About the AIDS Institute 2009

Department of Health

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NEW YORK STATE DEPARTMENT OF HEALTH
2009

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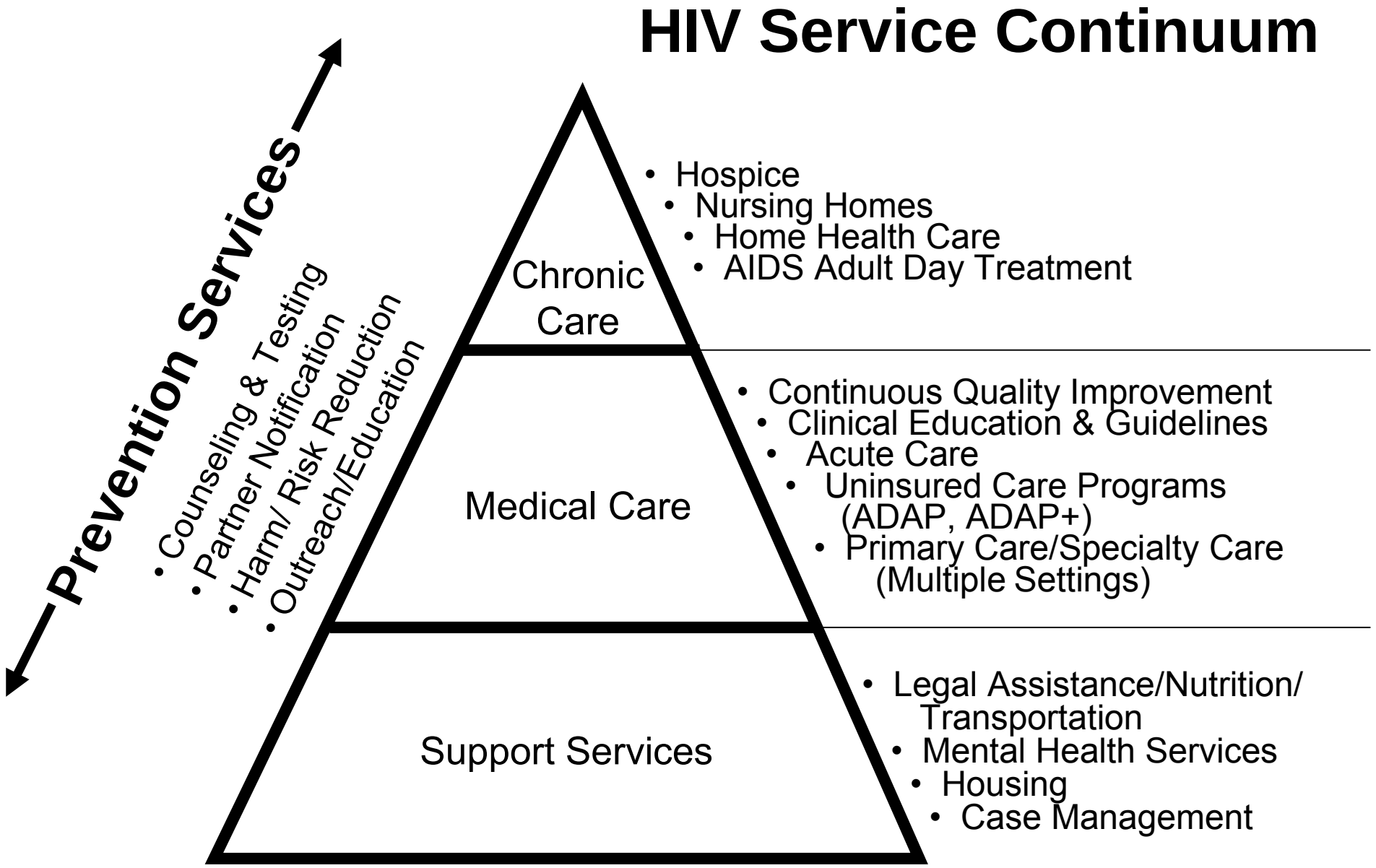
The AIDS Institute
New York State Department of Health

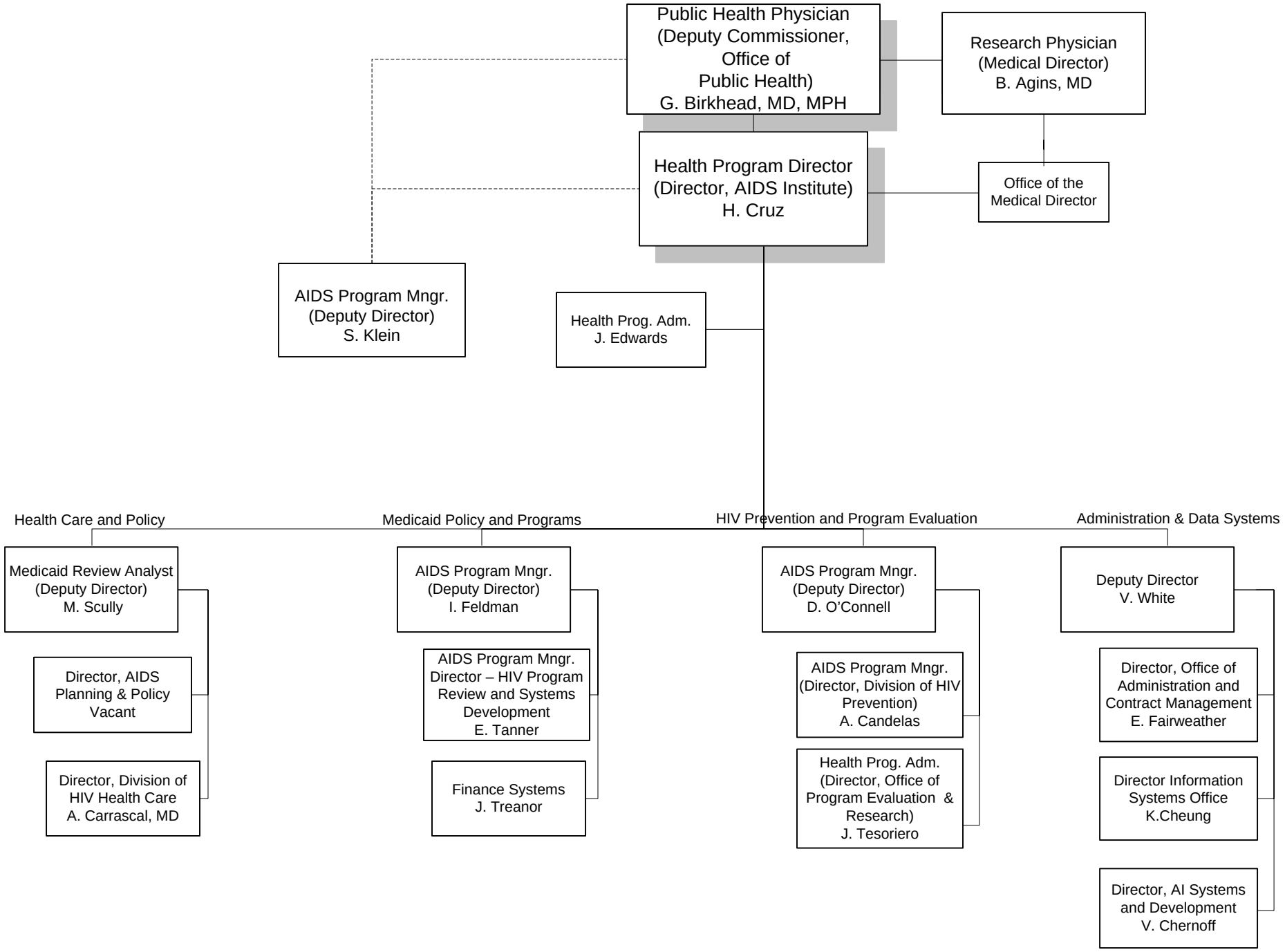
Statement of Mission and Vision

Mission
The AIDS Institute provides leadership to alleviate the human toll of the HIV/AIDS epidemic through programs, policies and partnerships that exemplify compassion and empower individuals, communities and institutions.

Vision
Guided by science and innovation, community input and compassion, the AIDS Institute strives to: eliminate new HIV infections; ensure early diagnosis and ongoing access to quality care, support and treatment for all infected; provide support for those affected; and eradicate stigma, discrimination and disparities in health outcomes.

New York State - The Evolving Continuum of Care

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COMMUNITY SERVICE PROGRAMS

In response to the growing HIV/AIDS epidemic in New York State, the Community Service Programs (CSPs) were established in 1984 to serve as the first community-based organizations dedicated to providing:

- a comprehensive array of HIV/AIDS specific prevention interventions and client services for HIV infected and affected individuals within a clearly defined geographic area;
- training and technical assistance to local health and human service providers to assist in program and organizational development activities;
- a service delivery system responsive to those with HIV and those at risk; and
- leadership in developing a comprehensive regional program that identifies changing and emerging needs and addresses service gaps.

Community Service Programs are an important part of the HIV service continuum in New York State. There are fourteen CSPs, each with a variety of services designed to meet HIV prevention and client service needs of HIV infected and affected individuals. The services provided by the CSPs include:

- outreach activities that engage individuals most at risk for HIV, those who are HIV infected and not currently engaged in health care, and those who do not yet know their HIV status;
- comprehensive risk counseling and services, individual and group level interventions that are designed using science or evidence-based risk reduction strategies, include a skills-building component, and offer support for long-term behavior change;
- health communication and public information interventions that deliver HIV prevention messages and promote HIV programs and community events to increase awareness, build general support for safe behaviors and support personal risk reduction efforts;
- community-level interventions that influence community norms, attitudes and practices in support of reducing risk behaviors;
- case management that assists clients in receiving timely coordinated services; support services, including treatment adherence education, housing assistance, transportation, support groups, counseling, legal advocacy, emergency assistance, provision of food/meals;
- support services, including support groups, for persons living with HIV/AIDS and for affected family members; and
- referrals to services not provided directly by the CSP, including HIV counseling, testing and partner notification; primary care; AIDS Adult Day Health Care; permanency planning; food and clothing; respite care; and other services needed by the client.

Community Service Programs have a regional approach to service delivery through satellite service delivery sites, collaboration with local health units, local governments, businesses, and other community-based organizations. They are designed to be accessible and responsive to the needs of the diverse populations and subpopulations most impacted by HIV/AIDS. CSPs facilitate early access to HIV prevention and the continuum of care for people infected and affected by HIV, including those who might not seek services until they become severely ill.

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MULTIPLE SERVICE AGENCIES

The AIDS Institute established the Multiple Service Agency (MSA) Initiative in 1992 in response to the disproportionate impact of HIV in New York's communities of color and in recognition of the strong role that community-based agencies have had in successfully reaching those impacted communities.

MSA funding enables existing community-based organizations serving communities of color to expand their service capacity to provide HIV-related services. MSA funding assists contractors in developing agency infrastructure to support the delivery of HIV prevention and service programs including risk reduction education, peer programs, and case management. Funding also assists contractors in developing a coordinated community response to the HIV/AIDS-related needs of people of color.

Currently, thirty-four MSAs provide services to reach African Americans, Hispanics, Asians and Pacific Islanders, Native Americans, Caribbean women, high-risk youth, homeless men and women living on the street or in shelters, men who have sex with men, people who identify as transgender, and other populations that might not readily access the traditional service delivery/care systems.

Services provided by the MSAs include:

- outreach activities that engage individuals most at risk for HIV, those who are HIV infected and not currently engaged in health care, and those who do not yet know their HIV status;
- individual and group level interventions that are designed using science or evidence-based risk reduction strategies, include a skills-building component, and offer support for long-term behavior change;
- health communication and public information interventions that deliver HIV prevention messages and promote HIV programs and community events to increase awareness, build general support for safe behaviors, and support personal risk reduction efforts;
- community level interventions that influence community norms, attitudes, and practices in support of reducing risk behaviors; and
- program development and capacity-building activities that support the overall organizational structure and directly support the design, implementation, and evaluation of HIV prevention interventions.

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ANONYMOUS HIV COUNSELING AND TESTING PROGRAM IN COMMUNITY AND CRIMINAL JUSTICE SETTINGS

The Anonymous HIV Counseling and Testing (ACT) Program, managed by the Bureau of Direct Program Operations, was established in 1985 to provide free, anonymous, HIV counseling and testing to individuals at risk for HIV infection. In addition to direct services provided to clients in community and correctional settings, HIV/STD prevention education, outreach and field services are conducted. Client-centered counseling sessions are tailored to address individual client needs. Client-centered counseling includes an HIV risk assessment, assistance in developing a risk reduction plan and skills for negotiating safer sex and safer drug use behavior. Testing method options include rapid HIV testing with confirmatory testing offered immediately to clients that have a reactive screening result. In addition, other support services and referrals are delivered to assist clients and enhance access to care.

Individuals who test HIV positive are provided with partner counseling and notification assistance. Based on client preference they are either directly linked, or referred, to medical and ancillary services. Though the program does not require names to conduct testing, those who test HIV positive are encouraged to change their test result from anonymous to confidential status. This action facilitates access to medical and social services without the need to retest. Follow-up appointments are scheduled for all HIV positive clients to assure their success in accessing services to which they were referred, to help them develop strategies that overcome barriers to care, to make additional referrals to needed services, and to assist in partner notification and risk reduction strategies.

The program utilizes a community-based strategy specifically designed to reach individuals at high risk. To increase the availability and accessibility of services, walk-in and evening clinics operate in high seroprevalence areas. In addition, special initiatives targeting high risk populations, and the use of regional referral arrangements with community-based providers, increase the potential for those at risk to receive information about testing options and be encouraged to test. Clients can easily access information about HIV/AIDS and the availability of local testing by calling the program's statewide toll-free hotlines.

Since 1989, through a Memorandum of Understanding between the NYS Department of Health and the NYS Department of Correctional Services, the AIDS Institute has provided HIV/STD prevention education and HIV counseling and testing to inmates in state facilities. The AIDS Institute also provides technical assistance to correctional health services on testing and early HIV identification and access to care. Technical assistance is also provided to community based and local public health agencies.

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CRIMINAL JUSTICE INITIATIVE

The Criminal Justice Initiative (CJI) was developed in response to the emerging prevention and service needs of HIV infected and at risk detainees, inmates and ex-offenders in New York State. Its goal is to provide a comprehensive, seamless continuum of quality HIV prevention and supportive services to individuals in a correctional setting and ex-offenders returning to their home communities. These services are designed to diminish HIV transmission and improve the health and well-being of individuals living with HIV/AIDS. The CJI uses multiple strategies to ensure effective service delivery.

The services provided in correctional settings may include HIV prevention interventions, peer educator training, anonymous HIV counseling and testing (with the option to convert to confidential), HIV supportive services, and transitional planning. One or more of these services may also be provided to incarcerated or detained individuals in select youth facilities and local county correctional facilities. This initiative also funds community-based organizations to provide re-entry assistance for ex-offenders living with HIV/AIDS. Services include transportation, supportive services, risk reduction counseling, coordination of health and human services, and referral to community case management.

In state correctional facilities the CJI supports the Prison HIV Hotline. This hotline offers state inmates the opportunity to call collect for HIV information and counseling. The hotline is also a clearinghouse for HIV-related information and provides referral services for HIV positive inmates upon release.

The Criminal Justice Initiative is a compliment to the HIV prevention and support portfolio of the Department of Correctional Services (DOCS). DOCS also facilitates the provision of HIV prevention information and related activities to DOCS staff and inmates in State correctional facilities. The collaboration between DOCS and the AI was established to educate civilian, officer staff and inmates in the State prison system about HIV transmission, risk reduction, and the importance of early medical intervention for HIV infected persons; to provide anonymous and confidential HIV counseling and testing services for inmates on a voluntary basis; and, to provide ongoing resource capability at numerous facilities through staff and peer training.

The services provided by funded community-based contractors, AIDS Institute staff and DOCS health services staff are the result of a strong collaborative effort. In facilities served by DOH and its contractors, HIV testing is promoted during inmate orientation and education classes. Anonymous and confidential HIV testing is offered to inmates on a voluntary basis. While confidential testing is available through DOCS health services staff, inmates who test anonymously have the option of changing their test results to confidential status, allowing for their test results to be placed directly in their DOCS medical records. Referrals to DOCS Health Services for treatment and follow-up are made directly for those HIV positive inmates who opt to change their test results to confidential without the need for retesting.

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LESBIAN, GAY, BISEXUAL AND TRANSGENDER HIV INITIATIVE

In 1994, the AIDS Institute developed the Lesbian, Gay, Bisexual, and Transgender (LGBT) HIV Prevention Initiative. This initiative supports the provision of effective behavior-based HIV prevention interventions and HIV-related supportive services - including alcohol, substance use and mental health counseling - that address the needs of gay men/men who have sex with men (MSM), lesbians/women who have sex with women (WSW), persons who have sex with multiple genders, and transgender individuals.

Seventeen organizations are funded under the initiative to implement programs designed to achieve the following goals:

(1) Increase the number of high-risk LGBT individuals who know their HIV serostatus;
(2) Assist HIV-infected LGBT individuals with access to health care and supportive services as early as possible; and
(3) Increase the number of HIV-infected and high-risk LGBT individuals who access primary HIV prevention interventions to increase the use of condoms and to positively influence the individual's knowledge, attitudes, beliefs and behaviors regarding HIV/AIDS transmission.

To achieve these program goals, contractors employ a range of HIV prevention strategies, including:

- Outreach—conducted in the community and targeting high-risk sub-populations of LGBT individuals to promote and facilitate access to HIV counseling and testing services, individual- and group-level HIV/AIDS/STD education and risk reduction counseling, and other HIV prevention interventions and supportive services provided by the agency and elsewhere in the community.

- Individual- and Group-level HIV Prevention Interventions—single or multiple sessions of health education and HIV and STD risk reduction counseling tailored for and targeting LGBT individuals who are at very high risk for HIV infection. Interventions are designed to assist individuals with developing skills to adopt healthy behaviors and to support his/her efforts to reduce or prevent the risk for HIV infection or transmission. Interventions also facilitate the individual's access to HIV counseling and testing services, health care and social support services to improve the person's quality of life.

- Community-level HIV Prevention Interventions—designed to improve the health of LGBT individuals through a focus on specific sub-populations of the community. Interventions serve to increase community awareness of HIV/AIDS and adoption of behaviors known to reduce or prevent the risk for HIV infection or transmission by influencing the social norms, shared beliefs and values held by members of the community. Interventions may also address the underlying policies and socio-economic factors that contribute significantly to community members' risks for HIV infection and transmission. Community-level HIV prevention interventions include community

mobilization efforts, community-wide events, and presentation and distribution of HIV/AIDS educational information.

- HIV counseling, testing and referral services either directly or through a collaborative agreement with a provider of these services.

In addition to the programs funded under the LGBT HIV Prevention Initiative, the AIDS Institute contracts with various community-based HIV service organizations throughout New York State to provide a broad range of HIV prevention and supportive services to LGBT communities. These programs are supported with funds awarded under the Communities of Color Peer Initiative, the Community Service Program Initiative, the Multiple Service Agency Initiative, as well as with Ryan White Title II funds.

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LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) HEALTH & HUMAN SERVICES INITIATIVE

While many of the health and human service needs of LGBT individuals are similar to the population at large, many LGBT individuals experience a variety of factors and barriers that impact their access to, and interaction with, the health and human services system. Because of general lack of knowledge by the health care system related to LGBT sexuality, gender identity, and gender expression, LGBT individuals may neglect routine screenings and/or delay treatment for chronic illness. They may avoid mainstream service providers out of fear that sharing information about their lives and sexuality will subject them to rejection and discrimination. Even when LGBT individuals access health care, lack of knowledge and information sharing between LGBT individuals and their service providers may result in less than comprehensive assessment or treatment. In addition, service providers themselves may not be trained to recognize the stressors impacting LGBT individuals, couples and families. These stressors include, but are not limited to, "coming out," family disruptions, alcohol and substance abuse, violence, poor health, harassment in school and homelessness.

LGBT individuals, who are also part of communities that have historically experienced barriers and marginalization (e.g., people of color, transgender individuals, immigrants, women, low income individuals, the mentally ill and disabled), may face additional discrimination. The multiple obstacles of these and other target populations such as seniors, families served by the criminal justice system and youth compound the issues of isolation, access and quality health services.

The initiative is geographically diverse, with providers serving the LGBT community in regions throughout New York State from Long Island to Buffalo and many regions in-between. The initiative supports a broad and diverse range of services (non HIV-specific) including services for youth, seniors, mental health and substance abuse prevention, communities of color and lesbian specific projects. Several grants also support research on LGBT health and human services and education for the broader community of health providers on the health and human service needs of the LGBT community. One organization with a statewide reach is funded to provide or arrange for technical assistance and training for grantees; to develop and implement an annual conference for programs funded by this initiative and other emerging organizations; and to coordinate requests from State agencies for information and to promote awareness, sensitivity and knowledge of LGBT issues and concerns.

The primary objectives of the initiative are:

- To improve access to health and supportive services for LGBT individuals, their families and members of their support systems;
- To improve the health outcomes and quality of life for LGBT individuals;
- To enhance the capacity of organizations and communities to serve LGBT individuals, their families and members of their support systems; and
- To increase community awareness of the health and human service needs of LGBT individuals, their family members and members of their support systems.

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HARM REDUCTION INITIATIVE

Injection drug use is a primary risk factor for new AIDS cases in New York State. To date, the number of injecting drug users with AIDS is reported to be more than 71,000. The AIDS Institute recognizes that harm reduction strategies are needed to prevent the transmission of HIV to substance users, their sexual partners, and children.

The Harm Reduction Initiative supports comprehensive and complementary services with funds from the Centers for Disease Control and Prevention (CDC), the Ryan White CARE Act Parts A and B, and the New York State Department of Health (NYSDOH). Harm Reduction Initiative contractors receive funding from a combination of these sources to provide an array of services to substance users, their families, and communities. The CDC funds HIV prevention services to substance users including outreach, interventions delivered to individual and groups, and support groups. Ryan White Part A funds harm reduction/recovery readiness/relapse prevention services to HIV positive substance users which includes intakes and assessment, individual and group counseling, support groups, acupuncture, referrals to health care, supportive services, and substance use treatment. The Mental Health Services in Harm Reduction Settings Initiative, also funded by Ryan White Part A, provides mental health services including psychiatric intakes and assessments, and individual and group interventions. Ryan White Part B funds counseling and supportive services targeted to special populations to address regional priorities. The New York State Department of Health funds comprehensive harm reduction/syringe exchange programs as described below.

In May 1992, the Department of Health filed emergency regulations for authorization to conduct hypodermic syringe and needle exchange programs. Section 80.135 of Title 10 of the State of New York Official Codes, Rules and Regulations provides the regulatory authority by which community - based, not-for-profit organizations, and government entities may be granted a waiver to obtain, possess, and furnish hypodermic syringes and needles without a prescription in programs designed to reduce the transmission of HIV. The target population is injection drug users (IDUs) who are not ready, willing, or able to abstain from drug use or enter substance use treatment programs. The regulations require that syringe exchange services be provided within a comprehensive harm reduction model, where clients can learn about risk reduction measures for themselves and their partners. Programs must elicit and obtain community support in order to receive approval for their waiver applications.

