

## **Ending the Epidemic 2015-2016 Activity Report**

For achieving the goal set forth by Governor Cuomo  
to end the epidemic in New York State by the end of 2020.

**GET TESTED.  
TREAT EARLY.  
STAY SAFE.**

# **End AIDS.**



**Department  
of Health**

[health.ny.gov/ete](http://health.ny.gov/ete)

## ACTIVITY REPORT INTRODUCTION

The Ending the Epidemic (ETE) Activity Reports identify key implementation strategies that address the 30 Recommendations and 7 'Getting to Zero' Recommendations included in the ETE Blueprint and detail the progress made to date.

The implementation and monitoring of the ETE Blueprint will encompass a six year timeframe that will also reflect public input and support. Upon completion of the work of the Task Force, the NYS AIDS Advisory Council established an Ending the Epidemic Subcommittee. The Subcommittee membership is comprised up of both ETE Task Force members and members of the AIDS Advisory Council. The ETE Subcommittee will continue through the end of 2020. New York State remains committed to ensuring implementation of the ETE Blueprint remains transparent and reflects public input and support.

## ACTIVITY REPORT

### **1. Identify persons with HIV who remain undiagnosed and link them to health care.**

There are as many as 22,000 people living with HIV in New York State (NYS) who are not aware of their HIV status. It is critical that access to voluntary HIV testing be increased so these individuals can learn their status and access treatment to improve their health and protect their partners. Since 2010, New York State Public Health Law (NYSPHL) has required that health care providers offer HIV testing to all individuals age 13 to 64 as a routine part of health care. Implementation and enforcement of the offer of testing is essential.

In 2014, the state removed the requirement for written consent and furthered this effort in 2015 by removing the same requirement in correctional facilities. Both actions had strong support from key stakeholders and community members across the state, and have paved the way for more people to learn their HIV status.

Widespread use of scientific advances such as the use of 4th generation HIV tests is another means of reducing the number of New Yorkers unaware of their HIV status. This testing detects HIV infection in its earliest and most infectious stage, promoting earlier linkage to treatment and care. Integration of 4<sup>th</sup> generation HIV testing into emergency departments and urgent care clinics is critical to make testing available to individuals who sporadically access health care services. Community-based organizations (CBOs) charged with HIV testing should ensure their efforts reach identified key populations at highest risk, such as men of color who have sex with men, women of color and transgender men and women. To accomplish this, CBOs should employ varied, evidence-based outreach strategies to address HIV stigma and promote knowing one's HIV status as a community norm.

Benefits of early care and treatment are very clear. People living with acute HIV infection that remain undiagnosed are highly infectious, resulting in poor health outcomes for the individual and their sexual or needle sharing partners. Left undiagnosed the individuals do not benefit from the support that address barriers to accessing antiretroviral (ARV) medication, treatment, and care. More importantly, HIV-positive individuals who are tested and treated receive a life expectancy near that of those who were are not infected.

**BP1: Make routine HIV testing truly routine:** New York State has a law that mandates primary care providers as well as hospitals and emergency departments to offer HIV testing to all persons between the ages of 13 and 64, with certain exceptions. This law was modified in 2014 to remove the requirement for written consent except in correctional settings. Compliance is substantially below optimal levels, leading to missed opportunities where persons with undiagnosed infection are in systems of care without their HIV being identified. Electronic hard stop prompts to remind providers to offer testing should be used, and provider education is needed. HIV testing should be an expected part of all comprehensive annual primary care visits. In sum, to identify persons who remain undiagnosed, facilities and practitioners must follow the law, and New York State must enforce it. Additional settings for routine testing should be permitted, such as dental offices, pharmacies and mental health facilities, and additional changes to the law should be considered for New York to adopt a true opt-out testing model. [CR1].

BP1: MAKE ROUTINE HIV TESTING TRULY ROUTINE		
Activity	Details	Status
IPRO Assessment	The AI has contracted with IPRO to conduct an assessment of the extent to which hospitals in NYS are engaged in routine HIV testing. HIV testing policies and procedures from all Article 28 hospitals with emergency departments in NYS (N=195) were reviewed, and, where necessary, revised. In addition, a representative sample of over 5,000 individual patient admissions to the emergency department (ED) in 27 hospitals across NYS was reviewed for compliance with NYS's HIV testing law. Phase II of the IPRO project, taking place in the fall 2015/winter 2016, will sample over 10,000 patient admissions from 34 additional hospitals across NYS.	All 195 hospitals had HIV testing policies compliant with NYSPHL by May 2015. ED patient admission record review completed in June 2015 and final report completed. Phase II patient record review completed. Results pending.
Targeted training on testing for low performance hospitals	In concert with the IPRO assessment of HIV testing practices at hospitals, targeted technical assistance (TA) and training will be made available to low performing sites. A specific TA plan will be developed for each site. Low performing sites will develop measureable performance goals and data will be monitored to ensure progress toward full compliance with the NYS testing law.	In progress
Expanded HIV Testing (EHT) Initiative	Centers for Disease Control and Prevention (CDC) Part B funding focuses specifically on making HIV testing routine in health care settings. A new programmatic model was adopted in 2014. NYS' <i>Expanded HIV Testing Partnership Model</i> attempts to build and support health care institution's capacity to increase HIV testing to underserved communities, while establishing billing standards to receive reimbursement for sustainability of routine HIV testing in the clinical setting.	In final year of grant cycle the EHT champions will work with TA vendors to address TA needs identified by IPRO.
Expand HIV Screening in Dental Care Settings	A dental school pilot study to offer HIV screening tests to dental care patients in one New York City (NYC) and two upstate New York locations took place between August 2012 and April 2014. The pilot is being expanded within the same two upstate schools and one school on	Initial pilot completed in 2015. Pilot expansion

**BP1: MAKE ROUTINE HIV TESTING TRULY ROUTINE**

Activity	Details	Status
	Long Island in 2016. The pilot will track the percent of patients who agree to HIV screening when offered, the percent of patients who test HIV reactive and the percent of patients linked to follow up medical care.	ongoing in 2016 – 2017.
HIV Testing During Pregnancy and at Delivery	NYS Regulations require all women in prenatal care in regulated facilities receive HIV counseling with testing presented as a clinical recommendation. Routine prenatal HIV counseling with recommended testing is now the standard of care for all NYS prenatal care providers. Regulations also require expedited testing at delivery/birth under certain circumstances. The NYS Perinatal HIV Prevention Program (PHPP) is responsible for oversight of implementation of the prenatal and expedited testing regulations.	Ongoing
HIV Testing Toolkit Update	The HIV Testing Toolkit was updated with the latest information from the 2014 law change. Specific updates include: change in informed consent process; inclusion of non-occupational post-exposure prophylaxis (nPEP) and pre-exposure prophylaxis (PrEP) information; updated information about testing technology and updated testing algorithm; sharing of patient information to promote linkage to care; and updated billing codes for HIV testing.	Completed
Waiting Room video on HIV testing	A ten minute waiting room video to educate patients about the importance of HIV testing will be developed and made available to clinical providers.	Anticipate availability of the video in 2016.
Eliminate the existing upper age limit of age 64	Governor’s Program Bill #30 (A.10724/S.8129) passed in both houses in 2016. This legislation eliminates the existing upper age limit for the purpose of offering an HIV test. Previous law required an HIV test for those aged 13-64.	Passed both houses of the legislature
Streamline HIV testing	Governor’s Program Bill #30 (A.10724/S.8129) passed in both houses in 2016. This legislation streamlines routine HIV testing by verbally advising that a HIV test will be performed. No test will be performed if there is an objection and the objection must be noted in the individual’s medical record.	Passed both houses of the legislature

**BP2: Expand targeted testing:** Routine testing is not sufficient, since persons at highest risk with repeated potential exposures need more frequent testing opportunities than would be afforded through primary care or hospital settings. Sites must be identified and supported that are most likely to serve populations such as MSM, transgender men and women, new immigrants, persons in neighborhoods with high seroprevalence rates, persons who inject or use drugs, sex workers, migrant and seasonal farm workers, homeless persons, and those with a history of incarceration, substance use or mental health issues. Since behavior, among other actors, affects risk, not all persons in these groups are at high risk. Therefore, programs need to determine strategies to engage those within the population most likely to be at risk of infection, keeping in mind that persons of color continue to be most heavily affected. Incentives, community based settings and mobile units, peer outreach models, and availability of free home test kits, as appropriate, are all strategies for consideration. [CR2, CR13].

BP2: EXPAND TARGETED TESTING		
Activity	Details	Status
AI Targeted HIV Testing Initiative	The NYSDOH AIDS Institute’s Division of HIV/AIDS Prevention funds 39 community based organizations located across NYS to test people who engaged in high risk behaviors for HIV and STDs.	Ongoing
Expand HIV Testing targeted to people who engage in high-risk behaviors	Enhanced funding supports three Youth Access Programs (YAPs) in NYC to promote services targeted to young men who have sex with men (YMSM) in community based venues that YMSM frequent or are generally found (piers, “ballroom battles”, nightclub/bar scene) to promote HIV testing and other low threshold clinical services, including PrEP education and assessment.	Programs started services in November 2014. Caseloads are increasing steadily.
Expand HIV Testing targeted to people who engage in high-risk behaviors	The AI increased the amount of funding being directed toward HIV testing of YMSM, particularly YMSM of color. Nearly \$3 million dollars in State funding was made available annually to support grants for HIV/STD/HCV prevention/linkage/navigation and retention services for Young Gay Men and YMSM with a focus on communities of color. Direct provision of, or linkage to, HIV testing is a required component of this funding. This Request for Applications (RFA) represents an increase of approximately \$1.5 million dollars over existing funding under this initiative. 17 organization received funding through this component of the RFA.	RFA released on July 8, 2015; Contracts began on March 1, 2016.
Expand HIV Testing targeted to people who engage in high-risk behaviors	14 adolescent/young adult Specialized Care Centers around NYS promote HIV testing to high-risk youth, including YMSM, transgender youth, runaway/ homeless youth, those involved in “street economy”/sex trafficking, substance users, those who have experienced physical, mental, and/or sexual abuse, gang-involved youth, and those involved with the criminal justice system. Programs provide low threshold clinical services such as STD screening and treatment and risk reduction counseling, in addition to HIV testing. Those testing HIV-positive are immediately connected to the program. Those testing HIV-negative receive PrEP and nPEP education and assessment and are connected to primary care and other needed services.	Ongoing, with an increased efforts over past year to reach high-risk youth

**BP2: EXPAND TARGETED TESTING**

Activity	Details	Status
Expand HIV Testing targeted to people who engage in high-risk behaviors	The Substance Use Initiative was resolicited in 2014/2015. Eight contracts totaling \$1.2 million dollars in State funding were awarded to agencies to provide outreach and HIV, HCV and STI testing services to identify HIV-positive substance users not currently diagnosed, substance users previously diagnosed but out of care and individuals at high-risk of acquiring HIV infection because of their substance use and other comorbid conditions and to link them to appropriate medical and behavioral health services.	Contracts started on October 1, 2015.
Transgender Health Care Services	Through enhanced funding, three programs have developed Transgender Health Care Programs to meet the prevention, health care, mental health, medical case management and other supportive services needs of transgender communities. Programs outreach to engage those not connected to ongoing care, provide HIV, STD and Hepatitis C (HCV) testing and other health care services. HIV-positive individuals receive ongoing HIV care and treatment, while HIV-negative individuals receive ongoing primary care services, including HIV testing and PrEP and nPEP education and assessment.	Implemented December 2014/January 2015
Expand HIV Testing to Non-Traditional Venues.	This is an individual level intervention to distribute rapid HIV Self-Test Kits to Lesbian, Gay, Bisexual and Transgender (LGBT) persons via five LGBT community based organizations to engage those at risk for HIV who are not reached via traditional HIV prevention efforts. A pilot permitted these agencies to facilitate HIV testing among persons who engage in high-risk behaviors who might otherwise not access HIV testing services.	One-year pilot began on June 1, 2015. Ongoing.
Development of outreach training for non-clinical providers	HIV Education and Training Programs will work with an existing regional training center to develop a one day training for non-clinical providers on use of outreach and other strategies to engaged individuals with unknown HIV status in HIV testing.	Training design under development. Completion of training is anticipated fall of 2016.
Expansion of STD screenings by registered professional nurse	Governor’s Program Bill #30 (A.10724/S.8129) passed in both houses in 2016. This legislation would allow a physician or nurse practitioner to issue a non-patient specific order to allow registered professional nurse to screen individuals at risk for syphilis, gonorrhea and chlamydia.	Passed both houses of the legislature

**BP3: Address acute HIV infection:** Detecting acute HIV infection must play a critical role in the effort to end the epidemic, since acutely-infected persons are HIV’s most highly-efficient transmitters when having unprotected sex or sharing drug injection equipment. Strategic efforts must include making clients and providers aware of signs and symptoms of acute HIV infection which often mimic acute Mononucleosis in young and old alike, ensuring facilities offer nPEP and the availability other prevention services (such as PrEP) and have the capacity to screen for acute infection, using the state-of-the-art and standard-of-care 4<sup>th</sup> generation testing, and allowing for higher reimbursements for providers using the most sensitive tests. **[CR3]**.

BP3: ADDRESS ACUTE HIV INFECTION		
Activity	Details	Status
Identifying Maternal Seroconversion During Pregnancy	NYSDOH and CDC recommend a second prenatal HIV test at 34-36 weeks of pregnancy to identify women who seroconvert after an initial negative test earlier in pregnancy. Birth facilities are also encouraged to conduct expedited testing in the obstetrical setting if a woman presents for delivery and has a history of STDs or acute-HIV type illnesses, or did not have a second prenatal HIV test. Identifying delivering women who have untreated maternal seroconversion is critical for provision of antiretroviral prophylaxis to prevent mother-to-child transmission. The NYSDOH strongly encourages birth facilities to use a 4 <sup>th</sup> generation HIV test for expedited testing in their obstetrical setting to identify maternal seroconversions.	Ongoing
4 <sup>th</sup> Generation Test Promotion	The AIDS Institute (AI) has issued guidance promoting the use of more sensitive and newer testing technologies, especially 4 <sup>th</sup> generation testing. Additionally, the AI developed a toolkit and video to provide laboratory directors, administrators, and other decision makers with helpful resources for planning and implementing the 4th generation HIV-1/2 Ag/Ab combo immunoassay and the recommended HIV diagnostic algorithm. The toolkit ( <a href="http://www.health.ny.gov/diseases/aids/providers/testing/toolkit.htm">www.health.ny.gov/diseases/aids/providers/testing/toolkit.htm</a> ) compiles fiscal, technical, and procedural information needed for planning and implementation. The webcast, ( <a href="http://www.nyhospitalstest4hiv.org/laboratory.cfm">http://www.nyhospitalstest4hiv.org/laboratory.cfm</a> ) entitled “Recommended HIV Diagnostic Algorithm: Practical Information for Laboratories” compliments the information provided in the electronic toolkit and includes interviews with laboratory directors with different perspectives on implementation.	Ongoing. Guidance has been issued to all AI-funded providers. Webinar and toolkit completed.
Diagnostic Testing Algorithm Promotion	The AI is working to increase the number of laboratories reporting the HIV Diagnostic Testing Algorithm for earlier and more accurate detection of HIV infection.	Ongoing. Currently 69 labs report results of the diagnostic testing algorithm; 21 are under recruitment.
Update to the Diagnosis and	The <i>Diagnosis and Management of Acute Infection</i> guidelines were updated in the summer of 2015. The guideline is intended to increase	Guidelines updated September 3, 2015;



**BP3: ADDRESS ACUTE HIV INFECTION**

<b>Activity</b>	<b>Details</b>	<b>Status</b>
Management of Acute Infection Guidelines	the identification and assessment of acute HIV infection, and supports initiating antiretroviral therapy (ART) for those patients. The guideline also revises the recommended testing methods to be used to diagnose infection. The updated guideline is being widely disseminated using a variety of program contacts and media.	posted to <a href="http://www.hivguidelines.org">www.hivguidelines.org</a> ; sent via email to nearly 5,000 registered website users; Medscape commentary October 2015.

**BP4: Improve referral and engagement:** All testing settings must be centers for referral and engagement for both positive and negative persons. State law requires that persons testing HIV-positive have an appointment made for follow-up HIV care. However, a more aggressive approach is needed. A significant number of persons who test positive are, in fact, already in the surveillance system and out of care. This is an important opportunity to identify what caused the person to fall out of care and to address the medical, housing, supportive services, behavioral health – including substance abuse – and other needs involved. In an effort to keep HIV-negative persons negative, HIV testing settings should assist in this effort by expanding their service options. Some examples of services to be offered include enrollment in insurance programs, referrals to behavioral health, substance use, and housing programs, and access to PrEP and nPEP. The use of STD clinics, drug treatment programs, and community health centers as one-stop-shops is recommended. Additionally, New York State’s existing Special Needs Plans should be expanded to provide prevention services such as PrEP and nPEP to eligible high-risk individuals. [CR1, CR4, CR5, CR6, CR13, CR19].

