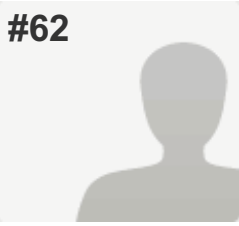


Ending the Epidemic Task Force Recommendation Form

#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

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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

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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)
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