

Mission

The AIDS Institute is committed to eliminating new infections, improving the health and well-being of persons living with HIV, AIDS, sexually transmitted diseases, and viral hepatitis, and improving LGBT and drug user health.

“End epidemics, fight stigma, promote health.”

Vision

All New Yorkers enjoy health and well-being free of stigma and disease.

Values

Respect: We treat all individuals with dignity, respect, and compassion.

Partnership: We value community input and collaboration with federal, state, local and community partners.

Leadership: We embrace, empower and drive change.

Innovation: We foster creative approaches to carry out our mission.

Stewardship: We strive to be creative and resourceful in planning, developing, and delivering high quality services to impacted communities.

https://www.health.ny.gov/diseases/aids/ending_the_epidemic/
<http://etedashboardny.org/metrics/>
<http://www.newyorklinks.org/files/2018-end-the-epidemic-data/>



2021 Center at a Glance

The AIDS Institute (AI) was legislatively created in PHL Article 27-E within the New York State Department of Health (NYSDOH) in 1983 to support a comprehensive public health and health care response to HIV/AIDS. The AIDS Institute is a Center within the NYSDOH Office of Public Health.

The AIDS Institute works with community-based partners to prevent new HIV, STI, and hepatitis C virus (HCV) transmissions; ensure early diagnosis and linkage to quality care, support, and treatment; eradicate stigma, discrimination, and disparities in health outcomes; promote LGBTQ health and drug user health and wellness; and promote sexual health. The AI maintains all surveillance activities for HIV and other STIs which supports state data reporting, research, and evidence-based planning.

Building on the state’s successes over the last 30 years, in 2015, the Governor announced that NYS was positioned to end the HIV epidemic (ETE). This bold initiative is making a significant impact. The number of people newly diagnosed with HIV in NYS has fallen to historic lows. At its peak in the mid-1990s, New York diagnosed nearly 15,000 new cases per year; that number is down to 2,377. Decreases have been observed in almost every demographic group. In 2019, nearly 40,000 New Yorkers filled a prescription for Pre-Exposure Prophylaxis (PrEP) – an increase of 25% from 2018. In addition to reducing new transmissions, the percentage of newly diagnosed persons linked to care within 30 days of diagnosis increased to 83% in 2019. Eighty-nine percent of persons receiving HIV care are virally suppressed.

In 2018, Governor Cuomo announced the nation’s first strategy to eliminate hepatitis C (HCV). The elimination

effort aims to stop the spread of the virus by expanding programs to connect New Yorkers with prevention, screening, and treatment services, as well as enhancing HCV surveillance. The AIDS Institute has initiated an array of statewide HCV prevention and care programs, including rapid testing, HCV care and treatment, a Criminal Justice Initiative for persons with HCV, and HCV Patient Navigation Programs within Drug User Health Hubs.

New York State has seen success in addressing the health of people who use drugs as well. For example, in 2018, New York became the first state to offer harm reduction services as a Medicaid benefit. The 25 Syringe Exchange Programs (SEPs) in NYS served more than 31,000 people last year, including more than 10,000 new enrollees, and exchanged 11.5 million syringes. New regulations were enacted in 2019 allowing not-for-profit organizations and government entities to add syringe exchange to their existing services. This will increase options for people in underserved communities and for people who are not currently accessing SEP services. Three STSEPs have been approved. NYS has been at the forefront of opioid overdose prevention. There are currently more than 840 registered Opioid Overdose Prevention Programs in the state. Since this initiative began in 2006, more than 500,000 individuals have been trained as overdose responders, including 71,000 law enforcement officers, and more than 23,000 naloxone administrations have been reported.

Community Partnerships: The AIDS Institute places a priority on community input and effective partnerships with consumers, providers, community leaders, advocacy groups, research entities, and other federal, state, and local government agencies to inform the development of policies and programs. One of the hallmarks of the AIDS Institute’s strategy is ongoing dialogue with consumers as well as community-based health and human service providers on the front lines. Periodically, regional forums are held throughout the State to obtain input on policy and programs and to respond to concerns about changes in the health and human service delivery system. More than 20 regional and topic-specific community feedback sessions were held virtually in the summer and fall of 2020 to obtain input and recommendations on priorities for “ETE Beyond 2020.” These discussions were an opportunity to identify community-driven strategies and partners in the effort to address the Governor’s three-point plan to end the epidemic in NYS.

National Leadership: The AIDS Institute’s leadership role extends beyond NYS, as it serves as the federally funded Center for Quality Improvement and Innovation, providing technical assistance on quality improvement to service providers throughout the nation. AIDS Institute staff are active in the Council of State and Territorial Epidemiologists, the Association of Nurses in AIDS Care (ANAC), the National Alliance of State and Territorial AIDS Directors (NASTAD), the American Public Health Association, the National Coalition of STI Directors, and the CDC/HRSA Advisory Committee. Comprehensive, CDC-mandated HIV/STI field services training is provided through the NYS STI/HIV Disease Intervention Training Center (DITC) – one of three CDC-funded DITCs providing partner services trainings nationally.

Following is a description of the AIDS Institute's major program areas.