BP4: IMPROVE REFERRAL AND ENGAGEMENT		
Activity	Details	Status
Enhance Linkage and Navigation Services in HIV Testing Programs	<p>Targeted HIV testing presents an excellent opportunity to connect persons to needed services. The AI has revised its targeted HIV testing initiatives to incorporate formalized linkage and navigation activities for individuals who are HIV-negative who engage in high-risk behaviors and HIV-positive persons into targeted HIV testing events.</p> <p>The Transgender Health Care Program works with both HIV-positive and HIV-negative individuals. All HIV-positive individuals are immediately connected to care. Both HIV-positive and HIV-negative individuals are assisted in completing the health insurance application on site, provided medical care, offered behavioral health services on site and provided medical case management services to coordinate care and facilitate referrals for needed community based services. Additionally, PrEP and nPEP screening and clinical assessment is promoted and offered on site. Providers who serve the transgender community meet regularly to discuss engagement strategies, share best practices and resources, identify trends and review initiative data. The Young MSM and Youth Access Programs also follow this model.</p>	Ongoing
Increase access to immediate ART	Offer immediate initiation of ART at NYC STD clinics. Provide immediate initiation of antiretroviral medication and other supportive services for patients newly diagnosed with HIV.	In progress

## ACTIVITY REPORT

### **2. Link and retain those with HIV in health care, to treat them with anti-HIV therapy to maximize virus suppression so they remain healthy and prevent further transmission.**

Although 68,000 of the 132,000 people known to be living with HIV are virally suppressed, as many as 64,000 people with HIV (PWH) may be receiving sub-optimal treatment. It is critical that these individuals are identified and connected to care. Connecting individuals to care not only prevents transmission of infection, it allows for early initiation of antiretroviral therapy (ART), which improves the health of infected individuals and slows down disease progression from HIV to AIDS.

Ensuring access to continuous care and achieving viral load suppression reduces mortality and morbidity rates, in turn lowering infection rates throughout NYS. Several initiatives are underway that will help achieve the goal of viral suppression. The *High Impact Care and Prevention Project* (HICAPP) works to improve HIV prevention and care services within community health center settings while the Expanded Partners Services project (ExPS) uses HIV surveillance data to identify previously known HIV-individuals who are no longer connected to care. Once they are identified, ExPS aims to reengage these individuals in care, and notify, test, and treat their partners. The *Retention and Adherence Program* (RAP) focuses on engaging recently diagnosed patients, retaining patients in danger of falling out of care, and attaining viral suppression in patients with a detectable HIV viral load. The *Linkage Retention and Treatment Adherence Project* and *NY Links Project* both seek to improve outcomes for people with HIV/AIDS by increasing linkage and retention to care while encouraging the use of antiretroviral therapy (ART).

Despite these interventions, systematic advances are necessary to see improvement in the areas of linkage and retention regarding HIV and AIDS. Social and structural factors are large barriers to linkage and retention in care. Additionally, access to Pre-exposure prophylaxis (PrEP) and other biomedical interventions must be made available to eligible populations, especially those most susceptible to the inception and transmission of the disease.

The individual achievement of viral suppression not only helps to create the best personal health outcomes; it also reduces the widespread transmission of HIV and AIDS within NYS. For this reason, the Ending the Epidemic Blueprint recommendations encourage NYS to expand upon the aforementioned work and continue to build upon the successes achieved to date.

**BP5: Continuously act to monitor and improve rates of viral suppression:** Having reportable quality measures and monitoring of performance related to viral suppression by HIV providers, facilities and managed care plans would assist in improvement of treatment outcomes across the state. The use of viral load and other data collected by the New York State HIV surveillance system as a mechanism for objective validation of performance is recommended. Timely provider reporting through surveillance, eHIVQUAL and other mechanisms is critical in maintaining an accurate picture of performance against the New York State Department of Health AIDS Institute (NYSDOH AI) Standards of Care. Other recommended strategies include the use of electronic medical record prompts in all settings to identify non-suppressed persons in need of re-engagement or other assistance, advanced electronic systems to allow patients access to their self-portals for the purpose of individual appointment tracking and reviewing of laboratory results and receiving appointment reminders. Identifying additional actions related to pharmacy practice that will improve ongoing access to medication is recommended as well, as is the identification of additional actions related to pharmacy practice that will improve ongoing access to medication and introduction and monitoring of trauma-informed approaches across the HIV service continuum [CR7, CR8, CR9, CR10, CR13, CR26].

<b>BP5: CONTINUOUSLY ACT TO MONITOR AND IMPROVE RATE OF VIRAL SUPPRESSION</b>		
<b>ACTIVITY</b>	<b>DETAILS</b>	<b>STATUS</b>
Match with HIV Surveillance and work with Managed Care Organizations (MCOs)	The AI pulled viral load (VL) values from a match between the HIV Surveillance System and Medicaid data and shared non-suppressed aggregate values with MCOs. Specific members' data will be shared with MCOs as part of a pilot project to assist in linking roughly 6,000 individuals back into care. The pilot includes HIV Special Needs Plans (SNPs) and subsequently all mainstream Medicaid managed care plans.	In progress
Retention and Adherence Programs (RAP)	RAP contractors focus on engaging recently diagnosed patients, retaining patients in danger of falling out of care, and attaining viral suppression in patients with a detectable HIV viral load. Not only does the program monitor viral load suppression (VLS) data on all patients enrolled in RAP, but contractors regularly report their overall VLS rates. There are 32 RAP grants, 5 Multi-Service Agency grants, and 5 Linkage, Retention and Treatment Adherence (LRTA) grants that support RAP services at 36 clinical sites.  Three of the RAP awardees are Methadone Maintenance Treatment Programs (MMTPs). Patients receiving drug treatment services can also receive HIV medical care at the same site. Since methadone treatment tends to be long-term and intensive, there are multiple opportunities for engaging patients in HIV care and monitoring their health outcomes. It is also expected that contractors actively assist any HIV-positive patients leaving drug treatment to connect with a new medical home. Viral load data are monitored quarterly.	In progress
Linkage and Navigation services for HIV-positive persons	The AI is funding over 50 community based organizations located across NYS to provide Linkage and Navigation services for HIV-positive persons. A component of this service model is that agencies have evidence of treatment adherence assessments and viral load and/or CD4 levels documented within the AIDS Institute Reporting System (AIRS).	Ongoing

**BP5: CONTINUOUSLY ACT TO MONITOR AND IMPROVE RATE OF VIRAL SUPPRESSION**

ACTIVITY	DETAILS	STATUS
Linkage, Retention and Treatment Adherence Program (LRTA)	Grant funds support 12 programs to provide linkage, retention and treatment adherence (LRTA) services. Programs use systematic outreach to patients who have been scheduled for an initial appointment, evidence based interventions for retention and focused adherence services to achieve and maintain viral suppression. The LRTA Data Center tracks data on engagement for all new patients, new patient retention, clinic wide retention and clinic wide viral load as well as viral load data for those enrolled in programs with enhanced interventions.	In progress
NY Links	Engage consumers in regional groups to provide recommendations on access to care issues including engagement, linkage and retention services. As new NYLINKS regional groups are established, providers are strongly encouraged to identify consumers to attend and participate in NYLINKS regional meeting as members of their agency multi-disciplinary team(s). Ongoing gaps analysis will be conducted to identify and work with providers who are not engaging consumers in NYLINKS regional groups.	Ongoing
Development of Facility Level Cascades (FLC)	Facility level Cascades are revised and sent to all members of NY Links Regional Groups every other month. These cascades include the latest reported VLS data for the individual organization, the appropriate region, and the state as a whole.	Ongoing
24 authorized harm reduction/syringe exchange programs (SEPs) and linkage to care efforts	The AIDS Institute's has contracts with 24 authorized harm reduction/syringe exchange programs (SEPs) which provide an array of services to the most disenfranchised injection drug using (IDU) populations. The SEPs engage IDUs and other substance users in syringe exchange services and other low threshold services while building trust and having clients work toward receiving higher threshold services including HIV, STD, and Hepatitis C (HCV) testing, referrals, linkages and escort to medical, mental health and substance use services. SEPs offer individual and group supportive services, Comprehensive Risk Counseling Services (CRCS) and work with linkage agencies to retain clients in care and re-engage with clients who are lost to care.	Ongoing
Addition of viral load suppression (VLS) indicator to Quality Assurance Reporting Requirements (QARR) and as Delivery System Reform Incentive Payment (DSRIP) Program measures	Work with the NYSDOH Office of Quality and Patient Safety (OQPS) to develop a VLS indicator which will be included in a future version of QARR for Managed Care Organizations (MCOs) as well as for Performing Provider Systems (PPSs) engaging in HIV-related activities under DSRIP. These measures are intended to be calculated by the AIDS Institute.	In progress

**BP5: CONTINUOUSLY ACT TO MONITOR AND IMPROVE RATE OF VIRAL SUPPRESSION**

ACTIVITY	DETAILS	STATUS
Include performance measures addressing retention in care and viral load (VL) testing for AI Housing contracts	The performance measures addressing retention in care and viral load (VL) testing that were added to AI Housing contracts are as follows: <ul style="list-style-type: none"> <li>▪ 80% of clients will have documented receipt of Primary care at least once every 6 months.</li> <li>▪ 80% of clients will have documented reports of viral load every 6 months.</li> </ul>	Effective July 2015
HIV Surveillance System and viral load (VL) testing results	The HIV Surveillance System receives all VL testing results and will continue to be an important resource for tracking viral load outcomes across NYS, including the production of cascade reports and participating in matching activities with other datasets.	Ongoing
Assess the number of newly diagnosed HIV cases and partners who are linked to care in NYS outside of New York City (NYC)	Beginning in 2016, the AI will have the opportunity to use the Communicable Disease Electronic Surveillance System/STD Management Information System (CDESS-STD MIS) to assess the number of newly diagnosed HIV cases and partners who are linked to care in NYS outside of New York City (NYC).	Ongoing

**BP6: Incentivize performance:** The use of incentives for viral load suppression helps to keep attention on achieving this key goal. For providers, including Medicaid managed care plans and health homes, incentivization could be built into the reimbursement structure. For patients, incentives such as gift cards or non-cash rewards could be provided for adherence milestones, keeping appointments, achieving or sustaining an undetectable viral load. New computer-based and social-media technologies may present opportunities for monitoring and encouraging adherence in ways that were not previously possible. Empowering patients and providers with joint access to electronic medical records (EMRs), pharmacy, and laboratory data is also recommended. **(See BP 5) [CR11, CR26].**

<b>BP6: INCENTIVIZE PERFORMANCE</b>		
<b>ACTIVITY</b>	<b>DETAILS</b>	<b>STATUS</b>
Support viral load suppression by scaling up the “Undetectables” program	Contract with non-profit organizations that provide HIV care and support services to implement the “Undetectables” viral load suppression model for HIV-positive persons	In progress
AI Programs	The use of incentives to encourage client participation and retention is permitted. Examples of incentives that are allowable at both the state and federal level include transportation vouchers/metro cards, food vouchers, gift cards (supermarket, pharmacy) and phone cards.	Ongoing

**BP7: Use client-level data to identify and assist patients lost to care or not virally suppressed:** Since data about patients may be present in multiple, non-connected data systems such as hospital and clinic electronic medical records, insurance billing, pharmacy utilization, and surveillance data, there are common instances of persons appearing lost in one system but remaining visible in others. Also, patients may move out of the jurisdiction, become incarcerated, or die from non-HIV related causes. The ability to match data and link systems to improve health outcomes is of critical importance to prevent inefficiencies such as using outreach workers to find someone no longer in their area or who have chosen to use a different provider. Properly cross-checked data can be used successfully to identify those persons truly lost to care or not virally suppressed and take steps to improve their health outcomes. Expansion of data sharing with managed care plans and additional community-based partners, and clinics, including migrant health centers, would increase capacity to conduct linkage and retention activities. Managed care plans, health homes and other care providers need to develop additional programs to prevent lost to care situations and optimize viral load suppression. In response to presenting barriers that may influence a patient’s retention and adherence, quality indicators should be expanded to include stigma and discrimination. Stigma measures will provide a baseline for providers and health plans to use to improve a patient’s health care experience. [CR8, CR9, CR12, CR13, CR26]

<b>BP7: USE CLIENT-LEVEL DATA TO IDENTIFY AND ASSIST PATIENTS LOST TO CARE OR NOT VIRALLY SUPPRESSED</b>		
<b>ACTIVITY</b>	<b>DETAILS</b>	<b>STATUS</b>
Match with HIV Surveillance and work with Managed Care Organizations (MCOs)	Managed Care Plans use member and VLS data to improve VLS in target member group. Managed care plans concentrate efforts on enrollees with detectable viral loads.	Ongoing
Assist MCOs to prevent lost to follow up (LTFU) and improve VLS	The AI developed a document outlining key elements of adherence interventions that can be adapted to Medicaid MCO members with detectable VL. Other materials have also been shared with members, providers and MCO staff that reflect standards of care for linkage, retention, treatment adherence, viral load suppression and PrEP.	Distributed December 2015
Pilot project with MCOs	MCOs are working with unsuppressed members to implement interventions that link those lost to care, encourage treatment adherence for those on ARV and provide support to HIV providers who have the most unsuppressed plan members. The goal is to improve the rate of VLS of MCO members.	Implementation began January 1, 2016. (3 year pilot project)
Retention and Adherence Program (RAP)	RAP contractors are expected to develop systems (or use existing systems) to quickly identify and enroll clients in need of RAP services. This includes identifying 1) all new patients, 2) all missed appointments, and 3) all detectable viral load tests. In addition, programs will be expected to actively reach out to patients who have missed more than two appointments, and to enlist the aid of all relevant regional and statewide partners in locating patients they are unable to contact.	Ongoing



**BP7: USE CLIENT-LEVEL DATA TO IDENTIFY AND ASSIST PATIENTS LOST TO CARE OR NOT VIRALLY SUPPRESSED**

ACTIVITY	DETAILS	STATUS
Linkage Retention and Adherence (LRTA) Program	LRTA providers enroll all new patients into an adherence and retention program. This support helps patients achieve viral suppression within 12 months of enrollment. Individual patient level data are used to track all patients and to identify those who are not virally suppressed after 12 months of program services. Enhanced retention and adherence services are provided to patients who are not virally suppressed. Evidenced based interventions are used to retain and re-engage patients who miss scheduled appointments or are at risk of becoming lost to follow up.	In progress
Expanded Partner Services (ExPS) Program	ExPS uses HIV surveillance data to identify and link HIV-positive individuals who have fallen out of care and link back into care. Through ExPS, previously known HIV-positive persons who have fallen out-of-care (i.e., no CD4 &/or VL labs in the NYS HIV registry for 13-24 months) are interviewed and offered comprehensive partner notification services, inclusive of linkage to medical care, referrals for identified supportive services, risk reduction counseling, and safer sex supplies. The AI funds nine commissioned counties for ExPS and all six NYSDOH regional offices receive monthly ExPS assignments. New York City Department of Health and Mental Hygiene (NYCDOHMH) is also funded for ExPS and employs a slightly different out-of-care definition (no CD4 &/or VL labs in the NYC HIV registry for nine months and diagnosed and never linked to care).	Ongoing, with over 3,500 case assignments made through April 2016.
Expanded Partner Services (ExPS) within NYS Department of Corrections and Community Supervision (DOCCS)	ExPS and enhanced medical care linkage efforts in DOCCS correctional facilities use NYSDOH HIV Surveillance System data and DOCCS custody, demographic and medical data to identify HIV positive inmates in NYS DOCCS Correctional Facilities, as well as HIV positive releasees, presumed to be out-of-care. These individuals are interviewed by State or county staff and offered comprehensive partner services, inclusive of: linkage to medical care for HIV within or outside the housing DOCCS correctional facilities, referrals for linkage and navigation in care services through community based organizations, risk reduction counseling, partner notification and HIV testing.	Program implemented: Case assignments began during fourth quarter of 2015
High Impact Care and Prevention Project (HICAPP)	HICAPP is a collaboration among NYSDOH, NYCDOHMH, and six HRSA-funded health centers to expand the provision of HIV prevention and care services within communities most impacted by HIV, especially racial/ethnic minorities, and to better serve people with HIV. HICAPP uses Health Center data to identify patients who have not attended an HIV-related care appointment for nine months, and HIV surveillance data to identify and link HIV-positive individuals who have fallen out of care, or who were never linked to care, for purposes of linking those individuals back into care. Identified HIV-positive persons are interviewed and	In Progress

**BP7: USE CLIENT-LEVEL DATA TO IDENTIFY AND ASSIST PATIENTS LOST TO CARE OR NOT VIRALLY SUPPRESSED**

ACTIVITY	DETAILS	STATUS
	<p>offered comprehensive partner notification services, inclusive of linkage to medical care, referrals for identified supportive services, risk reduction counseling, and safer sex supplies. The six partnering health centers are: Community Health Center of Buffalo (Buffalo, Erie County); Anthony L. Jordan Health Corporation (Rochester, Monroe County); Cornerstone Family Healthcare (Newburgh, Orange County); Damian Family Care Centers (Jamaica, Queens County); Betances Health Center (Manhattan, New York County); and Bedford Stuyvesant Family Health Center (Brooklyn, King County).</p>	
<p>Linkage to care for HIV-positive pregnant/postpartum women and their HIV-exposed/infected infants.</p>	<p>The Perinatal Prevention Program (PHPP), Newborn Screening Program, and AI staff work in tandem to identify, locate, and re-engage HIV-positive pregnant/postpartum women and their HIV-exposed or infected newborns in care. Activities for identifying and finding those who are lost to care include using information obtained by community providers, hospitals/clinics, the Newborn Screening Program, and the NYS Pediatric HIV Diagnostic Testing Laboratory.</p>	<p>Ongoing</p>
<p>Medical Monitoring Project</p>	<p>This CDC-funded interview and medical record review projects helps assess the quality of care and clinical outcomes of HIV-infected persons in care as well as the experience of those out-of-care.</p>	<p>Ongoing</p>
<p>Data “Matches”</p>	<p>AI staff will participate in matching activities with external datasets to improve data quality and enhance linkage and retention activities.</p>	<p>Ongoing</p>
<p>Health Information Technology</p>	<p>AI will continue to explore how data available through a Regional Health Information Organization (RHIO) can supplement HIV surveillance data to improve data quality and enhance linkage and retention activities. Information gained from this grant-funded activity may lead to new strategies for data collection that will be important for ETE efforts.</p>	<p>Ongoing</p>
<p>Disease Intervention Training Center</p>	<p>AI’s STD and HIV Prevention Training Center is one of three national CDC-funded training centers providing standardized Disease Intervention Specialist (DIS) training. The training curriculum includes a module specific to linkage to care for HIV-infected individuals.</p>	<p>Ongoing</p>
<p>NY Links Regional Group Meetings</p>	<p>Organizations meet in regional groups to problem solve and share ways that have been developed to identify and assist patients lost to care to return to care.</p>	<p>Ongoing</p>

