Ending the Epidemic

Activity Report : 2019 Update

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

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TREAT EARLY.

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End AIDS.

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Activity Report

1. Identify Persons with HIV who Remain Undiagnosed and Link them to Health Care

BP1: Make Routine HIV Testing Truly Routine [CR1]			
Activity	**Details**	**Status**	**Outcomes (as of April 2019)**
HIV Testing Frequently Asked Questions (FAQ)	The Clinical Guidelines Program developed an FAQ on HIV testing as a companion document to the HIV Testing guideline. Questions include the following: - Who should be tested for HIV? - How often should HIV screening be performed? - Is written consent required for HIV testing? - Which type of HIV test is recommended? - How to follow up when an HIV test is reactive? - How soon can HIV be detected? - What laboratory tests should be ordered if acute HIV is suspected? - Should all individuals tested for HIV be offered PrEP?	NEW	In March 2019 the Clinical Guidelines Program published this FAQ available at: https://www.hivguidelines.org/hiv-testing-acute-infection/hiv-testing/#tab_6
Expanded HIV Testing Initiative	NYS's *Expanded HIV Testing Partnership Model* supports capacity building in health care institutions to increase HIV testing to underserved communities. It also creates billing standards for reimbursement, helping make routine HIV testing in clinical settings more sustainable. In the final year of the grant cycle, expanded HIV testing champions will work with vendors to address technical assistance needs identified by IPRO reviews.	Complete	An HIV testing web page was created with laboratory and provider resources related to HIV testing. In 2018 two public service announcements (PSAs) were created to promote HIV testing and partner services activities. One PSA was directed toward providers and another for community members. The PSAs were widely distributed on social media, through medical associations and CBOs.
HIV Testing during Pregnancy and at Delivery	The NYS Perinatal HIV Prevention Program (PHPP) monitors regulated birth facility-specific and statewide data on initial and repeat/third trimester prenatal HIV testing rates. Repeat HIV testing is recommended in the third trimester for women who test	Ongoing (IRB approval	In 2018, 336 women gave birth to 343 HIV-exposed infants in NYS

	negative earlier in pregnancy. Program activities continue to address increasing the rate of repeat/third trimester testing. Self reported data from birth facilities (2018) demonstrate 16% compliance in third trimester testing. The PHPP is conducting a validation study of NYS birth facilities reporting. The project is intended to validate accuracy of low testing rates of second/repeat prenatal HIV testing.	as of 7/19)	birth facilities; there were zero cases of perinatal transmission. During 2018, approximately 192,619 live births (provisional as of 06/20/2019) occurred in NYS hospitals and other birth facilities. • Zero HIV MTCT cases per 100,000 live births, and • MTCT rate of zero among liveborn infants with confirmed or presumptive HIV status. PHPP continues to track seroconversions during pregnancy, near time of delivery, and postpartum.
HIV Testing Toolkit Update	A script was created for emergency departments offering HIV testing. An emergency department HIV testing poster is under development.	Complete	The HIV Testing Toolkit is continually updated, most recently (June 2018) after the release of HIV Testing, Reporting and Confidentiality in New York State 2017-18; and is available on the DOH website: https://www.health.ny.gov/diseases/aids/providers/testing/docs/testing_toolkit.pdf
ETE Media Campaign Promoting HIV Testing	In 2015-2016, the ETE media campaign developed specific subthemes connecting ETE with each of the pillars of the Blueprint, including a subtheme on HIV testing. A statewide campaign to promote HIV testing ran from mid-January through March 2018. Initial click-through data to the campaign website is above industry average.	Complete	An RFP will be issued in summer 2019 to obtain services of a marketing/social media company to assist with development of videos and social media messaging related to HIV testing, PrEP,

			syphilis prevention and hepatitis elimination.
Targeted Training on Testing for Low Performance Hospitals	In concert with the IPRO assessment of HIV testing practices at hospitals targeted technical assistance and training was made available to low performing sites. Introductory letters were sent to each of the 10 hospitals identified as low performers, with a specific technical assistance plan developed. That includes measurable performance goals and data that will be monitored to ensure progress toward compliance with NYS testing law. A wide range of resources were shared including: literature review on testing in the emergency department setting; scripts for offering testing; billing resources; training videos; training sessions; differential diagnosis for acute HIV.	Complete	Between 2017-2018 targeted technical assistance (TA) was offered to hospitals on compliance with the NYS HIV testing law. Training centers engaged 14 hospitals in the development of TA plans and provision of TA, and using measureable performance goals.
IPRO Assessment of HIV Testing	IPRO conducted HIV testing policy and procedure reviews of all acute care emergency departments in NYS for compliance with the change in Public Health Law Article 27F. Medical records were reviewed to assess the extent to which hospitals engaged in routine HIV testing HIV testing policy and procedure review of all acute care facility urgent care centers will be conducted to assess compliance with the testing law. In spring/summer of 2017, IPRO conducted an assessment of urgent care sites to determine their routine testing. IPRO conducted a chart review of Rest of State FQHCs to determine if HIV testing occurred when an individual had an STI, and if STI testing was conducted when an HIV tested was done.	Ongoing	As of September 2018 – 198 hospitals had HIV testing policies that were compliant with NYSPHL. A review of HIV testing policies in urgent care facilities was discontinued in June 2018 due to a low response rate, because urgent care centers believe they do not provide primary care as defined in Article 27F. The review of FQHCs was completed in Spring 2019 and data results are under review.

BP2: EXPAND TARGETED TESTING [CR2, CR13]			
Activity	**Details**	**Status**	**Outcomes (as of April 2019)**
Y Get it? Social Media Project	The Y Get it? (YGI) Project was created by the NYS DOH AI as part of NYS's Ending the Epidemic 2020 and Health Research and Services Administration (HRSA)'s Special Projects of National Significance (SPNS) initiatives. The project is designed to facilitate the timely entry of young people living with HIV/AIDS (PLWH/A) age 18-34 into HIV care, encourage vulnerable young persons to remain in care, and sustain viral load suppression among those in care. Y Get It? is comprised of a mobile application (named "get") and Peer Engagement Educator Professionals (PEEPs) who serve as mentors at two engagement hubs. The YGI Project is directed at multiple points of the HIV care continuum. YGI Peer Engagement Education Professionals (PEEPs) are young people living with HIV who engage with and support YGI participants/users. Users utilize YGI's mobile application GET! for care logistics, social and emotional support, and referral to multiple services.	NEW & Ongoing	YGI's graphic serial comic, 'Tested', received over 75,000 views between Jan-April 2019. Viewers were engaged and educated about HIV and pregnancy, PrEP, PEP, LGBTQ health, stigma, HCV, substance use disorder, cultural barriers to care and other HIV-related care topics. 'Tested' social media and online presence links viewers to resources and services associated with the story's narrative.
AIDS Institute Targeted HIV Testing Initiative	The Division of HIV/AIDS Prevention funds 39 community-based organizations located across NYS to test at-risk individuals for HIV/STDs. While this initiative pre-dates ETE activities, it continues to evolve to emphasize better outcomes.	Ongoing	In 2018, the Division of HIV/STD/HCV Prevention initiative identified 236 newly diagnosed persons. Of these, 193 (82%) were linked to HIV medical care within 90 days.
Expand HIV Testing Targeted to At-Risk Populations: Adolescent/Young Adult	In 2017 and 2018, state funding was awarded to organizations to support HIV/STD/HCV prevention/linkage/navigation and retention services for young gay men and young men who have sex with men (YMSM) with a focus on communities of color. Direct provision of, or linkage to, HIV testing is a required component of this funding. In 2016, Family and Youth Services (FAYS) resolicited Adolescent/Young Adult Specialized Care Center (SCC) Initiative and Youth Access Program (YAP) funding. Both Programs target high risk youth, including young men who have sex with men (YMSM), transgender youth, runaway/throwaway/homeless youth, those involved in 'street economy'/sex trafficking, people who use drugs, those who have experienced physical, mental, and/or sexual abuse, gang-involved youth, and those involved with the criminal justice system. Low threshold clinical services are provided, including	Ongoing Ongoing	After funding was resolicited in 2016, the number of YSCCs providing services in NYS increased from 14 to 16 and YAPs from 4 to 6. Since 2016, SCC and YAP programs services include. - 7,141 HIV tests - 16 HIV new diagnosis

	rapid HIV testing and STI screening and treatment, risk reduction counseling, and PrEP/PEP education and assessment. Those testing HIV-positive are immediately connected to care; those testing HIV-negative are provided with or are referred for PrEP/PEP services, connected to primary care and other needed services. The Substance Use Initiative was resolicited in 2014/2015 and eight contracts totaling 1.2 million dollars in state funding were awarded to agencies to provide outreach and HIV, HepC and STI testing services. Their goal was to identify PLWH/A who use drugs, who are not currently diagnosed, who were previously diagnosed but out of care, and individuals at high risk of acquiring HIV infection because of their substance use and other comorbid conditions. The funded agencies were then tasked with linking them to appropriate medical and behavioral health services. Contracts will enter the fifth year of funding in October 2019.	Ongoing 5-year funding cycle ends 9/30/20	- 5,276 referrals to medical, behavioral health and supportive services In 2018, YAP programs. In 2018, SUI programs conducted 174 HIV tests.. Only one (1) HIV positive individual was identified. In 2018, the total number of medical care referrals provided was 656; the total number of behavioral health referrals provided was 1347
Expand HIV Testing Targeted to Active Injection Drug Using Populations	The Syringe Exchange Program (SEP) Initiative includes HIV/HCV testing for people who inject drugs (PWID) as a fundable service either through direct SEP staff, parent agency programming, or via an on-site medical provider. Peers are available to escort clients to HIV/HCV testing if not located within the SEP space. SEPs work to identify and engage sexually active, HIV negative PWID at risk of acquiring HIV because of sex work or condom-less sex with multiple partners, and provide timely referrals to clinical care, where they can get prescriptions and medication adherence counseling once on PrEP.	Ongoing	For 3/1/18-2/28/19, 1,232 SEP participants received Rapid HIV Testing with 2 clients testing positive. There were 2,342 referrals to HIV testing. 11 of the SEPs conduct Rapid HIV Testing under NYSDOH contracts; the remainder through NYCDOHMH contracts. For the same period, 1,552 participants were tested for HCV; 1,239 tested HCV negative and 313 tested HCV positive. There were 1,089 referrals for HCV screening and treatment.
Trainings on Outreach and other Strategies to Recruit High-Risk Individuals with Unknown HIV	In 2018, the AIDS Institute's HIV Education and Training Program offered a *Targeted Recruitment to Promote HIV Testing Among Persons with Unknown Status* training to assist HIV testing programs in their recruitment efforts to best reach those living with HIV who are unaware of their status. HIV Education and Training Programs work with the Center for Health & Behavioral Training to develop a one-day training for non-clinical providers on strategies to engage high risk individuals with unknown HIV	Ongoing	In 2018, 28 Division of HIV/STD/HCV Prevention-funded agencies attended the *Targeted Recruitment* training. As of April 15, 2019, 15 agencies have submitted updated targeted

Status for HIV Testing	status in HIV testing. A workgroup was convened to shape curriculum content and pilot training is scheduled for Spring 2019, followed by statewide delivery. The training was designed to focus on the needs of program managers of AI-funded testing programs. The AIDS Institute also developed a survey regarding the status of testing recruitment plans, which demonstrated that a number of agencies did not have these plans in place. Contract managers are being engaged to monitor these agencies, TA tools have been developed, and an additional round of training will begin spring/summer 2019.		recruitment plans for 2019. From March 2017 to present, 7 trainings have been offered to 157 program managers.
Home HIV Test Giveaway	To promote HIV status awareness and HIV testing among individuals who are at higher risk for HIV transmission and may not be reached by traditional HIV testing programs, the New York City Department of Health and Mental Hygiene (NYCDOHMH) and NYSDOH collaboratively administered the Home Test Giveaway (HTG) to distribute free HIV self-tests (HIVST). This model, which is conducted entirely online, was first piloted in 2015 in NYC by NYCDOHMH and then extended to the rest of NYS by NYSDOH. Participants outside of New York City who receive an HIVST also receive a *Need Help Pay for PrEP* and *Let's Talk about You* brochure within the test kit package. Each time a participant interacts with a NYSDOH staffer via email, participants are provided with hyperlinks to prepforsex.org and the *I Might Have Been Exposed to HIV* brochure within the signature of the email.	Ongoing	Since November 2015 in NYS, over 3,500 participants have been determined eligible to receive a free HIVST through HTG, with an average of 30% of NYS participants reporting that they had never tested for HIV prior to HHTG. In total, 2,495 participants redeemed their coupon for a free self-test kit; among those who completed the follow-up survey and had used the HIVST to test themselves: nine participants (0.8%) reported a reactive result. Among those with a first-time positive, 100% (6/6) reported following up with a confirmatory test. Almost all participants (>96%) who completed the follow-up survey and tested themselves reported they would be likely to recommend HTG to a friend.

BP3: ADDRESS ACUTE HIV INFECTION [CR3]			
Activity	**Details**	**Status**	**Outcomes (as of April 2019)**
Identifying Maternal Seroconversion During Pregnancy	The NYS Perinatal HIV Prevention Program (PHPP) strongly encourages birth facilities to use a 4th Generation HIV test for expedited testing in obstetrical settings to identify maternal seroconversions. If a woman declines HIV testing, her newborn is tested at birth for maternal HIV antibodies to determine the women's status and newborn exposure. Repeat/third trimester HIV testing continues to be recommended for all pregnant women in NYS who test negative earlier in pregnancy to detect late seroconversion/acute HIV infection. The NYSDOH Wadsworth Center Newborn Screening Program tests all liveborn newborns for HIV antibodies as a safety net to identify newborn HIV exposure and later maternal seroconversion.	Ongoing	A survey of regulated NYS birth facilities has been developed to assess and address critical testing and clinical care issues specific to high-risk HIV-negative pregnant women and pregnant women living with HIV and their newborns. Study launch will occur in 2019; preliminary results in 2020, and a final report is expected in 2021.
4th Generation HIV Test Promotion	The AIDS Institute has issued guidance and developed educational tools promoting the use of more sensitive and newer testing technologies, especially 4th Generation testing. In 2015, the AIDS Institute Bureau of HIV/STD Field Services conducted an assessment of 4th Generation HIV test utilization by funded contractors and results were presented at the 2016 HIV Diagnostics Conference.		Division of Prevention recommends contractors use 4th generation testing; 3rd generation if 4th generation is not practicable.
Promotion of the HIV Diagnostic Testing Algorithm	NYSDOH increased the number of laboratories reporting the HIV Diagnostic Testing Algorithm (DTA) for earlier and more accurate detection of HIV infection. Follow-up was conducted with laboratories that reported in the 2018 CLEP Survey that they plan to utilize the DTA and the 2020 CLEP Survey will identify new labs that have implemented DTA testing.	Ongoing	To date 145 labs are certified to report the HIV DTA and 9 new labs are under recruitment. Most labs under recruitment are currently reporting labs that are transitioning to BioPlex or Geenius or changing their reporting format. HIV E&T developed a 15-minute online training program titled *Updating the HIV Diagnostic Testing Algorithm*. A total of 129

			individuals have completed that training to date.
Clinical Guideline on Diagnosis and Management of Acute HIV	The Clinical Guidelines Program has developed and maintains currency for the "Diagnosis and Management of Acute HIV" guideline, which informs clinicians on how to recognize and diagnosing acute infection. The guideline is crucial to linking patients to care early and presents an important opportunity for prevention.	Ongoing	This guideline is available at: https://www.hivguidelines.org/hiv-testing-acute-infection/acute-hiv/

BP4: IMPROVE REFERRAL AND ENGAGEMENT [CR1, CR4, CR5, CR6, CR13, CR19]			
Activity	**Details**	**Status**	**Outcomes (as of April 2019)**
Rapid HIV Treatment	A Rapid Access to Treatment pilot, called RapidTx, was implemented to ensure immediate access to treatment for persons newly diagnosed or returning to care who are uninsured or underinsured.	NEW & Ongoing	Preliminary results show the initial cohort of participants reached viral suppression in 41 days. The pilot is currently expanding to 15 additional sites.
Rapid Initiation of ART (RIA)	In 2018 an AI policy was developed supporting efforts to decrease the time between HIV diagnosis and viral load suppression. As part of this Rapid Initiation of ART (RIA) initiative, a unit was formed to implement activities focused on identifying areas of improvement in the steps of the treatment to viral load suppression process. Work includes enhanced data collection and detailed data reviews to identify barriers to rapid treatment initiation and to develop programmatic interventions to create ARV treatment on the same day (ideal) or within a week of diagnosis (acceptable). Collaborative efforts across three AI units are changing the process for those who are newly diagnosed and tracking the results of those efforts.	NEW & Ongoing	A new consumer material has been developed to introduce patients to the concept of rapid treatment, using different faces to target different demographics.
Division of HIV/STD/HCV Prevention Contracts: HIV Navigation Services	The AIDS Institute's Division of HIV/STD/HCV Prevention funds 56 community-based organizations located across NYS to provide HIV Navigation Services (HNS) for people engaging in behaviors that put them at risk of HIV infection. This service model provides assistance to patients in obtaining necessary information, support, and skills to access complex medical systems and to eliminate barriers to care, including accompanying individuals to medical appointments, providing transportation services,	Ongoing	In 2018, 2,627 HIV negative clients received HNS with the following outcomes: Linked to PrEP: 748 Linked to Primary Care: 425 Linked to HIV testing: 1,451

	referrals, follow up, and confirmation of linkages for treatment adherence support, mental health (MH), substance use (SU), and legal services.		Linked to STI screening: 795 Linked to HCV screening: 464 Linked to SU&MH services: 248 Ongoing technical assistance trainings have been provided to community-based organizations funded to conduct HNS. The goal of this training is to provide skills to providers to deliver the service model with fidelity and to accurately report client outcomes in AIRS.
Enhance Linkage, Navigation and HIV Testing Services in Programs for Youth and Individuals who Identify as Transgender	Family and Youth Services' (FAYS) Youth Access Program (YAP) and Transgender Health Care Services (THCS) programs link newly identified PLWH/A immediately to care and ARV treatment. Patients are provided low threshold clinical services including HIV/STI testing and treatment, PrEP/PEP screening, including clinical assessment and expedited access to PrEP/PEP prophylaxis, as well as other low threshold clinical services. Patients at high risk of acquiring HIV are referred for behavioral health services, substance use services and/or other medical and psychosocial needs. Patients are assisted with health insurance applications or referred to a community clinic. YAP providers and THCS providers meet quarterly to discuss engagement strategies, share best practices and resources, identify trends and review initiative data.	Ongoing	6 individuals were newly identified HIV+ in 2018; all were successfully connected to care. 504 transgender-identified individuals received care through the THCS program. 2,951 YAP clients received services; of whom over 20% additionally received referrals for other medical and psychosocial services.

OTHER ACTIVITIES IN SUPPORT OF HIV TESTING IN NYS			
Activity	**Details**	**Status**	**Outcomes (as of April 2019)**
Engage in Continuous Quality Improvement to Ensure that Minimum Targeted	The AIDS Institute establishes minimum service goals for its targeted HIV testing providers (e.g., number of persons tested, percent of "high risk" persons tested, minimum number of new positives identified, etc.) and partner services programs.	Ongoing	Contract managers employ a CQI approach, using methods and strategies to assist HIV testing providers in improving services services to achieve program goals.

HIV Testing Service Goals are Met	A series of reports was created to track contractor performance; AIDS Institute contract managers use the data in these reports to work with providers in an ongoing manner to improve provider performance.		
HIV Testing in NYS Prison: Department of Corrections and Community Supervision (DOCCS) Memorandum of Understanding (MOU)	The AIDS Institute has an MOU with the NYS DOCCS that supports the AIDS Institute Criminal Justice Initiative. Activities include: education for inmates in the state prison system about HIV transmission, risk reduction, and the importance of early medical intervention for PLWH/A; the provision of anonymous and confidential HIV counseling on a voluntary basis and routine HIV testing conducted by DOCCS health services; activities to ensure HIV positive inmates are linked to medical services for treatment; and the provision of ongoing staff and peer training at numerous correctional facilities across NYS.	Ongoing	In 2017 a new educational video was created to share HIV, STD, Hepatitis C and opioid overdose treatment information with all DOCCS facilities and inmates.
HIV Testing in Youth Facilities: Office of Children and Family Services (OCFS) Memorandum of Understanding (MOU)	The AIDS Institute has an MOU with OCSF that covers 5 major components, including: 1) youth HIV prevention education; 2) individual behavioral interventions for identified HIV and STD risks; 3) routine HIV testing; 4) clinical management of HIV positive youth; and 5) staff training in HIV/AIDS, STD and HCV. The MOU covers all OCFS facilities and continues to increase access to testing for OCFS admissions.	Ongoing	To date 172 modules were delivered to 410 young people (duplicated); 174 youth were HIV tested; a newly positive youth at an OCFS facility for 2–3 days was transferred for follow-up at a medical center near their placement; 983 OCSF staff received an annual blood borne pathogens refresher training; 341 received basic HIV/HBV/blood borne pathogens training; 8 received blood borne pathogens training of trainers (TOT)
HIV Surveillance	Routine surveillance and analysis of local seroprevalence trends help identify priority areas and populations for HIV testing. Incidence and prevalence surveillance data is produced annually and is used to inform programmatic priorities. The surveillance program has expanded efforts to ensure data quality and completeness.	Ongoing	Forthcoming manuscript publication: *Identifying duplicate case records in nine Enhanced HIV/AIDS Reporting System (eHARS) databases reported by*

	Staff utilize a Centers for Disease Control and prevention program to identify individuals who are not in care and are undertaking activities to locate individuals, where possible. One such effort includes NYS participation as 1 of 18 jurisdictions in the ATra BlackBox project. The goal of this project is to minimize over-and undercounts of reported cases of HIV infection. This systematic process for identifying individuals across jurisdictions has significantly reduced staff time needed to identify case information. Monthly reports are created and reviewed to monitor changes in diagnosis trends. Full participation in intra- and interstate unduplication activities ensures each case is counted once and accurately (e.g., current vital status), maintaining a precise and up to date NYS HIV surveillance registry for most accurate reporting.		*eight jurisdictions using the privacy-enhancing ATra Black Box System to assist in regional de-duplication activities*
National HIV Behavioral Surveillance (NHBS)	The AIDS Institute conducts annually rotating cycles of population-based behavioral surveillance for individuals at high-risk for HIV infection, including men who have sex with men (MSM), persons who inject drugs (IDU), and heterosexuals living in poverty (HET). This surveillance helps characterize HIV-related risk behaviors, testing, and use of preventive services among key populations. Anonymous, rapid HIV and HCV testing is conducted along with an in-depth, one-hour long in person interview. These activities take place in field sites across Long Island, utilizing two mobile vans or fixed sites to conduct field operations.	Ongoing	The 2019 NHBS is HET, with the goal of interviewing and conducting HIV and HCV testing with 500 heterosexual persons living in poverty on Long Island (Nassau and Suffolk counties). The 2019 cycle was launched on 18 June 2019 and will end by 30 November, 2019.
STI Surveillance and Partner Services	The AIDS Institute continues routine analysis of sexually transmitted infection (STI) surveillance and epidemiologic data to identify key populations at highest risk who would benefit from testing. Epidemiologic data from Partner Services is also used to identify venues where individuals meet sex partners, informing the location and timing of testing events. A multi-year quality improvement charter was initiated in 2015 to improve HIV testing through Partner Services. Information is not available on partners to new HIV diagnosis. Additional QI efforts continue.	Ongoing	In 2018, baseline HIV testing of persons eligible for testing through Partner Services was determined for persons diagnosed with early syphilis (ES), and partners to persons diagnosed with early syphilis and/or HIV as: --48%-those dx for ES --27%-partners of those dx for ES --85% for partners of those dx with ES and/or HIV

			As of June 2019, testing is 57% for ES Ops, and 36% for ES partners. Note: Testing is calculated within 30 days of diagnosis for ES OPS.
HIV Testing Laboratory Survey 2016	The 2016 HIV Testing Laboratory Survey was a special project designed to collect monthly counts of HIV screening tests conducted by NYS-licensed laboratories between 2012 and 2015. Preliminary survey results are being addressed by the project workgroup.	Complete	Based on the responses from a sample of 138 labs holding NYS Clinical Laboratory Evaluation Program (CLEP) permits to conduct HIV testing, the number of HIV test specimens screened for diagnostic purposes increased 9.9% between 2012 and 2015.

