

COMPLETE

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Q2: Title of your recommendation	PrEP Education and Training for OASAS Staff and Clients
Q3: Please provide a description of your proposed recommendation Incorporate education on PrEP for all staff and clients of Office of Alcoholism and Substance Abuse Services (OASAS) licensed programs and update the intake and counseling assessments to screen for appropriateness of Pre-exposure Prophylaxis (PrEP) referral.	
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 grantfunded 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
Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?	Permitted under current law

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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?

Persons who experience substance use disorder are often at high risk for HIV infection and would benefit from the opportunity to learn about PrEP and receive the appropriate referrals while engaged in treatment.

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

Potential resistance from drug treatment staff who may be impacted by stigma around PrEP or believe that offering a referral for PrEP encourages relapse.

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

Research is required to identify the amount of enrolled persons and how many enrollees are appropriate for PrEP.

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

Before a return on investment (ROI) can be calculated, research is required to identify the amount of enrolled persons and how many enrollees are appropriate for PrEP.

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

OASAS staff and licensed programs and consumers of OASAS services.

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

Create an outcome measure by monitoring the number of staff and consumers who receive PrEP education; the percentage of persons referred to PrEP from substance use treatment programs; percentage of OASAS licensed programs that have implemented PrEP training.

Q15: This recommendation was submitted by one of the following

Ending the Epidemic Task Force member,

Other (please specify)
Submitted on behalf of the 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