**BP8: Enhance and streamline services to support the non-medical needs of all persons with HIV:** To achieve and maintain viral suppression, a person with HIV needs a host of non-medical resources. Persons with HIV who lack jobs, housing, financial resources, adequate insurance, behavioral well-being, and/or personal support systems are less likely to achieve improved health outcomes. LGBT and other infected youth warrant special attention since their developmental stage, separation from family, and experienced trauma each can provide major complications. A minor who has been determined by a provider experienced in adolescent health to be competent to consent for care should be able to receive HIV treatment without parental consent. To achieve end of AIDS goals, it will be essential to ensure adequate, stable levels of support to people living with HIV in housing, transportation, employment, nutrition, substance abuse treatment, mental health services, and/or child care. Furthermore, HIV providers must have the knowledge and capacity necessary to link clients to such supportive services. Properly trained persons with AIDS should be employed as peer guides who can help others navigate support systems. These peer guides can also offer personal understanding and encouragement to overcome stigma and discrimination that may undermine treatment adherence. **[CR6, CR13, CR14, CR15, CR16, CR17, CR30, CR32].**

<b>BP8: ENHANCE AND STREAMLINE SERVICES TO SUPPORT THE NON-MEDICAL NEEDS OF ALL PERSONS WITH HIV</b>		
<b>ACTIVITY</b>	<b>DETAILS</b>	<b>STATUS</b>
Linkage and Navigation Services Contracts	The AI funds over 50 community based organizations located across NYS to provide Linkage and Navigation services for HIV-positive persons. This service model provides patients assistance in obtaining necessary information, support, and skills to access complex medical systems and to eliminate barriers to care (e.g., such as accompanying individuals to medical appointments, providing transportation services, providing referrals, follow up, and confirmation of linkages for treatment adherence support, mental health, substance use, and legal services).	Ongoing
Harm Reduction/Syringe Exchange Programs: Linkage and Navigation Services	The AI currently funds 24 harm reduction/syringe exchange program (SEP) contracts to provide an array of services to engage the most disenfranchised substance using populations. With repeated contact and interventions, clients are moved along the continuum of care from low threshold to higher threshold services. Once ready for more in-depth engagement, each client is offered assistance via linkage and navigation services, including escort and Metrocards to medical, mental health and substance use treatment services. Clients can be connected to insurance, housing, health care and maintained in the appropriate services.	Ongoing
Adolescent/Young Adult Specialized Care Centers (ASCCs)	ASCCs provide HIV primary care, mental health services, medical case management and supportive services on site. Referrals are made for services needed in the community and programs work with Health Homes and community-based case management services to coordinate services. HIV-positive lesbian, gay, bisexual and transgender (LGBT) youth are served through the programs and programs work with LGBT-friendly service providers in the community.	Ongoing

**BP8: ENHANCE AND STREAMLINE SERVICES TO SUPPORT THE NON-MEDICAL NEEDS OF ALL PERSONS WITH HIV**

ACTIVITY	DETAILS	STATUS
Retention and Adherence Program (RAP)	The RAP model requires an initial comprehensive assessment and service plan, the goal of which is to identify any actual or potential barriers to patients attaining and sustaining viral load suppression, and to identify and implement interventions to meet that goal. The plan is reassessed every quarter until a patient is no longer in need of RAP services. Plans must include active referrals to any behavioral health, sub-specialty, or social service provider deemed necessary.	Ongoing
Behavioral Health Education (BHE) Initiative	The BHE Initiative funds 14 Statewide community based agencies to provide behavioral health screenings, referrals, and psychoeducational interventions to PWH. BHE programs identify clients who are not engaged in mental health or substance use treatment services and promote treatment readiness for linkage to and engagement in behavioral health treatment through targeted outreach and education. All funded BHE programs utilize full-time Behavioral Health Educators to provide education sessions to de-stigmatize behavioral health related issues and encourage engagement into appropriate treatment with the goal of facilitating referrals and ensuring successful linkages to licensed behavioral health professionals. Peer Navigator(s) assist the educators by providing culturally competent interventions.	Initiative is on a five year grant cycle which began July 1st 2014 and will continue through March 31, 2019.
Linkage, Retention and Adherence (LRTA) Program	Baseline assessments are required for all LRTA program enrollees. Needs identified by this assessment are addressed with services available through the multidisciplinary team providing care or through community facility partners. Patients who fail to achieve or maintain viral load suppression are contacted every four months to address ongoing needs.	In progress
Supportive Housing Initiative targeted to HIV-positive LGBT young adults	The Supportive Housing Initiative Request for Applications (RFA) was issued in October 2015. Funding was awarded on March 15, 2016 to implement 25 units of supportive housing targeted to HIV-positive LGBT young adults. The RFA specified that contractors must implement peer services as a component of the supportive housing program model.	Services Expected to be implemented July 2016.
NY Links Peer Support Intervention	NY Links has developed an intervention that focuses on utilizing Peers to serve as guides to newly diagnosed persons, or to individuals who are returning to care after a period of time in order to engage them in care, to improve retention.	Ongoing
Engagement and Supportive Services (ESS) Initiative's HIV/AIDS Case Management and Health Education	The ESS Initiative's HIV/AIDS Case Management and Health Education services funded 23 statewide community based agencies to provide community based HIV/AIDS case management and health education services that focus on PWH who have either fallen out of or are sporadically engaged in HIV care and treatment. This is a dynamic model of case management and health education services that address the multiple needs and improve the health outcomes of PWH by increasing linkages to and engagement in care that results in	Ongoing

**BP8: ENHANCE AND STREAMLINE SERVICES TO SUPPORT THE NON-MEDICAL NEEDS OF ALL PERSONS WITH HIV**

ACTIVITY	DETAILS	STATUS
	<p>sustained viral load suppression. Services include the implementation of effective health education that empower consumers to learn, practice, and apply the self-management skills needed to achieve optimal health outcomes. All funded programs have demonstrated experience providing cultural, linguistic, and health literate appropriate strategies for delivering services that address the multiple needs of PWH, such as immigrant and migrant populations, communities of color, and individuals who identify as LGBT or questioning. Peer Navigators assist with case management efforts to engage consumers who are resistant to or are sporadically engaged in HIV health care. The programs are encouraged to utilize any and all medical transportation services available in the region for which clients are eligible (including RW Medical Transportation services). To further ensure access to needed care and treatment, programs can set aside funds for client travel to help supplement existing services in circumstances where there may not be an alternative transportation service.</p> <p>The ESS Initiative funded ten statewide community based agencies for medical transportation (MT) to address transportation as a barrier to care. MT services include one or more of the following: directly provided agency or subcontracted transport (by car or van); provision of bus tickets or subway fare cards; transportation by taxi or ambulette; and gas cards if determined to be the most cost-efficient means of transportation.</p> <p>The ESS Initiative’s Emerging Communities (EC) services funded three community based agencies programs that focus on engagement and retention in care for HIV-infected gay men and MSM, with the primary goal of improving health outcomes and achieving viral suppression. Funding for these programs is region-specific, targeting three areas identified by HRSA in Upstate New York that have a significant prevalence of AIDS cases: Western, Northeastern, and the Finger Lakes Regions. EC programs include case management, health education, and treatment education, risk reduction education for sero-discordant couples, and social media interventions with consumers. Services are tailored to address the overall health care needs of HIV-infected gay men and MSM and incorporate a network of providers that address medical care, mental health, substance use treatment, and other services that support improved health outcomes.</p>	
The Legal Services for Individuals and Families Living with	The LASSIF Initiative currently funds 11 statewide community based agencies to provide needed legal assistance or representation that enable PWH to overcome barriers to care or services, maintain	Ongoing

**BP8: ENHANCE AND STREAMLINE SERVICES TO SUPPORT THE NON-MEDICAL NEEDS OF ALL PERSONS WITH HIV**

ACTIVITY	DETAILS	STATUS
<p>HIV/AIDS &amp; Family Stabilization Support Services (LASSIF) Initiative</p>	<p>benefits or services, or assert legal rights across New York State. Legal interventions address issues such as securing housing subsidies; improving substandard conditions; preventing eviction; appealing denials for public benefits; protecting against utility shut offs for clients; the prevention and remedy of discrimination or confidentiality issues. Family stabilization support services assist HIV affected families cope with the emotional needs of living with HIV/AIDS. Services are family-centered and work in conjunction with the program’s legal staff to help HIV positive parents, their dependent children and identified caregivers make care and custody decisions, address transition issues faced by new caregivers and children, and stabilize the newly formed family constellation. Furthermore, legal programs provide assistance for transgender persons living with HIV/AIDS regarding documentation issues related to access to care and assistance to individuals living with HIV/AIDS who have a criminal record to prevent possible discrimination.</p>	
<p>The Nutrition Health Education and Food and Meal Services (NHE) Initiative</p>	<p>The NHE Initiative funds 11 Statewide community based agencies to provide nutrition interventions for PWH. NHE consists of two components that assist PWH to support their nutritional goals: nutrition health education, and food and meal services. Nutrition health education promotes retention in medical care and treatment and supportive services and empowers clients to develop and apply the self-management skills needed to achieve optimal health outcomes by encouraging clients to be responsible for their health care and lifestyle choices. NHE programs deliver workshops facilitated by a culturally-competent Community Nutrition Educator (CNE) that include HIV/AIDS nutrition related topics and instruction on how to prepare and make appropriate food choices. The CNE also assists clients in identifying community resources that promote self-sufficiency through referrals to other community providers.</p>	<p>In progress</p>

**BP9: Provide enhanced services for patients within correctional and other institutions and specific programming for patients returning home from corrections or other institutional settings:** HIV-infected persons within correctional facilities or other institutional settings, such as a mental health facility or drug treatment program present specific challenges in encouraging them to get tested and stay engaged in care while in these institutions and when they return to their communities. Work needs to be done, especially around stigma and the lack of confidentiality, so that infected institutionalized persons are willing to be identified and treated as early in their stay as possible. It is necessary to enhance HIV education and other support services in these settings, including the augmentation of the existing state and local correctional facility-based initiatives and expanded use of HIV peer educators in correctional facilities. HIV care within State and local correctional facilities should be improved and more closely monitored by enhancing the NYSDOH’s statutory role in oversight of HIV services for incarcerated persons. Such efforts will make optimal health outcomes more likely in the facility and improve the likelihood for acceptance of post-release referrals. A true continuum of care needs to be established that includes in-facility treatment, discharge planning, a firm linkage to community-based care, and enrollment in Medicaid, stable housing, employment opportunities and whatever other supports are necessary. **[CR14, CR18, CR30].**

<b>BP9: PROVIDE ENHANCED SERVICES FOR PATIENTS WITHIN CORRECTIONAL &amp; OTHER INSTITUTIONS AND SPECIFIC PROGRAMMING FOR PATIENTS RETURNING HOME FROM CORRECTIONS OR OTHER INSTITUTIONAL SETTINGS</b>		
<b>ACTIVITY</b>	<b>DETAILS</b>	<b>STATUS</b>
NYS DOCCS Match with HIV Surveillance Registry	A data match of all persons under NYS DOCCS custody with the HIV Surveillance Registry allows NYSDOH to identify HIV-diagnosed persons within NYS DOCCS so they may be targeted for interventions that support their return to medical care. This will make possible, for the first time, a comprehensive description of HIV-infected persons under NYS DOCCS custody. The match will also facilitate a new approach to assigning the “prisoner” designation within the HIV data system, enhancing reports on the HIV epidemic in NYS.	In Progress
Expanded Partner Services (ExPS) within NYS DOCCS	ExPS and enhanced medical care linkage efforts in NYS DOCCS correctional facilities use NYSDOH HIV Surveillance System data and DOCCS custody, demographic and medical data to identify HIV positive inmates in NYS DOCCS Correctional Facilities, as well as HIV positive releasees, presumed to be out-of-care. These individuals are interviewed by State or County staff and offered comprehensive partner services, inclusive of: linkage to medical care for HIV within or outside the housing DOCCS correctional facilities, referrals for linkage and navigation in care services through community based organizations, risk reduction counseling, partner notification and HIV testing.	Program implemented: Case assignments began during fourth quarter of 2015.
The Prison Seroprevalence Study	The AI will conduct an unlinked survey to assess HIV and HCV prevalence trends among incoming inmates to the NYS DOCCS system. This information will inform strategies for enhancing services for incarcerated people and contribute to understanding of the percent of HIV-positive incoming inmates who are unaware of their status.	In Progress

**BP10: Maximize opportunities through the Delivery System Reform Incentive Payment (DSRIP) process to support programs to achieve goals related to linkage, retention and viral suppression:** DSRIP provides a unique opportunity to engage and leverage the health care system statewide in support of efforts to maximize viral suppression among HIV-infected persons. The overall goal of DSRIP is to decrease preventable hospitalizations by 25%. Clearly, preventing HIV-infected persons from progressing to AIDS and developing opportunistic infections or other conditions that would require a hospital stay is in support of DSRIP’s prime objective. Having each Performing Provider System in the state adopt a Domain 4 HIV/AIDS project would benefit both DSRIP and the state’s efforts to end the HIV epidemic. Additionally, NYS Special Needs Plans (SNPs) should be added in the first quarter of 2015 to the State’s Marketplace and their scope expanded to include comprehensive HIV prevention services such as PrEP and nPEP to ensure full access to HIV SNPs for HIV-positive new Medicaid recipients and to those requesting transfers from mainstream plans. **[CR19]**.

**BP10: MAXIMIZE OPPORTUNITIES THROUGH THE DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROCESS TO SUPPORT PROGRAMS TO ACHIEVE GOALS RELATED TO LINKAGE, RETENTION & VIRAL SUPPRESSION**

ACTIVITY	DETAILS	STATUS
Add HIV Special Needs Plans (SNPs) to the NYS Health Insurance Marketplace	SNPs are now an option on the New York State of Health Insurance Marketplace. Web materials have been updated to reflect change.	Completed January 15, 2016.
DSRIP Project 11	DSRIP Project 11 is the implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non utilizing Medicaid populations into Community Based Organizations. The PPSs will partner with CBO’s to engage this target population, using Patient Activation Measures (PAM) in identifying “hot spot areas” (emergency rooms) where CBO’s can provide outreach and perform population health management by using Electronic Health Records (EHR) and other IT Platforms. Fourteen of the 25 DSRIP PPS selected Project 11 (also known as Project 2.d.i). Four of the fourteen are in the NYC /Long Island Region.	Five year timeline commenced April 2015
Match with HIV Surveillance and Medicaid Data	A periodic match of Medicaid data with HIV surveillance data will enable NYSDOH to assess levels of viral suppression among Medicaid recipients as a DSRIP outcome.	Ongoing
National Center on Addiction and Substance Abuse (CASA) Columbia Project	This data project will help describe the experience of Medicaid Health Home-enrolled, HIV-diagnosed individuals with respect to their medical outcomes and housing status. Findings from this study may be useful to DSRIP activities as they relate to HIV-infected persons.	In progress



## ACTIVITY REPORT

### **3. Provide access to Pre-Exposure Prophylaxis (PrEP) for persons who engage in high-risk behaviors to keep them HIV-negative.**

PrEP is a targeted biomedical intervention to facilitate “health care as prevention,” a six-pronged intervention for people who are HIV-negative and at high risk for infection. The intervention includes a once daily pill; periodic HIV testing; periodic STD screening; counseling about the use of condoms to prevent STDs; education about harm reduction options; and, counseling to promote adherence to the once-a-day PrEP medication.

Non-occupational Post-Exposure Prophylaxis (nPEP) is medicine that you can take if you are HIV-negative and you believe you have just been exposed to HIV. It is important seek treatment as soon as possible and within 36 hours. If you take nPEP as directed, it can stop the HIV virus from infecting your body. Patients on nPEP may be candidates for PrEP.

NYS Medicaid, along with most insurance plans, covers the only currently FDA-approved PrEP medication, Truvada®. Uninsured individuals may receive Truvada® through the Gilead patient assistance program (<https://start.truvada.com/>).

A New York State Pre-Exposure Prophylaxis Assistance Program (PrEP-AP) became effective January 1, 2015 which provides access to PrEP for under and uninsured eligible individuals. PrEP-AP provides reimbursement for necessary primary care services for eligible individuals being seen by providers who are experienced providing services to HIV-negative high-risk individuals. Additional information, including information on payment options for PrEP prescription costs, can be found on the “Payment Options for Pre-Exposure Prophylaxis (PrEP)” chart at [www.health.ny.gov/diseases/aids/general/prep/docs/payment\\_options.pdf](http://www.health.ny.gov/diseases/aids/general/prep/docs/payment_options.pdf).

Successful statewide implementation of PrEP requires collaboration among clinical providers, HIV testing programs, primary prevention programs and support services providers. The State supports enhanced HIV testing sites as gateways to widespread PrEP access. To expand on the availability and utilization of PrEP as a prevention tool, recommendations focus on education and awareness, affordability and cost, enhanced availability and the expansion of pilot programs within settings most likely to reach eligible individuals including transgender men and women, women of color, HIV-negative sexual and needle sharing partners of people with HIV (PWH) and men who have sex with men (MSM). As an example, MSM remain disproportionately impacted by HIV/AIDS with the least reduction in new infections when compared to other key populations. To end the epidemic there must be access to targeted strategies aimed at the communities that have shown the least advancement in reducing HIV incidence despite existing prevention techniques.

