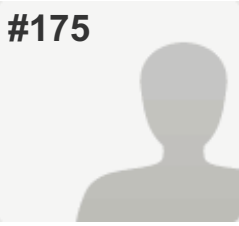


Ending the Epidemic Task Force Recommendation Form

#175



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 | Andrew |
| Last Name | Mendez |
| Affiliation | The Albany Damien Center |
| Email Address | AndrewM@albanydamiencenter.org |

Q2: Title of your recommendation Taking a look on the inside

Q3: Please provide a description of your proposed recommendation

As Community-Based Organization and Community Service Providers, we tend to make recommendations surrounding funding barriers and limitations surrounding grants and entitlements. Although these too effect our relationships within the community and sometimes hinder our interactions and presence in the community, we must also focus on how we present ourselves as agencies and look at not just how to engage these high-risk communities, but also their perceptions of our agencies.

Although staff turnover is a long-stemmed issue within the non-profit community, it is not an issue those at the highest-risk are unfamiliar with. Those individuals who finally become comfortable with their Care/Case Managers, their physicians, their prevention workers, are all to familiar with the discouraging effect of an employee leaving and having to re-tell their story, or catch the new employee up on their case. This is a huge barrier to consumer retention. Many individuals who are interested in participating in prevention programs get lost in new employee transitions, referrals are misplaced, or when finally the new employee is ready to begin providing services those consumers have lost interest in participating. We see this same struggle when those whom are HIV+ must transition Care/Case Managers. Many individuals who are HIV+ have dealt with stigma, poverty, and isolation. Reliving their experiences and having to explain how they became infected and their need for services becomes a deterrent to retention in care.

I recommend that agencies become monitored by a state institution or the NYSDOH AI on their employee retention practices and what they are doing to address staff turnover. If we can begin to address why employees are leaving agencies or what we can do to begin making sure that employees are planning to stay long terms of time, then we can help maintain consumer retention.

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

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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.

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

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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?

New program

Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?

Statutory change required

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?

Implementing a new policy or task force would help benefit the community in that they can become comfortable with agency staff without the fear of staff turnover, and having to relive experiences.

Also, having an outside program that monitors what organizations are doing to retain staff would boost employee moral in that they would have a perceived benefit that someone other than the organization is looking out for employee needs and concerns.

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

Regulating agencies with an outside program may present issues for organizations.

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

unknown

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

unknown

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

Consumers

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

Advocate