In addition to the provision of clean injection equipment, harm reduction services include:

- outreach and education on risk reduction practices related to sexual and drug-using behaviors;
- distribution and demonstration of male and female condoms and dental dams;
- distribution and demonstration of bleach kits and safer injection techniques;
- distribution of other harm reduction supplies and literature;
- provision of supportive services, HIV counseling and testing, partner notification assistance, case management, health care, legal, and housing services. Programs must provide referrals for these services if they are unable to provide them directly.

There are currently seventeen approved harm reduction/syringe exchange programs in New York State: thirteen in New York City, and one each in Buffalo, Rochester, Ithaca/Binghamton, and Mount Vernon. To date, approved programs have collectively enrolled more than 115,800 injection drug users (IDUs), 75% male and 25% female. Approximately 49% have been Latino, 25% African-American, 25% Caucasian, and 1% more than one race. Ninety-five percent of participants are over 30 years of age.

Program models include street-side services, mobile vans, storefront centers, walking teams, hospital-based program, and visits to single room occupancy hotels. Syringe exchange programs (SEPs) have shown a rapid and remarkable rate of growth along with strong evidence of effectiveness.

Researchers from the Baron Edmond de Rothschild Chemical Dependency Institute of Beth Israel Medical Center have conducted evaluations of New York State's syringe exchange programs. Following are some of the findings from their research:

- comparison of HIV among injection drug users (IDUs) show a significant decrease in transmission in IDUs. In 1990, it was estimated that 50% of IDUs were infected with HIV. In 2000, the percentage of infected IDUs had decreased to 20%. For 2002, it is estimated that there has been a further decline in HIV infection in IDUs to 13-15%.
- there is a 76% decrease in the buying or renting of syringes among SEP participants; and
- there is a 50% decrease in borrowing or sharing of used syringes.

The Beth Israel study also demonstrated that syringe exchange does not attract people to drug use. In fact, among SEP participants the frequency of injecting declined by 8%. Further, the findings show a threefold increase in the number of participants who use alcohol pads as a disinfectant before injecting. This practice results in a decrease in the number of injection-related infections.

The number of referrals provided by syringe exchange programs continues to increase. Over 158,800 referrals have been made to detoxification and substance use treatment programs, health care services, HIV counseling and testing, and social services.

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EXPANDED SYRINGE ACCESS PROGRAM (ESAP)

In May 2000, the New York State Legislature enacted Chapter 56 of the Laws of 2000 creating the Expanded Syringe Access Demonstration Project (ESAP). The purpose of this program is to reduce the transmission of blood borne diseases, including HIV and hepatitis, by enhancing access to clean (new) syringes. Under this program, up to ten syringes may be sold or furnished to a person 18 years of age or older without a prescription by pharmacists, health care facilities, and health care practitioners who have registered with the New York State Department of Health.

As of August 31, 2008, there were 3,261 registered ESAP providers. Of these registered providers, 1,298 (39.8%) are located in the five boroughs of New York City. The remaining ESAP providers were located outside of New York City. There are ESAP-registered providers in every New York State county with the exception of Hamilton.

Of the registered providers, 3,160 (96.9%) are pharmacies. Major pharmacy chains account for 2,194 (71%) of all registered pharmacies. Approximately 80% of all community pharmacies in New York State are registered. In addition to pharmacies, there are 101 other providers enrolled including 12 hospitals, 9 nursing homes, 29 clinics (Diagnostic and Treatment Centers), and 46 private practitioners.

It is estimated that in 2006, 133,500 syringes were furnished and 20,200 fitpacks were given out to clients for proper disposal of syringes. Another important component of ESAP is the promotion of safe sharps disposal. In New York State, all hospitals and nursing homes (930) are required by law to accept household sharps, but not all are convenient to customers. Pharmacies, clinics and health care practitioners that wish to accept household sharps for safe disposal must register separately with the New York State Safe Sharps Collection Program (NYSSSCP). There are over 115 agencies/facilities hosting kiosks or wall mounted sharps collection units in 20 counties. With the addition of 7 mobile van programs, the number of sites increased to over 135 sites. Venues for disposal include, landfills, waste transfer stations, community based organizations mobile vans, housing projects, a community college, a bus depot, an airport, federal hospitals and a police station. Extrapolation from data reported by collection sites yielded an estimated 23,612 pounds of syringes and other sharps collected during 2006.

A listing of registered ESAP providers by county, as well as sharps collection sites, is available at the New York State Department of Health website at:

http://www.health.ny.gov/diseases/aids/harm_reduction/needles_syringes/index.htm.

The website provides ESAP-related material including an overview of the law and regulations, information on ESAP for providers and consumers, guidelines to sell or furnish syringes without prescription, guidelines for health care facilities, and the application to register for ESAP. It also contains information on how to dispose of household sharps properly, the application for sites interested in accepting syringes for disposal outside a health care setting, and additional resources.

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PEER DELIVERED SERVICES

Peer education and support are highly effective means of providing HIV prevention education and personal empowerment to individuals at high risk of HIV infection and those who may not be engaged by traditional methods of outreach and education. Peer-delivered services recognize that prevention messages and service delivery are strengthened when delivered by those who share common characteristics with the priority population. These characteristics may include race/ethnicity, cultural background, language, age, gender, HIV status, risk behavior, or similar histories (e.g., individuals who have a history of substance use). The AIDS Institute supports peer-delivered services through the Peer Initiative as well as through other initiatives serving hard-to-reach and underserved populations. The AIDS Institute's Peer Initiative was first funded in 1994 and is supported by both state and federal funding.

Peer Initiative providers recruit members of target communities and provide them with training to become peer educators. Peer training activities vary by provider agency, but in general include: basic information on HIV/AIDS, sexually transmitted diseases (STDs), hepatitis and tuberculosis (TB); and HIV transmission prevention, and treatment. In addition, programs work closely with peers to continue the development of techniques to engage individuals at risk. Many programs also work with peers on presentation skills so that the material presented is accurate, culturally sensitive, and keeps the audience engaged and actively listening. All programs provide ongoing support and training for peers to reinforce healthy behaviors and programs ensure that they continue to feel comfortable in their role as peer educators.

Once trained, peer educators conduct outreach, education interventions, and on-going support in a variety of settings and to a variety of priority populations. Examples of Peer Initiative programs funded by the AIDS Institute include: a theater project that has adolescent peers conduct street outreach and interactive theater as a method to deliver HIV prevention education; a Hispanic agency that has adolescents, women and substance users provide HIV prevention education; a multi-service AIDS-specific agency that employs gay men who were former substance users to reach those actively using; a peer program for those within the correctional system; a prevention program that recruits Caribbean-born women to provide HIV prevention workshops; and a program that has peers who find and educate injection substance users.

In addition to agencies funded under the Peer Initiative, many other providers incorporate the use of peer models in service delivery.

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SPECIALTY TARGETED CONTRACTS

Specialty contractors are funded through a variety of initiatives and are categorized under the umbrella group 'Specialty Targeted Contracts.' These contracts are limited in scope and support the design and implementation of specialized services for designated populations and/or within specific geographic areas. Populations reached through these contracts include women, adolescents, persons living with HIV/AIDS, and select racial or ethnic minorities.

The intent of all specialty targeted contracts is to implement programs designed to reduce the spread of HIV/AIDS through the delivery of interventions that increase HIV/AIDS awareness, support long-term behavior change, and assist with effective service coordination.

Programs funded include a statewide Spanish language hotline, and a program to support community development for African Americans.

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PREVENTION SERVICES FOR ADOLESCENTS AND YOUNG ADULTS

New York State leads the nation in AIDS cases among adolescents and young adults. As of December 31, 2007, more than 4,600 young people (age 13-24) in New York State were living with HIV/AIDS; many were infected as teenagers. During 2007 alone, 697 young people received an initial HIV diagnosis. The impact of HIV on young people, along with the complex challenges confronting them, requires a vigorous and comprehensive strategy to assist young people in reducing their risk for HIV infection.

Adolescent HIV Prevention Services (AHPS) was created in 1994 to expand and strengthen HIV/AIDS prevention services for young people and to support these services with a comprehensive statewide strategy for program planning, development, delivery, and evaluation. Currently, AHPS funds 33 community and school-based programs that serve a broad spectrum of young people.

The providers funded by AHPS serve a diverse cross-section of adolescents and young adults (ages 13 to 24) including heterosexual youth; young people who are lesbian, gay, bisexual or transgender; young men of color who have sex with men; and young people from various socio-economic, racial, and ethnic groups. The primary target population is youth who are at risk for HIV infection, including young people who are homeless and out-of-school. The challenge for providers is to deliver prevention services tailored to the various populations to provide them with the knowledge, skills, and motivation to change behaviors that put them at risk for HIV infection.

Program Models

AHPS supports three primary HIV prevention program areas: community-based prevention; school-based prevention (from elementary through college); and a lesbian, gay, bisexual, transgender initiative. The prevention services provided in these program areas are delivered through a variety of methods and strategies including peer-delivered education and outreach interventions, intensive outreach and early intervention services targeting young men of color who have sex with men, the performing arts, adventure-based learning, parent education, positive youth asset development, service learning, social marketing, and interactive educational activities. Programs are located in urban, suburban, and rural communities in New York State. AHPS staff provide program oversight and technical assistance to the service providers and work with them to explore methods to improve service delivery. This initiative will be re-solicited in early 2009.

Positive Youth Development and HIV Prevention

The AHPS programs incorporate the principles and practices of positive youth development into their HIV prevention programming. The programs strive to identify the strengths and internal and external assets of the young people they serve instead of focusing only on young people's deficits and problems. This strength-based approach requires programs to provide opportunities for young people to explore and develop a full range of capacities and skills. The combination of youth development opportunities and individualized multi-session, behavior-based harm reduction interventions enhance the ability of the programs to provide effective HIV prevention and risk reduction services for young people. The programs are also required to facilitate young people's access to sexually transmitted disease screening and treatment, HIV counseling and testing, and health care services.

School-based HIV Prevention Education
The AIDS Institute, through a memorandum of understanding with the New York State Education Department, supports the delivery of HIV/AIDS prevention education to students in public schools in the State. Funding supports the provision of training and technical assistance to school personnel through the operation of a web-based distance learning project. By accessing the web-based program and/or attending face-to-face trainings, school staff can receive training and relevant information on resources available to provide HIV/AIDS prevention education to their students in the context of a comprehensive health education program. The AIDS Institute and the State Education Department also collaborate to ensure that updated and accurate HIV prevention information and resources are made available to school districts throughout the State.

Assets Coming Together for Youth
The AIDS Institute, in conjunction with the New York State Department of Health, Center for Community Health, manages an initiative designed to build community organizations' capacity to improve the health and well being of young people. The goal of the Assets Coming Together (ACT) for Youth initiative is to promote the use of youth development strategies to assist young people to lead healthy and productive lives. The initiative supports a Center of Excellence at Cornell University, which includes collaboration with the University of Rochester, Division of Adolescent Medicine, the New York State Center for School Safety and Cornell Cooperative Extension in New York City. The Center of Excellence provides training and technical assistance to youth-serving programs funded by the New York State Department of Health, as well as serving as a clearinghouse for the collection and dissemination of youth development resources and best practices.

New York State Prevention Planning Group
The Young People's Committee of the New York State HIV Prevention Planning Group has been actively involved in gathering information and reviewing the HIV prevention needs of the State's young people. AHPS and the Young People's Committee work collaboratively to identify the specific HIV prevention interventions and services that effectively prevent and reduce the risk of HIV infection for young people.

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PREVENTION SERVICES FOR WOMEN

As of December 31, 2007, 37,485 women with HIV/AIDS were living in New York State. Data from the New York State Department of Health indicates that 88% of all females living with HIV/AIDS are women of color: 56.6% Black, 29.3% Hispanic, and 2.1% Asian/Pacific Islander, Native American/Alaskan Native, and women of two or more races. The concentration of the HIV epidemic among women of color is dramatic. Heterosexual contact and injection drug use are the most frequently reported HIV transmission categories among women living with HIV/AIDS in New York State: 35.6% and 21.2% respectively. However, epidemiologists estimate that approximately 60% of women initially placed in the unknown risk category will be reclassified as heterosexual cases. It is important to note that sexual transmission continues to account for an increasing proportion of new infections, and that sexually transmitted infections (STIs) are a major factor fueling the epidemic particularly among persons of color.

The HIV/AIDS epidemic presents unique social, economic and public health challenges. Significant progress has been made in understanding the virus and in developing treatments to manage HIV disease and opportunistic infections. With individuals living longer, the challenge for providing prevention services to those infected and supportive services to continue in health care and receive other needed services to improve quality of life have increased. Women of color and who are poor are particularly in need of comprehensive services that will help them to access a full range of clinical, mental, health and social services which will improve their well being and the overall quality of life for them and their families.

Funding to support HIV prevention services for women is awarded to contractors located throughout the State, including community-based organizations, hospitals, and community health centers. The target populations for the initiative are women, particularly women of color who are at high risk for HIV and/or STI and women who are already infected. The Women's Services Unit provides program oversight, contract management and technical assistance to the providers participating in this initiative. Agencies selected to participate in this initiative are required to develop or enhance comprehensive HIV prevention and support programs for women, their partners and families.

Key components/service areas of this initiative include: HIV counseling and testing in clinical, community-based, and outreach settings; targeted and enhanced outreach to recruit and engage at-risk and HIV infected women who are not engaged in ongoing prevention, care and/or supportive services; multi-session individual and group behavioral interventions targeted to women at-risk and women living with HIV to minimize future transmission or acquisition of HIV; and strong referrals, linkages and follow-up to needed services for both at-risk and women identified as HIV positive.

Programs funded to provide HIV prevention services for women through this initiative will:

- promote HIV behavioral interventions to initiate and to sustain behavior change over time and reduce the risk of HIV transmission or acquisition;
- promote interventions to increase the motivation of women to know their HIV status;
- increase access to voluntary testing at community-based organizations and health care settings utilizing the latest testing technologies available and approved for use by the New York State Department of Health;
- reduce perinatal HIV transmission by providing early access to primary prevention and HIV counseling and testing recommended for pregnant women and women of childbearing age;

- increase awareness among women at risk for HIV and women living with HIV of how STIs increase the risk of HIV transmission and facilitate access to STI prevention, screening and treatment; and
- recruit and engage women into comprehensive systems of HIV prevention, support and health care services.

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HIV SUPPORTIVE SERVICES FOR HIV-INFECTED WOMEN AND THEIR FAMILIES

The HIV Supportive Services for HIV-Infected Women and their Families Initiative strengthens and expands referral linkages between HIV counseling and testing programs and community-based health and social services for women and their families. The initiative represents a unique, jointly funded, public-private partnership with the United Way of New York City. The AIDS Institute provides programmatic oversight for this partnership and the United Way provides technical assistance and fiscal administration.

Community-based organizations are funded to provide family-centered case management, community follow-up, and support services to HIV-infected women and their families. In addition, a range of supportive services are provided including: HIV prevention interventions for HIV-infected women; child care; 24-hour crisis intervention; emergency financial assistance; housing placement assistance; transportation; individual and group counseling; peer support; and HIV prevention education.

- The first five (5) funded projects became fully operational providers of HIV case management and supportive services for HIV-infected women and their families in 1992 and have continued to expand their programs. In 1994, five (5) additional projects were funded and a case management program in Central Harlem became operational in 1995.
- By 2000, most projects were reaching their caseload capacity, providing case management and supportive services to approximately 965 index clients and approximately 1,131 family members. Supportive services are provided to all clients receiving case management, as well as to clients receiving case management through the COBRA Community Follow-Up Program. Six (6) of the eleven (11) agencies are COBRA Community Follow-Up Programs.
- The initiative was re-solicited in 2001 and again in 2008. Thirteen (13) organizations were funded in the most recent re-solicitation, and new contracts are scheduled to begin in early spring of 2009.
- In addition to the supportive services listed above, agencies also provide mental health, family therapy, and legal services on site, via consultants, or through linkage agreements.

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COMMUNITIES OF COLOR INITIATIVE

The Communities of Color initiative supports and seeks to effectively integrate the participation of HIV-infected and/or at risk individuals from communities of color in prevention interventions, health care and supportive services. Contractors funded under this initiative provide direct client services or referral to services such as case management, primary care, counseling, support groups, crisis intervention, transportation, meals/nutrition, legal services, counseling and testing, and information and referral. Fundable interventions also include outreach and the provision of evidenced-based prevention interventions.

The intent of this initiative is to strengthen evidence-based culturally competent and linguistically appropriate prevention interventions that meet the needs of persons from communities of color in New York State, through the provision of technical assistance and training to community-based organizations that address HIV/AIDS related issues for individuals at highest risk. This initiative also seeks to enhance HIV/STD integration efforts by recognizing the importance of STDs in HIV transmission and progression of HIV infection, and the disproportionate rates of STDs in communities of color and provide targeted prevention interventions and messages for HIV-infected/at risk individuals and/or groups.

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PROJECT WAVE NEW YORK

Project WAVE was founded in Houston in 1999 by Ernest Jackson Jr., a career radio station veteran. The Project was created to focus attention on HIV prevention and the importance of knowing one's HIV status. In June 2001, Project WAVE New York was founded as a partnership between local radio stations, HIV/AIDS services providers, the New York State Department of Health and local departments of health.

Project WAVE coordinates the efforts of multiple organizations to reach people in communities of color to raise awareness about the importance of knowing one's HIV status and about the availability of HIV counseling, testing and partner notification assistance services. Project WAVE New York is currently operational in the five boroughs of New York City, Long Island, Westchester County, Buffalo, Rochester, Syracuse and the Albany/Capital region.

Project WAVE partners include radio stations that expand awareness about HIV and STDs through promotion at community events and member agencies that participate in these events providing HIV education, counseling and testing and in many cases screening for STDs. Project WAVE utilizes incentives such as gas cards, grocery cards, concert, movie tickets and radio station tee-shirts to reach out to historically underserved communities of color, disproportionately affected by the HIV/AIDS epidemic. Messages about the importance of knowing one's HIV status broadcasted by popular radio personalities, coupled with the incentives, have encouraged thousands of people to learn their HIV status. Project WAVE focuses on the target population by providing HIV/AIDS education and voluntary HIV counseling and testing events at popular local venues, including concert events, cultural arts festivals, and health expos. All providers of HIV/AIDS services, particularly those providing HIV prevention, counseling and testing; local health departments; and radio and television stations serving communities of color are encouraged to become Project WAVE New York partners.

Since the inception of Project WAVE New York in 2001, over 15,000 New York State residents have been tested for HIV and more than 200,000 HIV/AIDS education contacts have been made. Community-based organizations serve an important function of the Project WAVE coalition as they are located in, and directly serve individuals in the target population. They provide outreach and education to the target population on HIV/AIDS issues and STDs; provide HIV counseling and testing; and referral to other needed services. Radio stations that are minority owned and/or operated or primarily serve the target population are essential for conducting outreach into the community. They provide airing of public service announcements (PSAs) about the importance of knowing one's HIV status; advertise upcoming HIV testing events, including dates, times and locations; and provide radio station tee-shirts as incentives for pre and/or post-test counseling and testing.

In collaboration with Emmy award-winning filmmaker, Mustapha Khan, producer of the AIDS documentary, *House on Fire*, Project WAVE New York developed a series of radio and television PSAs promoting the importance of knowing one's HIV status by getting tested. The PSAs target communities of color including the African American and Hispanic communities, women, and youth. The PSAs list the statewide HIV/AIDS hotline number and the SIDA (Spanish language) hotline number and feature popular music artists including Alicia Keys, Patti LaBelle, Mya, Stephanie Mills, LL Cool J and Snoop Dogg.

The goal of Project WAVE New York is to facilitate collaboration with and between existing organizations and services in areas and ethnic communities hardest hit by HIV/AIDS in New York State. Project WAVE New York continues to work toward increasing awareness of one's HIV status and STD screening among disproportionately affected individuals and communities of color through media publicity, outreach and education and access to voluntary HIV counseling and testing.

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HIV UNINSURED CARE PROGRAMS
ADAP - ADAP PLUS - HIV HOME CARE -
ADAP PLUS INSURANCE CONTINUATION

The New York State Department of Health AIDS Institute has established four programs for HIV Uninsured Care (ADAP, ADAP Plus, ADAP Plus Insurance Continuation and the HIV Home Care Program). The mission of these programs is to provide access to medical services and medications for all New York State residents with HIV/AIDS. The programs' dual goals are to empower individuals to seek, access, and receive medical care and prescription drugs without cost and to supply a stable and timely funding stream to health care providers, enabling them to use the revenues to develop program capacity to meet the needs of the uninsured HIV population.

The AIDS Drug Assistance Program (ADAP) began in 1987 as part of a national initiative to provide free HIV/AIDS drugs to low-income individuals not covered by Medicaid or without adequate third-party insurance. In November 1991, the HIV Home Care Program, modeled after ADAP, was implemented through a federal demonstration grant. The ADAP Plus primary care initiative was developed with cooperative funding through a unique partnership between New York City and New York State and was implemented statewide in October 1992. The ADAP Plus Insurance Continuation Program (APIC) began July 1, 2000. All four programs are integrated, centrally administered, use a unified application form, and coordinate outreach activities.

The programs serve HIV-infected New York State residents who are uninsured or under-insured and meet established residency, financial, and medical criteria. The programs serve as a transition to Medicaid by providing interim assistance to individuals eligible for but not yet enrolled in Medicaid, or assistance in meeting spend-down requirements. Individuals with third-party insurance who cannot meet the deductibles or co-payments, or whose policies have waiting periods, are eligible to enroll in the programs. Adolescents who do not have access to the financial or insurance resources of their parents/guardians are also eligible.

The programs' service benefit package has been restructured several times based on available funding. As of August 2008, the ADAP formulary consists of more than 480 drugs, including: antiretrovirals, antineoplastics, prophylaxis and treatments for opportunistic infections, and medications for related conditions. ADAP Plus covers a full range of HIV primary care services, provided on an outpatient ambulatory basis, including: annual comprehensive medical evaluation, clinical HIV disease monitoring, treatment of both HIV-related and non-HIV related illness, mental health and dental services, ambulatory surgery, laboratory services, and nutritional counseling and supplements. Services covered through the Home Care Program include: skilled nursing, personal care, homemaker and home health aid services, adult day health care, intravenous administration and supplies, and durable medical equipment. APIC pays the premiums of individuals who lose their employment and are eligible to continue their insurance, or working individuals who cannot afford their insurance premiums. Coverage of drugs and services is revised based on available funding and the changing clinical profile of the epidemic.

The HIV Uninsured Care Programs use the AIDS Institute's network of programs and providers and those of other New York State agencies as a comprehensive referral system and distribution network for applications and promotional materials. The Programs provide Federal Minority AIDS Initiative funding to nine community based organizations throughout New York State to support outreach and educational activities to increase minority participation in care and ADAP. In cooperation with state, federal, and local corrections authorities, program applications and information are provided to HIV-positive inmates nearing release from correctional facilities. The programs are coordinated with Medicaid to assure non-duplication of coverage, continuity of care and an easy transition to Medicaid when participants meet Medicaid eligibility criteria. An advisory workgroup provides input, guidance, and recommendations to the programs from a wide variety of perspectives to recommend coverage elements and to ensure integration with other HIV services. The workgroup is comprised of persons living with HIV/AIDS, representatives of Part A Planning Councils, local and state government officials, health care providers, agencies, associations, and clinicians.