**BP11: UNDERTAKE A STATEWIDE EDUCATION CAMPAIGN ON PrEP AND nPEP:** For persons at high risk of acquiring HIV who have trouble adhering to other prevention strategies, PrEP and nPEP could mean the difference between staying negative and living the rest of their lives with HIV. Clinical guidance on how to use PrEP outside of clinical trial settings have only been available since early 2014. Considerable education must be done with providers and consumers, most especially those who should be prescribing PrEP and nPEP and those who should be taking it. In some areas there may be almost no information at all available, while in others the issue may be that old or otherwise inaccurate information is circulating in the community. Each segment of the campaign must be specifically designed for medium, content and format to meet the needs of the target audience. Special care needs to be taken with ensuring that populations at risk such as gay men of color/men of color who have sex with men are reached in an appropriate way since it is with these men that PrEP and nPEP are most likely to have an impact on reducing new HIV infections. Schools, prisons, substance use programs, and mental health facilities would also be good places to, at a minimum, provide education about PrEP and nPEP.

<b>BP11: UNDERTAKE A STATEWIDE EDUCATION CAMPAIGN ON PrEP AND nPEP</b>		
<b>Activity</b>	<b>Details</b>	<b>Status</b>
Consumer awareness campaign	A PrEP campaign that includes the use of major social marketing outlets is underway. The development of this campaign was informed by qualitative research regarding PrEP messaging for consumers. Campaign images represent the target populations for PrEP and the campaign has widespread coverage through the state via bus shelter ads, transit ads, billboards, convenience store ads, ads in magazines, ads on dating sites and other social media venues selected specifically to reach the target audience. <a href="http://www.prepforsex.org/">www.prepforsex.org/</a>	Ongoing
Increase public awareness of PrEP & PEP	Scale up the #PlaySure campaign. Expand the citywide #PlaySure campaign using classic and new media to promote PrEP, HIV treatment as prevention, and condoms.	Ongoing
PrEP activities at Pride events	Trainings are offered to prepare individuals who identify as lesbian, gay, bisexual and transgender (LGBT) to serve as PrEP ambassadors to speak to others about PrEP during Pride events. A PrEP Toolkit will be developed that will provide Pride event organizers with concrete ideas and tools for raising awareness and acceptability of PrEP during Pride events. PrEP materials (posters, FAQ, palm cards, brochures) will be made available at Pride events across NYS. AI funded CBOs will host tables that house info about PrEP and other HIV/STD prevention topics at Pride events. The AI will develop a simple tool to evaluate the impact of PrEP activities during Pride events.	Ongoing
Develop and deliver PrEP trainings for peers and outreach workers	PrEP trainings were offered through regional training centers as part of the standard training calendar. A total of 19 trainings include PrEP information and 1,321 non-clinical providers were trained in the first quarter of 2016.	Ongoing
PrEP messaging through Faith Based Organizations	The AI's Faith Communities Project organized a series of regionally based meetings in 2014 and 2015 to explore the intersection of faith and health, with an emphasis on the health and spiritual needs of LGBT communities. In 2015, AI funded contractors in the Bronx Hudson	In progress

**BP11: UNDERTAKE A STATEWIDE EDUCATION CAMPAIGN ON PREP AND NPEP**

Activity	Details	Status
	Valley; Brooklyn and Long Island provided PrEP and PEP information at regional faith-based programs. In 2016, this project will include PrEP and PEP information in all regional programs, and continue to provide opportunities for funded contractors to collaborate with faith communities to disseminate this information.	
Establishment of an email address and telephone number to use to gain information on PrEP	<p>The following were established to facilitate communication with providers and the public:</p> <ul style="list-style-type: none"> <li>➤ Clinical Education Initiative (CEI) Line: 1-866-637-2342, for clinicians to discuss PEP, PrEP, HIV, HCV and STD management with a specialist.</li> <li>➤ Email address: <a href="mailto:prep@health.ny.gov">prep@health.ny.gov</a>.</li> </ul>	Complete
PrEP and nPEP promotion through Contractors	All AI funded contractors are encouraged to promote PrEP and nPEP messages on websites, via social marketing, and through community education to raise awareness and reduce stigma. A community-based organization (CBO) PrEP promotional toolkit was distributed November 2015.	Complete
Develop and Deliver PrEP training for Community Mobilization Programs (CMPs)	Training was conducted to provide CMPs with up-to-date information on PrEP and nPEP, and to share effective strategies to promote them.	Complete
nPEP Fact Sheet	A PEP fact sheet providing emergent information is available on the NYSDOH website. <a href="http://www.health.ny.gov/diseases/aids/general/pep/#pep">http://www.health.ny.gov/diseases/aids/general/pep/#pep</a>	Complete
Letter to providers regarding nPEP	A letter was sent to medical providers in March 2015 outlining the most updated clinical guidance for prescribing nPEP and urging vigilance in identifying cases where nPEP can prevent HIV infection.	Complete
nPEP Poster	<p>Developed and disseminated an nPEP poster outlining circumstances when nPEP is needed, the timeframe it is effective, and where to go for medical care. English and Spanish versions are available.</p> <p><a href="http://www.health.ny.gov/publications/9104.pdf">http://www.health.ny.gov/publications/9104.pdf</a>  <a href="http://www.health.ny.gov/publications/9105.pdf">http://www.health.ny.gov/publications/9105.pdf</a></p>	Complete
Development of New York State (NYS) guidance document and Centers for Disease Control and Prevention (CDC) Guidelines	A multi-disciplinary group including medical providers and consumers was convened to develop a guidance document regarding evaluating, initiating and managing patients on PrEP in January 2014. In October 2015 the guidance was updated to include information about prescribing PrEP for adolescents and managing patients on PrEP who present with a positive HIV screening test or with symptoms suggestive of acute HIV infection. The NYSDOH AI continues to contribute to the development of national guidance on PrEP by serving on the CDC Outside Advisory and Review Committee and the CDC Insurance Consortium Work Group on PrEP.	Ongoing

**BP11: UNDERTAKE A STATEWIDE EDUCATION CAMPAIGN ON PREP AND NPEP**

Activity	Details	Status
<p>Develop and Disseminate PrEP Information and Educational Materials</p>	<p>Materials have been sent via list serves, posted on the AIDS Institute website and shared with contractors, providers and county and regional staff. Materials include the following:</p> <ul style="list-style-type: none"> <li>➤ A 20-minute video on PrEP for clinical providers</li> <li>➤ Seven distinct training courses on PrEP, including webinars offered through <a href="http://www.hivtrainingny.org">www.hivtrainingny.org</a> and online courses available at <a href="http://www.ceitraining.org">www.ceitraining.org</a></li> <li>➤ A presentation titled “Adding PrEP to the HIV Prevention Toolkit: Affecting Change for MSM of Color and Transgender Individuals” available on the Harlem United website</li> <li>➤ PrEP information for non-clinical providers</li> <li>➤ A summary of PrEP guidance for nonclinical providers</li> <li>➤ A consumer Q&amp;A posted on the NYSDOH website</li> <li>➤ Posters, a brochure and palm cards on PrEP</li> <li>➤ PrEP Assistance Program (PrEP-AP) consumer materials that have been developed in 7 languages and are available for order.</li> <li>➤ Bulk quantities of HIV/AIDS Consumer Educational Materials on PrEP and PEP have been made available. Orders may be placed by using the order form located at <a href="http://www.health.ny.gov/diseases/aids/general/publications/orderinginfo.htm">www.health.ny.gov/diseases/aids/general/publications/orderinginfo.htm</a>. Approximately 153,000 PrEP materials have been distributed just in the first quarter of 2016.</li> <li>➤ nPEP and PrEP resources for consumers and clinicians available in one place on the NYSDOH website</li> </ul> <p>Informational meetings have also been held across the state, for example:</p> <ul style="list-style-type: none"> <li>➤ Medical Society of the State of New York (MSSNY) Infectious Disease Workgroup</li> <li>➤ Local Health Department STD clinics across NYS</li> <li>➤ AI’s Office of the Medical Director (OMD) Substance Abuse Learning Network</li> <li>➤ NYS Managed Care Meeting</li> <li>➤ Adolescent Quality Learning Network</li> <li>➤ CDC Vital Signs Town Hall Teleconference presentation by NYSDOH Commissioner of Health</li> </ul> <p>PEP and PrEP were prioritized in the most recent Clinical Education Initiative (CEI) Request for Applications (RFA). CEI also developed a two-year multi-media training plan and is adapting the New York City Department of Health and Mental Hygiene (NYCDOHMH) PEP and PrEP detailing kit for clinical providers for Rest of State (ROS) providers to utilize.</p>	<p>Ongoing</p>

**BP11: UNDERTAKE A STATEWIDE EDUCATION CAMPAIGN ON PREP AND NPEP**

Activity	Details	Status
	<p>Hotline staff were provided education and training so they can appropriately answer questions received related to PrEP.</p> <p>A motivational interviewing (MI) tool was developed for discussing PrEP with clients who are at high risk for acquiring HIV.</p> <p>Links to Resources:  <a href="http://www.ceitraining.org">www.ceitraining.org</a>  <a href="http://www.hivtrainingny.org">www.hivtrainingny.org</a>  <a href="http://www.health.ny.gov/diseases/aids/general/prep/index.htm">http://www.health.ny.gov/diseases/aids/general/prep/index.htm</a></p>	
Updates to post-test negative messaging	Existing post-test negative messaging was expanded to include PrEP and nPEP information.	Complete
Provide national leadership on PrEP	<p>NYSDOH AI presented at:</p> <ul style="list-style-type: none"> <li>➤ United States Conference on AIDS (USCA) and ACT HIV, Denver</li> <li>➤ National Alliance of State and Territorial AIDS Directors (NASTAD), Washington, DC along with NYCDOHMH</li> <li>➤ Association of Nurses in AIDS Care (ANAC), Atlanta, GA</li> <li>➤ Black PrEP Summit, Washington, DC</li> <li>➤ Project Inform, Baltimore, MD</li> </ul>	Ongoing
Coordinate PrEP and PEP efforts with NYCDOHMH	Work collaboratively with NYCDOHMH to ensure coordination of PrEP and PEP activities.	Ongoing
PrEP information for local health department STD clinics	Collaborate with New York State Association of County Health Officials (NYSACHO) to provide PrEP information and marketing materials to Local Health Department (LHD) STD clinics.	Ongoing

**BP12: Include a variety of statewide programs for distribution and increased access to PrEP and nPEP:** Medical practices, facilities or other programs with prescribers that serve large numbers of gay men, sero-discordant couples, persons who inject drugs, sexually active young people, including minors, farm workers, sex workers and new immigrants should all consider what role they could play in getting high-risk persons on PrEP or nPEP and optimizing adherence. STD clinics and others providing reproductive health services, including youth-serving clinics, seem to be natural places to engage populations since almost all infections in New York are sexually transmitted. Persons at substantial risk for HIV will go to such a clinic out of necessity if they have another STD that needs treatment, and MSM who do not identify as gay may find such clinics a place to have a PrEP and nPEP discussion without the stigma that they may feel going to a venue more specifically identified with gay men. Minors determined by a provider experienced in adolescent health to have capacity to give informed consent for care should be able to receive PrEP or nPEP without parental consent. State and local HIV/STD partner services field staff are also important resource points for linking persons at highest risk to PrEP and nPEP.

<b>BP12: INCLUDE A VARIETY OF STATEWIDE PROGRAMS FOR DISTRIBUTION AND INCREASED ACCESS TO PREP AND NPEP</b>		
<b>Activity</b>	<b>Details</b>	<b>Status</b>
Directory of clinical providers offering PrEP	Both NYS and NYC have developed an online form to assist in collecting information on providers who are currently offering PrEP. Information collected by the NYSDOH AI is publicly posted on the AI Website: <a href="http://www.health.ny.gov/diseases/aids/general/prep/provider_directory.htm">www.health.ny.gov/diseases/aids/general/prep/provider_directory.htm</a> The NYS directory includes information on each providers' status as a PrEP-AP (the NYSDOH program that provides financial assistance to cover regular medical visits, periodic HIV testing, screening for STDs and other laboratory tests when received at a medical office that participates in PrEP-AP) provider. There was a 66% increase in providers volunteering to be in the directory during 2015.	Ongoing
Increase the number of PrEP prescribers statewide	Outreach to clinical providers is conducted by the Clinical Education Initiative (CEI)	Ongoing

**BP12: INCLUDE A VARIETY OF STATEWIDE PROGRAMS FOR DISTRIBUTION AND INCREASED ACCESS TO PREP AND NPEP**

Activity	Details	Status
PrEP Detailing Project	<p>Scale up PEP/PrEP provider detailing in New York City. Scale up the existing work using medical detailers to teach clinicians how to provide PEP and PrEP and create new detailing interventions to educate providers about biomedical prevention strategies for HIV.</p> <p>In an effort to improve access to PrEP treatment and care by increasing the number of prescribers, the AI will fund a contractor to provide technical assistance to prescribers on implementation of a PrEP program including and not limited to: best practices, assessing patient eligibility, conducting risk assessments and sexual health histories, and treatment adherence and retention in care aids. Existing AI resources such as clinical guidance and clinical education assistance will be made available, as well as information regarding patient financial assistance through the Gilead Consumer Assistance Program and the NYSDOH PrEP-AP. Methods conducted by the contractor will include one-on-one clinician education events, cold call canvassing, grand rounds presentations, regional network meetings, webinars and conferences.</p>	In progress
PrEP Implementation forum August 2015	<p>PrEP forum attendees included providers, public health officials, and community members from around NYS. The goals of the forum were to:</p> <ul style="list-style-type: none"> <li>➤ review the status of currently implemented PrEP programs,</li> <li>➤ define quality measures for PrEP services,</li> <li>➤ identify further areas for implementation knowledge and research,</li> <li>➤ advise the state on other public health issues related to PrEP implementation, and</li> <li>➤ discuss the intersection of PrEP services with STIs.</li> </ul> <p>The report is posted at <a href="http://www.hivguidelines.org/quality-of-care/prep-implementation/">http://www.hivguidelines.org/quality-of-care/prep-implementation/</a></p>	Complete
Adolescent Provider Forum on PrEP November 2015	<p>The forum convened clinical and non-clinical providers to discuss PrEP and PEP implementation in the adolescent population. The discussion focused on identifying successes to date; policy issues and clinical practice challenges in delivering PrEP to adolescents; and opportunities for change to expand PrEP for adolescents statewide in support of the NYS End the Epidemic by 2020 Initiative. The report is posted at <a href="http://www.hivguidelines.org/quality-of-care/prep-implementation/">http://www.hivguidelines.org/quality-of-care/prep-implementation/</a></p>	Complete
Conduct a PrEP Pilot Project	<p>A PrEP Pilot project explores implementation issues related to PrEP use by men who have sex with men (MSM) and transgender women.</p> <p>Participating Agencies:</p> <ul style="list-style-type: none"> <li>➤ APICHA Community Health Center</li> <li>➤ Evergreen Health</li> <li>➤ SUNY Downstate/HEAT Program</li> <li>➤ Trillium Health</li> <li>➤ William F. Ryan</li> </ul> <p>Dissemination of the project findings is underway.</p>	In progress

**BP12: INCLUDE A VARIETY OF STATEWIDE PROGRAMS FOR DISTRIBUTION AND INCREASED ACCESS TO PREP AND NPEP**

Activity	Details	Status
Offer PEP and PrEP at STD clinics	<p>Implement full PEP at STD clinics. Expand PEP provision from 3-day starter pack to full 28-day cycle for eligible patients.</p> <p>Implement PrEP at STD clinics. Provide PrEP starter packs, insurance connection and navigation to qualified primary care providers to eligible patients.</p>	In progress
Increase access to PEP and PrEP across NYC	<p>Open PEP Centers of Excellence and Clinical Service Call Center. Contract with clinical sites to facilitate access to PEP and provide care and support to expedite process; contract with on-call service to provide 24-hour triage and rapid access to PEP for eligible individuals.</p> <p>Provide Status-Neutral Care Coordination services. Support Ryan White Care Coordination Programs to expand their services to HIV-negative individuals.</p> <p>Open PrEP pilot for adolescents. Support clinical locations that focus on adolescent patients at risk of HIV to launch youth-focused combination prevention programs including PrEP.</p> <p>Establish PrEP network. Contract with community providers to establish a PrEP delivery network and linkage system across NYC.</p>	In progress
Pilot PrEP services in syringe exchange programs	Syringe exchange programs serving sizable percentages of PrEP eligible individuals have been identified and funded to implement a comprehensive PrEP linkage and navigation program.	In progress
PrEP telehealth implementation pilot	A telehealth pilot is being established in upstate New York to test expanding access in rural areas.	In progress
PrEP Specialists statewide	A PrEP Services Request for Applications (RFA) will fund 17 agencies across the state to operate and support PrEP services. Services will include outreach, intakes, assessments, treatment adherence services and providing other patient assistance.	In progress
Incorporate PrEP adherence support into the AI's Linkage, Retention, Treatment Adherence (LRTA) initiative	LRTA's aim is to improve outcomes for PLWHIV/AIDS through linkage to care, retention in care, and adherence to ART, resulting in viral suppression and improved health. PrEP adherence support is now included as part of this initiative.	Ongoing
Transgender Health Services contracts	Transgender Health Services contracts were awarded by the AI to promote PrEP awareness, assessment and linkage to care.	In progress
PrEP services through Youth Access Programs (YAPs)	Three YAPs were funded to expand services to young men who have sex with men (YMSM). Services include PrEP awareness, assessment and linkage to care.	In progress