Activity Report

2. Link and retain persons diagnosed with HIV in care to maximize virus suppression so they remain healthy and prevent further transmission.

BP5: Continuously Act To Monitor And Improve Rates Of Viral Suppression [CR7, CR8, CR9, CR10, CR13, CR26]			
Activity	**Details**	**Status**	**Outcomes (as of April 2019)**
Director's Call to Action 2018 2019	During the December 2017 ETE Summit, AIDS Institute Director Johanne Morne issued a call to action to all providers, programs and stakeholders to take concrete action to implement these three charges: 1) Facilitate rapid access to HIV treatment with patient consent. 2) Establish goals regarding viral suppression and monitor progress. 3) Take steps to eliminate the long-standing problem of stigma. In 2019, the AIDS Institute Director asked for continued commitment continue to promote rapid access to treatment, increase rates of viral suppression, and eliminate stigma. Four additional priorities were identified by the AI Director: 1) Address the issue of concurrent HIV/AIDS diagnosis 2) Address the unique needs of older adults living with HIV 3) Ensure that Certified Peer Workers (CPWs) interested in working full-time have access to a salaried, livable wage 4) Expand access to PrEP to all eligible individuals/populations	NEW & Ongoing	HIV E&T completed work on a training titled *Rapid Access to HIV Treatment: Community Call to Action.* The training has been offered 7 times to a total of 121 participants. Two webinars featuring health care facilities with model programs for rapid treatment were also offered. First stated at the 2018 ETE Summit, the 2019 Call to Action letter was sent to all AIDS Institute stakeholders in March 2019.
Undetectable = Untransmittable (U=U)	In September 2017, NYSDOH became the first state health department in the US to adopt the Undetectable equals Untransmittable (U=U) Consensus Statement. The U=U concept, that PLWH/A with a sustained undetectable viral load cannot sexually transmit the virus to partners, provides a structure to advance positive messages that address stigma and reinforce retention in care strategies to end the HIV/AIDS epidemic in New York State. Endorsing U=U opens a new and hopeful chapter in New York State's HIV epidemic, creating unprecedented opportunities for New Yorkers living with HIV and the institutions that serve them. AI HIV Education and Training has incorporated U=U messaging into all its core trainings. Additionally, language has been added to many consumer and provider materials to incorporate the U=U message.	NEW & Ongoing	A Frequently Asked Questions (FAQ) was posted in November, 2019: https://www.health.ny.gov/diseases/aids/ending_the_epidemic/faq.htm An AI Policy Statement is also available: https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/u=u/policy_statement.pdf

			A Statewide campaign was launched in 2018: https://www.untransmittable.org/
Viral Suppression Provider Capacity Building Project	The Bureau of Community Support Services (BCSS) supports a variety of Ryan White, federal and state funded non-clinical community-based engagement and supportive services designed to increase linkage to and retention in HIV medical care and treatment as a mechanism to assist in achieving viral suppression among PLWH/A. While most BCSS initiatives require providers to track and monitor viral load, many agencies struggle with obtaining and using this information to guide client interventions. In response to the AIDS Institute Director's Call to Action, the Bureau engaged a recognized contractor to address BCSS provider capacity to address the priority: 'Establish Goals Regarding Viral Suppression Rates and Monitor Progress.' This project workplan includes the development of two new trainings: 1) Training for Agency Supervisors and Administrative Staff: Viral Suppression Capacity Building for Non-Clinical HIV Providers; and 2) Training for Front Line Program Staff: Viral Suppression Capacity Building for Non-Clinical HIV Providers. Participation in these trainings is mandatory for all BCSS funded programs. Supervisory level trainings are scheduled for October 2018 – January 2019; direct line staff trainings will be delivered January – March 2019.	NEW & Ongoing Project ran April 1, 2018 – March 31, 2019 for BCSS, but will be continued for other AI Bureaus	Onsite visits at 4 "best practice" agencies were conducted to inform training needs and content. Two curricula were developed and piloted, and one promotional webinar was conducted. Six supervisory trainings were provided to 86 supervisory and management level agency staff. Eight trainings were provided to 138 direct line staff. A total of 31 BCSS agencies were represented, and participant feedback was overwhelmingly positive. The trainings provided program line staff with a much needed understanding of ways they can assist clients with VLS. This training curricula will be offered to additional AI-funded providers. In addition, the Bureau will review suppression rates in the upcoming year to assess impact.
Derive Risk-Adjusted Quality of Care Scores	Discussions are in progress about continuing to risk adjust quality scores. This is based on the concept that adjusting quality of care scores, particularly measures of viral suppression, allows better and more objective evaluation of provider performance.	Ongoing	A manuscript is being drafted for journal submission.

Add Viral Load Suppression (VLS) Indicator to DSRIP and QARR Measures	The AIDS Institute worked with the NYSDOH Office of Quality and Patient Safety to develop the viral load suppression (VLS) measure, which will be included in Quality Assurance Reporting Requirements (QARR) for managed care organizations, as well as for Performing Provider Systems (PPS) engaging in HIV-related activities under the Delivery System Reform Incentive Payment (DSRIP) Program. These measures are calculated by the AIDS Institute.	Ongoing	The measure was completed, and scores are generated on an annual basis beginning with the 2017 QARR.
Include Performance Measure Addressing Viral Load Testing and Suppression for Bureau of Community Support Services (BCSS) Programs	A viral load suppression performance measure was included for Bureau of Community Support Services (BCSS) Engagement & Supportive Services Case Management & Health Education Programs and Emerging Communities Programs beginning in 7/1/2015: The percentage of clients with undetectable viral load counts is entered into AIRS, with a target goal of 85% of enrolled clients. The same performance measure and target was included for Supportive Housing Programs beginning in 7/1/2016, Nutrition Health Education and Medical Transportation Programs beginning in 4/1/17, and Behavioral Health Education Programs beginning 4/1/18. (VSR is reported only for BCSS programs who had the performance measure for all of 2017 and 2018.)	Ongoing	The rate at which viral load counts were entered into AIRS across all BCSS Initiatives in 2017 was 53%, but in 2018 the rate increased to 74%. The actual viral suppression rate (VSR) for clients enrolled in BCSS programs in 2017 was 84.87%. In 2018 the rate increased to 86.14%.
Match Viral Load Values with HIV Surveillance and Work with Managed Care Organizations	The ETE Medicaid managed care pilot identified 6,400 people in six managed care plans who were not virally suppressed. The managed care plans launched projects to facilitate linkage to care and treatment for these individuals, and by early 2017, more than 40% had achieved viral suppression. The pilot has been expanded to all 19 Medicaid managed care plans. This project pulls viral load values from matched data and shares unsuppressed non-suppressed aggregate values with Managed Care Organizations (MCOs). Specific members' data was shared with managed care plans for the pilot, including HIV Special Needs Plans (SNPs) and subsequently with all mainstream Medicaid managed care plans statewide. In the last two phases, HIV unsuppressed members enrolled in HARP lines have been included for plans that have them. This match is performed annually between the HIV/AIDS Registry and the cohort of Medicaid recipients identified as HIV positive through the AIDS Institute's algorithm for purposes of both this project as well as the new viral load suppression (VLS) Quality Assurance Reporting Requirements (QARR) measures being done in	Ongoing	In 2017, NYS participated in the federal government's HIV Affinity Project with 19 other states, to exchange ideas and experiences across jurisdictions. All MCOs receive refreshed viral load data annually. The match remains ongoing for both the MCO project and the VLS QARR measures with OQPS. The pilots were sent information on unsuppressed members in Phase 1 of this project. Since then, 3 more phases of data have been shared with all MCOs. Of the over

	conjunction with the Office of Quality and Patient Safety (OQPS) for MCOs, HARPs, Health Homes and VBP contractors.		15,000 unsuppressed members shared with managed care plans, almost half were suppressed as of September 2018. Plans received refreshed data in March 2019.
HIV Surveillance System Use	The HIV surveillance system receives all viral load testing results and continues 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	2017 Cascade Reports available at: https://www.health.ny.gov/diseases/aids/general/statistics/cascade_reports/docs/cascade_of_care_2017.pdf Annual Surveillance Report: https://www.health.ny.gov/diseases/aids/general/statistics/annual/2017/2017_annual_surveillance_report.pdf
Communicable Disease Electronic Surveillance System/STD Management Information System (CDESS-STD MIS)	Beginning in 2016, the Bureau of STD Planning and Evaluation (now the Bureau of Sexual Health & Epidemiology) began 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 NYC). Tremendous effort has been invested in establishing interoperability between CDESS-STD MIS and the New York Electronic HIV Management System (NYEHMS) and eHARS to make possible new public health interventions and make existing interventions more efficient.	Ongoing	In 2018 alone, 76% of STI contacts with newly diagnosed HIV were linked to care.
Retention and Adherence Programs (RAP)	RAP contractors engage patients who are recently diagnosed, or have detectable viral loads, developing individualized plans and providing ancillary services to help patients reach viral suppression. Funded programs monitor viral loads of all enrolled patients and report quarterly on clinic-wide viral suppression rates, which allows evaluation of the effect of RAP services on their larger population. The initiative began October 2015, and funds 37 RAP contracts and 4 Multi-Service Agency contracts to support RAP services at 36 clinical sites.	Ongoing, initiative continues through 9/2020.	Viral load data is monitored quarterly and efforts to reduce viral loads have been intensified. Since the inception of the initiative, over 3,500 individuals have been engaged in Retention and Adherence Program services. This includes newly HIV diagnosed

	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 (very few patients are seen less than once a week), there are multiple opportunities for engaging patients in HIV care and monitoring their health outcomes. It is also expected that contractors will actively assist any HIV positive patients leaving drug treatment connect with a new medical home. A main objective of RAP is to establish a clinic-wide approach to linkage and retention of newly HIV diagnosed patients and those not virally suppressed in HIV primary care. A primary task of funded providers is to promote Undetectable=Untransmittable messages and other anti-stigma campaigns.		individuals and those who are not virally suppressed. In response to the AIDS Institute Director's 2018 Call to Action, the Retention and Adherence Program (RAP) initiative workplan was updated (effective 7/1/18) to include rapid treatment or the initiation of ART within three days of a new HIV diagnosis. As of April 2019, 36 funded RAP sites are conducting rapid treatment.
DOP Prevention Contracts: Linkage and Navigation Services	The Division of HIV/STD/HCV Prevention funds 56 community-based organizations located across NYS to provide HIV Navigation Services (HNS) for people engaging in behaviors that put them at risk of HIV infection. This service model provides patients assistance in obtaining necessary information, support, and skills to access complex medical systems and to eliminate barriers to care (such as accompanying individuals to medical appointments, providing transportation services, providing referrals, follow up, and confirmation of linkages for treatment adherence support, mental health (MH), substance use (SU), and legal services). Ongoing technical assistance trainings have been provided to community-based organizations funded to conduct HIV Navigation Services. The goal of the training is to better equip providers to deliver the service model with fidelity and accurately capture client outcomes in AIRS.	Complete	In 2018, 2,627 HIV negative clients received HNS with the following outcomes: - Linked to PrEP: 748 - Linked to Primary Care: 425 - Linked to HIV testing: 1,451 - Linked to STD screening: 795 - Linked to HCV screening: 464 - Linked to SU & MH services: 248
Office of Drug User Health	The Office of Drug User Health has contracts with 23 authorized harm reduction/syringe exchange programs (SEPs) that provide an array of services to the most disenfranchised people who inject drugs (PWID). The SEPs engage PWID and other people who use drugs (PWUD) in syringe exchange services and other low threshold services while building trust and having clients work toward receiving higher threshold services including HIV/STD/HCV testing, referrals, linkages and escort to medical, mental health and substance use services. SEPs offer individual and group supportive services, provide active linkages to retain clients in care and re-engage with clients who are lost to care. Twelve of the SEPs have been funded to become	Ongoing	For 3/1/18 -2/28/19, SEPs served more than 28,450 participants, 9,320 of whom were new enrollees. There were nearly 161,400 syringe exchange transactions, furnishing syringes to participants.

	Drug User Health Hubs. As a hub, the agency may 1) provide accessible buprenorphine for the treatment of opioid use disorder and basic primary care; 2) participate in a law enforcement assisted diversion program and accept referrals of PWUD who have committed low level offenses, e.g. the hub creates a care plan for these individuals to avoid incarceration; 3) accept referrals from emergency departments or EMTs for individuals who have overdosed to offer safety planning; and 4) conduct anti-stigma activities to encourage service providers to use a harm reduction approach in their work with PWUD. The hubs greatly expand the depth of services at SEPs and allow PWUD to focus on and address their substance use and health care needs. The Harm Reduction State Plan Amendment was approved in August 2017 and billable harm reduction services was implemented for Syringe Exchange Programs (SEPs) in July 2018. The SEPs that bill Medicaid may now bill for the following harm reduction services: plan of care, individual or group counseling, psycho-educational support groups, and treatment adherence. This new program should allow SEPs to expand the depth and intensity of their counseling services.		SEP conducted more than 181,125 additional services, including mental health, care management, meals, individual and group counseling, support groups, linkage, retention and adherence services, and PrEP/PEP. SEPs made almost 31,600 referrals including 18,111 referrals for medical care, including HIV/HCV/STI screening, treatment and care, PrEP/PEP and Opioid Overdose Prevention Training; 8,080 referrals for substance use treatment included methadone, buprenorphine, detox and substance use counseling. 5,403 referrals were made for food, housing, legal and other services. In the Drug User Health Hubs (DUHH), 856 patients received prescriptions for buprenorphine. DUHHs provided law enforcement assisted diversion (LEAD) services to 179 participants. For SEP and DUHH, almost 21,450 individuals received Narcan training, including SEP participants, and family and community members. Over 2,000 additional participants received Safety Planning Counseling to prevent overdose, or aftercare support and counseling.

			There were 60 anti-stigma sessions conducted by SEPs and DUHHs that reached almost 1,750 people. An additional 15,240 people accessed anti-stigma online outreach information.
NY Links	Consumers are engaged in regional groups to work with providers on access to care issues. New York Links (NY Links) regional groups strongly encourage providers to identify and involve consumers to participate in NY Links regional meetings as members of their agency multi-disciplinary team(s) as well as to take an active role in organizational quality improvement activities. Involving consumers in NY Links regional groups and in quality improvement work is critical to improving viral load suppression across NYS.	Ongoing	Consumer involvement in NY Links regional groups expands participation by consumers in QI activities within their organizations. For additional information on consumer activities addressing viral suppression see: http://www.newyorklinks.org/ For regional viral load suppression data: http://etedashboardny.org/data/prevalence-and-care/hiv-care-cascades/nys/
Quality of Care Viral Load Suppression Performer Initiative	The Quality of Care Program continues to focus on viral load suppression (VLS) in low performing programs. In 2016, all providers were asked to complete an eHIVQUAL review as well as develop an organizational treatment cascade with an improvement plan based on cascade outcomes. In 2018, providers reviewed their 2017 'cascades' and used the results in their Quality Improvement Plan development. The Quality of Care Program collaborates with partners to improve suppression for NYS low performers.	Ongoing	Quality data show an increase in VLS results from 76% in 2014, to 79% in 2016, to 81% in 2017.
Retention and VLS in FFHC and ASCC Programs	Retention in care and viral load suppression (VLS) are program indicators for both the Adolescent/Young Adult Specialized Care Centers (ASCC) and Family Focused HIV Health Care (FFHC) for women's programs. Data is shared with providers on a quarterly basis and quarterly narrative reports are used to address areas requiring improvement in performance. Specific quality improvement (QI) projects are then	Ongoing	For the FFHC program, 2017 retention rates were 90% with a VLS rate of 85%; ASCC retention rates were 70%, with a VLS rate of 78%. Adolescent Quality Learning Network QI projects continue to

	identified. Program managers follow-up with individual providers on retention and VLS rates that fall below the initiative average.		focus on mental health and VLS, with best practices and case studies shared. In 2018: FFHC program retention in care rate for women was 89% and VLS improved to 90%. SCC retention rates improved to 76% and VLS remained at 78%.
Antiretroviral Clinical Guidelines	Clinical Guidelines that inform clinicians on initiating, maintaining, and adjusting antiretroviral therapies that lead to viral suppression have been developed and are routinely updated by the Clinical Guidelines Program.	Ongoing	Clinical guidelines relating to ART and viral suppression can be found at https://www.hivguidelines.org/antiretroviral-therapy/

BP6: INCENTIVIZE PERFORMANCE [CR11, CR26]			
Activity	**Details**	**Status**	**Outcomes (as of April 2019)**
Office of Drug User Health	The 23 harm reduction/syringe exchange program (SEP) contractors funded through the Office of Drug User Health offer Metro cards, nutritious snacks and, when appropriate, gift cards for people who inject drugs (PWID) to attend individual and group counseling sessions, support groups and consecutive behavioral interventions. Metro cards are provided to help people who use drugs (PWUD) attend medical and mental health sessions. The SEPs may incentivize clients to bring in members of their social networks who are not accessing SEP services. This form of outreach touches the most disenfranchised, out of care, substance using individuals and links them to the array of services that are available at the SEP. One component of the Expanded Syringe Access Program (ESAP) offers vouchers to PWID to redeem in a pharmacy for syringes. Although this is the essence of this component of ESAP, the need/desire for additional vouchers encourages PWID to return to the agency, at which time additional services, including HIV/STD/HCV testing, may be offered. Opioid overdose prevention training and the provision of	Ongoing	For the period of 3/1/18-2/28/19, SEPs served more than 28,450 participants, 9,320 of whom were new enrollees. There were nearly 161,400 syringe exchange transactions, furnishing syringes to participants. SEPs conducted more than 181,125 other services including mental health, care management, meals, individual and group counseling, support groups, linkage, retention and adherence services, PrEP/PEP.

	Naloxone is an essential service for PWID and acts as an incentive to return to the agency for additional kits, education and services.		SEPs made almost 31,600 referrals, 18,111 for medical care, including HIV/HCV/STI screening, treatment and care, PrEP/PEP and Opioid Overdose Prevention Training; 8,080 referrals for substance use treatment included methadone, buprenorphine, detox and substance use counseling. 5,403 referrals for food, housing, legal and other services were made.

BP7: USE CLIENT-LEVEL DATA TO IDENTIFY AND ASSIST PATIENTS LOST TO CARE OR NOT VIRALLY SUPPRESSED [CR8, CR9, CR12, CR13, CR26]			
Activity	**Details**	**Status**	**Outcomes (as of April 2019)**
Using "match data" between Medicaid and AIDS Registry with MCOs	Managed Care Plans use member and viral load suppression (VLS) data to improve VLS among their members. Plans will focus their efforts on enrollees with detectable viral loads. This project pulls viral load values from matched data and shares unsuppressed aggregate values with Managed Care Organizations (MCOs). In the last two phases, HIV unsuppressed members enrolled in HARP lines have been included for plans that have them. This match is performed annually between the HIV/AIDS Registry and the cohort of Medicaid recipients identified as HIV positive through the AIDS Institute's algorithm.	Ongoing	MCOs received refreshed data in March 2019. Viral load values from matched data and shares unsuppressed aggregate values with Managed Care Organizations (MCOs). This match is performed annually between the HIV/AIDS Registry and the cohort of Medicaid recipients identified as HIV positive through the AIDS Institute's algorithm. MCOs are expected to focus their resources on improving VLS in their enrollees.
Assist Managed Care Organizations (MCOs) to Prevent Loss to Follow-up and Improve Viral Load Suppression	The AIDS Institute continues to outline key elements of adherence interventions that can be adapted to Medicaid Managed Care Organization (MCO) members with detectable viral loads, as well as to support the use of best practices in quarterly collaborative meetings. A pilot is being developed with 5 MCOs to match appropriate interventions with MCO infrastructure, data, and resources with plan members as a target population. The pilot was expanded to all MCOs with unsuppressed members. Plans will continue implementing workplan activities beginning 4/1/19.	Ongoing	Educational packets on Article 44 Survey of MCOs are distributed annually. The shared packets of ETE materials reflect standards of care for PrEP and VLS with all plans. Packets contain content appropriate for members, providers, and MCO staff. Pilot MCO members were able to increase the percent of virally suppressed members by 41.3% from 2017 to 2018, and non-contracted MCOs had an increase of 36.6%. In July 2018, all MCOs with unsuppressed members were

			offered contracts to help in the ETE efforts of getting members virally suppressed. Annual awards are being continued in 2019.
Data Matching	As needed, the Bureau of HIV/AIDS Epidemiology (BHAE) and Bureau of Sexual Health & Epidemiology participate in matching activities with external datasets to improve data quality and enhance linkage and retention activities. BHAE routinely matches to STI ELCRS (incoming STI lab reports), HIV ELCRS, AIRS, NYC Interjurisdictional, Wadsworth Center Pediatric Diagnostic Testing Service lab results, and provider reports. Periodic matches occur with ADAP, DOCCS, Vital Statistics (death and birth), Medicaid, Cancer, Syphilis, Tuberculosis, Congenital Malformations Registry (CMR), Social Security Death Match, and NDI.	Ongoing	Routine matching of incoming STI labs to HIV surveillance data has enabled more efficient Partner Services programming, ensuring individuals are in HIV care and virally suppressed.
Health Information Technology	The Division of Epidemiology, Evaluation and Partner Services (DEEP) 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. Partnership with Healthix will continue with in kind support, providing updated and more accurate surveillance data (vital status, current residence, opportunistic infections, etc.	Ongoing	Healthix data is routinely matched to the HIV surveillance registry. BHAE receives newly identified patients weekly, real-time updates on previously identified patients, and a monthly patient expiration file.
Medical Monitoring Project	This Centers for Disease Control (CDC) funded surveillance system utilizes interview and medical record review data to help assess the experiences, needs and clinical outcomes of PLWH/A in care, as well as of those who are out of care. Project staff provide referrals and/or linkage to care for participants with identified service needs.	Ongoing	All 2018 cycle benchmarks have been met and 2019 cycle preparation has begun.
Disease Intervention Services Training Center (DISTC)	The Bureau of Sexual Health and Epidemiology (BSHE) STD/HIV Prevention Training Center is one of three national CDC-funded training centers providing standardized Disease Intervention Services training. The training curriculum includes a module specific to linkage to care for PLWH/A.	Ongoing	Two staff from the NYSDOH DISTC have provided 103 trainings nationwide over the past five years. They have trained over 1,200 participants on Disease Intervention Services.

