and trafficking offenses.

We know that there is no partway solution to this issue. There is no compromise on public health. For the purposes of public safety, we need a wholesale decriminalization of condoms that is consistent across the State and inclusive of all prostitution and trafficking-related offenses.

| | |
|---|---|
| **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)** | Other (please specify) Prevention |

| | |
|---|---|
| Q5: **This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | 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 policy |
| 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?**

The benefits of this recommendation are the assurance that fears of police harassment and arrest will no longer be a barrier for individuals to prevent the spread of HIV/AIDS by carrying condoms as well as distributing condoms. It will empower sex workers to use condoms with all of their clients, encourage sex traffickers and pimps to provide condoms to victims of exploitation and allow outreach workers to unequivocally promote condom use amongst everyone they serve. Since condoms are the most fundamental public health tool in preventing sexual transmission of HIV, this policy will have broad implications in ending AIDS by 2020.
Affected populations will also benefit from lower risk of involvement with the criminal justice system and reduced exposure to the collateral consequences of those interactions. It is well established that state-involvement increases health harms, and especially risk of HIV transmission as a result of poor access to health care while incarcerated and the burden of a criminal conviction after release.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

The Coalition, which includes anti-trafficking organizations and service providers working with the vast majority of survivors of trafficking in New York State, is extremely concerned that the adoption of any policy that excludes certain offenses rather than adopting a wholesale ban on condom as evidence would worsen rather than improve the situation of trafficking victims. The NYPD and several local District Attorneys have recently introduced policies that will stop the use of condoms as evidence in limited number of prostitution-related offenses, while continuing to allow the practice in over thirteen New York Penal Law offenses and civil proceedings. While these new policies show evolved thinking on this issue, they also further highlight the need for a comprehensive statewide solution. Limited bans on the use of condoms as evidence may have the opposite impact by incentivizing police to "charge up" in cases where condoms are confiscated in order to introduce them as evidence, and will do nothing to dispel the stigma and fear of prosecution associated with carrying condoms. Therefore, there is an urgent need for New York State to institute a complete ban on condom in criminal proceedings, with a special emphasis on protecting the most vulnerable populations.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

If approved, this recommendation will result in significant cost-savings since the current practice of confiscating condoms takes condoms off the street and out of commission, at the cost of New York State and municipal health agencies.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

It is anticipated that these measures will reduce public health costs due to increased prevention of HIV transmission and eliminating costs associated with the confiscation of condoms that are distributed by public health agencies with the use of public funds, and reduce costs to public safety, courts, and corrections due to reduction in the frequency and extent of law enforcement and criminal justice system interactions with at-risk individuals.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Beyond the broad public benefits, the individuals who are most likely to benefit, and who are likely to benefit most significantly are members of vulnerable populations who are at highest risk for both HIV infection and criminalization including sex workers, people forced into the sex trade, as well as women of color, LGBTQ, gender non-conforming, low-income and/or street homeless people who are profiled by law enforcement because they are suspected of engaging in sex work.

| | |
|---|---|
| **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 |

**#236**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, November 25, 2014 10:55:03 AM
**Last Modified:** Tuesday, November 25, 2014 11:12:06 AM
**Time Spent:** 00:17:03
**IP Address:** 38.105.203.132

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Freddy |
| Last Name | Molano |
| Affiliation | Community Healthcare Network |
| Email Address | Fmolano@chnnyc.org |

**Q2: Title of your recommendation**

PrEP as an intervetion for Partners of Sero-discordants couples/mDOT

**Q3: Please provide a description of your proposed recommendation**

we could avoid more infections by making sure that partners of positive individuals get pre advanced doses of PrEP/PEP. This way they have it available when the need arises. Treatment as prevention.

Train, facilitate and monitoring of modified observational therapy or mobile DOT where case managers or case coordinators would do home visits, observe and ensure compliance with medication adherence that would ,result in better viral suppression outcomes.

Increase monitoring on HIV testing to ensure everyone is getting info and access to testing . Knowledge of owns status is vital to access care and stay healthy

**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
,

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
,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br><br>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.<br>,<br><br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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 policy |

| | |
|---|---|
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

better knowledge of status and avoidance of new infections
better outcomes on viral load suppression

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

no. Treatment as prevention works

| | |
|---|---|
| **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?**

policy makers, monitoring officers (program managers) patients

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

just to have accountability and designing a way to monitor compliance

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Member of the public,<br><br>Other (please specify)<br>Service provider and advocate |

**#237**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, November 25, 2014 11:19:28 AM
**Last Modified:** Tuesday, November 25, 2014 11:32:27 AM
**Time Spent:** 00:12:59
**IP Address:** 173.225.57.119

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

*Respondent skipped this question*

**Q2: Title of your recommendation**

Early HIV Prevention Education in Schools!

**Q3: Please provide a description of your proposed recommendation**

1. State Policy requiring grade K-12 comprehensive sexuality education in all NYS schools as part of a comprehensive health education program.

2. Requirement for all schools to have a comprehensive sexuality education policy.

3. Grade K-12 comprehensive sexuality education curriculum, instruction and assessment that is:

- Sequential
- Age and developmentally appropriate
- Unbiased
- Culturally appropriate
- Medically accurate
- Research-based or evidence informed
- Aligned with the NYSED Health Education Standards and Guidance Document and the National Sexuality Education Standards including functional knowledge and a strong health skills base in the following areas: anatomy and physiology, puberty and child and adolescent development, pregnancy and reproduction, STD's, healthy relationships and personal safety.

4. Ongoing, quality professional development for elementary educators, health educators and FACs teachers providing the K-12 sexuality education in schools.

5. Ongoing implementation and monitoring to ensure quality programming and sustainability of health and sexuality education in schools.

**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)**

Other (please specify)
HIV prevention and education

| | |
|---|---|
| **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?** | Unknown |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

HIV awareness and prevention from a young age. Students and young people who have knowledge and skills to prevent HIV will be able to lower the numbers of infection.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

No.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

The cost of hiring a Health educator in schools to provide the education.

| | |
|---|---|
| **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?**

All communities.

| | |
|---|---|
| **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** | Member of the public,<br>Other (please specify) Health Educator |

**#238**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, November 25, 2014 11:32:40 AM
**Last Modified:** Tuesday, November 25, 2014 1:57:50 PM
**Time Spent:** 02:25:09
**IP Address:** 74.10.152.68

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Kelvin |
| Last Name | Johnson |
| Affiliation | Action for a Better Community |
| Email Address | kjohnson@abcinfo.org |

**Q2: Title of your recommendation** — Education as a vheicle to Ending the Epidemic!

**Q3: Please provide a description of your proposed recommendation**

Amongst the 27 some odd recommendations that came from a group of Peers at ABC-AFC was the theme of Education. (A) Education in the form of Prevention where HIV+ Peer Educators would be deployed among the communities of color to enlighten and create an open dialogue. (B) Education by people who have a HIV/AIDS diagnosis to undiagnosed and at risk populations on the dangers of substance use/abuse in conjunction with sexual activity. (C) Enhanced Preventive Education that would present the benefits of PEP AND PrEP.; Knowing your status as well as linkage to care that may be taking place in secondary schools (directly reaching the inner city), with the expected outcome of a exponential impact on the at risk populations.; Education could also come in the form of supervised living for MICA clients, as a way to address medication adherence. Additionally, this would ideally include the de-stigmatization of abstinence as another tool in safer sex practices. (D) A interactive, consistently updated Resource Guide that would address Education in the realm of excellent services that already exist in a promotional manner; Another aspect of the guide could address the potential participation in medical research studies in the field that are local, national, and international that have the opportunity to positively impact people's health outcomes; In light of "health outcomes", offer an easy to understand outline of the benefits of medication adherence as well as the negative outcomes to choosing not to or being unable to adhere to medical regimens; Crash course on navigating the Pharmaceutical systems that would lessen the stress of payment options as well as choices such as generic as opposed to original formula to prescriptions. (E) REAL TALK: among older women of color with younger women of color in a supportive environment that will allow trust to be developed. (F) Culturally competent Peers with the ability to display and exercise confidentiality as they address not only stigma, but the fear of stigma that too often paralyzes dialogue in our communities, and lastly (G) Presenting the HIV/AIDS diagnosis to the community as yet another chronic illness that with Education you can not only survive, but thrive with, as seen in commercials that offer medical treatment to aid in the management of them.

| | |
|---|---|
| **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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative<br>,<br>Other (please specify) Teachable Moments |
| **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.<br>,<br>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.<br>,<br>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 |

| | |
|---|---|
| | 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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| Q6: **Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | New policy |
| Q7: **Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| 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?**

One of the perceived benefits would be that more demographics would be included in the numbers as a way to further de-stigmatize high risk populations.;

That more people with a positive diagnosis would be gainfully employed to take their experiences and "teachable moments" to the masses.;

That the connection between housing services and adherence would be thoroughly implemented through the Finger Lakes Region.; That people will come to understand that they are not invincible, but with education and safer sex practices, they can live a rewarding life.

Q10: **Are there any concerns with implementing this recommendation that should be considered?**

The political push back, because essentially we are ALL impacted by the AIDS epidemic in one way or another.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

?

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

?

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

The communities of color where at risk populations have been documented to have high transmission rates, low linkage to care,  and not getting tested in order to be aware of their status.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

?

**Q15: This recommendation was submitted by one of the following**

Consumer

**#239**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, November 25, 2014 1:03:29 PM
**Last Modified:** Tuesday, November 25, 2014 2:00:06 PM
**Time Spent:** 00:56:36
**IP Address:** 64.115.15.66

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Alexis |
| Last Name | Alvarez |
| Affiliation | Union Settlement Association- East Harlem Teen Health Project |
| Email Address | aalvarez@unionsettlement.org |

**Q2: Title of your recommendation** NYC DOE Legislation on Sexual Health

**Q3: Please provide a description of your proposed recommendation**

I am recommending a change to the current New York City Department of Education legislation concerning Sexual Health Education, specifically the ban on condom demonstrations. I am a Middle School Youth Advocate for the East Harlem Teen Health Project (a Union Settlement program). We are a HIV/AIDS, STI, & teen pregnancy prevention program and as such I work very closely with schools in the East Harlem area. Health teachers (which are usually one in the same with Gym teachers) reach out to me to facilitate our evidence-based workshops to their students when it comes time for them to cover HIV/AIDS and STIs in their curriculum. I am happy to oblige but my issue is that I am not allowed to conduct condom demonstrations or show how to properly use a condom. Moreover, I am not even allowed to physically bring one into the class or talk in depth about how they or other contraceptives work. My issue with this is our Teen Health Project curriculum is very in depth and I usually get questions from students that I cannot legally answer in a classroom setting. This is also the case for after-school programs that are held on DOE grounds. I have been threatened by school administration with legal action if I was to do so. Middle School is NOT too young to learn this material. I have had 11, 12 & 13 year old MOTHERS in my classes. And if parents feel the need to opt their child out from these classes, they may do so directly with the school.
It is a sensitive topic, I agree, but that is why we need more trained facilitators to deliver the material instead of Gym teachers posing as Health teachers. When I facilitate in schools I always get praise and commendations from the teachers. They all love the material and the fact that I am able to facilitate it to their students. Moreover, I often hear comments from the teachers stating that I taught THEM something.

As is now stands, I cannot showcase condom demonstrations, discuss contraceptives or facilitate "risky behavior situations" activities. This cuts my evidence-based curriculum down to the bare essentials and in my opinion, that is not enough. How can I completely talk about and educate our youth on HIV and other sexually transmitted infections when I cannot show them how to properly protect themselves from transmission. The legislation is a bit different for high school, in that students are allowed to visit their high school's health resource room, or a nurse to ask for condoms or a condom demonstration. However, it has been my experience that students often feel too embarrassed or ashamed to do so, and therefore do not take advantage of this available opportunity.

During many trainings I have attended I have encountered several organizations and programs just like us who are allowed to perform condom demonstrations in a classroom setting and allowed to facilitate their evidence-based program with full integrity. These organizations are all located out of New York City. How can inner city youth benefit from evidence-based curricula when we as facilitators are not allowed to fully deliver the material? How can I speak on HIV and AIDS, and the struggles therein, without explaining how to prevent it? How can we be sure that our inner city youth are being properly educated on the truths about how to protect yourself?

New York City's DOE legislation on Sexual Health Education must change to accommodate the growing number of adolescents being diagnosed with HIV, ESPECIALLY in areas like East Harlem and Chelsea. If you want to end the epidemic, you must teach the upcoming generation the skills they need to stay protected. Otherwise, our under-educated youth will continue to propagate this epidemic and there will be no end in sight.

| | |
|---|---|
| **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)** | Other (please specify)<br>Preventing exposure to HIV via proper education |

| | |
|---|---|
| **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 policy |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Statutory change required, Unknown |
| **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)?** | Unknown |

**Q9: What are the perceived benefits of implementing this recommendation?**

Students in New York City schools will be properly educated not only on what HIV is and how is transmits to another person but also how to PROPERLY PREVENT transmission.

| | |
|---|---|
| **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?**

Youth who attend New York City public schools.

| | |
|---|---|
| **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 |

**#240**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, November 25, 2014 2:52:53 PM
**Last Modified:** Tuesday, November 25, 2014 3:02:53 PM
**Time Spent:** 00:10:00
**IP Address:** 24.59.51.72

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Ken |
| Last Name | Dunning |
| Affiliation | American Indian Community House, HIV/AIDS Program |
| Email Address | kdunning@aich.org |

**Q2: Title of your recommendation**

Improve the accuracy of HIV/AIDS surveillance data on Native Americans

**Q3: Please provide a description of your proposed recommendation**

KEY BACKGROUND

- Historically, Native Americans have been mis-identified because of inaccurate identification and stigma/non-disclosure.

- What was historically a cloudy portrait of Native American HIV and AIDS incidence – both in New York State and nationally - became even harder to discern with the rise in the use of the “Multi-Race” category, with the reported cumulative number of AIDS cases among Native American in New York State actually declining significantly in recent years:

2005
- New AIDS diagnoses, Native Americans: 9
- Cumulative AIDS cases, Native Americans: 121

2006-2012
- New AIDS diagnoses, Native Americans: 30
- Cumulative AIDS cases, Native Americans (should be): 151
- Cumulative AIDS cases, Native Americans, reported: 88

It appears that AIDS diagnoses among 63 previously identified Native Americans have been re-classified into other racial/ethnic categories, coinciding with the increased use of the Multi-Race category; 63 of 151 previously identified AIDS cases among Native Americans (41.7%) are no longer reported as Native American.

- Who is considered to be Native American is a complicated issue. Each Native American nation/tribe has its own, separate criteria for member enrollment; blood quantum and lineage requirements vary. Some Native Americans having 50% or more blood quantum may not be considered Native American by their nations if the requirements for descent (e.g., matrilineal) are not met. The federal government considers members of

“federally recognize”’ tribes to be Native American. The Census includes all who self-identify as Native American. In many cases, however, multi-race Native Americans are often eligible/considered to be Native American.

- Long term anecdotal reports from Native American community based providers strongly suggest several trends:
• Native Americans have only recently started seeking HIV testing in larger numbers.
• Native Americans with and at highest risk for HIV face multiple barriers to seeking services, including stigma within the Native community, and not feeling comfortable to seek assistance outside of it.
• Many at-risk Native Americans do not seek medical care until they are really sick.

- Although Native Americans comprise roughly 1% of the population, and existing data samples are often not large enough to be statistically significant, there have nevertheless been key instances where the existing data has appeared to support anecdotal knowledge:
• In 2006 and 2007 combined – before the largest increases in the use of the Multi-Race category in 2008 and 2009 – 12 of 20 new HIV diagnoses among Native Americans were defined as late diagnoses. This rate of 60% was considerably higher – by a wide margin – than that of any other racial/ethnic sub-population.
• As of 2012, viral suppression among persons living with diagnosed HIV infection was lower among Native Americans than in any other racial/ethnic sub-population.

RECOMMENDATIONS

Revise and update the current methodology for identifying Native Americans for HIV/AIDS surveillance. Expand the definition of Native Americans to include those who identify as both Native American and Multi-Racial.

Continue to support Native American community based efforts to reduce stigma in the Native American community.

| | |
|---|---|
| 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<br>,<br>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)** | Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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 policy |
| **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)?** | Unknown |

**Q9: What are the perceived benefits of implementing this recommendation?**

- This upgrade would move data surveillance on Native Americans forward to increase the level of its accuracy and completeness.

- More accurate and complete surveillance data will more effectively identify key needs (e.g., late diagnosis, lower rate of suppressed viral load, etc.) of HIV+ and highest risk Native Americans, and better inform the targeting of services for them.

- The Native American community will have a better glimpse of the full extent to which it is being impacted by HIV/AIDS, and more effectively inform the allocation of community based services and resources.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

The significant lack of complete and accurate data leaves a great deal of uncertainty. Infection rates and the level of associated issues could be higher than the existing data suggests.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Unknown.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

While the costs associated with implementing this recommendation are not known, the perceived benefits of implementing it, which would ultimately facilitate greater engagement, linkage, and retention of HIV+ and highest risk Native Americans in care and/or prevention services, would help ensure the most cost effective approaches.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

- HIV+ and highest risk Native Americans, who will have better informed services targeted to their needs.

- Native and non-Native service providers looking to increase their long term engagement, linkage and retention of HIV+ and highest risk Native Americans.

- Native leadership, who will have a fuller range of data to underscore the full scope of Native community need.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

More complete and accurate data on Native Americans would include multi-race Native Americans who are:
• Enrolled members or eligible for enrollment in their nation/tribe.
• Children of enrolled members and/or have at least 25% Native American blood quantum.

**Q15: This recommendation was submitted by one of the following** Ending the Epidemic Task Force member

**#241**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, November 25, 2014 2:29:56 PM
**Last Modified:** Tuesday, November 25, 2014 3:36:28 PM
**Time Spent:** 01:06:32
**IP Address:** 150.142.232.5

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

*Respondent skipped this question*

**Q2: Title of your recommendation**

NHAS Measures

**Q3: Please provide a description of your proposed recommendation**

NHAS measures need to be considered by the Task Force and included in the final Blueprint document generated by the Task Force. The following are examples of the goals outlined in the NHAS document to be met by 2015:

Lower the annual number of new infections by 25 percent (from 56,300 to 42,225);

Reduce the HIV transmission rate, which is a measure of annual transmissions in relation to the number of people living with HIV, by 30 percent (from 5 persons infected each year per 100 people with HIV to 3.5 persons infected each year per 100 people with HIV); and,

¬
Increase from 79 percent to 90 percent the percentage of people living with HIV who know their serostatus (from 948,000 to 1,080,000 people).

http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf

The NHAS document is current until 2015. We need to consider new goals as established under the anticipated successor document to be released by the Federal Government.

It should also be noted that the Federal Government expects all states to have a state plan describing their progress on the NHAS goals. The Blueprint document developed by the Task Force should serve as New York State's state plan.

| | |
|---|---|
| **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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | *Respondent skipped this question* |
| **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)?** | *Respondent skipped this question* |
| **Q9: What are the perceived benefits of implementing this recommendation?** | *Respondent skipped this question* |
| **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?** | *Respondent skipped this question* |

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

More ambitious targets should be considered, such as 90% diagnosed, 90% on ART, and 80-90% virally suppressed.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Other (please specify) AI staff member |

**#242**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, November 25, 2014 6:58:18 PM
**Last Modified:** Tuesday, November 25, 2014 7:03:52 PM
**Time Spent:** 00:05:34
**IP Address:** 108.6.123.239

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Shaneequa |
| Last Name | Parker |
| Affiliation | Harlem United |
| Email Address | sparker@harlemunited.org |

**Q2: Title of your recommendation**

Increase funding for prevention, education, and testing efforts among seniors and older adults living with HIV/AIDS.

**Q3: Please provide a description of your proposed recommendation**

A growing number of older people now have HIV/AIDS. Almost 40% of all people with HIV/AIDS in this country are age 50 and older. (CDC, 2014; NIA, 2013). Older adults are diagnosed later in life and frequently with an AIDS diagnosis, suggesting that the current HIV-testing guidelines should go beyond the current limit of age 65. This late diagnosis and testing are the results of several issues including: doctors are not routinely testing or discussing testing with older patients; older people frequently mistake the signs of HIV/AIDS for the aches and pains of normal aging; many older adults lack the sexual knowledge about HIV transmission and treatments and providers are hesitant to have these sexual health discussions with older adults due to stigma and discrimination. Few prevention efforts explicitly target older adults with age-sensitive information and education.
In ending the epidemic, the following recommendations are suggested:
• Increased promotion and encouragement of HIV testing among the senior population (55+), including outreach to nursing homes & assisted living facilities, senior communities and Naturally Occurring retirement communities (NORC).
• The NYSDOH and AI should put forth programs and initiatives regarding safe sex practices and HIV preventative measure that are linguistically and culturally competent, taking into consideration race, culture, and sexual orientation of older adults.
• Increased marketing campaigns should be targeted not only older adults but also caregivers, medical and social support providers to encourage regular HIV testing and safer sex & harm reduction practices.

**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

| | |
|---|---|
| **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.<br>,<br><br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

Increased number of older adults who are knowledgeable about HIV/AIDS preventative measures, encouraging safe practices and thus reducing transmission rates. Increased testing measures decreases the number of unknown HIV infections and ensures earlier linkages to care, resulting n better health outcomes.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Limited funding available; limited available research and proven practices on engaging seniors in HIV/AIDS and sexual health discussions.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Currently the CDC funds prevention services in NYS at the cost of $60,693,234 (CDC, 2014). The total amount dedicated towards older adults are unknown, however a minimum of $250,000 is suggested to facilitate the creation of prevention materials and programs geared specifically to older adults.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Reduced cost to Medicaid and Medicare as older adults will be diagnosed earlier, decreasing the number of AIDS diagnoses and linking infected older adults to appropriate care, is expected to improve health outcomes.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Seniors, older people living with HIV/AIDS, overall general population; NYS Medicaid, Medicare

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Monitoring the rates of new HIV/AIDS diagnoses among those 50 years and older. With successful implementation, a reduction in the percentage of new infections/diagnoses among OPLWHA (those over 50) – currently 17%, with the hope to reduce that number to 10% by the end of 2020.

**Q15: This recommendation was submitted by one of the following** Advocate

**#243**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, November 25, 2014 8:36:24 PM
**Last Modified:** Tuesday, November 25, 2014 8:54:14 PM
**Time Spent:** 00:17:49
**IP Address:** 72.89.115.244

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Jim |
| Last Name | Eigo |
| Affiliation | ACT UP/NY |
| Email Address | jimeigo@aol.com |

**Q2: Title of your recommendation** HIV Epidemiology for Transgender Populations

**Q3: Please provide a description of your proposed recommendation**

The AIDS Epidemic in New York State will not have ended until it has ended for every sub-population. It will not have ended until AIDS mortality has been drastically reduced in every sub-population. It will not have ended until forward HIV transmission has been drastically reduced in every sub-population.