Cumulative and annual program enrollment for the period ending December, 2007 are as follows:

Enrollment:	Cumulative	Year
	10/87- 12/07	1/07-12/07
ADAP	79,375	21,780
ADAP Plus	67,463	18,749
Home Care	5,139	287
APIC	3,472	2,036

The programs serve all populations affected by AIDS in New York State, with participant demographics changing over the years to reflect changes in the epidemic.

The programs have a broad statewide network of 4,255 providers, including: 3,430 local pharmacies; 163 hospitals and clinics (265 service sites); 396 private physicians; 61 clinical laboratories; and 205 home health agencies, long term home health care programs, hospices, and licensed home care service agencies.

New York State's ADAP/ADAP Plus has the most comprehensive drug and service coverage of any state in the country. Utilization of combination antiretroviral therapy, drugs to treat side effects and toxicity, and ambulatory care services has consistently increased over time.

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AIDS NURSING FACILITIES

The AIDS Nursing Facilities Initiative began in 1988 to provide appropriate nursing home care for people with HIV/AIDS. The Department of Health issued regulations for the development of AIDS nursing facilities and an enhanced Medicaid reimbursement structure that allows for increases in nursing time, substance abuse counseling, AIDS medications, and medical care.

Nursing facilities providing services to residents with AIDS must ensure special services are provided including: medical services by a physician who has experience in the care and clinical management of persons with AIDS; sub-specialty physician services; nursing services supervised by a registered professional nurse with experience in the care and management of persons with AIDS; substance abuse services; HIV risk/harm reduction education; comprehensive case management; and pastoral care.

The AIDS Institute has completed the development of new, discrete AIDS nursing facilities in the greater New York City metropolitan area. As a result of this initiative, there are 14 facilities with a total of 1125 beds. The majority of these facilities were new construction projects, publicly financed through the sale of State bonds. New alternatives in long term care, including AIDS Day Health Care Programs, increased access to home care and supportive housing programs, as well as improved health as a result of the use of combination therapies, have reduced the need for AIDS nursing home beds.

An additional 13 facilities across New York State are approved for AIDS scatter beds. These facilities have the ability to admit up to ten AIDS residents at any point in time. The AIDS Institute encourages the development of AIDS scatter beds in nursing facilities in upstate New York to meet the need in regions that do not currently have sufficient capacity to care for persons with AIDS. The AIDS Institute will continue to identify facilities that have the capacity to provide these services and provide them with technical assistance and training to increase access to care.

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AIDS HOME CARE PROGRAMS

AIDS Home Care Programs (AHCPs) are required to meet the federal conditions of participation for Certified Home Health Agencies (CHHAs) and Long Term Home Health Care Programs (LTHHCPs). Providers are also responsible for case management/coordination services consistent with a comprehensive interdisciplinary assessment, which at a minimum, addresses the medical, social, mental health, and environmental needs of the client. An AHCP may be provided by a LTHHCP or a Designated AIDS Center specifically authorized to provide an AHCP.

In general, AIDS home care programs are responsible for arranging and/or providing, either directly or through contract arrangements, one or more of the following: nursing services; home health aide services; medical supplies; equipment and appliances; and other therapeutic and related services. These therapeutic services may include but are not limited to: physical and occupational therapy; speech pathology; nutritional services; medical social services; personal care services; home maker services; and housekeeping services. AHCPs that are LTHHCPs may also apply for eight optional services: personal emergency response; respite; meals on wheels; housing improvement; home maintenance; moving assistance; social day care; and social transportation services. These programs seek to ensure that patients' access enhanced physician services (primary care physician and subspecialty physicians); dental care; HIV prevention and education services; substance abuse and treatment services; pastoral care; mental health services; peer support; HIV clinical trials; and HIV therapies.

Because of the special needs of persons with HIV/AIDS, AHCPs must establish and implement procedures to coordinate care with other facilities or agencies conducting clinical trials of HIV therapies; arrange for substance abuse treatment services; and assure patient access to such services as pastoral care, mental health, dental, and enhanced physician services.

To date, there are 33 AHCPs and special needs CHHAs providing care in New York State.

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AIDS ADULT DAY HEALTH CARE PROGRAMS

AIDS Adult Day Health Care Programs (ADHCPs) have evolved over the past eight years to meet the emerging needs of individuals with HIV/AIDS. ADHPs were originally designed for a frail population that required a greater range of comprehensive health care services than can be provided in any single ambulatory setting, but did not require the level of services provided in a hospital or a skilled nursing facility. These programs now serve clients with medication adherence issues; those who are in need of medical monitoring for chronic medical conditions; and those who are dually or triply diagnosed with HIV/AIDS, substance abuse, and mental illness.

The intent of ADHCPs is to complement or enhance the existing continuum of medical services through careful coordination with primary care providers. ADHCPs are designed to provide a comprehensive and integrated model of service delivery in a cost-effective manner by avoiding duplication of services and minimizing the need for patients to attend additional off-site services.

AIDS Adult Day Health Care Programs provide a comprehensive range of services in a community-based, non-institutional setting. General medical care including treatment adherence support, nursing care, rehabilitative services, nutritional services, case management, HIV risk reduction, substance abuse, and mental health services are among the services provided.

AIDS Adult Day Health Care Programs receive a fixed price for services delivered, which includes transportation and capital costs. Clients are required to attend the program for at least 3 hours for each billable visit and must, over the course of a week, receive 3 hours of health-related services.

AIDS Adult Day Health Care Programs serve individuals living with HIV/AIDS who are poor, homeless, psychiatrically/mentally impaired, chemically dependent, formerly incarcerated and otherwise disenfranchised from the health care system. ADHCP services are primarily located in the Greater New York Metropolitan area. Services are also located in Westchester County, and a program is currently in development in the Western New York region that is anticipated to open in 2008.

To date, there are 15 licensed programs with a capacity to serve 997 clients per day.

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COMMUNITY-BASED HIV PREVENTION AND PRIMARY CARE SERVICES

The Community HIV Prevention and Primary Care Initiative was established in 1989 to meet the growing need for community-based HIV services. AIDS Institute grants were offered to local health departments and community health centers willing to develop or expand on-site HIV prevention and primary care services and to hire and train additional staff. Initially, seventeen facilities received grants. With the addition of federal funding and a State appropriation targeted to rural counties, the Initiative was expanded. Community health centers, hospitals, and county health departments are currently funded through this Initiative.

In 2001, the initiative issued a competitive resolicitation, to increase the availability of comprehensive and quality HIV prevention and primary care services in community-based health care settings by incorporating the advances of the past decade into program models and standards. These advances include: behavioral-based prevention interventions, harm reduction, new testing technologies, and best practices in the treatment of HIV/AIDS. As a result of the resolicitation process, the Primary Care Initiative currently funds 39 providers throughout New York State.

The goals of the initiative are to educate those at risk of HIV infection, promote the availability of routine HIV testing, facilitate early access to coordinated, comprehensive and continuous care, and develop provider capacity to deliver on-site quality HIV primary care services. Facilities are funded to provide a wide range of prevention, supportive, and care services including: enhanced street outreach; routine HIV testing as part of primary care; counseling for high risk individuals; partner counseling and referral services; peer support; HIV primary care; staff education; case management; prevention with positives; and referral to services unavailable on-site. Many agencies also offer mental health, substance abuse, dental, nutrition, and specialty services. Quality improvement principles are woven into all aspects of service delivery for providers funded by this Initiative.

Key features of the initiative are: early access to care, access at multiple points of care, maintenance in care, referral follow-up, and on-site care coordination by multidisciplinary service teams. Special emphasis has recently been placed on the development of strategies to strengthen treatment adherence, the integration of health behavior counseling, and partner counseling and referral services.

In a rapidly changing environment, the Initiative has responded by shifting the focus of grant funded services to reflect current knowledge, best practices, advances in testing technologies, and policy directives. Increased emphasis has been placed on the expanding availability and integration of HIV counseling and testing as a routine part of care, implementation of evidence-based prevention interventions, prevention with positives, and increased evaluation of all program components. In addition, all programs funded through this initiative are required to develop regular mechanisms to integrate consumer feedback into the implementation and evaluation of program activities.

To support the introduction and expansion of rapid HIV testing technology, the initiative has made training and HIV test kits available to providers. Currently, 37 providers in the Initiative offer rapid testing as part of their comprehensive HIV services protocol. Additional support, training, and technical

assistance have been provided to contractors to strengthen and expand their ability to deliver prevention services to positive persons.

Linkages with other service providers offering services not provided on-site are important to ensuring access to the full continuum of HIV related care services. Grant-funded programs are required to develop referral agreements with other HIV service providers, including: Designated AIDS Centers and other hospitals; community-based service organizations; drug treatment programs; county tuberculosis control programs; women's service agencies; parole offices; anonymous counseling and testing programs; and agencies providing services to adolescents.

From 1991 to December 2007, Initiative programs provided 369,472 HIV antibody tests, identifying 8,534 infected persons. In calendar year 2007, more than 21,000 individuals were tested, with an overall seropositivity rate of 1.4% (2.0% in New York City).

In calendar year 2007, a total of 7,770 HIV positive persons had received primary care services through the Initiative's health care providers. The Initiative continues to succeed in reaching target populations. In 2007, African Americans and Hispanics accounted for 72% of primary care patients (73% of all new patients). Of new primary care patients, 31% were women, 9% were injection drug users, and 36% were men who have sex with men.

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DESIGNATED AIDS CENTERS

Designated AIDS Centers (DACs) are State-certified, hospital-based programs that serve as the hubs for a continuum of hospital and community-based care for persons with HIV infection and AIDS. AIDS Centers provide state-of-the-art, multi-disciplinary inpatient and outpatient care coordinated through hospital-based case management. DACs with pediatric and obstetrical departments also provide specialized HIV care to infants, children, and pregnant women.

The AIDS Center program was developed and remains a patient-centered program model that can evolve with the needs of the patient in the changing health care environment. AIDS Centers provide a primary care home for the person with HIV. Patient outcomes improve when care is seamless, coordinated by a care manager utilizing multi-agency, multi-disciplinary health care teams.

HIV-specific care standards developed for DACs are intended to ensure uniformly high quality care for HIV patients. AIDS Centers usually have a dedicated team and are required to provide or arrange for inpatient care; coordinated outpatient services including a broad array of subspecialty services; long-term care, as necessary; and counseling and testing services. AIDS Centers must make arrangements for patients' personal or home care as required, and arrange for patients to participate in clinical trials. AIDS Centers must enhance coordination with their community-based partners to identify patients at risk, help patients access and remain in care, and understand and adhere to their complicated regimens.

The quality of care is monitored and evaluated by the AIDS Intervention Management System (AIMS), described in a separate section of this document. Each AIDS Center is required to have an active quality program including a broadly inclusive quality improvement committee as well as a consumer advisory group and other mechanisms to involve consumers in improving services for PLWHA.

With the implementation of Special Needs Plans (capitated Medicaid managed care plans for persons with HIV/AIDS and their uninfected children) over the past four years, AIDS Centers continue to maintain state-of-the-art HIV treatment, serve geographic areas with the highest HIV/AIDS prevalence, and have been recruited by the Special Needs Plans to serve their members under contract.

Currently, there are forty-two (42) DACs statewide treating approximately 48,000 unique persons with HIV/AIDS as outpatients and inpatients.

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HIV SPECIAL NEEDS PLANS (SNPs) / MANAGED CARE

HIV Special Needs Plans (SNPs), as defined in the New York State Medicaid Managed Care Act of 1996, are intended to provide an alternate source of capitated managed care to Medicaid-eligible persons with HIV infection.

Specialized managed care plans to address the health and medical needs of persons with HIV/AIDS first began to be explored by New York State in 1994 with the award of a Special Projects of National Significance (SPNS) grant from the federal Health Resources and Services Administration. Using this grant as a cornerstone, the AIDS Institute initiated formal HIV SNP development. Activities included awarding $2 million in grant funds for planning purposes; initiating a research study designed to evaluate the health care experiences of persons with HIV infection as they transition from a Medicaid fee-for-service program to a capitated managed care environment (the "Client Cohort); and passage of legislative language authorizing the creation and licensure of HIV SNPs. These activities culminated in federal approval of the Department of Health's application to implement SNPs.

HIV SNPs, fully operational since 2003, provide an alternative source of care to Medicaid eligible persons in New York City with HIV/AIDS. In New York City approximately 25,000 HIV+ Medicaid individuals must choose either an HIV SNP or a mainstream managed care plan to receive their Medicaid benefits. HIV SNP networks are broadly composed, encompassing the full continuum of HIV services currently available in New York State. Inclusion of health and human service providers with experience in the provision of HIV services enables SNPs to meet the complex medical and psychosocial needs of enrollees, either through direct service provision or by referral. Clinical care provided by SNPs is in accordance with AIDS Institute established standards for HIV care and assessed through continuous quality improvement techniques. Three SNPs are currently licensed and enrolling eligible individuals throughout New York City.

The AIDS Institute works to assure that all Medicaid-eligible persons with HIV infection have access to appropriate health care services whether services are delivered through a special needs plan or in a mainstream managed care setting. To assure that services offered by mainstream managed care plans are appropriate, assure access and are of high quality, the AIDS Institute participates in the development of programmatic standards for mainstream managed care plans, conducts quality of care reviews, and participates in mainstream managed care surveys. The AIDS Institute also provides technical assistance to managed care plans regarding prevention activities and establishment of coordinated systems of care that are appropriate to the specific health care needs of enrollees with HIV/AIDS.

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HIV ENHANCED FEES FOR PHYSICIANS PROGRAM

The Enhanced Fees for Physicians Program (EFP) was established in 1991 by the New York State Department of Health to give private practice physicians enhanced Medicaid rates for HIV Primary Care Visits. These visits include:

- HIV Testing
- HIV Post-test positive counseling
- HIV monitoring

Physicians who participate in the Enhanced Fees for Physicians Program must:

- be in private practice and enrolled in the New York State Medicaid Program;
- have active hospital admitting privileges;
- be Board certified (preferably in infectious disease, internal medicine, family practice, pediatrics or obstetrics/gynecology);
- provide 24 hour coverage; and
- coordinate medical services, including hospital admissions and referrals for specialty care and social services.

Currently there are over 2,066 physicians enrolled in the HIV EFP program.

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HIV PRIMARY CARE MEDICAID PROGRAM

The HIV Primary Care Medicaid Program was established in 1989 by the New York State Department of Health to provide enhanced Medicaid rates to Article 28 facilities for HIV primary care visits.

In order to be enrolled in the HIV Primary Care Medicaid Program, a facility must: 1) be an Article 28 facility (hospital OR diagnostic and treatment center); and 2) sign an agreement with the Department of Health to provide comprehensive services and coordination of care for persons with HIV. The application processing time for this program is approximately six months.

There are 287 facilities enrolled in the HIV Primary Care Medicaid Program; 84 facilities enrolled to provide only HIV counseling and testing services and 203 enrolled to provide HIV counseling/testing and HIV primary care services.

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HIV PRIMARY CARE AND PREVENTION SERVICES FOR SUBSTANCE USERS

The Substance Abuse Initiative (Initiative) is designed to develop a co-located continuum of comprehensive HIV prevention and primary care services within substance abuse treatment settings throughout New York State. At its core, the co-located model operates on the principles of integration of HIV services within the drug treatment environment and the seamless transition from testing to care. Reaching active users not in treatment and responding to their complex needs is also integral work of the Initiative. For those actively using and willing, the program facilitates the transition and entry into addiction services, treatment and toward recovery.

The Initiative was originally conceived and developed in 1989 through collaboration between the New York State Department of Health AIDS Institute and the New York State Office of Alcohol and Substance Abuse Services (OASAS) to respond to the companion epidemics of HIV and addiction. Implemented in phases, the first phase was a comprehensive prevention program in drug treatment facilities to provide outreach; HIV education; counseling and testing; referral; partner notification; and individual and group supportive counseling. In 1990, HIV primary care was introduced to expand the continuum. Primary care services include: HIV primary care, disease monitoring, staff education, case management, coordination of tuberculosis services, and specialty HIV medical care. In 2001, the Initiative issued a competitive resolicitation, to increase the availability and quality of HIV prevention and primary care services by incorporating the advances of the past decade into programming. These advances include: behavioral-based prevention interventions, harm reduction, new testing technologies, transitional case management, and new standards and best practices in the treatment of HIV/AIDS. In 2006, the Initiative began promoting and adopting *The Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health Care Settings* issued by the CDC in their Morbidity and Mortality Weekly (MMWR). Moreover, the Initiative has been instrumental in the substance abuse treatment community broadening its mission from a singular focus on rehabilitation to that of public health service provision.

To date, twenty-four drug treatment agencies of varied modalities, including methadone maintenance, methadone-to-abstinence, drug-free residential, outpatient, and detoxification, have participated in this Initiative. In addition, ten community-based programs that serve substance users are funded, including three syringe exchange programs and a mobile medical van that provides HIV primary care and care coordination to residents of transitional housing for the HIV infected. Currently, 53 contracts for HIV prevention and primary care services, targeting more than 34,000 substance users throughout New York City, Long Island, the Mid-Hudson region, Rochester, Buffalo, and Central New York, are funded through this Initiative.

New Model of Integrated HIV testing & Shifting Resources to Retention in Care and Prevention with Positives:

The Substance Abuse Initiative (Initiative) continues to evolve its service delivery model and is developing a new tri-pronged model to increase the number of newly identified infected, to reduce the transmission of HIV and to engage and improve retention in continuous HIV care among substance users. The model features:

- Integrated HIV testing in drug treatment settings;

- Engagement and retention in continuous HIV care, both on a co-located and off-site basis, and prevention with positives; and;
- Transitional case management, enhanced outreach and rapid HIV testing for active users not in treatment.

For those already in drug treatment, consented HIV testing is being uncoupled from risk-based assessments and will be routinely provided by medical staff of substance abuse treatment programs as part of admission and annual physical exams. For active users not in care, a model of enhanced outreach, that utilizes evidenced based outreach interventions, has been incorporated along with rapid HIV testing technologies and referral for drug treatment and/or HIV health care.

Substance Use Learning Network (SULN)
The Initiative features a peer-based learning collaborative for grant funded drug treatment agencies that provide co-located HIV primary care. The Network goal is to improve and sustain the quality of HIV services provided to substance users in treatment. The SULN framework includes identifying performance measures and indicators, activities, data collection and peer learning opportunities to allow sharing of successful strategies and best practices. Priorities identified in 2007 include: client retention in care, partner notification and disclosure, and prevention with positives. Emphasis on diminishing sexual transmission risks, particularly heterosexual transmission among substance users, was identified as a top priority.

Hepatitis Services
The Initiative has taken the lead coordinating role with OASAS and the Association of Substance Abuse Providers (ASAP) to identify needs and resources for hepatitis C diagnostic and treatment activities in drug treatment programs. The Initiative was awarded a five-year CDC grant in August 2004 for the development of hepatitis prevention services for persons at greatest risk. The project is designed to develop and enhance hepatitis screening, vaccination, and access to care for active injection drug users (IDUs) and IDUs in methadone treatment.

Serving Pregnant Substance Using Women
The Substance Abuse Section and the Community Action for Prenatal Care (CAPC) Initiative collaborate to enable CAPC funded agencies to work jointly with substance use treatment programs for the placement and treatment of pregnant addicted women. The goal of this collaboration is to develop partnerships to facilitate intake and respond to the unique needs of pregnant addicted women. This collaboration is effective in reducing the institutional barriers in the substance use treatment system. Building coalitions among providers who serve this shared and complex population is paramount to enhanced access to care.

Transitional Case Management Activity
Data on transitional case management activities for January through December 2007 reflects the following successful entrance to service rates: 702 of 812 (86.5%) referrals for in-patient detoxification; 71 of 79 (89.9%) referrals for methadone maintenance treatment (opioid treatment); 221 of 298 (74.2%) referrals for drug-free residential treatment. Nine of 11 (81.2%) referrals for methadone-to-abstinence and 72 of 106 (68%) referrals for drug-free ambulatory treatment are modest and reflect clients' limited interest in these modalities. Notably, 83 of 118 (70.3%) referrals for Buprenorphine, a relatively “new” treatment option, were successful.

HIV Testing and Primary Care Activity

From the inception of the Initiative through December 2007, a total of 263,956 people were tested for HIV and 17,592 infected people were identified. For the most recent twelve month period, January through December 2007, 20,273 clients were tested, of whom 379, or 2 % were HIV positive. The post-test counseling rate of those testing HIV positive was 98%. As a result of the development of on-site medical services, 3,677 infected substance users received co-located substance abuse and HIV primary care services. The Initiative has reached traditionally underserved populations that bear an increasingly disproportionate burden of the AIDS epidemic, including persons of color and women. January through December 2007 data shows 83% of clients tested was African American or Hispanic and 34 % were female. Similarly, 80% of clients who received HIV primary care services were African American or Hispanic and 38 % were female.

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TREATMENT ADHERENCE INITIATIVE

Scientific advances in the clinical therapeutics of HIV have changed the nature of managing HIV disease. There is now a greater understanding of HIV virology and pathogenesis, the development and use of quantitative HIV RNA testing, and highly active antiretroviral therapy (HAART). These advances have given clinicians and patients better knowledge, drugs, and tools to manage HIV infection more effectively.

These therapeutic advances provide new opportunities to delay disease progression and improve the quality of life. Achieving this potential in the practice setting remains challenging. It requires that the patient and health care provider, in collaboration with the patient's support network, address the multidimensional issues surrounding adherence to the treatment plan. These issues involve patient characteristics and circumstances, the treatment regimen, the health care delivery system, and the patient-provider relationship.

The consequences of non-adherence to HAART can seriously affect an individual's personal health and that of the community. Less than perfect adherence allows viral replication and mutation to continue, leading to the development of drug-resistant strains of virus which can, in turn, compromise an individual's health and future treatment. Adherence to antiretroviral therapy may be the single most critical determinant of the success of clinical therapeutics for HIV infection today.

The AIDS Institute's Office of the Medical Director coordinates a number of activities designed to support and enhance treatment adherence:

- development and dissemination of information, strategies and tools for clinical providers;
- providing for providers and consumers to share adherence best practices;
- review of sharing emerging adherence research/program designs and successful strategies and community-level practice experiences with health care providers;
- providing technical assistance to integrate treatment adherence methodologies and training throughout community-level clinical education and service programs; and
- development of educational materials and training opportunities for consumers.

Seventeen treatment adherence programs are funded to integrate treatment adherence services into the continuum of HIV primary care. Each program implements strategies to promote adherence to HAART through a client-centered approach. Members of the health care team work in concert with consumers to develop, implement, and evaluate tools and skills-building activities to increase and sustain adherence to therapy. One of the fundamental objectives of the Treatment Adherence Initiative is to foster a comprehensive approach to assessing and assisting consumers at risk for non-adherence, and focusing on consumer and provider collaboration to develop consumer-specific strategies that lead to sustained treatment adherence.

