

**Ending the Epidemic Task Force
Committee Recommendation
CR14**

Recommendation Title: Linkage to Care for Newly Diagnosed and Previously Diagnosed but Lost to Care High Risk Patients

- 1. For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? 1 and 2**

- 2. Proposed Recommendation:** This recommendation targets high risk populations, such as young men who have sex with men (YMSM), MSM, lesbian, gay, bisexual, or questioning (LGBTQ) youth, women of color, transgender persons, and people recently released from incarceration with HIV testing and linkage to care services. These high risk populations may not be reached through the “HIV One Stop” service model in community settings, and increases opportunities for persons from high risk populations to obtain culturally competent HIV services that overcome unique barriers to testing and care engagement. It also ensures that patients in transition from state institutions/ facilities, including but not limited to persons released from incarceration, are appropriately linked to community care.

Incarcerated Persons:

- 1) In order to engage currently incarcerated persons in care it will be necessary to enhance HIV education, the effectiveness of care within correctional settings, and how soon-to-be-released persons can access healthcare in the community upon release. A more active role of peer educators is needed to reach this population. 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 get tested and engage in care.

 - 2) In order for currently incarcerated persons to seek testing or engage in care, it will be necessary to improve HIV care in correctional settings. This can be accomplished by enhancing the AIDS Institute’s efforts in its legislative mandate under the New York State Department of Health Oversight Law to monitor HIV and HCV care in prisons and jails. In addition, enhanced efforts are needed to protect the confidentiality of HIV-infected incarcerated persons by educating staff and the incarcerated population about HIV-positivity and by auditing and amending prison and jail practices that reduce the risks of disclosing patients’ HIV status.

 - 3) To ensure linkage for HIV-infected patients leaving prisons and jails, there must be enhanced continuity of care for HIV-infected persons returning by:
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- Improved discharge planning conducted by correctional officials and community providers working in correctional facilities to ensure that patients (i) are enrolled in Medicaid prior to release, (ii) have adequate documentation of their health status, and (iii) are provided at the time of release with a 30-day supply of their medications and medication lists.
- Ensure that a patient (i) has an appointment with a community provider prior to release, (ii) communication has occurred between the soon-to-be-released person and the community provider who will be providing them with care upon release and (iii) ensuring that follow-up monitoring of recently released patients occurs to encourage the patient's timely access to care in the community, by replicating and expanding the current efforts of the federally funded Positive Pathway initiative conducted by the AIDS Institute.

Gay, Lesbian, Bisexual, Transgender, or Questioning (GLBTQ) Youth:

Family support is crucial for both the physical and mental health of youth. When that support is not present, the institutions and providers charged with their care and treatment must step in to help assure their safety and well-being.

In order to engage GLBTQ youth in care it will be necessary to enhance education about HIV, including access to confidential, rapid HIV testing, acute HIV infection symptoms, PrEP, PEP, and culturally competent HIV+ health care locations. A more active role of peer educators is needed to reach this population. Existing peer education and mentoring programs (e.g. Gay-Straight Alliances, The Center and other community organizations with programs for GLBTQ youth, and other school- and community-based programs), can be enhanced with training and resources, including social media.

- 1) In order for GLBTQ Youth to decide to seek testing or engage in care it will be necessary to improve HIV care for youth. This can be accomplished by expanding the AIDS Institute's existing standards of care initiatives to include youth HIV care, and the funding of centers of excellence for HIV care of youth. In addition, HIV providers, including social workers and counselors, should have access to training for cultural competency with youth.
- 2) Ensure linkage for HIV-infected youth by (a) peer mentoring (b) youth-friendly health care navigators to assist with appointments; ensuring transportation to care (c) assistance with Medicaid enrollment and (d) youth-friendly communications (e.g. text messaging and other electronic strategies) with appointment and medication adherence reminders.
- 3) New York state public health law should be amended so that a minor who has been determined by a provider, experienced in adolescent care and treatment, to be competent to consent for care may receive HIV treatment and prophylaxis without parental consent. The current New York State HIV testing law allows a minor to consent to HIV testing but



does not include language for treatment. Any provider providing such care must be aware of youth issues and should continue to counsel and encourage the minor to disclose to and involve a supportive adult in their lives.

- 4) New York State (NYS) should ensure that confidential Medicaid coverage is available for treatment, Health Home and other care coordination services for minors. NYS should make a related change to insurance regulation to ensure that individuals (including but not limited to young people and survivors of intimate partner violence) who are dependents on another's insurance may receive confidential medical services, including confidential HIV testing, care, treatment and prevention.

List of key individuals, stakeholders, or populations who would benefit from this recommendation

- Incarcerated persons
- GLBTQ youth
- Transgender persons
- Women of color

List of measures that would assist in monitoring impact

For incarcerated persons:

- The New York State Department of Health Oversight Law
- Current monitoring efforts by Department of Corrections and Community Supervision (DOCCS) and the AIDS Institute
- Reporting required of the contractors under the Criminal Justice Initiative
 - Number of HIV-infected incarcerated persons identified and enrolled in care
 - Observations and conclusions of the AIDS Institute officials monitoring HIV/HCV care in jails and prisons pursuant to the DOH Oversight Law
 - Number of incarcerated persons receiving discharge planning
 - Number of contacts between community providers and soon-to-be-released persons
 - Number of recently released HIV-infected persons who engaged in community care
 - Number of contacts between these patients and the care coordinators who are monitoring this transition

For GLTBQ youth:

- Number of peer mentors/navigators trained
- Number of HIV-infected incarcerated persons identified and enrolled in care
- Number of GLBTQ youth started on PrEP
- Number of GLBTQ youth maintained on PrEP for one year
- Number of HIV newly diagnosed youth referred to care
- Number of HIV newly diagnosed youth who made first visit to care



- Number of HIV-infected youth who adhered to care for one year
- Number of New York State centers of excellence for HIV care for youth

Footnotes or References

Milloy M-J et al. Incarceration of People Living with HIV/AIDS: Implications for Treatment-as-Prevention. Curr HIV/AIDS Rep. 2014 Sep; 11(3):308-16.

Fox AD et al. Health Outcomes and Retention in Care Following Release from Prison for Patients of an Urban Post-incarceration Transitions Clinic. J Health Care Poor Underserved. 2014 Aug; 25(3):1139-52.

Stephenson BL et al. Effect of Release from Prison and Re-Incarceration on the Viral Loads of HIV-Infected Individuals. Public Health Rep. 2005 Jan-Feb; 120(1):84-8.

<https://www.health.ny.gov/publications/0176.pdf>.

The Center, NYC: <https://gaycenter.org>

The Center/ Twitter: <https://twitter.com/lgbtcenternyc>

LGBTQ Community Centers: <https://www.mycenterlink.org>

Gay Alliance of the Genesee Valley (Rochester):

<http://www.gayalliance.org/programs/youth.html>

Pride Center of Western NY (co-located program of Evergreen Health Services, the Buffalo area's major HIV medical provider): <http://www.pridecenterwny.org>

- 3. Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** Recommendations for incarcerated persons permitted under current law. LGBTQ youth recommendations will require a statutory change.
- 4. Is this recommendation something that could 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.
- 5. TF numbers of the original recommendations that contributed to this current version:** TF33, TF39, TF79, TF81, TF187.