**BP12: INCLUDE A VARIETY OF STATEWIDE PROGRAMS FOR DISTRIBUTION AND INCREASED ACCESS TO PREP AND NPEP**

Activity	Details	Status
Support for Local Health Department (LHDs) STD Clinics.	Contracts were awarded to counties in 2014 with the highest rate of new infections within the MSM community to increase access to PrEP. Additional contracts were awarded in 2016 for LHD STD clinics to provide comprehensive PrEP services including benefit coordination, PrEP prescriptions, and linkage to care and supportive services. Findings from the project will be shared with other LHD STD clinics.	In progress
Community Health Centers (CHCs) funded to create unique projects and outreach	Four CHCs were funded to create unique projects pertaining to PrEP, including: <ul style="list-style-type: none"> <li>➤ Chinese translation of materials</li> <li>➤ Transgender communities educational video</li> <li>➤ Mobile van outreach to engage young MSM</li> <li>➤ Provide emergency PEP services</li> </ul> Two CHCs were funded to conduct outreach to communities of color.	In progress
Collaborate with Community Health Care Association on New York State (CHCANYS) to survey CHCs about availability/feasibility of PrEP and nPEP service delivery	A survey of head clinicians at main and satellite CHC sites in NYS will assess: <ul style="list-style-type: none"> <li>➤ extent to which PrEP/PEP are being administered,</li> <li>➤ barriers to PrEP/PEP implementation, and</li> <li>➤ technical assistance needs to broaden availability of the programs.</li> </ul> The survey results are currently being analyzed	In progress
Prevention programs to include non-medical PrEP support services	Prevention programs will fund providers to implement comprehensive PrEP support programs targeting young MSM, especially young MSM of color. Services will include PrEP assessment; HIV and STD testing and referral, risk reduction and adherence counseling, condom distribution and linkage to supportive services.	In progress
Access to PEP	Governor’s Program Bill #30 (A.10724/S.8139) passed both houses in 2016. This legislation will allow a nurse practitioner to order a patient-specific or non-specific order to a pharmacist to dispense up to a seven day starter kit of PEP.	Passed both houses of the legislature

**BP13: Create a coordinated statewide mechanism for persons to access PrEP and nPEP and prevention-focused care:**

Although PrEP is a fairly straight forward regimen of one pill per day, there are numerous complicating factors that could be barriers to access and adherence. PrEP is covered by public and private insurance; however, there could be co-pays for the medication, associated ongoing HIV, STD or kidney function testing, or other prevention-related services that would make it less affordable. Persons considering PrEP may have difficulty figuring out their coverage, or how to access the various assistance programs that are available. Non-occupational post-exposure prophylaxis (nPEP) is also an important prevention tool that should have expanded access and utilization. Repeated use of nPEP is a strong indicator that PrEP may be more appropriate. The state should create a PrEP and nPEP assistance program for persons to gain easy access with out-of-pocket costs minimized through state support or coordination of benefits with other payers.

<b>BP13: CREATE A COORDINATED STATEWIDE MECHANISM FOR PERSONS TO ACCESS PREP AND NPEP AND PREVENTION-FOCUSED CARE</b>		
<b>Activity</b>	<b>Details</b>	<b>Status</b>
NYS PrEP-AP	NYS PrEP-AP became effective January 1, 2015. PrEP-AP provides access to PrEP for under and uninsured eligible individuals. PrEP-AP provides reimbursement for necessary primary care services for eligible individuals being seen by providers who are experienced providing services to HIV-negative high-risk individuals.	Ongoing
Supplemental rebates with pharmaceutical companies	Medicaid successfully negotiated supplemental rebates with pharmaceutical companies representing 90% of the HIV market to enable the State to stay within the Global Cap.	Complete
Development of a Reimbursement Chart	A reimbursement chart for PrEP is available publically at <a href="http://www.health.ny.gov/diseases/aids/general/prep/docs/payment_options.pdf">www.health.ny.gov/diseases/aids/general/prep/docs/payment_options.pdf</a> . The options include Medicaid, PrEP-AP, the Gilead Co-Pay Coupon Card, the Gilead Medication Assistance Program, the Patient Advocate Foundation, and most private insurances.	Complete
Medicaid coverage for Truvada® for PrEP	Effective February 21, 2013 Medicaid will cover Truvada® for PrEP. <a href="http://www.health.ny.gov/diseases/aids/general/prep/truvada.htm">www.health.ny.gov/diseases/aids/general/prep/truvada.htm</a>	Complete
Expedite access to nPEP	Collaborated with Medicaid to create an nPEP “auto bypass” in the Medicaid fee for service system, eliminating the need for prior approval and expediting access to medication for nPEP.	Complete

**BP14: Develop mechanisms to determine PrEP and nPEP usage and adherence statewide:** Since PrEP and nPEP has been identified as one of the three major initiatives in the plan to end HIV as an epidemic in New York, it would make sense to develop as comprehensive a system as possible to determine how many persons are on the medication and how adherent they are. Though PrEP currently is only approved at this point as a once-a-day dose of Truvada®, tracking use requires separating out persons who may be using it for treatment of HIV infection or for post-exposure prophylaxis. As new drugs become approved for PrEP and nPEP, the difficulties may increase depending on other uses for those medications. The state has good direct access to information of how Truvada® is being used by persons on Medicaid, but not so for other payers. The manufacturer of Truvada® only provides estimates of PrEP and nPEP utilization based on sales at a sample of pharmacies nationally. The possibility of creating a registry for the purposes of monitoring usage and adherence among New Yorkers is one avenue that should be explored.

<b>BP14: DEVELOP MECHANISMS TO DETERMINE PREP AND NPEP USAGE AND ADHERENCE STATEWIDE</b>		
<b>Activity</b>	<b>Details</b>	<b>Status</b>
PrEP-specific questions added to long-standing forms, surveys and databases	<p>PrEP-specific questions were added to:</p> <ul style="list-style-type: none"> <li>➤ HIV/STD Partner Services Interview Record</li> <li>➤ The HIV Provider Report Form</li> <li>➤ National HIV Behavioral Surveillance (NHBS) Survey</li> <li>➤ A Community Health Center (CHC) survey</li> </ul> <p>NYCDOHMH is collecting data about patients who initiate PrEP and adding necessary fields to provider reporting systems.</p>	In progress
Black MSM PrEP Research Study	<p>A qualitative assessment of HIV prevention decision making among NYS HIV negative Black MSM was conducted. Primary objectives related to PrEP:</p> <ul style="list-style-type: none"> <li>➤ Determine the perceptions of HIV-negative Black MSM have of PrEP as an HIV prevention strategy</li> <li>➤ Determine if, how and why, HIV-negative Black MSM utilize PrEP as an HIV prevention strategy</li> </ul> <p>Results will be used to inform future RFAs and to help CBO, primary care and PrEP provider efforts to reach this high risk group.</p>	Complete
Monitor number of Medicaid filled PrEP prescriptions	<p>In the published Morbidity and Mortality Weekly Report (MMWR) article “Vital Signs: Increased Medicaid Prescriptions for Pre-Exposure Prophylaxis Against HIV Infection – New York, 2012 – 2015” written by AI staff, prescription data from the New York State Medicaid program from July 2012 through June 2015 were analyzed with an algorithm using medication and diagnoses codes to identify continuous use of Truvada for &gt;30 days, after excluding use for PEP or treatment of HIV or chronic hepatitis B infection. The article concluded that PrEP use by Medicaid-insured persons increased by 400% in the year the Governor’s announcement to end the epidemic in New York State. Data will continue to be updated quarterly.</p>	Ongoing
Coordinate with NYCDOHMH	<p>Participated in NYCDOHMH’s PrEP monitoring meeting to determine statewide metrics for PrEP reporting.</p>	Ongoing

## ACTIVITY REPORT

### **4. Recommendations in support the decrease of new infections and disease progression**

Recommendations included in this section of the Ending the Epidemic (ETE) Blueprint focus on key areas, such as: harm reduction initiatives, integrated comprehensive approaches to addressing the needs of key populations (e.g., lesbian, gay, bisexual and transgender (LGBT) communities, people who use drugs, homeless youth, residents of rural areas), addressing important social determinants of health and supportive services (e.g., housing, education, employment/vocational services), individuals co-infected with both HIV and Hepatitis C (HCV) and enhancing the use of data to track and evaluate progress.

Many of these recommendations build on the efforts that made New York State (NYS) successful in addressing the HIV epidemic over the last three decades. However others, such as the recommendation to remove disincentives related to the possession of condoms, require working in tandem with key stakeholders and NYS lawmakers to advance legislation that would help to achieve the ETE goals in NYS.

Implementation of these recommendations will assist NYS in minimizing new infections and inhibiting disease progression.

**BP15: Increase momentum in promoting the health of people who use drugs:** Tremendous success has already been seen in reducing new HIV infections among persons who inject drugs. Steps should be taken to ensure that these gains are maintained and that programs are equipped to address the needs of the next generation of injectors which is unaware of the devastating epidemic of prior decades. Harm reduction approaches have been most successful in meeting the needs of this population, offering services that range from syringe access and overdose prevention all the way to access to drug treatment and relapse prevention. Policy and legislative changes must be advanced to promote expanded statewide access to clean syringes for injection drug users, increased access to drug treatment (especially expansion of methadone and buprenorphine capacity), and improved health systems to protect drug users from related adverse outcomes such as overdose and contracting viral hepatitis.  
**[CR31].**

<b>BP15: INCREASE MOMENTUM IN PROMOTING THE HEALTH OF PEOPLE WHO USE DRUGS</b>		
<b>Activity</b>	<b>Details</b>	<b>Status</b>
Updated Trainings and Resources through The Drug User Health Training Center	<p>The Drug User Health Training Center of Expertise, funded by the AIDS Institute (AI), developed a training designed to prepare health and human services providers and harm reduction staff to teach drug users practices for safer injecting and care of wounds related to injection.</p> <p>The Drug User Health Training Center of Expertise will update and re-issue a 2012 training and consumer education booklet designed to address drug users' concerns about seeking health care services, understand their options for health coverage and how to establish a positive relationship with a health care provider/facility.</p> <p>The Drug User Health Training Center of Expertise is developed a training designed to provide health and human services providers and harm reduction staff with a comprehensive overview of Harm Reduction and prepare them to effectively engage clients in a range of interventions to reduce the risk of harm associated with drug use and other high risk behaviors.</p> <p>The Drug User Health Training Center of Expertise created a four-part webcast exploring important concepts and best practices for promoting the health of people who use drugs. The Webcast, <i>Drug User Health Caring for the Whole Person</i> was posted in January 2016. Since posting 154 individuals have viewed the four part series.</p>	<p>Training delivered 5 times to a total of 65 individuals.</p> <p>Training under development and to be piloted summer 2016</p> <p>Piloted training on Harm Reduction Approach Overview that was delivered 3 times to a total of 79 individuals. Regional Training Centers will manage regional delivery in fall 2016.</p> <p>Ongoing</p>
Pre-Exposure Prophylaxis (PrEP) Pilot for Injection Drug Users	Four harm reduction/syringe exchange programs received funding to conduct a PrEP Pilot Project for Injection Drug Users. These programs serve a sizable percentage of PrEP eligible individuals and will implement a comprehensive PrEP linkage and navigation program.	Began January 2016

**BP15: INCREASE MOMENTUM IN PROMOTING THE HEALTH OF PEOPLE WHO USE DRUGS**

Activity	Details	Status
<p>Improve Access to SEPs and Syringe Disposal Information: Mobile Application "The Point"</p>	<p>The Point is a site locator tool developed for the purpose of finding locations statewide and/or near you where you can obtain hypodermic needles and syringes without a prescription, as well as locations where syringes and drugs can be disposed safely in secure and anonymous drop boxes (kiosks). Through the use of an internet address (<a href="http://www.nydropsboxes.org">http://www.nydropsboxes.org</a> or <a href="http://www.thepointny.org">http://www.thepointny.org</a>), you can access the locator. The site offers a search function to help find locations near addresses of interest (e.g. home or work) as well as a browse feature where you can navigate in a map to explore where to find these locations. Each location has an automatic link to Google Maps for driving directions so users can easily find and access them. The site contains a resource section for additional information about the ESAP program as well as links to other relevant information (e.g. the 911 Good Samaritan Law). The site is regularly updated to reflect the most current locations for syringe disposal and syringe access.</p> <p>The Point was developed by the Center for Health &amp; Social Research at SUNY Buffalo State in collaboration with the Erie County Department of Health.</p>	<p>Completed</p>
<p>Patient-Centered Outcome Research Initiative (PCORI) Grant</p>	<p>Hudson River Health Care was awarded a PCORI grant to establish a coalition of stakeholders that includes consumers, providers, government officials, and others to address co-morbidities and the people with HIV (PWH) aging population. Representative who are part of the drug user community and/or who work with the community are invited to participate on the coalition. All staff are involved in a supportive role. Initial Stakeholder meetings were held on July 22, 2015 and a second on January 21, 2016. Two focus groups, inclusive of consumers representing the drug user community, were convened January 19, 2016 and February 25, 2016 to gather input on grant. Consumers representing the drug user community were included.</p>	<p>Ongoing</p>
<p>Active referral of substance users for drug treatment and other needed medical and social services</p>	<p>Seven contracts were executed by the AI on October 1, 2015. These programs will engage substance users in order to connect them with detoxification, drug treatment, medical, and social services. They will also offer on-site HIV and Hepatitis C (HCV) testing.</p>	<p>In progress</p>
<p>Medical care on-site at Syringe Exchange Programs (SEPs)</p>	<p>AIDS Community Resources (ACR) Health will be funded to provide on-site medical care (and referral) for clients of that agency's Syringe Exchange Program. Clients will receive acute medical treatment, disease screening, vaccinations, and assistance in qualifying for medical insurance, with the goal of connecting clients with a more permanent medical home and engaging individuals in ongoing care.</p>	<p>In progress</p>
<p>Syringe Exchange Program (SEP) Expansion</p>	<p>NYS continues to expand closer to having syringe exchange services offered statewide. New SEP sites continue to be identified. Many new sites are currently in progress, including 18 newly funded programs</p>	<p>Ongoing</p>

**BP15: INCREASE MOMENTUM IN PROMOTING THE HEALTH OF PEOPLE WHO USE DRUGS**

Activity	Details	Status
	using peer-delivered syringe exchange (PDSE) as well as other programs using mobile van services for counties in need.	
Expansion of Safe Sharps Collection Sites in NYS	NYS continued to expand the number of syringe collection kiosks and wall mounted units available across NYS to decrease the number of improperly discarded syringes in the community.	Ongoing
Community Opioid Overdose Prevention Program	<p>There are currently over 300 registered opioid overdose prevention programs, with over 100,000 individuals trained since the program's inception in 2006. Over 56,000 people were trained between October 1, 2014 and December 31, 2015. As of March 2016, these programs have documented 1,805 reversals by community responders since 2006, which is likely undercounted.</p> <p>In addition, law enforcement personnel and fire fighters have administered naloxone more than 1,500 times since 2014.</p> <p>The community and public safety naloxone programs have been enhanced by a focus on individuals returning to the community from correctional settings. As of April 2016, incarcerated individuals in 8 DOCCS facilities are being trained in overdose and have the option of obtaining naloxone upon their release.</p> <p>Another focus is on secondary schools, which have been authorized since August 2015 to have opioid overdose response capacity. As of April 15, 34 school districts have become registered overdose programs, representing 134 distinct schools.</p> <p>Availability of naloxone under standing orders in community pharmacies is rapidly expanding. There are over 1,200 pharmacies Statewide that are currently able to dispense naloxone without their customers bringing in a prescription. To support further expansion, a NYS-specific continuing pharmacy education training has been developed and is available on-line at <a href="http://pharmacy.buffalo.edu/naloxone-training">http://pharmacy.buffalo.edu/naloxone-training</a>.</p>	Ongoing
Support priority populations throughout NYC	Support programs for IV drug and crystal meth users. Contract with community-based clinics and organizations to expand or develop innovative programs to help manage use and reduce harms associated with intravenous drug and crystal methamphetamine use.	In progress

**BP16: Ensure access to stable housing:** The greatest unmet need of people at risk or living with HIV in New York State is housing. Research findings show that a lack of stable housing is a formidable barrier to HIV care and treatment effectiveness at each point in the HIV care continuum – PWH who lack stable housing: are more likely to delay HIV testing and entry into care; are more likely to experience discontinuous care; are less likely to be on ART; and are less likely achieve sustained viral suppression. Studies show that housing assistance is an evidence based HIV health intervention that is among the stronger predictors of improved HIV health and viral suppression. Expanded eligibility and new resources are necessary for the expansion of supportive housing opportunities for PWH. Statewide protections such as limiting the percentage of income that can be required for rent in publicly funded housing programs should be instituted. [CR34].

BP16: ENSURE ACCESS TO STABLE HOUSING		
Activity	Details	Status
30% Rent Cap Implementation	30% rent cap allows eligible persons sufficient funds to cover other essential living expenses; persons who have stable housing are found more likely to maintain viral suppression.	Ongoing



**BP17: Reducing new HIV incidence among homeless youth through stable housing and supportive services:** Given the significant rise of HIV rates among young adults, especially among men who have sex with men (MSM) of color and transgender populations, it is imperative that NYS address the structural drivers of HIV incidence including, but not limited to poverty, homelessness and housing instability, stigma, health disparities and lack of access to biomedical HIV prevention that put certain youth at extremely high risk for HIV infection and numerous other negative medical and behavioral health outcomes. Without comprehensive programs that address these and other factors, homeless and unstably housed youth and youth aging out of foster care are at high risk. Since the needs of these populations cut across many state and local government entities, it is recommended that a formalized interagency approach be adopted. More flexibility in the range of ages served by housing programs is called for to ensure those young persons at either end of the range are not arbitrarily shut out of programs that could keep them uninfected. A statewide needs assessment may be an important first step so actions taken are informed by a systematic examination of current circumstances. [CR30, CR32].