Retention and Adherence Programs (RAP)	RAP contractors are expected to develop systems (or use existing systems) to quickly identify and enroll clients in need of RAP services. Various client-level data systems are utilized for identifying newly diagnosed patients and detectable viral load tests. Programs are also expected to actively enlist the aid of all relevant regional and statewide partners in locating patients they are unable to contact. 37 RAP grants and 4 Multi-Service Agency grants support RAP services at 36 clinical sites.	Ongoing, continues through 9/30/20	RAP-funded contractors maintain an ongoing roster of HIV positive patients to monitor clients' viral load and appointments. Clients are enrolled in RAP when appropriate. Partnerships with prevention and supportive service contractors are developed and formalized to ensure seamless coordination of care and enrollment in RAP.
Expanded Partner Services (ExPS)	Through ExPS, previously known PLWH/A 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 supportive services, risk reduction counseling, and safer sex supplies. The AIDS Institute Division of Epidemiology, Evaluation and Partner Services (DEEP) funds nine counties for ExPS (Erie, Monroe, Onondaga, Albany, Orange, Dutchess, Westchester, Nassau, Suffolk) and all six NYSDOH regional offices receive monthly ExPS assignments. The NYC Department of Health and Mental Hygiene (NYCDOHMH) is also funded for ExPS and employs a similar out-of-care case definition (no CD4 and/or VL labs in the NYC HIV registry for twelve months/diagnosed and never linked to care).	Ongoing	New York State has employed a data to care approach in the partner services program, which involves using surveillance data to identify PLWH/A presumed to be out of care and sending expanded partner services advocates to engage them in care. Over 6,000 out-of-care cases were assigned from January 2015-December 2018 in NYS. The initiative has had a successful re-linkage rate of about 70% among those determined to be out of care. Summary findings from 2015 are available in the "Partner Services Data to Care Report: https://www.health.ny.gov/diseases/aids/general/statistics/docs/partner_services.pdf

High Impact Care and Prevention Project (HICAPP)	HICAPP is a collaboration among NYSDOH, NYCDOHMH, and six Health Research and Services Administration (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 PLWH/A. 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, back to care. Identified PLWH/A are interviewed and offered comprehensive partner notification services, including 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 (Queens); Betances Health Center (Manhattan); and Bedford Stuyvesant Family Health Center (Brooklyn)	Complete & Ongoing: Project grant ended June 2018, but project activities will be sustained at a lower intensity through existing programming	This project ended in 2018 with several publications resulting: https://www.hiv.gov/blog/data-to-care-a-critical-tool-for-ending-aids-in-new-york-state https://www.tandfonline.com/doi/abs/10.1080/09540121.2017.1363851?journalCode=caic20 Two additional articles are being published in the September issue of JAIDS. Summary findings from 2015 are available in the "Partner Services Data to Care Report, New York State (excluding New York City) 2015: https://www.health.ny.gov/diseases/aids/general/statistics/docs/partner_services.pdf
Expanded Partner Services within DOCCS	Expanded Partner Services (ExPS) and enhanced medical care linkage efforts in Department of Corrections and Community Supervision (DOCCS) correctional facilities use NYSDOH HIV Surveillance System data and DOCCS custody, demographic and medical data to identify inmates in NYS Correctional Facilities, as well as releasees, who are HIV positive and presumed to be out-of-care. These individuals are interviewed by State or County staff and offered comprehensive partner services, including: linkage to medical care for HIV within or outside the correctional facilities, referrals for linkage and navigation in care services through community-based organizations, risk reduction counseling, partner notification and HIV testing. Case assignments began during the fourth quarter of 2015. DOCCS ExPS programming has been folded into overall expanded partner services programming services. A follow-up match to the full census of DOCCS inmates ever under custody between 1 July 2016 through 2019 is planned, pending receipt of files from DOCCS.	Complete, with follow-up activity planned	Case assignments were conducted in 2015 and 2017, strengthening partnership with DOCCS. Summary findings from 2015 are available in the "Partner Services Data to Care Report, New York State (excluding New York City) 2015: https://www.health.ny.gov/diseases/aids/general/statistics/docs/partner_services.pdf

Linkage to Care for HIV-positive Pregnant/ Postpartum Women and their HIV-Exposed/Infected Infants.	The NYS Perinatal HIV Prevention Program (PHPP), Newborn Screening Program, and Bureau of HIV/AIDS Epidemiology (BHAE) and Partner Services work in tandem to identify, locate, and re-engage HIV-positive pregnant/postpartum women and their HIV-exposed/positive 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 New York State Pediatric HIV Diagnostic Testing Laboratory. PHPP developed a 'road map' outlining specific activities that take place while trying to find and re-engage HIV-positive pregnant/postpartum women and their HIV-exposed newborns in care. The 'road map' begins with a referral coming into PHPP and includes PHPP staff outreach to multiple internal and external resources who may provide assistance in locating and re-engaging those lost to care. PHPP has a systematic process to facilitate linkage including leveraging information obtained from community providers, hospitals/clinics, supportive service agencies, funded programs and NYS partners such as the Wadsworth Center Newborn Screening Program (NBP) and the Bloodborne Viruses Laboratory (BVL) Pediatric HIV Diagnostic Testing Service, the Bureau of HIV/AIDS Epidemiology, and Partner Services. Linkage to care efforts begin with a referral to PHPP which triggers a comprehensive coordinated response to locate women and newborns lost to care. PHPP works closely with surveillance engaging in data-to-care activities as well as with the NBP and the BVL to specifically ensure appropriate, timely diagnostic testing is being performed on exposed newborns to reduce the number of newborns with an indeterminate HIV status and facilitate linkage to needed services and care.	Ongoing Roadmap complete, linkage efforts ongoing Ongoing	Annual release of maternal to child transmission (MTCT) cases: In 2018, 336 women gave birth to 343 HIV-exposed infants in NYS birth facilities; there were **zero** cases of perinatal transmission. During 2018, approximately 192,619 live births (provisional as of 06/20/2019) occurred in NYS hospitals and other birth facilities. - Zero HIV MTCT cases per 100,000 live births, and - MTCT rate of zero among liveborn infants with confirmed or presumptive HIV status. These data include FFHC and SCC-funded providers. PHPP works with BHAE HIV surveillance data to locate those lost to care and provide follow-up activities as needed to ensure the women and their newborns are engaged and retained in care. Surveillance data are also used to ensure appropriate HIV diagnostic testing is being conducted for exposed infants with indeterminate status to confirm their HIV status and ensure engagement in care.

Linkage, Navigation and Retention Programs	All 23 authorized harm reduction/syringe exchange programs (SEPs) have linkage and navigation as a component of their annual workplans. Many are tasked with Delivery System Reform Incentive Payment (DSRIP) partners to engage and return people who inject drugs (PWID) who are out of care or who have been lost to follow-up. SEP low threshold services, which are non-judgmental and non-threatening to PWID, are the gateway for these individuals to enter/re-enter the continuum of care. SEPs are the first line providers who have access and the trust of disenfranchised individuals to consider entrance into the care continuum. In addition, SEPs provide cultural competency training for linkage providers so that appropriate care for substance use can be offered. SEPs that have been funded to be Drug User Health Hubs may now offer accessible buprenorphine and basic primary care on-site.	Ongoing	SEPs have made nearly 31,600 referrals, including 18,111 referrals for medical care, including HIV/HCV/STI screening, treatment and care, PrEP/PEP and Opioid Overdose Prevention Training; 8,080 referrals for substance use treatment included methadone, buprenorphine, detox and substance use counseling. 5,403 referrals were made for food, housing, legal and other services.
Assist Office of Medicaid Policy and Programs (OMPP) Programs to Adopt Recommended Interventions for PLWH/A with Detectable Viral Load	The AIDS Institute's Office of Medicaid Policy and Programs (OMPP) is identifying task force interventions for re-engagement and viral load suppression (VLS) which are appropriate for Health Home enrollees and care management agencies.	Ongoing	Templates have been developed for each assessment and service plan for all HIV positive health home enrollees and Day Care clients that must include linkage, retention and VLS information, and will be expanded to include high-risk HIV-negative populations.
Quality of Care Program Community Health Center Quality Learning Network (CHCQLN) VLS Quality Improvement Project	26 Community Health Centers in the NYC metropolitan area continue to focus on improving viral load suppression (VLS) in their patients, tailoring quality improvement efforts to meet the needs of specific subgroups of unsuppressed patients. Programs use the annual organizational treatment cascade review as the basis for improvement activities.	Ongoing	Participants completed and analyzed results of the 2018 VLS improvement activities. The group will use their cascade QI plan to follow up with QI activities on a quarterly basis in 2019.
Adolescent Quality Learning Network (AQLN)	The AQLN meeting is collaboratively overseen by FAYS and the Office of the Medical Director. In this learning network, 16 adolescent HIV care clinics participate in a quality improvement project aimed at improving mental health and viral suppression	Ongoing	QI project results varied, with some VLS rates decreasing, or remaining the same, while 4 sites

Retention/VLS group Quality Improvement Projects	outcomes for adolescents. Providers have submitted QI activities and periodic reports on viral load suppression. Best practice approaches and case studies are shared during meetings. The process changes of sites that showed VLS improvement are shared with other sites.		showed significant improvement; improving from 55% in the 1st quarter to 89% in the last quarter of 2018; with another site improving from 79% to 85% in the same timeframe, a third improving from 81% to 89%, and a fourth from 74% to 82%.
Care Provider Portal	Healthcare providers will be able to utilize an electronic portal to assess the care status of patients they have been unable to contact or locate. This effort was launched in December 2016 in conjunction with the revision of the Confidential Medical Provider HIV/AIDS and Partner/Contact Report Form (DOH-4189). A summary report of HIV/AIDS Provider Portal submitted out of care requests has been completed. The program continues to promote use of the provider portal among clinicians who conduct HIV testing. The objective is to facilitate submission of the provider report form which aides in identifying acute cases of HIV infection and persons who are potentially out of care.	Ongoing	During 2018, the regulation package and FAQ guidance documents were released with a webinar series educating clinicians and service providers about the changes. During 2018, there were 20 not in care inquiries for 69 individuals received through the HIV/AIDS Provider Portal. Updated case status was successfully returned to the clinician for 69 individuals. During 2019, efforts are underway to expand usage of the HIV/AIDS Provider Portal, including changes to enable users to access the system using any web browser. Updated guidance document on accessing the HIV/AIDS Provider Portal have been released.

BP8: Enhance And Streamline Services To Support The Non-Medical Needs Of All Persons With HIV [CR6, CR13, CR14, CR15, CR16, CR17, CR30, CR32]			
Activity	**Details**	**Status**	**Outcomes (as of April 2019)**
Harm Reduction/Syringe Exchange Programs: Linkage and Navigation Services	The Office of Drug User Health funds 23 harm reduction/syringe exchange programs (SEPs) 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 linkage and navigation services, including escort and Metro cards to medical, mental health and substance use treatment services. Through their work with the SEP, clients can be connected to insurance, housing, health care and maintained in the appropriate services. All SEPs are targeting young people who inject drugs, the newest population affected by the opioid epidemic. Twelve SEPs have been funded to become Drug User Health Hubs and may offer: 1) accessible buprenorphine and primary care on-site to facilitate having clients receive services; 2) law enforcement assisted diversion to develop a care plan for people who use drugs (PWUD) who commit low level crimes and are referred by law enforcement; 3) referrals from emergency departments and emergency medical technicians for (PWUD) who have overdosed for safety planning; and 4) anti-stigma for PWUD for local providers to make other services more accessible to SEP clients.	Ongoing	From 3/1/18 - 2/28/19, SEPs served more than 10,935 participants, providing 18,244 linkage and navigation services.
Adolescent/Young Adult Specialized Care Centers (ASCC)	FAYS' ASCC are comprehensive and integrated and utilize a multidisciplinary care team approach to 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 LGBTQ and other high-risk adolescents/young adults served through the programs work with LGBTQ-friendly service providers in the community.	Ongoing	Over 1,023 adolescents/young adult PLWH/A received services through the SCC programs, 92% from communities of color. An additional 972 high risk A/YA received low threshold clinical services.
Retention and Adherence Programs (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; the model identifies and implements interventions to meet that goal. The service plan is reassessed every quarter until a patient is no longer in need of RAP services. Plans must include active referrals to any behavioral	Ongoing, initiative continues through	Since the inception of the RAP Initiative in 2015, over 3,500 individuals have been engaged in RAP services that have included comprehensive patient

	health service provider deemed necessary. Beginning in 2015, 37 RAP grants and 5 Multi-Service Agency grants support RAP services at 36 clinical sites.	Sept. 2020	assessments and development of service plans to address attaining and sustaining viral load suppression. This has been accomplished with over 100,000 patient visits with RAP program staff and peers.
NY Links Peer Support Intervention	NY Links has developed an intervention that focuses on utilizing peers to serve as guides for newly diagnosed persons or those who are returning to care to engage them in care and ensure better retention.	Complete	This intervention has been disseminated and is available at: http://www.newyorklinks.org/interventions/
Housing Retention and Financial Assistance	The Housing Retention and Financial Assistance initiative funds programs to provide financial assistance in the form of rental and/or utility subsidies as well as housing retention services to PLWH/A who are either homeless or unstably housed and in imminent danger of becoming homeless. Peer navigators assist in engagement and education using a culturally competent approach. Funded programs have demonstrated experience providing cultural, linguistic, and health literate appropriate services to persons including LGBTQ populations.	Ongoing, initiative continues through 6/30/21	Beginning 7/1/16, the Housing Retention and Financial Assistance initiative funded eight community-based agencies around NYS to provide housing retention and financial assistance services to PLWH/A. Through February 2019, 1,258 clients have been served in the program.
Medicaid Redesign Team (MRT) Financial Assistance and Housing Retention Services for High-Need Medicaid Beneficiaries	The Medicaid Redesign Team (MRT) Housing Retention and Financial Assistance initiative funds programs to provide financial assistance in the form of rental subsidies as well as housing retention services to PLWH/A who are either homeless or unstably housed and in imminent danger of becoming homeless. Providers engage with the target population to establish and maintain housing stability and foster an environment in which high-need, high-risk clients may engage in and remain in HIV medical care, resulting in a reduction in hospitalization and emergency medical service use. 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, initiative continues through 6/30/21.	The MRT Housing Retention and Financial Assistance initiative funds 10 community-based agencies across NYS to provide housing retention and financial assistance services to PLWH/A, living outside of New York City and/or high users of Medicaid. This initiative began on 7/1/2016. Through February 2019, 436 clients have been served.

The Empire State Supportive Housing Initiative (ESSHI)	The Empire State Supportive Housing Initiative (ESSHI) released its first request for proposals (RFP) in 2016. This RFP, managed by the NYS Office of Mental Health in collaboration with eight other state agencies, advances a five-year goal of developing 6,000 units of supportive housing for persons identified as homeless with special needs, conditions, or other life challenges. Awards for applicants proposing to serve HIV specific populations are assigned to the AIDS Institute and managed by the Bureau of Community Support Services (BCSS). ESSHI will be resolicited annually until 6,000 units are achieved. An additional HIV-specific conditional award from round 1 is expected to obtain a certificate of occupancy in June 2019.	Ongoing	As of April 2019, BCSS manages two operational ESSHI projects serving 41 clients. Both projects are HIV specific. Round 3 of the re-solicitation was completed in summer 2018, and funding recommendations included 4 projects that were assigned to the AIDS Institute. 3 of these 4 projects are HIV specific with the 4th project and include individuals who are HIV positive and/or frail/elderly.
Behavioral Health Education	The Behavioral Health Education (BHE) Initiative funds 9 community-based agencies statewide to provide behavioral health screenings, referrals, and psychoeducational interventions to PLWH/A. The programs work with clients who are resistant and 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, initiative continues through 3/31/20.	In 2018, 401 clients received 3,714 behavioral health education and 1,123 peer navigator services.
Engagement and Supportive Services: HIV/AIDS Case Management and Health Education	The Engagement and Supportive Services (ESS) Initiative funds 19 community- based agencies statewide to provide case management and health education services that focus on PLWH/A 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 efforts using a culturally competent approach. Funded programs have demonstrated experience providing cultural, linguistic, and health literate appropriate services to persons including LGBTQ populations.	Ongoing, initiative continues through 3/31/20.	In 2018, 1,390 clients received 46,122 services, including case management (25,117), health education (10,676) and peer navigation (10,329).
Engagement and Supportive Services (ESS): HIV/AIDS Medical Transportation	10 community-based agencies statewide provide medical transportation (MT) services to PLWH/A to ensure that transportation is not a barrier to receipt of care and support services.	Ongoing, initiative continues through 3/31/20.	In 2017, 1,345 clients received 15,365 trips to medical and Ryan White fundable supportive services.

			In 2018, 1,165 clients received 14,145 trips to medical and Ryan White funded supportive services.
Engagement and Supportive Services (ESS): HIV/AIDS Emerging Communities	The Engagement and Supportive Services (ESS) Initiative funds three community-based programs that focus on engagement and retention in care for men who are and identify as gay or men who have sex with men (MSM), with the primary goal of improving health outcomes and achieving viral suppression. Providers have the option of providing one or more of the following services: case management, health education and peer navigation. Funded programs have demonstrated experience providing cultural, linguistic, and health literate appropriate services to LGBTQ populations. Funding for these programs is region-specific, targeting areas identified by HRSA: Buffalo, Rochester and Albany.	Ongoing, initiative continues through 3/31/20.	In 2018, 129 clients received 4,315 services, including case management (3,100), health education (344) and peer navigation (871).
Legal Services for Individuals and Families Living with HIV/AIDS and Family Stabilization Support Services Initiative	The Legal Services for Individuals and Families Living with HIV/AIDS & Family Stabilization Support Services Initiative funds 11 community-based agencies statewide to provide legal assistance or representation that enable PLWH/A to overcome barriers to care/services, maintain benefits or services, and assert legal rights, as well as supportive family stabilization services for HIV-positive parents, their dependent children, and identified caregivers. This service model integrates legal services and family stabilization support services within one provider network to streamline collaboration and enhance access to services. Services include assistance for people who identify as transgender regarding documentation issues related to access to care.	Ongoing, initiative continues through 9/30/20.	For the calendar year 2018, the initiative has served 1,329 clients with 2,068 legal cases and helped 141 HIV-affected families with planning future care and custody for 263 children and young adults. Of the 2,068 legal cases in 2018, 1,341 cases were resolved, including 210 family law matters, 251 housing matters, 51 immigration matters, and 80 individual rights matters for individuals reentering from incarceration.
Nutrition Health Education	Beginning 4/1/17, the Nutrition Health Education and Food and Meal Services (NHE) Initiative funds 12 community-based agencies statewide to deliver food and meal services as well as nutrition health education that empowers PLWH/A to apply self-management skills to achieve optimal health outcomes. Peer navigators assist in engagement and education activities and provide a culturally competent approach to self-management that incorporates the sharing of similar experiences and strategies for success from an individual who has navigated similar systems. Funded programs have demonstrated experience providing cultural, linguistic, and health literate	Ongoing, initiative continues through 3/31/21.	In 2018, 1,383 clients received 205,108 nutritious meals.

	appropriate services to persons, including LGBTQ individuals. All clients enrolled in the NHE program engage in group/individual nutrition health education.		
Division of HIV/STD/HCV Prevention Contracts: HIV Navigation Services for people living with diagnosed HIV infection	The AIDS Institute's Division of HIV/STD/HCV Prevention funds 56 community-based organizations located across NYS to provide HIV Navigation Services (HNS) for people living with diagnosed HIV infection. 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. accompanying individuals to medical appointments, providing transportation services, providing referrals, follow up, and confirmation of linkages for treatment adherence support, mental health (MH), substance use (SU), and legal services). Ongoing technical assistance trainings have been provided to community-based organizations funded to conduct HIV Navigation Services. The goal of the training is to better equip providers to deliver the service model with fidelity and accurately capture client outcomes in AIRS.	Ongoing	In 2018, 1,267 PLWH/A received HNS with the following outcomes: - Linked to Partner Services: 451 - Linked to STD screening: 134 - Linked to HCV screening: 134 - Linked to SU & MH services: 390 - Linked to Assistance with Access to Benefits: 860
Quality of Care Consumer Advisory Committee	Consumer input on the Compassionate Care Act was obtained to improve viral suppression. Patient Experience Reported Measures (PREMS) were highlighted during Joint meeting of the consumer (CAC) and clinical (QAC) advisory committees in December 2017.	Ongoing	The Living Cascade project to capture patient experiences being engaged/linked to care, prescribed ART and achieving viral load suppression was piloted by 5 healthcare facilities in 2018.

BP9: PROVIDE ENHANCED SERVICES FOR PATIENTS WITHIN CORRECTIONAL AND OTHER INSTITUTIONS AND SPECIFIC PROGRAMMING FOR PATIENTS RETURNING HOME FROM CORRECTIONS OR OTHER INSTITUTIONAL SETTINGS
[CR14, CR18, CR30]

Activity	Details	Status	Outcomes (as of April 2019)
NYS Prison Seroprevalence Study	The Bureau of HIV/AIDS Epidemiology (BHAE) will conduct an unlinked survey to assess HIV and HCV prevalence trends among incoming inmates to the NYS Department of Corrections and Community Supervision (DOCCS) system. The study will provide longitudinal monitoring on changes in HIV and HCV infections as well as risk behaviors among incoming inmates. The findings will inform discussions about strategies for enhancing services for people who are incarcerated, and contribute to an understand of the percent of incoming inmates who are HIV positive and unaware	Ongoing	All specimen testing and database activities for the 2017 study cohort will be completed by summer 2019. The reporting summary will include the 2017 study cohort for 1988-2017 by the end of summer 2019.

	of their status. Results through 2015 (last completed cycle) were presented at the 2018 International AIDS Conference. A new cycle commenced in November 2017 in four intake facilities at DOCCS. Currently, data and specimen collections are complete and data records are delinked. Commencement of HIV and HCV testing is imminent. Preliminary results are anticipated for Summer 2019. The program expects to prepare and launch the 2019 study cycle by the end of 2019.		
DOCCS Match with HIV Registry	A data match of all persons under NYS Department of Corrections and Community Supervision (DOCCS) custody with the HIV surveillance registry will allow NYSDOH to identify HIV-diagnosed persons within DOCCS, so that 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 PLWH/A under 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. The follow-up match to the full census of DOCCS inmates ever under custody between 1 July 2016 through 2019 was completed. Data records are to be combined with other data elements for analysis as soon as all data elements are complete and ready.	Ongoing	Findings from this item will be included in the study update in 2019.
Expanded Partner Services within DOCCS	Expanded Partner Services and enhanced medical care linkage efforts in Department of Corrections and Community Supervision (DOCCS) correctional facilities use NYSDOH HIV Surveillance System data and DOCCS custody, demographic and medical data to identify inmates, as well as releases, who are HIV positive and presumed to be out-of-care. These individuals are interviewed by state or county staff and offered comprehensive partner services, including: linkage to medical care for HIV within or outside DOCCS correctional facilities, referrals for linkage and navigation in care services through community-based organizations, risk reduction counseling, partner notification, and HIV testing.	Complete	Case assignments began during the fourth quarter of 2015. The second round of matching is complete; surveillance and Partner Services investigations are underway based on the second match. Further matches will occur annually. Case assignments were conducted in 2015 and 2017, strengthening the partnership with DOCCS. Summary findings from 2015 are available in the "Partner Services Data to Care Report, New York State (excluding New York City 2015): https://www.health.ny.gov/diseas

			es/aids/general/statistics/docs/partner_services.pdf
Division of HIV/STD/HCV Prevention Contracts: HIV Navigation Services people living with diagnosed HIV infection within Department of Corrections and Community Supervision (DOCCS) correctional facilities	The Division of HIV/STD/HCV Prevention funds 12 Community Based Organizations (CBOs). Using a data driven approach, the initiative contractors work in partnership with DOCCS Health Service's Discharge Planning Unit (DPU) to identify and engage incarcerated individuals living with HIV. Interventions implemented ensure that incarcerated individuals living with HIV are provided with effective and sustainable support, treatment adherence education, early identification and disclosure assistance, stabilization upon release by planning and addressing social determinants of health which may pose barriers to sustained HIV medical care engagement both during incarceration and following community reentry.	Ongoing	The 12 funded CBOs worked in ongoing partnership with the DOCCS DPU and Senior Review Utilization Nurses (SURNs) to identify and engage incarcerated individuals living with HIV into HIV medical care and linkage and navigation services. In the fall of 2018, the initiative was expanded to include HCV Linkage and Navigation services. Ongoing technical assistance trainings have been provided to CBOs funded to conduct HIV Navigation Services. The goal of the trainings is to equip providers to better deliver the service model with fidelity and accurately capture client outcomes in AIRS. A total of 336 participants (PLWH/A) were enrolled in the program and received in-facility HIV linkage and navigation services: - 99% were engaged in health care within DOCCS: 334 received ART and 92% were virally suppressed. Of the 336, 77 were linked to a Community Linkage Specialist upon release and 98% of those

			linked have engaged in medical care in the community.