The **Office of Planning and Community Affairs (OPCA)** is responsible for ongoing, cross-programmatic policy development, strategic planning, budgetary and legislative analyses; HIV confidentiality oversight; management support and administration for the NYS AIDS Advisory Council, the Interagency Task Force on HIV/AIDS, and the NYS HIV Advisory Body; implementation of annual World AIDS Day events; and overall community-related affairs. OPCA is responsible for managing Institute-wide publications such as "About the AIDS Institute." OPCA plays a central role in AIDS Institute activities related to ending the epidemic in New York State and will continue to convene a wide variety of stakeholders to gather input, direct deliberations to achieve consensus, and develop statewide plans. This also involves ensuring rapid responses to issues raised by the Governor's office, DOH executive staff, and community representatives.

The **Division of HIV/STI/HCV Prevention (DOP)** provides leadership in helping control the HIV epidemic in New York State (NYS) by coordinating a comprehensive program for preventing the transmission and acquisition of HIV, STIs, and HCV and reducing associated morbidity and mortality. DOP administers funding to community-based organizations (CBOs) charged with delivering HIV/STI/HCV prevention services consistent with the National HIV/AIDS Strategy (NHAS), the CDC High Impact HIV Prevention, NYS's Prevention Agenda, and the NYS ETE Initiative. More specifically, DOP funds CBOs to provide direct support services for persons with HIV, HIV-negative individuals who engage in high-risk behaviors, and persons of unknown HIV status at all stages of care to facilitate the provision of medical treatment and care and biomedical and/or behavioral change prevention services. DOP is responsive to the needs of the diverse populations most impacted by HIV and promotes a cross-sector approach by collaborating with local health departments (LHDs), medical providers, and CBOs to implement high impact prevention activities, strategies, and interventions. The Division includes the Office of Population Health and Prevention Programs (OPHPP), the Office of Lesbian Gay Bisexual Transgender Queer (LGBTQ) Services (OLGBTQS), the Office of Criminal Justice Services (OCJS), The Faith Communities Project (FCP), a Fiscal Management Unit (FMU), and an AIRS Data Unit.

- The **Office of Population Health and Prevention Programs (OPHPP)** supports the following programs and initiatives: the Regional Prevention and Support Programs, Targeted Prevention and Support Programs, Community Mobilization Programs, the NYS HIV Hotline, HIV/STI/HCV Prevention and Related Services for Women, HIV/STI/HCV Prevention and Related Services for Young Gay Men/Young Men Who Have Sex with Men (YMSM), HIV Prevention and Related Services for Young People Through the Use of Health Advocates (YHA), the Communities of Color (COC) initiative, and the NYS Condom Program.
- The **Office of LGBTQ Services (OLGBTQS)** serves as a thought leader for addressing health inequities, comprehensively addresses the intersections between LGBTQ health and HIV/STI/HCV prevention, care, and treatments, manages the LGBT Health and Human Services (HHS) Initiative, and addresses the emerging

needs and gaps in services for all LGBTQ New Yorkers. The LGBT HHS initiative is at the core of the OLGQTQS. The initiative is comprised of grantees across the state providing non-HIV/AIDS-related HHS intended to improve access to health care, provide support services, reduce stigma, and increase the number of providers in NYS trained to provide sensitive and affirming care to LGBTQ individuals and their families.

- The **Office of Criminal Justice Services (OCJS)** supports the Criminal Justice Initiative (CJI), funded to provide peer training, education and support, and other prevention and support services for individuals residing in [*NYS Department of Corrections and Community Supervision*](#) (NYSDOCCS) correctional facilities. The CJI prioritizes the provision of HIV linkage and navigation services for individuals within, as well as those who are recently released/discharged, from a correctional facility and coordinates AI-wide initiatives with NYSDOCCS. The CJI also supports the Prison HIV Hotline. This hotline offers individuals who are incarcerated in State correctional facilities HIV/STI/HCV information and, upon release, information on linkage and navigation services.
- The **Faith Communities Project (FCP)** advances HIV/STI/HCV prevention efforts in communities that are hardest hit by the HIV epidemic through information sharing, collaboration, and partnerships between communities of faith and CBOs. Regional committees design and implement activities for faith communities which are incorporated into regional action plans. With guidance from community and faith representatives, the FCP fosters regional partnerships, supports information sharing, and identifies and develops resources to further HIV/STI/HCV prevention and health care efforts in NYS.

The **Division of HIV and Hepatitis Health Care** is responsible for ensuring the availability and accessibility of quality care and services for persons living with HIV/AIDS and Hepatitis C (HCV). This is accomplished through the development of a portfolio of medical and supportive services that addresses the needs of individuals diagnosed with new, acute HIV and HCV infection through stages of chronic disease. The Division includes the Bureau of Hepatitis Health Care, the Bureau of HIV Ambulatory Care Services, the Bureau of Community Support Services and the Maternal-Pediatric HIV Prevention and Care Program.

- The **Bureau of Hepatitis Health Care** is responsible for the development and maintenance of a comprehensive hepatitis C (HCV) program. Program activities include HCV prevention (including HCV screening), education, medical care and treatment, and policy and planning activities. The overall program goals are to prevent the acquisition and transmission of HCV; build knowledge and awareness of HCV disease, prevention, risk, treatment, and medical management; develop and maintain an infrastructure to provide the highest quality HCV care and treatment; foster an effective policy and planning environment at the local, state, and national levels; and conduct epidemiologic, program evaluation, and quality improvement studies to guide program and policy decisions.

