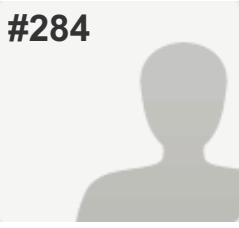


Ending the Epidemic Task Force Recommendation Form

#284



COMPLETE

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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

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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.

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.

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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