Although we suspect that the number of transgender women who are living with HIV and the number of new HIV infections among transgender women are both very high, very partial and sketchy HIV prevalence and incidence data for transgender women in New York State raise almost as many questions as they answer. In part this is the legacy of a blinkered research tradition which allows the Centers for Disease Control to continue to group transgender women with Men who have Sex with Men. Reliable HIV prevalence and incidence figures for transgender men are even harder to come by.

Gathering reliable prevalence and incidence data for transgender populations faces challenges. Transgender populations are comparatively small, and the lack of a standard by which people and providers measure gender complicates research. None of this absolves New York State from gathering extensive and reliable HIV data for transgender populations. A good starting point would be for researchers to recognize transgender people for who they are: they are who they say they are.

The effective targeting of HIV testing and care and prevention efforts depends on understanding the shape of the transgender HIV epidemics. There will be no end to the HIV epidemic in New York State until reliable incidence and prevalence data allow us to declare an end of the epidemic among transgender populations as well.

| | |
|---|---|
| **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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |

| | |
|---|---|
| **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.<br>,<br><br>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.<br>,<br><br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | Unknown |

| | |
|---|---|
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

1) Enhancing the ability for healthcare departments to target HIV testing and care and prevention efforts effectively to transgender populations.
2)The acquisition of necessary metrics by which to declare an end to the HIV epidemic for transgender populations.

| | |
|---|---|
| **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?**

Transgender New Yorkers and their partners and families

| | |
|---|---|
| **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** | Ending the Epidemic Task Force member |

**#244**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 4:04:24 AM
**Last Modified:** Wednesday, November 26, 2014 4:15:44 AM
**Time Spent:** 00:11:20
**IP Address:** 68.174.11.145

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | luis |
| Last Name | albornoz |
| Affiliation | latino comission |
| Email Address | luferal48@gmail.com |
| **Q2: Title of your recommendation** | public education in mass |

**Q3: Please provide a description of your proposed recommendation**

using news papers,radio, tv.adds in buses,trains and subways telling about all the programs ,ways and help about this plans

| | |
|---|---|
| **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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | *Respondent skipped this question* |
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | New program,<br>Other (please specify) a new program better |

| | |
|---|---|
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | *Respondent skipped this question* |
| 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?** | *Respondent skipped this question* |
| **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?** | *Respondent skipped this question* |
| **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** | *Respondent skipped this question* |

**#245**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 4:20:37 AM
**Last Modified:** Wednesday, November 26, 2014 4:34:04 AM
**Time Spent:** 00:13:26
**IP Address:** 72.89.115.244

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Jim |
| Last Name | Eigo |
| Affiliation | ACT UP/NY |
| Email Address | jimeigo@aol.com |

**Q2: Title of your recommendation**

Patient Protection for Routine and Targeted HIV Testing

**Q3: Please provide a description of your proposed recommendation**

New York State's HIV Testing Law requires medical professionals to offer a voluntary HIV test to all patients (with limited exceptions) between the ages of 13 and 64. The Task Force that has been charged with drafting a plan for the End of the AIDS Epidemic in New York State by 2020 has received a number of recommendations that call for expanding HIV testing to more and more settings. While I support the law and its expansion, many community members are understandably concerned that HIV testing be carried out in a way that protects the patient.

To facilitate wider testing, New York State needs to educate medical and social service providers on the requirements of the HIV testing law. And to facilitate quality testing, that education has to actively counter HIV stigma in the provider community. That education must tell providers what a positive or negative test result means and that HIV is a treatable infection. It must tell providers how to deliver HIV test results in a humane way that protects the privacy rights and dignity of those being tested. And that education must tell providers how to link an individual to affordable healthcare (such as a referral to a state In-Person Assistor/Navigator), whether that individual is HIV-positive or HIV-negative and a member of a target population. New York State needs to provide a venue for people to report testing that fails to honor a patient's rights. As New York State works to ensure the offer of routine HIV testing and its expansion to new settings, provider education on a patient's rights in an HIV testing situation will be more crucial than ever.

| | |
|---|---|
| **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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | *Respondent skipped this question* |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

Expansion of HIV testing while protecting patient rights.

| | |
|---|---|
| **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 tested for HIV; the communities of medical and social service providers

| | |
|---|---|
| **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** | Ending the Epidemic Task Force member |

**#246**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 4:48:11 AM
**Last Modified:** Wednesday, November 26, 2014 4:59:54 AM
**Time Spent:** 00:11:42
**IP Address:** 72.89.115.244

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Jim |
| Last Name | Eigo |
| Affiliation | ACT UP/NY |
| Email Address | jimeigo@aol.com |

**Q2: Title of your recommendation**

Linkage to Care to Accompany an HIV Test Result

**Q3: Please provide a description of your proposed recommendation**

The Task Force that has been charged with drafting a plan for Ending the AIDS Epidemic in New York State by 2020 has been told that its top goal is linking people to ongoing, affordable healthcare, whether those people are living with HIV or HIV-negative members of target populations. To facilitate this goal, New York State should consider requiring that a referral to affordable healthcare accompany any HIV test result. In the age of the Affordable Care Act and Expanded Medicaid in New York State, a likely referral would be to a state In-Person Assistor/Navigator. Referral would at the minimum include a verbal recommendation for the next step that the patient must take in order to secure enrollment in ongoing, affordable healthcare.

**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

,

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

,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br><br>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 policy |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

Enrolling into affordable healthcare anyone who gets an HIV test result and is not now currently enrolled in healthcare (the uninsured and the under-insured)

| | |
|---|---|
| **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 uninsured or under-insured, whether they are living with HIV or HIV-negative members of target populations

| | |
|---|---|
| **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** | Ending the Epidemic Task Force member |

**#247**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 5:53:56 AM
**Last Modified:** Wednesday, November 26, 2014 6:07:19 AM
**Time Spent:** 00:13:22
**IP Address:** 67.240.123.180

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Alison |
| Last Name | Muse |
| Affiliation | NYSDOH AIDS Institute Bureau of STD Prevention and Epidemiology |
| Email Address | alison.muse@health.ny.gov |

**Q2: Title of your recommendation**

STD Prevention is HIV Prevention

**Q3: Please provide a description of your proposed recommendation**

Missed Opportunities to prevent and treat sexually transmitted infections (STI) negatively impacts HIV prevention efforts. Given the important role of STIs as a key risk factor in both HIV acquisition and transmission, there is a critical need to strengthen New York State's public health response related to STI prevention, screening, and treatment. The majority of STIs are asymptomatic and as a result most New Yorkers are unaware of their infection. STI screening is a fundamental, evidence-based strategy for decreasing HIV transmission because it allows identification of patients with ongoing high risk sexual behavior and enables treatment of STDs, which facilitate the transmission of HIV. Several studies have documented increased incidence of HIV infection among MSM with a bacterial STI. A retrospective cohort study conducted in NYC STD clinics found that one in 15 New York City MSM with rectal chlamydia or gonorrhea got diagnosed with HIV infection within a year. STI testing is also a key opportunity to increase HIV testing, identify persons who may benefit from Pre-Exposure Prophylaxis (PrEP), and identify HIV-positive individuals and link them to treatment and care.

To promote STD screening and treatment, the following key prevention activities should be implemented:

*Incentivize commercial health insurance plans to increase STD screening/vaccination outcomes:
The majority of STDs are diagnosed by private providers but data on provider screening for STDs indicates missed opportunities for STD prevention. Despite clear public health recommendations for doctors to routinely screen for Chlamydia and gonorrhea in women and MSM, available data indicate a lack of adherence to these recommendations. In 2012, 50 percent of women under age 25 enrolled in commercial health plans and 40 percent of women in Medicaid plans were not screened for Chlamydia. Even in high volume HIV care settings, only half of MSM received recommended annual screening for rectal gonorrhea (2012). Providing incentives to health plans to promote federally-recommended STD screening of high risk negative persons will improve early detection and treatment of STIs and reduce the risk of HIV infection. Health plans should also promote routine offer of potentially life-saving vaccinations such as HPV and hepatitis A and B by health care providers, especially to high-risk persons who are HIV negative.

*Educate medical providers to improve STD diagnostic outcomes:
In addition to poor adherence to STI screening recommendations, studies indicate that only one third of

In addition to poor adherence to STI screening recommendations, studies indicate that only one third of primary care providers routinely ask patients about their sexual history during an annual visit and even fewer provide STD risk reduction counseling. These findings are more pronounced for black and Latino MSM patients. It is essential to identify current barriers that health care providers experience in incorporating sexual health, STD screening, and HPV vaccination into client encounters and develop tools, resources and training to alleviate the barriers.

*Increase access to high-quality diagnostic tools to diagnose untreated STIs:
Improvements in STI test technologies have increased opportunities for more rapid and accurate STI diagnosis, leading to earlier treatment and reductions in adverse consequences of undetected infection including HIV transmission. Nucleic acid amplification tests are recommended for the detection of rectal and pharyngeal infections caused by gonorrhea and Chlamydia among MSM. However, these specimen types have not been cleared by the FDA for use with NAATs and laboratories must conduct validation studies to meet federal laboratory regulations before using these specimen types for patient management. One retrospective cohort study showed that 84 percent of gonorrhea and chlamydia infections would be missed if MSM were screened only for urethral infections. Given the increased risk of HIV infection among MSM infected with rectal or pharyngeal gonorrhea or Chlamydia, increased access to extragenital NAAT tests is essential. Advocating for FDA approval of rectal and pharyngeal specimens for NAAT will significantly improve access to recommended diagnostic tools for early detection of infection at all anatomic sites.

*Conduct a public awareness campaign to increase New Yorkers' knowledge of the critical role of STD prevention and screening in HIV prevention:
There are gaps in community-level STD knowledge. While STD account for more than two-thirds of reported communicable diseases with the highest rates of infection among adolescent and young adults, New Yorkers under-estimate the burden of STDs in their community. Community-level and institutional stigma impacts opportunities to promote sexual health. Health communication plays an important role in addressing STD disparities by increasing perceptions of personal risk, minimizing STD-associated stigma, and marketing STD prevention and testing behaviors. A New York study of community attitudes and perceptions about STDs found that 70% of respondents agreed there should be a more open discussion about STDs. Following passage of the 2010 HIV testing law in New York, successful strategies to increase HIV testing included social marketing campaigns. A similar approach to reduce stigma around STD testing and improve utilization of STD screening has the potential to improve treatment outcomes at many points across the HIV care continuum.

| | |
|---|---|
| **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<br>,<br><br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |

| | |
|---|---|
| **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.<br>,<br>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?** | *Respondent skipped this question* |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

Screening, diagnosis and treatment of STIs reduces the risk of HIV acquisition by HIV-negative persons and reduces the transmission of HIV to others who are uninfected. Since STIs increase HIV viral shedding and impede the effectiveness of antiretroviral treatments, STI treatment is also essential to maintaining viral suppression among HIV positive persons.

Improving provider capacity to conduct a routine and comprehensive sexual history assessment reduces the stigma around STI, promotes appropriate STI screening, and enhances opportunities to identify individuals who would benefit from other biomedical prevention strategies such as PrEP.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

The potential benefits of this recommendation outweigh any negative consequences.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Based on similar activities conducted by NYSDOH, a public awareness campaign would cost $3 million, implementation of health care provider education and training is estimated to cost $750,000, and incentivizing NYS health plans to promote STD screening and vaccination by enrolled providers is estimated to cost $1.3 million.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

STI screening and treatment is cost-effective. Every dollar spent on Chlamydia screening saves $12 in future medical costs through prevention of long-term consequences.

Cost-effectiveness studies indicate that if 25% of NYC's high-risk MSM populations were identified and linked to PrEP treatment, new HIV infections would decrease by 4-23%. Realizing this ROI would be achieved through activities to increase provider capacity to conduct a comprehensive sexual history assessment to identify high-risk individuals who are eligible for PrEP.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Community; high-risk HIV negative persons; healthcare providers.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Number of MSM with bacterial STI who are newly-diagnosed with HIV infection.

Number of sexually-active females under age 25 enrolled in commercial or Medicaid health plans who are screened for Chlamydia annually.

**Q15: This recommendation was submitted by one of the following**

Other (please specify) AIDS Institute staff

**#248**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 6:03:18 AM
**Last Modified:** Wednesday, November 26, 2014 6:12:42 AM
**Time Spent:** 00:09:23
**IP Address:** 108.183.5.133

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

,

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

,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br><br>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.<br>,<br><br>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 |

**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 aquiring 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

**#249**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 6:43:03 AM
**Last Modified:** Wednesday, November 26, 2014 6:45:55 AM
**Time Spent:** 00:02:52
**IP Address:** 208.125.161.234

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Keith |
| Last Name | Brown |
| Affiliation | Catholic Charities Care Coordination Services |
| Email Address | keithb@ccalbany.org |

**Q2: Title of your recommendation**

Provide All Low-Income Persons Living with HIV Infection in New York State Access to Essential Benefits and Social Services, Including Safe and Affordable Housing, Food and Transportation

**Q3: Please provide a description of your proposed recommendation**

Expand and update the existing HIV enhanced rental assistance program by changing medical eligibility for the program to include all low-income persons living with HIV infection (PWH) and by updating the amount of rental assistance available to be in line with fair market rental rates.
Protect rent-burdened PWH and their families by expanding the existing 30% rent cap affordable housing protection to make it available to all severely rent burdened PWH in New York State.
Provide transportation stipends/reimbursements to enable PWH to access medical and supportive care services, especially for people living in rural and suburban communities
Ensure coordinated access to these and other benefits for PHW through a single point of entry (SPE) in every local social service district (LSSD) in the State.

**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
,

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)** | 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.<br>,<br><br>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.<br>,<br><br>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?** | 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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

Safe housing, food and transportation are necessary to enable PWH to access and benefit from HIV treatment. We can't end the AIDS epidemic in NYS without meeting basic needs.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

No

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Unknown

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Better health for PWH and fewer new HIV infections.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Low income PLWHA

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

No

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Advocate |

**#250**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 6:47:46 AM
**Last Modified:** Wednesday, November 26, 2014 6:58:31 AM
**Time Spent:** 00:10:44
**IP Address:** 146.111.24.202

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Sheldon |
| Last Name | Applewhite |
| Email Address | sapplewhite@bmcc.cuny.edu |

**Q2: Title of your recommendation** HIV Testing

**Q3: Please provide a description of your proposed recommendation**

In order to reach the goal of ending AIDS as an epidemic by 2020, New York State must rapidly scale up and expand HIV testing and outreach programs in the Black LGBT community by tripling the resources and capacity of Black LGBT organizations that are indigenous to and are currently serving this disproportionately impacted population.

Additionally, we must create a culturally competent framework for expanded access to medical, social and structural supports for every person tested through these programs. This will not only establish and promote testing as a regular component of overall health and wellness but will also provide vehicle for medical and social support by developing a plan for those testing

a. HIV Positive -- “housing” them in a community support system that helps them move to viral suppression and undetectability,

b. HIV Negative – “housing” them in a community support system that helps them to maintain their negative status.

Incentivize health outcomes on both the individual and community level by creating testing and viral suppression incentives that reflect and respect the social value of the Black LGBT community. This incentivizing of healthy outcomes should involve the Black LGBT community organizations, in partnership with government and private industry stakeholders such as pharmaceutical companies,

hospitals and other related health-related industries. Black LGBT groups should share in the savings of healthy outcomes, using resources to build capacity needed to reduce disparities and create opportunities for long-term viability of the community.

Create a messaging campaign that includes print, web-based and mobile formats to reflect changing technologies and venues used by the target population. The messages will promote the benefits of health and wellness that will include HIV testing, STI and HepC screenings as well as regular health maintenance. We know that HIV testing and treatment must be placed in the broader context of health and wellness when engaging with our community in order to ensure that the "stigma" surrounding homosexuality, especially as it relates to HIV, becomes less and less of a significant factor in the perpetuation of this epidemic.

Develop a "Social Disparity Index" that identifies the mixture of structural and social determinants such as employment, education, housing, physical safety, transportation, and food security that can play a role in undermining health goals which will include the ability to remain negative, or to achieve and maintain viral suppression over an extended period of time. This index could be used to assess the type and cost of supports necessary for the establishment and maintenance of desirable health, wellness, economic, social and safety outcomes that are critical to accessing and remaining in care. As well, this index will assist in program design and measurement of program efficacy and could also be useful in identifying local environmental conditions that do not exist on a statewide level but are critical components in addressing the objective realities of the Black LGBT community.

Support the creation of a strong referral and linkage network. Black LGBT program staff and peers will become the conduit/connector/buddy and support to each new person testing and they will create a robust system of structured referrals and linkages to primary care and other traditional services if needed. For those individuals that test HIV positive, the Black LGBT program staff and peers will offer supports to help folks navigate those obstacle and systems that are barriers to achieving and maintaining viral suppression.  In addition, the conduit or buddy will act as the social connector with each individual to ensure a decrease in their Social Disparity Index number that acts as an indicator of improved health, economics and social metrics.

| | |
|---|---|
| **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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |

| | |
|---|---|
| **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.<br>,<br><br>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.<br>,<br><br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | New policy |

| | |
|---|---|
| **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)?** | Other (please specify)<br>This recommendation can be imploemented within the next year. |

**Q9: What are the perceived benefits of implementing this recommendation?**

The perceived benefits of recommendation includes:

¬ Increased HIV testing

¬ Increased knowledge of HIV status and education surrounding the tools and social supports to use to sustain negativity if tested negative, or education about the tools and social supports to use to achieve viral suppression thereby reducing transmissibility.

¬ Increased primary health screenings

¬ Increased health insurance enrollment

¬ Increased mental health screenings and interventions

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

No

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Increasing the existing costs of community testing programs by 300% to reflect a broad-based implementation of testing highest-risked members of the Black LGBT community across the state and re-testing, at specified regular intervals, HIV negative folks. Organization staff and peers will serve as the community support and “personal assistants” as they follow-up and “buddy”-up with newly tested HIV positive folks to assist them in establishing and navigating the linkage to care and treatment. Black LGBT groups will establish structured linkages with traditional organizations that provide structural supports to include primary health care, food, and housing and the Black LGBT organizations and groups will provide crucial social and spiritual supports.

There will be a rigorous coordination mechanism among Black LGBT community-based organizations and entities that goes beyond linkage into shared budgets and resources to facilitate the linkage and follow-up components of this approach.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

This investment will have a positive ROI due to:

¬ Already established protocols including rapid testing technologies

¬ Newly amended HIV testing law that further reduces barriers to administering HIV testing

¬ Already developed community capacity and expertise for testing

¬ Already established social marketing HIV prevention campaigns

Additional investments will be needed for the expansion of testing sites and the training and hiring

of more Black LGBT community members to act as recruiters and “wellness buddies” that will

ensure that each tested person is linked to follow-up to care and supports.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

The key stakeholders of this recommendation will be the entirety of the Black LGBT community with a strong focus on black gay and black transgender persons. “The African American LGBT community accesses healthcare at a significantly lower rate than any other demographic and at the same time they have much higher rates of infectious disease, hypertension, cancer, stroke, and cardiovascular disease as compared to other racial and ethnic groups.” (CDC 2011)

Research also shows that uninsured black men who have contracted an STI or HIV are less likely to seek care prior to the onset of complications from advanced HIV disease.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

The development of a Social Disparity Index to assess the level and cost of resources necessary

for the establishment and maintenance of desirable health and social outcomes.

**Q15: This recommendation was submitted by one of the following**

Other (please specify)
The Black LGBT Alliance of NY.

**#251**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 6:48:09 AM
**Last Modified:** Wednesday, November 26, 2014 7:31:06 AM
**Time Spent:** 00:42:56
**IP Address:** 155.229.23.181

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Tamisha |
| Last Name | McPherson |
| Affiliation | Harlem United |
| Email Address | tmcpherson@harlemunited.org |

**Q2: Title of your recommendation**

NYS Expanded Scope of New Access Points HRSA (FQHC) Mobile Health Units

**Q3: Please provide a description of your proposed recommendation**

New York State DOH should help to deepen the reach of HRSA-funded mobile medical units by offering approval for currently funded units to extend beyond HRSA catchment areas. In addition, DOH should provide funding to support current primary care expansion efforts ie; CHCANYS Primary Care Emergency Prepardness Network and faciliate Medicaid reimburstment for these expanded services out of predetermined catchment areas.

**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
,

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,<br><br>Other (please specify)<br>This recommendation would strengthen existing mechanisms to allow for HRSA funded units to access state Medicaid funds when those units go out of scope and catchment areas. |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

State Medicaid funds could support the expansion of comprehensive primary and preventive medical health care services and increase access to comprehensive, culturally competent, quality primary health care services and improve the health status of medically underserved and vulnerable populations. NYS has an opportunity to complement HRSA funded mobile units, extending the reach, providing more HIV testing and linkage to care for patients who might not otherwise find their way to a community health clinic.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

This will require state and federal communication.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

More research is needed to determine the cost and ultimately there will be a cost savings to the state by reaching the same high-need individuals and providing primary and preventive care.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Emergency room visits and hospitalizations will be reduced.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Undiagnosed HIV+ individuals,
HIV+ individuals not currently linked to care including - but not limited to - homeless.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Invest in primary care readiness project
Increase and improve state, federal collaboration about this, and other, initiatives.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Member of the public |

**#252**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 7:14:43 AM
**Last Modified:** Wednesday, November 26, 2014 7:33:07 AM
**Time Spent:** 00:18:24
**IP Address:** 67.87.252.23

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | James |
| Last Name | Satriano |
| Affiliation | New York State Office of Mental Health |
| Email Address | satrian@nyspi.columbia.edu |

**Q2: Title of your recommendation**

Require screening, treatment and monitoring of depression for all PLWHA

**Q3: Please provide a description of your proposed recommendation**

Major Depression is highly prevalent among PLWHA and is associated with NOT initiating ARV treatment, NOT being retained in care, NOT adhering to ARV treatment, slower suppression of viral load, having a detectable viral load, and increased morbidity and mortality. PLWHA who are in effective treatment for depression are more likely to be adherent to HIV care, have better viral load suppression, and have better outcomes. Achieving non-detectible viral load is key to preventing HIV transmission. At present, the screening and treatment of depression is one of the required HIVQUAL indicators. However, not all programs participate in HIVQUAL, and there is no specific screening tool recommended or metric to demonstrate improvement. We recommend that all patients with HIV be screened with the PHQ-9. Those who screen positive for moderate or severe depression (PHQ-9 above 10) should be linked to depression treatment and monitored for improvement using the PHQ-9, preferably to remission (PHQ-9 below 5) whenever possible. Evidence exists to guide effective screening, treatment and monitoring of depression in medical care and should be followed.