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FAMILY-CENTERED HEALTH CARE SERVICES

In New York State, many families affected by HIV experience poverty, substance use, domestic violence, mental illness and family disruptions. HIV often affects several generations in one family. In addition to addressing their immediate health care concerns and the emotional needs of their children and adolescents, infected parents or caregivers often face compounding issues such as custody arrangements, daily child care, disclosure, elder care and discrimination.

The number of women newly infected with HIV, especially women of color, continues to grow, and the role of HIV-infected men and their involvement in the care of families has been largely overlooked. Family responsibilities, lower socioeconomic status, disability, and access issues continue to present barriers to health services. Engaging and retaining HIV-positive pregnant women and parents with dependent children in the health care system requires holistic, family-centered services that recognize their roles as primary caregivers and address the multiple needs of all family members.

The Family-Centered HIV Health Care Services Initiative provides a framework for the treatment and care of adults living with HIV in the context of family. Its goal is to reduce access barriers within the health care system, improve the health status of HIV-affected families, reduce the risk of perinatal transmission, support adherence to treatment and understand the role of families in HIV prevention.

Family-Centered HIV Health Care is an integrated model of service that coordinates HIV, primary care and gynecologic services. Multicultural, multidisciplinary teams integrate medical care, including HIV specialty care, with mental health, substance use, prevention with positives, case management and other HIV-related services to address the complex medical and social issues faced by HIV-affected families. Programs foster strong working relationships among adult medicine, obstetric, and pediatric programs for the care of children and adolescents who are exposed to, infected, or affected by HIV. For women with HIV, gynecologic and reproductive health services, including family planning, are crucial components of care that have not been adequately addressed in many specialized HIV programs. Family-Centered HIV Health Care programs play a key role in reducing the risk of HIV perinatal transmission and provide comprehensive care for pregnant women with HIV.

Established in 2003, a statewide network of eleven health care agencies provide funded services. Women and men living with HIV and their dependent children/adolescents are eligible for program services.

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CENTERS OF EXCELLENCE IN PEDIATRIC HIV CARE

Since the mid-1990's, pediatric HIV infection has changed dramatically. The number of seropositive women giving birth in New York State declined from 1,898 in 1990 to 567[1] in 2007, a 70% reduction. Between 1990 and 2007, the seroprevalance rate among childbearing women also declined from 0.66% to 0.23%. With the advent of antiretroviral prophylaxis, the statewide perinatal HIV transmission rate declined from an estimated 25% in the early 1990's to 1.7% in 2006. The annual number of reported pediatric AIDS cases and the number of pediatric deaths attributable to AIDS have also declined significantly due to the factors mentioned above and to advances in medical management of the disease. While there are few infected children currently entering care, perinatally acquired HIV infection is, for most infected children, a chronic disease that requires complex medical and psychosocial management.

The Centers of Excellence in Pediatric HIV Care were designed to meet the complex medical management and unique psychosocial and educational support needs of these children as they grow and develop while living with HIV. In addition, Centers of Excellence in Pediatric HIV Care are key players in community/regional systems to prevent perinatal HIV transmission and to care for pregnant women with HIV and their children. To fulfill this role, Centers promote access to care; provide consultation to community providers and birth facilities; and accept referrals for the direct provision of comprehensive care and services for HIV-exposed newborns and children with HIV.

Centers of Excellence in Pediatric HIV Care:

- offer multicultural, multidisciplinary teams of experienced providers that include one or more pediatric HIV specialists;
- provide pediatric primary care on-site or by a close consultative relationship with the primary care provider that includes regular communication, case conferencing, and education activities as appropriate;
- provide a continuum of care that includes prompt access to pediatric subspecialists, an adolescent HIV specialist/adolescent medicine clinician and tertiary care centers with experience in treating children/youth with HIV; and
- provide continuous support to family members in their caregiver roles.

Children/youth with HIV infection may have significant mental health, neurological, or developmental problems due to the impact of the disease on their maturation, often compounded by psychosocial issues such as poverty and parental substance use. Therefore, mental health, nutritional, neurological, and developmental assessments by qualified staff are integrated into the services provided on-site at Centers of Excellence. A Center's network of grant-funded services also includes family-centered case management, treatment and prevention education, adherence support, and strong linkages with a variety of community-based organizations to support the child and his/her family with psychosocial services.

Ten Centers of Excellence in Pediatric HIV Care were established statewide in 2003 to serve perinatally HIV-infected children/youth, including HIV-exposed infants. Centers of Excellence in Pediatric HIV Care also serve behaviorally infected adolescents in geographic areas where access to youth-oriented specialized HIV health care programs is limited.

[1] Data are preliminary

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YOUTH-ORIENTED HEALTH CARE PROGRAMS

As of December 2007, the total number of young people ages 13 to 24 years living with HIV/AIDS was 4,601. In 2007, 697 adolescents aged 13 – 24 were newly diagnosed with HIV. Because of the average 10 to 12 year incubation period between HIV infection and AIDS diagnosis, many adults were likely infected with HIV in their teens. There is also a significant population of adolescents and young adults who were infected perinatally. Due to advanced treatments, including antiretroviral medications, children have aged into adolescence and young adulthood.

This Initiative includes two programs: Specialized Care Centers and Youth Access Program. These programs seek to serve adolescents and young adults, ages 13-24, who have HIV or are at high risk for HIV infection. This population includes, but is not limited to: young men who have sex with men; lesbian, gay, bisexual, questioning or transgender youth; youth who use substances; mentally ill youth; runaway/throwaway youth and other young people at high risk for HIV.

The goals of Youth-Oriented Health Care Programs are: prevention of HIV infection in at-risk youth; early identification of HIV-infected youth; support for adherence to HIV care and treatment for HIV-infected youth; improved access to quality health care and social services; and promotion of positive youth development, including increased self-esteem and self management. Grant funding supports the development of youth models that promote collaborations among providers; integrate prevention and care services; and provide services in safe, confidential environments.

Specialized Care Centers

Specialized Care Centers provide integrated, comprehensive health care and support services to address the needs of adolescents and young adults who have, or are at high risk for, HIV. In addition to providing comprehensive services on-site, the centers are responsible for developing linkage agreements to create a continuum of services needed by youth. Centers are funded to provide client recruitment; HIV prevention education; individualized risk assessment and health promotion; HIV counseling and testing; comprehensive medical services including HIV care and primary medical care; social work; case management and advocacy; supportive counseling; concrete supportive services (e.g., transportation, child-care, language interpretation); and peer support. In addition, programs provide mental health and substance use assessments with referral to or provision of treatment services, if indicated. All services are designed to promote youth self-esteem and build skills related to risk reduction and health promotion.

Youth Access Programs

Youth Access Programs provide low-threshold clinical services in accessible community-based settings to meet the immediate health care and social service needs of at-risk youth. In many cases, these needs are met before or concurrent with addressing issues related to HIV testing and treatment. Methods for implementing low-threshold clinical services include mobile multidisciplinary teams, part-time clinics in community-based settings, and medically equipped vans. Youth Access Programs have community partners who can assist with reaching the highest risk youth. Programs are funded to provide client recruitment; targeted HIV prevention and risk reduction services; HIV counseling and testing; immediate primary and preventive health care for acute illnesses; access to pharmaceuticals; pregnancy testing and

family planning services; screening and treatment for sexually transmitted diseases (STDs), TB, and hepatitis; partner notification services; psychosocial assessments; referrals for needed services and transitional case management.

Target Areas

Eleven Youth-Oriented Health Care Programs were established statewide in 2003. Target areas include communities in New York State with a high number of HIV/AIDS cases among adolescents and young adults, high rates of teen pregnancy, and high rates of STDs among persons ages 13 to 24.

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SUPPORTIVE AND LEGAL SERVICES FOR FAMILIES IN TRANSITION

The Families in Transition Initiative provides supportive and legal services to stabilize and maintain families affected by HIV/AIDS, as well as to assist families in planning for the future care and custody of their children during parental illness and after the death of a parent. Future care and custody options include legal adoption, foster care, guardianship, and standby guardianship. The latter enables HIV-infected parents to designate a guardian who, at the discretion of the parent, assumes caregiving responsibilities for children during parental illness and after the parent's death.

Experience has shown that supportive and legal service programs for children, families and young people should be based on comprehensive, integrated models that promote a continuum of services and facilitate access to services via multiple pathways. This initiative promotes a comprehensive and integrated model of service delivery that links families with health care and other services and creates a comprehensive continuum of service providers.

Eighteen organizations are funded statewide, seven of which are for Family Supportive Services, ten for Family Legal Services, and one for both Family Supportive and Legal Services. Of the organizations funded, eight are located in New York City and ten are located throughout the rest of New York (Albany, Buffalo, Rochester, Syracuse, Long Island and the Hudson Valley Region). Funded programs are located within community-based organizations, child welfare agencies, legal services providers, and a hospital.

Legal assistance tailored to the family's need is provided by not-for-profit legal service agencies to establish and maintain family stability. HIV-affected families face an array of problems and issues that can threaten the family stability and create barriers to accessing services and planning for the future care and custody of minor children. Legal assistance is tailored to the individual family's needs.

Social support programs are funded to provide assistance to parents, their children, and other family members to help them cope with the emotional and physical needs of living with HIV/AIDS. Services are intended to promote optimal physical and emotional development of children and adolescents. Caregivers are supported in their efforts toward assisting children dealing with the loss of a parent. Services include, but are not limited to, assisting parents in disclosing their HIV infection to their children; counseling family members to improve coping skills; education about placement and custody plan options available to families; assistance in identifying an appropriate new caregiver; and activities to promote stabilization and build relationships between children and new caregivers.

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VIRAL HEPATITIS PROGRAM

The Viral Hepatitis Program is responsible for the coordination of all viral hepatitis (A, B, and C) activities associated with treatment and with primary and secondary prevention, including but not limited to the identification, counseling and referral for medical management of persons living with chronic HBV and HCV and integration of viral hepatitis services into existing health care programs across the state. The Program is also responsible for the development and maintenance of a Comprehensive Hepatitis C Program. The overall Program goals are to:

- Assure access to hepatitis services including screening, testing, counseling, education, substance abuse treatment, and harm reduction;
- Assure access to appropriate medical management and treatment for those chronically infected with HBV and HCV;
- Assure access to affordable hepatitis A and B vaccine for adults at high-risk; and
- Provide education to patients, health and human service providers and the public about viral hepatitis.

The Viral Hepatitis Program collaborates with the New York State Department of Health (NYSDOH) Bureau of Communicable Disease Control's Regional Epidemiology Program, which is responsible for hepatitis surveillance and outbreak activities, and the Immunization Program, which is responsible for the coordination of the Adult Hepatitis Vaccination Initiatives. Department-wide Hepatitis Integration.

The Viral Hepatitis Program is responsible for the following activities:

Viral Hepatitis Strategic Plan The purpose/mission of the 2004 New York State Viral Hepatitis Strategic Plan is to outline a coordinated, comprehensive and systematic approach that will decrease the incidence of acute viral hepatitis and limit the disease burden from chronic hepatitis among those living in New York State. The vision is to eliminate new hepatitis A, B and C infections and to improve the quality of life of those chronically infected with hepatitis B and C.

Hepatitis C Advisory Council The Hepatitis C Advisory Council was established in March 2008. This 14-member Council, chaired by NYSDOH Commissioner, is charged with advising the Department in the development and implementation of a comprehensive hepatitis C program including: prevention and education; surveillance; management and treatment; screening, testing, counseling; and substance use treatment. Members of the Council include the Commissioner of the Office of Alcohol and Substance Abuse Services, clinicians, patient advocates and others experienced in the growing epidemic of hepatitis C.

Viral Hepatitis Integration Project In 2004, the AIDS Institute was awarded a five-year CDC grant to develop and enhance hepatitis screening, vaccination, and access to care for active injection drug users (IDUs) and IDUs in methadone treatment. Viral Hepatitis Integration Program participants include Albert Einstein Methadone Maintenance Treatment Program (MMTP) and two syringe exchange programs, NY Harm Reduction Educators and St. Ann's

Corner of Harm Reduction. Services at the methadone clinics focus on enhancement of hepatitis C evaluations and access to treatment. Services at the harm reduction clinics include screening for HAV, HBV and HVC; vaccination for HAV and HBV; and case management to assist clients in accessing hepatitis and drug treatment services.

Hepatitis C Continuity Program The Hepatitis C Continuity Program makes it possible for treatment for Hepatitis C to be initiated within New York State Department of Correctional Services without regard to the expected incarceration time remaining, since arrangements for continuity of treatment after release are possible. It enables inmates who initiate treatment prior to release to receive timely referral to appropriate clinics for continuation of treatment.

Statewide Hepatitis Conference The New York State Statewide Hepatitis C Conference provides the most up-to-date information on Hepatitis C epidemiology, diagnosis, management, treatment and prevention, which will assist health and human service providers to offer the most effective care to persons infected with HCV. Since 2002, the conference has attracted over 1000 participants, including health and human service providers and consumers.

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MATERNAL-PEDIATRIC HIV PREVENTION AND CARE PROGRAM (MPHPCP)

The Maternal-Pediatric HIV Prevention and Care Program (MPHPCP) is designed to reduce perinatal HIV transmission through education, technical assistance, monitoring and regulatory action, when indicated. The goal of the program is to reduce mother to child transmission (MTCT) to the lowest level possible by ensuring that all pregnant women have access to HIV counseling and testing and that those who test positive have access to antiretroviral (ARV) medications for their own health and to prevent HIV transmission to their babies. A three-part regimen of ARV, administered to the mother during pregnancy, labor, and delivery, and to the newborn immediately after birth, is optimal. However, studies conducted by the New York State Department of Health (NYSDOH) have suggested that partial regimens of ARV prophylaxis, initiated during the intrapartum and newborn periods, can significantly reduce the risk of perinatal transmission.

The major components of this program, set forth in NYSDOH regulations and first issued in 1996, require that all women in prenatal care in regulated facilities receive HIV counseling with testing presented as a clinical recommendation. Routine prenatal HIV counseling with testing recommendation has become a standard of care for all New York State prenatal care providers. The MPHPCP regulations were amended in 1997 to implement routine HIV screening of all infants as part of the NYSDOH's Newborn Screening Program. In August 1999, as a result of medical and scientific advances in the prevention of perinatal HIV transmission, the regulations for the MPHPCP were again amended to require that expedited HIV testing be done in the obstetrical setting in instances where the mother's HIV status is unknown at presentation for delivery. Expedited testing in the obstetrical setting is a "safety net" to facilitate late identification of maternal HIV infection so that ARV prophylaxis may be given to prevent MTCT. In these circumstances, ARV prophylaxis should be administered during labor and delivery, if possible, or to the newborn during the first hours of life to be most effective. Expedited testing in the obstetrical setting is done with written, informed consent for maternal testing, and without consent for newborn testing.

Activities conducted by MPHPCP program staff include:

- providing regulatory oversight of the approximately 145 birth facilities in New York State by monitoring compliance with the MPHPCP regulations;
- providing education and technical assistance to prenatal providers and birth facilities onsite, by telephone or in writing;
- working with staff in other NYSDOH programs, such as the Newborn Screening Program, Pediatric HIV Diagnostic Service and the Bureau of HIV/AIDS Epidemiology, to ensure that HIV-exposed infants are in care;
- investigating "missed opportunities", that is, those cases in which HIV exposure is first identified through Newborn Screening and an undetected/untreated exposure of a newborn to HIV has occurred;
- providing contractual oversight and direction to the Prenatal Care Providers Training Project (PreCARE), and
- responding to inquiries from, and providing information to providers, consumers, and other state and federal agencies.

Outcomes

By providing program oversight, and with the collective efforts of facilities across the state, the NYSDOH has noted significant improvement in perinatal HIV testing rates and a marked decrease in mother-to-child HIV transmission rates:

- In 1997, when routine newborn screening began, the statewide prenatal HIV testing rate was 64%. In 1999, when expedited testing in the obstetrical setting was implemented, the statewide prenatal testing rate had risen to 77%. By 2003, the rate had risen to 95%. In 2006, the statewide prenatal HIV testing rate remained at 95%.
- Mother-to-child HIV transmission has decreased dramatically in New York State - from 97 infected infants in 1997 (10.7% rate) to 10 infected infants in 2006 (1.7% rate).

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PRENATAL CARE PROVIDERS TRAINING PROJECT (PreCARE)

The Prenatal Care Providers Training Project (PreCARE), begun in 2000, is designed to reduce mother-to-child transmission (MTCT) of HIV through provision of technical assistance and training to prenatal and obstetrical providers. Topics such as prenatal counseling and testing, expedited testing in the peripartum period and developing linkages to clinical, supportive and comprehensive case management services for HIV-positive pregnant and postpartum women and their exposed infants are provided.

PreCARE's training and technical assistance strategy is tailored to the specific needs of the site requesting assistance. Technical assistance consultations begin with a survey designed to identify facility-specific barriers to HIV counseling and testing in the prenatal or obstetrical settings, as well as issues impeding coordination of services for HIV-positive pregnant or postpartum women. Intervention strategies are based on the results of the survey, and often include training for prenatal providers on HIV-related issues. Training may be conducted at birthing hospitals, community-based clinics, managed care organizations and/or group practices that provide prenatal care and then refer their pregnant patients to the target hospital for delivery. "Grand Rounds" are also offered to hospitals that have requested updated information for the care and treatment of HIV-positive pregnant/postpartum women and their exposed infants. PreCARE obstetrical consultants with HIV expertise provide the Grand Rounds.

Since 2000, PreCARE has trained more than 4,600 health care and adjunct professionals on prenatal counseling and testing of pregnant women, and prevention of mother-to-child HIV transmission. In 1999, the rate for prenatal testing in New York State was 77%; in 2006, the statewide rate was 95%.

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ORAL HEALTH CARE

Program Description

The New York State Department of Health AIDS Institute recognizes the importance of oral health care delivery as an integral component of quality HIV primary care. In addition, the AIDS Institute is under contract with the New York/New Jersey AIDS Education and Training Center (AETC) as the Oral Health Regional Resource Center (RRC). To address the varied needs and services associated with dental care, the AIDS Institute offers the following:

- **Clinical Practice Guidelines**: *Oral Health Care for People With HIV Infection.* This state-of-the-art booklet is 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.

- **Educational presentations:** The New York/New Jersey AETC RRC and the Clinical Education Initiative (CEI) offer specialized trainings in HIV oral health care to meet specific agency and individual needs of dentists, dental hygienists and dental assistants while providing educational credits. Training is available in a variety of formats ranging from didactic presentations to case presentations, clinical consultations and customized preceptorships. Available educational modules include but are not limited to the following:
    - **diagnosis and management of oral lesions;**
    - **post-exposure prophylaxis and accident prevention;**
    - **legal and ethical dental issues;**
    - **dental treatment modifications for HIV infected patients; and**
    - **dental management of HIV infected pediatric patients.**

- **HIV Oral Health Resource Directory:** This resource, organized by region and borough, is intended as a referral tool for providers and individuals seeking oral health services.

- ***Promoting Oral Health Care for People with HIV Infection - Best Practices*:** This booklet and/or DVD provides health care practitioners and administrators with information to initiate and maintain a high standard of oral health care. Examples from model programs are included.

- **Technical assistance**: Technical assistance is available to oral health providers and administrators to assist in the development of new or expanded dental services responsive to the needs of HIV-infected persons.

- **Clinical performance quality indicators**: The Oral Health Guidelines Committee has developed quality of care performance indicators for HIV health care facilities that provide dental services.

- ***Good Oral Health is Important*:** This consumer brochure illustrates the importance of oral care and what the patient can do to promote oral health.

- ***Oral Health Care is Important – A Guide for Caregivers of Children with HIV:*** This consumer brochure highlights the importance of oral care for HIV infected children and the role of the caregiver in promoting oral health care.

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COMMUNITY ACTION FOR PRENATAL CARE INITIATIVE (CAPC)

The Community Action for Prenatal Care (CAPC) Initiative supports the development of community coalitions dedicated to the reduction of perinatal HIV transmission through the recruitment of high-risk pregnant women into prenatal care in targeted zip codes of the South Bronx, Central Brooklyn, Northern Manhattan, and Buffalo. The following lead agencies, experienced in community organization, provide CAPC services in each of the target areas: Bronx Lebanon Hospital Center, the Alliance for Family Education Care and Treatment in Brooklyn, the Northern Manhattan Perinatal Partnership, Inc. and the Buffalo Prenatal-Perinatal Network. Lead agencies are responsible for coordinating the activities of their local community coalitions, including implementation of a comprehensive model to reach high risk pregnant women who are not in prenatal care. The basic elements of the comprehensive model are:

- local planning;
- recruitment/referrals including:
    - direct outreach by specially trained outreach workers;
    - referrals from agencies serving high-risk women;
    - local social marketing.
- intake and transitional case management;
- user-friendly prenatal systems including training for health and human service providers.

In 2004, a Prenatal Care Linkage Specialist began outreach and engagement with pregnant women at New York City Department of Corrections' Rikers Island Jail. The specialist, employed by the New York City Department of Health and Mental Hygiene, provides continuity of care after release by linking pregnant women with a CAPC lead agency and other community services.

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CASE MANAGEMENT

The Bureau of Community Support Services oversees the Medicaid and grant-funded case management program, the case management training initiative, and the case management outcomes and quality improvement project. The Bureau also serves as a resource to the AIDS Institute and community agencies regarding case management systems and program development.

HIV/AIDS case management intended outcomes include, but are not limited to:

- Early access to and maintenance of comprehensive health care and social services;
- Improved integration of services provided across a variety of settings;
- Greater participation in and optimal use of the health and social service system;
- Increased knowledge of HIV disease and delay of HIV progression;
- Reinforcement of positive health behaviors; and
- Personal empowerment and improved quality of life.

Comprehensive Medicaid Case Management (CMCM)

The Comprehensive Medicaid Case Management (CMCM) Program, also known as COBRA Case Management, was implemented in 1990 and provides family-centered, intensive case management services. The targeted Medicaid-eligible populations include HIV-infected persons and their families, and high-risk individuals for a temporary period of time. The CMCM Program model utilizes a team of case managers and paraprofessionals to provide comprehensive and intensive case management services.

The program is designed for persons who have comprehensive service needs, require frequent contact with care providers, and have had difficulty accessing medical care and supportive services either due to issues with follow-up or because of barriers to service. Program goals are to: 5) provide access to services that foster independence and self-sufficiency; 1) ensure adherence to care and treatment; 2) prevent or delay institutionalization; 3) increase universal access to HIV-related services; and 4) promote early intervention.

There are currently 50 approved CMCM providers: 38 in New York City, 5 in the Long Island/Westchester regions and 7 in upstate New York. As of December 31, 2007, the program has served more than 142,079 individuals and the active caseload was 14,306. The program serves a predominately minority population, persons with mental illness, active substance users, and persons at advanced stages of illness. Of the total population actively served, 50% are African American, and 36% are of Hispanic origin. The program continues to be successful in targeting women and families. Fifty-five percent (55%) of the active caseload are women, many of whom have children. Case reviews and annual report information indicate that the program has produced positive outcomes for clients, including entrance into treatment, increased adherence with care regimens and increased use of services required for self sufficient functioning in community settings.