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* **[CR19]**			
Activity	**Details**	**Status**	**Outcomes (as of April 2019)**
Delivery System Reform Incentive Payment (DSRIP) – Project 11	Delivery System Reform Incentive Payment (DSRIP) Project 11 focuses on patient activation activities to engage, educate and integrate the uninsured and low/non-using Medicaid populations into community-based care. Health + Hospitals Corporation/State University of New York (HHC/SUNY) are the primary NYC contract along with other public hospitals statewide. Projects will partner with community-based organizations (CBOs) to identify 'hot spot areas' where CBOs can provide outreach on ongoing engagement in care while using electronic health records (EHRs)s and other IT platforms. This project will be critical for outreach to persons unaware of their HIV diagnosis and/or not engaged in care across the state.	Ongoing	Many AI contracted CBOs received grants for this outreach activity.
The Center on Addiction (formerly CASA Columbia) Project	This data project will help describe the experience of Medicaid Health Home-enrolled, HIV diagnosed individuals regarding their medical outcomes and housing status. Findings from this study will be useful to DSRIP activities as they relate to PLWH/A.	Ongoing	Matching has been completed and analyses are underway. Funding for the project ends June 2019. Dissemination of results is ongoing including accepted presentations at the 2018 APHA meeting and multiple acceptances for the 2019 HIV Prevention Conference. A manuscript entitled Validation of an Optimized Algorithm to Identify Persons Living with Diagnosed HIV from the New York State Medicaid Data, 2006-2014 is under revision to resubmit for publication. Several other manuscripts are under development.

Medicaid Data Match with HIV Registry	Data provided by the Office of Medicaid Policy and Programs (OMPP) is matched with the HIV registry and viral suppression views are updated periodically.	Ongoing	A periodic match of Medicaid data with surveillance data will enable NYSDOH to assess levels of viral suppression among Medicaid recipients as a DSRIP outcome.
Peer Certification Program	Five of the seven NYC Performing Provider Systems (PPS) support patient navigation, linkage and retention. Based on DSRIP experience, several models of integrating peer workers are being defined. The AIDS Institute's Office of the Medical Director Education and Training Program completed work establishing a statewide certification process. The Peer Certification Program includes navigation, linkage, and adherence as core competencies of peer workers.	Ongoing	As of May 2019, 202 peer workers have been certified. Specific peer trainings on HIV Patient Navigation and HIV Primary Care and Treatment Adherence have been developed and are being widely attended.
NY Links/Office of Health Insurance Program Coordination	NY Links is working with DSRIP and Medicaid staff to utilize a NY Links model of regional group development within the DSRIP process.	Ongoing	The Bronx NY Links group ran for two years, successfully completing deliverables under DSRIP. The group has not shifted to other areas.

Activity Report

3. Provide access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV-negative.

BP11: Undertake a statewide education campaign on PrEP and nPEP			
Activity	**Details**	**Status**	**Outcomes (as of April 2019)**
Campaign (Including Social Media) for PrEP Awareness and Stigma Reduction in Gay, MSM, and TGNC Communities	The AIDS Institute launched the statewide PrEP campaign in two phases, investing a total of $1,368,000. The purpose of the campaign was to raise awareness about PrEP as an effective HIV prevention option. Phase one focused on men who have sex with men (MSM) of color and people who identify as transgender and gender non-conforming (TGNC) of all races. Phase two focused on MSM, TGNC and women of all races. Campaign images were created to 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 LGBTQ magazines, ads on gay dating sites and other social media venues selected specifically to reach the target audience. Videos on the campaign website, www.prepforsex.org, highlight the voices of people who are using PrEP and address who is eligible for PrEP, concerns about side effects, affordability, PrEP and emotions, and other topics. These videos are intended to also be used during patient education sessions, during groups or even in the program waiting room.	Ongoing	The campaign website, www.prepforsex.org, remains active with thousands of visits per month. Evaluation data indicated the campaign reached the intended target audience. Clicks to the campaign website and length of time spent on the website were higher than industry average. A one-page poster highlighting campaign resources has been distributed to organizations to display, give to clients, and make available in their communities. A PrEP social media toolkit is in development for agencies to promote PrEP to priority populations within their communities and will be shared publicly in June 2019.
Home HIV Test Giveaway	To promote HIV status awareness and HIV testing among individuals who are at higher risk for HIV transmission and may not be reached by traditional HIV testing programs, the New York City Department of Health and Mental Hygiene (NYC DOHMH) and New York State Department of Health's (NYSDOH) collaboratively conduct the Home Test Giveaway (HTG) to distribute free HIV self-tests (HIVST). The	Ongoing	Since November 2015, for the HTG program in NYS: 3,809 persons have been determined eligible to receive a free HIVST through HTG, with an average of 30% of NYS participants reporting that they

	model, which is conducted entirely online, was first piloted in 2015 in NYC by NYC DOHMH and then extended to the rest of NYS by NYSDOH. Participants outside of New York City who receive an HIVST also receive a *Need Help Paying for PrEP* and *Let's Talk about You* brochure within the test kit package. Each time a participant interacts with a NYSDOH staffer via email, participants are provided hyperlinks to prepforsex.org and the *I Might Have Been Exposed to HIV* brochure within the signature of the email.		had never tested for HIV prior to HHTG; In total, 2,495 participants redeemed their coupon for a free self-test kit. Among those who completed the follow-up survey and had used the HIVST to test themselves: 0.8% of participants reported a reactive result, and among those with a first-time positive, 100% (6/6) reported following up with a confirmatory test. Almost all participants (>96%) who completed the follow-up survey and tested themselves reported they would be likely to recommend HTG to a friend.
PrEP Messaging through Faith Based Organizations	The Faith Communities Project (FCP) continues to organize regional forums to explore the intersection of faith and health with an emphasis on the health and spiritual needs of LGBTQ communities. The FCP established a method for disseminating PrEP messaging through the faith communities of priority populations. The FCP continues to provide opportunities for funded contractors to collaborate with faith communities to disseminate PrEP-related information.	Ongoing	In 2017, the forum series focused on the role of faith communities in the Ending the Epidemic (ETE) initiative and how faith communities can contribute to the three-point plan to ETE in NYS by the end of 2020. Focus groups with faith leaders were convened in 2017 and 2018 to identify how faith communities can promote PrEP and PEP in congregations and communities. The AIDS Institute funded contractors in Albany, Bronx,

			Brooklyn, Buffalo, Hudson Valley, Long Island and Queens to provide PrEP and PEP information at regional faith-based programs. In 2018, the FCP conducted 5 regional meetings on this topic.
PrEP Promotion at Gay Pride	Trainings are offered to prepare members of the LGBTQ community to serve as PrEP ambassadors to speak to others about PrEP during Pride events and promote PrEP as a social norm. AIDS Institute funded community-based organizations distribute information about PrEP and other HIV/STD prevention topics at Pride events. The AIDS Institute will develop a simple tool to evaluate the impact of PrEP activities during Pride events.	Ongoing	A PrEP Toolkit was developed to 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) are made available at Pride events across NYS.
Clinical and Non-Clinical PrEP-related Trainings to Disseminate Best Practices	The AIDS Institute Clinical Education Initiative (CEI) facilitates free online courses and "telementoring" sessions relating to PrEP that are available to earn continuing education credit on the www.CEItraining.org website. These are designed for physicians, nurse practitioners, physician assistants, dentists, and pharmacists. In addition, multiple PrEP implementation workshops that focus on emerging best practices to enhance access to PrEP for high-risk persons to keep them HIV negative are provided throughout the state. PrEP-related trainings are available for non-clinical service providers at hivtrainingny.org to promote the ability for PrEP to be discussed at all points of care. These trainings are designed for Care Coordinators, Case Managers, Social Workers, Counselors, Patient Navigators, Peer Workers, Educators, and others. Trainings included a day-long conference "HIV in New York State: Keeping the Vision on Women" (held in New York City) with topics ranging from "HIV Prevention: Models in Care" to "Optimizing Healthy Aging among Cis- and Transgender Women with HIV" and presentations to Duane Reade pharmacists on "From Science to Consensus: Undetectable=Untransmittable", "Antiretroviral Therapy", and "Building an Inclusive Practice: Transgender Health and HIV"; CEI's HIV ECHO telementoring session on "HIV and Aging: HIV Associated Neurocognitive Disorder"; a PrEP training for medical	Ongoing	These PrEP-related trainings increase understanding of evidence-based clinical recommendations, steps to implement PrEP, and novel strategies to reach underserved communities to increase the number of providers prescribing PrEP throughout New York State. Between 1/1/19 – 4/25/19, a total of 34 CME credits were claimed by healthcare providers for PrEP trainings.

	providers at the University of Rochester Medical Center; and a webinar on updates from CROI that included information about a reported HIV remission/cure.		
PrEP Materials for Consumers and Clinicians	Materials include the following: - PrEP-related trainings are offered through hivtrainingny.org for non-clinical providers and online videos and courses are available at www.ceitraining.org for clinical providers; - PrEP pocket guides for clinicians with key points and checklists for pre-prescription, patient education, and follow-up. - PrEP clinical cards that provide clinically relevant information on the recommended PrEP regimen, pre-prescription assessment, information on lab tests and more; and can be discreetly attached to a medical providers name tag. - A consumer Q&A posted on the NYSDOH website; - Posters, a brochure and palm cards on PrEP; - PrEP Assistance Program (PrEP-AP) consumer materials are available in 7 languages; and - Bulk quantities of HIV/AIDS Consumer Educational Materials on PrEP and PEP have been made available. Orders may be placed at www.health.ny.gov/diseases/aids/general/publications/orderinginfo.htm nPEP and PrEP resources for consumers and clinicians are available in one place on the NYSDOH website. Work is being done to create a PrEP grassroots social media campaign through AIDS Institute funded providers via the use of a social media toolkit and other resources.	Ongoing	Materials have been sent via listservs, posted on the AIDS Institute websites and shared with contractors, providers and county and regional staff. In 2018, 6 distinct PrEP training curricula were offered to non-clinical providers; a total of 39 trainings were offered reaching 685 participants; and more than 110,000 consumer education materials were distributed to providers for sharing with people who can benefit from PrEP/PEP.
Develop PrEP Messaging for Women	Based on feedback received from community members at the *PrEP for Women* and *PrEP for Transgender Women* statewide forums, the AIDS Institute will prioritize the development of PrEP messaging specifically tailored to women who identify as cisgender and transgender, particularly of color, to raise awareness of PrEP as a method of HIV protection that they can choose, use, and control.	Ongoing	A page specifically for women who identify as cisgender was added to the www.prepforsex.org website.

BP12: INCLUDE A VARIETY OF STATEWIDE PROGRAMS FOR DISTRIBUTION AND INCREASED ACCESS TO PREP AND NPEP			
Activity	**Details**	**Status**	**Outcomes (as of April 2019)**
Access for Adolescents without Guardian Consent or Notification	Amendments to New York's health regulations, made in May 2017, allow minors to consent to their own HIV treatment and HIV preventive services such as PrEP and PEP without parental/guardian involvement (10 NYCRR Part 23) State register Notice of Adoption can be found at: https://docs.dos.ny.gov/info/register/2017/april12/pdf/Rule%20Making%20Activities.pdf	Complete	This initiative changed state regulations and increased access to PrEP and PEP for adolescents. Two new consumer education brochures were developed to educate minors about their capacity to consent for HIV prevention and treatment services. The brochures will be available in late Spring 2019.
PrEP Clinical Guideline	The AIDS Institute clinical guideline "PrEP to Prevent HIV Acquisition" was published in October 2017 and is available at https://www.hivguidelines.org/prep-for-prevention/prep-to-prevent-hiv/#tab_0. The guideline includes user-friendly tools such as pocket guides and checklists to improve use of the guideline by clinicians in their everyday practice.	Complete	The PrEP clinical guideline increased capability of primary care and family physicians to prescribe PrEP through knowledge and instruction.
Statewide Forums on PrEP Implementation for Key Populations	The AIDS Institute convened stakeholders from across NYS to discuss the unique issues associated with engaging three key populations in PrEP: adolescents, women who identify as cisgender, and women who identify as transgender. These discussions took place during 3 distinct forums: (1) PrEP for Adolescents Forum, November 2015; (2) PrEP for Cisgender Women Forum, June 2017; and (3) PrEP for Transgender Women Forum, April 2018. Participants included PrEP providers, scientific researchers, and consumers with representatives from community-based organizations, family planning agencies, pharmacies, faith-based agencies, public health agencies, and community advocacy groups to contribute insights gleaned from their experiences with delivering PrEP services to women who identify as transgender in diverse settings.	Complete	These statewide forums obtained input from stakeholders which guides the AIDS Institute's PrEP strategic planning. They also facilitated peer-to-peer learning among forum participants. Meeting reports can be found at www.hivguidelines.org/prep-for-prevention/
Targeted PrEP Implementation Program (TPIP) Evaluation Project	The Targeted PrEP Implementation Program (TPIP) evaluation project assessed the practicality of implementing TPIP in clinical settings serving a significant number of MSM adults.	Complete	The TPIP evaluation project played a pivotal role in laying the foundation for statewide implementation of PrEP

	The AIDS Institute invited five medical providers and their CBOs to participate. Each participant was expected to: - utilize internal and external resources to identify potential clients for PrEP - screen potential clients for eligibility and enroll eligible/willing clients in TPIP - prescribe PrEP to clients - provide supportive services as part of a comprehensive prevention plan that included routine HIV and STI testing, adherence counseling, education on condom use and safer sex practices - participate in twice monthly calls with the other TPIP providers and AIDS Institute staff to discuss program activities, identify best practices and troubleshoot problems - participate in data collection, monitoring and evaluation activities.		delivered as part of a comprehensive prevention plan. Because of the evidence gained from this project, state funds have been made available to provide access to PrEP in general and primary care settings for persons at high risk of contracting HIV. Final report available at: www.health.ny.gov/diseases/aids/providers/reports/docs/prep_implementation.pdf
Increase the Number of PrEP Prescribers Statewide	An intensive, academic PrEP detailing project was conducted during 2017 to Primary Care Physicians (PCPs) statewide outside NYC. In addition to the PCPs, non-prescribers also received PrEP education: nurses, billing staff members, front desk staff, medical assistants, technologists, and phlebotomists. Participants' feedback indicated that the detailing was well-received, impactful, and appreciated, and that the majority of prescribers would prescribe PrEP for the next appropriate patient. Additional efforts to increase the number of registered PrEP prescribers continues through education, training, and recruitment to the voluntary PrEP provider directory (https://providerdirectory.aidsinstituteny.org/).	Complete	629 PrEP prescribing sites throughout all regions of the state have been registered as of April 2019. The PrEP detailing project provided academic PrEP detailing to over 658 primary care physicians in 261 practices outside of New York City.
PrEP Technical Assistance for Reproductive/ Maternal Health Organizations	The AIDS Institute encourages inclusion of PrEP in reproductive health and maternal/child health services. AIDS Institute staff actively provide information regarding PrEP implementation to family planning and Planned Parenthood providers.	Ongoing	A primer on PrEP for women was developed and disseminated to women's healthcare providers statewide: www.health.ny.gov/diseases/aids/general/prep/docs/fact_sheet_women_family.pdf A PrEP for women brochure was developed to raise awareness among women that PrEP protects them and is under their control. The brochure is

			available at: https://www.health.ny.gov/diseases/aids/general/publications/index.htm
PrEP in Planned Parenthood Organizations	A two-year project (4/1/17 – 3/31/19) provided a PrEP technical assistance coordinator in Mohawk Hudson Planned Parenthood and Planned Parenthood of the Southern Finger Lakes, to assist with organization-wide PrEP implementation in regions lacking PrEP prescribers.	Complete	This initiative improved access to PrEP prescribers for high risk negatives by training and supporting prescribers in multiple clinical sites, covering a total of 23 upstate counties.
Promotion of PEP in Pharmacies	A pilot project was established to explore issues related to initiation of PEP in the pharmacy setting. It is believed that initiation of PEP in pharmacies will play an important role in expanding access to this underutilized HIV prevention intervention. The pilot began 3/1/18 with 17 demonstration sites. Sites were provided with trainings, pharmacy window decals, and brochures. Due to low uptake, the 6-month pilot was extended to 1 year. Materials related to this effort can be found at: https://www.health.ny.gov/diseases/aids/general/pep/pharmacies.htm	Ongoing	As of March 2019, a total of 36 people initiated PEP at a site participating in the pilot and 33 attended a follow-up appointment and obtained the full 28 days of medication. It was identified that a marketing campaign is needed to raise awareness of this service at a pharmacy.
SEP Pilot for PrEP Services	Four syringe exchange programs (SEPs) serving sizable percentages of PrEP eligible individuals have been identified and funded to implement a comprehensive PrEP linkage and navigation program. A PrEP specialist position was added at each of the four SEP sites and pilot agencies are using strategies, including escorts and incentives, to improve client adherence with appointments and medication. Since the pilot ended, all SEPs added discussions and referrals for PrEP to their workplans.	Ongoing	From 3/1/18-2/28/19, 538 SEP clients were referred to a PrEP provider with 315 (60%) recorded as having met with the clinician. 40 clients received care coordination and/or PrEP adherence counseling.
Assess Buprenorphine Clients for PrEP at Drug User Health Hubs	Clients who are identified as HIV negative and who have on-going risk factors for acquisition of HIV are assessed for PrEP. PrEP is prescribed when requested and appropriate. Hub staff follow up with medication adherence counseling with clients.	Ongoing	From 1/1/18- 12/31/18, 512 referrals were provided resulting in 343 clients attending a clinical appointment for PrEP.

STD Clinic Pilot for Comprehensive PrEP Services	The AIDS Institute has funded a pilot of four STD clinics to provide comprehensive PrEP services including benefit coordination, PrEP prescriptions, and linkage to care and supportive services. This pilot demonstrated that county STD clinics successfully reach priority populations. The original contract period ended 3/31/19, but an extension has been granted while an RFA is developed to offer more comprehensive sexual health services.	Ongoing	Monitoring, adherence support, and linkage to a primary care provider are provided. Data show that priority populations are being reached. Funding has been extended to offer more comprehensive sexual health services.
Directory of Clinical Providers Offering PrEP	The Voluntary PrEP/PEP Directory was re-launched in May 2018 with a new, more easily searchable format that allows members of the public to search for PrEP prescribers based on their location. It is located at providerdirectory.aidsinstituteny.org and is part of an AIDS Institute-wide directory that includes providers who are experienced in HIV, HCV, PEP, and buprenorphine in addition to PrEP. Directory data show that PrEP prescribers are available in all areas of the state that have the highest number of new HIV diagnoses, meaning that PrEP prescribers are present in areas of the state with the highest need for PrEP.	Ongoing	The directory establishes an easily accessible clearinghouse of information for people to locate nearby providers of PrEP.
Division of HIV/STD/HCV Prevention Contracts: HIV Navigation Services	The Division of HIV/STD/HCV Prevention funds 56 community-based organizations located across NYS to provide HIV Navigation Services (HNS) for people living with diagnosed HIV infection. This service model provides patients assistance in obtaining necessary information, support, and skills to access complex medical systems and to eliminate barriers to care (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 technical assistance trainings have been provided to community-based organizations funded to conduct HIV Navigation Services. The goal of the training is to better equip providers to deliver the service model with fidelity and accurately capture client outcomes in the AIDS Institute Reporting System (AIRS).	Ongoing	In 2018, 2,627 HIV negative clients received HNS with the following outcomes: - Linked to PrEP: 748 - Linked to Primary Care: 425 - Linked to HIV testing: 1,451 - Linked to STD screening: 795 - Linked to HCV screening: 464 - Linked to substance use and mental health services: 248
Fund CBOs Statewide to Provide Linkage and Navigation Services for High-Risk Negative Individuals	The AIDS Institute is funding over 50 community-based organizations (CBOs) located across New York State to provide linkage and navigation services for HIV-positive persons and high-risk negative individuals at all stages of care. This facilitates the provision of medical treatment and care and biomedical and/or behavioral change prevention services. Linkage and navigation services include individualized prevention counseling; accompanying individuals to medical appointments; providing	Ongoing	These services assist patients in obtaining necessary information, support, and skills to access complex medical systems and to eliminate barriers to care.

	transportation services; providing HIV/STD/HCV testing; PrEP screening; providing linkages/referrals, follow up, and confirmation of linkages for HIV/STD/HCV testing, PrEP, nPEP, etc.; treatment adherence support for ARVs and PrEP; mental health, substance use, and legal services.		
PrEP Specialists in Medical Settings	PrEP Specialists are currently active in 32 organizations across the state, more than doubling the original goal of 15 organizations. Services include outreach, intakes, assessments, treatment adherence services, and other patient assistance. PrEP Services contracts will be commencing the 4th year of their contracts on July 1, 2019.	Ongoing	To date, approximately 6,200 people have been prescribed PrEP through these funded programs. From 7/1/16 – 12/31/18, over 11,800 people received PrEP education, 10,550 people received a PrEP screening, and 6,200 people have been prescribed PrEP.
Non-Medical PrEP Support in Prevention Programs	The AIDS Institute is funding prevention programs to include non-medical PrEP support services as part of a comprehensive program. Services will include PrEP assessment; HIV and STD testing/referral, risk reduction and adherence counseling, condom distribution and linkage to supportive services.	Ongoing	These programs provide access to supportive services that reduce barriers to starting and maintaining PrEP.
Partner Services Staff Promote and Link to PrEP	Partner Services Specialists help diagnosed individuals plan the best way to notify their sex and/or needle-sharing partners who have been exposed to an STI or HIV. PrEP-specific topics have been included as standard components of Partner Services Specialists' interaction with individuals both diagnosed and exposed to an STI or HIV.	Ongoing	Analyses were conducted to establish a baseline of PrEP awareness and linkage for persons diagnosed and exposed to an STI or HIV and submitted to the 2019 APHA conference as an abstract.