**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 |
| **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?**

Benefits of implementing this recommendation include improvement along the HIV treatment continuum in terms of linkage to care, retention in care, accepting ARV treatment, and being virally suppressed. In addition, patients with moderate to severe depression are severely disabled and treatment of depression is associated with improved self-care.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

At HIVQUAL sites where efforts have been made to implement screening and referral to treatment for depression, screening remains well below 100%, there are no specific validated screening tools required, and outcomes are not systematically monitored or reported. Our concern is that treatment settings may believe they are doing an adequate job of screening and referring their patients but without a more systematic approach it is impossible to know whether patients are benefitting from these efforts, nor are these efforts likely to result in sustained improvements in HIV course. For this reason we are recommending the adoption of a standard screening instrument to be used in all settings.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

The cost of implementing routine depression screening, treatment, and monitoring would be cost-neutral because many people with depression and HIV have significant somatic complaints that require considerable medical time and attention. This includes insomnia, pain, weight loss, and fatigue.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Return on investment would include a greater number of people retained in care with suppressed viral load. Effective depression treatment is also associated with improved occupational and social functioning enabling productive work lives and better health outcomes.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Between 30% and 50% of people in HIV care have moderate or severe depression. These patients would benefit through improved retention in care and adherence to HIV care including ARV treatment, ultimately staying healthier and living longer than if their depression isn't treated or isn't effectively treated. Effective depression treatment has the public health benefit of reducing negative outcomes of the 2nd most disabling medical condition in the world.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

The PHQ-9 is a screening and diagnostic tool that has been validated for identifying depression in medical settings. It is available online at no cost and has been translated into many languages. No specific training is required to competently use this tool. There also are versions that can be self-administered.

**Q15: This recommendation was submitted by one of the following** Ending the Epidemic Task Force member

#253

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 7:47:36 AM
**Last Modified:** Wednesday, November 26, 2014 8:03:38 AM
**Time Spent:** 00:16:02
**IP Address:** 72.89.115.244

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Jim |
| Last Name | Eigo |
| Affiliation | ACT UP/NY |
| Email Address | jimeigo@aol.com |
| **Q2: Title of your recommendation** | No End of the AIDS Epidemic Until Soaring Drug Prices Are Brought Under Control |

**Q3: Please provide a description of your proposed recommendation**

New York State deservedly touts the fact that in the age of the Affordable Care Act and Expanded Medicaid virtually every New Yorker is eligible for affordable healthcare. Accordingly, the top goal of the Task Force that is drafting a blueprint for Ending the AIDS Epidemic is linking people to affordable healthcare, whether they are living with HIV or HIV-negative members of target populations. But the Affordable Care Act offers no mechanism for keeping drug prices affordable. It expressly forbids Medicare from using its enormous clout to negotiate the price of drugs. The Task Force has the luxury of contemplating an end to the AIDS epidemic only because New York State has secured a major Medicaid rebate for HIV drugs from the four major producers of these drugs.

But this agreement should not distract the Task Force and its Care Committee from considering mechanisms to control drug prices. The secured rebates are only for HIV drugs, and only through Medicaid, not other third-party payors. People living with HIV and people at risk for HIV have many medical conditions that can require many medications paid for by many different mechanisms that fall beyond the comparatively narrow safe zone of the secured rebates.

In New York State, we have a fresh example of the dangers of unregulated drug prices. Sofosbuvir, alone or in combination, is a recently-approved treatment for Hepatitis C that could cure the infection in far more than 90% of the people living with it. Hepatitis C, spread through sharing injection drug paraphernalia and sex, is a health threat to individuals and to the public. Recreational drug use and sex are notoriously difficult-to-regulate areas of human conduct, and Hepatitis C is spreading rapidly among a new generation of injection drug users. CDC says that people living with HIV are at heightened risk for infection through sex. People living with Hepatitis C often advance to chronic liver disease and remain infectious for the duration of their infection. Individual health and public health both argue in favor of treating Hepatitis C as widely as possible, as soon as diagnosed and with the best treatment available. One might think New York State would share this position. After all, in September 2014 Governor Andrew Cuomo signed a law that increased access to Hepatitis C testing.

Instead, many of those newly diagnosed with Hepatitis C will have to wait for treatment until they advance to liver disease. Though the drug is neither difficult to synthesize nor expensive to produce, the drug company that owns sofosbuvir has slapped a thousand-dollar-a-pill pricetag on the drug. Third-party payors have seized upon the cost of the drug to lobby against guidelines that would make treatment with sofosbuvir widely available. And so the Drug Utilization Board of New York State's Department of Health has drawn up restrictive criteria for prescribing the drug. There is no justification for drawing up a hierarchy of patients worthy of treatment with a drug that is cheap and easy to make. All people deserve the best treatment available.

In this sorry charade it's been hard to decide which party's greed has been more sickening to observe: the greed of the drug company or the greed of the third-party payors. But the most disappointing party has been New York State. Its complicit decision to advise withholding the best treatment from whole classes of people will cause much individual sickness and prolong an epidemic. Most people living with HIV who are co-infected with Hepatitis C (about 1 in 4) will be able to obtain sofosbuvir if Medicaid is their payor. But many people beyond that narrow class will not. New York State has missed an opportunity to put a relatively quick end to a growing epidemic that is a particular risk for people living with HIV and many members of target populations at risk for HIV.

Observers of the pharmaceutical industry predict a truckload of medications about to come onto the market that will bear pricetags comparable to sofosbuvir's. Many will be cancer drugs; people living with HIV are especially susceptible to a number of cancers. And there will be exorbitantly priced drugs for other conditions that affect people living with HIV and at risk for HIV—just as there are many payors beyond Medicaid. To ensure the care of people living with HIV or at risk for HIV, the Task Force will have to articulate a policy about the price of drugs that fall beyond the very limited agreement for Medicaid rebates on HIV drugs made with four drug companies.

| | |
|---|---|
| **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)** | 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.<br>,<br>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?** | Unknown |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| **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)?** | Unknown |

**Q9: What are the perceived benefits of implementing this recommendation?**

Affordable drugs for all.

| | |
|---|---|
| **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?**

Every person living with HIV or at risk for HIV who uses any expensive medication other than an HIV medication made by one of four producers of HIV drugs

| | |
|---|---|
| **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** | Ending the Epidemic Task Force member |

**#254**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 8:20:27 AM
**Last Modified:** Wednesday, November 26, 2014 8:27:28 AM
**Time Spent:** 00:07:00
**IP Address:** 72.89.115.244

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Jim |
| Last Name | Eigo |
| Affiliation | ACT UP/NY |
| Email Address | jimeigo@aol.com |

**Q2: Title of your recommendation**

Allow Higher Reimbursement for the Most Sensitive HIV Testing Available

**Q3: Please provide a description of your proposed recommendation**

People living with HIV are most infectious during the period of acute HIV infection, the initial 180 days of HIV infection, when people are often unaware of their infection. It is estimated more than half of forward HIV transmission occurs during acute infection. HIV tests do not detect the virus immediately, but the most sensitive—currently the 4th generation tests—detect it several days earlier than do previous generations of testing. The fastest possible uptake of the most sensitive HIV testing available will result in the detection of more infections earlier and likely reduce the number of new infections. To facilitate the quick spread of the best available HIV testing, New York State should consider allowing third-party payors a slightly higher reimbursement—perhaps 50 cents per test—for using the most sensitive HIV testing available.

**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
,

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
,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br>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 policy |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

Everyone who tests for HIV at sites that offer the most sensitive testing will have earlier, more certain test results

| | |
|---|---|
| **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?**

Everyone who tests at a site that uses the most sensitive testing available

| | |
|---|---|
| **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** | Ending the Epidemic Task Force member |

**#255**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 8:25:11 AM
**Last Modified:** Wednesday, November 26, 2014 8:39:46 AM
**Time Spent:** 00:14:34
**IP Address:** 173.84.13.10

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Peter |
| Last Name | McGrath |
| Affiliation | University of Rochester - Center for Health & Behavioral Training |
| Email Address | pmcgrath@monroecounty.gov |

**Q2: Title of your recommendation**

Access to PrEP

**Q3: Please provide a description of your proposed recommendation**

we support the option of local Health Department STD clinics providing PrEP to patients according to established guidelines, and that PrEP is part of a comprehensive wrap-around service/toolkit that includes counseling, condoms, etc..

**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)**

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br><br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | Unknown |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| **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)?** | Unknown |

**Q9: What are the perceived benefits of implementing this recommendation?**

greater access to PrEP for at-risk- individuals, and part of an integrated prevention approach offered by STD clinics that includes STD/HIV/Viral Hep. prevention & care

| | |
|---|---|
| **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?**

individuals at-risk for HIV, especially those who currently experience HIV/STD/VH disparities, including communities of color  - and Young Black MSM

| | |
|---|---|
| **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)<br>HIV/STD/VH Prevention Educator / Trainer |

**#256**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 8:51:29 AM
**Last Modified:** Wednesday, November 26, 2014 8:57:01 AM
**Time Spent:** 00:05:32
**IP Address:** 50.75.234.202

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Benjamin |
| Last Name | Bashein |
| Affiliation | ACRIA |
| Email Address | bbashein@acria.org |

**Q2: Title of your recommendation**

Improved Screening of Comorbidities for PLHIV

**Q3: Please provide a description of your proposed recommendation**

By 2020, the CDC estimates that 70% of those living with HIV in the U.S. will be age 50 or older. PWHA who are engaged in care and on ARV treatment have life expectancies approaching those of non-infected adults. The aging of this population is a success story, and the numbers of older PWHA will increase as we meet ETE Task Force recommendations on testing and linkage to care. However, this success is tempered by the challenge of multi-morbidity management; PWHA 50 and older have on average 3 non-communicable diseases (NCDs) in addition to HIV, and mortality in this population is more likely to result from one of these NCDs compared with AIDS-related conditions. This has transformed HIV infection into a complex chronic disease associated with multi-morbidity, which requires the responsiveness and skills of myriad health care providers in multiple domains. Thus, is it imperative that HIV and non-HIV health care providers serving this population are aware of this issue and actively engage in regular screening and recommended treatments of NCDs affecting PWHA as they age. Providers must also address potential polypharmacy concerns for medications prescribed for HIV and NCDs in this population. Standards of care to address multimorbidity among older PWHA, such as those proposed by the HIV and Aging Consensus Project, should be reviewed and adopted by government agencies and other

**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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | Other (please specify)<br>It would depend on how it was implemented; it could be either a new policy/program altogether, or only a chage to an existing policy/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)?** | Within the next three to six years |

**Q9: What are the perceived benefits of implementing this recommendation?**

Effective multimorbidity management among those aging with HIV will reduce long-term health care costs through the early detection and treatment of NCDs. This will help to ensure better overall health in this population including health concerns related to HIV infection. Addressing multimorbidity and polypharmacy issues among older PWHA will decrease avoidable morbidity and mortality while improving functional ability and increasing quality-of-life.

**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?**

Any costs in implementing these recommendations will be offset by longer term savings in health care costs due to the early detection and treatment of comorbid health conditions among PWHA. Costs for screening and treatment for NCDs are covered under existing health care reimbursement mechanisms.

**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?**

NYS Medicaid Program
Federal Medicare Program
Older Adults with HIV

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Monitoring of Medicaid claims data with regard to NCD expenditures and medication costs.
Monitoring cause of death and mortality rates for PWHA by age.

**Q15: This recommendation was submitted by one of the following**

Ending the Epidemic Task Force member

**#257**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 8:52:09 AM
**Last Modified:** Wednesday, November 26, 2014 9:01:10 AM
**Time Spent:** 00:09:01
**IP Address:** 72.89.115.244

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Jim |
| Last Name | Eigo |
| Affiliation | ACT UP/NY |
| Email Address | jimeigo@aol.com |

**Q2: Title of your recommendation**

Facilitate Reimbursement for HIV Tests to Eliminate an Economic Disincentive for Testing

**Q3: Please provide a description of your proposed recommendation**

New York State's HIV Testing Law requires medical professionals to offer a voluntary HIV test to all patients (with limited exceptions) between the ages of 13 and 64. In today's world of managed care, hospital Emergency Departments and other sites of HIV testing often have to "eat" the cost of HIV tests because the sites are not reimbursed for individual tests but a full panel of tests, and the reimbursement would be the same whether an HIV test is offered or not. This is an economic disincentive to offering HIV testing to patients at these sites. New York State should help eliminate economic disincentives to testing by doing everything in its power—including its power to regulate the insurance industry—to facilitate 3rd party payer reimbursement for every HIV test.

**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
,

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
,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br><br>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 policy |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| **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?**

Increasing the likelihood that HIV tests will be offered in Emergency Rooms and other settings

| | |
|---|---|
| **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?**

All people who are tested for HIV

| | |
|---|---|
| **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** | Ending the Epidemic Task Force member |

**#258**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 8:54:24 AM
**Last Modified:** Wednesday, November 26, 2014 9:01:52 AM
**Time Spent:** 00:07:28
**IP Address:** 184.75.34.194

PAGE 1

| | |
|---|---|
| **Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)** | |
| First Name | Julienne |
| Last Name | Verdi |
| Affiliation | Director of Government Relations, Planned Parenthood of New York City |
| Email Address | Julienne.Verdi@ppnyc.org |
| **Q2: Title of your recommendation** | Strengthening Sexual Health and HIV Education in New York Schools |

**Q3: Please provide a description of your proposed recommendation**

Planned Parenthood of NYC is proud of the gains New York State has made in mandating HIV prevention education for grades K-12, including teaching the nature of the disease, methods of transmission and methods of prevention. However, the nature of the epidemic has changed and a more holistic approach to understanding sexual health is needed to combat sexually transmitted infections and better promote sexual health. Rates of new HIV diagnoses are decreasing across all age groups with the exception of young people, in particular young men who have sex with men (MSM) of color, evidencing the need for a stronger approach in reaching adolescents.

| | |
|---|---|
| **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)** | Other (please specify) Prevention |

| | |
|---|---|
| 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?** | New policy |
| 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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

This policy change enables New York to better serve young people most at risk of HIV transmission by meeting their needs when it comes to health education. While New York's current HIV education has had good successes, there is much more work to be done when it comes to LGBTQ inclusivity, cultural competency and communication and negotiation. According to the U.S. Centers for Disease Control and Prevention (CDC), the most effective HIV-prevention programs include communication, skills-building, and the involvement of caring adults and health organizations.

Programs that provide young people with greater sexual health skills that help them engage in healthy behaviors and solve problems are shown to lead to longer lasting reductions in sexual risk behaviors. In New York City alone, nearly one in three young people report they are sexually active and more than 17,000 teen pregnancies occur each year . We need to make sure we give young people the tools to understand what a healthy relationship looks like, how to navigate consent and how to have respect for one's own body and the bodies of others in order to develop needed skills set to practice safer sexual behaviors. Effective sex education also helps to strengthen young people's positive experience of their sexuality and promotes their ability to make informed decisions over their lifetime.(https://nycfuture.org/pdf/Innovations-to-Build-On.pdf)

These conversations need to start early. The National Sexuality Education Standards call for the teaching of identity, healthy relationships, and personal safety in K-5 education, recognizing the most effective programs are those that teach young people how to communicate and make health-promoting decisions. Addressing mental and emotional health behaviors from an early age is a vital tool in helping young people to navigate their world in a more positive and safe manner .

If New York is looking to better serve high-risk HIV communities such as young MSM of color, these issue areas need stronger implementation methods. A 2014 survey sponsored by Connect 2 Protect Bronx (a National Institutes of Health-funded project led locally by Montefiore Medical Center), representing teens from 31 high schools across the Bronx found that gaps in sex education persist especially in areas of communication, LGBTQ inclusivity, healthy relationships and decision making. While 81% of respondents reported being taught about HIV and 75% learned how to use condoms, less than half reported learning about condom negotiation (47%) or communication skills for setting boundaries and expressing consent (37%).

When schools fail to provide students with opportunities to learn and practice those health behavior skills, students are left with HIV/STI 'facts' to memorize but no context in which to make those facts personally meaningful, proven to be much less effective in yielding long-term health improvements. Moreover, Connect 2 Protect Bronx found that only 63% of surveyed high school students reported learning about healthy relationships and just 26% reported learning about supporting LGBTQ students.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

We recognize that successful implementation of comprehensive sex education may depend on additional funding. However, our current HIV prevention education requirement provides us with a strong effective framework to build upon and an opportunity to integrate more sexuality education into a current K-12 program nearly seamlessly. The approach can be modeled upon tactics used to establish the current HIV prevention education program, such as making lesson plans publicly available, which helps to ease concern from parents and supports teachers to feel more confident in the lessons they are teaching.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

The estimated cost of implementing this recommendation would be determined by the amount of funding designated to implementing comprehensive sex education.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

The return of investment would be determined by a decrease in the rates of new infections in at-risk communities. We see this as a significant return, as long-lasting HIV prevention requires a holistic approach in meeting the community's needs. As providers of both sexual health education and health care services, we know all too well that the gaps remaining in New York's public school-based sexual health education strategy have significant impact on young people's well-being. Often times young people who are most in need of affirming health education are the least likely to receive it, compounding health barriers they may already face in their lives.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Young people at risk of HIV transmission would benefit from this recommendation, particularly youth of color and LGBTQ youth. By improving HIV and sexual health education across New York, we can help to create long-lasting prevention and provide young people with the tools to make more informed health decisions over their lifetime.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

We recommend a strong implementation and monitoring program to ensure that comprehensive sexual education is not only approved but also enforced. The Departments of Education and Health should create a meaningful tracking and evaluation system that ensures that appropriate sexual health education is being delivered to all students.

**Q15: This recommendation was submitted by one of the following** Advocate

**#259**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 9:01:58 AM
**Last Modified:** Wednesday, November 26, 2014 9:08:06 AM
**Time Spent:** 00:06:08
**IP Address:** 184.75.34.194

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Julienne |
| Last Name | Verdi |
| Affiliation | Director of Government Relations, Planned Parenthood of New York City |
| Email Address | Julienne.Verdi@ppnyc.org |

**Q2: Title of your recommendation**

Funding and Support for Culturally Competent Community-based Prevention Services for Individuals at Highest-risk and HIV+ Individuals

**Q3: Please provide a description of your proposed recommendation**

Planned Parenthood of New York City (PPNYC) recognizes that there are several key sub-populations at highest-risk that must be reached if we are to end the HIV/AIDS epidemic by the year 2020. While we acknowledge that men who have sex with men (MSM) account for the majority of new HIV infections each year and thus warrant an aggressive response, PPNYC urges the Task Force to sustain and increase funding and support for culturally competent, community-based providers, particularly community-based organizations (CBOs), that are uniquely positioned to engage, retain and deliver services to highest-risk individuals within communities that experience disproportionate incidence and prevalence of HIV, such as, women of color, transgender women, intravenous and other drug users, men who have sex with men and young adults. Moreover, PPNYC urges the Task Force to increase funding and support for CBOs and providers working within communities to provide ongoing supportive services to ensure HIV positive individuals are not only linked to HIV medical care, but also retained and supported to achieve and maintain viral suppression and optimal health outcomes. Community-based providers are a vital tool in ending the epidemic of HIV/AIDs in New York and must be supported in the critical work they provide in our communities.

| | |
|---|---|
| **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<br>,<br>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<br>,<br>Other (please specify)<br>Preventing HIV infection among high-risk individuals |

| | |
|---|---|
| **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.<br>,<br><br>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.<br>,<br><br>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?** | 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)?**

Within the next year

**Q9: What are the perceived benefits of implementing this recommendation?**

Community-based organizations, including those that provide street-based services, are best equipped to identify and engage populations at highest-risk for HIV in HIV testing, risk-reduction counseling and referrals for additional services such as PrEP and nPEP, as well as, ensure that HIV positive individuals are connected to HIV medical care and receive the support needed to stay in care. Culturally competent, community-based providers are trusted providers and engrained in the communities they serve. These populations often find CBOs more welcoming and less intimidating than larger medical institutions such as hospitals. In addition, street-based programs meet people where they are geographically, physically, emotionally and socially, helping to break down barriers to access and serving as a gateway to prevention and medical care services.

By ensuring adequate funding to CBOs that provide HIV prevention services in high-need communities, New York State will ensure that the hardest to reach New Yorkers are not left behind. In New York City, we know that race, poverty, gender and age are all factors in HIV transmission. For example, there are more than 32,500 women living with HIV/AIDS in NYC. 91% of HIV positive women in New York City are African American or Latina and over 90% of live below the poverty line. Age is also a factor in new HIV diagnosis. Young people ages 20-29 have the highest rate of new diagnoses at 34% followed by individual ages 30-39 at 24%. (HIV Surveillance Annual Report, 2012, NYC Department of Health and Mental Hygiene (Dec 2013) http://www.nyc.gov/html/doh/downloads/pdf/dires/surveillance-report-dec-2013.pdf) According to the Center for Disease Control (CDC), “in 2010, African American women accounted for … 29% of the estimated new HIV infections among all adult and adolescent African Americans.” Moreover, 87% of new HIV infections among African American were “attributed to heterosexual contact.” The “estimated rate of new HIV infections for African American women… was 20 times that of white women.” These statistics reaffirm the need to support CBOs and providers in reaching women of color and young people to provide prevention services, screening, and linkage to care for HIV positive individuals. (HIV Among African Americans Factsheet, CDC, http://www.cdc.gov/hiv/risk/racialethnic/aa/facts/index.html)

At PPNYC, we offer affordable HIV testing and counseling for all people who walk through our doors regardless of income, immigration status or sexual orientation – no matter what. It is essential that New York City’s safety net providers and educators have the tools and funding necessary to educate people in HIV prevention and provide HIV testing to those at risk of transmission and continuous medical care to those who are already infected. We look forward to working with the Task Force and New York State to ensure all people get the information and health care services they need.

**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?**

The estimated cost of implementing this recommendation would be based on the scope and breadth of interventions funded to be delivered by community-based organizations.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

The return on investment would vary based on the scope and breadth of interventions being implemented by community-based organizations; cost-effectiveness (CE) analysis should be calculated based on quality-adjusted life year (QALY), an outcome measure that considers both the quality and the quantity of life lived. The QALY is based on the number of years of life added by the intervention. HIV interventions intended to improve and/or extend the lives of HIV positive persons can be evaluated to determine the number of additional QALYs gained (or saved) that would have otherwise been lost. Most outcome measures, including infections averted, life years gained and new HIV diagnoses, can be translated into QALYs, thereby providing a consistent measure of comparison across many different types of intervention programs. When evaluating several such programs in CE analysis, the CE ratio can be expressed in terms of cost per QALY gained.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Other high-risk communities, such as women of color and young people would benefit from this recommendation. By providing additional funding to CBOs doing this work on the ground, we can help best reach the range of high-risk communities in New York State. In addition, HIV+ individuals will also benefit by retaining-care to help suppress their viral load.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Community-based providers should be held accountable to meet quality standards and performance metrics across the various prevention and care interventions

**Q15: This recommendation was submitted by one of the following** Advocate

**#260**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 8:56:53 AM
**Last Modified:** Wednesday, November 26, 2014 9:09:25 AM
**Time Spent:** 00:12:32
**IP Address:** 184.75.34.194

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Julienne |
| Last Name | Verdi |
| Affiliation | Planned Parenthood of New York City |
| Email Address | Julienne.Verdi@ppnyc.org |

**Q2: Title of your recommendation**

Ending the Persecutory Use of Condoms As Evidence of Prostitution

**Q3: Please provide a description of your proposed recommendation**

Planned Parenthood of New York City (PPNYC) strongly supports the New York State Legislative Bill A1008/S323, comprehensive legislation to ensure that all New Yorkers have access to condom contraception without fear of prosecution. Under current law, police officers are permitted to confiscate condoms from those they allege are engaged in prostitution in order to justify arrests or to use as evidence at trial, and District Attorneys can refer to the number of condoms a person had in their possession at the time of arrest in criminal court complaints accusing individuals of engaging in prostitution-related offenses. The proposed legislation would end this practice. The legislation provides that “possession of a condom may not be received in evidence in any trial, hearing or proceeding as evidence of prostitution, patronizing a prostitute, promoting prostitution, permitting prostitution, maintaining a premises for prostitution, lewdness or assignation, or maintaining a bawdy house.” PPNYC stands alongside LGBT organizations, women’s groups, anti-trafficking advocates, public health advocates and civil rights groups in calling for the passage of this much needed legislation.