- The **Bureau of HIV Ambulatory Care Services** oversees grant-funded programs supporting the delivery of services promoting linkage, engagement, retention in medical care and treatment adherence; Pre-Exposure Prophylaxis (PrEP) services in general and HIV primary care settings; and outreach, prevention education and support services targeted to specific populations, including communities of color, women, children and families, adolescents and young adults, men who have sex with men, and the transgender community.
- The **Bureau of Community Support Services** develops and oversees grant-funded programs providing supportive services to persons living with HIV to facilitate linkage to care and treatment and improved health. The services include case management, health education, medical transportation, nutrition health education and food services, benefits counseling, legal and supportive services for individuals and families, supportive housing, and housing financial assistance.
- The **Maternal-Pediatric HIV Prevention and Care Program** oversees activities focused on preventing perinatal HIV transmission including regulatory oversight of all NYS birth facilities to ensure compliance with public health law and regulations for HIV testing and care in the obstetrical (labor and delivery) and newborn settings. The program's primary goal is sustaining elimination of mother-to-child transmission of HIV in NYS and improving the overall health of women living with HIV and their families. Activities are aimed at reducing the incidence of HIV infection among women of childbearing age, improving the quality and accessibility of reproductive and sexual health care across the continuum, including early prenatal care for those at risk for or living with HIV with access to PrEP/PEP, rapid initiation of antiretroviral therapy, partner testing, and pediatric diagnostic HIV testing and care for HIV-exposed/infected infants.

The **Office of Uninsured Care Programs (UCP)**: The UCP are key components of New York's response to the HIV/AIDS epidemic and the ETE initiative. The UCP ensure universal access to care and treatment that is essential to improve health outcomes, achieve viral suppression, and reduce the risk of transmission. The UCP include five program components for New Yorkers living with or at risk of acquiring HIV/AIDS who are uninsured or underinsured. Coverage of drugs and services is revised based on available funding and the changing clinical profile of the epidemic. The AIDS Drug Assistance Program (ADAP) provides life-saving medications; ADAP Plus provides HIV primary care services; the Home Care Program provides care in the home; the ADAP Plus Insurance Continuation (APIC) program provides assistance in paying health insurance premiums to support access to comprehensive health care coverage in a cost-effective manner; the Pre-Exposure Prophylaxis Assistance Program (PrEP-AP) provides access to primary care services and monitoring to support the use of PrEP to prevent HIV infection. Additional programs include the Hepatitis C Assistance Program (HepCAP), which provides primary care services for uninsured persons with hepatitis C, and the Naloxone Co-Payment Assistance Program (N-CAP), which covers co-payment costs for Naloxone prescriptions.

Office of Medicaid Policy and Health Care Financing:

- **Health Care Financing and Analytics (HCFA)** is responsible for developing and implementing the analysis, evaluation, and research agenda for the AIDS Institute's Office of Medicaid Policy and Health Care Financing. HCFA secures access to data sources throughout the NYS Department of Health and beyond to perform data analyses in support of policy initiatives, such as Ending the Epidemic, and support program needs as they relate to health care and services for individuals served by the AIDS Institute, including those affected by HIV and hepatitis as well as drug user health and sexual health-related issues. Working closely with many areas within the Department of Health as well as outside collaborators, HCFA plays a key role in projects designed to assess the effectiveness of a variety of program initiatives. HCFA develops and produces health service research papers, technical reports, and publications of considerable interest to the HIV/AIDS field, presenting work at state and national conferences. In addition to performing rate setting activities associated with HIV services, HCFA also examines Medicaid reimbursement structures and their fiscal impact over time for the populations served by the AIDS Institute. Finally, HCFA is available to provide technical assistance on issues related to data security and other data-related topics.
- **Medicaid Acute Care/Chronic Care Services/Health Homes Section:**

Acute and Chronic Care: The section oversees the development of and compliance with standards of care for Medicaid-funded AIDS nursing homes and AIDS adult day health care. In 2017, AIDS Adult Day Health Care expanded eligibility for their programs to include persons with other chronic conditions. This section also includes oversight of the Enhanced Fees for Physicians program and the HIV Primary Care Program for those Federally Qualified Health Centers (FQHCs) that have opted out of newer payment models.

The Designated AIDS Center (DAC) hospital-based program has long served as a best practice model of integrated care for persons living with HIV. In recent years, many clinics have expanded their scope of practice to include hepatitis C care and care for transgender individuals. The section provides technical assistance, conducts monitoring, and develops standards of care for the DACs.

The section also oversees Certificate of Need (CON) reviews for capital improvements and construction of new HIV health care facilities as well as hospital and clinic closures.

Health Homes: Medicaid beneficiaries who have complex, chronic, high-cost conditions are eligible to participate in Health Homes as a means of managing the utilization of health care services. Health Home services include comprehensive care coordination, care management, health promotion, transitional care,

including appropriate follow-up from inpatient to other settings, patient and family support, referral to community and social support services, and the use of health information technology (HIT) to link services. As a stakeholder in the Health Homes initiative, the AIDS Institute assists with program development efforts, monitoring, and technical assistance. AIDS Institute staff participated in re-designation site visits to Health Homes which included review of policies to achieve program standards, implementation efforts, and review of charts of HIV-positive Health Home enrollees. The section collaborates on interagency oversight of Health Home policy for Medicaid Health Homes, including HIV legacy providers (former COBRA providers). The section is directly involved in the deliberations among the provider, consumer, and advocacy communities and the Department. In December 2016, the roll-out of Health Homes Serving Children (HHSC) began. Currently, there are sixteen HHSC with three of the sixteen HHSC serving as children-only Health Homes. AIDS Institute staff contributed to the successful roll-out of HHSC and continue to provide technical assistance, monitoring, and program development.