<b>BP17: REDUCING NEW HIV INCIDENCE AMONG HOMELESS YOUTH THROUGH STABLE HOUSING &amp; SUPPORTIVE SERVICES</b>		
<b>Activity</b>	<b>Details</b>	<b>Status</b>
HIV incidence data	The estimate of annual new infections is an important benchmark in tracking Ending the Epidemic efforts (estimation of new infections among youth is available, using the CDC's incidence methodology).	Ongoing
Quality of Care Young Adults Consumer Advisory Committee (YACAC) Members	The NYS Quality of Care Young Adults Consumer Advisory Committee (YACAC) provides recommendations and concerns to AIDS Institute staff, and the New York State Clinical and Consumer Advisory Committees about the quality of health care and prevention services provided to HIV-positive young adults between the ages of 16-24 in New York State. The YACAC works to increase awareness among HIV clinical providers, government officials, and consumers of the critical role that HIV positive young adults can play in helping to formulate public health policies and to develop, implement, and evaluate quality HIV health care services. The AI recruits consumers to provide input on stable housing and supportive services for young adults through YACAC. A total of six new members were recruited and joined the committee between July 1, 2015 and March 31, 2016. Future agenda item will include topic on stable housing and supportive services.	Ongoing

**BP18: Health, housing and human rights for LGBT communities:** Promoting the health, safety and dignity of LGBT communities is a vital part of ending the HIV epidemic in New York State. Culturally-competent service models that address individual, group and community-level barriers to LGBT identified individuals engaging and linking to care must be addressed. Utilization of peer led programming may better engage people in activities that support employment, life skills training, and mentorship. Considering the major impact HIV has had on populations such as gay men and transgender persons, special attention needs to be given to developing infrastructure to allow these communities to play a direct role in identifying and addressing their own needs. [CR30, CR33].

<b>BP18: HEALTH, HOUSING AND HUMAN RIGHTS FOR LGBT COMMUNITIES</b>		
<b>Activity</b>	<b>Details</b>	<b>Status</b>
Supportive Housing Initiative targeted to HIV-positive LGBT young adults	Supportive Housing Initiative targeted to HIV-positive LGBT young adults funding was awarded on March 15, 2016 to implement 25 units of supportive housing.	In progress
Behavioral Health Education (BHE) Initiative	The BHE Initiative funds 14 community based agencies statewide to provide behavioral health screenings, referrals, and psychoeducational interventions to people with HIV (PWH). The programs work with clients who are not engaged in mental health or substance use treatment services to promote treatment readiness. Peer navigators assist in engagement and education with a culturally competent approach. Funded programs have demonstrated experience providing cultural, linguistic, and health literate appropriate services to persons including LGBTQ populations.	Ongoing
The Engagement and Supportive Services (ESS) Initiative: HIV/AIDS Case Management & Health Education	The ESS Initiative funds 23 community based agencies statewide to provide case management and health education services that focus on PWH who have fallen out of or are sporadically engaged in HIV care and treatment, with the goal of linking and retaining persons in care that results in sustained viral load suppression. Peer navigators assist in engagement and education with a culturally competent approach. Funded programs have demonstrated experience providing cultural, linguistic, and health literate appropriate services to persons including LGBTQ populations.	Ongoing
ESS: HIV/AIDS Emerging Communities	The ESS Initiative funds three community based programs that focus on engagement and retention in care for HIV-infected gay men and MSM, with the primary goal of improving health outcomes and achieving viral suppression. Peer navigators assist in engagement and education with a culturally competent approach. Funded programs have demonstrated experience providing cultural, linguistic, and health literate appropriate services to LGBTQ populations. Funding for these programs is region-specific, targeting three areas identified by HRSA: the Western, Northeastern, and Finger Lakes Regions.	Ongoing
The Legal Services for Individuals and Families Living with HIV/AIDS & Family Stabilization Support Services Initiative	The Legal Services for Individuals and Families Living with HIV/AIDS & Family Stabilization Support Services Initiative funds eleven community based agencies statewide to provide legal assistance or representation that enable PWH to overcome barriers to care or services, maintain benefits or services, and assert legal rights, as well as supportive family stabilization services for HIV-positive parents,	Ongoing

**BP18: HEALTH, HOUSING AND HUMAN RIGHTS FOR LGBT COMMUNITIES**

Activity	Details	Status
	their dependent children, and identified caregivers. Services include assistance for transgender persons regarding documentation issues related to access to care.	
Enhanced Youth Access Programs (YAPs)	Youth Access Programs promote HIV testing and health care to youth who engage in high-risk behaviors in community based locations. Low threshold clinical services are provided/offered, utilizing either a mobile medical unit or a mobile multidisciplinary team that travels to community based organizations to provide services in targeted community based venues. Programs provide low threshold clinical services such as STI screening and treatment and risk reduction counseling, and PrEP and PEP services, in addition to HIV testing. Enhanced funding supports three YAPs to promote services targeted to young MSM in community based venues. Programs are increasingly using social media to reach the target population and facilitate access to care.	Ongoing
Cultural Competency Training	Providers offer LGBT cultural competency training for staff of health and mental health service entities.	Ongoing
Support priority populations throughout New York City	<p>Conduct targeted provider trainings around sexual and gender-related health issues. Hold several sexual health symposiums and support transgender health education programming for the goal of increasing providers' capacity for providing holistic and community-informed sexual health care services to NYC residents.</p> <p>Publish and disseminate an LGBTQ Patient Bill of Rights. Develop and disseminate a novel LGBTQ patient bill of rights to empower LGBTQ patients to seek culturally-informed and advanced services from healthcare providers.</p> <p>Support LBGTO Coalition. Support 50+ organizations to meet and generate plans to curtail HIV/AIDS epidemic in LGBTQ populations.</p> <p>Support trans-led and trans-focused organizations. Contract with community-based organizations serving transgender individuals to support their development and expand their delivery of services.</p>	In progress

**BP19: Institute an integrated comprehensive approach to transgender health care and human rights:** Due to stigma, discrimination, and related circumstances, transgender persons have extremely high rates of HIV infection. Promoting the health, safety, dignity and human rights of transgender communities will be a vital part of ending the epidemic in New York State. Removing the barriers for transgender New Yorkers to access health care, and ensuring the prompt implementation of the new regulations around access to transition services, must be a priority. Governor Cuomo has already taken steps to protect the rights of all LGBT persons in the state workforce. Having the same level of protection for sexual orientation and gender expression across the state would decrease stigma and discrimination that lead to poor health outcomes, including HIV infection. [CR30, CR39, CR40].

<b>BP19: INSTITUTE AN INTEGRATED COMPREHENSIVE APPROACH TO TRANSGENDER HEALTH CARE &amp; HUMAN RIGHTS</b>		
<b>Activity</b>	<b>Details</b>	<b>Status</b>
Transgender Health Care Services	Through enhanced funding, three programs have developed Transgender Health Care Programs to meet the prevention, health care, mental health, medical case management and other supportive services needs of transgender individuals. HIV-positive individuals receive ongoing HIV care and treatment, while HIV-negative individuals receive ongoing primary care services, including HIV testing and PrEP and nPEP counseling and assessment.	In progress
Cultural Competency and Transgender Communities Training for Providers	The AI Office of the Medical Director (OMD) Training Center of Expertise in Promoting Sexual Health, Health Care and Secondary Prevention for LGBT individuals is developing an advanced training on Cultural Competency and working with and for transgender communities.	Training to be completed and piloted by summer 2016
Quality of Care Young Adults Consumer Advisory Committee (YACAC) Members	The NYS Quality of Care Young Adults Consumer Advisory Committee (YACAC) provides recommendations and concerns to AIDS Institute staff, and the New York State Clinical and Consumer Advisory Committees about the quality of health care and prevention services provided to HIV-positive young adults between the ages of 16-24 in New York State. The YACAC works to increase awareness among HIV clinical providers, government officials, and consumers of the critical role that HIV positive young adults can play in helping to formulate public health policies and to develop, implement, and evaluate quality HIV health care services. The AI recruits consumers to provide input on an integrated comprehensive approach to transgender health care and human rights. A total of six new members were recruited and joined the committee between July 1, 2015 and March 31, 2016.	Ongoing

**BP20: Expanded Medicaid coverage for sexual and drug-related health services to targeted populations:** To end the epidemic, targeted prevention and care efforts must be made for NYS residents that are at high risk for HIV who are uninsured, underinsured or privately insured and want to keep their sexual health services confidential. The provision of a benefit that is similar to the current NYS Family Planning Benefits Program (FPBP) would cover sexual health services, such as PrEP and nPEP, STI screening and treatment, HIV management, Hepatitis C testing and treatment, family planning services, and transgender transition services. [CR31, CR41, CR43].

<b>BP20: EXPANDED MEDICAID COVERAGE FOR SEXUAL &amp; DRUG-RELATED HEALTH SERVICES TO TARGETED POPULATIONS</b>		
<b>Activity</b>	<b>Details</b>	<b>Status</b>
State Plan amendment (SPA)	A State Plan amendment (SPA) has been submitted for review by Centers for Medicare and Medicaid Services (CMS). If approved, harm reduction service providers would be able to be reimbursed by Medicaid.	In progress

**BP21: Establish mechanisms for an HIV peer workforce:** Employment is an important facilitator of long-term adherence and viral suppression. Many PWH have already re-entered the workforce or never left it. Others have a strong desire to work, but few opportunities are available to them. Development of a certified peer workforce that can provide Medicaid-reimbursable linkage, reengagement, treatment adherence, and retention in care services offers a high impact, cost-effective and sustainable model for delivering peer education and health navigation services. Peers reflect the diversity of the people they are serving, and they are uniquely qualified by their shared experiences to assist HIV-positive consumers to navigate various health care environments across the service continuum. Peers help to ensure that a consumer-centered approach is taken in service delivery and that access to culturally-and linguistically-appropriate interventions and health care services are more available. Integration of a peer-delivered model in the health care system requires the development a set of services that are optimally delivered by peers and a standardized training program that leads to a certification or designation accepted by service provider agencies and payers, and pays a living wage. [CR13, CR30].

<b>BP21: ESTABLISH MECHANISMS FOR AN HIV PEER WORKFORCE</b>		
<b>Activity</b>	<b>Details</b>	<b>Status</b>
AIDS Institute Peer Worker certification	The AIDS Institute Peer Worker certification process is intended to be a vehicle to improve client services while supporting employment opportunities for people living with HIV or HCV. The aspects of the certification include: defining core competencies, code of ethics, training catalogue, convening a decision-making review board, knowledge assessment, study guides, on-line application, and orientation sessions for prospective peer workers. It is anticipated that the first cadre of peers will be certified by the end of June 2016.	In progress
Establish reimbursement for Medicaid peer credentialing services	New Delivery System Reform Incentive Payment (DSRIP) Program and Health and Recovery Plan (HARP) related Medicaid funds include funding for peer-based models of care for outreach, retention, community health workers and self-management training.	In progress
Inclusion of peer requirement in AI Programs	The AI is aligning with this Blueprint recommendation by including a peer requirement in many of its program models.	Ongoing

**BP22: Access to care for residents of rural, suburban and other areas of the state:** Identified, long-term structural barriers to accessing care require specific accommodations to promote increased access, adherence and viral suppression among residents of rural, suburban and other communities across New York State. New York is a large state impacted by varied levels of care access and varied formal care structures. As a result of this varied access, the effective use of telehealth, telemedicine, digital and electronic care coordination models should be instituted among care and support service providers. Transportation should be reimbursed (via stipend, gas card, MetroCard) and made accessible in a reasonable manner to consumers. Physician incentives should be applied to encourage physicians to practice in rural and other isolated communities of the state, and should include the removal of existing barriers for the reimbursement of telemedicine services. Culturally sensitive modalities of care should be required when considering the needs of key, high risk populations including MSM, MSM of color, transgender people, women of color, and injection drug users. These identified high-risk communities often report barriers to accessing care within their local community due to stigma and discrimination further provoked by a lack of anonymity. **[CR10, CR44]**.

<b>BP22: ACCESS TO CARE FOR RESIDENTS OF RURAL, SUBURBAN AND OTHER AREAS OF THE STATE</b>		
<b>Activity</b>	<b>Details</b>	<b>Status</b>
PrEP telehealth implementation pilot	A telehealth pilot is being established in upstate New York to test expanding access to PrEP in rural areas.	In progress
Clinical Education Initiative (CEI)	CEI increases the capacity of the state’s workforce to deliver HIV, STD, and HCV clinical services, with a particular focus on NYS outside of NYC and communities with few HIV, STD, and/or HCV targeted resources. <a href="http://www.ceitraining.org/">www.ceitraining.org/</a>	Ongoing

**BP23: Promote comprehensive sexual health education:** New York State youth continue to have high rates of STIs which have serious health consequences including infertility and increased susceptibility to HIV infection. These rates are evidence that current school and family based efforts and approaches are not adequate. Since HIV transmission in New York is now almost exclusively sexually transmitted, New York State schools should be encouraged to provide comprehensive sexual health education. Such education deals not just with providing information on disease but tools for living healthily across the lifespan. This is similar to youth nutrition programs not only addressing the dangers of obesity but providing guidance on good food choices and exercise. Sexual health education, including LGBT sexual health, provides students with the knowledge, skills, and support they need to make healthy decisions, develop positive beliefs, and respect the important role sexuality plays throughout a person’s life. At the secondary level, sexuality education includes the knowledge and skills to delay sexual activity and prevent and protect against sexually transmitted infections including HIV, unintended pregnancies, including the effective use condoms, contraceptives, nPEP, and PrEP. Education at all levels must be inclusive and respectful of the role gender identity and sexual orientation play in sexual health. [CR38].

<b>BP23: PROMOTE COMPREHENSIVE SEXUAL HEALTH EDUCATION</b>		
<b>Activity</b>	<b>Details</b>	<b>Status</b>
The NYS Sexual Health Plan	The plan is a guide to ensure that accurate sexual health information and quality health services are made available to all youth in New York State. The purpose of this plan is to address the HIV, STD, and pregnancy prevention needs of adolescents and young adults and promote positive, healthy, and informed choices regarding sexual health. Educators, community stakeholders, health care providers, policy makers, members of the public, and private sectors are encouraged to utilize this plan as a helpful tool to influence their communities and youth. The New York State Youth Sexual Health Plan is a collaborative effort between the Department of Health (DOH) and other members of the Interagency Task Force on HIV/AIDS.	In progress and launched in 2014
Take Control! Social Media Campaign	The Take Control! Social Media Campaign provides STD, HIV, pregnancy, health promotion and risk reduction education to high risk individuals using a Facebook page, Instagram account and stand-alone website (nysyouth.net) to reach and engage youth.	Ongoing
STD Center of Excellence	The CEI STD Center of Excellence provides STD-related trainings and conferences, webinars on STD prevention, as well as presentations on STDs, STD treatment guidelines, Substance Abuse, and HIV. The Center of Excellence also offers Preceptorship sessions on STD clinical observations.	Ongoing
Chlamydia Mapping	AI staff developed regional maps describing chlamydia incidence among females age 10-19 years within NYS school district boundaries outside of NYC. <a href="http://www.health.ny.gov/statistics/diseases/communicable/std">http://www.health.ny.gov/statistics/diseases/communicable/std</a>	Completed
Youth Health Advocates RFA	Funding to support HIV, STD and HCV prevention and related services to adolescents ages 13-24 through the use of Youth Health Advocates provide comprehensive sexual health education and linkage and navigation to healthcare and essential supportive services.	Contracts began March 1, 2016
Quality of Care Young Adult Consumer Advisory	YACAC provides recommendations and concerns to AI staff and the New York State Clinical and Consumer Advisory Committees about the quality of health care and prevention services provided to HIV-positive young adults between the ages of 16-24 in NYS. Members	Ongoing



**BP23: PROMOTE COMPREHENSIVE SEXUAL HEALTH EDUCATION**

<b>Activity</b>	<b>Details</b>	<b>Status</b>
Committee (YACAC)	provide consumer input on comprehensive sexual health education. Members of YACAC served as peer educators during 2015 World AIDS Day activities held in Albany.	
Clinical Conference	The CEI program will offer a New York State STD Clinical Conference on June 24, 2016.	In progress

**BP24: Remove disincentives related to possession of condoms:** Current law permits a person’s possession of condoms to be offered as evidence of prostitution-related criminal and civil offenses. At times condoms are confiscated as contraband, and the fact that a person is carrying condoms can be used as a basis for suspicion, arrest, or prosecution. The persons targeted are often sex workers (or assumed to be sex workers) who are at the highest risk for infection. As a result, individuals are discouraged from carrying and using condoms, undermining state efforts to limit the spread of HIV and other STIs. Permitting this practice to continue to criminalize and stigmatize condom possession is in direct opposition to promotion of condom use as a prevention tool essential to public health. Reform is necessary to minimize the practice of confiscating and using condoms as evidence except in those cases where it is clearly necessary. **[CR35, CR36].**

<b>BP24: REMOVE DISINCENTIVES RELATED TO POSSESSION OF CONDOMS</b>		
<b>Activity</b>	<b>Details</b>	<b>Status</b>
Limiting the admission of condoms in criminal proceedings for misdemeanor prostitution offenses	Through an Article VII amendment in 2015-2016, NYS laws were revised to limit the admission of condoms in criminal proceedings for misdemeanor prostitution offenses.	Completed
Educational materials to raise community and law enforcement awareness regarding change in NYS Criminal Procedure Law	Educational materials were developed to raise community and law enforcement awareness regarding change in NYS Criminal Procedure Law regarding the use of condoms as evidence in prostitution offenses. A video was also developed for law enforcement by law enforcement on the Syringe Exchange Program, Expanded Syringe Access Programs, Opioid Overdose Prevention Program and 911 Good Samaritan Law.	Completed and Disseminated

**BP25: Treatment as prevention information and anti-stigma media campaign:** New York State and City have a history of developing successful HIV-related public education campaigns. One model, the “HIV Stops with Me” campaign, is a statewide information effort targeting communities of high HIV prevalence to address stigma, discrimination and the prevention benefits of HIV treatment. A campaign that targets both HIV-infected and HIV uninfected individuals should promote prevention interventions and serve to improve treatment adherence for people living with HIV. Lowering the threshold for consent and access to treatment and ARV-P (antiretroviral prophylaxis) for adolescents at risk for HIV acquisition should be explored. Stigma has greatly impacted the ability of many members of affected communities to remain in care. A well-designed informational campaign targeting MSM of color, especially young black MSM, recent immigrants (Latin American, Haitian, Caribbean and African immigrants in particular), transgender persons and women, may result in a significant increase in persons who access PrEP and nPEP, HIV testing, are linked to care, are retained in care and are adherent to ART. The campaign should also target health care providers to increase their cultural competency and reduce the stigma that patients experience while in care. It should also increase the awareness and expanded use of new prevention options by health care providers. [CR42].