BP13: CREATE A COORDINATED STATEWIDE MECHANISM FOR PERSONS TO ACCESS PREP AND NPEP AND PREVENTION-FOCUSED CARE			
Activity	**Details**	**Status**	**Outcomes (as of April 2019)**
Expedite Access to nPEP	The NYSDOH AIDS Institute collaboratively worked with Medicaid to create an nPEP 'auto bypass' in the Medicaid fee-for-service system.	Complete	The need for prior approval of nPEP medication was eliminated, expediting access to

			this critical HIV prevention method.
Increase Awareness of Payment Mechanisms	A PrEP payment options sheet for adults and adolescents was developed to give clear direction on how to access several assistance programs that exist for uninsured or underinsured individuals.	Complete	The PrEP payment options sheet was posted on www.health.ny.gov/diseases/aids/general/prep/docs/prep_payment_options.pdf
Insurance Must Cover PrEP	The Department of Financial Services issued a letter stating that no insured may be discriminated against in the prescribing or coverage of medically necessary treatments including PrEP: https://www.dfs.ny.gov/insurance/circltr/2017/cl2017_21.htm	Complete	The letter served to better ensure that individuals cannot be denied coverage based on their risk of contracting HIV.
Provide Guidance on Recommended ICD 10 - CM Codes	Because the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) coding system does not designate specific billing codes for PrEP or PEP-related services, the New York State Department of Health and the New York City Department of Health and Mental Hygiene collaboratively recommend the use of the ICD-10-CM codes for PrEP and PEP related outpatient services available at: https://www.health.ny.gov/diseases/aids/general/prep/docs/icd_codes.pdf	Complete	This guidance improves the ability of public health entities to track the use and availability of PrEP and PEP in New York State.
Supplemental Rebates with Pharmaceutical Companies	Medicaid successfully negotiated supplemental rebates with pharmaceutical companies representing 90% of the HIV market.	Complete	New York State was able to stay within the global cap for HIV treatment and prevention medications.
New York State Pre-Exposure Prophylaxis Assistance Program (PrEP-AP).	A New York State Pre-Exposure Prophylaxis Assistance Program (PrEP-AP) became effective January 1, 2015. PrEP-AP provides access to PrEP for under and uninsured eligible individuals by providing reimbursement for necessary primary care services for eligible individuals being seen by providers who are experienced in providing services to HIV-negative, high-risk individuals.	Ongoing	Since January 2015, the program has received 4,445 applications for coverage. Active enrollment for the most recent one-year period is 3,192. Most individuals who are no longer active have achieved other health care coverage, including Medicaid.

BP14: Develop Mechanisms To Determine PrEP And nPEP Usage And Adherence Statewide			
Activity	**Details**	**Status**	**Outcomes (as of April 2019)**
Black MSM PrEP Research Study	A Black Men who have sex with men (MSM) PrEP Research Study was completed in 2015. This qualitative assessment of HIV prevention decision making among NYS HIV negative Black MSM explored perceptions of PrEP as an HIV prevention strategy and if, how, and why PrEP is utilized. Additional research continues through the client-centered care coordination (C4) public health strategy (PHS) approach which maximizes resources and expertise of a healthcare team to develop a unique healthcare plan based on client needs.	Ongoing	Evidence is being obtained to inform program design, future RFAs, and to help community-based organization, primary care and PrEP provider efforts to reach this priority population.
Mini-Grants to Fill Knowledge Gaps in PrEP Programming	Six agencies that received short-term research and evaluation grants to fill knowledge gaps in PrEP reported their findings in May 2018. A webinar entitled "Promoting PrEP: New Research Findings" was conducted on June 25, 2018 to disseminate these findings. A recording of this webinar can be found at https://meetny.webex.com/meetny/lsr.php?RCID=0cccb56ab31745e4b3f178419f0972b6 An additional seven projects are planned for 2019.	Complete & Ongoing	A webinar entitled "Promoting PrEP: New Research Findings" was conducted on June 25, 2018 to disseminate the findings from these studies.
PrEP-specific Questions Added to Long-standing Forms, Surveys and Databases	PrEP-specific questions were added to: - The HIV/STD Partner Services Interview Record - The HIV/AIDS Provider Report Form has included anti-retroviral use history questions since the September 2016 revision. - The Adult Case Report Form (ACRF) has included anti-retroviral use history questions specific to PEP and PrEP since the June 2016 revision. - All cycles of the National HIV Behavioral Surveillance (NHBS) Survey includes PrEP knowledge and usage questions. - A Community Health Center survey - The Drug Regimen History within the AIDS Institute Reporting System (AIRS)	Complete	Data on PrEP- specific questions was used to inform AIDS Institute PrEP-related programming. The AIDS Institute surveillance program monitors newly diagnosed persons with infection after PrEP usage. NHBS is developing a fact sheet from the MSM5 cycle describing PrEP knowledge and uptake.
Interactive PrEP Data Visualization Tool	An interactive data visualization tool showing PrEP use by Medicaid-insured persons in NYS is available on the ETE Dashboard at: http://etedashboardny.org/data/prevention/prep-nys/. The tool allows the public to view and filter results by age, sex, region, race/ethnicity, and Medicaid program of the recipients who filled prescriptions for PrEP going back to January 2012. The	Complete & Ongoing	PrEP data visualization ensures data transparency and shares data with the public to aid in the dissemination of PrEP implementation across the state.

	information is updated every six months and was recently expanded to allow for regional breakdowns of the data.		
PrEP Use per Capita	At the 21st International AIDS Conference in Durban, South Africa, Keith Rawlings, MD presented data on the number of people in the US on PrEP, showing that New York State had the most people on PrEP per capita.	Complete & Ongoing	In 2016, NYS had the most people on PrEP per capita out of all the United States.
Mathematical Model to Assess Impact of ETE Efforts	This project will update a mathematical model to produce estimates that are important to Ending the Epidemic (ETE) efforts but that are not available through analysis of surveillance data. The model will help assess key ETE policy initiatives, including the effect that increased use of PrEP, Data to Care, and Housing programming can have on epidemic outcomes. A manuscript entitled, "Towards the End of AIDS in New York: Using Simulation Modeling to Improve Policy Implementation" has been developed and submitted for peer review and publication in Public Health Reports.	Complete	Final report received.
PrEP–related Metrics Used for Monitoring	The AIDS Advisory Council (AAC) ETE Subcommittee created a time-limited, region-focused, AAC ETE Subcommittee Data Workgroup to develop data-related implementation strategies addressing data gaps and data needs for several specific areas of interest. Individual groups were created to develop these strategies for each focus area, including PrEP. These strategies have been approved by the AAC and forwarded to the AIDS Institute for consideration. BP14 specifically recommends the development of a PrEP registry. The implementation strategies approved by the AAC include: 1) a recommendation to develop capacity within the Regional Health Information Organizations (RHIOs) to measure PrEP utilization and quality of PrEP services, rather than creating a separate and specific PrEP registry. 2) creating uniform guidance for providers regarding utilizing consistent ICD-9/ICD-10 coding for PrEP. 3) continuing to expand surveillance-based collection of PrEP utilization history at time of HIV diagnosis, and 4) identifying screening characteristics that can be used to identify clients in need of PrEP (via EMR notifications or one-on-one screening tools).	Ongoing	The AIDS Institute has obtained a PrEP prescription dataset from Symphony Health Solutions to measure the level of PrEP utilization within NYS. Information related to the estimated demographics and geographic location of PrEP utilization is available at www.etedashboardny.org/data/prevention/ Uniform guidance for providers regarding utilizing consistent ICD-9/ICD-10 coding for PrEP was accomplished in January 2017 and is available at www.health.ny.gov/diseases/aids/general/prep/docs/icd_codes.pdf

Analysis of Available Statewide PrEP Prescription Data	In the published MMWR article "Vital Signs: Increased Medicaid Prescriptions for Pre-exposure Prophylaxis Against HIV Infection – New York, 2012 – 2015" written by AIDS Institute 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 emtricitabine/tenofovir for >30 days, after excluding use for post-exposure prophylaxis or treatment of HIV or chronic hepatitis B infection. The AIDS Institute has obtained an all-payer PrEP prescription dataset from Symphony Health Solutions to measure the level of PrEP utilization within NYS.	Ongoing	The article concluded that PrEP use by Medicaid-insured persons increased substantially in the years following statewide efforts to increase knowledge of PrEP among potential prescribers and candidates for PrEP. Medicaid data continues to be updated quarterly. Information related to the estimated demographics and geographic location of PrEP utilization was posted: www.etedashboardny.org/data/prevention/
Monitor STI Data Statewide	Continuing to monitor STI morbidity statewide, particularly among key populations, remains important as efforts to increase PrEP uptake are initiated.	Ongoing	Routine matching of incoming STI labs to HIV surveillance system enables more accurate monitoring of rest of state data among key populations. Reporting of STI data by drug use behaviors is underway. Analyses of HIV-STI comorbidity related to missed opportunities for earlier diagnosis are underway.
PrEP Indicator	The AIDS Institute met with community experts in October 2018 to discuss development of PrEP utilization measures within NYS. The utilization measures will be: By the end of 2020: - Increase the number of individuals filling prescriptions for PrEP to 65,000 - Increase the number of Medicaid recipients filling prescriptions for PrEP to 30,000	Ongoing	Allows for data-driven decision-making and goal-setting. Data showing progress toward these goals is routinely updated. The most current data is available at http://etedashboardny.org/.

Activity Report

4. Recommendations in Support of Decreasing New Infections and Disease Progression

BP15: Increase momentum in promoting the health of people who use drugs [CR31]			
Activity	**Details**	**Status**	**Outcomes (as of April 2019)**
Strengthen Syringe Exchange Program Staff Knowledge	A series of webinars were created on topics pertaining to Syringe Exchange Programs (SEPs) for new SEP staff to access by 6/30/19. For 2019, drug user health content curriculum and webinars are being developed.	NEW Complete & Ongoing	Webinars increase the competency and sensitivity of new SEP staff to provide the highest level of care for SEP clients.
Provide Orientation to New Syringe Exchange Program Directors/ Managers	An orientation for new syringe exchange program (SEP) directors/managers was provided, covering the following topics: History of syringe access and drug user health in NYS; Opening the door to harm reduction (HR) services; Engaging clients in HR/SEP services; Addressing community and law enforcement in SEPs, Opioid overdose prevention and 911 Good Samaritan Law; Accessible buprenorphine; Safer injection practices; Self-care and site visits to local programs. This activity occurs when there is a confluence of new SEP directors and managers. There was not a need in 2018. A session is being planned for late spring/early summer 2019.	Complete	Orientation trainings increase the capacity of new SEP directors/managers to provide historically informed, culturally sensitive and contextually relevant health and human services to people who use drugs.
Provide Mandatory Training to New Syringe Exchange Program Staff and Peers	Syringe Exchange Program (SEP) staff and peers are mandated to attend a training that includes: NYSDOH syringe access initiatives, staying safe at SEPs, and how to work with law enforcement within three months of their employment at the agency. Trainings scheduled monthly, bi-monthly or quarterly depending on demand.	NEW Ongoing	There were five mandatory trainings conducted in 2018 through the first quarter of 2019 with 166 SEP staff and peers in attendance. One session was held on-site at a SEP because the agency received a large grant from NYCDOHMH and hired many new staff.
Provide Introduction and Training to Medicaid Billable	Conduct monthly conference calls, topic-focused webinars and in-person training to syringe exchange program (SEP) managers and staff related to the implementation of billable harm reduction services as indicated in the state plan amendment. Technical assistance (TA) continues to be provided on documentation of services, electronic	NEW Ongoing	Multiple trainings on Harm Reduction Services' documentation and billing have been conducted and presented in

Harm Reduction Services	medical records/billing, client consent for services, client record tools and utilization management.		Western NY, Albany and NYC regions in 2018. Conference calls and webinars continue on a bimonthly basis as issues arise. The Harm Reduction BML continues to be monitored for daily contact and TA requests from SEP providers.
Injection Drug Use Sentinel Event Workgroup	In December 2016, Governor Cuomo announced New York State's goal for zero HIV transmission through injection drug use by the end of 2020. An Injection Drug Use (IDU) Sentinel Event workgroup was formed, which included subject matter experts from academia and the field of drug user health and treatment, key stakeholders from community-based organizations, and Department of Health representatives from NYS and NYC. The workgroup was charged with developing a comprehensive strategy to achieve the elimination of IDU-related HIV transmissions by the end of 2020.	Complete	The workgroup met throughout 2018 and created a series of recommendations that are now publicly posted on the AIDS Institute website https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/sentinel_events.pdf.
Updated Trainings and Resources	The Drug User Health Center of Expertise, Sexual Health Center of Expertise, and Regional Training Centers developed and delivered the following trainings to prepare health and human service providers to address the needs of people who use drugs: *Safe Injection and Wound Care*: Delivered 16 times to 260 individuals Revised *Improving Health Care with People Who Use Drug* and accompanying consumer education booklet "Quality Healthcare is Your Right": Delivered 6 times to 78 individuals *Harm Reduction Approach Overview*: Delivered 30 times to a total of 615 individuals. A webinar version delivered 4 times, archived, and viewed by 1048 individuals. *Harm Reduction Support after an Overdose*: Curricula finalized and delivered 7 times to 123 staff working in Drug User Health Hubs (DUHH) or harm reduction programs. *Crystal Meth MSM & HIV*: Delivered 13 times to 197 individuals. *Active Drug Users and HIV/Hepatitis C Retention in Care and Treatment Adherence*: Delivered 19 times to 305 individuals. *Addressing Sexual Risk with Drug Users and their Partners*: Delivered 9 times to 149 individuals.	Ongoing	New and revised trainings have been delivered to over 3,000 individuals, expanding the knowledge and expertise of health and human service providers regarding the needs of people who use drugs.

	Webcast *Drug User Health: Caring for the Whole Person*: Posted in January 2016. To date 479 individuals have viewed the four-part series. *Talking with Clients about Fentanyl* webinar: Delivered 3 times, archived and viewed by 446 individuals. *Substance Use 101*: Delivered 3 times to 51 individuals. A one-day training, *Addressing Pregnancy and Reproductive Health in Harm Reduction Services*, is under development.		
Drug User Health Capacity Building Initiative (DUH CBI)	The year-long *Drug User Health Capacity Building Initiative* (DUH CBI) was held Oct. 2017- Oct. 2018, involving 22 "DUH Champions" from 11 diverse agency clinical sites. DUH Champions participated in a blended learning approach of in-person meetings (initial and closing), bi-monthly webinars, monthly topical homework assignments, agency and self-assessments, and individualized TA. DUH Champions were trained by faculty content experts on the 10 SAMSHA DUH implementation domains. DUH Champions also submitted staff and patient surveys and agency assessments throughout the year. A final meeting was held in October 2018.		The DUH CBI increased organization-wide capacity for 11 diverse agency clinical sites to provide high quality, stigma-free health care services to people who use drugs.
Syringe Exchange Program (SEP) Expansion	New SEPs continue to be identified. Many new sites include the utilization of peer-delivered syringe exchange and mobile van services for counties in need. New SEP services were approved in Bushwick (Kings County), and South Shore, Staten Island (Richmond County). The Lockport site in Niagara County closed due to underuse but continues to use Peer Delivered Syringe Exchange (PDSE) in lieu of a fixed site. The SEP in Glens Falls will operate as PDSE and Special Arrangements in lieu of a storefront site. One SEP, that formerly only offered services to its existing clients, opened its two current sites to community residents. A SEP within a youth organization was approved to expand its services into its West Harlem agency site. One SEP has requested to move its PDSE activities on the street outside of its main prevention location into this storefront to provide more in-depth services to clients. Approval is pending.	Ongoing	SEP sites have opened in Monticello, Kingston, Niagara Falls, Lockport, Nassau and Suffolk Counties. New syringe exchange program sites were approved for Watertown (Jefferson County), East Buffalo (Erie County), Catskill (Greene County), Hudson (Columbia County), South Jamaica & St. Albans (Queens County), East New York (Kings County), Geneva & Canandaigua (Ontario County). In 2018 and the first quarter of 2019, Hudson Valley Community Services was approved to expand services into Rockland County through a storefront SEP. A new

			model of SEP, Technology Enhanced Access to Syringes (TEAS) was approved. NEXT Harm Reduction Program was granted a SEP waiver and is now the 24th SEP in NYS. One SEP requested to expand its hours through supplemental funding from NYCDOHMH.
Create Drug User Health Hubs at Syringe Exchange Programs	In December 2016, 4 syringe exchange programs received funding awards to create Drug User Health Hubs (DUHH) at their sites. These services have proved so successful that the initiative was expanded to 7 additional agencies in July 2017, with another added in May 2018. The original 4 were given additional funding to grow hub services across upstate and begin hub services in NYC. DUHH services were chosen by the SEPs to address the needs of their communities and may include: (1) accessible buprenorphine prescribing; (2) Law Enforcement Assisted Diversion (LEAD) for people who use drugs (PWUD) who are involved in low level crimes and are diverted to the hub program instead of being placed in the criminal justice system; (3) local anti-stigma campaigns to make other providers more culturally sensitive to PWUD; (4) safety planning for people who overdosed or for family members, friends or significant others of PWUD to avoid another overdose.	NEW Ongoing	In the Drug User Health Hubs (DUHH), 856 patients received prescriptions for buprenorphine. DUHHs also provided law enforcement assisted diversion (LEAD) services to 179 participants. For SEP and DUHH, almost 21,450 individuals received Narcan training, including SEP participants, and family and community members. Over 2,000 additional participants received Safety Planning Counseling to prevent overdose, or aftercare support and counseling. There were 60 anti-stigma sessions conducted by SEPs and DUHHs which reached almost 1,750 people. An additional 15,240 people clicked on anti-stigma internet outreach information.
PrEP Pilot for People Who Inject Drugs	Four harm reduction/syringe exchange programs received funding to conduct a PrEP pilot project for people who inject drugs. These PrEP Pilot programs were integrated	Ongoing	For the period 3/1/18-2/28/19, 538 SEP clients were referred to a PrEP provider with 315 (60%)

	into the Bureau of Ambulatory Care's PrEP provider conference calls. Currently, all SEPs have a PrEP related objective in their workplans.		recorded as having met with the clinician. Forty clients received care coordination and/or PrEP adherence counseling.
Expand Safe Sharps Collection Sites in NYS	The number of syringe collection kiosks and wall mounted units in NYS continues to expand. There is work with pharmacies to increase distribution of personal Fitpaks to SEP customers to decrease the number of improperly discarded syringes. NYC Parks Department created a Task Force with three NYC based SEPs to install 50 kiosks in parks and bathroom facilities in Upper Manhattan and the Bronx. NYC Parks is in the process of installing the kiosks; the SEPs will be responsible for servicing them.	Ongoing	There are over 300 syringe disposal collection sites, in 36 counties in NYS. As of March 31, 2019, almost 262,000 syringes have been collected. There are over 3,450 participating ESAP providers and furnishing syringes, including 3,363 pharmacies, 54 health care facilities and 39 practitioners.
Improve Access to Syringe Exchange Programs and Syringe (ESAP) Disposal Information	*The Point*, the New York State specific, mobile friendly locator tool to find locations where clean syringes can be obtained and where used syringes can be safely discarded, as well as places where syringe exchange services, naloxone and Hep-C testing sites can be found, has been revised and updated. Promotion of *The Point* is occurring with the development of a postcard, poster and other social media tools. The ESAP Update Newsletter for pharmacies throughout the state has been developed for them to remain informed about the services provided to people who use drugs through the Office of Drug User Health (ODUH), and to enhance communication to increase the number of collection sites and enhance collaboration among them.	Ongoing Ongoing Ongoing	*The Point* (www.thepointny.org) is completely operational and all information and locations have been updated. The postcard and poster for *The Point* have been issued. Maps showing the location of all NYS authorized syringe exchange programs have been posted to the NYSDOH website.
Community Opioid Overdose Prevention Program	The NYSDOH AIDS Institute continues to register opioid overdose prevention programs across the state. The community and public safety naloxone programs have been enhanced by a focus on individuals returning to the community from correctional settings. Individuals in all DOCCS facilities are being offered training in overdose prevention and have had the option of obtaining naloxone upon their release.	Ongoing Ongoing	There are currently more than 710 registered opioid overdose prevention programs in NYS, and over 360,000 individuals have been trained since the program's inception in 2006. More than 285,000 people were trained between October 1, 2014 and

	Another focus is in secondary schools, which since August 2015 have been authorized to have opioid overdose response capacity. The availability of naloxone under standing orders in community pharmacies is rapidly expanding. A statewide directory of pharmacies that dispense naloxone is available at: www.health.ny.gov/overdose. To support further expansion, a NYS-specific continuing pharmacy education training has been developed and updated. It is available online at: https://pharmacy.buffalo.edu/academic-programs/continuing-education/events/ce-program-naloxone.html In 2017, NYS instituted the Naloxone Copayment Assistance Program (N-CAP), through which co-payments for naloxone dispensed in pharmacies are covered up to $40, resulting in lower or no out-of-pocket expenses for individuals whose health insurance includes prescription drug coverage.	Ongoing Ongoing Ongoing	March 31, 2019, of which over 65,000 were public safety personnel and the rest were community responders. Through the end of 2018, there were approximately 7,016 naloxone administrations by community responders, which is likely an undercount. In addition, law enforcement personnel and firefighters have administered naloxone more than 6,757 times since 2014. More than 10,660 incarcerated individuals have been trained, with 4,568 of them taking naloxone upon release. In addition, nearly 3,300 staff at the DOCCS facilities have been trained, and more than 2,300 have received kits. Through March 2018, 5,154 parolees, also a focus of these efforts, have been trained, with 1,890 taking kits. As of April 2019, 106 school districts have become registered overdose programs, representing 450 distinct schools. There are approximately 2,800 pharmacies statewide that are currently able to dispense naloxone without their

			customers bringing in a prescription.

BP16: ENSURE ACCESS TO STABLE HOUSING [CR34]			
Activity	**Details**	**Status**	**Outcomes (as of April 2019)**
The Center on Addiction (formerly CASA Columbia) Project	This data project will help describe the experience of Medicaid Health Home-enrolled, HIV diagnosed individuals regarding their medical outcomes and housing status. Findings from this study will be useful to DSRIP activities as they relate to PLWH/A. Matching has been completed and analyses are underway. Funding for the project ends June 2019	Ongoing	Dissemination of results ongoing including accepted presentations at the 2018 APHA meeting and multiple acceptances for the 2019 HIV Prevention Conference. A manuscript entitled Validation of an Optimized Algorithm to Identify Persons Living with Diagnosed HIV from the New York State Medicaid Data, 2006-2014 is under revision to resubmit for publication. Several other manuscripts are under development.
30% Rent Cap	In 2014, Governor Cuomo announced that New Yorkers living with HIV/AIDS who receive rental assistance will pay no more than 30 percent of their income toward their rent.	Complete	Eligible persons can now receive a 30% rent cap, helping them cover other essential living expenses. Evidence has shown that individuals with stable housing are more likely to maintain viral suppression.
The Empire State Supportive Housing Initiative (ESSHI)	The Empire State Supportive Housing Initiative (ESSHI) released its first Request for Proposals (RFP) in 2016, advancing a five-year goal of developing 6,000 units of supportive housing for homeless persons with special needs, conditions, and other life challenges. ESSHI will be resolicited annually until 6,000 units are achieved.	NEW Ongoing	Though April 2019, 41 clients have supportive housing through ESSHI projects managed by the AIDS Institute.