- **HIV SNPs/Managed Care/AIMS/Harm Reduction Section:**

HIV Special Needs Plans (SNPs) and Managed Care: HIV SNPs are a comprehensive Medicaid Managed Care Plan option for individuals residing in New York City, Nassau and Westchester counties designed to meet the health care needs of people living with HIV/AIDS and other identified populations at high risk for HIV. The SNPs also serve Medicaid-eligible persons that are homeless, transgender, and dependent children up to age 21, regardless of their HIV status. In addition to the full Medicaid benefit package, SNPs cover enhanced HIV services, care coordination, and behavioral health Home and Community Based Services for eligible enrollees.

The AIDS Institute assures quality HIV care by Managed Care Organizations (MCOs), including the HIV SNPs, through the development of programmatic standards for MCOs, quality of care reviews, and participation in Article 44 surveys. Technical assistance is also provided to MCOs regarding HIV prevention activities and establishing coordinated systems of care that are appropriate to the specific health care needs of enrollees with HIV/AIDS.

In 2015, the AIDS Institute initiated a pilot project in coordination with five MCOs to enhance outreach and engagement activities for virally unsuppressed members. Plans were given member level data that identified virally unsuppressed members and members who have no documented viral load test results. The pilot MCOs were awarded contracts to build models of care that would provide outreach and engagement services to these members, with the goal of addressing barriers to care and reaching viral load suppression. Continued funding has provided MCOs with resources to enable them to implement creative strategies to work toward the goal of viral load suppression for HIV-positive Medicaid members in New York State.

AIDS Intervention Management System (AIMS): The AIMS conducts quality of care reviews, program evaluations, focused clinical studies, and quality improvement activities for health-related services rendered to individuals with or at risk of acquiring HIV/AIDS, hepatitis C (HCV), and/or STIs. Such activities are typically conducted in acute, long term, ambulatory, and prison-based settings throughout the state. The AIMS program is responsible for collecting, managing, and evaluating patient-level data to ensure that services provided are necessary, appropriate, equitable, and meet professionally recognized standards of care, as well as identifying emerging service needs to inform program and policy development.

Harm Reduction: Medicaid harm reduction is a medical counseling benefit for Medicaid recipients who use drugs. Medicaid HRS is intended to support a person-centered approach to mitigating harms related to drug use, such as overdose, death and/or acquisition of HIV/AIDS, HCV, STIs, or other related diseases/infections. Medicaid harm reduction provides reimbursement for five counseling-related services: development of a treatment plan, individual supportive counseling, group supportive counseling, medication management and treatment adherence counseling, and psychoeducation - support groups. This section provides technical support and training to the AI Office of Drug User Health and to community-based providers regarding programmatic implementation, Medicaid billing challenges, and general operational issues.

The **Office of the Medical Director (OMD)** is charged with ensuring the highest quality clinical care and has the following priorities: clinical guidelines, quality of care, PrEP, post exposure prophylaxis (PEP), HIV education and training, and materials.

In addition, OMD and the AIDS Institute respond to and proactively plan for emerging trends and policy developments, such as health care reform, demographic changes in affected populations, data integration, and digital health innovations.

Specifically, OMD:

- Provides guidance and consultation to the AIDS Institute Executive Office, departmental programs, other agencies, providers, consumers, and national and international programs on scientific, medical, and clinical aspects of HIV/AIDS, sexual health, viral hepatitis, drug user health, and LGBTQ health.
- Develops and disseminates practical, evidence-based, state-of-the-art clinical practice guidelines that establish a uniform standard of clinical care for all people with or at risk of HIV, viral hepatitis, sexually transmitted infections, and substance use; and promotes LGBTQ health
- Develops tools for measuring the quality of HIV, STI and viral hepatitis care.

- Assists health care and support service providers in building capacity for quality improvement and provides technical assistance and training concerning HIV, STIs, and hepatitis care through the New York State (NYS) Quality of Care Program.
- Educates providers and consumers and develops materials about the scientific and clinical aspects of HIV, viral hepatitis, sexual health, substance use, LGBTQ health, and health equity.
- Connects consumers with experienced HIV care, PEP, and PrEP providers through the AIDS Institute Provider Directory:
<https://providerdirectory.aidsinstituteny.org>

OMD initiatives include:

- The **Health Equity Initiative** is charged with implementing a range of education and training interventions to build the capacity of health and human services providers, health care facilities, and community-based organizations (CBOs) to employ a health equity framework in their work. Healthy People 2020 defines health equity as the “attainment of the highest level of health for all people” and health disparity as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.” Achieving health equity requires: understanding the larger social determinants of health; raising awareness about data indicating health disparities; recognizing the historical and social underpinnings of these disparities; engaging communities that have experienced health disparities in setting priorities for action; providing tools to help providers address unconscious bias; enhancing partnerships; supporting leadership development; and promoting change at the community level, organizational level, and individual provider level. The initiative will develop educational materials for health and human services providers on health equity-related topics in a variety of formats, including resource lists, fact sheets, slide sets, annotated bibliographies, on-line trainings, webinars and in-person trainings.
- The **NYS Quality of Care Program** is a capacity building initiative that accelerates measurable and continuous progress toward effective consumer-centered HIV services. In collaboration with external stakeholders and affected HIV communities, the program has become a recognized leader in improving outcomes and quality of life for people living with HIV. It sponsors adult and youth consumer advisory groups; learning networks and peer learning activities; regional groups to identify local priorities and foster clinical and non-clinical agency coordination; a web-based program, eHIVQUAL, for data collection, analysis, and reporting; and quality program standards and assessments.
- **New York Links (NYLinks)** supports the development of innovative models of linkage and retention. The mission of NYLinks is to create, evaluate, and improve systemic models of care that optimize internal and cross-agency HIV-