Grant-Funded Case Management

AIDS Institute grant funded case management activities are provided throughout New York State, and are available to persons living with HIV/AIDS (PLWH/A) in a variety of settings such as community health clinics, community based organizations, and AIDS service organizations. In addition to assisting PLWH/A to access and maintain medical and psychosocial services, case management activities may include negotiation and advocacy for supportive services, consultation with providers, navigation

through the service system, psycho-social support, and general client education. The goal of case management is to promote and support independence and self-sufficiency. As such, the case management process requires active participation of the client in decision-making, and supports a client's right to privacy, confidentiality, self-determination, dignity and respect. Services that are provided must be compassionate non-judgmental, culturally competent, and of high quality.

Case Management Training Initiative

The case management training initiative assists HIV service provider agencies, as well as other health and human service providers, throughout New York State to ensure the appropriate training of case management staff. Three Centers of Expertise in Case Management have been contracted to develop and deliver advanced curricula.

Training topics have included:

- Psychosocial Issues for Women Living with HIV;
- Case Management with Active Substance Users;
- Case Management with Clients Involved in the Criminal Justice System;
- Improving Documentation Skills for HIV Case Managers (available online);
- Building Bridges to Cultural Competency;
- Establishing Boundaries and Recognizing Counter-transference;
- Death, Dying & Bereavement;
- Personal Safety;
- Managing HIV as a Chronic Illness;
- HIV Family Centered Case Management;
- Supervision and Leadership for Case Management Programs;
- Interdisciplinary Case Conferencing;
- Advanced HIV Case Management Service Planning;
- Ensuring Success: Navigating the Child Welfare System in HIV Case Management; and
- Substance Use and HIV/AIDS: Improving Outcomes in Case Management.

New York State Department of Health, AIDS Institute Regional Training Centers also provide courses developed by the Centers of Expertise in Case Management including:

- Introduction to Case Management (available online);
- Enhancing the Partnership Between Client and Case Manager;
- Serving Families: From Assessments to Service Plans;
- Addressing Prevention in HIV Case Management;
- Mental Health Services: Ensuring Appropriate Referrals for HIV Positive Clients; and
- HIV Disclosure: Deciding Who and When to Tell.

By offering these trainings statewide, the AIDS Institute is able to accommodate the increased demand for training newly hired case management staff, enabling the Centers of Expertise to continue development and delivery of new training topics.

Case Management Outcomes and Performance Improvement Project

Since 1998, the Bureau of Community Support Services, with the participation of CMCM providers, has implemented and refined a system to measure case management client outcomes. The Bureau utilized external reviewers to measure indicators through retrospective chart reviews. Indicators covering key categories important to case management clients were selected and programs received reports that compared their indicators with other agencies in their geographic area. Programs are assigned with interpretation and utilization of outcomes and other data sources for program improvement. Workshops, conferences, and online resources in Quality Improvement theory and tools, using case management outcomes data as examples, are provided to agency staff along with customized on-site workshops and consultation. Quality Improvement collaboratives, consisting of representatives from several case management programs, used Rapid Cycle methodology to address common program challenges identified through outcomes and monitoring data. The next phase of the outcomes project, case management programs recording standard core client medical, substance use, mental health, and housing outcomes into a universal reporting database is under way. This project will make reporting outcomes a routine part of the case management process, and will facilitate program access to their own outcome data through a variety of reports for use in quality improvement efforts.

Standards

Universal standards were developed through a collaborative process to define case management, describe updated models of case management services, and clarify service expectations and program requirements. AIDS Institute Standards for HIV/AIDS Case Management are available at: http://www.health.ny.gov/diseases/aids/standards/index.

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RYAN WHITE HIV CARE NETWORKS

The AIDS Institute manages 11 regional/borough-wide HIV Care Networks (consortia) through Part B of the Ryan White HIV/AIDS Treatment Modernization Act of 2006. These Networks, located throughout New York State, are local associations of health care providers, community-based organizations, community leaders, and persons both infected and affected by HIV/AIDS.

The mission of the Networks is to promote a coordinated community response that results in improved access to care and supportive services for those infected with HIV/AIDS. The vision of the Networks is a comprehensive continuum of high quality services that is responsive to the needs of people infected with HIV/AIDS. The Networks undertake the mission through the following activities:

- **Promotion of a full complement of HIV/AIDS care and services** through the establishment of an active, vibrant, participatory association of local and regional stakeholders that may include:
    - HIV/AIDS service providers;
    - People living with HIV/AIDS, their caregivers and loved ones;
    - Representatives of Ryan White Program (Parts A-F) and planning bodies in the region;
    - Local HIV/AIDS task forces;
    - Local and state government representatives;
    - Social services agencies (agencies serving special populations, related services);
    - Business associations;
    - Faith-based communities;
    - Community leaders, local associations and coalitions;
    - Representatives of individuals with HIV disease who formerly were prisoner; and
    - Other parties committed to making a fully functioning, quality HIV/AIDS service system.
- **Identification of populations and subpopulations of individuals and families with HIV disease,** particularly those experiencing disparities in access and services.
- **Regular assessment of service needs to identify barriers to care and gaps in the service delivery system.** Propose solutions to address barriers through the development and implementation of strategies that focus on coordination of community resources and/or the identification of new resources.
- **Identification of emerging issues,** especially those with potential impact on the HIV/AIDS service system and the lives of those living with HIV/AIDS.
- **Development of a service plan,** identifying populations and subpopulations of individuals and families with HIV disease and describing regional service needs, gaps and emerging issues.
- **Promotion of consumer involvement** to enable HIV-infected individuals to participate in and inform HIV/AIDS policy and program development to assure that the needs of PLWH/A are addressed.
- **Educational and awareness** activities for providers and consumers that result in an improved understanding of the HIV/AIDS service delivery system as well as advances in HIV/AIDS care

and treatment. Inform legislative, government and community stakeholders at the local and state levels of regional needs related to HIV/AIDS and stimulate action to address those needs.

- **Clearinghouse for updated regional HIV/AIDS information, including information on available services, local epidemiology, and other data.** Facilitate flow of information to service providers and other community members about the local impact of the epidemic and available resources.
- **Statewide Coordinated Statement of Need (SCSN):** Provision of input to the Ryan White SCSN and participation in SCSN activities.
- **Collaboration with the AIDS Institute** to meet common goals, disseminate information to the community, provide input and feedback from communities to the AIDS Institute, and incorporate AIDS Institute initiatives into Network activities.
- **Participation on the Statewide AIDS Services Delivery Consortium (SASDC), a statewide advisory body** charged with consulting with the AIDS Institute on population and region specific issues related to HIV/AIDS care, identifying emerging needs and gaps, and making policy recommendations.

Networks operate under the auspices of Lead Agencies that are selected through a competitive RFA process. Lead Agencies provide administrative and programmatic leadership, guidance to the Network.

The 11 Statewide HIV Care Networks funded by the AIDS Institute are:

- **Western New York** *(Niagara, Orleans, Genesee, Erie, Wyoming, Chautauqua, Cattaraugus, Allegany)*
- **Finger Lakes** *(Monroe, Wayne, Ontario, Livingston, Yates, Seneca, Steuben, Schuyler, Chemung)*
- **Central New York** (*St. Lawrence, Jefferson, Lewis, Herkimer, Oneida, Oswego, Onondaga, Cayuga, Cortland, Madison, Chenango, Broome, Tioga, Tompkins)*
- **Northeastern New York** *(Franklin, Clinton, Essex, Hamilton, Warren, Fulton, Saratoga, Washington, Montgomery, Schenectady, Rensselaer, Schoharie, Albany, Greene, Columbia, Otsego, Delaware)*
- **Hudson Valley** *(Sullivan, Ulster, Dutchess, Orange, Putnam, Rockland, Westchester)*
- **Long Island** *(Nassau, Suffolk)*
- **Manhattan**
- **Brooklyn**
- **Bronx**
- **Queens**
- **Staten Island**

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MENTAL HEALTH INITIATIVE

Mental health and HIV/AIDS research reflects the complex relationship and need for coordinated care among multiple service delivery systems. Treatment of the triply diagnosed, or those struggling with HIV infection, mental illness and substance abuse, calls for coordination and integration of services.

Since 1999, the New York State Department of Health AIDS Institute (AI) has funded programs specifically designed to assess and treat mental health problems in persons with HIV/AIDS and ensure individuals' access to a range of services that facilitate retention in mental health and primary care. The Bureau of Community Support Services oversees the Ryan White Part B Mental Health Initiative which includes statewide contracts for the provision of direct mental health services to persons living with HIV/AIDS, and training and technical assistance to enhance the effectiveness of professionals involved in the delivery of mental health services to persons with HIV/AIDS.

All AI-grant funded programs are expected to comply with AI Mental Health Standards of Care as developed by a statewide workgroup composed of AI staff and clinical experts in the fields of mental health, HIV and substance use. Two program models are funded: direct services and training and technical assistance.

Direct Services for Persons with HIV/AIDS

The goal is to assure that persons with HIV/AIDS have access to a range of services that facilitate retention in mental health and primary care and increase medical and psychiatric treatment adherence. The AI currently funds 20 programs to provide a continuum of mental health services to persons with HIV/AIDS who do not otherwise have access to such services. Multidisciplinary mental health treatment teams provide an integrated treatment program in which team members share responsibility for the individuals served, and treatment plans are the result of a collaborative effort between team members and clients. The range of treatment and services is comprehensive and flexible, with home visits and intensive care coordination provided as needed.

Mental health treatment programs are required to make the following services accessible:

- Initial assessment/evaluation;
- Treatment planning;
- Crisis intervention;
- Psychotherapy (individual, family or group);
- Psychiatric services (psychiatric and medication evaluation; monitoring and follow-up);
- Clinical supervision; and
- Care coordination to support mental health and medical treatment retention.

The mental health treatment team model is intended to enhance communication of relevant clinical information among providers, help increase adherence to evidence-based care and reduce unnecessary hospital stays and emergency room visits. Effective mental health treatment should assist persons with HIV/AIDS to reduce symptom distress and increase independent functioning, improve performance, and gain access to and retention in health care and support services.

Training and Technical Assistance

The goal of these programs is to improve the medical outcomes of persons living with HIV/AIDS by increasing the number of health care providers who are educated and motivated to counsel, diagnose, treat and medically manage individuals with mental illness and HIV infection, through the delivery of an array of consultation and training interventions throughout the state. These activities include the provision of individual agency-specific psychiatric consultation, the establishment of training programs that respond to unique regional needs or changes in the mental health field; and the coordination of regional and statewide seminars for the community and mental health providers working with persons with HIV/AIDS.

The AI currently funds programs to provide the following services:

- **HIV Psychiatric Consultation** responds to HIV/AIDS medical and psychiatric provider needs by ensuring that providers are able to offer services that at a minimum include: diagnostic assessment and treatment recommendations; medical evaluation (including drug interactions); clinical and psychiatric consultation, including child and adolescent psychiatry; and other technical assistance as needed.

- **Training and Professional Development** in advanced mental health practice includes, but is not limited to: understanding medical issues impacting psychiatric disorders and the neurological aspects of HIV; ways to better engage clients in treatment; education and training on the care of the triply diagnosed client; advice on legal and ethical issues related to mental heath; science and evidence based best practices; methods to measure and evaluate client outcomes; and training for mental health workers and other professionals about specific HIV treatment and the benefits of staying connected to the health care system.

- **Community Psychoeducation** includes consumer mental health forums; training for community providers on the unique service needs of persons with HIV/AIDS in need of mental health and substance use treatment; and education to reduce stigma and discrimination associated with both mental illness and HIV/AIDS.

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NUTRITION INITIATIVE

Good nutrition is essential to the management of HIV infection. Persons living with HIV/AIDS (PLWH/A) have special dietary requirements that must be taken into consideration as they are prone to nutritional problems as a result of compromised immune systems, poor absorption of nutrients, and poor diets due to the symptoms of the disease and/or the side effects of treatment. Many of these problems can lead to malnutrition resulting in lengthy and costly hospitalizations. Food and nutrition services (well balanced safe meals, nutrition assessments, counseling, and education) and highly active antiretroviral therapy can prevent or lessen the effects of malnutrition related to HIV and HIV-related conditions. In addition, nutrient dense meals and food packages tailored to the specific needs of PLWH/A can assist in maximizing the benefits of any medical interventions or supportive care. Nutritious food profoundly affects the immune system, may delay disease progression, increases tolerance of medical treatments and can have a major impact on the quality of life.

The intent of the Nutrition Initiative is to support nutrition interventions that improve, maintain and/or delay the decline of PLWH/A health status, and assist them to remain in their communities. The goal is to provide clients with the knowledge and skills necessary to be able to purchase and prepare nutritious food and meals.

The AIDS Institute Nutrition Initiative includes the provision of nutrition services and food and meal components as follows:

Food and Meal Services

- Home-Delivered Meals (hot and/or frozen) help to maintain or improve the health and well being of home restricted individuals with HIV/AIDS by providing high calorie, high protein, therapeutically tailored meals and snacks. For PLWH/A who lack the ability to shop for and prepare food, home-delivered meals fulfill a critical need, often allowing them to remain in the community longer.

- Congregate Meals are served in community locations fostering access to health care, prevention, and supportive services, while meeting the nutritional needs of PLWH/A. Many individuals using the congregate meal programs are indigent, homeless, or in marginal housing which lack kitchen facilities and food preparation equipment.

- Food Pantry Bags and Food Vouchers allow PLWH/A with limited financial resources access to nutritious food. In conjunction with nutrition services, PLWH/A are able to increase their levels of independence by preparing meals and making their own food choices.

Nutrition Services

Provided by nutrition professionals: Registered Dietitians (RD), New York State Certified Dietitian-Nutritionists (CDN), Registered Dietitian-Eligible (RDE) or nutrition students supervised by a RD or CDN; include:

- Nutrition Assessments and Reassessments;
- Nutritional Counseling;
- Nutrition Group Education; and
- Bioelectrical Impedance Analysis (BIA)

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GENERAL LEGAL SERVICES

The General Legal Services initiative was established in 1990 to provide legal assistance for HIV–infected individuals. Legal assistance is provided for a wide variety of matters including consumer/finance, education, employment, health, housing, income maintenance, individual rights, and other miscellaneous benefits such as wills, health care proxies and advance directives. Many of the providers funded through this initiative have established pro bono networks which greatly expand access to legal services for those in need. This funding also provides training and technical assistance on HIV-related legal matters to staff and clients of health and human services agencies.

A total of six organizations are funded statewide through this initiative, one of which provides the technical assistance and training. The direct service organizations are located outside of New York City and cover the Buffalo, Rochester, Albany, Lower Hudson Valley and Long Island regions.

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STATEWIDE AIDS SERVICE DELIVERY CONSORTIUM (SASDC) FOR SPECIAL POPULATIONS

The Statewide AIDS Service Delivery Consortium (SASDC) Advisory Group provides input and guidance to the AIDS Institute on a wide array of policy areas including the unique needs of six special populations who are underserved and require collaborative interventions. The six special populations are: 1) men of color who have sex with men; 2) mentally ill chemical abusers; 3) the homeless; 4) prison releasees, parolees and probationers; 5) immigrants and the undocumented; and 6) migrants and seasonal farm workers.

SASDC is a diverse statewide body comprised of individuals including health care providers, community based organizations, persons living with HIV/AIDS, and the network coordinators from each of the eleven Ryan White HIV Care Networks located in regions throughout the State. SASDC undertakes its responsibilities by:

- serving as a forum to draw on the expertise, information, and experience of consumers, providers, and community members with the intent of identifying barriers and service needs of people living with HIV/AIDS;
- identifying barriers to care faced by marginalized populations and helping to define the unique service needs of the HIV infected/affected population;
- advising the AIDS Institute on matters pertaining to the Ryan White Part B program by identifying service needs and gaps for marginalized populations throughout New York State; and
- advising and collaborating with the AIDS Institute on program design and targeted funding initiatives that meet service needs, and addressing barriers to care for underserved special populations.

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HOUSING AND SUPPORTIVE HOUSING PROGRAMS

The Housing Programs Unit provides administrative oversight to organizations throughout New York State that provide a continuum of housing and supportive housing services to homeless or inappropriately housed individuals with HIV/AIDS and their families. The overall goal of the Housing Initiative is to ensure a flexible continuum of care that empowers individuals and families to live as independently as possible and to avoid homelessness.

Findings from a 2004 comprehensive statewide housing needs assessment of persons with HIV/AIDS helped guide the direction of State and federal housing dollars through a competitive solicitation. This solicitation resulted in awards to 24 housing providers funded to meet the continuum of housing and supportive housing needs of this population.

- **Enhanced Supportive Housing Services** address the housing needs of special and underserved populations including those who are at risk of losing housing or who are significantly challenged to remain in housing. Funding is intended to assist clients to obtain and maintain stable housing, support the greatest possible level of consumer independence and improve access to and participation in a full continuum of care services. Funded services include independent living skills development; mental health support services; non-intensive case management; nutrition services/meals; substance abuse support services; supported housing coordination; transportation services; and vocational education. Eighteen (18) housing providers are funded to deliver these services statewide.

- **Housing Placement Assistance and Referral Services** are provided by agencies that serve as centralized points of contact in designated regions outside New York City. Funds support the staffing of a full or part time HIV/AIDS housing specialist to provide these services within multiple counties or a designated region. Housing placement assistance and referral services are intended to improve coordination and timeliness of housing placement services; locate and place clients in appropriate, permanent housing; and promote clients' housing retention and stability. Funding also supports essential items such as household start-up kits. Seven (7) housing providers serving Long Island and Upstate New York are funded to deliver these services.

- **Financial Assistance** provides one-time only emergency assistance (broker's fee, moving expense, security deposit, rent, utility, minor renovation) and short-term rental and utility assistance (cumulative lifetime limit of 24 months) to persons with HIV/AIDS, outside New York City. Financial assistance helps consumers obtain and maintain safe, appropriate and affordable housing and to prevent eviction and utility shut off. This type of assistance promotes housing retention and stability, augments housing placement assistance and referral services by enabling consumers and their families to relocate to more appropriate housing if necessary, and promotes access to medical care. Funds are used as dollars of last resort. Nine (9) housing providers are funded to deliver financial assistance in Long Island and Upstate New York.

- **Operational Support in AIDS Housing (OSAH**) funding is transferred to the Office of Temporary and Disability Assistance to provide operational support to housing providers who received Homeless Housing Assistance Program (HHAP) funding to establish a continuum of residential options for previously homeless persons with HIV/AIDS and their families. Funds are also used to provide residents with necessary support services for which funding is not otherwise available.

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New York/New York III Supportive Housing Agreement

The New York/New York III Supportive Housing program is a cooperative agreement signed November 3, 2005 by five City and five State agencies to provide 9000 new units of supportive housing in New York City over the next ten years to the chronically homeless population, including those with HIV/AIDS. The New York State Department of Health AIDS Institute has been given the responsibility for the development of a total of 500 supportive housing units; 300 congregate and 200 scatter-site. The overall goal of this initiative is to reduce homelessness, and provide safe and affordable housing and supportive services to clients who meet the eligibility criteria.

Those eligible for these supportive housing units include chronically homeless single adults who are persons living with HIV/AIDS, who are clients of New York City's HIV/AIDS Services Administration (HASA) or who are clients with symptomatic HIV who are receiving cash assistance from the city, **and** who suffer from a co-occurring serious and persistent mental illness, a substance abuse disorder, or a MICA disorder. Chronic homelessness is defined as a single adult who has spent at least two of the last four years in a homeless shelter or living on the street, or a single adult who is disabled and has spent at least one of the last two years in a shelter (such as HASA emergency housing) or living on the street.

The AIDS Institute participates on the NY/NYIII Oversight Committee and the Evaluation Standing Committee comprised of City and State partner agencies. The evaluation of NY/NYIII will assess the effectiveness of the supportive housing program in decreasing the use and cost of publicly funded health-care and social services, reducing chronic homelessness and incarceration-related events, improving the health of participants, and increasing appropriate substance use and mental health services utilization.

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MEDICAL TRANSPORTATION SERVICES

Lack of transportation imposes a significant barrier to service access for people living with HIV and AIDS (PLWH/A). For PLWH/A living in rural areas the lack of public transportation often reduces options for health care and social services; and for those living in areas with public transportation, taking multiple buses and subways to access care can negatively impact their overall health. In addition, many HIV positive individuals do not have the financial means to cover the cost of transportation to access critically needed services.

Medical Transportation services enable PLWH/A to access and maintain the necessary and appropriate health and supportive services that assist them in remaining healthier longer, and includes: vans, taxis/cabs, disbursement of metro cards, car mileage, and ticket reimbursement. Transportation services are to be used to provide conveyance for health care and support service appointments. Transportation services are not intended to support emergency ambulance services or supplant services that are currently provided by Medicaid or other transportation programs.

Many community-based agencies have included a transportation component in their overall service delivery plan to provide access to services on- or off-site. These services include conveyance to sites that offer HIV-related services.

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THE HIV CLINICAL EDUCATION INITIATIVE

The HIV Clinical Education Initiative (CEI) is designed to meet the educational needs of community providers caring for patients with HIV and AIDS. The goal of the initiative is to increase access to quality HIV care in New York State by providing progressive HIV education to clinicians and supporting the networks of care for patients with HIV. CEI collaborates with the New York/New Jersey AIDS Education and Training Center (AETC) and other educational organizations in order to maximize local resources and reach providers throughout New York State.

CEI is in the process of establishing six Centers of Excellence to focus on content areas that have been identified as public health priorities:

Post-Exposure Prophylaxis (PEP), Testing and Diagnosis
The PEP, Testing and Diagnosis Center targets emergency room and urgent care providers to increase screening for HIV, identify unrecognized HIV infection, and implement post-exposure prophylaxis. This center also supports a 24-hour, toll-free provider hotline for consultation on PEP (1-888-448-4911).

Prevention and Substance Use
The Prevention and Substance Use Center offers trainings for HIV primary care providers in addressing prevention for positives and substance use through increased screening, risk assessments, and behavioral counseling.

Mental Health
The Mental Health Center trains primary care providers in the identification and management of mental health issues most commonly encountered by HIV providers.

Clinical Education for Upstate Providers
The Upstate Center provides general HIV clinical education for community providers in upstate New York. The Center also operates the **CEI-Line**, a 24-hour toll-free consultative support phone line for practitioners to discuss case-based HIV clinical care with an HIV specialist (1-866-637-2342).

Technology
The Technology Center offers on-line HIV clinical education materials, including webcasts, podcasts, self-assessment tools and CME activities at the HIV Clinical Resource website: www.hivguidelines.org.

Resource, Referral and Evaluation Center
The Resource, Referral and Evaluation Center has been designed to be the centralized resource for HIV education and training in New York State and to assist HIV programs to develop educational plans for their staff. This center is planned to conduct the CEI program evaluation and each Center's educational activities.