	As of April 2019, the Bureau of Community Support Services (BCSS) manages two operational ESSHI projects serving 41 clients. Both projects are HIV specific. One additional HIV-specific conditional award from round 1 is expected to obtain a certificate of occupancy in June 2019; the round 3 re-solicitation was completed Summer 2018, and funding recommendations included 4 projects that were assigned to the AIDS Institute. 3 of the 4 projects are HIV specific with the 4th project including PLWH/A and/or frail/elderly.		
Housing Retention and Financial Assistance	The Housing Retention and Financial Assistance initiative funds 8 community-based agencies statewide to provide housing retention and financial assistance services to PLWH/A. The programs provide financial assistance in the form of rental and/or utility subsidies as well as housing retention services to PLWH/A who are either homeless or unstably housed and in imminent danger of becoming homeless. Peer navigators provide engagement and education using a culturally competent approach. Funded programs have demonstrated experience providing appropriate cultural, linguistic, and health literate services. This initiative began 7/1/2016 and continues through 6/30/2021.	Ongoing	Through February 2019, 1,258 clients have been served.
Medicaid Redesign Team (MRT) Financial Assistance and Housing Retention Services for High-Need Medicaid Beneficiaries	The Medicaid Redesign Team (MRT) Housing Retention and Financial Assistance initiative funds 10 community-based agencies statewide outside of New York City, to provide housing retention and financial assistance services to PLWH/A, who frequently use Medicaid services. The programs provide financial assistance in the form of rental subsidies as well as housing retention services to PLWH/A who are either homeless or unstably housed and in imminent danger of becoming homeless. Providers engage with the target population to establish and maintain housing stability and foster an environment in which high-need, high-risk clients may engage in and remain in HIV medical care, resulting in a reduction in hospitalization and emergency medical services use. Peer navigators assist in engagement and education using a culturally competent approach. This initiative, which began 7/1/2016, will continue through 6/30/2021.	Ongoing	Through February 2019, 436 clients have been served.

BP17: REDUCING NEW HIV INCIDENCE AMONG HOMELESS YOUTH THROUGH STABLE HOUSING AND SUPPORTIVE SERVICES [CR30, CR32]			
Activity	**Details**	**Status**	**Outcomes (as of April 2019)**
HIV Incidence Data	The estimate of annual new infections is an important benchmark in tracking Ending the Epidemic efforts. In the Fall of 2017, the Centers for Disease Control (CDC) retired the STARHS based HIV incidence estimation methodology, a type of HIV test that can indicate, at the population level, the likelihood someone was infected within the last six months. As a replacement for STARHS, the CDC released the CD4 based methodology to estimate the number of new infections (incidence), the number and percent of individuals with undiagnosed HIV, and overall prevalence by certain population subgroups.	Ongoing, incidence/ prevalence data released annually	The new methodology was used on data as of June 2018 for 2017 incidence numbers, which have been released.
Quality of Care Consumer Advisory Committee (CAC)	Consumers continue to be recruited to provide input on stable housing and supportive services for young adults.	Ongoing	The CAC establishes a formal process for the routine collection of feedback and implementation of recommendations from consumers most directly affected by public health programs and policies.

BP18: HEALTH, HOUSING AND HUMAN RIGHTS FOR LGBTQ COMMUNITIES [CR30, CR33]			
Activity	**Details**	**Status**	**Outcomes (as of April 2019)**
Behavioral Health Education	The Behavioral Health Education (BHE) initiative funds 9 community-based agencies statewide to provide behavioral health screenings, referrals, and psychoeducational interventions to PLWH/A. 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 appropriate cultural, linguistic, and health literacy services to persons including LGBTQ populations. The initiative began 7/1/2014 and will continue through 3/31/2020.	Ongoing	Through July 2018, the initiative enrolled a total of 1,473 clients. In 2018, 401 clients received 3,714 behavioral health education and 1,123 peer navigator services.

Engagement and Supportive Services (ESS): HIV/AIDS Case Management & Health Education	The Engagement and Supportive Services (ESS) Initiative funds 19 community-based agencies statewide to provide case management and health education services that focus on PLWH/A who have fallen out of or are sporadically engaged in HIV care and treatment, with the goal of linking and retaining persons in care to achieve sustained viral load suppression. Peer navigators assist in engagement and education using a culturally competent approach. The initiative began 7/1/2015 and will continue through 3/31/2020.	Ongoing	Through July 2018, this initiative served 2,587 clients. In 2018, 1,390 clients received 46,122 services, including case management (25,117), health education (10,676) and peer navigation (10,329).
Engagement and Supportive Services (ESS): HIV/AIDS Emerging Communities	The Engagement and Supportive Services (ESS) Initiative funds three community-based programs that focus on engagement and retention in care for HIV positive gay men and men who have sex with men, with the primary goal of improving health outcomes and achieving viral suppression. Providers have the option of providing one or more of the following services: case management, health education and peer navigation. Funding for these programs is region-specific, targeting three areas identified by Health Research and Services Administration (HRSA): Buffalo, Rochester and Albany.	Ongoing	Through July 2018, the initiative served 195 clients. In 2018, 129 clients received 4,315 services, including case management (3,100), health education (344) and peer navigation (871).
Legal Services	The Legal Services for Individuals and Families Living with HIV/AIDS & Family Stabilization Support Services Initiative funds 11 community-based agencies statewide to provide legal assistance or representation. This enables PLWH/A to overcome barriers to care or services, maintain benefits/services, and assert legal rights. These programs also provide supportive family stabilization services for HIV-positive parents, their dependent children, and identified caregivers. This service model integrates legal services and family stabilization support services within one provider or provider network to streamline collaboration, enhance access to services, and maximize funding efficiency. Services include assistance for persons who identify as transgender regarding documentation issues related to access to care.	Ongoing	From its onset through July 2018, the initiative served 3,970 clients in 5,209 legal cases and helped 264 HIV-affected families with planning future care and custody for 487 children and young adults. Of the 5,209 legal cases, there were 185 custody and visitation cases, 261 immigration cases and 782 housing cases addressed and successfully closed. For the calendar year 2018, the initiative served 1,329 clients with 2,068 legal cases and helped 141 HIV – affected families with planning future care and custody for 263 children and young adults. Of the 2,068 legal cases handled in 2018, 1,341 cases were

			resolved including 210 family law matters, 251 housing matters, 51 immigration matters, and 80 individual rights matters for individuals re-entering from incarceration.
Nutrition Health Education	The Nutrition Health Education and Food and Meal Services (NHE) Initiative funds 12 community-based agencies statewide to deliver food and meal services as well as nutrition health education (NHE) that empowers PLWH/A to apply self-management skills to achieve optimal health outcomes. Peer navigators assist in engagement and education activities and provide a culturally competent approach to self-management that incorporates the sharing of similar experiences and strategies for success from an individual who has navigated similar systems.	NEW Ongoing	In 2018, 1,383 clients received 205,108 nutritious meals. All clients enrolled in the NHE program also engage in either group or individual nutrition health education.
PrEP/PEP Promotion and HIV/STD/HCV Testing in YMSM Contracts	Funded agencies that provide services for young men who have sex with men (YMSM) and men who have sex with men (MSM) are promoting PrEP/PEP and engaging clients in PrEP support programs as part of service delivery. Beginning March 1, 2016, 20 programs were funded to provide HIV, STD and HCV prevention services for high risk young gay men and men who have sex with men throughout NYS. The initiative is conducting Provider Learning Collaborative meetings to expand provider access to technical assistance and capacity building opportunities.	Ongoing	Three collaborative meetings have been held focusing on improving Linkage and Navigation Services and access to PrEP services. The *Implementing Culturally Responsive PrEP Services for Black and Latino MSM* training has been conducted three times with initiative providers to enhance service delivery to these population(s).
Navigation for Health Insurance	Funded agencies that provide services for YMSM and MSM are offering or referring to navigation and linkage services for health insurance.	Ongoing	AIDS Institute funding connects LGBTQ individuals to health care coverage, better insuring their sexual health, physical health and overall wellbeing.
Cultural Competency Training	LGBTQ HIV/STD/HCV and HHS providers offer LGBTQ cultural competency training for staff in health, mental health and other types of service entities.	Ongoing	AIDS Institute funding increases LGBTQ cultural competency among staff in health, mental health and other types of non-

			LGBTQ specific service provision settings.
Youth Access Program	6 Youth Access Programs based in NYC promote HIV testing and health care to high risk adolescents/young adults (A/YA) 13- 24 years of age in community-based locations. Low threshold clinical services are provided, utilizing either a mobile medical unit or a mobile multidisciplinary team that travels to community-based organizations or street locations to offer services. Clinical services such as STI screening and treatment, family planning, risk reduction counseling, PrEP/PEP services and HIV testing are provided. Linkage to care is immediate for HIV positive A/YA. Referrals are made to primary care for those who test negative but are at high risk of acquiring HIV and are not connected to care. Programs engage in outreach (primarily targeting YMSM and TGNC individuals) at locations frequented by the target populations ("ballroom battles", nightclub/bar scene) to promote HIV testing and other low threshold clinical services. Programs also use social media to reach the target population and facilitate access to care.	Ongoing	2,951 A/YA received YAP services in 2018, 88% from communities of color. Of these, 82% (2,428) received HIV testing. 2 newly diagnosed patients were connected to HIV care. 2,263 received STI testing, with a nearly 7% positivity rate. Over 91% of A/YA received a PrEP screen (n=2,687).
Housing Retention and Financial Assistance	As part of the Housing Retention and Financial Assistance Program, one contractor was awarded funds specifically for Housing Retention Services for LGBTQ Young Adults (18-24) living with HIV in NYC who are either homeless or unstably housed and in imminent danger of becoming homeless. Peer navigators assist in engagement and education with a culturally competent approach. This initiative began on 7/1/2016.	Ongoing, initiative will continue through 6/30/2021.	Through February 2019, 31 LGBTQ young adults were served.
Quality of Care Consumer Advisory Committee	PLWH/A around NYS are being recruited to serve on the AIDS Institute Quality of Care Program Consumer Advisory Committee (CAC) to provide input on an integrated comprehensive approach to transgender health care and human rights.	Ongoing	The CAC establishes a formal process for the routine collection of feedback and implementation of recommendations from consumers most directly affected by public health programs and policies.

BP19: Institute An Integrated Comprehensive Approach To Transgender Health Care And Human Rights [CR30, CR39, CR40]			
Activity	**Details**	**Status**	**Outcomes (as of April 2019)**
Community Process for Sexual Orientation Gender Identity (SOGI) Changes	In 2017 an Ending the Epidemic Transgender and Gender Non-Conforming (TGNC) Advisory Group developed TGNC-specific strategies to implement the Blueprint. They provided key input on terms, definitions and roll-out plans, resulting in changes made in the AIDS Institute Reporting System (AIRS) that are more reflective of LGBTQ+ identities. The TGNC Advisory Group lay the groundwork for the SOGI revisions and was involved in all aspects of implementation. The HIV Advisory Body (HAB) and internal AIDS Institute TGNC Health Workgroup also provided feedback. The SOGI changes include the addition of queer, pansexual, asexual, non-binary, gender non-conforming, and intersex. A space was also added to record gender pronouns. With feedback from the HIV Advisory Body (HAB), and in response to the Advisory's group recommendation to provide clear guidance to contractors to ensure successful roll-out, AIDS Institute TGNC consultants are currently developing a webinar and toolkit. The intended audience for the final webinar is all AIDS Institute funded providers who use AIRS and all AIDS Institute staff who manage those contracts. The toolkit will include further guidance for data collection, research and best practices, video resources, trauma informed care resources, and diversity resources.	NEW SOGI terms launched in AIRS in May 2018. Ongoing	A fact sheet on how to administer the SOGI terms was developed and shared with all agencies using AIRS.
Transgender Data Completeness	The AIDS Institute identified opportunities to improve data on transgender individuals in the Bureau of HIV/AIDS Epidemiology (BHAE) and Bureau of Sexual Health & Epidemiology surveillance systems (matches, collaboration with regional health information organizations, etc.).	Complete	A webinar for providers was held in May 2018.
Transgender Health Care Services	Four programs developed transgender health care services to meet the prevention/risk reduction, health care, mental health, medical case management and other supportive service needs of TGNC individuals. Programs conduct outreach to engage those not connected to care and provide services in a transgender-friendly and stigma-free setting. Individuals who are HIV-positive receive ongoing HIV care and treatment, while HIV-negative individuals receive primary care services, including HIV/STI testing and treatment and PrEP/PEP education/counseling, with clinical	Ongoing, through 6/31/19	In 2018, 504 transgender - identified individuals received services, 87% of whom were from communities of color. In 2016-2017, more than 550 TGNC persons were served. In July 2017, an additional program,

	assessment and follow-up as appropriate. Preparations are being made for the next funding cycle. The Transgender Health Care Services RFA was released January 29, 2019. The new RFA includes requirement of rapid start for HIV treatment and PrEP/PEP, more intensive and ongoing coordination of care including mental health services, and a series of behavioral intervention workshops to be conducted in collaboration with community partners to address social determinants of health in order to enhance transgender individuals' retention in care and self-management skills.		North Shore, was approved as a transgender health care program. Effective November 1, 2017, TGNC individuals are eligible to enroll in Special Needs Plans (SNPs). RFA applications were received March 19, 2019. Four contracts are to be awarded and begin 12/1/19.
Transgender Cultural Competency Training for Providers	The AIDS Institute Office of the Medical Director's Training Center of Expertise in Promoting Sexual Health, Health Care and Secondary Prevention for LGBTQ individuals developed an Advanced Training on Cultural Competency working with Trans persons. One-time funding was awarded to the Beth Israel Medical Center for Transgender Health and Surgery (CTHS) to develop and implement comprehensive clinical trainings on transgender health for providers, create web-based content and educational materials, and develop curriculum for series of workshops designed to support patients in meaningful engagement in care. The Transgender Health 102: Addressing Barriers to Care for Transgender People training was developed. The following products were created for the Mt. Sinai website and online learning platform: 1) "I'm Ready to Explore Gender-Affirming Procedures"; 2) "LGBT Health" brochure; 3) "NYC-Metro Area Community Resources/TGNC Resource Guide"; 4) "I AM Taking Care of My Health"; 5) "Creating a TGNC Welcoming Environment"; 6) "Best Practices in TGNC Spiritual Care". In addition, a "Best Practices and Lessons Learned in TGNB Competent Health Care" was presented at 19 conferences, including to 400 as didactic presentations at the "*1st Live TGNC Surgery Conference"*.	Complete 3/31/18	*"Enhancing the Transgender Patient Experience"* (ETPX 60-90 minute modules) training curricula was developed, and delivered via 91 staff trainings (face to face, TOT, webinar, panel) to 4500 staff across the Mount Sinai health care system (HCS, 7 hospitals, ambulatory care sites, OBGYN, BH, MH, SA) which included: nurses, clinicians, medical students (UME 4 yr. curricula), graduate students in medical education (GME residency), faculty, peer navigators, and pastoral care. Products and materials created and launched on the Mt. Sinai website and online learning platform give other health systems and providers access to training curricula, facilitator guides, materials and video. The Trans 102 course was offered 6 times to a total of 106 non-clinical providers. Four sessions were also offered to all enrollers at

			one of the HIV Special Needs Plans that expanded services to include TGNC individuals not living with HIV. A tailored version was delivered 9 times to AIDS Institute and Office of Health Insurance Program staff, as well as Maximus and Manhattan NY Links participants.
Transgender, Gender Non-Conforming and Non-Binary (TGNCNB) Leadership Retreat	On September 16-18, 2018, a leadership skills development retreat was conducted to expand leadership skills among Transgender, Gender Non-Conforming and Non-Binary (TGNCNB) community members across NYS. The goal of the retreat was to improve overall health and wellness, share best practices, build networks and alliances, and pass on historical knowledge between participants.	NEW Complete	A second retreat is being planned for September 2019 and a follow up meeting specific to developing leadership skills for transgender women of color is being planned for July 2019.
Transgender, Gender Non-Conforming and Non-Binary (TGNCNB) Cultural Responsiveness Training	In 2018, TGNCNB cultural responsiveness trainings were conducted for all AIDS Institute staff to enhance service program oversight and service delivery.	NEW Complete	Trainings were conducted for all AIDS Institute staff to enhance service program oversight and service delivery.
Expansion of Services for Transgender, Gender Non-Conforming and Non-Binary (TGNCNB) Populations	HIV/STD/HCV services for TGNCNB populations were expanded by increasing the number of TGNC initiative providers funded through the Communities of Color funding.	NEW Fall 2018	Contracts begin 5/1/19. Seven organizations were funded.
Development and Implementation of Stigma Survey	The AIDS Institute Quality Advisory Committee (QAC) has met with stigma expert Laura Nyblade and held in-depth discussions about how to best measure stigma in facilities. The QAC has now formed a subcommittee to pilot Dr. Laura Nyblade's tool for measuring facility-level stigma.	Ongoing	The adapted HPP survey has been given to healthcare sites across NYS and has been administered to clinical and non-clinical staff members. Results from the staff

	The Health Policy Project (HPP) tool "Measuring HIV Stigma and Discrimination Among Health Facility Staff" has been adapted for NYS by the QAC's Stigma Subcommittee. The survey contains questions on facility- and personal-level HIV-related stigma, with additional questions about stigma relating to key populations (regardless of HIV status).		survey are currently being collected and analyzed.

BP20: EXPANDED MEDICAID COVERAGE FOR SEXUAL AND DRUG-RELATED HEALTH SERVICES TO TARGETED POPULATIONS [CR31, CR41, CR43]			
Activity	**Details**	**Status**	**Outcomes (as of April 2019)**
Harm Reduction as a Medicaid Service	The Harm Reduction State Plan Amendment was approved in August 2017 and billable harm reduction services was implemented for Syringe Exchange Programs (SEPs) in July 2018. The Office of Medicaid Programs and Policy and the Office of Drug User Health have been working collaboratively to create the necessary documents for the Medicaid Managed Care Plans and the Harm Reduction Programs (HRPs) to implement Harm Reduction Medicaid reimbursable services. The SEPs that bill Medicaid may now bill for the following harm reduction services: Plan of care, individual or group counseling, psycho-educational support groups, and treatment adherence. This new program should allow SEPs to expand the depth and intensity of their counseling services. Implementation began July 1, 2018.	Complete. Ongoing Medicaid funded Harm Reduction service effective 7/1/18.	Many SEPs are now contracted with MCPs to provide HRS. As of April 1, 5 SEPs had submitted billing, and additional SEPs continue to build infrastructure necessary for Medicaid billing. Trainings on Harm Reduction Services, on documentation and on billing have been conducted and presented in Western NY, Albany and NYC regions in 2018. Conference calls and webinars continue on a bimonthly basis as issues arise. Five SEPs have started billing Medicaid for HRS services. Training on reviewing documentation (CQI) for completeness will be offered in April/May 2019.

BP21: ESTABLISH MECHANISMS FOR AN HIV PEER WORKFORCE [CR13, CR30]			
Activity	**Details**	**Status**	**Outcomes (as of April 2019)**
Behavioral Health Education	The Ryan White Part B HIV/AIDS Behavioral Health Education (BHE) Initiative supports community-based HIV/AIDS behavioral health education and engagement service programs and an HIV/AIDS behavioral health education training and technical assistance center. The purpose of the community-based HIV/AIDS behavioral health education and engagement service programs is to educate clients about the benefits of engaging in mental health and substance abuse treatment and help address stigma or related anxiety that impact a client's willingness to engage in, adhere to, and be retained in HIV medical and behavioral health care and treatment. BHE programs provide behavioral health screenings, referrals, and psychoeducational interventions to PLWH/A. These are short term mechanisms for identifying clients and promoting treatment readiness for linkage to and engagement in behavioral health treatment. Behavioral Health Educators and Peer Navigators work together to screen clients for behavioral health needs, conduct individual behavioral health education sessions to destigmatize behavioral health issues, encourage engagement into appropriate treatment, and facilitate expedited referrals to licensed behavioral health professionals.	Ongoing, initiative continues through 3/31/2020	18 peers have been employed through the Behavioral Health Education (BHE) programs. In 2017, 342 clients received 2,050 peer-provided services. In 2018, 13 peers provided 1,123 peer navigator services.
Engagement and Supportive Services (ESS): HIV/AIDS Case Management & Health Education	The Ryan White HIV/AIDS Engagement and Supportive Services (ESS) Initiative reinforces the priorities of increasing linkage to and retention in HIV medical care and treatment assist in achieving viral suppression among PLWHA. Services focus on engaging and re-engaging the PLWHA who has either fallen out of or is sporadically involved with HIV care and treatment. In addition, funded services strengthen the comprehensive continuum of HIV prevention, health care, and supportive services in New York State. The ESS Initiative provides funding throughout New York State for community-based HIV/AIDS case management and health education services that focus on PLWHA who have either fallen out of or are sporadically engaged in HIV care and treatment.	Ongoing, initiative continues through 3/31/20.	In 2017, 893 clients received 10,692 peer services. In 2018, approximately 25 peers provided 10,329 peer navigation services to 829 clients.
Engagement and Supportive Services (ESS): HIV/AIDS	The ESS Initiative provides funding for Emerging Communities (EC) Programs, which provide services for HIV-positive gay men and MSM. Emerging Communities are specific regions in New York State that have had comparatively high rates of HIV diagnoses: Finger Lakes, Northeastern, and Western New York Regions. These regions	Ongoing, initiative continues	In 2017, 3 peers employed through the Engagement and Supportive Services Initiative

Emerging Communities	encompass urban, suburban and rural areas and present specific challenges when addressing the needs of HIV-infected individuals. Funding supports innovative programs that are designed to assist HIV positive gay men and MSM who are not currently engaged or sporadically engaged in treatment and care and engage/reengage them in HIV health care and treatment by addressing the specific needs of HIV-positive gay men and MSM. Program services must focus on accessing comprehensive health care with the specific goal of viral suppression.	through 3/31/20.	HIV/AIDS Emerging Communities program provided 983 peer navigation services to 65 clients. In 2018, 76 clients received 871 peer services.
Nutrition Health Education	The intent of the Nutrition Health Education and Food and Meal Services (NHE) initiative is to support nutrition interventions that improve, maintain and/or delay the decline of PLWH/A's health status. The initiative has two components; education and food assistance. NHE empowers clients to learn, practice and apply self-management skills needed to achieve optimal health outcomes. Self-management skills development includes teaching independent health care behaviors and decision making, while encouraging clients to be responsible for their health care and lifestyle choices. The food assistance services offer nutrient dense, well balanced, and affordable meals tailored to the specific dietary needs of PLWH/A.	Ongoing, initiative began 4/1/17 and continues through 3/31/21.	In 2018, 4 peers provided 1,418 services. Through July 2018, 442 clients have received 2,488 peer services.
Housing Retention and Financial Assistance (HRFA)	This housing initiative provides financial assistance and housing retention services. These services support consumers in obtaining and maintaining safe, appropriate and affordable housing and to prevent eviction and utility shut off. Housing retention services coupled with financial assistance enable clients to develop the skills needed to remain in stable housing, to engage in and maintain enrollment in medical care, and to live independently. Housing retention services include, but are not limited to: - educational services such as independent living skills (i.e., budgeting, parenting, tenant property management), health education, nutrition education, and vocational readiness education; - coordination of services in conjunction with the assigned care manager (e.g., health home or managed care organization care manager); - case conferencing with other service providers including health home care managers, health care providers, substance use providers and/or mental health providers. Financial assistance includes: one-time only emergency assistance for security deposits, rent, utility, moving costs, brokers fees and short-term rental assistance.	Ongoing, initiative began 7/1/16 and continues through 6/30/2021.	Approximately 5 peers are employed through this initiative. Through February 2019, 226 clients received 924 Peer Support Services.