As a leading reproductive health care provider in New York City, PPNYC understands the importance of safe and secure access to contraception in protecting both ourselves and our families. PPNYC has fought tirelessly to combat the staggering rates of HIV and AIDS in New York City. Through programs such as Project Street Beat, we meet at-risk residents on the street, in their communities where we provide among other services, rapid HIV/AIDS testing, counseling and harm reduction services. Moreover, HIV positive patients are connected on the spot to follow-up care. Many of the young men and women that our services and programs aim to reach are disproportionately stopped in the streets and profiled for possessing condoms. This type of targeting and fear of harassment and prosecution can discourage many of our at-risk and HIV positive patients from carrying and using condoms to protect themselves. Ending the persecutory use of condoms as evidence would be an important step in helping to end the epidemic by 2020.

**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)**

Other (please specify)
Combating the spread of HIV and improving public health.

| | |
|---|---|
| **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?** | New policy |
| **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?**

Studies have shown that LGBTQ, undocumented and young women of color are disproportionately profiled for carrying condoms. While possessing condoms is not illegal in New York, being subjected to harassment and potential arrest for possession is tantamount to the same. From a public health perspective, allowing for the persecutory use of condoms as evidence of prostitution puts the health of thousands of New Yorkers at risk. Studies have shown that with increased education and use of condoms, rates of infection can be reduced.

According to New York City's Department of Health, the number of newly diagnosed AIDS cases has dropped from about 12,700 in 1993 to just over 2,500 in 2010. New York City has taken a leading role in combating HIV, as the first municipality to distribute free city branded condoms, putting to practice the belief that access and education are the best methods for improving the reproductive and sexual health of all New Yorkers. In fact, New York City spends millions of dollars distributing free condoms to sex workers. However, supporting a practice whereby officers are permitted to confiscate and arrest individuals for protecting themselves gravely undermines the success of the city's public health initiative. As an organization committed to addressing the social determinants of health as well as clinical needs, we know all too well the economic and social barriers to health care services our patients face. Together, we have the opportunity to break down a very real barrier, and so we call on the Task Force to take a stand to end the persecutory use of condoms as evidence in New York State.

**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?**

We recognize that implementing this recommendation would require additional police training. However, the cost associated with implementing the recommendation is minimal when compared to the positive impact of increasing access to condoms to prevent the spread of HIV. In fact, studies show that when it comes to HIV transmission, using a condom makes sex 10,000 times safer than when not using a condom. (Carey, Ronald F., et al. (1992). “Effectiveness of Latex Condoms as a Barrier to Human Immunodeficiency Virus-Sized Particles under Conditions of Simulated Use.” Sexually Transmitted Diseases, 19(4), 230–234; See also http://www.plannedparenthood.org/about-us/newsroom/press-releases/ten-little-known-facts-about-condoms-planned-parenthood)

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Again, the estimated return of investment can be calculated by the increased condom use among profiled communities, understanding that condom use makes sex 10,000 safer than when not using a condom with respect to HIV transmission

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

The key individuals/stakeholders who would benefit from ending the persecutory use of condoms as evidence include those most commonly profiled for carrying condoms including LGBTQ persons, undocumented persons and young women of color. However, from a public health perspective, New York State as a whole would benefit if at risk populations, such as sex workers, women of color and men who have sex with men felt safe to carry condoms without fear of repercussions. The regular use of condoms will help lower the rates of new infections throughout the State.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Suggested measures to assist in monitoring the impact of ending the persecutory use of condoms as evidence include measures to help facilitate data collection from organizations working with at risk communities who are now most commonly profiled for possession of condoms. Also, we suggest that organizations working with at risk communities receive increased funding to help distribute, educate, and promote the regular use of condoms among these communities.

**Q15: This recommendation was submitted by one of the following** Advocate

**#261**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 9:00:43 AM
**Last Modified:** Wednesday, November 26, 2014 9:15:10 AM
**Time Spent:** 00:14:26
**IP Address:** 64.61.84.209

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Philip |
| Last Name | Glotzer |
| Affiliation | AIDS Center of Queens County, Inc. |
| Email Address | pglotzer@acqc.org |

**Q2: Title of your recommendation**

Suggestions for Governor's Task Force

**Q3: Please provide a description of your proposed recommendation**

ACQC makes the following recommendations to the Governor's Task Force to end AIDS:

(1) Testing should be provided to all individuals who request it as this is an excellent prevention intervention.

(2) Dollars to end AIDS should follow the epidemic.

**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
,
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
,
Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

**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.

,

Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs.

| | |
|---|---|
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | *Respondent skipped this question* |
| **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)?** | Within the next three to six years |

**Q9: What are the perceived benefits of implementing this recommendation?**

ACQC is the largest provider of HIV/AIDS services in the Borough of Queens, serving over 2500 HIV+ clients and 30,000 community residents. This recommendation would be beneficial to our clients as well as the community residents.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

N/A

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

To be determined.

| | |
|---|---|
| **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?** | *Respondent skipped this question* |
| **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 |

**#262**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 9:10:25 AM
**Last Modified:** Wednesday, November 26, 2014 9:21:47 AM
**Time Spent:** 00:11:22
**IP Address:** 184.75.34.194

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Julienne |
| Last Name | Verdi |
| Affiliation | Planned Parenthood of New York City |
| Email Address | Julienne.Verdi@ppnyc.org |

**Q2: Title of your recommendation** — Decriminalization of Syringe Possession

**Q3: Please provide a description of your proposed recommendation**

Planned Parenthood of NYC (PPNYC) urges the Task Force to push for greater decriminalization of syringe possession. We recommend removing current penal code exemptions to ensure no person is arrested for possessing a new syringe. Current restrictive penal codes and law enforcement practices put drug injectors in danger of arrest and prosecution, potentially causing individuals to be afraid of using syringe access and disposal programs.

As a trusted sexual healthcare and harm reduction provider in New York City, PPNYC is committed to ensuring all New Yorkers feel protected in taking steps necessary to safeguard their health in the manner that is right for them. Our HIV prevention and access to care program distributes syringes via an Article 28 Mobile Medical Unit in locations throughout the South Bronx, northern Manhattan and central Brooklyn; last year alone, Project Street Beat staff engaged in almost 23,000 STI and HIV prevention-related outreach encounters with women, men, and youth on the streets of New York City. We know firsthand that syringe exchange programs (SEPs) have proven effective in reducing HIV transmission among injection drug users (IDUs), and have been critical in the overall decline of New York's HIV transmission rate.

However, there continues to be a strong racial and economic divide in the prevalence of HIV and AIDS in New York. Stronger attention must be paid to the structural barriers that impact a person's likelihood to contract the disease, as transmission rates are significantly higher among Black and Latino and low-income New Yorkers. These communities also face disproportionately high rates of arrest and incarceration, making it likely that certain drug criminalization measures have an impact on people's access to syringe exchange programs. Law enforcement practices are often inconsistent with the 2010 changes to the law, subjecting individuals to harassment or undue charges of syringe possession. Structural interventions that provide law enforcement education and training on syringe access laws, as well as further decriminalization current exemptions would remove barriers to care for many high-risk residents and would go a long way in tackling the underlying causes that have created such stark health disparities.

| | |
|---|---|
| **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)** | Other (please specify) Prevention and safety |
| **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.<br>,<br>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 policy |
| **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?**

New York State has recognized the importance of decriminalizing syringes in its 2010 changes to the law; restricting access to clean needles has not been proven to lower usage rates, but instead only encourages users to re-use or share contaminated needles and diminishes the benefits of syringe access programs. Remaining statutes that exclude New Yorkers from obtaining syringes create obstacles to care and discourage behavior the state advocates for in its attempt to end the AIDS epidemic. From a health provider standpoint, decriminalizing the use of syringes would protect New Yorkers from harmful drug laws and support improved public health.

**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?**

None.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

The estimated return on investment can be calculated by the increased use of clean syringes among profiled communities, understanding that the effective use of syringe access and disposal programs has been proven to significantly lower incidence rates of HIV.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

The key individuals/stakeholders who would benefit from decriminalizing the personal possession of syringes include those most commonly profiled and arrested for carrying drug paraphernalia, including men and women of color. From a public health perspective, New York State as a whole would benefit if at risk populations felt safe to access clean syringes without fear of repercussions. The more common usage of syringe access and disposal programs will help lower the rates of new infections throughout the State.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Suggested measures to assist in monitoring the impact of improved syringe decriminalization include measures to facilitate data collection on syringe access including numbers distributed by organizations working with at risk communities through harm reduction interventions.

**Q15: This recommendation was submitted by one of the following** Advocate

**#263**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 9:21:56 AM
**Last Modified:** Wednesday, November 26, 2014 9:27:45 AM
**Time Spent:** 00:05:49
**IP Address:** 184.75.34.194

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Julienne |
| Last Name | Verdi |
| Affiliation | Planned Parenthood of New York City |
| Email Address | Julienne.Verdi@ppnyc.org |

**Q2: Title of your recommendation**

Task Force Transparency

**Q3: Please provide a description of your proposed recommendation**

We recommend that the End the Epidemic Task Force continue to uphold a strong level of transparency throughout the remainder of this recommendation process and through the implementation of the Task Force's agreed upon goals. We are pleased to see the Task Force engage publicly thus far, recognizing the importance of community engagement and input from all levels across the state, and supporting transparency measures in receiving public recommendations.

In order to achieve the goal of ending this epidemic by 2020, we understand that we will need to work collectively as a state, community-based organizations, advocates and providers and that such a holistic approach necessitates collaborative input and accountability at each step. We are pleased with the Governor's commitment that has renewed momentum in the fight to end AIDS, and we strongly urge this Task Force to distinguish its process as one that continually holds itself accountable to the public it serves. We recommend the Task Force publish any plans to guide its review of recommendations, make available reports on final recommendations for public comment, publish any state legislative advisory comments and release an implementation plan to ensure the Task Force's purported aims are communicated and integrated across state agencies effectively.

**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)**

Other (please specify)
Effective implementation of HIV/AIDS recommendations

| | |
|---|---|
| **Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | Other (please specify)<br>New stated measures for accountability |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

We commend the Task Force for meeting with and receiving input from relevant stakeholders, and recommend this involvement continue throughout the implementation process. We know that successful implementation is often times the most challenging and encourage the Task Force to be in regular communication with the organizations and providers who will put these very plans into action. In order to ensure the effectiveness of the Task Force's role, we believe the entire process must be transparent. Any effort to significantly lower incidence rates of HIV must take a multi-level approach, and requires the involvement of various New York State agencies and legislative leaders, in addition to community groups and organizations that directly serve individuals at highest-risk for HIV, those living with HIV/AIDS and high prevalence communities. A detailed implementation and evaluation plan for each recommendation it puts forward will be critical in the success of Task Force goals.

**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?**

None.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

The estimated return of investment can be calculated by the effective implementation of the End the Epidemic's recommendations.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

The key individuals/stakeholders who would benefit from this are those living with or at risk of contracting HIV/AIDS, as well as health care organizations, Task Force members and all New Yorkers.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Suggested measures to assist in monitoring the impact are a clear, open, and defined process for stakeholder review and input of the Task Force's recommendations, development of interagency implementation plans including community organizations and providers, as well as evaluation surveys to assess successful implementation.

**Q15: This recommendation was submitted by one of the following** Advocate

**#264**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 8:48:56 AM
**Last Modified:** Wednesday, November 26, 2014 9:50:22 AM
**Time Spent:** 01:01:26
**IP Address:** 69.10.89.125

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Lyndel |
| Last Name | Urbano |
| Affiliation | Gay Men's Health Crisis |
| Email Address | lyndelu@gmhc.org |

**Q2: Title of your recommendation**

Anti-mandatory mail order pharmacy

**Q3: Please provide a description of your proposed recommendation**

People living with HIV in NYS who have private insurance have problems accessing their medications because they are forced to use mail order pharmacies.

Close the loophole in New York State insurance law that allows health insurance plans to require consumers to use a single mail order pharmacy for their prescription medications. Specifically, under existing NYS Insurance Law, local pharmacies must meet the same terms and conditions as mail order pharmacies that supply medication nationally. We recommend that the state review the terms and conditions provision of the law to remove conditions that are poorly suited to these small businesses that only conduct business in New York State. The change could model proposed 2013 legislation (A.5723B/S.3995B)

**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 policy |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Statutory change required, Unknown |
| **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?**

Reviewing the terms and conditions provisions would ensure consumer choice. Consumers, not the insurance industry would choose to fill prescriptions by mail or at a local pharmacy, as long as the pharmacy matches the average wholesale cost.
Mandatory mail order threatens health & privacy. Prescriptions are lost in the mail or stolen and consumers must pay the full cost for replacements. Drug regimens are delayed and interrupted.
Prescriptions requiring refrigeration spoil at the door. Confidential health information is disclosed to neighbors who receive medications in error.

In summary, mandatory mail order is bad for business & more expensive for consumers. Consumers pay higher co-pays and lose their relationship with trusted NYS-licensed pharmacists.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

No

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

This proposal will not incur any costs to the state since it affects the private insurance market.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Medicaid currently prevents mandatory mail order pharmacy. When patients have difficulty accessing their medications from private insurance their health may deteriorate and in the long term they could end up on Medicaid where the State would end up paying for their treatment.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

New Yorkers with serious, life-threatening and chronic conditions, including cancer, hepatitis, infertility, HIV, multiple sclerosis, rheumatoid arthritis, bleeding disorders, and others, are being forced to use mail order pharmacies.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

No

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Other (please specify) HIV/AIDS service provider |

**#265**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 9:29:48 AM
**Last Modified:** Wednesday, November 26, 2014 10:22:46 AM
**Time Spent:** 00:52:58
**IP Address:** 72.89.29.196

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Janet |
| Last Name | Goldberg |
| Affiliation | The Brooklyn Hospital Center PATH Center |
| Email Address | jag9088@nyp.org |

**Q2: Title of your recommendation**

Routinized HIV testing in all medical settings

**Q3: Please provide a description of your proposed recommendation**

The current policies state that providers must offer HIV testing. We need additional regulations or policies to support integrated testing on an annual basis. The language to support this needs to be strong or required. We need to focus first on those agencies and institutions in communities where the HIV seroprevalence rate is high, and then move to be instituted in all communities. We need to ensure that we are actually testing the great majority of the NYS population. Routinized HIV testing needs to be integrated into Emergency Departments, Ambulatory Care settings, urgent care settings, inpatient, and private provider offices. In addition, the current HIV testing algorithm needs to be adopted throughout.
Linkage to care needs to be part of the integrated model, so that those who are HIV positive are immediately linked to care -- or if they are not, there is staff to find them and encourage them to become engaged in care.
PrEP information needs to be available for those who test -- for those who are positive to share with their negative partners, and for those who are negative and high-risk.

**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
,

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
,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br>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 policy |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

More people will know their HIV status, and be linked to care. The expectation is that the community viral load will be reduced. In addition, PrEP will be made available to those who are negative at high-risk. Increased HIV identification, reduced transmission.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Will need financial support and best practices to implement this in various clinical and other settings.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

There are I.T. costs associated for those with EMRs. There are the additional costs of the test, but this should be covered by insurance reimbursements.

| | |
|---|---|
| **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?**

HIV positive people who will identify HIV earlier in disease progression.
Reduction in community viral load.
HIV negative people who will have an additional tool to stay HIV negative.

| | |
|---|---|
| **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) Health Care Director |

**#266**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Tuesday, November 25, 2014 10:34:11 AM
**Last Modified:** Wednesday, November 26, 2014 10:29:48 AM
**Time Spent:** 23:55:37
**IP Address:** 156.111.216.114

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | James |
| Last Name | Satriano |
| Affiliation | NYSOMH |
| Email Address | Satrian@nyspi.columbia.edu |

**Q2: Title of your recommendation**

Require screening, treatment and monitoring of depression for PLWHA

**Q3: Please provide a description of your proposed recommendation**

Major Depression is highly prevalent among PLWHA and is associated with NOT initiating ARV treatment, NOT being retained in care, NOT adhering to ARV treatment, slower suppression of viral load, having a detectable viral load, and increased morbidity and mortality. PLWHA who are in effective treatment for depression are more likely to be adherent to HIV care, have better viral load suppression, and have better outcomes. Achieving non-detectible viral load is key to preventing HIV transmission. At present, the screening and treatment of depression is one of the required HIVQUAL indicators. However, not all programs participate in HIVQUAL, and there is no specific screening tool recommended or metric to demonstrate improvement. We recommend that all patients with HIV be screened with the PHQ-9. Those who screen positive for moderate or severe depression (PHQ-9 above 10) should be linked to depression treatment and monitored for improvement using the PHQ-9, preferably to remission (PHQ-9 below 5) whenever possible. Evidence exists to guide effective screening, treatment and monitoring of depression in medical care and should be followed.

**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)** | Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | New policy |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

Benefits of implementing this recommendation include improvement along the HIV treatment continuum in terms of linkage to care, retention in care, accepting ARV treatment, and being virally suppressed. In addition, patients with moderate to severe depression are severely disabled and treatment of depression is associated with improved self-care.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

At HIVQUAL sites where efforts have been made to implement screening and referral to treatment for depression, screening remains well below 100%, there are no specific validated screening tools required, and outcomes are not systematically monitored or reported. Our concern is that treatment settings may believe they are doing an adequate job of screening and referring their patients but without a more systematic approach it is impossible to know whether patients are benefitting from these efforts, nor are these efforts likely to result in sustained improvements in HIV course.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

The cost of implementing routine depression screening, treatment, and monitoring would be cost-neutral because many people with depression and HIV have significant somatic complaints that require considerable medical time and attention. This includes insomnia, pain, weight loss, and fatigue.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Return on investment would include a greater number of people retained in care with suppressed viral load. Effective depression treatment is also associated with improved occupational and social functioning enabling productive work lives and better health outcomes.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Between 30% and 50% of people in HIV care have moderate or severe depression. Significant disparities are documented for diagnosis and treatment of PLWHA from minority ethnic communities. These patients would benefit through improved retention in care and adherence to HIV care including ARV treatment, ultimately staying healthier and living longer than if their depression isn't treated or isn't effectively treated. Effective depression treatment has the public health benefit of reducing negative outcomes of the 2nd most disabling medical condition in the world.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

The PHQ-9 is a screening and diagnostic tool that has been validated for identifying depression in medical settings. It is available online at no cost and has been translated into many languages. No specific training is required to competently use this tool. There also are versions that can be self-administered.

**Q15: This recommendation was submitted by one of the following** Ending the Epidemic Task Force member

**#267**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 10:23:58 AM
**Last Modified:** Wednesday, November 26, 2014 10:50:51 AM
**Time Spent:** 00:26:53
**IP Address:** 156.111.232.110

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**


| | |
|---|---|
| First Name | Jennifer |
| Last Name | Hirsch |
| Affiliation | Department of Sociomedical Sciences, Maliman School of Public Health, Columbia University |
| Email Address | jsh2124@columbia.edu |


**Q2: Title of your recommendation**

A pragmatic meso-level approach to HIV vulnerability for Black MSM in New York: recommendations based on ethnographic research in Harlem

**Q3: Please provide a description of your proposed recommendation**

Our recommendations, which draw on 10 months of ethnographic research with Black MSM in Harlem, draw on recent work articulating the notion of 'meso-level.' The term 'meso' "denotes institutions, ideologies, or social processes that are 1) neither at the micro, individual or interpersonal level (such as beliefs or characteristics of interactions) nor at the macro-social level (such as socially-structured inequalities of race, gender, sexuality); 2) characterized by a 'sociologically-plausible' or empirically-described causal relationship to a health-relevant practice, and 3) conceivably modifiable through sustained strategically-organized collective action" (Hirsch, 2014: 38). It is not news that Black MSM face multiple intersecting inequalities, which are expressed in elevated vulnerability to HIV as well as many other adverse health and social outcomes. Reflecting our findings in relation to the ways in which multiple aspects of context (law enforcement and criminal justice; housing police; educational contexts; health system climate and accessibility; spaces for leisure; religious organizations, and the funding availability for civil society organizations) shape that vulnerability, we recommend that the task force should:

Increase support through US health insurance reform (the Affordable Care Act) to community health centers in neighborhoods with highest concentration of HIV among black MSM to address disparities.

Mitigate mistrust in clinician-client relationships through city-wide (or state-wide) initiative for new and existing clinicians to increase cultural humility on race, sexuality, gender, and HIV.

Include law enforcement in addressing HIV vulnerability: condoms should not be admissible evidence for targeting sex work; police academy training should include discussion of bias crimes against gender nonconformity; there is a need for systematic monitoring of police practices to mitigate racial profiling.

Prioritize housing subsidies for at-risk populations, especially for LGBT youth; we should not wait until young people are homeless and HIV positive to help them.

Direct additional resources to implement policies to prevent school-based bullying and discrimination, particularly in neighborhoods with high rates of HIV, and improve monitoring and evaluation of those programs. (DASA as a law is great, but there's no funding available to do extra bullying prevention work in neighborhoods that have high rates of anti-lgbt violence).

Provide equitable funding for parks, libraries and "safe spaces" for LGBT youth, especially in neighborhoods with high incidence of HIV, violence and poverty. (The lack of safe spaces (can't socialize at home because that would out them to their parents, CBOs have limited funds to provide safe spaces, there have been cutbacks in library hours, parks and bars are fun to hang out in but may not facilitate safer sex practices or provide social support) means that Black MSM frequently end up seeking out social interaction in support in non-health-facilitating spaces).

Prioritize funding for CBOs and other key civil society stakeholders, including religious groups, who can mitigate stigma and ensure the sustainability of the multi-sectoral response.

Realized in a coordinated fashion, these policy interventions would present a powerful natural experiment to mitigate HIV vulnerability for Black MSM-- in New York City particularly, but also across the state. Could also randomize neighborhoods in New York to provide a control group.

NOTE: We presented this as a poster at the 2014 International AIDS meeting in Australia

| | |
|---|---|
| **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<br>,<br>Other (please specify)<br>Community-level interventions |

| | |
|---|---|
| **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.<br>,<br><br>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,<br><br>Other (please specify)<br>Both policy and program change (e.g., DASA exists but insufficient funding for Respect for All program in New York city); HASA is great for HIV+ people but we could do better with housing as prevention, etc. |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Statutory change required,<br><br>Other (please specify)<br>A mix of permitted and 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 three to six years |

**Q9: What are the perceived benefits of implementing this recommendation?**

It's not surprising that young Black MSM are the population for whom rates of infection continue to grow - they face multiple intersecting inequalities, and without working at the social level to address those inequalities it is unlikely that any program or intervention will be effective at slowing transmission rates. This policy agenda is deliberately formulated in a way that could be implemented at the city or municipal level, and some of these 'interventions' are already underway (e.g, DeBlasio administration's attempts to change the climate in relation to policing).