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HIV/AIDS TRAINING SERVICES

Non-physician health and human services providers require ongoing training to provide effective HIV prevention, care and support services. HIV/AIDS Training Services, within the AIDS Institute's Office of the Medical Director, implements four distinct training initiatives to meet these needs. Overall, the initiatives offer approximately 500 days of training annually in more than 70 different training courses. These programs reach approximately 10,000 health and human services providers each year. Emphasis is placed on keeping pace with advances in science, policy and program development. The latest HIV/AIDS training calendar is always available on the DOH website at: ***http://www.health.ny.gov/diseases/aids/training/index.htm***

Specific training initiatives include:

- Regional Training Centers
- Authorized Training Agencies
- Centers of Expertise
- State Board Training Consortium

Regional Training Centers

Regional Training Centers in each area of the state offer a variety of trainings on HIV/AIDS, including: HIV prevention; HIV counseling and testing; case management; critical social issues related to HIV/AIDS; viral hepatitis; harm reduction; cultural competency, HIV and STDs, and informational updates. Based on regional demand and on-going needs assessments, training centers offer courses from a menu of more than 40 different trainings. Each training center regularly offers job-specific introductory training for staff that serve as outreach workers, HIV prevention specialists, HIV test counselors and case managers. Regional training centers are uniquely poised to provide training about new state regulations that affect HIV/AIDS services. New courses are continually being added to the menu. Some recent course additions include: It's Time! Integrate Viral Hepatitis Into Your Work; Enhanced Outreach; Improving Health Outcomes for HIV Positive Inmates Transitioning from Correctional Settings to the Community; and, Using Harm Reduction to Address Sexual Risks with Drug Users and their Partners.

2008-2009 Training Program Registration Centers

NYC Region……....Cicatelli and Associates, Inc……..……..…….…….....212/594-7741

NYC Region…….NDRI Inc……..……..212/845-4550

NYC Region…..…….....AIDS Community Research Initiative of America.....212/ 924-3934

Nassau/Suffolk……..…..Center for Public Health Education……..…….…....516/444-3245

Lower/Mid-Hudson……..AIDS Related Community Services…….……914/785-8364

Capital/North Country.….Professional Development Program .....…….518/956-7868

Central New York.……Reach CNY…….……..…315/424-0009

Southern Tier.....…...…..Southern Tier AIDS Program…….……607/798-1706

Finger Lakes Region.…...Center for Health and Behavioral Training.…….....585/ 753-5382

Western Region..…….American Red Cross of Greater Buffalo Chapter…..….716/ 878-2391

Centers of Expertise

In an effort to ensure the availability of advanced, state-of-the-art training in certain specialized topic areas, the AIDS Institute has established the following training Centers of Expertise:

- HIV/AIDS Case Management;
- Behavioral Social Science;
- Harm Reduction;
- Program Evaluation;
- HIV/AIDS Training of Trainers Programs;
- HIV/AIDS and Criminal Justice Settings; and,
- State Board Training Consortium

Each Center of Expertise is responsible for offering trainings across the state. Centers of Expertise possess significant demonstrated knowledge and experience in a specific topic area. They are charged with translating the latest findings in research and practice into skills-building trainings to further the capacity of health and human services providers to deliver prevention, care and support services to persons living with or at risk for HIV/AIDS.

Centers of Expertise in HIV/AIDS Case Management

Cicatelli and Associates, Inc.....…..…….....212/594-7741
Center for Public Health Education.....…..…….…..... 631/444-3245
Professional Development Program…....……..518/956-7868

The three Centers of Expertise in HIV/AIDS case management provide specialized, advanced training to staff who work in case management programs. These advanced trainings build upon the skills that participants learn during the three core case management trainings that are offered by the regional training centers. More than 10 additional trainings are offered including: Advanced HIV Case Management Service Planning; Interdisciplinary Case Conferencing; Ensuring Success: Navigating the Child Welfare System in HIV Case Management; Psychosocial Issues for Women Living with HIV; and, Substance Use and HIV/AIDS: Improving Outcomes in Case Management.

Center of Expertise in Behavioral Social Science

Center for Health and Behavioral Training.....585/530-4382

The Center for Health and Behavioral Training offers advanced courses in behavioral / social science including training on interventions from the CDC Diffusion of Effective Interventions (DEBI) initiative.

Center of Expertise in Emerging Issues in Substance Use and Harm Reduction

Harm Reduction Coalition 212/683-2334

The Harm Reduction Center of Expertise provides training on new issues in substance use as well as advanced training in the practice of harm reduction. Trainings have been offered on methamphetamines, opioid overdose prevention, working with people with HIV to reduce alcohol use and other emerging topics in harm reduction.

Center of Expertise in Program Evaluation
University of Rochester……..585/273-2586

The University of Rochester works closely with the AIDS Institute to provide community-based organizations with training in program evaluation. The University offers a series of trainings and technical assistance for program coordinators at AIDS Institute funded community-based organizations.

Center of Expertise HIV/AIDS Training of Trainers Programs
Reach CNY.....….….315/424-0009

To improve the quality of HIV/AIDS training programs, the Center of Expertise in HIV/AIDS Training of Trainers prepares community-based organizations to offer selected AIDS Institute approved training programs, including "HIV Test Counselor Training," "Overview of HIV and AIDS," and "Community HIV/AIDS Educator" training. Community-based organization staff attends a training of trainers (TOT) program and receive AIDS Institute training materials. In order to be approved to offer trainings, trainees must pass a knowledge test and demonstrate training skills. Upon successful completion of the TOT, these agencies become "Authorized Training Agencies" (ATAs). In addition to providing the initial TOT, Reach CNY also offers periodic HIV/AIDS informational updates and has developed a quality improvement process and related materials for use by all ATAs.

State Board Training Consortium
Council of Community Services of New York State……. 800/515-5012

The State Board Training Consortium (SBTC) is a collaborative effort between five state agencies to improve governance of state–funded non-profits by providing a comprehensive series of trainings to board members of these organizations. SBTC trainings are conducted by the Council of Community Services of New York State (CCSNYS). CCSNYS offers 12 different trainings tailored to meet the unique needs of board members. Topics covered include: duties and responsibilities of board members; legal obligations; fiscal accountability; nonprofit accounting basics; human resource issues; quality assurance; board recruitment and retention; strategic planning; and ethics.

Authorized Training Agencies
Authorized Training Agencies (ATAs) are community-based organizations with expertise in HIV/AIDS and willingness to provide HIV/AIDS training to their own staff and/or to providers or the general community in their region. To date there are more than 100 community-based organizations, county health departments, hospitals and other organizations that serve as ATAs. ATAs do not receive specific funding from the AIDS Institute to provide training but they receive training and ongoing support. ATAs are prepared to offer one or more of the following AIDS Institute approved courses: "HIV Test Counselor Training," "Overview of HIV and AIDS", and "Community HIV/AIDS Educator." ATAs are able to tailor delivery of these training programs to meet the busy schedules of providers and they are critical to meeting the training needs of the HIV/AIDS work force in New York State.

HIV/AIDS Training Services: Training Data

1/1/2008 - 12/31/2008

Training Title	Times Delivered	Number Attending
Addressing Prevention in HIV Case Management	11	168
Addressing Prevention with HIV Positive Clients	9	171
Advanced HIV Case Management Service Planning	10	225
Assessing Sexual Risk Behaviors in HIV Case Management	2	66
ATA Update	3	32
Basic Information about Domestic Violence	18	346
Breaking Down Barriers: Navigating the Child Welfare System in HIV Case Management	2	36
Building a COBRA Case Management Team	1	13
Building Bridges to Cultural Competency	22	447
Building Bridges to Cultural Competency/COE	1	29
Clinical Trials Education Intiative - Training of Trainers	27	250
Community HIV/AIDS Educator Training	2	39
Developing Skills for Enhanced Outreach	12	201
Domestic Violence in Lesbian, Gay, Transgender and Bisexual Communities	14	236
Enhancing the Partnership Between Client and Case Manager	13	260
Ensuring Success: Navigating the Child Welfare System in HIV Case Management	1	9
Establishing Boundaries and Recognizing Counter Transference in Everyday Case Management	1	30
Group Facilitation Skills for STD/HIV Prevention Intervention	1	15
Group Facilitation Skills for STD/HIV Prevention Intervention	1	10
Growing Pains:The 411 on Adolescents and Sexually Transmitted Infections	1	20
Healthy Relationships	1	16
HIV and STD's	20	398
HIV Counseling and Testing for Occupational PEP	10	241
HIV Disclosure: Deciding Who and When to Tell	2	25
HIV Disclosure: Deciding Who and When to Tell	10	216
HIV Family Centered Case Management	2	36
HIV Testing in CBOs Serving High Risk Communities	1	22
HIV Testing in NYS: 2005Guidance	29	663
HIV Testing in NYS: 2005 Guidance/Tailored	1	6
HIV Testing Skills Practice Session	25	556
HIV Treatment Fraud	1	8
HIV Treatment Integration	1	21
HIV/AIDS Update	3	49
HIV/AIDS Confidentiality Law	38	805
HIV/AIDS Treatment Update	13	313
Improving Documentation Skills for Case Managers	4	113
Improving Health Outcomes for HIV Positive Individuals Transitioning of Correctional Settings	9	125
Integrating Viral Hepatitis for General Audience	3	54

Training Title	Times Delivered	Number Attending
Integrating Viral Hepatitis for General Audience	3	54
Integrating Viral Hepatitis for General Audience - RTC	5	93
Integrating Viral Hepatitis Into Your Work/Tailored Training	1	9
Interdisciplinary Case Conferencing	2	57
Introduction to Case Management	12	230
Mental Health Services: Ensuring Appropriate Referrals for HIV Positive Clients	11	183
Methamphetamines and HIV	3	57
More Choices, Safer Sex	4	44
Overview of HIV Infection and AIDS	36	722
Overview of TB and the TB/HIV Connection	1	19
Post Exposure Prophylaxis	1	13
Practicing the NYS Domestic Violence Screening Protocol	3	57
Promoting Adherence to HIV Treatment	13	278
Psychosocial Issues for Women Living with HIV	4	71
Reducing Perinatal HIV Transmission in the Prenatal, Maternity and Newborn Settings	2	27
Reducing the Risk and Harm of HIV	9	154
Safety Counts Training of Facilitators	1	17
Selecting Effective Behavioral Interventions	1	20
Serving Families: From Assessments to Service Plans	13	185
Serving Families: From Assessments to Service Plans	1	11
Sexuality and HIV/AIDS / Tailored	3	30
Sisters Informing Sisters About Topics on AIDS	1	9
Skills Practice and Implementation of Stage-Based Behavioral Counseling	7	130
Substance Use and HIV/AIDS: Improving Outcomes in Case Management	7	124
Supervision and Leadership for Case Management Programs	1	27
Tailoring HIV Counseling and Testing to the Unique Needs of Adolescents	6	92
The ABC's of Hepatitis and HIV	1	10
TOT-Train the Trainer HIV Test Counselor	2	18
Using Harm Reduction to Address Sexual Risk With Drug Users and Their Partners	6	99
VOICES/VOCES	7	68
What's New in HIV/AIDS	20	461
Working With At Risk Youth	2	28
Working with Children and Adolescents in HIV Families	1	25
Youth Basics Development	1	14
Grand Total - 71 Different Trainings	**513**	**9652**

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THE NICHOLAS A. RANGO HIV CLINICAL SCHOLARS PROGRAM

The Nicholas A. Rango HIV Clinical Scholars Program is a unique post-graduate education program designed to train clinicians in the management of HIV disease and the public health aspects of the HIV epidemic. The program is devoted to the development of highly qualified, broadly trained physicians, nurse practitioners, physician assistants, and dentists who have the commitment and skills needed for leadership in the rapidly evolving field of HIV.

The program, a collaboration between the AIDS Institute and selected academic medical centers, offers several training options. While focused on HIV ambulatory care, the program also offers concentrations in urban health and substance use and may be coupled with a fellowship or the pursuit of a relevant advanced degree.

The program requires a full-time, two-year commitment incorporating intensive academic, clinical, and independent study elements. Clinical preceptors, acknowledged experts in the field of HIV medicine, are assigned to the scholars and supervise their inpatient and outpatient clinical experiences. Clinical rotations, required and elective, are scheduled in both Designated AIDS Center hospitals and community-based settings.

A lecture and seminar series is scheduled at both the AIDS Institute and participating hospitals. Each scholar participates in an academic core curriculum in AIDS care and lecture series on public health and policy. Special topic seminars and conferences are offered at hospital training sites throughout the fellowship. Attendance at professional seminars and State and national conferences is encouraged and supported.

Each scholar completes an independent study/research project under the supervision of a mentor. A final report on the project activity is required to complete the fellowship.

Scholars are selected competitively through the participating medical centers; those recommended are then reviewed by the AIDS Institute. All scholars receive a stipend, full benefits, and depending upon the options offered by the facility, tuition support. To graduate from the program, scholars must complete all required components of the program, i.e., attain a high level of competence in the clinical setting; participate in the core curriculum and didactic clinical lectures; complete an independent study project; and achieve a passing grade on a written clinical competency examination.

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PEOPLE LIVING WITH HIV/AIDS LEADERSHIP TRAINING INSTITUTE

The People Living with HIV/AIDS (PLWHA) Leadership Training Institute (LTI) provides training, skills-building, motivation, and education to PLWHA to support the development of involved and effective HIV-positive community leaders. First implemented in August 1997, the program was subsequently redesigned in 2007 to provide patient self-management skills development with the goal of improving health outcomes for PLWHAs based on policy changes under the 2006 Ryan White Treatment Modernization Act. The LTI offers individuals living with HIV/AIDS: a safe space to explore individual leadership strengths and goals; a better understanding of leadership opportunities in the AIDS community; experience in problem solving approaches to community issues; a strengthened ability to have a voice in the processes that determine what AIDS services are appropriate and needed; and an increased sense of personal empowerment.

LTI Core:

The LTI Core training program is a three-day introduction to community leadership issues for PLWHA. It includes topics such as: History of PWA Advocacy in New York State, Effective Leadership; and Identity, Diversity and Disclosure. A total of 1,445 individuals throughout New York State have participated in the LTI Core since its inception.

LTI Core Evaluation:

The evaluation of the LTI Core includes pre-intervention and short-term post-intervention assessments. Specific items included in the self-administered questionnaires measure pre-intervention advocacy activities, self-efficacy beliefs on activities relevant to training, general self-efficacy (self-esteem), and dimensions of self-empowerment (internal and external). All measures have been adapted from current behavioral science literature on empowerment and leadership. A comparison of indicators taken before and after the training provides information pertaining to the short-term impact of the LTI training.

Pre-intervention questionnaires were administered and completed by participants at all "Core" training sessions. Fifty-four percent (54%) of participants who completed pre-intervention assessments were African American males, 19% were Caucasian and 19% were Latino/a. Approximately 52% identified themselves as heterosexual, and 29% identified themselves as gay, lesbian or bisexual. About 61% of participants (n=881) completed six-month follow-up evaluation questionnaires and gave high ratings to the LTI Core experience. Ninety percent (90%) reported that they found the training very useful in developing their role(s) as community organizers, 70% reported that they had increased their involvement with HIV/AIDS-related organizations, and 52% became members of community advisory boards.

Many LTI graduates are in strategic leadership positions on local, statewide, national, and international HIV/AIDS planning and decision-making bodies including Ryan White Part A Planning Councils, Part B Consortia, HIV Prevention Planning Groups, and boards of directors of AIDS service organizations. Feedback from participants indicated that many changes have occurred at the personal level, including increased self-confidence and feelings of self-empowerment. Participants stressed that they were able to handle a wide range of situations, were able to articulate concerns, felt more respected, and were better prepared to address personal challenges. Eighty-eight (88%) of respondents reported disclosing their HIV status to people outside of their immediate family and close friends.

Self Management Training:

Due to policy changes under the Ryan White HIV/AIDS Treatment Modernization Act of 2006, the LTI was re-designed in early 2007 to provide training to PLWHAs in the areas of HIV health care education and empowerment. The new training entitled, "Self-management: Becoming Your Own Health Care Advocate," is a three-day introductory workshop on understanding and managing one's own HIV health care. The principal goal of this workshop is to improve access to, utilization of, and retention in care for PLWHA to improve their health outcomes. The training includes curriculum topics on: the importance of getting into care and considerations for selecting a health care provider; quality of care issues and New York State standards of HIV care; improving communication with clinicians; understanding lab values; HIV medications and adherence; nutrition, substance abuse, and mental health concerns; and living well with HIV/AIDS and other health conditions. On the last day of the training, participants create individual action plans that include identifying goals for improving their HIV health care, and they are matched with a trained PLWHA peer mentor for six months.

A total of 41 peer mentors were trained in August 2007 and July 2008 to work with graduates of the self-management training. Topics delivered during the peer mentor training included: understanding New York State standards of HIV health care; mentor roles and responsibilities; establishing and maintaining appropriate mentor/mentee boundaries; New York State HIV confidentiality law; LTI policies and procedures; helping mentees connect with health care or other service providers; and following up with mentees for evaluation and reporting. Peer mentors coach and work with PLWHA mentees on ways to use their skills and information gained in the self management training to access regional health care services to support their retention in care, build strong relationships with their health care providers, advocate for their own or their families' HIV health care needs, maintain adherence to treatment regimens, and advocate for others in their communities.

Between October 1, 2007 and July March 31, 2008, 27 peer mentors were assigned to two to three mentees at the conclusion of each of the eight self-management trainings offered. A total of 66 PLWHA participated in trainings that were held in Buffalo, Rochester, Syracuse, Albany, White Plains, Long Island and New York City. Mentors are supervised by LTI staff through a combination of in-person meetings, individual phone calls, regional conference calls, and email. Mentor-mentee encounters are tracked and reported using forms developed by LTI staff.

New York City Planning Council Training Series:

Funding from the New York City Department of Health and Mental Hygiene is used to support trainings on "Working Effectively in Groups," "Community Planning," "Understanding Data," and "Priority Setting and Resource Allocation" for PLWHA members of the New York City Part A HIV Health and Human Services Planning Council and PWA Advisory Group. Sixty-eight individuals from New York City participated in these trainings between July 1, 2007 and June 30, 2008 to strengthen their participation in Ryan White Part A community planning processes.

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HIV/AIDS MATERIALS INITIATIVE

The Office of the Medical Director's HIV/AIDS Materials Initiative coordinates an HIV educational materials development and distribution program through which new materials are produced and existing materials are updated. New York State health and human service providers and the general public may request HIV/AIDS publications, audio and videotapes, and computer software free of charge. AIDS Institute staff work with HIV/AIDS service providers and consumers to develop materials.

The Materials Initiative encourages and supports electronic dissemination of educational materials whenever possible. Staff maintain an inventory of over ninety consumer educational materials that cover a wide range of topics related to HIV prevention, care, and services. Most materials for consumers are available in downloadable format on the New York State Department of Health website at www.health.ny.gov. Materials for providers are available at the HIV Clinical Resource website at www.hivguidelines.org.

Consumer materials are offered in a variety of languages and formats, including brochures, posters, bookmarks, videos, computer software, wallet cards, magnets, scratch-off cards, and booklets. The materials are designed to appeal to a number of specific target audiences including: adults, women, children, adolescents, injection drug users, and people living with HIV/AIDS. Materials are developed with considerable input from members of the intended target audiences. As part of our focus on health and literacy, several materials that target persons with low literacy have been added to the inventory.

The Materials Initiative publishes and periodically updates an HIV/AIDS Consumer Educational Materials Order Form that contains descriptions and ordering information for available materials. New and revised materials are disseminated electronically, through mailings, or at local, state, and other public health-related conferences and exhibits. On-line ordering for consumer materials is available on the Department's website at: http://www.health.ny.gov/diseases/aids/publications/orderinginfo.htm You can also visit the Department's website to download sample materials for consumers and the HIV/AIDS Consumer Educational Materials Order Form. You may also phone, fax, or e-mail requests for sample materials or the Consumer Materials Order Form to the contacts listed below.

The Materials Initiative also produces and distributes a Publications Order Form for providers that lists all guidelines and other educational materials and forms that are available for providers. You may order provider materials on-line at www.hivguidelines.org. Requests for the Provider Materials Order Form may also be phoned, faxed, or e-mailed to the contacts listed below.

***Contact*:**
For inquiries regarding HIV educational materials for consumers or to receive a copy of the HIV/AIDS Consumer Educational Materials Order Form or sample materials:

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To download HIV/AIDS educational materials for consumers and place an on-line order:
http://www.health.ny.gov/diseases/aids/publications/orderinginfo.htm

To download HIV educational materials for providers and place an on-line order:
www.hivguidelines.org

HIV QUALITY OF CARE PROGRAM

The AIDS Institute is committed to promoting, monitoring, and supporting the quality of HIV clinical services for people with HIV in New York State. The Office of the Medical Director coordinates quality improvement activities including the development of clinical performance measures derived from practice guidelines, on-site quality of care reviews, promotion of quality improvement activities, peer learning opportunities for HIV providers, and consultations to support on-site quality improvement efforts. The ultimate objective for each HIV program in New York State remains the development of a sustainable independent quality management program that reflects the capacity to dynamically analyze and continuously improve HIV treatment, care, and supportive services.

The Office of the Medical Director coordinates the participation of several groups of stakeholders to accomplish these tasks including: (1) an internal quality of care workgroup based at the AIDS Institute; (2) the AIDS Institute's Medical Care Criteria Committee, responsible for clinical guidelines development; (3) the HIV Quality of Care Clinical Advisory Committee, comprised of expert HIV providers who advise on the development, implementation, and refinement of the quality program; (4) the Quality Committee for HIV Medicaid Managed Care Special Needs Plans (HIV SNPs); (5) the New York City Part A Quality Management Program Advisory Committee; and (6) the AIDS Institute's Consumer HIV Quality Committee, a group of 20 persons living with HIV who represent diverse communities affected by the HIV epidemic in New York State. The interaction of providers and consumers with the AIDS Institute through these various groups allows New York State to remain responsive to the needs of the communities that it serves, while responding to changes in clinical and scientific knowledge.

Statewide quality of care program standards have been developed that apply to all HIV health care facilities, regardless of their caseload, location or service delivery model. These standards ensure that the best clinical care is provided to patients throughout New York State by improving systems of care delivery and by stimulating quality monitoring. In addition to medical chart reviews, organizational assessment tools have been created to determine the extent to which these program standards have been implemented. Annual assessments of providers' quality management programs are conducted by AIDS Institute staff and consultants. Data from these assessments are used to guide technical assistance and consultation to further enhance providers' quality management programs and to develop future strategies to advance the statewide Quality of Care Program.

All HIV programs throughout New York State were expected to self-report their quality of care performance data. In 2006, 163 HIV programs submitted their performance data based on a review of 5995 medical records. These results are being validated by an external review agency. With the assistance of the HIVQUAL software, performance data results are instantly available to HIV programs, allowing them to immediately utilize their data findings to prioritize upcoming quality activities. Data findings were presented to various provider stakeholders and consumer representatives. The Quality of Care Program expects that nearly 200 HIV programs in New York State will participate in the upcoming 2007 data submission.

Facility-based results of the quality of care reviews are presented as aggregate data so that providers can evaluate overall performance rather than focus on individual cases. Results for specific regions in New York State are provided as well, in a format that permits comparative evaluation and reference to performance standards while maintaining patient confidentiality. The results are used to target providers

for assistance and consultation, rather than to penalize. The 2006 New York State Performance Data Report with regional report of performance data has been issued for key quality indicators, and whenever possible, with longitudinal data.