related services to improve linkage to care, retention in care, and viral load suppression for people living with HIV. NYLinks achieves this through the development of regional collaboratives composed of health care and supportive services providers to create a learning environment in which organizational and regional improvement innovations can be tested and measured. The goal of NYLinks is improvement. Building from the organizational level, and with a public health overlay, NYLinks strives to develop connections that expand improvement into the community and region. Peer sharing is a critical component of NYLinks work.

- The **Part A HIV Quality Management Program** is a partnership with the New York City Department of Health and Mental Hygiene that focuses on building quality management capacity in programs receiving Part A funding in the New York Eligible Metropolitan Area, which includes New York City and Westchester, Rockland, and Putnam counties. Mutual program goals are to improve the quality of supportive services, strengthen provider infrastructure, promote intersectional patient equity, and facilitate improvement activities at every stage along the HIV care continuum.
- The **Clinical Guidelines Program** develops and disseminates guidelines. The program has continuously addressed the HIV care and prevention needs of clinicians, supportive service providers and consumers in New York State. The program is intended to support clinicians who treat people with HIV as well as those involved in preventing HIV, and those who manage patients with viral hepatitis and sexually transmitted infections. The program also addresses LGBTQ health and substance use.
- The **Clinical Programs** provides clinical expertise to other DOH programs and supports medical providers as they incorporate innovations in biomedical HIV prevention and HIV clinical care such as post exposure prophylaxis (PEP), PrEP in high-risk populations, and rapid initiation of ART (RIA) in persons newly diagnosed with HIV. The program encourages adoption of best practices for quality care, disseminates and reinforces implementation of NYSDOH AI clinical guidelines, and provides clinical consults through the NYS PEP hotline, expanded sexual health clinics in local health departments, and RIA coordination and provider detailing.
- The **Clinical Education Initiative (CEI)** enhances the capacity of New York's diverse health care workforce to deliver clinical services to improve health outcomes related to HIV, STIs, hepatitis C (HCV), LGBTQ, and drug user health. CEI provides both in-person and the latest distance learning and digital health technologies to provide progressive education to clinicians; disseminate AIDS Institute clinical practice guidelines; expand the base of providers able to diagnose and care for HIV, HCV, sexual health, and drug user health patients; and foster partnerships between community-based providers and HIV, HCV, sexual health, and drug user health specialists. CEI collaborates with other

educational organizations to maximize local resources and reach providers throughout New York State with an emphasis on keeping pace with advances in science, policy, program development, and emerging strategies to improve health outcomes.

- **HIV/STI/Viral Hepatitis Education and Training Services** offers a wide range of training opportunities to non-physician health and human services providers in the provision of effective HIV, STI, HCV, LGBTQ, and drug user health prevention, screening, care, and support services. Emphasis is placed on keeping pace with advances in science, policy, program development, and emerging strategies to improve health outcomes.
- The **Materials Initiative** coordinates an HIV/STI/Viral Hepatitis educational materials development and distribution program through which new materials are produced and existing materials are updated. Consumer materials are offered in a variety of languages and formats, including brochures, posters, bookmarks, wallet cards, magnets, scratch-off cards, and booklets. Materials are designed to appeal to several specific target audiences including adults, women, children, adolescents, older adults, faith communities, people who use drugs, and people living with HIV/AIDS. Materials are developed with considerable input from members of the intended target audiences.
- The **Northeast/Caribbean AIDS Education and Training Center (AETC) Oral Health Regional Resource Center** addresses the varied needs and services associated with dental health care for persons with HIV in New York, New Jersey, Puerto Rico, and the US Virgin Islands. The AIDS Institute offers guidelines intended to provide dentists and other primary care team members with important clinical information to address the oral health needs of HIV patients in a multidisciplinary manner.
- The **Digital Health Technology and Communications Initiative** explores issues in digital health communications, data utilization, and point-of-care tools and strategies. Since 2010, in conjunction with federal and other partners, the AIDS Institute's Digital Health/Social Media Workgroup has sponsored a range of activities for funded community organizations, clinicians, and AI staff, including conferences, workshops, presentations, strategic planning, and other initiatives.
- The **Leadership Training Institute (LTI) for HIV, HCV, Drug User Health, and PrEP** is a statewide capacity building program that strengthens the presence of the consumer voice within prevention, health care, and support services delivery systems, as well as in the larger community. LTI graduates serve as community leaders who participate in NYSDOH AI community involvement opportunities and provider-specific consumer advisory boards (CABs), quality improvement teams, and other committees. LTI graduates are prepared to pursue further training to become a NYS Certified Peer Worker.

