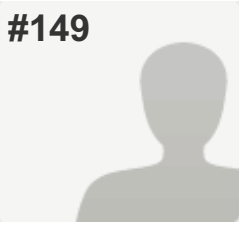


Ending the Epidemic Task Force Recommendation Form

#149



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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.

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Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)

Identifying persons with HIV who remain undiagnosed and linking them to health care

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Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission

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

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Unknown,

Other (please specify)

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.

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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.

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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

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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

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,
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,
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 failure before you even start.

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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, scarping 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, or 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