Quality of care consultants provide professional assistance to build quality management programs in HIV clinical facilities throughout New York State. They work with clinicians and administrative staff to set priorities for improvement initiatives and develop plans for quality improvement and ongoing internal quality monitoring. Consultants provide education in quality improvement tools and techniques, assist with the interpretation of data, and promote creative thinking by facility personnel to improve performance.

The Quality of Care Program has established several HIV Quality of Care Learning Networks using a methodology adapted from the Institute for Healthcare Improvement Breakthrough Series model. The New York model combines ongoing on-site consultation with structured one-day or half-day group meetings that focus on quality management, also using existing performance measurement strategies. The goals of these networks are to improve the quality of HIV services, strengthen provider infrastructure and increase competency in performance measurement. Learning Networks currently underway include the following supportive program services: harm reduction services, food and nutrition, treatment adherence support, mental health, and case management. Ambulatory care groups currently engaged in these collaborative activities include 17 New York public hospital clinics, 14 co-located primary care programs in drug treatment clinics, 12 Designated AIDS Center hospitals that serve large HIV populations, 20 Part C funded Community Health Centers, a group of 15 upstate hospitals and community health centers, 8 Adult Day Treatment facilities, and 21 Adolescent Providers across the State. These Learning Networks provide a forum for peer learning which enables teams to exchange ideas through the network's activities.

The HIV Quality of Care Program continues to include people living with HIV/AIDS (PLWHA) in planning, implementing, and evaluating quality of care program activities. The HIV Quality of Care Consumer Advisory Committee has been focusing its attention on the following areas: involvement of consumers in quality activities, concerns of the deaf and hard of hearing community, and input in upcoming activities by the AIDS Institute. In 2007, a Youth Committee was formed to solicit feedback from HIV-infected adolescents and to routinely present concerns of the Youth Committee to AIDS Institute committees. Consumer Advisory Committee members continue to review upcoming adult and pediatric clinical guidelines developed by the HIV Clinical Guidelines Program.

Recent areas of emphasis have included patient retention, management of patients on antiretroviral therapy, and improving clinical information systems. Refinement of measurement strategies to enhance clinical outcomes based on available viral load and CD4 data has also become a major priority for the program as well as the capacity of all HIV programs in New York State to self-report their annual HIV performance data.

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AIDS INTERVENTION MANAGEMENT SYSTEM

The AIDS Intervention Management System (AIMS) was created in 1986 to collect, organize, and evaluate data associated with the care of HIV-infected patients. AIMS is responsible for utilization reviews for HIV-related inpatient stays and Medicaid-funded ambulatory care; quality of care reviews at Designated AIDS Centers (42 statewide) and ambulatory care facilities; and analysis and reporting of data gathered through all review activities and special studies.

The goals of the AIMS program, currently administered through a contract with Island Peer Review Organization include:

- creation of a review process that ensures services are necessary, appropriate, and meet professionally-recognized standards of care;
- development and management of data systems that support review activities and permit program evaluation and policy development; and
- identification of service needs and development of mechanisms to address shortcomings or inefficiencies.

During FY 2007, AIMS conducted approximately 46,035 reviews were conducted, including 27,693 quality-of-care reviews, 15,334 utilization reviews, up to 1,481 maternal-pediatric HIV prevention and care program reviews, and 3,008 Special Needs Plans program reviews. All quality-of-care reviews were conducted at ambulatory care sites. Reviews included the piloting or implementation of over 16 different quality-of-care algorithms at acute and ambulatory care facilities. Reviews were conducted at acute care providers other than Designated AIDS Centers in an effort to assure that all New Yorkers with HIV receive clinically appropriate services regardless of site. Utilization reviews resulted in approximately $2.6 million in Medicaid reimbursement denials.

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HIV CLINICAL GUIDELINES PROGRAM

The AIDS Institute's Office of the Medical Director directly oversees the development, dissemination and implementation of state-of-the-art clinical practice guidelines. These guidelines address the medical management of adults, adolescents and children with HIV infection; primary and secondary prevention in medical settings; as well as mental health and substance use treatment.

Guidelines Development: AIDS Institute clinical guidelines are developed by distinguished committees of clinicians and other experts with extensive experience providing care to people with HIV infection. Committees are charged with developing standards of care for patients in their areas of specialty. Committees meet regularly to assess current recommendations and to write and update guidelines in accordance with newly emerging clinical and research developments. External peer and consumer review of all new and revised guidelines ensures that opinion from outside the committees is incorporated.

Current committees include:

- Medical Care Criteria Committee (Adult);
- Committee for the Care of Children and Adolescents with HIV Infection;
- Dental Standards of Care Committee;
- Mental Health Committee;
- Women's Health Committee;
- Substance Use Committee;
- Physician's Prevention Advisory Committee; and the
- Pharmacy Committee.

New and updated HIV Clinical Guidelines are posted directly on the Program's *HIV Clinical Resource* website located at www.hivguidelines.org. All current guidelines as well as quality of care materials, including best practices booklets and slide presentations on clinical education topics, are available and may be downloaded from this site.

Guidelines Dissemination: Guidelines are disseminated to clinicians, support service providers and consumers through email notifications, targeted mailings and numerous AIDS Institute-sponsored educational programs. Distribution methods include the *HIV Clinical Resource* website, the Clinical Education Initiative, the AIDS Education and Training Centers (AETC), the HIV/AIDS Materials Initiative as well as at quality program activities. Over 80 current guidelines are posted on the website in both pdf and pda format, making them available to users throughout New York State and worldwide

Guidelines Implementation: Guideline recommendations are best implemented when they are actively disseminated through a coordinated plan to reach their appropriate target audiences, including clinicians, supportive services providers and consumers. Although one version of the guidelines may be appropriate for all of the groups that need the information, more often, specific versions of the guidelines are needed and are prepared for different audiences. For example, the AIDS Institute has produced a manual for consumers which explains antiretroviral therapy guidelines in non-clinical terms. A similar booklet was developed based on the mental health guidelines which is designed for the needs

of case managers and other non-clinical staff. Guidelines implementation materials and strategies remain a program priority.
The HIV Clinical Guidelines Program works with other programs in the AIDS Institute to promote adoption of guidelines. Clinicians, for example, are targeted through the Clinical Education Initiative (CEI) and the AIDS Education and Training Centers (AETC). The CEI provides tailored educational programming on site for health care providers on important topics in HIV care, including those addressed by the HIV Clinical Guidelines Program, and has added a technology center that may be accessed through the *HIV Clinical Resource* website. The AETC provides conferences, grand rounds and other programs that cover AIDS Institute guidelines topics.

HIV Education and Training Programs target supportive service programs and provide training on important HIV topics to non-physician health and human services providers. Training sessions are conducted in-person across the State as well as through video conferencing and audioconferencing.

The HIV Clinical Guidelines Program also works with the HIV Quality of Care Program to coordinate and promote implementation of HIV guidelines in New York State. By developing quality indicators based on the guidelines, the AIDS Institute has created a mechanism for measuring performance that allows providers and consumers to know to what extent specific guidelines have been implemented.

Finally, best practices booklets are developed through the HIV Clinical Guidelines Program. These contain practical solutions to common problems related to access, delivery or coordination of care. These booklets contribute to the overall effort to ensure that HIV guidelines are implemented and that patients receive the highest quality of HIV care possible.

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PART A HIV QUALITY MANAGEMENT PROGRAM

The Ryan White Part A HIV Quality Management Program measures health and supportive services, provides quality improvement facilitation, and builds capacity in facilities receiving Part A funding in the New York Eligible Metropolitan Areas, which includes New York City and Tri-county (Westchester, Rockland and Putnam counties). The Quality Management Program has built upon the existing infrastructure for quality management in New York State and integrates performance measurement of supportive service indicators—for example, case management—into the existing system of quality improvement activities developed for clinical providers. As a result, a comprehensive portfolio of clinical and non-clinical indicators has been developed, allowing performance reviews of all types of providers in order to measure and improve the quality of HIV services that are offered.

Performance indicators measuring the quality of support services have been developed for many Part A service categories, including ambulatory care, case management, food and nutrition, harm reduction, home care, treatment adherence, and mental health. These services cover more than 250 contracts among over 100 providers. Performance measurement reviews, conducted by professional peer review agencies, occur annually. The resulting performance review data are presented in aggregate as well as individual reports so that agencies are able to evaluate the systems of care at their institutions. These reviews provide both an assessment of the effectiveness of program services and stimulate quality improvement efforts.

In addition, the Part A Quality Management Program has established HIV Quality Learning Networks as vehicles through which providers are guided in the quality improvement process. These learning networks bring together provider participants from similar service categories to receive quality improvement guidance using the peer-learning model. Participants are able to exchange ideas through learning network activities. The networks, led by quality improvement experts allow providers to focus on improving the quality of their services and on sustaining improvements in their organizations. Organizational assessments are conducted by Part A quality management staff with each service provider to evaluate their quality program and identify areas for development or refinement. There are currently six learning networks of Part A providers: Mental Health, Case Management, Treatment Adherence Support, Food and Nutrition, Harm Reduction and Medical Case Management in Tri-county.

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HIVQUAL

HIVQUAL seeks to improve the quality of care delivered to persons with HIV in ambulatory care programs in New York State, in Ryan White Part C and Part D funded programs across the country and in President Emergency Plan for AIDS Relief (PEPFAR) focus countries through HIVQUAL International. The HIVQUAL US Program is a partnership between the New York State Department of Health AIDS Institute and Health Resources and Services Administration (HRSA), HIV/AIDS Bureau, Division of Community Based Programs, which has the primary goal of building capacity and capability for quality improvement among grantees of the Ryan White Treatment Modernization Act of 2006. Internationally, the Program offers consultation for capacity development for countries supported by PEPFAR, who wish to establish a national quality management program and in their HIV ambulatory clinics. Built upon the principles of quality improvement and models developed through New York's HIV Quality of Care Program, this Program guides HIV providers to build and sustain quality management programs.

Key principles of the model include using aggregate data to measure performance, measuring core HIV clinical indicators based on clinical practice guidelines, and providing quality improvement (QI) consultations. Specific strategies include:

- building internal organizational systems to sustain an HIV-specific quality management program;
- facilitating quality improvement initiatives using multidisciplinary teams;
- providing education about QI tools and methodologies;
- encouraging peer learning opportunities; and
- promoting support and commitment throughout the organization for quality.

At no cost to agencies, the program offers the HIVQUAL software, designed to capture data and generate reports to measure clinical performance, based on clinical practice guidelines. To respond to changes in clinical practice, the software is continually revised to ensure its consistency with current standards of care.

Through regional workshops and on-site consultation, providers and staff are offered education and training in organizational development to support quality improvement activities. This approach is designed to assist HIV programs to assess their HIV service delivery system, strengthen their HIV quality program, identify areas for improvement, develop and conduct quality improvement programs, and monitor and sustain beneficial changes over time.

In New York State, any health care provider accessing the enhanced HIV Medicaid reimbursement system should participate in the HIVQUAL program. Participation of all HIV providers is strongly encouraged, but not required by the New York State Department of Health.

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NATIONAL QUALITY CENTER

In the last two decades, care for individuals with HIV/AIDS in the United States has advanced at a phenomenal pace. However, gaps in care still exist across the country and many providers face barriers when trying to deliver high quality care through the Ryan White HIV/AIDS Program, access and capacity for clinical services have been created to provide life-prolonging treatment and care for people living with HIV throughout the United States. As people with HIV are living longer, the increasing complexity of clinical care and the changing dynamics of those living with HIV challenge providers to deliver appropriate care to meet nationally recognized standards.

The 2003 Institute of Medicine report, *Measuring What Matters*, which focused on the allocation, planning, and assessment of the Ryan White HIV/AIDS Program, highlighted the need to continue measuring and improving the quality of care provided by Ryan White funded grantees. The 2006 reauthorization of the Ryan White Program emphasized the importance of quality of care activities and directs all grantees to develop and implement quality management programs to assure appropriate treatment for the patients they serve. Significant progress has been made addressing challenges and barriers to implementation of guidelines for HIV care. However, shortcomings and gaps in the provision of quality care remain.

The New York State Department of Health AIDS Institute was selected to develop and implement the National Quality Center (NQC) to serve as the primary national resource for quality improvement and quality management in HIV care. Since its inception in 2004, the National Quality Center (NQC) has provided leadership and support in quality improvement for Ryan White Program-funded grantees nationwide. Funded by the HIV/AIDS Bureau of the Health Resources and Services Administration (HRSA), NQC was founded to meet the demonstrated needs of Ryan White HIV/AIDS Program grantees for technical assistance with quality improvement. The aim of this national initiative is to build among grantees the capacity to improve the quality of HIV/AIDS care and services across the United States.

NQC provides technical assistance on quality improvement to Ryan White grantees of all Parts across the country. The NQC partners with the Institute for Healthcare Improvement, the Academy of Educational Development, and consultants with expertise in HIV/AIDS quality management to provide state-of-the-art technical assistance and consultative services.

Information related to quality improvement is disseminated through a variety of vehicles. The newly launched NQC website at NationalQualityCenter.org, which currently hosts over 180 materials, posts comprehensive and up-to-date HIV quality improvement resources for HIV providers and consumers. The NQC website fosters a range of peer learning opportunities by allowing providers to post and share success stories, tools, and other resources recommended for use. The NQC listserv provides the opportunity to effectively broadcast quality improvement-related messages and creates a forum to exchange ideas among grantees. NQC exhibits nationally at conferences with strong participation of HIV providers to distribute quality improvement resources.

Training and educational fora are provided on a wide array of quality-related topics through national technical assistance calls, regional quality improvement workshops, the Quality Academy - an online quality improvement course program, and the Training-of-Trainers Program. Topics for educational training activities are prioritized based on needs assessments with grantees and HRSA staff and include: quality management 101 and HRSA quality expectations; developing quality management infrastructure; introduction to performance measurement and using data for quality improvement; engaging staff and consumers in quality improvement activities; and cross-Part collaboration for quality management.

The NQC Training-of-Trainers Program directly assists Ryan White Program grantees build capacity for quality improvement. NQC implemented this national Training-of-Trainers Program to expand the pool of trainers across all Parts and to provide networking opportunities for participants with other HIV providers from across the country. As of August 2008, nearly 300 trainers have been trained through the Training-of-Trainers program; these trainers have completed 350 training sessions for others.

Intensive, individualized on-site and off-site consultation is offered to Ryan White Program-funded grantees, specifically designed to meet the quality management expectations of the Ryan White Program. NQC contracts with a pool of quality improvement experts with extensive experience in various aspects of HIV care and quality improvement.

The National Quality Center, with support from HRSA, has led several national collaboratives to build capacity for quality improvement. These learning collaboratives include face-to-face learning sessions in which grantees share progress in their improvement projects and action periods, and teams test and implement changes to improve HIV care and report on established indicators. Participating teams receive support throughout the duration of the collaborative through scheduled conference calls, listserv, a dedicated website, and consultations by expert faculty members.

Annual Steering Committee meetings, with representatives of Ryan White grantees and HRSA, ensure that NQC efforts are responsive to grantee needs. In addition, a national Consumer Advisory Committee convenes twice a year to provide consumer input into NQC activities.

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HIVQUAL-International (HQ-I)

HIVQUAL-International (HQ-I) is a model for building capacity for quality management (QM) within the national health sector of countries around the globe supported by President's Emergency Plan for AIDS Relief and UNICEF. The model is designed to improve and strengthen HIV health care services at both the national and clinic level. Capacity for QM is built in parallel with a nation's Ministry of Health and local HIV ambulatory care clinics.

HIVQUAL-International was launched in Thailand in 2003 in partnering both the Thailand – US Cambodia, GAP-Thailand, HRSA and the Thai Ministry of Public Health. In addition to Thailand, the program has been implemented in Uganda, Mozambique, Namibia, Nigeria and Haiti. Pediatric programs have been implemented in Uganda and Guyana. Additionally, HQ-I is in the process of engaging Botswana, Rwanda, and Kenya, and anticipates that these countries will allocate funding for HQ-I activities.

When targeting a particular country and devising an international application, HQ-I adjusts its model for quality management together with staff from the country's Ministry of Health and with U.S. Government partners. HQ-I has adapted the three basic components of QM - performance measurement, quality improvement, and quality program infrastructure - into unique national models that can be integrated and sustained with existing national QM activities to meet the goals of a country's national AIDS program. Continued implementation of this approach through coaching and mentoring, peer learning through regional groups, and involving consumers in QM work contributes to the strength of health systems and promotes sustainable QM systems.

The need for HQ-I stems from the continued expansion of antiretroviral therapy (ART) delivery in countries supported by PEPFAR. The expansion of ART has successfully provided wide scale access to HIV treatment and reductions in HIV-related morbidity and mortality. This success is sustained, in part, through the systematic assessment of quality of services to assure that care is appropriate and adheres to national standards. Attention to quality of care is essential to identify whether resources are being used appropriately, whether those most vulnerable are receiving care, and to prevent harm through stimulating measurement that reflects adherence to national guidelines. Focusing on quality of care means focusing on implementation of guidelines at the local level and in specific organizational contexts of unique, low-resource healthcare settings. The initial emphasis of HQ-I has been to improve care of adults with HIV. Additional focus on pediatrics, prevention of mother-to-child transmission, and home-based care is planned. Implementation of these activities necessarily involves close coordination with the U.S. Government teams in each country and, with their support, other U.S. Government partners delivering successful HIV care, treatment and QM activities. Involvement of the Ministries of Health, integration of QM into national AIDS programs, and coordination with national quality monitoring programs is key to sustaining these activities.

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CONFIDENTIALITY AND HUMAN RIGHTS

Public Health Law Article 27-F, effective February 1, 1989, provides protection from inappropriate disclosure of HIV-related information about HIV infected/affected New Yorkers. The Special Investigation Unit (SIU) in the AIDS Institute has statewide responsibility for oversight and enforcement of Article 27-F.

The SIU receives, processes, and directly investigates alleged violations of Article 27-F that occur in unregulated entities, such as Community Based Organizations (CBOs) and some Community Service Providers (CSPs), and by physicians in private practice. Complaint reports regarding alleged violations in licensed health care facilities, such as hospital and long term care facilities, are referred to the appropriate bureau within the department for investigation under applicable regulations, with consultation provided by the SIU as needed. Complaint reports regarding alleged violations in other health and social service agencies that fall under Article 27-F, such as the Office of Alcoholism and Substance Abuse Services (OASAS) and the Office of Developmental Disabilities and Mental Retardation (OMRDD), are referred to the respective oversight agencies for investigation under the applicable regulations.

The SIU works with the New York State Division of Human Rights to resolve cases in which disclosure of HIV-related information resulted in discrimination.

The AIDS Institute's Special Investigation Unit also provides confidentiality training and technical assistance to providers. To date, the Unit has processed over 900 complaints of alleged violations of Article 27-F. This information is reviewed to monitor trends, frequency and outcomes.

For additional information about the Special Investigation Unit or to file a complaint:

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NEW YORK STATE AIDS ADVISORY COUNCIL

The New York State AIDS Advisory Council (AAC) was created in 1983 by Public Health Law, Article 27-E. The AAC is responsible for advising the Commissioner of Health and the AIDS Institute and for making recommendations regarding the State's response to the HIV/AIDS epidemic.

There are seventeen appointed Council members whose affiliations include educational and medical institutions; local health departments; nonprofit organizations, including the advocacy and service communities; legislators; and persons living with HIV/AIDS. The Governor appoints nine AAC members; three members are appointed by the Senate Majority Leader and three by the Speaker of the Assembly; two members are appointed by the Assembly and Senate Minority Leaders. The Governor designates the Chairperson of the AAC. No terms of office are specified in the authorizing legislation. AAC members receive no compensation for their services.

Council meetings are mandated to be held at least quarterly; currently the Council meets at least four times per year. Additional meetings may be called by the Chairperson. All meetings of the Council are open to the public.

The Council's accomplishments include the development and evaluation of the Expanded Syringe Access Program (ESAP); the recommendation for formation of the Interagency Task Force on HIV/AIDS which was created through an Executive Order in 1997; and the many reports developed and circulated including "Principles on HIV Testing of Defendants in Certain Crimes" (1996); "Report on Needle Exchange Programs and Deregulation of Needles and Syringes" (1996); "Report of the Ethical Issues in Access to HIV Treatment Workgroup" (1998); "Findings of the HIV Surveillance Workgroup" (1998); "Report on HIV/AIDS Services in New York State Correctional Facilities" (1999); "Communities at Risk: HIV/AIDS in Communities of Color" (2001); "Report on Syringe Access in New York State" (2005); and "Women in Peril, HIV & AIDS, The Rising Toll on Women of Color" (2005).

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NEW YORK STATE INTERAGENCY TASK FORCE ON HIV/AIDS

On September 10, 1997, Governor Pataki issued an Executive Order creating an Interagency Task Force on HIV/AIDS to more effectively coordinate AIDS-related policies and activities among New York State agencies. The Task Force was constituted for a two-year period.

The Task Force was charged with responsibilities including identification of areas of duplication and fragmentation among agencies and development of a plan to address problems; to promote efficiency and cost-effectiveness; and to educate state agency personnel on HIV/AIDS issues. The Task Force was also directed to establish a collaborative relationship with the New York State AIDS Advisory Council. A significant outcome of the Task Force has been an ongoing forum for extensive information sharing, networking and collaboration on HIV/AIDS issues by a broad array of state agencies. Task Force meetings continue to increase awareness of emerging issues related to HIV/AIDS and to identify areas of common concern and mechanisms for effective intra-agency collaboration.

Despite the fact that the official term of the Task Force expired in 1999, the Task Force has continued to meet periodically to provide a forum to facilitate continued intra-agency collaborations. Examples of issues that have been addressed by the Task Force include: faith-based prevention efforts; HIV/AIDS stigma and discrimination; prevention education for youth in criminal justice settings; and updates on HIV case reporting and partner notification.

Task force membership includes the commissioners and directors, or their designees, of all State agencies that serve individuals or groups at risk for HIV infection and AIDS:

Office of Children and Family Services
Office of Temporary and Disability Assistance
Office of Mental Health
Office of Alcoholism and Substance Abuse Services
Department of Education
Department of Correctional Services
Division of Housing and Community Renewal
Division of Parole
Division of Probation and Correctional Alternatives
Division of the Budget
Division of Criminal Justice Services
Division of Human Rights
Council on Children and Families
Office of Mental Retardation and Developmental Disabilities
Commission of Correction
Department of Labor
Department of Law
Division of Veterans' Affairs
Governor's Office of Employee Relations
Advocate's Office for Persons with Disabilities

Crime Victims Board
Insurance Department
Office for the Prevention of Domestic Violence

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COMMUNITY DEVELOPMENT INITIATIVE

The Community Development Initiative (CDI) raises HIV/AIDS awareness and supports communities of color in addressing HIV-related issues affecting their communities.

Through the CDI, providers:

- establish leadership networks to mobilize a community-based response to the HIV epidemic;
- identify community needs and develop strategies in response to issues identified;
- develop and implement interventions designed to increase awareness, build community support for safe behaviors, and provide priority communities with general information about HIV/AIDS programs and services; and
- develop and implement interventions aimed at reducing risk behaviors by impacting community norms, attitudes, and practices.