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

It requires substantial community engagement and multi-sectoral collaboration, as well as considering that social approaches may be a vital complement to biomedical approaches to prevention.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Unknown - but what is the cost of not implementing it?

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Unknown

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

CBOs who have been working with Black MSM; units of the department of education who would have increased funding to implement their anti-bullying education; potential health care providers who serve Black MSM who might secure health insurance under the Affordable Care Act.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

I would be possible to develop process measures in terms of policy change, and each policy change would have a specific impact (school retention for young Black MSM; creation of safe spaces and use of those spaces; enrollment in ACA and engagement with health care by previously disengaged HIV- BMSM; availability and uptake of housing units for vulnerable Black MSM, etc)

**Q15: This recommendation was submitted by one of the following**

Other (please specify)
NIH-funded university-based researcher

**#268**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 9:58:13 AM
**Last Modified:** Wednesday, November 26, 2014 11:29:14 AM
**Time Spent:** 01:31:00
**IP Address:** 69.10.89.125

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Lyndel |
| Last Name | Urbano |
| Affiliation | Gay Men's Health Crisis |
| Email Address | lyndelu@gmhc.org |

**Q2: Title of your recommendation**

Nutrition assistance for people affected by SNAP cuts

**Q3: Please provide a description of your proposed recommendation**

Bridge the Supplemental Nutrition Assistance Program (SNAP) gap by providing state assistance to pay for food.

Because of changes in eligibility enacted in 2014 federal Agricultural Act, effective October 1 approximately 4,500 NYC residents and 11,000 New Yorkers overall received extreme cuts to SNAP benefits: from $189/month to $32, $22, or $16 depending on particular circumstances. After the new federal law went into effect in March, NYS was able to temporarily increase HEAP benefits to maintain SNAP benefits during the law's implementation period. That option ran out as of October 1 and benefits have been cut dramatically from $189 a month for a single individual to as little at $16 a month.

**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)** | 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?** | Unknown |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

Because of changes in eligibility enacted in 2014 federal Agricultural Act, effective October 1 approximately 4,500 NYC residents and 11,000 New Yorkers overall received extreme cuts to SNAP benefits: from $189/month to $32, $22, or $16 depending on particular circumstances. People affected by this are primarily residents of public or other subsidized housing, supportive group housing, and residential treatment centers who did not have a HEAP benefit in the 12 months prior to March 10, 2014.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Please see below.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Bridging the gap will cost the state approximately $16.8 million, assuming that new SNAP enrollments remain steady.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Food insecurity is linked to breaks in continuity of care and treatment adherence. Many HIV medications require stick adherence to nutritious diets. Reduction in SNAP would lead to an increase in need for the already overburdened emergency food assistance programs in NYS. Specifically, food pantries, HPNAP and Ryan White supported nutrition programs.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

11,000 New Yorkers who received extreme cuts to SNAP

People affected by this are primarily residents of public or other subsidized housing, supportive group housing, and residential treatment centers who did not have a HEAP benefit in the 12 months prior to March 10, 2014.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Continue state level efforts to track usage and effectiveness of nutritional support measures.

**Q15: This recommendation was submitted by one of the following**

Other (please specify) HIV/AIDS Service Provider

**#269**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 11:18:14 AM
**Last Modified:** Wednesday, November 26, 2014 11:32:25 AM
**Time Spent:** 00:14:11
**IP Address:** 24.103.216.50

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Jeanette |
| Last Name | O'Connor-Shanley |
| Affiliation | ACR Health |
| Email Address | joconnorshanley@acrhealth.org |

**Q2: Title of your recommendation**

HIV Testing, Partner Services and PrEP

**Q3: Please provide a description of your proposed recommendation**

During HIV testing, whether in a provider or community setting, the tester would discuss the benefits of PrEP. As part of the HIV testing procedures, one point required to be discussed is the opportunity for the individual to access PrEP.

NYSDOH has found offering testing during partner notification sessions extremely valuable. If the exposed partner is unwilling to be tested for HIV or is HIV-negative, the Partner Assistance Program can discuss the benefits of PrEP with the individual as part of the protocol during the session.

**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

| | |
|---|---|
| **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 policy |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

Individuals being contacted by Partner Services have been reported as being exposed to HIV, either through sex or needle sharing behaviors. This would not only identify individuals who's HIV status is unknown, but would also provide an opportunity to discuss PrEP with individuals who are potentially at risk for becoming infected with HIV.

| | |
|---|---|
| **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?**

$0

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

In my opinion, the return would be of great value. These systems are already in place.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Individuals who have possible exposure to HIV and those being tested for HIV in any setting.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Referral follow up would assist with monitoring this impact.

**Q15: This recommendation was submitted by one of the following**

Advocate

**#270**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 11:30:57 AM
**Last Modified:** Wednesday, November 26, 2014 11:47:08 AM
**Time Spent:** 00:16:10
**IP Address:** 69.10.89.125

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Lyndel |
| Last Name | Urbano |
| Affiliation | Gay Men's Health Crisis (GMHC) |
| Email Address | lyndelu@gmhc.org |

**Q2: Title of your recommendation**

Require meningitis vaccination for youth in sixth grade

**Q3: Please provide a description of your proposed recommendation**

Amend public health law to require meningitis vaccination for youth in sixth grade, with a booster in eleventh grade. This is a critical public health issue for GMHC because of the high incidence and mortality of m!eningococcal disease among people living with HIV/AIDS (PLWHA).

Model legislation: 2013 (A.9347/S.7348)

HIV is associated with increased risk for Invasive Meningococcal Disease (IMD), a serious and life-threatening bacterial infection of the brain and spinal cord. According to the CDC, the incidence of IMD is 13 times higher among individuals with an AIDS diagnosis than in the general population. A study published by the American College of Physicians in 2014 found even greater risk. Among 265 individuals aged 15 to 64 living in New York City and diagnosed with IMD from 2000 to 2011, the relative risk for IMD among PLWHA was nearly 26 times greater.

**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
,

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?** | New policy |
| **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?**

Sickness, death, and health care costs associated with IMD are avoidable through vaccination. For the health and safety of people living with HIV/AIDS, as well as all New Yorkers, GMHC urges implementation of this policy change. Data from the New York City Department of Health and Mental Hygiene show the dangerous and life-threatening impact of IMD on PLWHA. Over half (55%) of IMD infections that occurred in New York City from August 2010 to March 2013 were among HIV-positive New Yorkers, and a greater proportion of deaths occurred among those who were HIV positive (32%) than those who were HIV negative (20%).

These data provide compelling support for increased immunization that reduces the incidence of IMD. This bill follows the guidance of the CDC's Advisory Committee on Immunization Practices (ACIP), a group of medical and public health experts that develops recommendations on how to use vaccines to control diseases in the U.S. In 2013, the ACIP released revised meningitis v!accination recommendations that include all youth ages 11 to 18.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Please see above

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

This policy change should not result in addition costs to the State.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Please see #9 above.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Invasive Meningococcal Disease (IMD) is important to GMHC because of the high incidence and mortality of IMD among people living with HIV/AIDS.

IMD incidence is 13 times higher among individuals with an AIDS diagnosis than in the general population. Among 265 individuals aged 15 to 64 living in New York City and diagnosed with IMD from 2000 to 2011, the relative risk for IMD among PLWHA was nearly 26 times greater. Over half (55%) of IMD infections that occurred in New York City from August 2010 to March 2013 were among HIV-positive New Yorkers, and a greater mortality rate occurred among those who were HIV positive (32%) than those who were HIV negative (20%).

In 2013 the CDC's Advisory Committee on Immunization Practices (ACIP) released revised meningitis vaccination recommendations that include all youth ages 11 to 18.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

None.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Other (please specify)<br>Gay Men's Health Crisis (GMHC) |

**#271**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 8:58:01 AM
**Last Modified:** Wednesday, November 26, 2014 11:50:42 AM
**Time Spent:** 02:52:40
**IP Address:** 86.184.143.4

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Joe |
| Last Name | Amon |
| Affiliation | Director, Human Rights Watch |
| Email Address | amonj@hrw.org |

**Q2: Title of your recommendation**

Ensure access to evidence based drug-dependency treatment for incarcerated drug users.

**Q3: Please provide a description of your proposed recommendation**

Provide access to Medication-Assisted therapy (MAT) for prisoners dependent on opioids and ensure continuous availability including during prisoner transfers and through linkage to post-release care.

**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)**

*Respondent skipped this question*

| | |
|---|---|
| **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.<br>,<br><br>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?** | *Respondent skipped this question* |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | *Respondent skipped this question* |
| **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)?** | *Respondent skipped this question* |

**Q9: What are the perceived benefits of implementing this recommendation?**

Medication-assisted therapy for example with methadone or buprenorphine, prevents opioid withdrawal, decreases opiate craving, and diminishes the effects of illicit opioids. Often called opioid substitution therapy or opiate agonist therapy, MAT is one of the most effective and best-researched treatments for opioid dependence. Once a patient is stabilized on an adequate dose it relieves cravings and permits a person to function normally.

While medication-assisted therapies are among the most effective treatment for opioid dependence, they also play a crucial role in reducing the transmission of disease among injection drug users. The World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC), and the Joint United Nations Programme on HIV/AIDS (UNAIDS) have each supported the expansion of MAT because it has proven effective for HIV and hepatitis C prevention, as well as reducing illicit opioid use and deaths due to overdose, improving uptake and adherence to antiretroviral treatment for HIV-positive people who use drugs, and is cost-effective to society.

| | |
|---|---|
| **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?** | *Respondent skipped this question* |
| **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** | *Respondent skipped this question* |

**#272**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 11:51:20 AM
**Last Modified:** Wednesday, November 26, 2014 11:53:44 AM
**Time Spent:** 00:02:23
**IP Address:** 86.184.143.4

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Joe |
| Last Name | Amon |
| Affiliation | Director, Human Rights Watch |
| Email Address | amonj@hrw.org |

**Q2: Title of your recommendation**

Prioritize post-release planning and linkage to appropriate medical care, HIV medication and case management services, housing and other social service benefits for HIV-infected inmates upon release from custody.

**Q3: Please provide a description of your proposed recommendation**

Implement discharge planning program to ensure continuity of care in the community through counseling and transitional processes including:
• pre-release counseling and scheduling of first post-release appointment with a community HIV care provider;
• pre-release linkage to local HIV case management services and facilitation of access to HIV medication post-release;
• sufficient HIV medication upon release to bridge the gap until the patient can see a HIV care provider;
• linkage to providers of immediate transitional housing and access to assistance for permanent housing placement

**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)**

*Respondent skipped this question*

| | |
|---|---|
| **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.<br>,<br>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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | *Respondent skipped this question* |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | *Respondent skipped this question* |

| | |
|---|---|
| **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)?** | *Respondent skipped this question* |

**Q9: What are the perceived benefits of implementing this recommendation?**

HIV positive prisoners face a high risk of treatment interruption upon release from custody. Treatment interruption can be associated with increased morbidity and the development of drug-resistant strains of HIV and decreased medication effectiveness. As a result of the interruption, patients can develop higher viral loads, which increase the risk of disease progression and HIV transmission. Ensuring continuity of care through effective transitional services for HIV positive prisoners following release decreases the risk of treatment interruptions.

| | |
|---|---|
| **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?** | *Respondent skipped this question* |
| **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** | *Respondent skipped this question* |

**#273**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 12:20:46 PM
**Last Modified:** Wednesday, November 26, 2014 12:30:44 PM
**Time Spent:** 00:09:58
**IP Address:** 74.67.42.19

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | william scott |
| Last Name | daly |
| Affiliation | consumer |
| Email Address | kellyspoppi@aol.com |

**Q2: Title of your recommendation**

linking people into care

**Q3: Please provide a description of your proposed recommendation**

an attempt should be made to provide ALL low income New Yorkers living with HIV access to affordable housing, food, and transportation.

**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)**

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?**

Unknown

| | |
|---|---|
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | *Respondent skipped this question* |
| **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 three to six years |

**Q9: What are the perceived benefits of implementing this recommendation?**

stable housing is a necessity in assuring that persons living with HIVAIDS will stay on their meds.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

making sure the housing being provided meets current codes.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

have no idea?

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

don't know.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

people living with HIV/AIDS

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

people in care retention numbers/%'s

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Consumer |

**#274**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 11:11:49 AM
**Last Modified:** Wednesday, November 26, 2014 12:35:02 PM
**Time Spent:** 01:23:12
**IP Address:** 70.208.85.149

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Nathan |
| Last Name | Kerr |
| Affiliation | Board Chair, Black LGBT Alliance of New York |
| Email Address | blacklenz1@yahoo.com |

**Q2: Title of your recommendation**

Expanded HIV Testing and the Development of a “Social Disparity Index” to Enhance Health and Wellness in the Black LGBT Community.

**Q3: Please provide a description of your proposed recommendation**

In order to reach the goal of ending AIDS as an epidemic by 2020, New York State must rapidly scale up and expand HIV testing and outreach programs in the Black LGBT community by tripling the resources and capacity of Black LGBT organizations that are indigenous to and are currently serving this disproportionately impacted population.

Additionally, we must create a culturally competent framework for expanded access to medical, social and structural supports for every person tested through these programs. This will not only establish and promote testing as a regular component of overall health and wellness but will also provide vehicle for medical and social support by developing a plan for those testing
a. HIV Positive -- “housing” them in a community support system that helps them move to viral suppression and undetectability,
b. HIV Negative – “housing” them in a community support system that helps them to maintain their negative status.

Incentivize health outcomes on both the individual and community level by creating testing and viral suppression incentives that reflect and respect the social value of the Black LGBT community. This incentivizing of healthy outcomes should involve the Black LGBT community organizations, in partnership with government and private industry stakeholders such as pharmaceutical companies, hospitals and other related health-related industries. Black LGBT groups should share in the savings of healthy outcomes, using resources to build capacity needed to reduce disparities and create opportunities for long-term viability of the community.

Create a messaging campaign that includes print, web-based and mobile formats to reflect changing technologies and venues used by the target population. The messages will promote the benefits of health and wellness that will include HIV testing, STI and HepC screenings as well as regular health maintenance. We know that HIV testing and treatment must be placed in the broader context of health and wellness when engaging with our community in order to ensure that the “stigma” surrounding homosexuality, especially as it relates to HIV, becomes less and less of a significant factor in the perpetuation of this epidemic.

Develop a “Social Disparity Index” that identifies the mixture of structural and social determinants such as employment, education, housing, physical safety, transportation, and food security that can play a role in undermining health goals which will include the ability to remain negative, or to achieve and maintain viral suppression over an extended period of time. This index could be used to assess the type and cost of supports necessary for the establishment and maintenance of desirable health, wellness, economic, social and safety outcomes that are critical to accessing and remaining in care. As well, this index will assist in program design and measurement of program efficacy and could also be useful in identifying local environmental conditions that do not exist on a statewide level but are critical components in addressing the objective realities of the Black LGBT community.

Support the creation of a strong referral and linkage network. Black LGBT program staff and peers will become the conduit/connector/buddy and support to each new person testing and they will create a robust system of structured referrals and linkages to primary care and other traditional services if needed. For those individuals that test HIV positive, the Black LGBT program staff and peers will offer supports to help folks navigate those obstacle and systems that are barriers to achieving and maintaining viral suppression. In addition, the conduit or buddy will act as the social connector with each individual to ensure a decrease in their Social Disparity Index number that acts as an indicator of improved health, economics and social metrics.

**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

,

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

,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

**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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| 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,<br><br>Other (please specify)<br>This recommendation could constitute a new program or this could be a programmatic expansion of the currently existing CDI model. |
| 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)?** | Within the next year |

Q9: **What are the perceived benefits of implementing this recommendation?**

The perceived benefits of recommendation includes:
• Increased HIV testing
• Increased knowledge of HIV status and education surrounding the tools and social supports to use to sustain negativity if tested negative, or education about the tools and social supports to use to achieve viral suppression thereby reducing transmissibility.
• Increased primary health screenings
• Increased health insurance enrollment
• Increased mental health screenings and interventions

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?**

Increasing the existing costs of community testing programs by 300% to reflect a broad-based implementation of testing highest-risked members of the Black LGBT community across the state and re-testing, at specified regular intervals, HIV negative folks. Organization staff and peers will serve as the community support and "personal assistants" as they follow-up and "buddy"-up with newly tested HIV positive folks to assist them in establishing and navigating the linkage to care and treatment. Black LGBT groups will establish structured linkages with traditional organizations that provide structural supports to include primary health care, food, and housing and the Black LGBT organizations and groups will provide crucial social and spiritual supports.

There will be a rigorous coordination mechanism among Black LGBT community-based organizations and entities that goes beyond linkage into shared budgets and resources to facilitate the linkage and follow-up components of this approach.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

This investment will have a positive ROI due to:
• Already established protocols including rapid testing technologies
• Newly amended HIV testing law that further reduces barriers to administering HIV testing
• Already developed community capacity and expertise for testing
• Already established social marketing HIV prevention campaigns

Additional investments will be needed for the expansion of testing sites and the training and hiring of more Black LGBT community members to act as recruiters and "wellness buddies" that will ensure that each tested person is linked to follow-up to care and supports.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

The key stakeholders of this recommendation will be the entirety of the Black LGBT community with a strong focus on black gay and black transgender persons.

"The African American LGBT community accesses healthcare at a significantly lower rate than any other demographic and at the same time they have much higher rates of infectious disease, hypertension, cancer, stroke, and cardiovascular disease as compared to other racial and ethnic groups." (CDC 2011)

Research also shows that uninsured black men who have contracted an STI or HIV are less likely to seek care prior to the onset of complications from advanced HIV disease.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

The development of a Social Disparity Index to assess the level and cost of resources necessary for the establishment and maintenance of desirable health and social outcomes.

**Q15: This recommendation was submitted by one of the following**

Advocate,

Other (please specify)
The Black LGBT Alliance of NY Nathan Kerr, Board Chair, Black LGBT Alliance of New York Gary English, Executive Director, Black LGBT Alliance of New York Dr. Sheldon Applewhite, Board Secretary/Treasurer, Black LGBT Alliance of New York Bishop Zachary Jones, Unity Fellowship Church and Board Vice Chair, Black LGBT Alliance of New York & Ending the Epidemic Task Force Member Reginald Griggs, Board Member, Black LGBT Alliance of New York Gloria Searson, ACSW, Coalition on Positive Health Empowerment and Board Member, Black LGBT Alliance of New York Vaughn Taylor, Gay Men of African Decent and Board Member, Black LGBT Alliance of New York Bruce E. Smail, Mocha Center and Supporter, Black LGBT Alliance of New York & Ending the Epidemic Task Force Member Arthur Butler, Capital District African American Coalition on AIDS and Supporter, Black LGBT Alliance of New York Barbara Turner, Genesee Valley Gay & Lesbian Center and Supporter, Black LGBT Alliance of New York C. Virginia Fields, National Black Leadership Commission on AIDS, and Supporter, Black LGBT Alliance of New York & Ending the Epidemic Task Force Member Kelvin Leveille, Mailman School of Public Health, and Supporter, Black LGBT Alliance of New York & Ending the Epidemic Task Force Member Clarence Patton, Pipeline Consulting and Supporter, Black LGBT Alliance of New York Letitia James, NYC Public Advocate, and Supporter, Black LGBT Alliance of New York Corey Johnson, Health Chair, New York City Council and Supporter, Black LGBT Alliance of New York Gwen Carter, Independent Consultant and Supporter, Black LGBT Alliance of New York

**#275**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 19, 2014 3:07:43 PM
**Last Modified:** Wednesday, November 26, 2014 12:40:52 PM
**Time Spent:** Over a day
**IP Address:** 74.72.229.152

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Mark |
| Last Name | Misrok |
| Affiliation | National Working Positive Coalition |
| Email Address | markmisrok@gmail.com |

**Q2: Title of your recommendation**

Address Key Social/Economic Determinants of Health with Targeted Employment Initiatives for HIV-positive and HIV-negative Transgender Individuals

**Q3: Please provide a description of your proposed recommendation**

Establish community-based economic empowerment initiatives targeting needs of transgender communities. These should include development of community-based transgender employment services programs with peer leadership, life skills training, mentorship programs and self-employment/small business development options. Web-based employment services, including counseling and training, should also be implemented if in-person services are inaccessible for many because of distance, transportation or other limitations. The capacity of existing workforce participation and vocational rehabilitation programs to effectively and competently provide services for transgender individuals can be strengthened through ongoing training and technical assistance, also needed for HIV service organizations and other social service providers to become equipped, functioning as single points of entry, to identify employment-related needs of transgender individuals and either directly provide or refer for access to needed community resources and services. Support and technical assistance for cross-sector service coordination should be provided as well.

The initiative should be integrated and multidisplinary, with needs assessment in medical, legal/financial, psychosocial as well as vocational areas, and individualized progressive economic empowerment plans developed based on well-informed, self-determined choices of transgender individuals. Individual economic empowerment plans would reflect a combination of services, training and resources provided on-location, online, or through public and private community partners. Specific program design and implementation should be developed through community input and collaboration together with allies including sector experts.

All transgender individuals with whom contact is made should be provided information about potential eligibility for economic stability programs including those unrelated to employment, such as disability benefits, affordable housing, food/nutrition, transportation and other public programs. Legal information and assistance referrals should be available for name and gender change, criminal record, public benefits and other issues.

Transgender individuals, particularly transgender women of color, confront significant barriers to both obtaining and maintaining employment, as well as accessing effective, informed employment services, including training and education. Limited and poor quality employment opportunities are associated with

increased health risks and poor health outcomes for transgender individuals.

Interventions targeting employment needs of transgender individuals have been implemented in communities including San Francisco, Los Angeles, Chicago, Washington, DC, and Charlotte. None have been implemented in New York, with a significant population of transgender individuals most concentrated in New York City. This population is negatively impacted by health disparities.

Discrimination, stigma, violence, poverty, unemployment, underemployment and criminalized (unprotected) employment are among the primary social and economic determinants of health undermining health and prevention outcomes of transgender communities. Lack of employment opportunities results in transgender communities that are grossly uninsured and underinsured, and drives high rates of participation in illegal, high-risk employment, with increased exposure to sexual and other violence, abuse, exploitation and trafficking, criminal charges, convictions and incarceration, which results in disproportionate incidence of HIV infection, trauma and other physical and behavioral health impacts. Access to health care effectively targeted to needs of transgender communities is inadequate, with lack of employer-sponsored private health coverage further reducing access to the currently limited availability of culturally competent health care for transgender communities.

