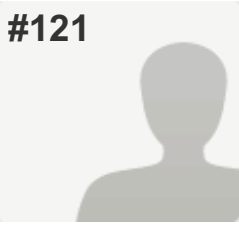


# Ending the Epidemic Task Force Recommendation Form

#121



**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	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

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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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**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.

**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.

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**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