The **Division of Epidemiology, Evaluation and Partner Services' (DEEP)** mission is to prevent HIV and STIs and strengthen care outcomes for priority populations through coordinated public health programming, HIV surveillance, evaluation, and research. DEEP serves as a leader in collecting and translating HIV data into accessible and useful information, empowering people with actionable knowledge, and advancing evidence-based practices in public health programming. DEEP provides mission-critical functions to the NYSDOH related to the conduct of HIV surveillance, HIV/STI partner services and supplemental activities. The division coordinates the AI HIV outbreak investigations working closely across AI units. DEEP plays a major role in the NYSDOH AI ETE initiative and is responsible for providing the data needed for ETE metrics that are critical for measuring progress. DEEP collaborates closely with programs in the AI and plays a major role in developing, tracking, and reporting on ETE metrics. DEEP-collected data are used by the CDC to track the state and national epidemic and by the Health Resources and Services Administration (HRSA) to monitor HIV care and treatment. The data also provide a basis for determining the amount of federal funds New York (NY) receives for HIV-related prevention and treatment programs.

- The **Bureau of HIV/AIDS Epidemiology (BHAЕ)** conducts routine HIV and AIDS surveillance, innovative surveillance projects such as collaboration with regional health information organizations (RHIOs), and special HIV/AIDS epidemiologic research, including behavioral surveillance of persons at risk for HIV and interview studies of persons receiving medical care for HIV. The Bureau leads the NYSDOH efforts for public health intervention in the identification of and surveillance response to clusters of HIV transmission using space/time and molecular HIV methods. BHAЕ participates in the CDC-sponsored Medical Monitoring Project (MMP), an expanded surveillance project which collects information on persons with diagnosed HIV infection. Locally, MMP data are used to measure the quality of HIV health care, the occurrence of mental health disorders, drug and alcohol usage, stigma, barriers to care, and clinical outcomes. MMP also uses this information to provide participants with referrals to health care and supportive services. BHAЕ participates in the National HIV Behavioral Surveillance (NHBS) project, an anonymous multi-state personal interview survey of persons at high risk for HIV on Long Island. NHBS data are used to develop and direct the evaluation of national and local HIV prevention services and programs, including targeted testing initiatives, PrEP utilization, and syringe exchange programs (SEP). Data dissemination activities allow the NYSDOH and community agencies to monitor and track the HIV/AIDS epidemic in NYS.
- The **Bureau of HIV/STD Field Services' (BHSFS)** primary goal is to prevent and reduce the incidence of HIV and STIs including syphilis, gonorrhea, and chlamydia. Critical to achieving this goal is the delivery of disease prevention services by NYSDOH staff such as education and counseling, disease screening, case investigation, partner notification, interviews, risk reduction counseling, referrals to care, and condom distribution. Staff collaborate with providers who

diagnose and treat individuals with HIV and/or STIs to promote and expedite Partner Services. HIV testing and linkage to care is a key intervention offered through Partner Services to assist partners of people living with diagnosed HIV infection and/or recently testing positive for other STIs in learning their HIV status and accessing HIV medical care, PrEP, and other needed prevention and care services. Anonymous HIV counseling, testing and Partner Services are also provided for those in custody of the NYS Department of Corrections and Community Services (DOCCS).

The **Office of Sexual Health and Epidemiology's (OSHE)** mission is to serve as a leader in sexual health through innovative public health practice and ethical use of data to promote sexual positivity and provide resources that directly and indirectly influence all individuals to live a sexually healthy life. The OSHE's vision is to individualize and normalize sexual health; ensure the prevention, treatment, and elimination of STIs; and implement holistic community impact.

OSHE ascribes to the American Sexual Health Association (ASHA) definition of sexual health as, "the ability to embrace and enjoy our sexuality throughout our lives." Through internal and external collaboration, the OSHE leverages surveillance, research, practice, and program evaluation and analytics to inform data-driven sexual health programming and policy formulation. OSHE is comprised of two units:

- The **STI Surveillance and Special Projects Unit (SSPU)** is responsible for the oversight of STI surveillance and reporting from the 57 counties in New York State (NYS) outside of New York City (NYC). The SSPU works closely with county and local health departments (LHDs) along with other external partners to collect, process, and analyze STI data related to chlamydia, gonorrhea, and syphilis (including congenital syphilis); monitor overall STI trends and develop standards for the reporting and reduction of morbidity; advise on STI outbreak management; educate and update on new treatment recommendations; and test modalities provided by the CDC. Additionally, the SSPU supports Partner Services activities by serving as the stewards for programmatic data, providing metrics and reports related to Partner Services activities in partnership with the Bureau of HIV/STI Field Services (BHSFS), and serving as the main point of contact for [Interstate Communications Control Records \(ICCR\)](#) communications. Further, as an adjunct to disease prevention efforts, the SSPU also focuses on research and evaluation activities to inform programming and prevention.
- **Sexual Health Education, Research, Policy, Programming, and Administration (SHERPPA) Unit:** OSHE's education subunit creates, develops, and maintains accurate, complete, data-informed, and culturally responsive messaging in brochures, fact sheets, health alerts, position statements, social media, the [NYSDOH STI website](#), and other educational materials targeted to specific populations, health care providers, and the general public. Research and policy are determined based on current NYS trends as they relate to STI outcomes. Key projects include Expedited Partner Therapy (EPT), best practices

for third trimester screening for pregnant persons, transgender health, and COVID-19 impacts on STIs. Administration also serves as a liaison and assists in supporting community-based organizations, providers, and contract managers by providing funding for men who have sex with men (MSM) programs, STI monitoring and control for LHDs, and staff efforts related to STI activities.