<b>BP25: TREATMENT AS PREVENTION INFORMATION AND ANTI-STIGMA MEDIA CAMPAIGN</b>		
<b>Activity</b>	<b>Details</b>	<b>Status</b>
Ending the Epidemic Marketing Campaign	Ending the Epidemic messages are promoted via media campaign using billboards, subway and bus shelter ads, social media outlets, amongst others. Messages address the importance of getting tested for HIV, the efficacy of treatment and the importance of supporting people with HIV and encouraging them to access treatment. The public is encouraged to visit the website for more information: <a href="https://health.ny.gov/ete">https://health.ny.gov/ete</a>	Ongoing
HIV Stops with Me Campaign	The HIV Stops with Me Campaign is a social-marketing campaign that aims to prevent the spread of HIV while also reducing the stigma associated with the disease. The campaign focuses on the personal strengths of people living with HIV and affirms their ability to display these qualities in their everyday life to tear down the stigma associated with HIV. It is currently running throughout New York State, with campaign spokesmodels from in New York City, Long Island, Hudson Valley, Albany, Rochester, Syracuse and Buffalo. <a href="http://www.hivstopswithme.org">www.hivstopswithme.org</a>	Ongoing
Outreach Campaign to address HIV-related Stigma	Conducted an outreach campaign to address HIV related stigma by educating HIV/AIDS service providers, advocacy groups and those living with HIV/AIDS on the protections afforded by the New York State Human Rights Law (NYSHRL).	Completed

**BP26: Provide HCV testing to persons with HIV and remove restrictions to HCV treatment access based on financial considerations for individuals co-infected with HIV and HCV:** Hepatitis C virus (HCV) is a common cause of death from liver disease among the HIV-infected population. Approximately 15% to 30% of people in the U.S. with HIV are estimated to be co-infected with HCV. Data reported from the *AIDS Clinical Trial Group (ACTG) A5001 cohort* demonstrate that HIV/HCV co-infected patients visit the emergency department more frequently, are hospitalized more often, and have longer hospital stays than HIV mono-infected patients. Other studies have established HCV-related end-stage liver disease as a leading cause of in-hospital mortality among HIV-infected patients. The reduction and treatment of HCV transmission is a key priority for ensuring one devastating epidemic is not ended while another, which impacts many of the same populations, continues. HCV detection and treatment directly relates to individual health outcomes and overall quality of care. Targeted efforts may potentially eliminate HCV-related morbidity and mortality among co-infected persons by providing HCV testing to all persons living with HIV and restrictions to access based on financial considerations should be addressed and by removing restrictions to HCV treatment access based on financial considerations for individuals co-infected with HCV HIV/HCV. **[CR43]**.

<b>BP26: PROVIDE HCV TESTING TO PERSONS WITH HIV AND REMOVE RESTRICTIONS TO HCV TREATMENT ACCESS BASED ON FINANCIAL CONSIDERATIONS FOR INDIVIDUALS CO-INFECTED WITH HIV AND HCV</b>		
<b>Activity</b>	<b>Details</b>	<b>Status</b>
NYS HCV Rapid Testing Program	The NYS HCV Rapid Testing Program is managed and evaluated by the AI. The program provides free HCV rapid test kits. In addition, AI covers the cost of HCV RNA testing for programs able to provide this service. The screening program recently launched an HCV screening pilot among local county jails.	Ongoing
HCV and HIV/HCV Linkage to care, care and treatment initiative	The AI currently provides funding to 15 primary care sites to integrate HCV care and Treatment. The goals of this initiative are to increase the number of people infected with HCV who get linked to care and improve HCV treatment initiation and completion rates. Four of the 10 sites are HIV primary care sites.	Ongoing
NYS HCV Testing Law	Implemented in January 2014, the HCV testing law serves to increase the number of people that know their HCV status. The impact of the HCV testing law has been evaluated and the report received by the Governor and Legislature. The sunset date of the law is January 2020.	Ongoing
HCV Clinical Guidelines	The AI is charged with the development of clinical guidelines for the management of HIV/HCV co-infected and HCV mono-infected persons. The HCV mono-infected clinical guidelines are currently being updated.	In progress
Ongoing Communication with Medicaid	AI staff have ongoing communication with Medicaid to ensure timely access to HCV medications. AI was involved in the drafting of Medicaid's HCV clinical criteria and developed the HCV experienced provider definition. AI hosts conference calls between Medicaid, HCV providers and community members. AI staff also participate in meetings with Medicaid and the managed care plans.	Ongoing
HCV quality indicators	The AI Office of the Medical Director has established quality measures through HIVQual to ensure proper screening and diagnoses of HCV in HIV-infected persons.	Ongoing
eHEPQUAL	An Electronic Web-based HCV Quality of Care Performance Measurement Program for NYS is currently under development and will be piloted in July among the AI funded HCV providers.	In progress

**BP26: PROVIDE HCV TESTING TO PERSONS WITH HIV AND REMOVE RESTRICTIONS TO HCV TREATMENT ACCESS BASED ON FINANCIAL CONSIDERATIONS FOR INDIVIDUALS CO-INFECTED WITH HIV AND HCV**

Activity	Details	Status
HCV educational materials	<p>AI's Viral Hepatitis Section provides HCV education in a number of different formats, including maintaining the NYSDOH hepatitis website, developing print and online materials, utilizing social media, etc. All materials aim to increase awareness for and knowledge of HCV among providers and consumers.</p> <p><a href="https://www.health.ny.gov/diseases/communicable/hepatitis/">https://www.health.ny.gov/diseases/communicable/hepatitis/</a></p>	Ongoing
NYS HCV Coalition	<p>AI provides funding to VOCAL-NY to support the establishment of a statewide Hepatitis C Coalition to strengthen community-level response to the HCV epidemic by facilitating community input on priorities for HCV planning and policy development. The coalition is developing a better understanding of the accessibility and availability of HCV prevention, screening, care and treatment services in NYS; examining specific issues in relation to HCV needs, resources, programs and policies; and exploring the resources necessary to deliver comprehensive HCV prevention, screening, care and treatment services for all persons living with HCV in NYS.</p>	In Progress
HCV testing of active substance users.	<p>Seven programs outside of NYC will engage substance users in order to connect them with needed detoxification, drug treatment, medical, and social services. They will also offer on-site HIV and HCV testing, at no cost.</p> <p>AIDS Community Resources (ACR Health) will be funded to provide on-site medical care (and referral) for clients of that agency's Syringe Exchange Program. Clients will receive acute medical treatment, disease screening, vaccinations, and help in qualifying for medical insurance, with the goal of connecting clients with a more permanent medical home and engaging them in ongoing care. HCV testing will be offered at no cost.</p>	In Progress

**BP27: Implement the Compassionate care Act in a way most likely to improve HIV viral suppression:** In June 2014, the New York State legislature passed a medical marijuana bill that makes medical cannabis available to patients with a number of serious illnesses, including HIV. The program gives broad discretion to the Commissioner of Health in implementing the program, which should be operational by January of 2016. Given the potential role that cannabis can play in adherence, eligible individuals living with HIV/AIDS should have access to this medication. **[CR37]**.

<b>BP27: IMPLEMENT THE COMPASSIONATE CARE ACT IN A WAY MOST LIKELY TO IMPROVE HIV VIRAL SUPPRESSION</b>		
<b>Activity</b>	<b>Details</b>	<b>Status</b>
Collaborate with the Bureau of Narcotics Enforcement	The AI continues to work in collaboration with the Bureau of Narcotics Enforcement to assist with implementing the Compassionate Care Act	In Progress

**BP28: Equitable funding where resources follow the statistics of the epidemic:** Since the early days of the HIV epidemic, certain populations have been much more heavily impacted than others. In the early 1990s, most diagnoses were related to injection drug use, while currently most new infections are among MSMs, with specific concerns about young MSM of color. Additionally, diagnoses also varied from region to region, with some communities experiencing much higher HIV incidence than others. There is a need to work with agencies and providers who target these populations, and representatives of these communities to more effectively design and implement strategies for prevention, engagement, care and treatment. Resources should be dedicated to mobilizing community members to create new indigenous groups and networks to promote health and wellness goals and broader health care access. [CR24].

<b>BP28: EQUITABLE FUNDING WHERE RESOURCES FOLLOW THE STATISTICS OF THE EPIDEMIC</b>		
<b>Activity</b>	<b>Details</b>	<b>Status</b>
HIV, STD and HCV Prevention and Related Services for Young Gay Men and young men who have sex with men (YMSM)	Young MSM ages 13-29 make up a considerable percentage of new HIV diagnoses in NYS. More than a quarter, 27.9%, of new HIV diagnoses in 2013 were among young MSM, and between 2012 and 2013 young MSM was the only large risk group where new HIV diagnoses increased, up 5% statewide. Funding was directed to provide HIV, STD and HCV prevention services for young gay men and young MSM who engage in high-risk behaviors throughout NYS.	New contracts began March 1, 2016
Enhanced funding to Youth Access Programs (YAPs)	Enhanced funding to YAPs to promote HIV testing and health care in community based locations and in community based venues that young MSM frequent. A high percentage of these individuals are MSM of color. The focus is on connecting HIV-positive and HIV-negative individuals to ongoing prevention and care.	In progress
Young injection drug user (IDU) contract enhancements	To respond to increase in heroin use amongst young people, eighteen syringe exchange programs received contract enhancements to enhance or expand syringe access to young injection drug users under 30 years old throughout NYS.	Ongoing
HIV and STD surveillance and Partner Services	Collection and analysis of epidemiological data is important for understanding ETE progress and assists in effectively designing and implementing strategies for prevention, engagement, care and treatment.	Ongoing
Enhance the New York City Department of Health and Mental Hygiene (NYCDOHMH) STD clinics	Expand STD clinics' days and hours of operation by restoring Monday-Friday schedule at 7 of 8 clinics; add Saturday hours at 2 clinics; Expand Corona clinic hours from 2 to 5 days per week.  Expand menu of services offered at STD clinics. Include testing for herpes simplex, trichonomiasis, hepatitis C, anal and cervical dysplasia, as well as HPV vaccination and quick start contraceptives.  Expand screening services for asymptomatic patients. Offer 'Express Visits' to all patients at 3 or more clinics; expand eligibility criteria for 'Express Visits' at remaining clinics.  Launch STD Clinic communications and promotional campaigns. Launch public campaigns (including social media) and create new waiting room/online video and patient education materials to increase awareness of STD clinic services.	In progress

**BP29: Expand and enhance the use of data to track and report progress:** Voluminous amounts of HIV-related data are routinely collected across New York State and reported through a variety of systems; however, there are many missed opportunities to improve our capacity to understand the epidemic in New York, improve patient outcomes, and prevent new infections. Consistent outcome monitoring and innovative use of data must be also be used to measure the state’s success in achieving end of the epidemic goals. The creation of a web-based, public facing ‘Ending the Epidemic Dashboard’ is recommended to broadly disseminate information to stakeholders on the Initiative’s progress. This would include reflecting trends and county-level maps of key metrics related to the initiative, and should be updated quarterly. An important step taken in 2014 was a change in state law that allows sharing of surveillance data with medical providers to improve linkage and retention of HIV-infected persons in care. The state should build on existing technologies, and adopt new ones as appropriate to collect, integrate and disseminate priority data that include prevention, quality of care, and social determinants indicators. Key HIV quality metrics need to be adopted in systems which have an impact on provider and plan reimbursement to ensure improved performance is incentivized. To advance this effort a statewide consortia made up of academia, service providers, and other organizations should be considered to design, assess, and evaluate large data sets and to conduct or commission qualitative and quantitative research crucial to measuring the Blueprint success. Analytic capacity should be increased at state and local health departments to allow for enhanced, timely reporting and appropriate use of data for public health action. **[CR8, CR9, CR24, CR25, CR26, CR27, CR28, CR29].**

<b>BP29: EXPAND AND ENHANCE THE USE OF DATA TO TRACK AND REPORT PROGRESS</b>		
<b>Activity</b>	<b>Details</b>	<b>Status</b>
Development of the Ending the Epidemic (ETE) Dashboard	The purpose of the ETE Dashboard is to measure, track and disseminate information on progress towards achieving ETE goals in NYS by importing and integrating relevant aggregate data from key data streams. <a href="http://etedashboardny.org">http://etedashboardny.org</a>	In progress
Utilize new technologies to conduct phylogenetic testing	Conduct phylogenetics on new HIV diagnoses and use data to enhance field services. Offer point-of-diagnosis genotype testing to providers caring for persons newly diagnosed with HIV infection; pilot the system first at the STD clinics, then expand to all of NYC; DOHMH’s Field Services Unit will map possible transmission networks and use this information to provide timely partner notification for those at risk and linkage to care services for those living with HIV/AIDS.	In progress
Regional Cascades	Treatment Cascades are produced annually for each region in NY State. These cascades give graphic representation, based on surveillance data, of the work being done on that region related to linkage to care, retention in care and viral load suppression.	Ongoing
NYLinks Website	The New York Links Website has a database that collects self-reported data along five measures: linkage to care, retention in care, and new patient retention in care with the final two being separated for clinical and supportive service providers. Organizations that submit data can view and download reports on a facility level, a city/borough level, a regional level and on an initiative level. <a href="http://www.newyorklinks.org/">www.newyorklinks.org/</a>	Ongoing
NYLinks evaluation data set	Data relevant to Linkage to Care and Retention to Care work is available to all organizations in NYLinks as well as all State and Federal systems. The slide set contains incidence and prevalence maps, surveillance data, NYLinks self-reported data, projections,	Ongoing



**BP29: EXPAND AND ENHANCE THE USE OF DATA TO TRACK AND REPORT PROGRESS**

Activity	Details	Status
	<p>cascades, and data broken out by regions for each NYLinks region. The large slide set was divided into regional slide sets for Upper Manhattan, Queens, Staten Island, Buffalo, Rochester, Lower Hudson and Middle Hudson.</p> <p>Available here: <a href="http://www.newyorklinks.org/">www.newyorklinks.org/</a></p>	
NYlinks Webinars	<p>NYLinks has run a series of webinars involving the use of data, covering everything from understanding cascades, to building cascades, to drilling down data, to utilizing data to create interventions. Webinars are held at least monthly. A blog is also produced by NYLinks staff. This blog often contains data derived content that can be used to better understand the epidemic and the work being done in NYS.</p> <p><a href="http://www.newyorklinks.org/">www.newyorklinks.org/</a></p>	Ongoing
Quality of Care Young Adults Consumer Advisory Committee (YACAC)	<p>The NYS Quality of Care Young Adults Consumer Advisory Committee (YACAC) provides recommendations and concerns to AIDS Institute staff, and the New York State Clinical and Consumer Advisory Committees about the quality of health care and prevention services provided to HIV-positive young adults between the ages of 16-24 in New York State. The YACAC works to increase awareness among HIV clinical providers, government officials, and consumers of the critical role that HIV positive young adults can play in helping to formulate public health policies and to develop, implement, and evaluate quality HIV health care services. YACAC members are developing a curricula to train consumers on how to use and provide recommendations on data for quality improvement. In addition, the National Quality Center Training of Consumers on Quality will be delivered to consumers in the fall of 2016 and includes training topics on understanding data.</p>	Ongoing

**BP30: Increase access to opportunities for employment and employment/vocational services:** Research findings indicate a positive relationship between employment and employment services for people with HIV, and access to care, treatment adherence, improved physical and behavioral health, and reductions in viral load and health risk behavior. Expanding access to certified benefits advisors equipped to address client needs is urged, including initial economic security, housing and health care program eligibility, individualized benefits enrollment and work incentives counseling and advisement. Likewise, current HIV service providers need to develop programs to better address economic stability, vocational development and full community inclusion of people with HIV, including identification of employment related information, resources and service needs, encouraging employment interests and supporting well-informed employment decision-making. These efforts should include building current HIV service capacity to address identified employment needs/interests of consumers through direct service provision, developing an HIV services system implementing trauma-informed care focused on vocational self-determination, continuing/improving economic, housing and health care stability, securing living wage employment, increasing adult literacy, and completing other adult and higher education to strengthen individuals' position in the labor market. In addition, development of HIV employment programs is urged, including targeted services for transgender individuals (especially transgender women of color) without regard to HIV status; people with HIV returning to the community from or with a history of incarceration; homeless youth (especially black and Hispanic/Latino MSM and transgender women) without regard to HIV status; and HIV peer workforce education, credentialing and employment. **[CR13, CR18, CR30, CR32].**

<b>BP30: INCREASE ACCESS TO OPPORTUNITIES FOR EMPLOYMENT AND EMPLOYMENT/VOCATIONAL SERVICES</b>		
<b>Activity</b>	<b>Details</b>	<b>Status</b>
AIDS Institute Peer Worker certification	The AIDS Institute Peer Worker certification process is intended to be a vehicle to improve client services while supporting employment opportunities for people living with HIV or HCV. The aspects of the certification include: defining core competencies, code of ethics, training catalogue, convening a decision-making review board, knowledge assessment, study guides, on-line application, and orientation sessions for prospective peer workers. It is anticipated that the first cadre of peers will be certified by the end of June 2016.	In progress

## ACTIVITY REPORT

### **Ending the Epidemic Task Force Strategies to ‘Get to Zero’**

The Ending the Epidemic Task Force suggested several additional recommendations to accomplish the ultimate goal of getting HIV infections and AIDS-related deaths to ‘zero’. New York State has outlined ambitious goals in the Blueprint in order to achieve ending the epidemic; and the Task Force wants to expand on these recommendations by envisioning New York as a state that is able to achieve universal access to HIV prevention, treatment, care, and support. New York State also wants to make HIV discrimination a thing of the past. “Getting to zero” means that the only goal left to achieve would be a cure for HIV in order to help persons currently living with the virus. In order to “get to zero”, the Task Force identified key social, legislative, and structural barriers. These barriers include: current laws that make it less likely that persons at risk for HIV will carry supplies such as condoms and sterile syringes; the lack of mandated, school-based comprehensive sexual health education; the need for a single point of access to housing and other essential benefits and social services for all low-income persons with HIV; and the absence of comprehensive protections for all New Yorkers regardless of their gender identity or expression.