In “Injustice at Every Turn: A Report of the National Transgender Discrimination Survey” (http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_summary.pdf), the survey data from 6,450 transgender and gender non-conforming individuals reflects extreme poverty, high rates of job loss due to bias, suicide attempts, and exposure to harassment/bullying, physical and sexual assault. Survey respondents reported double the rate of unemployment as compared to the general population; transgender people of color reported rates up to four times the national unemployment rate. 16% of respondents reported that they’d been compelled to work in the underground economy for income (i.e., sex work or selling drugs). Those who had lost a job due to bias and/or were currently employed reported up to double the rates of working in the underground economy, and high rates of homelessness, incarceration, and range of negative health impacts including more than double the HIV infection rate, and twice to four times the homelessness, 85% more incarceration, 70% - 100% more current drinking or misuse of drugs to cope with mistreatment, compared to those who were employed.

| | |
|---|---|
| **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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |

| | |
|---|---|
| **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.<br>,<br><br>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.<br>,<br><br>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 |

| | |
|---|---|
| **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?**

Implementation of this recommendation to meet the needs related to economic instability experienced at high rates by transgender individuals would increase engagement of many in services including HIV and other STD prevention (e.g., PrEP, nPEP), increase retention in care, treatment adherence and viral suppression. When transgender people transition from uninsured to insured, they no longer face the limiting factors of accessing providers of last resort. The ability to choose competent health providers on private insurance plans will likely lead to improved health literacy and retention in care. Transgender individuals relying in disproportionate rates on sex work for survival income will gain access to employment associated with decreased risk for HIV and other infections, and vulnerability to sexual and other violence. In addition, this will shift the service paradigm to a more sustainable model where transgender women who have depended on the publicly funded safety net services become tax-paying citizens.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Political leadership, and informed employer and provider buy-in are key to the success and sustainability of the initiative.

| | |
|---|---|
| **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?** | *Respondent skipped this question* |
| **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** | Consumer,<br><br>Other (please specify)<br>ETE Advisor; Advocate; Consumer |

#276

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 8:17:16 AM
**Last Modified:** Wednesday, November 26, 2014 12:46:09 PM
**Time Spent:** 04:28:53
**IP Address:** 66.194.132.74

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Kenneth |
| Last Name | Stewart |
| Affiliation | Village Care |
| Email Address | kens@villagecare.org |

| | |
|---|---|
| **Q2: Title of your recommendation** | Treatment Adherence through the advanced use of Technology |

**Q3: Please provide a description of your proposed recommendation**

Our CMS (Centers for Medicare and Medicaid Services) "Wellness Innovations", IE., Treatment Adherence through Advanced Use of Technology program falls within the model to improve care for populations with specialized needs. The delivery and payment model target the priority area of persons living with HIV/AIDS. The success of Antiretroviral (ARV) therapy has been shown to hinge on near-perfect adherence. To help patients meet their goals of care adherence and viral suppression, we will employ technology in innovative ways to:(1) Increase engagement and retention in care; (2) Improve adherence by providing timely, tailored interventions; (3) Provide meaningful incentives to patients to encourage participation in the program.

A private social network will act as the hub from which patients will access peer support, relevant information, and services from our Wellness Innovation services. The clinician and patient consoles integrated with the platform allow Treatment Adherence Professionals to collect assessment data, stratify patient needs, develop care plans, monitor adherence, and respond to information in a timely manner. Patients will have the ability to access tailored information and education targeted to their specific barriers to treatment and health goals on a 24/7 basis. Access to additional Wellness Innovation services embedded within the platform includes: Remote consultation via live chat with Treatment Adherence Professionals; Connection with one-to-one peer mentorship: Video-based virtual treatment adherence support groups; Customized automated text reminders focused on treatment adherence and self-care management; Directly Observed Therapy using video technology.

Patients participating in the Wellness Innovation Program will access these services with mobile devices that will be partially supported by the program; the program will pay for the patients' monthly data and text plans as a meaningful incentive for them to meet specific retention/adherence goals.

While each of these components has already been deployed to help people with chronic illnesses improve their health status and well being, the Wellness Innovations Program is innovative in that it combines all of them together to provide a seamless technology-enabled service delivery
program.

This integrated, scalable platform is a model for providers and payers who want to provide a cost-effective care management service patients or members with any chronic illness.
The Treatment Adherence Professional will work the patient to develop a treatment adherence care plan, link patients to Wellness Innovations and community-based services, and monitor their adherence. The level, intensity and duration of services will vary and be tailored to the needs of the patient. However, our Wellness Innovations Treatment Adherence Program is targeting active participation from enrollees for a period of 12 months. After the 12-month intervention period ends, patients will be encouraged to continue to access the social community component and leverage the available planners and trackers for continued support.

| | |
|---|---|
| **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?** | New 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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

~Increase the participating population's CD-4 counts;
~Increase the proportion undetectables in the population;
~Increase the length-of-time on first-line (and/or second-line) treatment regimens;
~Reduce total cost of care for HIV+ Medicaid beneficiaries;
Also, this pilot seeks to define a sustainable chronic disease management program, by:
~Identifying the 'value-added' features of the package;
~Determining the most cost-effective means to operate treatment adherence support.
Because of this second goal, we will enroll all beneficiaries, regardless of their current compliance and viral loads.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

The sole concern is getting providers to receive and value the added on services that we offer. It is critical to this program that hospital and care management providers believe that we are an added value as an added team member, that we will not "take" their clients, and that their patients will produce positive outcomes by means of our value added services.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Our "Wellness Innovations" project is an 8.7 million dollar pilot project of the Centers for Medicare and Medicaid Services (CMS) for three years treating 5,000 persons with HIV/AIDS. The costs are primarily supported by CMS.

Additional costs that may be incurred by referring partners will be due to provider staff resources in identifying and communicating necessary data on provider patients to this program. However, such potential costs will be ameliorated by a PMPM stipend (approximately $6.00 to $7.00) allowed to the provider for each of the provider's patient's enrolled in our Wellness Innovations Program.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

We estimate that we will reduce the total cost of care for a population of HIV+ Medicaid and Medicare beneficiaries by improving treatment adherence. We are estimating a $195.00 PMPM savings.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

The key individuals/stakeholders benefitting from our Wellness Innovations Program are:
~ the individual with HIV/AIDS;
~ the providers whose primary patients are the persons we will serve;
~ The payors who will gradually have a lower cost of care;
~ and, persons who are HIV negative, as we assist persons who are HIV+ to self-manage and adhere to treatment and become undetectable, we will prevent the further spread of HIV.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

• Average number of months patients utilizing platform: 6.4 months
• % of patients with monthly tracking activity: 30%
• % of patients using text medication reminders: 50%
• % of patients with at least 2 PCP visits within 12 months: 80%
• % patients with CD4 cell count >300: 58%
• % patients with undetectable viral load: 58%
• Operation of the Wellness Innovations Platform and Virtual Support Groups at 99%
• Average number of virtual support groups per week: 40
• % of patients sitting in on at least one virtual support group per week: 40%
• % of patients participating to twice-monthly peer support calls: 30%
• % of patients logging in to the social network at least twice monthly: 80%
• % of patients who post questions or comments: 60%
• Informed consents signed and platform log-ins created per month: 117, climbing to 195 in year 3
• % of patients participating in DOT: 10%

**Q15: This recommendation was submitted by one of the following** Advocate

**#277**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 12:24:46 PM
**Last Modified:** Wednesday, November 26, 2014 12:46:39 PM
**Time Spent:** 00:21:52
**IP Address:** 38.105.203.132

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Freddy |
| Last Name | Molano |
| Affiliation | Community Healthcare Network |
| Email Address | fmolano@chnnyc.org |

**Q2: Title of your recommendation**

Regulations could be Barriers to rutinize HIV Testihng

**Q3: Please provide a description of your proposed recommendation**

the regulatory nature of the guidance on testing for HIV do not contribute to either de-stigmatization of HIV or to make HIV testing more accessible to all who have not tested before. The fact that we still have the "informed consent" and its 7 points of information and that these points need to be communicated to the patient and being documented are indeed barriers to screening in high volume venues such as the FQHC's, Hospitals and other facilities where time is crucial to the delivery of health. The patient does not benefit at all from spending this time explaining the points and behavior is not going to change. If we want to have an effective HIV testing Integrated model, we need to get away from all types of "informed consent" that has been perpetuated for over 30 years. After providing testing for 25 years myself, I am strongly recommending that we revisit h9ow testing regs and current guidance are still a barrier and make sure that the law mandates that HIV test must be provided to all accessing health care

**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

| | |
|---|---|
| **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.<br>,<br><br>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.<br>,<br><br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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 policy |

| | |
|---|---|
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

more people will be aware of their status. more newly diagnosed will be linked to care and viral suppression will be addressed in earlier stages of the HIV Infection
Medical community will be more likely to test patients if it is the law. Not having to provide the "counseling or explaining the points of info, will routinize testing. Do I get the point of info when I get tested for my PSA? my doctor just does it

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

I only see benefits of making sure that barriers to test are eliminated.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Discovery of status in the early stages will save money in complications and even more important, could be a wake up call for people testing negative to maintain their negative status.
Treatment as prevention works
Early treatment of HIV provides better quality of life

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

funds will be saved from spending more money in treatment strategies.
when everyone is tested, everyone saves money

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

everyone:
patients,
medical community
funding sources
legislators
regulators

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

just eliminate the cumbersome regs and guidances that add burden to the issue and ensure accountability from the medical community to be in compliance with the law mandates

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Member of the public |

**#278**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 12:04:33 PM
**Last Modified:** Wednesday, November 26, 2014 12:49:36 PM
**Time Spent:** 00:45:03
**IP Address:** 69.10.89.100

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Lyndel |
| Last Name | Urbano |
| Affiliation | Gay Men's Health Crisis |
| Email Address | lyndelu@gmhc.org |

**Q2: Title of your recommendation**

Prohibiting "ex-gay Therapy for Minors"

**Q3: Please provide a description of your proposed recommendation**

So-called "conversion" or "ex-gay therapy" is a threat to public health, as it targets vulnerable lesbian, gay, bisexual and transgender (LGBT) youth who are already among the highest risk for HIV infection in New York State. LGB participants were sent by their family to a therapist to change their sexual orientation when they were youth. Recent studies have shown that LGBT youth who were sent to therapist to change their sexual orientation experienced significant family rejection and were 3.4 times more likely to report unprotected sex with a casual partner at the time of last intercourse and 1.5 times more likely to report having had an STD than youth who came from more accepting families. This research helps shed light on the stigma, family rejection and homophobia that drives the HIV epidemic among LGBT youth, as well as other harmful physical and mental health outcomes. In fact, among gay and bisexual men in New York, youth ages 13 to 29 are the only demographic that experienced an increase in HIV incidence in the past decade.

**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
,

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
,

Unknown

| | |
|---|---|
| **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.<br>,<br>Unknown |
| **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 policy |
| **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?**

"Ex-gay therapy" is harmful to LGBT youth by reinforcing stigma, discrimination and self-hate. These social drivers put LGBT youth at increased risk to negative mental health, physical harm, drug abuse and HIV. Recent studies have shown that LGBT youth who were sent to therapist to change their sexual orientation experienced significant family rejection and were 3.4 times more likely to report unprotected sex with a casual partner at the time of last intercourse and 1.5 times more likely to report having had an STD than youth who came from more accepting families. This research helps shed light on the stigma, family rejection and homophobia that drives the HIV epidemic among LGBT youth, as well as other harmful physical and mental health outcomes. In fact, among gay and bisexual men in New York, youth ages 13 to 29 are the only demographic that experienced an increase in HIV incidence in the past decade.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

No

| | |
|---|---|
| **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?**

LGBT youth living in New York

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

No

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Other (please specify) HIV/AIDS Service Provider |

**#279**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 12:37:28 PM
**Last Modified:** Wednesday, November 26, 2014 12:50:13 PM
**Time Spent:** 00:12:45
**IP Address:** 70.208.85.149

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Nathan |
| Last Name | Kerr |
| Affiliation | The Black LGBT Alliance of New York |
| Email Address | blacklenz1@yahoo.com |

**Q2: Title of your recommendation**

Develop a Culturally-Specific Messaging Campaign for the Introduction, Promotion and Utilization of PrEP and PEP as an Effective Tool for HIV Prevention

**Q3: Please provide a description of your proposed recommendation**

1. The objective of this recommendation is to create and disseminate messages that will:
a. Introduce the black LGBT community to PEP and PrEP as additional tools used to fight HIV infection;
b. Generate an understanding of the science behind PEP and PrEP; and
c. Develop messaging that clearly differentiates between PEP and PrEP and the underlying preventative and prophylaxis nature of these new approaches.

2. The creation of this messaging must include the development of a black LGBT working group that will consist of a wide cross-section of the community reflecting the geographic and demographic diversity of the intended population to include age, ethnicities, practices and beliefs.

This working group will:
• Assist in message creation;
• Identify current and historical discordant issues;
• Identify trends that may produce barriers to effective messaging; and
• Identify strategies, imageries and effective mediums of communication.

3. There needs to be developed a mobile application platform that will present a wide variety of information on PEP and PrEP that is customizable around user preferences.

This PrEP/PEP app will:
• Include PEP/PrEP FAQs;
• Provide web links to the most recent updates on PEP/PrEP information;
• List culturally-sensitive service providers;
• Sync with calendars to give reminders for scheduled medical appointments; and
• Provide pertinent public health bulletins such as outbreaks of meningitis, salmonella, and other STIs by zip codes.

| | |
|---|---|
| **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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| **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.<br>,<br>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,<br>Other (please specify)<br>This recommendation modifies/amends/enhances an existing policy/tool |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

If a community cannot identify with straight forward or subliminal messaging in a strategy designed to obtain and maintain optimal health, then not only is that messaging is worthless, it will fail the community and not produce desired results.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Unless there is inclusion of a strong geographic and demographic representation of the black LGBT community in the proposed work group galvanized to identify and design this messaging, the black LGBT community will not have the appropriate and effective tools that they will need to move them towards the acceptance and use of these biomedical interventions.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

This recommendation would require a modest scaling-up of resources that has currently allocated to design a PEP and PrEP campaign. These additional costs will go towards the creation of the work group that will be charged with broadening the demographic and geographic participation of the focus groups. In addition, there will be a nominal increase to better drill down into the culture and mores of targeted groups so that the research culled can form the foundation for substantially better messaging and design for these biomedical interventions.

Lastly, there will be a cost for the creation, maintenance and updating of a cell phone and tablet application that can be readily and easily used by a mobile community on at least Apple and Android platforms.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

The estimated ROI will be calculated by the increased use of PEP and PrEP by those communities and distinct sub-populations across the New York that are most infected with and most at-risk for infection with HIV

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

New Yorkers in the black LBGT community, most especially those that currently make up the largest percentage of those living with AIDS and HIV as well as those most at-risk for contracting the disease – young black gay men, black transgender women, and their partners.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Increase in the number of prescriptions written as well as an increase in the reported doctor visits for those being monitored on PrEP.

**Q15: This recommendation was submitted by one of the following**

Advocate,

Other (please specify)
The Black LGBT Alliance of NY Nathan Kerr, Board Chair, Black LGBT Alliance of New York Gary English, Executive Director, Black LGBT Alliance of New York Dr. Sheldon Applewhite, Board Secretary/Treasurer, Black LGBT Alliance of New York Bishop Zachary Jones, Unity Fellowship Church and Board Vice Chair, Black LGBT Alliance of New York & Ending the Epidemic Task Force Member Reginald Griggs, Board Member, Black LGBT Alliance of New York Gloria Searson, ACSW, Coalition on Positive Health Empowerment and Board Member, Black LGBT Alliance of New York Vaughn Taylor, Gay Men of African Decent and Board Member, Black LGBT Alliance of New York Bruce E. Smail, Mocha Center and Supporter, Black LGBT Alliance of New York & Ending the Epidemic Task Force Member Arthur Butler, Capital District African American Coalition on AIDS and Supporter, Black LGBT Alliance of New York Barbara Turner, Genesee Valley Gay & Lesbian Center and Supporter, Black LGBT Alliance of New York C. Virginia Fields, National Black Leadership Commission on AIDS, and Supporter, Black LGBT Alliance of New York & Ending the Epidemic Task Force Member Kelvin Leveille, Mailman School of Public Health, and Supporter, Black LGBT Alliance of New York & Ending the Epidemic Task Force Member Clarence Patton, Pipeline Consulting and Supporter, Black LGBT Alliance of New York Letitia James, NYC Public Advocate, and Supporter, Black LGBT Alliance of New York Corey Johnson, Health Chair, New York City Council and Supporter, Black LGBT Alliance of New York Gwen Carter, Independent Consultant and Supporter, Black LGBT Alliance of New York

**#280**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 12:42:52 PM
**Last Modified:** Wednesday, November 26, 2014 12:56:55 PM
**Time Spent:** 00:14:03
**IP Address:** 24.59.51.72

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Ken |
| Last Name | Dunning |
| Affiliation | American Indian Community House, HIV/AIDS Program |
| Email Address | kdunning@aich.org |

**Q2: Title of your recommendation** — Native Americans and Trauma

**Q3: Please provide a description of your proposed recommendation**

RECOMMENDATION

Continue and expand efforts for Native American PWHAs and those at highest risk to heal from trauma as a key component of retention in care and prevention services.

BACKGROUND

Native Americans suffer from high rates of trauma, particularly historical and intergenerational trauma. Historical trauma is defined as cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma, and the unresolved historical grief that is associated with it (Yellow Horse-Braveheart). Historical trauma includes:
- Loss of population through disease and genocidal practices.
- Loss of land through illegal and fraudulent practices.
- Loss of culture through governmental policies of forced assimilation.
- Loss of parenting skills, passed from one generation to the next, as a result of the boarding school experience.

Historical trauma is manifested in a wide range of health and social issues, including high rates of substance use, abuse and neglect of children, domestic violence, suicide, homicide, and sexual risk behaviors.

The impact of historical trauma on Native Americans is all-encompassing. Native Americans need to heal from this trauma at both the individual and community levels. Native American PWHAs and at highest risk for HIV, like many other Native Americans, are also often dealing with historical trauma and its manifestations. Healing from trauma includes:
- Building and maintaining positive Native American identity, including positive Native LGBT/Two-Spirit identity.
- Reconnecting with and reinforcing traditional Native culture to strengthen healthy stress-coping skills, including spiritual and wellness practices.
- Smudging, talking circles, healing circles, traditional speakers, storytelling, making medicine pouches, traditional crafts or food, community wellness events, etc.

REFERENCES

http://tpcjournal.nbcc.org/examining-the-theory-of-historical-trauma-among-native-americans/
http://www.pbs.org/indiancountry/challenges/trauma.html
http://discoveringourstory.wisdomoftheelders.org/
http://gainscenter.samhsa.gov/cms-assets/documents/93078-842830.historical-trauma.pdf

**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

,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br><br>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.<br>,<br><br>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?** | 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)?**

Within the next year

**Q9: What are the perceived benefits of implementing this recommendation?**

Helping Native American PWHAs and highest risk negatives to access resources to support healing from trauma will also support increased retention in care and prevention services.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Stigma within the Native community around HIV/AIDS and acceptance of the MSM/LGBT/Two-Spirit community remains a significant issue. Many Natives do not seek assistance for HIV-related needs within the Native community (even when services may be available), and do not have adequate cultural support when seeking assistance outside the Native community.

Establishing culturally specific 'safe space' for Native Americans to get help within and outside of the Native community remains a key consideration. Increasing the opportunities to access cultural support through Native American community based providers, and establishing collaborative efforts between Native and non-Native providers to provide such access outside of the Native community are key priorities.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Approximately $50,000 would increase staffing and resources to substantively expand services available from Native American community based HIV/AIDS providers.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

While the disparity between documented and actual numbers of Native Americans with HIV/AIDS remains unclear, existing documentation suggests that Native Americans may have – by a distinct margin – the lowest rate of viral suppression of all racial/ethnic groups. Increasing Native American retention in care and in high risk prevention services would impact the longer term costs of care.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

- HIV+ and highest risk Native Americans, who will have increased, culturally relevant support for increasing retention in care and prevention services.

- Native and non-Native service providers looking to increase their long term retention of HIV+ and highest risk Native Americans through collaboration.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

These could include:
- Number of cultural interventions provided.
- Number of Native American and new Native American clients reached.
- Comparison of treatment/prevention services received individual clients in current vs. previous year.
- Native client survey response regarding client establishment/reinforcement of positive Native American Identity.
- Individual and aggregate pre/post measures of viral suppression among Native HIV+ client participants.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Ending the Epidemic Task Force member |

**#281**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 12:50:26 PM
**Last Modified:** Wednesday, November 26, 2014 1:04:01 PM
**Time Spent:** 00:13:35
**IP Address:** 70.208.85.149

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Nathan |
| Last Name | Kerr |
| Affiliation | The Black LGBT Alliance of New York |
| Email Address | blacklenz1@yahoo.com |

**Q2: Title of your recommendation**

Revitalize and Expand the Scope of the Black LGBT Mobilization “Pride in the City”

**Q3: Please provide a description of your proposed recommendation**

The objective is to create an updated and enhanced "Pride in the City" which is a year long series of successful community-wide interventions that culminates in a month-long celebration of “Black Pride”. This proposal is calling for a reinstatement and re-energizing of not only the nature of the community-wide interventions but an expansion of the geographic scope of this mobilization. We will serve not only the goals outlined in the Governor’s plan to end the epidemic in New York State, we will also serve our mission to change the current paradigm within NYS’s black LGBT community in the areas of health and wellness, economic development and community safety.

The core elements of “Pride in the City” in 2007 included:
• Creating an affirming setting to reach 12,000 community members with risk reduction messages;
• Strengthening the partnership with over 30 community-based organizations, health care providers both NYC and NYS health departments. This partnership allowed these agencies to provide outreach, education and HIV counseling and testing services at “Pride in the City” events; and
• Changing social norms within the Black gay/MSM community by exposing them to HIV testing, STD screening, as well as blood pressure and diabetes screening, all under one umbrella of affirmative health

This recommendation will expand those elements in the following ways:
1. Engaging in mobilization and community interventions will go beyond New York City and expand to those counties in New York State that have a high concentration of folks in the black LGBT community and are HIV+ or are most at-risk for contracting the disease;
2. Creating and disseminating messaging that will:
a. Introduce the black LGBT community to PEP and PrEP as additional tools used to fight HIV infection;
b. Generate an understanding of the science behind PEP and PrEP; and
c. Develop messaging that clearly differentiates between PEP and PrEP and the underlying preventative and prophylaxis nature of these new approaches.
3. Creating a culturally competent framework for expanded access to medical, social and structural supports for every person tested through these programs. This will not only establish and promote testing as a regular component of overall health and wellness but will also provide vehicle for medical and social support by developing a plan for those testing

a. HIV Positive -- “housing” them in a community support system that helps them move to viral suppression and undetectability, and
b. HIV Negative – “housing” them in a community support system that helps them to maintain their negative status;
4. Incentivizing health outcomes on both the individual and community level by creating testing and viral suppression incentives that reflect and respect the social value of the Black LGBT community. This incentivizing of healthy outcomes should involve the Black LGBT community organizations, in partnership with government and private industry stakeholders such as pharmaceutical companies, hospitals and other related health-related industries. Black LGBT groups should share in the savings of healthy outcomes, using resources to build capacity needed to reduce disparities and create opportunities for long-term viability of the community;
5. Establishing a strong referral and linkage network. Black LGBT program staff and peers will become the conduit/connector/buddy and support to each new person testing and they will create a robust system of structured referrals and linkages to primary care and other traditional services if needed. For those individuals that test HIV positive, the Black LGBT program staff and peers will offer supports to help folks navigate those obstacle and systems that are barriers to achieving and maintaining viral suppression. In addition, the conduit or buddy will act as the social connector with each individual to ensure a decrease in their Social Disparity Index number that acts as an indicator of improved health, economics and social metrics; and
6. Expanding the aforementioned health and wellness paradigm as it relates to HIV and other illnesses to include interventions around economic empowerment. The initiatives will include encouraging and motivating private industries, non-profit organizations and government agencies that have a specific focus on technology to engage the black LGBT through not only workshops but more importantly with scholarships, internships and employment.