Collaboratively, OSHE has three key programs that support sexual health practice:

- **STI Prevention and Control** is funded by the CDC to assist LHDs to prevent and control the spread of reportable STIs (chlamydia, gonorrhea, and syphilis) within high impacted communities by utilizing surveillance data and epidemiology to influence priority strategies and activities. Priority strategies and activities include STI surveillance; disease investigation and intervention; screening, diagnosis, and treatment; prevention and policy; and data utilization for program improvement.
- The **Health NY Disease Intervention Training Center (DITC)** is one of four regional Training Centers funded nationally by the CDC. The DITC delivers both nationally standardized intensive Partner Services training, as well as disease intervention specialist workforce assessment, development, and evaluation. DITC initiatives include public health detailing, cross training for public health response/outbreaks, and expanded roles for disease intervention specialists in linkage to care.

The DITC currently offers COVID-19 virtual skills-based training for case investigation and contact tracing. The goal of the program is to rapidly and effectively train staff to support public health systems throughout the United States (US) as they mobilize to address COVID-19. This program capitalizes on the experience of the national network DITC member regional training centers in rapidly mobilizing resources to develop a robust outbreak response effort <https://www.nnditc.org/>.

- **STI Safety Net Services:** LHDs, family planning clinics and community health centers are established providers of safety net services, including STI screening and treatment, for uninsured and underinsured persons as well as other high priority populations. OSHE works closely with LHDs, particularly those in high morbidity counties, to ensure appropriate services are provided as required by statute and regulation. OSHE currently supports STI screening in 85 selected safety net provider sites through contractual support of laboratory providers, thereby reducing the cost of services to the clinical provider and patient.

The **Center for Program Development, Implementation, Research and Evaluation (CPDIRE)** is comprised organizationally of the Office of Program Evaluation and Research and the Center for Quality Improvement and Innovation. CPDIRE was established in 2019 and works with programs throughout the AIDS Institute to:

- Direct the AIDS Institute Programming Group (AIPG)
- Coordinate research and evaluate AIDS Institute programs
- Develop new programming to support Ending the Epidemic Beyond 2020 initiatives
- Manage Ryan White quality management/quality improvement (QI) and support internal QI efforts
- Compete for new grant opportunities
- Grow academic partnerships
- Operate and expand national training centers
- Disseminate best practice through internal reports, presentations, and publications in peer-reviewed journals

CPDIRE serves as a liaison to the SUNY Albany School of Public Health Center for Collaborative HIV Research in Practice and Policy (CCHRPP). CCHRPP leverages unique partnerships to expand collaborations to address social justice and public health challenges of persons at risk for or living with HIV and related diseases. CPDIRE works to advance CCHRPP goals and objectives, including: conducting research that translates into policies, programs, and practices; creating academic programs and internships that prepare students for careers in public health; providing continuing education for professionals; hosting seminars and partnering with collaborating institutions to share research that addresses social justice and public health challenges of persons at risk for or living with HIV and related diseases; and establishing thought leadership to achieve completion of New York’s aggressive “End the Epidemic” initiatives for HIV and hepatitis C.

- The **Office of Program Evaluation and Research (OPER)** conducts comprehensive, coordinated, and innovative program evaluation and research in multiple AIDS Institute program areas, with the aim to enhance the quality of HIV, STI, hepatitis C, and opioid overdose prevention services, clinical care, and service delivery systems in New York State. OPER works alongside AIDS Institute programs to: develop evaluation protocol, implement data collection, perform data analysis, and present program-specific findings; provide technical assistance with grant applications, Institutional Review Board (IRB) applications, evaluation planning, sample selection, development of data collection tools, maintenance of databases, data analysis training, and manuscript development; produce informational products in support of program planning and policy development; and conduct reviews of scientific and professional literature.
- The **Center for Quality Improvement and Innovation (CQII)** serves as a national technical assistance resource to Ryan White HIV/AIDS Program (RWHAP)-funded recipients and subrecipients to measurably strengthen local clinical quality management programs to impact HIV health outcomes. CQII provides four levels of technical assistance to RWHAP recipients and subrecipients: information dissemination; training and educational forums; on and off-site consultation; and communities of learning collaboratives to address HIV-related public health priorities.

The **Office of Drug User Health (ODUH)** houses several initiatives, each aligned with the philosophy and practices of harm reduction (HR). HR recognizes that people engage in drug-related and sexual behaviors that carry a risk for harm, including HIV and HCV infection, opioid overdose and, sometimes, death. HR empowers individuals to mitigate these risks in ways that protect themselves, their partners, and their communities. Each ODUH initiative offers client-centered services that are guided by non-judgmentally engaging people in the context of their lived experience. Basic HR services are a bridge for many clients who seek medical care, housing, drug treatment, and related services. ODUH's initiatives include:

