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Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)

First Name	Michael
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Q2: Title of your recommendation

Restoring Critical Support Service Programs for HIV+ Women and those at-risk

Q3: Please provide a description of your proposed recommendation

In June 2014, funding ended for women's supportive services in New York City. We are recommending that we restore those programs to at least the level of funding that existed in FY14.

Specifically, we are looking to restore programs that provide care coordination/case management to ensure a holistic approach to client health that addresses related social and medical needs and enhances both treatment and medication adherence as well as those that provide a layer of services designed to engage and retain the client and improve quality of life, such as emotional wellness groups that increase personal accountability and responsibility, peer support, education/job and life skills training as well as transportation. Many of these services should be integrated into other recommendations to provide integrated primary care/behavioral health and to provide supportive housing to young women at high-risk.

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

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. , 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.
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) Restoration of a former 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?

For twenty years, Iris House has provided supportive services to women living with HIV/AIDS, including case management, emotional wellness groups, housing, food and nutrition programs, behavioral health and harm reduction services and prevention education. In early 2014, we measured the success of our program (the benefits) against the national HIV Treatment Cascade.

While most national and NYC HIV+ individuals are linked to care, virtually all (97%) Iris House clients diagnosed with HIV that receive supportive services are linked to care. Iris House retention and ARV rates are as high as twice the national average and well above NYC rates.

Iris House serves a hard to reach population, primarily women and minorities, in particular African-American, with over 90% living at or below the poverty level. For these subpopulations, Iris House achieves VL suppression rates of 70% and 73% respectively; rates which are 250% above the national average and well above NYC rates.

The substantial improvements of the Iris House outcomes demonstrate the critical importance of supportive services that increase linkage and retention to care. Enhanced linkage/retention can improve access to medication, treatment adherence and quality of life—all critical factors in optimal health and VL suppression. They also clearly demonstrate the idiosyncratic service delivery of Iris House and its dedicated and passionate staff.

VL suppression, which focuses primarily on transmission risk, is just one way to look at health outcomes. CD4 count, which helps to measure a body's ability to fight off infection, is also used by clinicians to measure the health of HIV+ individuals.

The higher the CD4 count, the better. An individual with a CD4 count of less than 200 is considered to have AIDS. Whereas a CD4 count of 500 to 1,000 is considered normal. As CD4 counts are highly variable and can change by time of day, stress, fatigue and other factors, CD4 ranges (e.g., 0 to 200, 200 to 499, 500 to 749, etc) are often used to measure changes in health. 86% of Iris House clients had stable or improved health as measured by CD4 and more than two-and-one-half times the number of clients saw increases in CD4 than had lower CD4 results.

This is demonstrative proof that supportive services benefit women by lowering their viral load and increasing their CD4 counts: markers on a pathway to improved health outcomes and a marked decrease in the ability to pass the virus to other partners.

Q10: Are there any concerns with implementing this recommendation that should be considered?

If 18.8% of new HIV infections are women (NYCDOH, first half of 2013) and more than 25% of New York City residents living with HIV are women, why aren't we spending an appropriate / proportionate amount on services for these populations: gender-specific services.

Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?

Restoration of NYC programs existing in June 2014 would cost $2.3 million dollars; Expanding these programs throughout NYS and to engage greater numbers would cost more.

Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?

While it is difficult to calculate the ROI for a life saved, we can look at some of the basic goals of the Affordable Care Act, namely, to get individuals into regular, ongoing care and save money by lowering healthcare (i.e., emergency room) visits. HIV+ women in case management and support service programs are more likely to have regular visits with primary care doctors, have fewer life-threatening illnesses and use the emergency room for regular illnesses with decreasing frequency.

According to an article on debt.org addressing the costs of emergency room care versus urgent care facilities, there are very real savings to be had. For example, the standard emergency room cost of three chronic conditions that plague our clients (acute bronchitis, sore throat and upper respiratory tract infections) are listed as $595, $525 and $486. Urgent care facilities average costs for those same ailments are $127, $94, and $111, a savings of between 77% and 82%.

Keeping women focused on their healthcare as an ongoing exercise will lead to far fewer trips to the emergency room, saving in the aggregate more than 75% in the cost of care.

Anecdotally, we are also aware that women with undetectable viral loads are more likely to be holding part time or full time jobs and be on the road to independent living at a greater rate than those women who are still struggling to keep their HIV in check. Programs like the women's supportive services at Iris House and at other agencies doing similar work deliver tremendous savings in healthcare and provide an independence to women that has significant economic implications.

The CDC does a very thorough analysis on the cost effectiveness of programs, which can be found at http://www.cdc.gov/hiv/prevention/ongoing/costeffectiveness/.

Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?

Everyone. Women are individuals, but also heads of households, teachers, grandmothers, aunts and the center of the communities we serve. By including gender specific programming, and engaging women in their own care, we would be impacting and influencing their children, their friends, their partners.

Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?

This impact can be monitored in several distinct ways:
1) Tracking Viral Load and CD4 Rate of women active in programs;
2) Following up with general labwork in six month intervals;
3) Monitoring frequency of healthcare access and format
4) Self-reporting through surveys given in six-month intervals

Q15: This recommendation was submitted by one of the following Advocate