Medicaid Redesign Team (MRT) Financial Assistance and Housing Retention Services (MRT HRFA) for High-Need Medicaid Beneficiaries	The Medicaid Redesign Team Housing Retention and Financial Assistance (MRT HRFA) initiative provides long-term tenant based rental assistance and supportive housing services to high need Medicaid recipients who are homeless or unstably housed. Program recipients may receive a rental subsidy as necessary and be assisted to secure and maintain safe affordable housing by a housing retention specialist/supportive housing counselor. This housing model emphasizes close coordination/liaison with Medicaid funded care management entities (Health Homes, managed care plans). Through regular contact with clients, housing retention specialists/supportive housing counselors will augment the role of care management personnel by reinforcing compliance with medical care and assisting in the early identification of potential medical and/or psychosocial concerns to promote rapid problem resolution, and thereby foster optimal health outcomes.	Ongoing, initiative began 7/1/16 and continues through 6/30/21.	Approximately 6 peers are employed through the MRT HRFA initiative. Through February 2019, 139 clients received 1,104 Peer Support Services.
Establish Reimbursement for Medicaid Peer Credentialing Services	Delivery System Reform Incentive Payment (DSRIP) and Health and Recovery Plans (HARP)-related Medicaid funds include funding for peer-based models of care for outreach, retention, community health workers and self-management training. DSRIP has now entered year 4 of 5-year Medicaid transformation projects. 8 NYC based HIV projects are underway, incorporating peers as outreach workers, peer support group facilitators and as care team members to support retention in care.	Ongoing, DSRIP 5-year incentive projects began Summer 2015	AI collaboration with OASAS is underway to replicate an OASAS federally approved peer model in community settings.
AIDS Institute Peer Worker Certification	The AIDS Institute Peer Worker certification process is a vehicle to improve client services while supporting employment opportunities for PLWH/A or HCV. The following tracks have been created: defined core competencies for HIV, HCV and Harm Reduction, code of ethics, training catalogue, knowledge assessment, study guides, on-line application, orientation sessions for prospective peer workers, peer worker-led Certification Review Board, complaint review and disciplinary process, supports for organizations seeking to implement or strengthen peer programs, and resources to support peer access to employment.	Ongoing	NYC DSRIP coalition has prepared a white paper on options for sustaining DSRIP funded peer models of care. As of May 2018, 202 peers have been certified.
Retention and Adherence Program (RAP) Peer Requirement	The Retention and Adherence Program (RAP) initiative requires funded programs to include peers as integral members of the multi-disciplinary care delivery team for PLWH/A having difficulty achieving viral suppression. Most programs are having their peers attend the Peer Certification trainings.	Ongoing	Peers participated in RAP provider meetings in Spring 2018.

BP22: ACCESS TO CARE FOR RESIDENTS OF RURAL, SUBURBAN AND OTHER AREAS OF THE STATE [CR10, CR44]			
Activity	**Details**	**Status**	**Outcomes (as of April 2019)**
Behavioral Health Education Initiative	9 community-based agencies statewide provide behavioral health screenings, referrals, and psychoeducational interventions to PLWH/A. The programs work with clients who are resistant to and not engaged in mental health or substance use treatment services to promote treatment readiness.	Ongoing, initiative continues through 3/31/20.	Through July 2018, the initiative enrolled a total of 1,473 clients. In 2018, 401 clients received 3,714 behavioral health education and 1,123 peer navigator services.
Engagement and Supportive Services Initiative: HIV/AIDS Case Management & Health Education	19 community-based agencies statewide provide case management and health education services that focus on reaching PLWH/A who have fallen out of or are sporadically engaged in HIV care and treatment, with the goal of linking and retaining persons in care to achieve sustained viral load suppression.	Ongoing, initiative continues through 3/31/20.	Through July 2018, the initiative served 2,587 clients. In 2018, 1,390 clients received 46,122 services, including case management (25,117), health education (10,676) and peer navigation (10,329).
Engagement and Supportive Services Initiative: HIV/AIDS Medical Transportation	10 community-based agencies statewide provide Medical Transportation (MT) services to PLWH/A to ensure transportation is not a barrier to receiving care and support services.	Ongoing, initiative continues through 3/31/20.	In 2017, 1,345 clients received 15,365 trips to medical and Ryan White supportive services. In 2018, 1,165 clients received 14,145 trips to medical and Ryan White fundable supportive services.
Engagement and Supportive Services Initiative: HIV/AIDS Emerging Communities	Three community-based programs in region-specific areas of NY identified by Health Research and Services Administration (HRSA) (Buffalo, Rochester, and Albany) focus on engagement and retention in care for HIV-positive gay men and men who have sex with men (MSM), with the primary goal of improving health outcomes and achieving viral suppression. Peer navigators assist in engagement and education.	Ongoing, initiative continues through 3/31/20.	Through July 2018, the initiative served 195 clients. In 2018, 129 clients received 4,315 services, including case management (3,100), health education (344) and peer navigation (871).
Legal Services for Individuals and Families Living with	The Legal Services for Individuals and Families Living with HIV/AIDS & Family Stabilization Support Services Initiative funds 11 community-based agencies statewide to provide legal assistance or representation. This enables PLWH/A to	Ongoing, initiative continues	For the calendar year 2018, the initiative has served 1,329 clients with 2,068 legal cases and helped

HIV/AIDS & Family Stabilization Support Services Initiative	overcome barriers to care or services, maintain benefits/services, and assert legal rights. This service model integrates legal services and family stabilization support services, which includes supportive family stabilization services for HIV-positive parents, their dependent children, and identified caregivers, within one provider or provider network to streamline collaboration, enhance access to services, and maximize funding efficiency. Services also include assistance for transgender persons regarding documentation issues related to access to care. Through July 2018, the initiative served 3,970 clients in 5,209 legal cases and helped 264 HIV-affected families with planning future care and custody for 487 children and young adults. Of the 5,209 legal cases, there were 185 custody and visitation cases, 261 immigration cases and 782 housing cases addressed and successfully closed.	through 9/30/20.	141 HIV – affected families with planning future care and custody for 263 children and young adults. Of the 2,068 legal cases handled in 2018, 1,341 cases were resolved including 210 family law matters, 251 housing matters, 51 immigration matters, and 80 individual rights matters for individuals re-entering from incarceration.
Nutrition Health Education (NHE)	12 community-based agencies statewide deliver food and meal services as well as nutrition health education (NHE) in either a group or individual format, to empower PLWH/A to apply self-management skills to achieve optimal health outcomes.	Ongoing, initiative began 4/1/17 and continues through 3/31/21.	From 4/1/17-6/30/18, 1,216 PLWH/A received 198,861 nutritious meals. All clients are also enrolled in the NHE program. In 2018, 1383 clients received 205,108 nutritious meals.
Housing Retention and Financial Assistance	8 community-based agencies statewide provide housing retention and financial assistance services to PLWH/A. The programs provide financial assistance in the form of rental and/or utility subsidies, as well as housing retention services to PLWH/A who are either homeless or unstably housed and in imminent danger of becoming homeless.	Ongoing, initiative began 7/1/2016 and continues through 6/30/21.	Through February 2019, 1,258 clients have been served.
Medicaid Redesign Team (MRT) Financial Assistance and Housing Retention Services for High-Need Medicaid Beneficiaries	10 community-based agencies statewide provide housing retention and financial assistance services to PLWH/A, living outside of New York City, who frequently use Medicaid services. The programs provide financial assistance in the form of rental subsidies as well as housing retention services to PLWH/A who are either homeless or unstably housed and in imminent danger of becoming homeless. Providers engage with the target population to establish and maintain housing stability and foster an environment in which high-need, high-risk clients may engage in and remain in HIV	Initiative began 7/1/2016 and will continue through 6/30/2021.	Through February 2019, 436 clients have been served.

	medical care, resulting in a reduction in hospitalization and the use of emergency medical services.		
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/HCV targeted resources.	Ongoing	Between 1/1/19 – 4/25/19, a total of 57 educational training activities occurred. A total of 1,268 CE credits were claimed for live training.
Telemedicine Pilot	To expand access to PrEP, a telemedicine pilot project is being conducted through Trillium Health to provide PrEP services in areas of the state lacking PrEP providers.	Ongoing	Two locations are currently offering PrEP services through telemedicine, one in Niagara County and a second in Geneva, NY. Efforts continue to engage other providers in areas lacking access to PrEP.
Quality of Care Consumer Advisory Committee	Consumers continue to be recruited to provide input on access to care for residents of rural, suburban and other areas of the state.	Ongoing	Two additional consumers have recently joined the Committee, representing the Mid-Hudson and Southern Tier regions.
Ending the Epidemic Young Adult Advisory Group (YAAG)	A group of young adults, aged 16-30, who were geographically diverse and representative of age, gender, HIV status and racial diversity, was convened to advise the AIDS Institute on specific actions to take to fulfill the broad recommendations outlined in the Ending the Epidemic (ETE) Blueprint. The YAAG submitted recommendations for NYS to consider developing a statewide system for mobile testing and treatment units, particularly for rural and otherwise hard to reach populations.	Complete	Recommendations are under review by various AI Divisions to assess feasibility for implementation.

BP23: PROMOTE COMPREHENSIVE SEXUAL HEALTH EDUCATION [CR38]			
Activity	**Details**	**Status**	**Outcomes (as of April 2019)**
New York State Condom Program	Making condoms available supports positive sexual health decisions. This continues to remain a vital component of AIDS Institute prevention efforts, particularly in preventing sexually transmitted infections (STIs). In 2017, the NYS Condom Program distributed over 10 million condoms.	Ongoing	In 2018 the NYS Condom Program distributed: - 9,161,440 insertive condoms - 102,800 receptive condoms - 162,500 dental dams - 650,880 finger cots - 1,032,000 lubricant packets January – April 15, 2019: - 876,128 insertive condoms - 13,600 receptive condoms 23,500 dental dams - 33,120 finger cots - 105,500 lubricant packets TOTAL 2018 + 1st Q 2019: - 10,037,568 insertive condoms - 116,400 receptive condoms - 186,000 dental dams - 684,000 finger cots - 1,137,500 lubricant packets
Ending the Epidemic Young Adult Advisory Group (YAAG)	The YAAG submitted policy recommendations for collaborative partners to promote sexual and reproductive health education in grades 3-6, to better prepare today's youth to combat the epidemic. They also recommended that schools establish partnerships with local health care centers, hospitals, specialized adolescent care centers, and/or nonprofits, to have health educators provide sexual health education for students.	Complete	Policy recommendations have been drafted to submit to the New York State Senate and are under review.
NYS Youth Sexual Health Plan (NYSYSHP)	The NYSYSHP was a collaborative effort between the New York State Department of Health, New York State Education Department and others to develop a guide that addresses the HIV, STD and pregnancy prevention needs of adolescents and young adults and promotes positive, healthy and informed choices regarding sexual health.	Ongoing	Of the 822 newsletter recipients, 297 opened the newsletter (37.7%) and 9.1% opened embedded links. 65 recipients opened the Youth Sexual Health

	The guide was developed to ensure that accurate sexual health information and quality health services are made available to all NYS youth. A survey of sexual health programs in 794 New York State high schools (excluding NYC) was conducted between 9/2016-3/2017. Valid responses were collected from 496 schools. Analysis was completed, and a data brief was shared with NYS schools (excluding NYC) in February 2018. Survey findings will be highlighted in a series of three newsletters. Topic areas include sexual health curriculum with example curricula for grades 7-12; implementation of a Condom Availability Program (CAP); and other youth related sexual health information. The first newsletter was released June 2018.		Plan link while a few others opened links pertaining to evidence-based curricula, comprehensive sexual health education and the 2017 high school Youth Risk Behavior Survey (YRBS) results. The second newsletter, focusing on Condom Availability Programs (CAPs) in schools, is set to be released in May 2019.
Sexual Health Web Portal	The NYSDOH AIDS Institute is developing a comprehensive, user-friendly website for NYS providers and consumers to promote sexual health resources, DOH-supported programs, and clinical guidance.	Ongoing	Three phases of the website plan have been completed and a draft proposal has been developed using SUNY-Albany School of Public Health interns.
Take Control! Social Media Campaign	A media campaign that provides STD/HIV/pregnancy/health promotion and risk reduction education to high risk individuals using a Facebook page, Instagram account, and stand-alone	Complete	The website (nysyouth.net) was undertaken to reach and engage youth. A promotional campaign was executed in January and February 2017.
STD Center of Excellence (COE)	The Clinical Education Initiative (CEI) STD Center of Excellence provided the following STD-related trainings and conferences: a webinar on STD prevention; presentations on STI's, STD treatment guidelines, substance abuse, and HIV; and preceptorship sessions on STD clinical observations. The STD COE made a concerted effort to associate the CEI brand (long linked to HIV care and prevention) with sexual health training as well. The STD COE started with developing a bimonthly webinar aimed at public STD clinical settings as well as using the pre-existing CEI contacts to reach out categorical STI providers and NYS HIV providers. Each year the STD Center has expanded reach to include the many other types of clinical practice settings that provide sexual health care. This growth has been greatly facilitated by building on close collaborations with other federal training centers (AETC, PTC) and creating new collaborations with the NY State and Regional Rural Health Associations, the NY State and regional Area Health Education Programs	Ongoing	The CEI STD COE has reached NYS providers in virtually all NYS counties in the past year alone and produced several conferences co-sponsored via collaborations with these groups. 8,000 sets of STD treatment cards based on CDC STD treatment guidelines were distributed. A novel traveling sexual history and physical exam preceptorship, and numerous "by request"

	(AHECs), a number of state and regional college and secondary School Health Associations as well as individual college and university health centers and regional professional organizations (e.g., ACOG, NP, PA, Pharmacy associations).		trainings on the breadth of sexual health care (diagnosis, treatment and prevention, PrEP/PEP, sexual health for the LGBTQ+ community, and the intersection of drugs/sexual health) were developed and delivered.
Clinical Education Initiative (CEI) - ECHO	The Clinical Education Initiative (CEI) has adapted the ECHO model to address STIs and has gone live to provide CEI-STD-ECHO tele-mentoring clinical sessions to NYS clinical providers. The ECHO sessions occur monthly (beginning in September, 2016) and have produced a variety of presentations relevant to sexual health care such as the diagnosis and treatment of particular STIs (e.g., chancroid, trichomonas infections, LGV, ocular syphilis), information about trans affirming health care, MSM sexual health, U=U and rapid ART, sex trafficking, PrEP and PEP, and assessing for and understanding the impact of interpersonal violence and childhood sexual abuse on sexual health. The STD COE has been successful in recruiting experts to serve on the expert "hub" panel from a broad range of specialties such as Obstetrics, Pediatrics, Psychiatry, Pharmacy, Microbiology, Nursing, and Mental Health. Notably, CEI line calls (to discuss clinical cases) result from the ECHO sessions and along with personal feedback from participants suggest that these sessions are truly successful at building relationships between the Community "spokes" and the CEI "hub."	NEW Ongoing	The ECHO session audience has grown remarkably from the initial 5-6 sites ("spokes") to a steady presence of 15-20 individual spokes and some sessions with more than 40 spokes participating in the session. In April 2019, the STD Center and HIV/Hep C Center offered a first joint STD/HIV ECHO session drawing more than 50 spokes.
Clinical Case Simulations	The Clinical Education Initiative (CEI) case simulation mobile app will be re-released as the new CEI Virtual Patient. This application will offer 14 case simulations including, 'PEP for Victims of Sexual Assault,' 'nPEP', and 'PEP.'	Complete and Ongoing	Between 1/1/19 – 4/25/19, a total of 62 Virtual Patient sessions have been completed by 50 users, with an average session length of 6.5 minutes.
Chlamydia Mapping	The AIDS Institute's Bureau of Sexual Health and Epidemiology (BSHE) created regional maps describing chlamydia incidence among females, aged 10-19 years, within NYS school district boundaries (outside NYC). These regional maps serve as a resource for identifying school district boundaries where comprehensive sexual health education is especially important.	Complete	The report was updated for 2015-2017 and includes maps for all individuals 10-19 years of age. The report will be available on the NYSDOH website.

HIV/STD/HCV Prevention and Related Services for Young People through the Use of Youth Health Advocates	This initiative supports HIV/STD/HCV prevention and related services to adolescents, ages 13-24, using youth health advocates to provide comprehensive sexual health education and linkage/navigation for health and essential supportive services to young people. The initiative is also collaborating with ACT For Youth to offer Provider Learning Collaborative meetings to expand technical assistance and provider capacity to engage young people who engage in high risk behaviors.	Ongoing	Seven programs were funded beginning March 1, 2016. Three collaborative meetings have been held. The consumer and provider materials initiative has designed and printed 2 materials that target minors to educate them about consent and what their rights are in terms of testing, prevention, and treatment.

BP24: REMOVE DISINCENTIVES RELATED TO POSSESSION OF CONDOMS [CR35, CR36]			
Activity	**Details**	**Status**	**Outcomes (as of April 2019)**
Limiting the Admission of Condoms in Criminal Proceedings for Misdemeanor Prostitution Offenses	Laws were revised to limit the admission of condoms in criminal proceedings for misdemeanor prostitution offenses, through an Article VII amendment, in 2015-2016.	Complete	A podcast "Condoms Not as Evidence" was released and posted on NYS Division of Criminal Justice website, E Justice as well as on the NYS Association of Chiefs of Police website and iTunes.
Law Enforcement Education	Law enforcement specific educational materials have been developed to raise community and law enforcement awareness, highlighting changes in NYS Criminal Procedure Law regarding the use of condoms as evidence in prostitution offenses. A video was 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. Additional videos for law enforcement on the topics of Compassion Fatigue for Opioid Overdose, Confiscation of Naloxone, and Anti-Stigma for People Who Use Drugs, were created in April 2018, and will distributed.	Complete/ Disseminated Complete	The Harm Reduction Unit provided education at the 43rd Precinct in the Bronx to Community Affairs Officers and Training Liaison on NYSDOH Syringe Access Initiatives and to discuss issues related to precinct officers' interactions with people

	The original educational podcast on NYSDOH's Syringe Access Programs has been updated. The AI Harm Reduction Unit (HRU) provided training of New York Police Department's (NYPD) 200-250 sergeants at NYPD's training academy occurred in April 2018. Topics covered included NYSDOH's Syringe Access Initiatives – Syringe Exchange Program, Expanded Syringe Access Program, Opioid Overdose Prevention Training, and 911 Good Samaritan Law. HRU continues to provide letters to defense attorneys and prosecutors regarding syringe exchange program participants' arrests and court appearances for syringe possession or syringes with drug residue offenses and the exemptions provided by the Penal Law for SEP participants for those offenses. HRU routinely participates in RxSTAT meetings, at which public health officials interact with law enforcement to be apprised of new law enforcement strategies related to substance use and provide input when appropriate related to syringe exchange programs and their participants. HRU convenes on-going conversations and meetings with law enforcement entities in response to incident reports submitted by SEPs regarding inappropriate interactions between law enforcement and SEP participants. Follow-up has included outreach to specific police departments across the state which are confiscating syringes and Narcan from SEP participants who are in legal possession of those items. In addition, outreach has been conducted to NYS Division of Criminal Justice to arrange for statewide training for law enforcement on NYSDOH's Syringe Access Initiatives, Opioid Overdose Prevention Program and the 911 Good Samaritan Law. HRU has reached out to HIDTA for assistance in influencing police departments which are unresponsive to HRU's outreach and education activities. Law enforcement notebooks containing information on the NYS Penal Laws related to SEP, ESAP, OOP and 911 have been mailed to training sergeants in various police departments in the state. HRU has on-going dialogue with NYCDOHMH to coordinate efforts related to New York Police Department in NYC. HRU has also outreached to NYS Emergency Medical Services to resolve questions related to local EMS mandating SEP clients who are victims of overdose and who	Ongoing Ongoing Ongoing Ongoing on a monthly basis Ongoing Ongoing Ongoing	who use drugs in their catchment area. Provide letters to defense attorneys and prosecutors regarding syringe exchange program participants' arrests and court appearances. Initiative staff routinely participate in RxSTAT meetings, at which public health officials interact with law enforcement to be apprised of new law enforcement strategies related to substance use and provide input when appropriate related to syringe exchange programs and their participants. Contact law enforcement entities across NYS in response to incident reports submitted by syringe exchange programs to ameliorate issues related to police officers' interactions with PWIDs. Meet with District Attorneys (DAs) and law enforcement in areas that are considering or implementing a Law Enforcement Assisted Diversion (LEAD) Program. Work to link DAs to establish syringe exchange programs as partners in LEAD.

	have been administered Narcan to go to a medical facility even though they refuse transport for health care.		

BP25: TREATMENT AS PREVENTION INFORMATION AND ANTI-STIGMA MEDIA CAMPAIGN [CR42]			
Activity	**Details**	**Status**	**Outcomes (as of April 2019)**
U=U and Destigmatizing Efforts	The Undetectable=Untransmittable (U=U) equation aligns with the NYSDOH AIDS Institute's efforts to destigmatize HIV and to support innovative biomedical and social efforts to improve the health and well-being of all PLWH/A. Endorsing U=U opens a new and hopeful chapter in New York State's HIV epidemic, creating unprecedented opportunities for New Yorkers living with HIV and the institutions that serve them.	Ongoing	A Frequently Asked Questions (FAQ) was posted in November, 2019: https://www.health.ny.gov/diseases/aids/ending_the_epidemic/faq.htm An AI Policy Statement is also available: https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/u=u/policy_statement.pdf A Statewide campaign was launched in 2018, incorporating feedback from community forums: https://www.untransmittable.org/
Ending the Epidemic Marketing Campaign	Promote Ending the Epidemic messages via media campaign using billboards, subway and bus shelter ads, social media outlets, etc. Messages point out the efficacy of treatment and encourage the importance of supporting people with HIV. Additional information is available: https://health.ny.gov/ete.	Complete and ongoing	An ETE media campaign was created and placed in numerous counties to promote and encourage testing and treatment.
HIV Stops with Me Campaign	The HIV Stops with Me Campaign is a social-marketing campaign to prevent the spread of HIV while also reducing the stigma associated with the disease. The campaign focuses on the personal strengths of PLWH/A and affirms their ability to display these qualities in their everyday life to tear down the stigma associated with HIV. The 2017-2018 phase of the campaign builds on the successful messaging of "treatment as prevention." The campaign has moved much of its advertising to video	Ongoing	This campaign utilizes 27 spokesmodels from New York City, Long Island, Hudson Valley, Albany, Rochester, Syracuse and Buffalo. hivstopswithme.org

	and has concentrated on mobile device platforms to better reach diverse communities.		
Outreach Campaign to Address HIV-related Stigma	In 2016, an outreach campaign was conducted 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).	Complete	This campaign highlights protections for people living with HIV/AIDS under the New York State Human Rights Law: https://dhr.ny.gov/hivaids
Syphilis Awareness Campaign	An outreach campaign was conducted to promote syphilis awareness and testing among NYS men who identify as gay/bisexual and other men who have sex with men (MSM) through tailored print media and digital/social media.	Complete	Consumers are encouraged to visit the mobile-enhanced micro-site http://syphilistestny.org/ The webinar training: *Syphilis for Non-Clinicians,* was delivered 7 times to 151 individuals

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 [CR43]			
Activity	**Details**	**Status**	**Outcomes (as of April 2019)**
NYS HCV Rapid Testing Program	The NYS HCV Rapid Testing Program (RTP) is managed and evaluated by the AIDS Institute. The program provides free HCV rapid test kits and controls, and access to HCV RNA testing to programs providing services to high risk persons (including HIV+) statewide. A pilot project to implement dried blood spot (DBS) for HCV diagnostic testing began November 2018. Six enrolled programs have submitted >100 DBS cards. Project evaluation will include analyses of 300 samples, staff and client surveys. Next generation sequencing data to characterize HCV transmission networks is being applied to all program specimens. Enrollment of statewide Syringe Exchange Programs (SEPs) and local county jails, as well as new local health department and jail partnerships for HCV testing, continue to increase the number of facilities providing co-located HIV/HCV integrated testing to high risk populations.	Ongoing	In 2018, approximately 50 enrolled programs conducted 6,475 rapid tests; of which 782 (12%) were reactive. DBS Project evaluation will include analyses of 300 samples, staff and client surveys.