**GTZ1: Single point of entry within all Local Social Services Districts (LSSDs) across New York State to essential benefits and services for low-income persons with HIV/AIDS:** Ensure expedited access for all low-income persons with HIV in New York State to essential benefits and social services, including safe, appropriate and affordable housing, food and transportation assistance. The greatest unmet needs of people living with HIV in New York State are housing, food and transportation. Research findings demonstrate that lack of stable housing is a formidable barrier to HIV care and treatment effectiveness at each point in the HIV care continuum and that housing assistance is an evidence-based health care intervention for homeless and unstably housed people with HIV that is linked to improved HIV health outcomes, including viral suppression. Adequate nutrition is also crucial for the management of HIV, and lack of transportation can prevent people with HIV from attending health care and social service appointments, especially in rural communities. Expanding access to essential housing, food and transportation assistance for all HIV-positive New Yorkers and establishing a clear point of entry to these public benefits for people with HIV in each local social services district in the state will address the social drivers of the epidemic (and related health disparities) by ensuring that each income-eligible person with HIV is linked to critical enablers of effective HIV treatment. **[CR16, CR44].**

<b>GTZ1: SINGLE POINT OF ENTRY WITHIN ALL LOCAL SOCIAL SERVICES DISTRICTS (LSSDS) ACROSS NEW YORK STATE TO ESSENTIAL BENEFITS AND SERVICES FOR LOW-INCOME PERSONS WITH HIV/AIDS</b>		
<b>Activity</b>	<b>Details</b>	<b>Status</b>

**GTZ2: Decriminalization of Condoms:** Reform is necessary to end the practice of confiscating and using condoms as evidence. Current law permits a person’s possession of condoms to be offered as evidence of prostitution and trafficking-related offenses. Condoms may be confiscated as contraband, and the fact that a person is carrying condoms can be used as a basis for suspicion, arrest or prosecution for both types of offenses. As a result, individuals most in need, low-income women and LGBT people, are discouraged and deterred from carrying and using condoms. The Criminal Procedure and Civil Practice Law and Rules should be amended to prohibit evidentiary use of condoms as probable cause for arrest, or in legal proceedings related to prostitution and trafficking offenses. A comprehensive statutory ban would also support outreach workers who work in these impacted communities from being criminally charged with promoting prostitution. Most people who carry condoms are not sex workers, but ensuring that everyone is able to carry and use condoms – particularly if they engage in sex work – reduces harm to individual health and harm to the general public. [CR35, CR36].

<b>GTZ2: DECRIMINALIZATION OF CONDOMS</b>		
<b>Activity</b>	<b>Details</b>	<b>Status</b>
Limiting the admission of condoms in criminal proceedings for misdemeanor prostitution offenses	Through an Article VII amendment in 2015-2016, NYS laws were revised to limit the admission of condoms in criminal proceedings for misdemeanor prostitution offenses.	Completed

**GTZ3: Enact Reforms to Improve Drug User Health:** The Task Force proposes a number of recommendations that promote drug user health and elevates a public health approach to drug policy, particularly as it impacts HIV incidence, prevalence and care in New York State. The recommendations include policy and legislative changes to: decriminalize syringe possession; support expanded access to clean syringes for injection drug users through Peer Delivered Syringe Exchange (PDSE) in uncovered areas of the state, and to young injectors through drug treatment, medical care and mental health counseling; increase access to drug treatment such as methadone and buprenorphine within local and state correctional facilities; remove the advertising ban on the Expanded Syringe Access Program (ESAP) and the limit of syringes per transaction distributed through ESAP; and improve health systems to protect drug users from related conditions such as contracting viral hepatitis and overdose. Increase access to Opioid Overdose Prevention through the expansion of opioid overdose prevention training and availability of naloxone to all incarcerated individuals prior to release (permitted under current law); provision of liability coverage for individuals who prescribe naloxone; and the creation of safe injection facilities (legislative change - - Penal Code exemption). Collectively, the proposals shift New York’s criminal justice approach to drug use to a public health approach, in an effort to reduce harm and end AIDS.

[CR31].

GTZ3: ENACT REFORMS TO IMPROVE DRUG USER HEALTH		
Activity	Details	Status
Governor Cuomo Announces Narcan Now Available at Independent Pharmacies	Governor Andrew M. Cuomo announced independent pharmacies across the state will now be able to provide naloxone to their customers without a prescription. Naloxone – also known as Narcan® – is a medication that reverses opioid overdose. Improved accessibility to the medication is one of the priorities at the center of the Governor’s fight to end opioid abuse in New York State. <a href="https://www.governor.ny.gov/news/governor-cuomo-announces-narcan-now-available-independent-pharmacies">https://www.governor.ny.gov/news/governor-cuomo-announces-narcan-now-available-independent-pharmacies</a>	Completed
Governor Cuomo Announces Statewide Task Force to Combat Heroin and Prescription Opioid Crisis	Governor Andrew M. Cuomo announced the launch of a statewide heroin task force charged with ending the heroin and opioid crisis in New York. The group, comprised of a broad coalition of experts in healthcare, drug policy, advocacy, education, and parents and New Yorkers in recovery, will build on the state’s previous efforts and use their expertise and experience to develop a comprehensive action plan to combat the state’s opioid epidemic. Members of the task force will hold public listening sessions across New York to inform their recommendations. <a href="https://www.governor.ny.gov/news/governor-cuomo-announces-statewide-task-force-combat-heroin-and-prescription-opioid-crisis">https://www.governor.ny.gov/news/governor-cuomo-announces-statewide-task-force-combat-heroin-and-prescription-opioid-crisis</a>	In progress
Governor’s Program Bill #31 (A.10725/S.8137) this legislation provides treatment and recovery services to individuals addicted to heroin or other opioids	This legislation: <ul style="list-style-type: none"> <li>• Requires insurance companies to use an evidence-based, peer reviewed, objective diagnostic tool for substance abuse disorders approved by the NYS Office of Alcoholism and Substance Abuse Services (NYS OASAS) (effective January 1, 2017);</li> <li>• Removes prior authorization for buprenorphine and naltrexone (especially important in emergency treatment) (effective January 1, 2017);</li> <li>• Eliminates barriers to medications used to treat substance disorders by requiring insurance to companies provide at least five days of coverage without prior authorization. Insurance companies are also required to provide coverage for (e.g. buprenorphine or</li> </ul>	Completed Signed into law; Chapter 69 of the Laws of 2016

	<p>nalatrexone) to any person (parent, sibling, or guardian) also covered on the same insurance policy (effective immediately); and</p> <ul style="list-style-type: none"> <li>• Extends the period of time individuals may be in treatment centers from 48 to 72 hours. Patient also must be given a discharge plan to ensure a continuum of care. (Effective September 22, 2016).</li> </ul>	
<p>Governor's Program Bill #32 (A.10726/S.8138) this legislation enacts a number of initiatives to address the State's current heroin and opioid crisis</p>	<p>This legislation:</p> <ul style="list-style-type: none"> <li>• Allows for an exemption for any licensed professional under Title 8 of the State Education law to administer opioid antagonists in emergency situations without risk to their professional license (example: registered nurses, pharmacists and social workers);</li> <li>• Requires the NYSDOH to collect and disseminate data on opioid overdoses on a quarterly basis by county;</li> <li>• Requires NYS OASAS, in consultation with DOH, to develop or utilize existing educational materials to be provided to hospitals to distribute to individuals that have or are at risk for substance abuse disorder upon discharge, including emergency rooms; and</li> <li>• Requires hospitals to develop written policies, procedures and trainings for the identification, assessment and referral of individuals treated for substance abuse disorder or are at risk.</li> </ul>	<p>Completed Signed into law; Chapter 70 of the Laws of 2016</p>
<p>Governor's Program Bill #33 (A.10727/S.8139) this legislation enacts a number of initiatives to address the State's current heroin and opioid crisis</p>	<p>This legislation will:</p> <ul style="list-style-type: none"> <li>• Requires physicians and other individuals authorized to prescribe opioid medications to complete a three-hour coursework on pain management and palliative care (effective immediately);</li> <li>• Requires insurance companies to provide insurance coverage, without prior authorization for inpatient services for substance abuse treatment as long as needed (effective January 1, 2017);</li> <li>• Prohibits physicians from prescribing more than a seven day supply of opioids (change from 30 day supply)(effective July 22, 2016);</li> <li>• Requires the NYS OASAS to create opioid educational materials to be distributed at pharmacies upon prescription pick up (effective immediately); and</li> <li>• Allows pharmacies (at their discretion) to offer counseling and referral services to individuals purchasing hypodermic needles (effective immediately).</li> </ul>	<p>Completed Signed into law; Chapter 71 of the Laws of 2016</p>

**GTZ4: Passage of The Gender Expression Non-Discrimination Act (GENDA):** All New Yorkers, including transgender New Yorkers, deserve to be treated fairly. The existing NYS Executive Order to protect transgender people in state work places is not far reaching enough to ensure broad protections from stigma and discrimination. While some counties and municipalities have a transgender civil rights ordinance, they are inconsistent in their language and create inconsistent transgender civil rights coverage. Passage of the statewide transgender civil rights law, GENDA, would standardize protections and unify transgender civil rights protections in New York State. Currently, neither federal nor state law specifically ban discrimination based on gender identity. This lack of statewide protection impacts transgender persons as it relates to employment, housing, credit and public accommodations. **[CR33, CR39, CR40].**

<b>GTZ4: PASSAGE OF THE GENDER EXPRESSION NON-DISCRIMINATION ACT (GENDA)</b>		
<b>Activity</b>	<b>Details</b>	<b>Status</b>
Governor Cuomo Introduces Regulations to Protect Transgender New Yorkers from Unlawful Discrimination	Governor Andrew M. Cuomo introduced regulations through the New York State Human Rights Law that unequivocally bans harassment and discrimination against transgender people. These regulations affirm that all transgender individuals are protected under the State’s Human Rights Law, and all public and private employers, housing providers, businesses, creditors and others should know that discrimination against transgender persons is unlawful and will not be tolerated anywhere in the State of New York. Governor Cuomo is the first Executive in the Nation to Issue State-Wide Regulations Prohibiting Harassment and Discrimination on the Basis of Gender Identity, Transgender Status or Gender Dysphoria. <a href="https://www.governor.ny.gov/news/governor-cuomo-introduces-regulations-protect-transgender-new-yorkers-unlawful-discrimination">https://www.governor.ny.gov/news/governor-cuomo-introduces-regulations-protect-transgender-new-yorkers-unlawful-discrimination</a>	Completed
Governor Cuomo Announces Executive Actions Banning Coverage of Conversion Therapy	Governor Andrew M. Cuomo today announced a series of comprehensive regulations to prevent the practice of so-called lesbian, gay, bi-sexual and transgender “conversion therapy,” which has been deemed harmful to patients by a wide variety of leading medical and mental health professionals. Multi-agency regulations announced today ban public and private health care insurers from covering the practice in New York State, and also prohibit various mental health facilities across the state from conducting the practice on minors. <a href="https://www.governor.ny.gov/news/governor-cuomo-announces-executive-actions-banning-coverage-conversion-therapy">https://www.governor.ny.gov/news/governor-cuomo-announces-executive-actions-banning-coverage-conversion-therapy</a>	Completed



**GTZ5: Passage of The Healthy Teens Act:** The Healthy Teens Act amends the Public Health Law by requiring all local school districts develop age-appropriate and medically-accurate sex education curricula. The bill awards funding for school districts, boards of cooperative education services and community-based organizations to provide comprehensive sex education programs for young people. New York State youth must be supported in making healthy, positive choices about sexual health in order to avoid negative outcomes such as HIV/STD infections and unintended pregnancy. To make positive and healthy decisions youth must have access to evidence based education, LGBT sexual health information, as well as knowledge of prevention interventions such as PrEP, nPEP and effective condom use. Youth must be equipped to live sexually-healthy lives. Sexual health is a state of well-being that involves physical, emotional, mental, social, and spiritual dimensions. Sexual health is an intrinsic element of human health and is based on a positive, equitable, and respectful approach to sexuality, relationships, and reproduction. It includes: the ability to understand the benefits, risks, and responsibilities of sexual behavior; the prevention and care of disease and other adverse outcomes; and the possibility of fulfilling sexual relationships. Sexual health is impacted by socioeconomic and cultural contexts—including policies, practices, and services—that support healthy outcomes for individuals, families, and their communities. To promote positive sexual health among youth the passage of the Healthy Teens Act is necessary. [CR38].

GTZ5: PASSAGE OF THE HEALTHY TEENS ACT		
Activity	Details	Status
The NYS Sexual Health Plan	The plan is a guide to ensure that accurate sexual health information and quality health services are made available to all youth in New York State. The purpose of this plan is to address the HIV, STD, and pregnancy prevention needs of adolescents and young adults and promote positive, healthy, and informed choices regarding sexual health. Educators, community stakeholders, health care providers, policy makers, members of the public, and private sectors are encouraged to utilize this plan as a helpful tool to influence their communities and youth. The New York State Youth Sexual Health Plan is a collaborative effort between the Department of Health (DOH) and other members of the Interagency Task Force on HIV/AIDS.	In progress and launched in 2014

**GTZ6: Expanded Medicaid coverage to Targeted Populations:** To respond to the care needs of all individuals, the state should provide presumptive Medicaid coverage as a Medicaid waiver program to uninsured/underinsured NYS residents who are at high HIV risk, including transgender persons, and persons newly diagnosed with HIV, on the basis of their identification as New York State residents. The benefit would be similar to the existing NYS Family Planning Benefits Program (FPBP), maintaining the FPBP’s 223% federal poverty level (FPL) income guideline and three-month retroactivity to focus on those not already enrolled in care; cover sexual health services, such as PrEP, nPEP, STI screening and treatment, HIV management, hepatitis C testing and treatment, family planning services, and transgender transition services. **[CR41].**

<b>GTZ6: EXPANDED MEDICAID COVERAGE TO TARGETED POPULATIONS</b>		
<b>Activity</b>	<b>Details</b>	<b>Status</b>

**GTZ7: Guaranteeing Minors the Right to Consent to HIV and STI Treatment, Diagnosis, Prevention, and Prophylaxis, including Sexual Health-Related Immunization:** Competent minors, who are already able to consent to both STI and HIV testing without parental consent, also should be guaranteed the right to consent to HIV treatment and ARV prophylaxis. A process or policy must be in place that allows for young adults and youth, including transgender youth, to gain access to HIV and STI treatment, as well as prevention services, such as PrEP and nPEP and immunization for HPV, without parental consent so that confidentiality is preserved. Protections must be in place to ensure that insurance information, such as “explanation of benefits” (EOB) documents, are sent to the patient (i.e. young adult or minor) rather than to the policy holder (i.e. the parents) if that young person is using parental insurance to support HIV treatment or prevention services, such as ARV-P services. [CR21].

<b>GTZ7: GUARANTEEING MINORS THE RIGHT TO CONSENT TO HIV AND STI TREATMENT, DIAGNOSIS, PREVENTION, AND PROPHYLAXIS, INCLUDING SEXUAL HEALTH-RELATED IMMUNIZATION</b>		
<b>Activity</b>	<b>Details</b>	<b>Status</b>
Governor Cuomo Announces New Legislation to End the AIDS Epidemic in New York State	<p>Governor Andrew M. Cuomo announced that he is advancing legislation that would help achieve his goal of ending the HIV/AIDS epidemic in New York State through several new initiatives. These proposals will build on steps already taken that have made New York State a national leader in providing high quality treatment and support services to individuals infected with HIV/AIDS.</p> <ul style="list-style-type: none"> <li>➤ Make clear that minors have the right to obtain life-saving HIV treatment and preventive services without parental consent, and ensure the confidentiality of such care.</li> <li>➤ Expand the opportunities for STD screening and access to post exposure prophylaxis to prevent infection.</li> </ul> <p><a href="https://www.governor.ny.gov/news/governor-cuomo-announces-new-legislation-end-aids-epidemic-new-york-state">https://www.governor.ny.gov/news/governor-cuomo-announces-new-legislation-end-aids-epidemic-new-york-state</a></p>	In progress