Over the last two decades, "Black Pride" became popular organizing tool nationwide because it provides a safe space for members of the black LGBT communities to come together to celebrate the duality of being both black (of varying descents) and members of LGBT communities. Historically, there is often very little room at the “traditional” community LGBT pride events to do so. Black LGBT communities celebrate at “Black Pride” events in the same spirit in which other ethnic Americans are encouraged to celebrate their heritage with parades and other ethnic festivals.

“Black Pride” has an added inherent cultural experience that is LGBT Afro-centered through poetry slams, film festivals, music, theater, fashion, literature, visual arts, etc. Furthermore, “Black Pride” has traditionally provided an opportunity for HIV/AIDS education, outreach and testing which has disproportionately impacted Black Gay Men and Black communities more than any other group in the US. In addition, information on LGBT issues (e.g. same sex marriage, Don’t Ask, Don’t Tell, ENDA), other health concerns (breast cancer, hypertension, heart disease, etc.) and critical issues (faith/spirituality, combating homophobia, domestic violence, adoption, health care reform, etc.) are disseminated to tens of thousands of people each year at “Black Prides” across the United States.

“Black Pride” has often been described as the gateway to the greater LGBT community experience for many black LGBT people. Rather than encouraging separation, “Black Pride” encourages awareness of self and community, respect, and dignity. This synergy has caused many attendees of “Black Pride” events to return to their homes to come out to friends, family and their communities. Attending events and seeing people who look like oneself with many of the same shared experiences, contributes to the paradigm of building stronger, healthier LGBT communities and is an effective way to combat homophobia and stigma in the black community and racism in the greater LGBT community along with overcoming the cultural, communal and institutional barriers created by -isms and phobias.

When “Pride in the City” closed in 2008, the black LGBT community suffered a tremendous loss. Hardest hit was the house ball community who, for the first time, was in the process of developing a partnership with a black gay agency in a manner that would have assisted them in developing a variety of administrative and management skills, and enhance their capacity to perform, advocate and grow linkages on their own, not simply existing as a subset of some other AIDS service entity.

Since then, primary HIV prevention is even more concentrated in organizations offering medical health and other related services. The proliferation of the “one-stop venue for messaging and treatment” approach

affected the black LGBT in profound ways. This model has:
• Moved prevention capacity out of black LGBT organizations and their community;
• Created a sense of non-ownership of HIV messaging and primary prevention services;
• Relegated the black LGBT community to the status of being clients and consumers of services rather than creators and partners in those services; and
• Limited input and unique approaches that are organic to the black LGBT community by disengaging a class of its membership that could have been volunteering their passion, resources and expertise in the task of HIV prevention and community building.

We, therefore, recommend the re-creation of this program that will provide access to the black LGBT community for the wider HIV medical and structural support services in a manner that will be beneficial and permanent for both. This proposal will not solely focus on the disease prevention model, but will imbed disease prevention within a broader sociocultural approach that will have mass appeal as shown previously in New York City from 2003-2007 and as it currently continues to have in over forty cities in this country.

| | |
|---|---|
| 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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |
| 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.<br>,<br>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.<br>,<br>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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| Q6: **Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | New program,<br><br>Other (please specify)<br>This is the re-creation and enhancement of a formerly effective program. |
| Q7: **Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Statutory change required,<br><br>Other (please specify)<br>Either an administrative or statutory change would be required to allow for the distribution of monetary incentives for first-time testers and for the provision of monetary incentives to get and keep folks on PrEP regimens and to reward behaviors such as keeping doctor appointments that go towards VLS. |

**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 recommendation benefits both the black LGBT community in NYS as it works to shift the paradigm surrounding health and wellness to include HIV prevention and care and it benefits institutions as they are finally able to provide medical and support services to a black LGBT population for which they have had tremendous difficulty in accessing.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

There are no concerns in implementation of this recommendation. The concern is in NOT implementing such a measure. We can no longer afford to do what we have been doing and expect that results will be any different in the arc of the curve.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

The cost would include such items as:
• Staffing
• Administrative Cost
• Statewide travel and Planning
• Media/Promotional/Advertising
• Branding/Brand Development
• Events Cost
• Incentives
• Data Collection and Evaluation

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

The estimated ROI will be calculated by the increased use of PEP and PrEP by those communities and distinct sub-populations across the New York that are most infected with and most at-risk for infection with HIV.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

NYS’s black LGBT community, organizations and institutions that provide direct medical, housing and support services

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

There will be a measurable increase in the number of black LBGT folks seeking testing and treatment, and accessing housing and social services. In addition, there will be an affirmative shift in the Social Disparity Index number for this group.

**Q15: This recommendation was submitted by one of the following**

Advocate,

Other (please specify)
The Black LGBT Alliance of NY Nathan Kerr, Board Chair, Black LGBT Alliance of New York Gary English, Executive Director, Black LGBT Alliance of New York Dr. Sheldon Applewhite, Board Secretary/Treasurer, Black LGBT Alliance of New York Bishop Zachary Jones, Unity Fellowship Church and Board Vice Chair, Black LGBT Alliance of New York & Ending the Epidemic Task Force Member Reginald Griggs, Board Member, Black LGBT Alliance of New York Gloria Searson, ACSW, Coalition on Positive Health Empowerment and Board Member, Black LGBT Alliance of New York Vaughn Taylor, Gay Men of African Decent and Board Member, Black LGBT Alliance of New York Bruce E. Smail, Mocha Center and Supporter, Black LGBT Alliance of New York & Ending the Epidemic Task Force Member Arthur Butler, Capital District African American Coalition on AIDS and Supporter, Black LGBT Alliance of New York Barbara Turner, Genesee Valley Gay & Lesbian Center and Supporter, Black LGBT Alliance of New York C. Virginia Fields, National Black Leadership Commission on AIDS, and Supporter, Black LGBT Alliance of New York & Ending the Epidemic Task Force Member Kelvin Leveille, Mailman School of Public Health, and Supporter, Black LGBT Alliance of New York & Ending the Epidemic Task Force Member Clarence Patton, Pipeline Consulting and Supporter, Black LGBT Alliance of New York Letitia James, NYC Public Advocate, and Supporter, Black LGBT Alliance of New York Corey Johnson, Health Chair, New York City Council and Supporter, Black LGBT Alliance of New York Gwen Carter, Independent Consultant and Supporter, Black LGBT Alliance of New York

**#282**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 12:57:50 PM
**Last Modified:** Wednesday, November 26, 2014 1:08:38 PM
**Time Spent:** 00:10:47
**IP Address:** 71.167.230.148

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Mark |
| Last Name | Harrington |
| Affiliation | Treatment Action Group |
| Email Address | mark.harrington@treatmentactiongroup.org |

**Q2: Title of your recommendation**

End preventable or premature mortality among people with HIV

**Q3: Please provide a description of your proposed recommendation**

End preventable or premature mortality among people with HIV by:
- conducting an annual match between the death registry (Vital Statistics) and HIV surveillance;
- clarifying whether HIV infection or comorbid conditions (viral hepatitis, drug use, mental illness, etc.) contributed to premature or preventable mortality;
- clarifying the diagnosis and care/out of care history of each death;
- implementing strategies to ensure all preventable and premature deaths are avoided by intensified linkage to and retention in care, treatment of all comorbid conditions (HBV, HCV, etc.);
- setting interim targets which accelerate the ongoing decline in deaths among people with HIV so that by 2020 there are zero preventable or premature deaths among them.

**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
,

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.<br>,<br>Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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)?** | Within the next three to six years |

**Q9: What are the perceived benefits of implementing this recommendation?**

AIDS will not be over until there are no new HIV transmissions/infections and no deaths from AIDS or preventable/premature deaths among people with HIV. This recommendation specifically targets the existing NYS "bending the curve" proposal in which mortality continues to decline steadily by proposing a mechanism to accelerate that decline to the lowest possible level by 2020 by better understanding, then intervening to prevent, all premature or preventable deaths among PLHIV.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

N/A

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Better matching of HIV and death registries, investigating unclear causes of death will require additional staff time and resources. Developing and implementing strategies to end premature or preventable deaths among PLHIV will entail wise investment of existing and new health care and supportive service resources.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Considerable savings will be obtained by ending premature or preventable deaths among PLHIV both for the individual, who will remain a productive member of society, for their families and communities, and for the State as a whole.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

PLHIV
Providers
Public health authorities

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Metrics to be developed by Data Committee

**Q15: This recommendation was submitted by one of the following**

Ending the Epidemic Task Force member,

Other (please specify)
Ad Hoc End of AIDS Community Gruop: 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

**#283**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 1:04:09 PM
**Last Modified:** Wednesday, November 26, 2014 1:13:01 PM
**Time Spent:** 00:08:52
**IP Address:** 70.208.85.149

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Nathan |
| Last Name | Kerr |
| Affiliation | The Black LGBT Alliance of New York |
| Email Address | blacklenz1@yahoo.com |

| | |
|---|---|
| **Q2: Title of your recommendation** | Creating a Social Disparities Index (SDI) for the Black LGBT Community |

**Q3: Please provide a description of your proposed recommendation**

We recommend the creation of a "Social Disparity Index" (SDI) for black LGBT persons in an effort to reduce the high incidence of HIV infection. The SDI will identify and weight each social determinant that serves as co-factors in creating a cluster of health, economic and social issues that act as barriers in the prevention of HIV.

The trajectory of the SDI could be as follows:
1. The SDI will be used to assess the disparities that exist during the first point of contact with an individual either prior to HIV testing or at the point of administering the intake and testing;
2. Once the SDI is established it serves as an evaluation tool for the progress of the individual by measuring the reduction of disparities experienced by that person evidenced by an increase or decrease of that number; and
3. When the Social Disparity Index (SDI) is aggregated, its finding can be used to determine policy, programs and funding resources for a particular issue or group of issues that increase disparities thereby affecting health and wellness outcomes.

As noted in a report by the National Minority AIDS Council (NMAC) that was funded in 2014 through the Ford Foundation:

"For black gay and bisexual men, the HIV/AIDS epidemic is predominantly characterized by social, political and economic challenges that contributes to a heightened vulnerability for HIV infection. These challenges also referred to as social determinants - impact the trajectory of for an individual's education, employment, housing security, health outcomes and intrapersonal quality of life".

Many recent studies have tried to explain the higher HIV infection rates in the black LGBT community, even though "risk behaviors" like sex without condoms and intravenous drug use, mirrors, or in some cases are lower than,  their counterparts in the white LGBT community.

Dr. Perry Halkitis evidences "HIV cannot be considered in isolation. The HIV epidemic is inextricably tied to other health and social conditions, including, but not limited to psychological co-morbidities , substance abuse, poverty and discrimination. It has been posited that HIV and other health problems overlap and "fuel" each other and create a mutually reinforcing cluster of epidemics, known as a syndemics, that results in a higher rate of HIV and AIDS."

**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
,

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
,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | New policy,<br><br>Other (please specify)<br>This recommendation would require a change/addition in the information collected through current data collection processes and would also require a cohesive merging of data already collected so that the output is uniform. |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

The benefits include assessment of black LGBT individuals entering the cascade of care and measuring the effectiveness of bio-medical and structural and social interventions while comparing compliance/progress in using PrEP, remaining negative,  or measuring the level of viral suppression.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

The only concern is getting this up and running fairly quickly as this will provide a tool of measurement by which the goal of ending the epidemic in the black LGBT community may be assessed. A barrier might be the willingness of various government agencies to quickly collaborate in this endeavor.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

The cost to develop this SDI should be spread across multiple state agencies to include the Department of Health, the Office of Temporary and Disability Assistance, the Department of Labor, the Department of Education, the Department of Mental Health, the Office of Alcohol and Substance Abuse, the State Division of Human Rights, and the Department of Correctional Services.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

As the development of a SDI will not only assist the community in the creation of effective policies and programs that will work to the benefit of NYS's black LGBT community, (most especially in the house ball and transgender communities), this tool will also assist government agencies to better tailor the programs they develop and direct resources to those in greatest need. Bringing about better health outcomes for this community will lower the overall (and higher) cost to the state that is incurred by a marginalized and unhealthy community.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

The stakeholders include all members of the black LGBT community especially those experiencing heightened social and economic disparities that present barriers to intrapersonal stability that impacts their health. Another group of stakeholders include government and other community-based service providers in establishing funding and programmatic priorities.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

This recommendation has the possibility to enhance data gathering for the most affected populations at-risk for HIV infections and can and should be adopted with minimal modifications to serve other marginalized communities. The possibility of also linking this new database with other existing health and economic indices will broaden the interpretational value of the results. Most indicators of disparities measure community-wide fluctuations. This SDI will also measure individual progress in an attempt to tailor resource on that individual

**Q15: This recommendation was submitted by one of the following**

Advocate,

Other (please specify)
The Black LGBT Alliance of NY Nathan Kerr, Board Chair, Black LGBT Alliance of New York Gary English, Executive Director, Black LGBT Alliance of New York Dr. Sheldon Applewhite, Board Secretary/Treasurer, Black LGBT Alliance of New York Bishop Zachary Jones, Unity Fellowship Church and Board Vice Chair, Black LGBT Alliance of New York & Ending the Epidemic Task Force Member Reginald Griggs, Board Member, Black LGBT Alliance of New York Gloria Searson, ACSW, Coalition on Positive Health Empowerment and Board Member, Black LGBT Alliance of New York Vaughn Taylor, Gay Men of African Decent and Board Member, Black LGBT Alliance of New York Bruce E. Smail, Mocha Center and Supporter, Black LGBT Alliance of New York & Ending the Epidemic Task Force Member Arthur Butler, Capital District African American Coalition on AIDS and Supporter, Black LGBT Alliance of New York Barbara Turner, Genesee Valley Gay & Lesbian Center and Supporter, Black LGBT Alliance of New York C. Virginia Fields, National Black Leadership Commission on AIDS, and Supporter, Black LGBT Alliance of New York & Ending the Epidemic Task Force Member Kelvin Leveille, Mailman School of Public Health, and Supporter, Black LGBT Alliance of New York & Ending the Epidemic Task Force Member Clarence Patton, Pipeline Consulting and Supporter, Black LGBT Alliance of New York Letitia James, NYC Public Advocate, and Supporter, Black LGBT Alliance of New York Corey Johnson, Health Chair, New York City Council and Supporter, Black LGBT Alliance of New York Gwen Carter, Independent Consultant and Supporter, Black LGBT Alliance of New York

**#284**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 12:34:35 PM
**Last Modified:** Wednesday, November 26, 2014 1:19:22 PM
**Time Spent:** 00:44:46
**IP Address:** 72.89.29.196

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Janet |
| Last Name | Goldberg |
| Affiliation | The Brooklyn Hospital Center PATH Center |
| Email Address | jag9088@nyp.org |

**Q2: Title of your recommendation**

Retention and Support

**Q3: Please provide a description of your proposed recommendation**

Further support and retention of those identified as HIV-positive is necessary to maximize virus suppression. Targeted case management, which became health homes, was one way to support continued retention. It has been an essential component to provide intensive case management and support services to those with multiple needs. Many agencies, particularly those without intensive case management on-site, have relied on the COBRA/targeted case management providers which are usually community-based organizations. This model of support/care was reduced to a less intensive model when it moved to health homes, and will be further eroded when the rates are reduced. The intensive case management that was once available through Targeted/COBRA Case Management cannot be sustained through the upcoming health home rate reductions (currently scheduled for April 2015). .

**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

,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **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.<br>,<br>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?** | 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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

Patients/clients will continue to have intensive case management services which have provided entitlement, housing and other essential service access.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Need better outcome measurements for health home service delivery, to determine best practices, and sustainable financial models.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Not Available.

| | |
|---|---|
| **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?**

HIV-positive individuals
Clinical providers who will have patients with housing, food, entitlements, etc., to enable them to focus on visits and medication adherence.

| | |
|---|---|
| **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) Health Care Director |

**#285**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 1:10:08 PM
**Last Modified:** Wednesday, November 26, 2014 1:20:02 PM
**Time Spent:** 00:09:53
**IP Address:** 71.167.230.148

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Mark |
| Last Name | Harrington |
| Affiliation | Treatment Action Group |
| Email Address | mark.harrington@treatmentactiongroup.org |

**Q2: Title of your recommendation**

Conduct at least three statewide HIV prevalence surveys between 2016-2020 to measure the baseline, interim, and final results of the Plan

**Q3: Please provide a description of your proposed recommendation**

Conduct at least three statewide HIV prevalence surveys between 2016-2020 to measure the effects of the Plan.

1. Conduct an initial HIV prevalence survey at as many emergency departments as possible in NYC + NYS (NYC is already planning this) in 2016 to determine the number of people living with HIV in NYS, to set a baseline prevalence number for the Plan, and to drive the development of strategies to better ensure all people with HIV are diagnosed, linked to, and retained in care.
2. Conduct a broader HIV prevalence survey in 2018 including emergency departments, STI clinics, correctional facilities, and other places where people live and/or seek health services to broaden and deepen the understanding of HIV prevalence in NYS, including among key populations, and measure progress towards achieving the Plan goals.
3. Conduct the broadest possible HIV prevalence survey in 2020 to measure the state of the epidemic in NYS after six years of Plan implementation and to set the groundwork for the following decade of keeping HIV/AIDS at or below elimination thresholds.

**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

,

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)** | Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

Regular and more in-depth prevalence surveys will help to guide resource investments and interventions and are required to measure Plan baseline, interim progress, and final results.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Current HIV prevalence estimates are based on a single-emergency department study from the Bronx.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

The routine HIV testing legislation should be implemented anyway, but many ED staff have reported that the fact that this requirement is an "unfunded mandate" deters full implementation. NYS must take steps to ensure that the existing legislation is fully implemented, consider whether reimbursement is needed to help assure this, and provide resources to carry out the biannual prevalence surveys.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Unknown at this time.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

PLHIV
People at risk for HIV
Affected communities
Providers
Insurers
Public health officials
CBOs
ASOs

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Public education campaigns would help to drive demand for these data and to ensure that the maximum number of people participate in the prevalence surveys.

**Q15: This recommendation was submitted by one of the following**

Ending the Epidemic Task Force member,

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

**#286**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 1:22:05 PM
**Last Modified:** Wednesday, November 26, 2014 1:29:41 PM
**Time Spent:** 00:07:35
**IP Address:** 50.75.254.26

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Natalia |
| Last Name | Aristizabal |
| Affiliation | Lead Organizer |
| Email Address | Natalia.aristizabal@maketheroadny.org |

| | |
|---|---|
| **Q2: Title of your recommendation** | Ensuring Access to Condoms by Adopting a Comprehensive Ban on the Use of Condoms as Evidence in All Prostitution and Trafficking-Related Offenses |

**Q3: Please provide a description of your proposed recommendation**

The Access to Condoms Coalition recommends a comprehensive ban on the confiscation and citation of possession or presence of condoms as evidence of prostitution and trafficking-related offenses across New York State, in recognition of the vital role of condom access toward the goal of ending the AIDS epidemic in New York State by 2020.
Current law permits possession or presence of condoms as evidence of prostitution and trafficking-related offenses. Police can confiscate condoms at will, and the fact that a person is carrying condoms can be used as a basis for a stop and frisk, arrest, prosecution, and even eviction. As a result, individuals are discouraged from carrying condoms, undermining state efforts to prevent the spread of HIV, unwanted pregnancies and STIs.
It is critical that a statutory ban is “comprehensive:” specifically, that is categorically precludes the vouchering of condoms as evidence in all prostitution-related cases, and that it does not apply only to some offenses and not others. Coalition members are particularly committed to ensuring condom access for New Yorkers who are especially vulnerable to exploitation, such as those who are trafficked or forced into sex trading through other means. The use of condoms as evidence in cases of sex trafficking, pimping, promoting, and patronizing creates a perverse incentive for traffickers and pimps to deny condom access to those they are exploiting. Continuing to confiscate, cite and introduce condoms as evidence of intent to engage in trafficking offenses in effect dis-incentivizes exactly what we want to happen, which is that vulnerable people have one last line of defense in situations of exploitation.

Allowing condoms to be used as evidence of intent to engage in any prostitution-related offense undermines our efforts to promote safe sex practices in our communities. It is well settled that policing of prostitution disproportionately and negatively impacts low-income women and LGBTQ people and communities of color where New Yorkers are or are profiled as trading sex for economic survival. This fact makes the practice of vouchering condoms as evidence doubly harmful; the communities who are most in need of scaled-up access to condoms are precisely those who are being policed for carrying them.

The vouchering of condoms as evidence has a high cost for outreach workers, as well. Anything less than a comprehensive ban on condoms as evidence prevents outreach workers in our communities from being stopped and harassed by police for distributing condoms in “high-crime” areas most in need of condom distribution. The adoption of a ban that is anything less than comprehensive would also undermine the hard work of outreach and “know your rights” education. It would be an impossible task for an outreach worker to explain to a person they reach on the stroll that a condom cannot be used as evidence of a misdemeanor or violation, but can be used to prove they are promoting prostitution of trafficking a minor. The End AIDS Task Force must back the unequivocal promotion of condom possession as a public good. As long as condoms carry weight in criminal proceedings, people who engage in sex trading, either by force, for survival or by choice, will have questions about whether condoms can be used against them. This is especially true amongst people under the age of 18 whose involvement in the sex trade is deemed by law to constitute sex trafficking.

As such, we urge the Taskforce to move forward on a wholesale ban on the use of condoms as evidence in prostitution and trafficking-related offenses - especially offenses related to patronizing a minor, sex trafficking, pimping, promoting and all other forms of non-consensual sex trade – by amending the Criminal Procedure Law and Civil Practice Law and Rules to prohibit evidentiary use of condoms as probable cause for arrest, and in legal proceedings related to prostitution and trafficking offenses.

We know that there is no partway solution to this issue. There is no compromise on public health. For the purposes of public safety, we need a wholesale decriminalization of condoms that is consistent across the State and inclusive of all prostitution and trafficking-related offenses.