HCV Patient Navigator Program	This five-year initiative aims to increase the number of people who inject drugs (both mono and co-infected with HIV) who know their HCV status and are linked to medical care and treatment.	NEW Ongoing	An HCV Patient Navigator Program was implemented in 7 upstate Drug Health Hubs, also enrolled in the RTP, in November 2018.
Expanded Criminal Justice Initiative	The Criminal Justice Initiative services were expanded in 11 CBOs to support services to incarcerated and formerly incarcerated persons living with the HCV, including HCV linkage and navigation services, HCV peer training, HCV education and support. Criminal Justice Initiative Peer Facilitator training materials were updated and revised to include HCV.	NEW Ongoing	Services were expanded in 11 CBOs; Criminal Justice Initiative Peer Facilitator training materials were updated and revised to include HCV.
HCV and HIV/HCV Linkage to Care, Care and Treatment Initiative	The AIDS Institute 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 with HCV who get linked to care and improve HCV treatment initiation and completion rates. Four of the 15 sites are HIV primary care sites. In 2017, a total of 1,899 patients were enrolled in the program; 1,574 of whom were linked to HCV care and treatment; 1,150 initiated HCV treatment; 979 completed HCV treatment; and 622 were cured.	Ongoing	In 2018, a total of 1,873 new patients were enrolled in the program; 1,523 of whom were linked to HCV care and treatment: - 1,098 initiated HCV treatment; - 782 completed HCV treatment; - 378 were cured (an additional 349 are pending treatment outcome evaluation.)
NYS HCV Testing Law	Implemented in January 2014, the HCV testing law serves to increase the number of people who know their HCV status. The impact of the HCV testing law has been evaluated and the report received by the Governor and Legislature. The evaluation report is available at: http://www.health.ny.gov/diseases/communicable/hepatitis/hepatitis_c/docs/hcv_testing_law_evaluation.pdf	Complete	The findings from the evaluation showed moderate increases in the number of people screened and smaller changes in the number of people linked to care following a positive HCV screening test. The sunset date of the law is January 2020.
HCV Clinical Guidelines	The AIDS Institute developed clinical guidelines for the management of HIV/HCV co-infected and HCV mono-infected persons.	Ongoing	The HCV clinical guidelines are available at: http://www.hivguidelines.org/hcv-infection/treatment-with-daa/

Medicaid and HCV	AIDS Institute staff have ongoing communication with Medicaid to ensure timely access to HCV medications. The AIDS Institute hosts regular conference calls between Medicaid, HCV providers and community members. AIDS Institute staff also participate in meetings with Medicaid and the managed care plans. In 2017, NYSDOH was selected to participate in the Health and Human Services (HHS) HCV Medicaid Affinity Project. During 2018, NYSDOH participated in the HHS HCV Medicaid Affinity Project by attending monthly webinars and two in-person meetings. AIDS Institute and Medicaid staff began to work on the development of an HCV algorithm: https://www.hhs.gov/hepatitis/action-plan/federal-response/hepatitis-c-medicaid-affinity-group/index.html	Complete	Due to participation in this project, the AIDS Institute now has full access to the Medicaid data set, which allows for the development of an HCV algorithm to identify Medicaid enrollees infected with HCV who are in need of treatment, and ensure that they are treated and cured.
eHEPQUAL	eHEPQUAL is an electronic, web-based HCV Quality of Care Performance Measurement Program for NYS. In 2016, the system was successfully piloted with 15 NYS-funded HCV providers. The second year of the program included 21 providers and the current year (2018) included 23 providers. Aggregate results from year 3 were shared and discussed with 23 participating organizations. A Dear Colleague letter is under review and will be used to help recruit providers from Article 28 facilities to participate in eHEPQUAL.	Ongoing	Among the 23 participating health care organizations, 3/13 indicators were at or above 90%, 4/13 were between 80-89% and 6/13 were lower than 80%.
NY Cures Hep C Media Campaign	The AIDS Institute developed and will implement a statewide general multimedia campaign, 'NY Cures Hep C', designed to increase public knowledge and awareness of hepatitis C. The campaign centers around the personal stories from HCV providers and people with lived experience of HCV. Campaign materials include social media, posters, palm cards, videos, animated videos, and transit ads. The campaign will launch in 2019 and will be evaluated by Siena College.	NEW & Ongoing	For the campaign, 4 animated videos were completed; 22 personal story videos produced; and a palm card series published (Pub#16041 – 16047).
HCV Educational Materials	The AIDS Institute's Bureau of Hepatitis Health Care provides HCV education in different formats, including maintaining the NYSDOH hepatitis website https://www.health.ny.gov/diseases/communicable/hepatitis/hepatitis_c/, developing print and online materials, utilizing social media, etc. All materials are intended to increase awareness and knowledge of HCV among providers and consumers. New materials have been developed targeting women and PWID.	Ongoing	As part of the HCV elimination multimedia campaign, "NY Cures Hep C", developed new materials targeting PWID, Women and people receiving HCV treatment (Pub#16041 – 16047; 16038; 16039; 16055)

	The consumer and provider materials initiative has worked with the bureau of Hepatitis Healthcare to design new materials, including one aimed at Hepatitis C and women.		
Updated Trainings and Resources	AIDS Institute staff worked with the funded HCV and HIV/HCV Training Center of Expertise and Regional Training Centers to develop and deliver a range of trainings designed to prepare health and human services providers, including Peer Workers, to provide HCV related services, including: - *Ensuring Competencies for HCV testing:* delivered 7 times to 62 people. - *HCV Basics for Peer Workers:* delivered 4 times to 38 people. - *HCV Medical Care and treatment update for Peer Workers:* delivered 5 times to 54 individuals. - *Hepatitis C Prevention for Young People who inject drugs:* delivered 6 times to 85 individuals. - *Hepatitis C Peer Worker Role in Patient Navigation:* delivered 3 times to 22 individuals. - *Hepatitis C Treatment update for Health and Human Services Providers:* delivered 4 times to 59 individuals. - *Hepatitis C Screening, Diagnosis and Linkage to Care:* delivered 2 times to 25 individuals. - *Hepatitis C Basics Webinar Archive:* viewed by 340 individuals. - *Hepatitis C Prevention for LGB and TGNC Individuals and Communities webinar: d*elivered two times to 48 individuals. - *Medication Assisted Treatment (MAT) as HIV and Hepatitis C Prevention*: delivered two times to 68 individuals. - Motivational Interviewing: Skills Practice for Hepatitis C Service Providers: delivered 3 times to 58 individuals. The AIDS Institute provided funding to Erie County Medical Center (ECMC) to host a Hepatitis C Preceptorship Program targeting NYS addiction specialist and substance use providers aimed at increasing provider knowledge and skills to effectively and safely treat hepatitis C virus (HCV) infection.	Ongoing	In 2018, the following trainings occurred: 43 training events related to HCV for nonclinical staff conducted with a total of 519 providers 18 clinical providers participated in the HCV preceptorship and reported treating 123 patients, resulting in cure for 96 patients.
NYS HCV Coalition	The AIDS Institute 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	Ongoing	VOCAL-NY continued its community mobilization work by hosting regional meetings and

	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. VOCAL-NY is a leader in the community's work around HCV elimination.		educational sessions with various stakeholders across the state.
The New York State (NYS) Hepatitis C Elimination Task Force	In July 2018, Governor Andrew Cuomo announced his strategy for hepatitis C elimination, including the establishment of a Hepatitis C Elimination Task Force. The New York State (NYS) Hepatitis C Elimination Task Force is charged with providing recommendations to the NYS Department of Health that will help develop the HCV elimination plan. Task Force and workgroup members include representatives from community-based organizations, people living with and affected by hepatitis C, health care providers, payers, public health experts, researchers, harm reduction specialists and social service providers. The Task Force is supported by five workgroups: 1) Hepatitis C Prevention; 2) Hepatitis C Care and Treatment Access; 3) Hepatitis C Testing and Linkage to Care; 4) Surveillance, Data and Metrics; and 5) Social Determinants of Health.	NEW & Ongoing	The workgroups have completed their preliminary recommendations for hepatitis C elimination in NYS and are hosting a series of community calls in June 2019 to allow an opportunity for comments and feedback on the recommendations.
HCV Testing of Active Substance Users	Seven programs, outside of NYC, engage active substance users to connect them with needed detoxification, drug treatment, medical, and social services. Programs also offer on-site HIV, HCV, and STI testing, at no cost. AIDS Community Resources (ACR) provides on-site medical care (and referral) for clients of that agency's Syringe Exchange Program. Clients 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. HIV, HCV, and STI testing are offered.	Ongoing. Programs are entering into their final contract year on October 1, 2019.	Since the program's inception, approximately 5,000 individuals have been served by the seven outreach programs and ACR's on-site medical care program. 768 HCV tests were completed, and 171 individuals were referred to HCV treatment; 110 of these individuals received HCV treatment.

BP28: EQUITABLE FUNDING WHERE RESOURCES FOLLOW THE STATISTICS OF THE EPIDEMIC [CR24]			
Activity	**Details**	**Status**	**Outcomes (as of April 2019)**
Engagement and Supportive Services Initiative (ESS): HIV/AIDS Emerging Communities	The Engagement and Supportive Services Initiative (ESS) funds three community-based programs that focus on engagement and retention in care for HIV-positive gay men and men who have sex with men (MSM), with the primary goal of improving health outcomes and achieving viral suppression. The locations for these programs are determined annually by Health Research and Services Administration (HRSA), based on reported AIDS cases; currently these include Buffalo, Rochester and Albany. Through July 2018, the initiative has served 195 clients.	Ongoing, initiative continues through 3/31/20.	In 2018, 129 clients received 4,315 services, including case management (3,100), health education (344) and peer navigation (871).
HIV, STD and HCV Prevention and Related Services for Young Gay Men and Young Men who have Sex with Men (YMSM)	Beginning March 1, 2016, 20 programs were funded to provide HIV, STD and HCV prevention services for high risk young men who identify as gay and men who have sex with men (MSM) throughout NYS. The initiative is conducting Provider Learning Collaborative meetings to expand provider access to technical assistance and capacity building opportunities. Three collaborative meetings have been held, which focused on improving linkage and navigation services and access to PrEP services. Implementing Culturally Responsive PrEP Services for Black and Latino MSM training has been conducted with initiative providers to enhance service delivery to the population(s). Three trainings have been conducted.	Ongoing	Three collaborative meetings have been held on improving linkage and navigation for PrEP services; three trainings have been conducted to enhance service delivery.
Contract Enhancements for Young People Who Use Drugs	To respond to an increase in heroin use among young people, 18 syringe exchange programs (SEPs) received contract enhancements to expand syringe access to young people under 30 years old who use drugs. In the first year of funding, enrollment and services to young people who inject drugs (YIDU) increased significantly statewide; the increases were especially dramatic in upstate SEPs, with 40%- 50% of new enrollments being young people who inject drugs. In contract year 2017-18 for all programs, including those that did not receive additional funding to target young people who inject drugs, an average of 35% (range of 26% - 46%) of all new enrollments in upstate programs were in young people; 30% of all SEP transactions were conducted with young people. For downstate programs, 16% (range of 11%-67%) of all new enrollments were in YIDUs; 11% of all transactions were in YIDUs.	Ongoing	The increases seen in enrollment and services were especially dramatic in upstate SEPs, with 40%- 50% of new enrollments being young people who inject drugs. In 2017-18 for all programs, an average of 35% of all new enrollments in upstate programs were in young people; 30% of all SEP transactions were conducted with young people.

			In downstate programs, 16% of all new enrollments were in YIDUs; 11% of all transactions were in YIDUs.
Youth Access Programs (YAP)	Six Youth Access Programs (YAP) based in NYC target young men who have sex with men (YMSM) and individuals who identify as transgender, as well as other very high-risk adolescent/young adults (A/YA). The programs promote HIV/STI testing, treatment, risk reduction and health care in community-based locations and in community-based locations that YMSM frequent. A high percentage of these individuals are YMSM of color. The focus is to connect people who are HIV negative and PLWH/A to ongoing prevention and care.	Ongoing	2,951 A/YA received YAP services in 2018, 88% from communities of color. Of these, 82% (2,428) received HIV testing. 2 newly diagnosed patients were connected to HIV care. 2,263 received STI testing, with a nearly 7% positivity rate. Over 91% of A/YA received a PrEP screen (2,687).
HIV, STD and HCV Prevention and Related Services for Women with a Focus on Women of Color	An RFA was released and beginning December 1, 2017, 21 programs were funded to provide HIV, STD and HCV prevention services for at high risk women of color throughout NYS.	NEW Ongoing	No updates.
HIV and STD Surveillance and Partner Services	Collection and analysis of epidemiological data continues to be used to assess and understand Ending the Epidemic progress, as well as for resource allocation. Tremendous effort has been invested in establishing interoperability between CDESS-STD MIS, the New York Electronic HIV Management System (NYEHMS), and eHARS to make possible new public health interventions and increase the efficiency of existing interventions.	Ongoing	Funding is allocated to areas of high morbidity to hire additional partner services staff.
Patient-Centered Outcome Research Initiative (PCORI) Grant	The Collaboration to Advance HIV and Aging Research in the Hudson Valley (CAHAR-HV), a multi-stakeholder partnership of patients aging with HIV, clinicians, government agencies, community organizations, and researchers, has been meeting since 2015. CAHAR-HV received the PCORI Pipeline to Proposal (P2P) award, and carried out a formative, community-engaged process that has informed the development of a research proposal aimed to improve specialty care outcomes within a complex healthcare system for older PLWH/A.	Ongoing	The proposal submitted to PCORI in September 2018 was not funded during this cycle. The proposal went to section discussion because it received a good score, and the reviewers appreciated the importance of the research and the strong

	The coalition's proposal focused on identifying optimal support mechanisms to help individuals with HIV who are 50 years or older navigate referral appointments effectively for their non-HIV specialty healthcare needs, potentially improving health outcomes, longevity, and quality of life.		partnerships created. All signs point to the need to continue to work on building models of care that address the needs of older HIV positive individuals across diverse settings. The group plans to meet in the next few months to discuss findings and brainstorm additional projects along with next steps.
Center for Quality Improvement & Innovation end+disparities ECHO Collaborative	In 2018, the Center for Quality Improvement & Innovation (CQII) began the 'end+disparities ECHO Collaborative,' a Ryan White initiative to reduce disparities in four disproportionately affected HIV subpopulations: men who have sex with men (MSM) of color, African American and Latina women, individuals who identify as transgender, and youth. The 18-month collaborative aims to increase viral suppression in these four key populations and increase local quality improvement capacities. Any Ryan White provider in New York may participate.	NEW & Ongoing	CQII engages clinical and community-based partners to provide technical assistance, trainings and support to identify success indicators and improve outcomes for priority populations.
AIDS Institute Health Equity Initiative	In the spring of 2017, the AIDS Institute (AI) began internal discussions considering ways to bring forward health equity initiatives within their programs. This initiative is reflective of both the AIDS Institute and NYSDOH current strategic plans and aligns with NYS's Five Year Plan for Diversity and Inclusion. An AIDS Institute-wide survey was launched in 2018 to establish a baseline of knowledge among all employees. The ultimate goal of the Health Equity Initiative is to create the institutional change needed to address the health inequities of the populations served by the AI.	NEW & Ongoing Complete	Efforts are underway to recruit a designated staff person to work with the AI Health Equity Work Group to address Health Equity issues AI-wide. Results from the health equity survey are being analyzed and used for AIDS Institute programmatic implementation.

BP29: EXPAND AND ENHANCE THE USE OF DATA TO TRACK AND REPORT PROGRESS [CR8, CR9, CR24, CR25, CR26, CR27, CR28, CR29]			
Activity	**Details**	**Status**	**Outcomes (as of April 2019)**
ETE Dashboard	The AIDS Institute Bureau of HIV/AIDS Epidemiology (BHAE) and Bureau of Sexual Health & Epidemiology work with relevant stakeholders to provide data that will support Dashboard reports.	Ongoing	This enables the ETE Dashboard to be updated regularly, keeping the public informed with epidemiological data from the AIDS Institute.
Data to Care	The Division of Epidemiology, Evaluation and Partner Services (DEEP) partners on Data to Care activities by using data in the surveillance system to improve linkage and retention of PLWH/A in care. Staff across DEEP collaborate to identify and investigate space-time and molecular clusters of HIV infection.	Ongoing	Over 6,000 Out-of-Care cases were assigned from January 2015 through December 2018 in NYS. The initiative has had a successful re-linkage rate of about 70 percent among those determined to be out of care. Summary findings from 2015 are available in the "Partner Services Data to Care Report, New York State (excluding New York City) 2015: https://www.health.ny.gov/diseases/aids/general/statistics/docs/partner_services.pdf A total of 4 space-time clusters and 4 molecular clusters have been worked.
Health Information Technology	The Division of Epidemiology, Evaluation and Partner Services (DEEP) will continue to explore how data available through Healthix, a Regional Health Information Organization (RHIO), can supplement HIV surveillance data to improve data quality and enhance linkage and retention activities. Funding for the HRSA funded Health Information Technology (HIT) project has ended, though the project continues with in kind support.	Ongoing, partnership with Healthix will continue	A poster presented at the 2019 HIV Prevention Conference highlights the value of leveraging RHIO/HIT data for public health surveillance. In addition to case ascertainment and near real-time death ascertainment, obtaining

	Information gained from this grant-funded activity may lead to new strategies for tracking and reporting on ETE efforts. Leveraging novel sources of data such as EHR data as an alternate measure of HIV in-care status is a practical tool for public health to both identify gaps in reporting and facilitate more focused efforts for linkage to and reengagement in care.	with in kind support	near real-time locating information for PLWHI receiving non-HIV related care facilitates more focused efforts for linkage to and reengagement in care Current residence information for persons now known to reside outside of NYS, allows for targeting of limited public health resources towards out of care persons believed to be currently living within NYS Laboratory results received from Healthix provider NYSDOH a source of data that can be used to validate the completeness of laboratory reporting to NYS
Regional Treatment Cascades	Treatment Cascades are produced annually for each region in NY State. These cascades provide graphic representation, based on surveillance data, of the work being done in that region related to linkage to care, retention in care and viral load suppression. The updated 2017 cascades are under review and were presented in advance of 2018 World AIDS Day. 2018 HIV Care Cascades will be prepared using the mid-year 2019 data for release in advance of 2019 World AIDS Day.	Ongoing	2017 regional cascades are available in English: https://www.health.ny.gov/diseases/aids/general/statistics/cascade_reports/docs/cascade_of_care_2017.pdf and Spanish: https://www.health.ny.gov/diseases/aids/general/statistics/cascade_reports/docs/cascade_of_care_2017_spanish.pdf
ETE Dashboard Support	The ETE Dashboard has been developed and is maintained by the CUNY School of Public Health. The Dashboard has been launched and is continuously being updated as new information and data becomes available. Recent updates include: Finalized ETE Metrics, Regional Medicaid/Symphony PrEP data, and 2017 Newly Diagnosed and PLWH Interactive Care Continua.	Ongoing	Data through 2017 has been released. 2018 PrEP data is being prepared and will be released soon. http://etedashboardny.org/

NY Links Webinars	NY Links has hosted 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 quarterly.	Ongoing	Materials are available at: http://www.newyorklinks.org/index.cfm
Quality of Care Consumer Advisory Committee	A curriculum has been developed to train consumers on how to use and provide recommendations on data for quality improvement. Training topics included QI principles and terms, health numeracy and understanding data, and working on teams and committees. Upstate trainings will be scheduled.	Ongoing	The Center for Quality Improvement & Innovation (CQII) Training of Consumers on Quality was delivered to 15 consumers in NYC May 2018.
DSRIP 5-year Incentive Payments in NYC	Domain 4 DSRIP projects for identifying and retaining PLWH/A in care will utilize the DOH Prevention Agenda for all-payer reporting of outcomes. DSRIP has entered year four of the five-year Medicaid transformation projects. A New York Presbyterian project on a Center for Excellence in HIV and HCV care is serving as a model for developing emerging best practices.	Ongoing	NYS DOH is preparing a limited DSRIP waiver extension for submission to CMS.
AIDS Mortality as a Sentinel Event	In December 2016, Governor Cuomo announced New York State's commitment to launch a sentinel event response to AIDS mortality, setting a goal to end AIDS mortality by the end of 2020. In response, the NYSDOH established the AIDS mortality work group to explore AIDS mortality as a sentinel event and an initiative was launched to review mortality as a component of the HIV quality of care program. AIDS Institute has dedicated staff to assess and review AIDS mortality data to analyze preliminary results and conduct necessary follow-up.	NEW & Ongoing	The AIDS mortality workgroup developed a review tool, which is being used for a statewide IPRO chart review of mortality due to HIV/AIDS complications.

BP30: INCREASE ACCESS TO OPPORTUNITIES FOR EMPLOYMENT AND EMPLOYMENT/VOCATIONAL SERVICES [CR13, CR18, CR30, CR32]			
Activity	**Details**	**Status**	**Outcomes (as of April 2019)**
Expanding Employment Opportunities for People Living with HIV/AIDS Steering Committee	The Office of the Medical Director convened a statewide steering committee to develop an implementation strategy to achieve the objective of increasing access to employment and employment/vocational services for PLWH/A. A committee report outlining key implementation strategies was accepted by the AIDS Advisory Council; an interagency workgroup to address these recommendations will meet in late 2018. A work group of the IATF was established to review the implementation strategies.	Ongoing	The final meeting of the work group will take place in May 2019, at which time a Coordinated Plan of Action will be released, outlining actions that can be taken in accordance with the report recommendations.

Quality of Care Program Annual Organizational Treatment Cascade Review	The Quality of Care Program cascade review has a due date of April 30, 2019. A reporting template that generates treatment cascades based on the data entered was developed for providers to use. Clinical providers are asked to submit their quality outcomes for care provided in 2019, along with their methodology and an improvement plan based on results. The Health Commerce System will be used for submissions and to store the data.	Ongoing	In 2018, 78 of 79 organizations and HIV clinics submitted data and improvement plans based on results. A review of this data will inform QI efforts for 2019.
Quality of Care Program Low Performer Collaboration	The Quality of Care Program will work in collaboration with NYCDOHMH Clinical Outcome Technical Assistance (COTA) Program to provide support, coaching and technical assistance in an intensive program for HIV clinical care programs having low viral load suppression rates. The focus of this effort will be on improving care outcomes and VLS rates using QI methods.	NEW & Ongoing	This is a new initiative. The process will begin in May 2019.
Quality of Care Improvement Trainings	Quality of Care Program coaches will work with contract managers to provide QI education and support for grantees to use quality improvement activities to improve program services for PLWH/A. The Quality of Care Program has and will continue to provide QI training for staff through the AIDS Institute as well as providers.	Ongoing	All nutrition programs have received QI training. Other divisions will be trained in 2019.