There are thirteen CDI funded agencies. These agencies have a history of serving communities of color, expertise in HIV/AIDS and a strong ability to work collaboratively with other local health and human service providers. Each CDI has developed an area of emphasis which is either geographically or population-based. CDIs also address specific emerging community issues. CDI programs currently target communities of African-Americans, Hispanics, Asian and Pacific Islanders, and Native Americans. Interventions aim to reach men of color who have sex with men, incarcerated individuals, substance users, adolescents, families, heterosexual men and women, young women with children, and other communities at increased risk of HIV infection.

CDIs have organized AIDS Leadership Coalitions (ALCs), composed of community leaders who represent priority populations and/or a geographic area. It is the responsibility of the ALCs to identify HIV-related emerging needs of the priority populations and strategies that will raise awareness and address the identified needs. CDIs also work collaboratively with other HIV and non-HIV service providers to successfully implement these strategies.

CDIs closely monitor policy at the national, state, and local levels with a focus on laws and regulations that impact people who are HIV infected or those at risk. CDIs provide recommendations to policymakers and act as a source of information for their communities. CDIs continue to be actively involved in activities at the state and national levels to address the devastating impact of the HIV epidemic on communities of color.

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NEW YORK STATE HIV PREVENTION PLANNING GROUP (PPG)

The federal Centers for Disease Control and Prevention (CDC) requires a Community Planning Process for states, cities and territories receiving CDC funding. In 1994, consistent with the Supplemental Guidance on HIV Prevention Community Planning and other documents issued by the CDC, the AIDS Institute established the NYS HIV Prevention Planning Group (PPG). The PPG is specifically designed to facilitate a collaborative process between the community and the New York State Department of Health. The PPG is constructed to facilitate participation by communities across the state and to provide a broad range of views to advise the AIDS Institute about programs that will be most successful in preventing HIV infection. This participatory community planning model has become an integral component of New York State's comprehensive HIV prevention program.

The PPG is an inclusive community planning group, with participation by people of varying races, ethnicities, genders, sexual orientations and ages as well as individuals with diverse educational backgrounds and professions. Participation by representatives of populations most affected by HIV/AIDS in New York State is encouraged and supported. Members come from all regions of the state. An individual becomes a full member of the PPG through appointment by the Commissioner of Health. Other PPG participants include community advisors and state agency representatives, further broadening input and involvement.

The primary responsibilities of the PPG are to utilize HIV prevention-related needs assessments to determine HIV prevention priorities and develop an HIV Prevention Plan for the State. This plan is submitted to the New York State Department of Health AIDS Institute and helps guide HIV prevention program funding and strategies.

The PPG's mission statement, as adopted by the PPG in July 1997, reads as follows:

The New York State HIV Prevention Planning Group, in partnership with the New York State Department of Health AIDS Institute, is dedicated to reducing the incidence of HIV and its consequences by:

- ensuring ongoing input from the diverse communities of New York State that are infected, affected and impacted by HIV/AIDS;
- designing, developing, reviewing, monitoring and evaluating the implementation of a comprehensive HIV prevention plan;
- responding to a changing epidemic by identifying and continuing to meet existing and unmet needs;
- ensuring that communities receive technical assistance and adequate resources; and
- ensuring both primary and secondary prevention of HIV infection.

Inherent in the process of effective community planning is maintenance of linkages with other advisory bodies whose missions incorporate many issues the PPG is charged with addressing. An ongoing linkage with the New York City PPG, first established in 1994, has continued during each ensuing planning cycle. The New York State PPG also maintains linkages with the New York State AIDS Advisory Council and the Statewide AIDS Service Delivery Consortium.

The PPG engages in numerous planning activities, including its focus on communities of color most affected by HIV/AIDS, in order to effect successful HIV prevention recommendations. It encourages community education and research, and continued knowledge translation through members' participation in national HIV prevention-related meetings and conferences.

The *2005-2010 New York State Comprehensive HIV Prevention Plan* is a user-friendly document designed to assist providers in the development programs. The *Plan* includes information on how to use the document, HIV intervention tools, and a chapter on New York State HIV Prevention priorities as recommended by the New York State PPG. The plan is available on line at http://www.health.state.ny.us/diseases/aids/workgroups/ppg/docs/2005-2010_nys_comprehensive_hiv_prevention_plan.pdf.

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FAITH COMMUNITIES PROJECT

The Faith Communities Project was developed in recognition of the significant role faith communities play in HIV/AIDS prevention and support/care efforts. The goal of the Faith Communities Project is to advance HIV prevention efforts in communities that are hardest-hit by the HIV epidemic through information sharing, collaboration and partnerships between communities of faith and community-based organizations.

Since early in the HIV epidemic, the AIDS Institute recognized the importance of involving diverse sectors of communities in HIV/AIDS prevention and care efforts. Because prevention programs must be broad-based, faith settings are ideal for the implementation of HIV programs serving hard-to-reach populations.

Historically, the AIDS Institute has contracted with various faith-based agencies to meet the HIV prevention needs of individuals, families, and communities reflecting various racial/ethnic groups, cultures, and languages. By 2001, there were 13 faith-based organizations receiving grant funding to provide HIV prevention interventions and client services.

In November of 2001, the AIDS Institute hosted a two-day statewide forum, "Meeting on Common Ground: The Role of Faith Based Communities in HIV/AIDS," in New York City. The forum brought together representatives of faith communities serving racial/ethnic minorities; HIV/AIDS service providers and volunteers; people living with HIV/AIDS; and representatives from non-AIDS specific organizations. Participants identified specific regional needs and committees were developed to address issues and initiate planning. Regional committees developed action plans that indicate needs and specify specific tasks to be completed.

Since then, regional committees have met, designed and implemented activities that directly relate to meeting needs described in the action plans. Activities implemented include: HIV awareness events; capacity-building workshops; presentations to faith leaders, community representatives, and local community forums; open dialogues; clergy roundtable discussions; and meetings to network and continue to support partnerships.

In April of 2008, in collaboration with the Office of Minority Health Resources Center of the United State Department of Health and Human Services, the AIDS Institute convened faith leaders, community based organizations and persons impacted by HIV/AIDS for the second statewide faith forum entitled: "Responding to the Call: Faith Communities' Response to HIV/AIDS" in Poughkeepsie. The forum recognized faith communities' response to the HIV and AIDS pandemic and engaged faith leaders in dialogue on issues that continue to challenge HIV prevention and health care efforts, such as the spirit of sexuality and stigma and discrimination.

The Faith Communities Project continues, with the guidance of community faith representatives, to foster regional partnerships, support information sharing, and identify resources to further HIV prevention and health care efforts in New York State.

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OFFICE OF ADMINISTRATION AND CONTRACT MANAGEMENT

In carrying out the mission of the AIDS Institute, the Office of Administration and Contract Management is responsible for setting AIDS Institute policy and oversight of all AIDS Institute 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, CDC, and HRSA funds, as well as Medicaid, are devoted to the development and implementation of a full continuum of HIV services throughout the State.

Resource Management

This section carries out activities associated with State and Federal funds distribution. Staff are involved in the preparation of State expenditure plans and Federal grant submissions. The unit is charged with using funds from all sources in a complementary fashion to support a range of services for affected populations in all regions of the State in a manner which minimizes duplication of effort and maximizes available resources.

Contract Processing

This unit ensures the execution of over 700 contracts annually and processing monthly payments for those subcontractors. Staff in this unit develops guidelines, materials, and strategies for not-for-profit agencies to strengthen financial management and internal control structures and oversees a management review program that assist contractors in ensuring solvency and effectiveness of operations. Staff also provide technical assistance to providers regarding compliance with auditing and accounting principles.

Data Management

This unit is responsible for maintenance of the AIDS Institute's Management Information System (CMS Plus). This centralized database facilitates management of the AIDS Institute's state and federal contractual funding. Through CMS Plus, the AIDS Institute has the capacity to aggregate contract data and prepare summary reports used to respond to requests from interested parties including the AIDS Advisory Council, Department of Health offices, other state agencies, planning bodies, and legislators.

Staff Operations

The Staff Operations Unit (SOU) is responsible for operations management at multiple locations with AIDS Institute staff. The unit ensures AIDS Institute compliance with internal control policies and building regulations, manages space allocation, maintains equipment, oversees the relocation of employees and coordinates telecommunications.

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OFFICE OF PLANNING AND POLICY

The Office of Planning and Policy is the organizational unit responsible for ongoing, cross-programmatic policy development, strategic planning, budgetary and legislative analyses. Duties include:

- Development and analysis of AIDS Institute policy, at the recommendation of AIDS Institute management staff and as directed by the AIDS Institute director;
- State and Federal legislative proposal development, analysis and implementation; coordination of review and comment for all Center for Community Health and AIDS Institute-related state legislative proposals;
- State and Federal budget analyses and recommendations;
- Strategic planning development, implementation and oversight for internal AIDS Institute use and for inclusion in the Department of Health's planning initiative;
- HIV confidentiality oversight, management and operation, including management of the AIDS Institute Special Investigations Unit and coordination of HIV Confidentiality training;
- Management support and administration for the AIDS Advisory Council and its various subcommittees and the Interagency Task Force on HIV/AIDS, providing support to both of these entities with scheduling meetings, generating meeting minutes, drafting reports and letters;
- Implementation, management and oversight of the Commissioner's annual World AIDS Day week of events with a display of NAMES Project AIDS Memorial Quilt panels visited by approximately 2,000 youth and a Commissioner's Award Ceremony;
- Review, draft and edit as appropriate all Executive Correspondence sent to the AIDS Institute by the Department's Office of Governmental and External Affairs;
- Review and management of AIDS Institute-wide publications such as "About the AIDS Institute";
- Review of all proposed conference abstract submissions, journal and manuscript publications; and
- Speech writing and presentations at the request of AIDS Institute executive staff.

The Office of Planning and Policy is physically and organizationally located within the AIDS Institute Executive Office.

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INFORMATION SYSTEMS OFFICE

The Information Systems Office (ISO) is the information technology center of the AIDS Institute. ISO provides technology in support of AIDS Institute programs to help make them more efficient, integrated, and accessible.

ISO responsibilities include: providing technical assistance and systems support for all information systems; management and maintenance of the AIDS Institute technology infrastructure including administration of the local and wide area networks; telecommunications support; technology purchasing and a variety of other technical support services. The ISO oversees the AIDS Institute's technology infrastructure at three locations: Albany, Menands, and New York City. ISO Help Desk technology specialists respond to about 1,000 requests for technical assistance annually. Requests range from new computer set-ups, to assistance with software applications, hardware, and/or the networks. In addition, ISO staff provide support for videoconferencing in AIDS Institute conference rooms.

ISO staff develop, administer, and support the AIDS Institute's components of the Department of Health (DOH) web sites, including the Health Information Network (HIN), Health Provider Network (HPN), DOH public web site, and the AIDS Institute's Intranet. ISO staff develop software for AIDS Institute staff, including the AIDS Institute Data Application (AIDA), the Contract Management System (CMS), the AIDS Institute Data Reporting System (AIRS) and the Prevention Evaluation Monitoring System (PEMS) Planning Application as well as other information systems designed to collect data information on contractor deliverables for over 600 contracts.

ISO staff maintain various AIDS Institute databases with data submitted by providers; perform statistical analyses as needed in response to programmatic and policy issues; and provide in-house consultation to AIDS Institute staff to support programmatic decision-making. ISO staff produce reports on program activities and the status of the HIV/AIDS epidemic using data from many sources maintained by the AIDS Institute, the Department, and external agencies.

ISO prepares graphic presentations for conferences and seminars. ISO staff also produce maps using geographic information systems (GIS) for both decision support and informational purposes. GIS maps are enormously effective for identifying gaps in services, overlapping services, distances traveled for HIV/AIDS-related services, and geographic distributions of AIDS Institute initiatives.

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OFFICE OF PROGRAM EVALUATION AND RESEARCH

The Office of Program Evaluation and Research (OPER) works to enhance the quality of HIV/AIDS prevention interventions, clinical care and service delivery systems in New York State through comprehensive, coordinated, and innovative research and evaluation initiatives.

OPER conducts scientific assessments of Institute-funded or managed programs to determine the extent to which they are achieving their stated objectives. Factors associated with performance are identified and recommendations are made to improve program outcomes. Technical assistance is also provided to programs evaluating their own performance or the performance of contracted providers. Services provided include: grant application assistance; assistance preparing institutional review board (IRB) applications; evaluation planning; sample selection; development of evaluation instruments; and study implementation, including training, data collection, data analysis, and summary of research findings.

A wide variety of existing and prospectively collected data are analyzed to assist in AIDS Institute program planning and policy development. One example is the Community Need Index (CNI) that provides estimates of the relative need for HIV prevention resources for every zip code in New York State. The CNI serves as a useful tool for targeting program resources. Another example is the HIV Counseling and Testing Resource Directory. Updated annually, this document provides information on anonymous and confidential HIV counseling and testing providers in New York State.

OPER conducts reviews of scientific and professional literature for AIDS Institute programs. An abstract of HIV prevention and HIV health care research is also compiled and forwarded to Institute staff and other individuals on a bimonthly basis via a newsletter. The purpose of the newsletter is to keep staff informed about state-of-the-art developments in HIV/AIDS prevention and health care services.

OPER works with other units in the Institute as well as external partners to conduct independent research. Study results are presented at national conferences and published in peer-reviewed journals.

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OFFICE OF SYSTEMS DEVELOPMENT

The Office of Systems Development (OSD) develops, maintains and provides training on information systems for both service providers and AIDS Institute staff; coordinates content and data submissions for federal and State reporting requirements for both Health Resources and Services Administration (HRSA) and the Centers for Disease Control (CDC); reviews and submits data as required for the Ryan White HIV/AIDS Treatment Modernization Act of 2006 Reporting; coordinates submissions with the New York City Department of Health/Public Health Solutions and other New York State Eligible Metropolitan Areas (EMAs) as well as directly-funded provider agencies; and provides information and assistance to Ryan White and CDC funded grantees in other states.

OSD is responsible for the design, testing, and training of new data and information management products, including the AIDS Institute's main reporting platform: AIDS Institute Reporting System (AIRS). The Office is also responsible for overseeing standard reporting requirements to support the monitoring and evaluation of AIDS Institute-funded service initiatives and to help track emerging and unmet needs in populations affected by HIV and AIDS. OSD manages information system implementation, working with Division staff on technical assistance needs assessments, identification of barriers to implementation, corrections to software, and training of AIDS Institute providers and staff. OSD coordinates reporting content and requirements with the AIDS Institute Division of Prevention. OSD also collaborates with the Information Systems Office on systems development, testing, and maintenance and on data submission content and protocols.

AIRS, the principal software product managed by OSD, is the successor to the AIDS Institute's Uniform Reporting System (URS). AIRS is a relational, client-centered database designed to support tracking of individual client-level demographics, status histories and services. The system also collects information on education, outreach and training events at the provider level and reports anonymous client-level or aggregate data to the AIDS Institute and other funding agencies such as New York City Public Health Solutions (formerly MHRA), the New York City Department of Health and Mental Health, and other Part A EMAs. Other products developed by OSD include the AIDS Institute Data Application (AIDA), the companion system to the provider-level Uniform Reporting System. AIDA is a client-server application which maintains data submitted electronically from provider sites. The AIDA system interface has recently been upgraded by the AIDS Institute Information Systems Office. OSD ensures that the data content of AIDA is kept synchronized with changes made to the AIRS system. Via subcontract, OSD manages maintenance and periodic upgrades to both the AIRS and AIDA and oversees related provider training statewide.

Reports currently generated by the AIRS software include: HRSA Ryan White Program Data Reports (RDRs); CDC (PEMS) Prevention Evaluation Monitoring System-compliant prevention client level service data; AIDS Institute monthly reports and data extracts; CDC PEMS-compliant CTR data; NYC PHS monthly program reports and performance-based contract data submissions; other administrative and client record reports for internal agency use; COBRA case management, primary care enhanced rate (Tiers 5 and 7) and general clinic claims; and Health Insurance Portability and Accountability Act (HIPAA) compliant claims, eligibility determination and electronic remittance processing.

Recent additions to the AIRS system include data to address emerging HRSA client level data requirements; Treatment Adherence monitoring; COBRA outcomes monitoring; and Prevention Pre- and Post- Intervention knowledge assessments.

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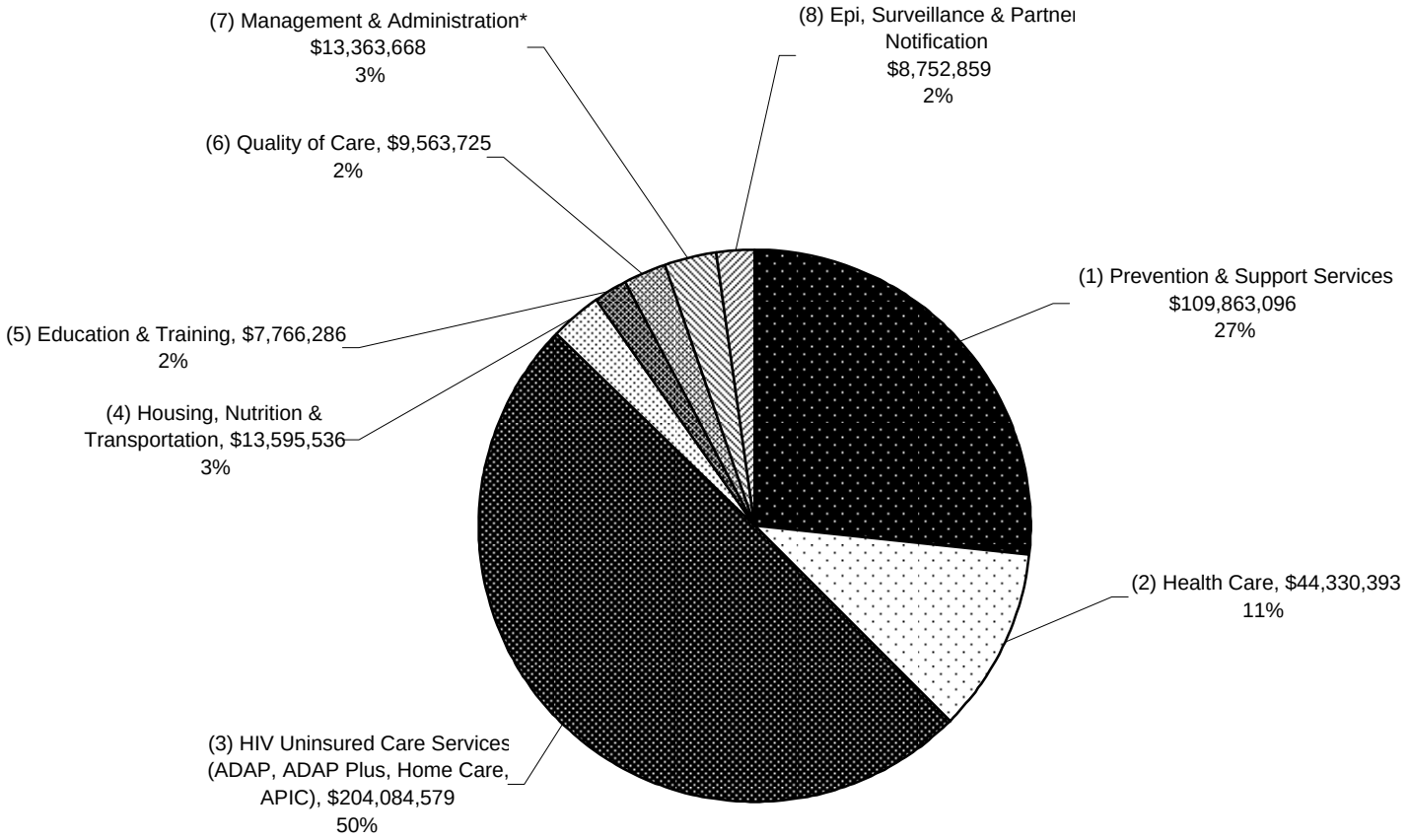
APPENDIX

NYS Department of Health
AIDS Institute State & Federal Funding (Excluding Medicaid)
Distribution by Service Category
Funding Awarded in 2008
Total: $411,320,142



* Includes Evaluation activities

Prepared by: OACM
2/2/09

(1) PREVENTION & SUPPORT SERVICES

- Anonymous Counseling & Testing Program in Community and Criminal Justice Settings
- Criminal Justice Initiative
- Lesbian, Gay, Bisexual & Transgender HIV Initiative
- Harm Reduction Initiative
- Expanded Syringe Access Demonstration Program (ESAP)
- Peer Delivered Services
- Specialty Targeted Contracts
- New York State Prevention Planning Group (PPG)
- Project W.A.V.E.
- Faith Communities Project
- HIV Prevention Services for Substance Users
- Community Service Programs (CSP)
- Multiple Service Agencies (MSA)
- Community Development Initiative (CDI)
- Case Management Services
- Communities of Color
- Prevention Services for Adolescents & Young Adults
- Prevention Services for Women
- Supportive & Legal Services for Families In Transition
- General Legal Services
- Community Action for Prenatal Care Initiative (CAPC)
- Supportive Services for HIV-Infected Women & Their Families
- Ryan White Supportive Services

(2) HEALTH CARE SERVICES

- Community-Based HIV Primary Care
- Mental Health Initiative
- Managed Care—HIV Special Needs Plans (SNPs)
- HIV Primary Care Services for Substance Users
- Statewide AIDS Service Delivery Consortium (SASDC) for Special Populations
- Ryan White HIV Care Networks
- Viral Hepatitis
- Family-Centered Health Care Services
- Centers of Excellence in Pediatric Care
- Youth-Oriented Health Care Programs
- Maternal-Pediatric HIV Prevention & Care Program (MPHPCP)
- Retention in Care for Communities of Color

(3) HIV UNINSURED CARE SERVICES

- HIV Uninsured Care Programs (ADAP/ADAP Plus/HIV Home Care/ADAP Plus Insurance Continuation)

(4) HOUSING, NUTRITION & TRANSPORTATION

- Supportive Housing Programs
- Transportation Services
- Nutrition Initiative

(5) EDUCATION & TRAINING

- Materials Initiative
- HIV/AIDS Educations & Training Program
- HIV Clinical Education Initiative
- People Living with HIV/AIDS Leadership Training Institute (LTI)
- The Nicholas A. Rango HIV Clinical Scholars Program
- Directory of AIDS Clinical Trials & Related Publications

(6) QUALITY OF CARE

- AIDS Intervention Management Systems (AIMS)
- HIV Clinical Guidelines Program
- Quality of Care
- HIVQUAL
- Treatment Adherence Initiative
- Oral Health Care Guidelines

(7) MANAGEMENT & ADMINISTRATION

- NYS AIDS Advisory Council (AAC)
- Confidentiality & Human Rights
- Office of Administration & Contract Management
- Office of Policy & Planning
- Information Systems Office
- Office of Program Evaluation & Research (OPER)
- Office of Systems Development
- NYS Interagency Task Force on HIV/AIDS

(8) EPIDEMIOLOGY, SURVEILLANCE & PARTNER NOTIFICATION

- Seroprevalence Studies
- HIV Counseling & Testing
- HIV Partner Notification

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State of New York
David A. Patterson, Governor

Department of Health
Richard F. Daines, M.D., Commissioner