**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)**

Other (please specify) Prevention

| | |
|---|---|
| Q5: **This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | 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 policy |
| 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?**

The benefits of this recommendation are the assurance that fears of police harassment and arrest will no longer be a barrier for individuals to prevent the spread of HIV/AIDS by carrying condoms as well as distributing condoms. It will empower sex workers to use condoms with all of their clients, encourage sex traffickers and pimps to provide condoms to victims of exploitation and allow outreach workers to unequivocally promote condom use amongst everyone they serve. Since condoms are the most fundamental public health tool in preventing sexual transmission of HIV, this policy will have broad implications in ending AIDS by 2020.
Affected populations will also benefit from lower risk of involvement with the criminal justice system and reduced exposure to the collateral consequences of those interactions. It is well established that state-involvement increases health harms, and especially risk of HIV transmission as a result of poor access to health care while incarcerated and the burden of a criminal conviction after release.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

The Coalition, which includes anti-trafficking organizations and service providers working with the vast majority of survivors of trafficking in New York State, is extremely concerned that the adoption of any policy that excludes certain offenses rather than adopting a wholesale ban on condom as evidence would worsen rather than improve the situation of trafficking victims. The NYPD and several local District Attorneys have recently introduced policies that will stop the use of condoms as evidence in limited number of prostitution-related offenses, while continuing to allow the practice in over thirteen New York Penal Law offenses and civil proceedings. While these new policies show evolved thinking on this issue, they also further highlight the need for a comprehensive statewide solution. Limited bans on the use of condoms as evidence may have the opposite impact by incentivizing police to "charge up" in cases where condoms are confiscated in order to introduce them as evidence, and will do nothing to dispel the stigma and fear of prosecution associated with carrying condoms. Therefore, there is an urgent need for New York State to institute a complete ban on condom in criminal proceedings, with a special emphasis on protecting the most vulnerable populations.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

If approved, this recommendation will result in significant cost-savings since the current practice of confiscating condoms takes condoms off the street and out of commission, at the cost of New York State and municipal health agencies.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

It is anticipated that these measures will reduce public health costs due to increased prevention of HIV transmission and eliminating costs associated with the confiscation of condoms that are distributed by public health agencies with the use of public funds, and reduce costs to public safety, courts, and corrections due to reduction in the frequency and extent of law enforcement and criminal justice system interactions with at-risk individuals.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Beyond the broad public benefits, the individuals who are most likely to benefit, and who are likely to benefit most significantly are members of vulnerable populations who are at highest risk for both HIV infection and criminalization including sex workers, people forced into the sex trade, as well as women of color, LGBTQ, gender non-conforming, low-income and/or street homeless people who are profiled by law enforcement because they are suspected of engaging in sex work.

| | |
|---|---|
| **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 |

**#287**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 1:24:48 PM
**Last Modified:** Wednesday, November 26, 2014 1:30:57 PM
**Time Spent:** 00:06:09
**IP Address:** 64.61.84.122

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Carmelita |
| Last Name | Cruz |
| Affiliation | Housing Works |
| Email Address | c.cruz1@housingworks.org |

**Q2: Title of your recommendation**

Build networks of service providers and consumers statewide to monitor progress towards goals and re-establish regional relationships between consumers and providers

**Q3: Please provide a description of your proposed recommendation**

NYS was previously separated into various Ryan White Network regions and each region had its own work groups dedicated to community care and programming for those service providers receiving Ryan White funding. These networks provided a vehicle to support communication between both service providers and consumers of those services in each region. Through this open communication, many issues were addressed to increase the availability and the quality of services provided.

NYS DOH should create separate the state into regions, already established from the Ryan White Networks, and encourage those regions to set-up work groups composed of service providers and consumers. The goal of these groups would be to monitor progress towards the goals set by the Task Force, re-establish relationships between service providers and consumers and provide consumers a voice in this process and a role towards achieving an AIDS-Free NY by 2020. Absent enhanced consumer involvement, the goals of reducing new HIV infections and deaths attributable to AIDS will not be achieved.

**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
,

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)** | 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?** | 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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

Enhanced communication between service providers and consumers, which is essential to meet the goals to end the AIDS epidemic in NY. Partnerships between regional service providers and consumers will allow for tracking of the goals set by the Task Force. Consumer involvement in program development and tracking ensures that the needs of people living with HIV/AIDS in each region are addressed by people living in that specific region. No one policy or program will meet the needs of all New Yorker's because of the differences in each of our communities statewide.

Reintroducing consumer involvement into HIV/AIDS care in New York also provides leadership opportunities for people living HIV/AIDS to become their own advocates and advocate for the rights of other members of their community.

**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?**

The cost of implementing this program will depend upon the amount of work the Dept of Health would expect from its members. However, costs would probably be similar to the cost of the Ryan White Networks.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Better health care and health outcomes for people living with HIV/AIDS. A method for constant tracking of the goals set by the Task Force. Consumer involvement in program development in each region to ensure that programming meets the needs of the people in each region.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

People living with HIV/AIDS. Service providers statewide. NYS DOH/AIDS Institute.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Once goals are set, guidelines and methods of tracking progress should be developed. NYS DOH AI staff should be assigned to work with each region to ensure that the groups established have all of the necessary information needed to function effectively as well as a method by which these groups can impact funding/programming for things that are or aren't working in each region through a needs assessment/program assessment each year.

**Q15: This recommendation was submitted by one of the following** Advocate

**#288**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 1:24:18 PM
**Last Modified:** Wednesday, November 26, 2014 1:33:52 PM
**Time Spent:** 00:09:34
**IP Address:** 71.167.230.148

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Mark |
| Last Name | Harrington |
| Affiliation | Treatment Action Group |
| Email Address | mark.harrington@treatmentactiongroup.org |

**Q2: Title of your recommendation**

Mandate that all providers contribute accurate and timely data to NYS HIV surveillance and HIVQUAL programs

**Q3: Please provide a description of your proposed recommendation**

Mandate that all providers -- including Medicare, Medicaid, Medicaid managed care, ADAP-funded providers, private insurers, independent physicians, DOCCS, OASAS, OMH, local jail systems, and Central Booking -- provide the NYS DOH with accurate and timely HIV surveillance, laboratory, continuum of care, vital statistics, and HIVQUAL data to ensure that the NYS DOH can accurately and in a timely fashion monitor the quality of all HIV prevention, care, and supportive services programs in NYS.

**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

,

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

,

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

| | |
|---|---|
| **Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)** | Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?** | New policy |
| **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?**

Currently NYS DOH lacks access to accurate and timely HIV surveillance and HIV care quality information from many providers and jurisdictions, including private insurers, independent physicians, DOCCS, OASAS, OMH, local jail systems, and Central Booking, thus impeding its ability to monitor and continuously improve the quality of HIV surveillance and care quality. Reporting by all providers would ensure NYS has the ability to monitor and continuously improve HIV surveillance, care quality, and supportive services for all New Yorkers at risk of or living with HIV.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

After 33 years of the worst HIV epidemic in the United States, NYS is now embarking on an unprecedented effort to end HIV/AIDS as an epidemic by 2020. This will require all providers and jurisdictions to provide NYS DOH with accurate, timely, and complete HIV surveillance and care quality data every year starting with 2016. NYS DOH must be fully resourced to carry out and analyze these data, and if there are legal or regulatory changes required, they must be legislated and changed in 2016.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Unknown

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

More accurate and complete data on HIV surveillance and care quality will ensure better outcomes for all New Yorkers, maximizing the health care and economic savings provided by the Plan, and will ensure healthier individuals and communities statewide.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

PLHIV
People at risk for HIV
Providers
Insurers
Public health officials
Correctional clients + staff
Mental health clients + providers
Substance use clients + providers
ASOs
CBOs

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

High level endorsement by the Governor would be essential to assure that all NYS departments and jurisdictions comply with this measure to achieve the Plan's goals.

Legislative changes may be necessary.

**Q15: This recommendation was submitted by one of the following**

Ending the Epidemic Task Force member,

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

**#289**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 1:20:13 PM
**Last Modified:** Wednesday, November 26, 2014 1:36:38 PM
**Time Spent:** 00:16:24
**IP Address:** 72.89.29.196

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Janet |
| Last Name | Goldberg |
| Affiliation | The Brooklyn Hospital Center PATH Center |
| Email Address | ja9088@nyp.org |

**Q2: Title of your recommendation** — Linkage, Retention and Support

**Q3: Please provide a description of your proposed recommendation**

Provide continued support for outreach specialists and navigators through smaller community based agencies. These agencies provide a unique role in the ability to identify HIV-positive individuals, those not yet linked to care, or those who have fallen out of care. They are specialists in finding and supporting those who are the most difficult to reach. This service structure often relies on grant funding, as there is not currently a medicaid or revenue stream for providing these services. The grant support for these services needs to be maintained or increased to previous levels. It has been reduced as it is readily assumed that the Health Home, DSRIP and other upcoming models (mostly targeted to the Medicaid population) will be/have been able to provide this type of service.

DSRIP will hopefully provide additional venues for Navigators and Outreach Specialists through the PPS, however, this should be in addition to the community-based services that are currently available – not as a replacement. The smaller community-based agencies are not part of the PPS due to their size and being outside of the Medicaid system (serving those not yet engaged).

These agencies may also be an important part of facilitating access to PrEP for those who are high risk and test HIV-negative. PrEP information needs to be available for those who test -- for those who are positive to share with their negative partners, and for those who are negative and at high-risk for HIV.

| | |
|---|---|
| **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<br>,<br>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<br>,<br>Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative |

| | |
|---|---|
| **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.<br>,<br><br>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.<br>,<br><br>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?** | 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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

We will maintain and increase our strong network for identifying, engaging and retaining those hardest to reach in care. This will help to increase those engaged in care and reduce community viral load, and HIV transmission.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

No.

| | |
|---|---|
| **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?**

HIV positive people who will identify HIV earlier in disease progression.
Reduction in community viral load.
Additional support for clinical staff to support patients/clients in remaining engaged in care.

| | |
|---|---|
| **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) Health Care Director |

**#290**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 1:34:20 PM
**Last Modified:** Wednesday, November 26, 2014 1:41:24 PM
**Time Spent:** 00:07:03
**IP Address:** 71.167.230.148

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Mark |
| Last Name | Harrington |
| Affiliation | Treatment Action Group |
| Email Address | mark.harrington@treatmentactiongroup.org |

**Q2: Title of your recommendation**

Develop and implement indicators for living well, including housing, employment, job opportunities, transportation, stigma, and discrimination

**Q3: Please provide a description of your proposed recommendation**

NYS should develop and implement indicators for HIV-positive persons living well, including housing, employment, vocational opportunity, transportation, stigma, and discrimination
- Housing, employment, vocational opportunity and transportation could potentially be included in the HIVQUAL metrics
- Measurements of stigma and discrimination should measure these indicators among providers, the general population, people at risk for HIV, and PLHIV.

**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

,

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)** | Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs. |
| **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 policy |
| **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)?** | Within the next year |

**Q9: What are the perceived benefits of implementing this recommendation?**

Ensuring that all high-risk individuals and those living with HIV have access to high-quality and affordable housing, transportation, and are able to be employed or have meaningful vocational opportunity will be essential to assuring HIV-negative persons remain negative and to ensuring that HIV-positive persons are able to be retained successfully in care.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Data Committee should determine specific indicators for each area.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Unknown

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Unknown

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

PLHIV
People at risk for HIV
Providers
Insurers
Public health officials
ASOs
CBOs

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Data Committee to determine.

**Q15: This recommendation was submitted by one of the following**

Ending the Epidemic Task Force member,

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

**#291**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 1:24:02 PM
**Last Modified:** Wednesday, November 26, 2014 1:56:25 PM
**Time Spent:** 00:32:23
**IP Address:** 184.75.87.202

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Virginia |
| Last Name | Shubert |
| Affiliation | Shubert Botein Policy Associates |
| Email Address | gshubert@shubertbotein.com |

**Q2: Title of your recommendation**

Affordable housing protection as a bridge to work for people with HIV.

**Q3: Please provide a description of your proposed recommendation**

For people with HIV/AIDS (PWH) who rely on rental assistance funded by NYS and local social service districts to live independently, returning to full or part-time work poses a direct threat to their housing stability. For those wishing to return to work, fear of losing essential housing support has been repeatedly cited as a barrier. Residents of supportive housing, however, are currently able to earn up to $36,000 (in NYC) and remain housed as long as they contribute 30% of their income towards the cost of their housing. The 30% rent cap affordable housing protection available in NYC to persons with income from disability benefits provides an excellent model for a housing "bridge" to work. The recommendation is to expand eligibility for the affordable housing protection to PHW who are receiving publicly funded rental assistance (typically through the HIV enhanced rental assistance program) who return to work and have $36,000 or less in annual earned income. PWH taking advantage of this program to return to work would pay 30% of their income towards rent.

**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)** | 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?** | Unknown |
| **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?**

Facilitating employment among PWH who currently rely on public assistance or disability benefits while sustaining the housing stability necessary to benefit from HIV treatment and move to greater independence. The program would also remove an existing disincentive for PWH to move out of supportive housing to independent living, freeing supported units for those with more complex needs.

| | |
|---|---|
| **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?**

The program would continue and existing benefit for persons moving on to work, so is not an added expense.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Facilitating return to the workforce and eventually ending reliance of publicly funded benefits.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

PWH who would like to return to work.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

# of persons receiving rental assistance who have earned income

**Q15: This recommendation was submitted by one of the following**

Advocate

**#292**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 1:29:51 PM
**Last Modified:** Wednesday, November 26, 2014 1:56:31 PM
**Time Spent:** 00:26:39
**IP Address:** 74.73.8.241

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Jeton |
| Last Name | Ademaj |
| Affiliation | ACT UP New York |
| Email Address | jetoni@gmail.com |

**Q2: Title of your recommendation**

"Provable Undetectability: Incentivizing Treatment Adherence and Defanging Stigma by making viral suppression confirmable to 3rd parties"

**Q3: Please provide a description of your proposed recommendation**

my own primary motivation in achieving "consistently undetectable viral load" through elite medication adherence was in gaining the ability to forthrightly declare that achievement to strangers, so that they would be less likely to categorically reject me.

Treatment as Prevention remains a theoretical construct to those at risk of HIV infection. there is presently no way to know who is telling the truth in regards to their own claimed viral suppression. Thus, they simply choose to serosort based on verbal claims, and in areas of both high HIV prevalence and high HIV stigma, that will often increase their own risk and embarrass and alienate them from testing. further still, that internalized stigma makes treatment uptake and treatment adherence each less likely, and less successful when attempted.

the idea is simply a piecemeal form of "secure portable digital healthcare records", but it is one with much of the necessary underlying infrastructure already in place. creating opt-in, voluntary mirrors of official state health records would allow individuals to either privately or publicly advertise secure versions of their testing records. my interviews with almost 200 men who have sex with men has indicated that such a system is desirable if it can be trusted, and the only entity at all that is regarded as both competent and fearsome enough to discourage fraud is State and Federal government.

objections voiced to this idea have been based on feared abuse of government power, and feared "erosion of the condom culture".

however, the remaining menu of incentives for treatment adherence is quite sparse: comic books about "undetectability", social media campaigns declaring "stigma bad", and nominal cash payments to HIV+ people to bribe them into adherence present more limited potential for encouraging success and defusing stigma.

| | |
|---|---|
| **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<br>,<br>Other (please specify)<br>the bulk of the HIV prevention paradigm marketed to people at risk for 30 years is based on systematic distrust of HIV positive individuals. attempts to frame or direct that mistrust only to those who are not aware of their own HIV infection have failed to limit the reflex of the wider society to subconsciously distrust all HIV+ people. stigma and criminalization quickly followed, and continue to intensify. destigmatizing HIV in a self-propagating manner, using the inherent mechanics of courtship and sexual attraction to propel forward a wider appreciation of biomedical risk reduction, is an entirely unexplored way to triangulate between stigma, prevention and treatment. |

**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,

Other (please specify)
legal consultation is needed to determine if the current names-based reporting legislation requires a tweak to allow the creation of voluntary, opt-in mirrors of current NYS DOH records pairing names and viral load counts. technical consultation is needed to determine infrastructure and implementation requirements.

| | |
|---|---|
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| **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?**

trust, adherence, reduced infectiousness.

| | |
|---|---|
| **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?**

all infected and all at risk of same.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

please contact me.

| | |
|---|---|
| **Q15: This recommendation was submitted by one of the following** | Advocate |

**#293**

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 1:44:01 PM
**Last Modified:** Wednesday, November 26, 2014 1:58:50 PM
**Time Spent:** 00:14:49
**IP Address:** 128.151.71.16

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Julie |
| Last Name | Miller |
| Affiliation | University of Rochester Medical Center |
| Email Address | julie_miller@urmc.rochester.edu |

**Q2: Title of your recommendation**

Hospital discharge issues

**Q3: Please provide a description of your proposed recommendation**

As a social worker who works both inpatient and outpatient with PLWHIV it can be difficult to find good housing options. Sometimes patients are homeless, often as a result of mental illness, substance use and they come to us quite ill. They get better in the hospital and when it is time for discharge housing options are few, shelters are often not appropriate, but they do not have the money to get an apt right away. Would love to see Monroe County as a mandated locality for the State Enhanced Rental Assistance Program. Monroe County is not an expensive as downstate, but it is not easy to find safe housing that someone on SSI or is low income can afford. Stable housing is key in keeping people out of the hospital as they are easy to locate to provide services

We would welcome more options for "respite care" for after discharge when pt's are too healthy for an SNF, but need some low level care before they can be independent in their own housing. We see patients who have shaky discharges come back again to the hospital because of poor housing options.

**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)** | 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 policy |
| **Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** | Unknown |
| **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)?** | Unknown |

**Q9: What are the perceived benefits of implementing this recommendation?**

Better LTC and fewer hospitalizations which would be cheaper and PLWHIV would have a higher quality of life.

| | |
|---|---|
| **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?** | *Respondent skipped this question* |
| **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 |

#294

**COMPLETE**

**Collector:** Web Link (Web Link)
**Started:** Wednesday, November 26, 2014 12:41:31 PM
**Last Modified:** Wednesday, November 26, 2014 2:00:38 PM
**Time Spent:** 01:19:06
**IP Address:** 74.72.229.152

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

| | |
|---|---|
| First Name | Mark |
| Last Name | Misrok |
| Affiliation | National Working Positive Coalition |
| Email Address | markmisrok@gmail.com |

**Q2: Title of your recommendation** — Expand Availability of Certified Benefits Advisement

**Q3: Please provide a description of your proposed recommendation**

People living with HIV/AIDS and HIV service providers share inadequate access to accurate, current, comprehensive and individualized information about public benefits to intervene in income instability and inadequate access to health care and treatment, as well as the potential for increasing economic security, independence and community inclusion through employment. Increased availability of certified benefits advisement is needed to increase income, health care, treatment and housing stability for people living with HIV/AIDS (PLWHA), and prevent decrease of income, health care, treatment and housing stability for PLWHA entering/reentering employment.

An initiative to develop a statewide network of certified benefits advisors would address these needs and barriers by: 1) wide-spread, intensive training of service providers; 2) small class instruction and individualized counseling for PLWHA (including web-based benefits advisement for those without transportation, or otherwise unable to access on-location services) 3) establishing a cadre of experts to act as a continuing resource throughout the HIV services network and 4) starting an efficient infrastructure by which these experts can interact and cooperatively co-mentor their knowledge and practice.

Certified benefits specialists can directly assist people living with HIV for well-informed decisions about transitions to work and eligibility for economic and health care stability programs. Service providers lack and need training on benefits programs and policies to support well-informed decision-making of PLWHA and increase engagement and retention in care, initiation and adherence to antiretroviral therapy, and increased viral suppression. Accurate, individualized and accessible information about benefits program eligibility and work incentive programs is needed for PLWHA to make well-informed decisions about transitions to work, eligibility for income replacement, health insurance, medication access, subsidized housing, and other health and economic stability programs.
The belief that becoming employed will cause an individual to forfeit benefits is widespread among individuals, families and providers. The complexity of the system and the lack of accurate, current training about benefits and entitlements and their relationship to employment intensify this misunderstanding. Contributing to this barrier is the widespread lack of knowledge and the difficulty of providers maintaining current information for individuals to turn to regarding this in-depth area. Current training offers limited information on benefits counseling. The complexity of this issue also makes it difficult to maintain expertise without regular practice. There is inadequate availability of benefits advisors mandated to serve all disability communities across the

There is inadequate availability of benefits advisors mandated to serve all disability communities across the state, and they are not equipped with comprehensive, current information about HIV care, treatment, services and programs, or trained to deliver culturally competent services to effectively engage and serve many communities disproportionately impacted by HIV infection and health disparities.
Research data shows that high percentages of PLWHA experience job loss following diagnosis, and also that the longer individuals are out of the workforce, the less likelihood that they successfully enter/reenter employment Current participants in Social Security Administration disability programs (SSI, SSDI, Ticket to Work) who consider employment are confronted with complex, hard to understand transition-to-work policies and work incentive programs. Few HIV supportive services practitioners are knowledgeable about these policies and programs, or able to provide individualized accurate benefits advisement.

Fear of losing benefits and inability to consider employment with an understanding of expectable stability or changes in benefits contributes powerfully to high rates of unemployment among PLWHA. Others implement transitions to work without the benefit of knowing if or what changes to critical resources may happen, risking negative and unexpected changes to their economic stability, access to health care and medications, and other supports.

Few agencies currently have on staff certified benefits specialists, with inadequate staffing in relationship to client population and needs. Availability of these specialists in the broader services community is largely limited to SSA's Work Incentive Planning and Assistance (WIPA) program, with inadequate number and accessibility of these providers, funded to serve all individuals with disabilities.

HIV service providers who are under-informed about benefits programs, work incentives and transition-to-work policies will be less likely to encourage or will actively discourage consideration of employment and transitions to work by PLWHA. Individuals living with HIV participating in financial, health care or housing support programs will avoid change related to employment status when accurate, individualized information is unavailable or inaccessible for their decisions about working.

Those proceeding into employment without planning these transitions risk falling out of care, losing access to medications and being assessed overpayments of SSI/SSDI. Those avoiding employment due to inadequate or inaccurate information lose opportunities to improve their benefits and economic status, as well as vocational development.

"The fear of losing Medicaid and/or Medicare is one of the greatest barriers keeping individuals with disabilities from maximizing their employment, earnings potential, and independence. For many Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) beneficiaries, the risk of losing health care through work activity can be a greater work disincentive than the risk of losing cash benefits through work activity." (Cornell 2010).

| | |
|---|---|
| **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.<br>,<br>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 |
| **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?**

It is critical that both providers and people living with HIV/AIDS understand the interplay of work earnings on benefits and entitlements, and the ability of SSI/SSDI, Medicaid/Medicare and HOPWA/Section 8 and SHP participants to work while retaining access to health insurance coverage. The proposed program will generate "benefits practitioners" with comprehensive and in-depth understanding of benefits and Medicaid/Medicare programs, and mentor them to stay current with this specialized knowledge. Employed individuals will become taxpayers and contribute to the economy. They will have the opportunity to experience the positive impact of employment on self-worth and self-esteem. The program will allow unemployed/underemployed persons living with HIV increased and more meaningful assimilation into their communities, reducing dependence on public programs and resources.

| | |
|---|---|
| **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 living with HIV/AIDS
HIV Service Providers

| | |
|---|---|
| **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)<br>ETE Advisor; Advocate; Consumer |