- The **Syringe Exchange Programs (SEPs)** reduce transmission of HIV and HCV among persons who inject drugs (PWID) by furnishing new, sterile syringes to enrolled participants, enabling them to use a new syringe for every injection. SEPs also facilitate the collection and disposal of used syringes. There are currently **25 approved SEPs** in New York State (NYS), offering services through multiple sites and models including office based, street based, mobile van, community outreach, peer-delivered syringe exchange (PDSE), and by special arrangements (SA). To complement the work of SEPs, community-based organizations (CBOs), local health departments (LHDs) and health clinics have the option to become Second-tier Syringe Exchange Programs (STSEPs). Agencies have the option to apply to add syringe exchange to the array of services they currently offer to allow individuals served to obtain syringes, if requested.
- The **Expanded Syringe Access Program (ESAP)** enhances access to new, sterile syringes through pharmacies, health care facilities, and health care practitioners which have registered with NYS Department of Health. Under this program, up to ten syringes per transaction may be sold or furnished to a person 18 years of age or older without a prescription.
- The **Safe Sharps Collection Program** expands settings for the disposal of used needles and other sharps. Through this program, pharmacies, health clinics, CBOs, public transportation facilities, housing projects, police stations, bus depots and other venues have become sites for sharps collection. Sharps collection kiosks and wall-mounted units are provided free of charge to registered sites. The program also provides small personal sharps containers (Fitpacks) that may be disposed of with regular garbage.

New York State has achieved the near eradication of HIV incidence among PWID by increasing access to sterile syringes and options for their safe disposal.

- The **Opioid Overdose Prevention (OOP) Programs**, first authorized in April 2006, train non-medical persons to recognize opioid overdoses and to respond appropriately by calling 911 and administering naloxone, the antidote to reverse overdoses. Currently, over 800 registered programs offer training and either provide naloxone at no cost to persons they have trained or refer these individuals

to pharmacies to obtain their naloxone. Through the State's Naloxone Co-payment Assistance Program (N-CAP), individuals with prescription drug coverage as part of their health insurance have their co-payments of up to \$40 covered, resulting in no or lower out-of-pocket expenses. Trained responders include individuals who are themselves at risk for an overdose, their family and friends, individuals working for agencies providing services to individuals at risk for an overdose, and others in the community who may be positioned to intervene in an overdose.

- The **Buprenorphine Access Initiative** reduces fatal overdoses by increasing access to buprenorphine. Buprenorphine is an effective treatment for opioid use disorder (OUD). It prevents drug withdrawal, blocks, or diminishes the effects of other opioids, and prevents the powerful cravings that accompany the reduction of opioid use. The risk of an opioid overdose is also reduced for persons taking buprenorphine. Expanded points of access to buprenorphine include SEPs, drug user health hubs (DUHH), primary care, emergency departments and urgent care, Federally Qualified Health Centers (FQHCs), CBOs, correctional facilities, and re-entry programs.
- The **Drug User Health Hubs (DUHH)** provide a welcoming, non-stigmatizing, low-threshold setting that improves the availability and accessibility of medications for opioid use disorder (MOUD), as well as primary care, mental health services and referrals, and linkage to an array of other health care and supportive services for persons who use drugs (PWUD). Some DUHH also conduct anti-stigma trainings and work with various partners such as law-enforcement agencies, jails, and hospitals to receive direct referrals. The low-threshold nature of the DUHH makes them excellent resources for families to refer loved ones.
- The **Suicide Prevention Program** is working to improve the timeliness of surveillance of nonfatal and suicide-related outcomes and disseminate surveillance findings to key stakeholders working to prevent or respond to suicide and nonfatal suicidal behaviors.
- The **Local Health Department (LHD) Initiative** plays a critical role in responding to the opioid epidemic in New York State. ODUH funds 24 LHDs in counties with the highest overdose rates in the state. The LHDs are liaisons to partners in various settings, including primary care, corrections, emergency departments, and public safety, and use multiple strategies, such as establishing linkages to care, provider and health system support, and empowering individuals.
- **Post Overdose Follow-up** provides navigator services to individuals who have survived an overdose. The program also provides services to family, friends and associates of people who have died of an overdose and who are also at risk of experiencing a fatal overdose.

The **Office of Grants and Data Management** has primary responsibility for managing the Ryan White Part B grant; participating in national HIV/AIDS care policy deliberations; managing health care and supportive services data systems; directing the development and management of the AIDS Institute Reporting System (AIRS), the AIDS Institute Data Application (AIDA), and the SAP Business Intelligence reporting interface; directing the development and management of the ETE Dashboard; and oversight of the Information Systems Office (ISO) and the Office of Data Systems Development and Reporting (ODSDR).

- The **Information Systems Office (ISO)** provides information technology and system development services to AIDS Institute programs in support of their business processes and information needs, with equal emphasis on maintaining the confidentiality, integrity, and accessibility of information. ISO also collaborates on statewide IT initiatives with the NYS Office of Information Technology Services. ISO is responsible for providing technical assistance and system support for the AIDS Institute's information systems. Responsibilities include the management and maintenance of the AIDS Institute technology infrastructure, the administration of local and wide area networks, technology purchasing, establishing, and maintaining remote work capabilities for staff, and a variety of other technical support services.
- The **Office of Data Systems Development and Reporting (ODSDR)** develops, maintains, and provides training on information systems for service providers and coordinates required data submissions for federal and State reporting. The office is responsible for the design, testing, and training for the AIDS Institute's main provider service data reporting platform – the AIDS Institute Reporting System (AIRS).

The **Office of Administration and Contract Management (OACM)** is responsible for setting AIDS Institute (AI) policy and oversight of all AI activities related to grants and contract management, budget development, fiscal management, and operations management. The Office carries out key activities necessary to ensure that AIDS service dollars from all sources, including State, the CDC, and HRSA funds, as well as Medicaid, are devoted to the development and implementation of a full continuum of HIV, STD, hepatitis C, LGBTQ, and drug user health services throughout New York State.