

DRAFT

ENDING THE EPIDEMIC (ETE) REGIONAL WORK FREQUENTLY ASKED QUESTIONS (FAQ)

Background

On June 29, 2014, Governor Andrew M. Cuomo detailed a three-point plan to move us closer to the end of the AIDS epidemic in New York State. The goal is to reduce the number of new HIV infections to just 750 from an estimated 3,000 by the end of 2020, and achieve the first ever decrease in HIV prevalence in New York State.

The three-point plan:

1. Identifies persons with HIV who remain undiagnosed and links them to health care.
2. Links and retains persons diagnosed with HIV in health care to maximize virus suppression so they remain healthy and prevent further transmission.
3. Facilitates access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative.

On October 14, 2014, Governor Andrew M. Cuomo announced members of the Ending the Epidemic Task Force (Task Force). The Task Force was established to support Governor Cuomo's three-point plan. The Task Force developed and synthesized recommendations, presented in New York's Blueprint to end the epidemic. The ETE Blueprint is structured first to include the three points of the Governor's Plan, but also includes other recommendations to minimize new infections and inhibit disease progression.

Regional Meetings and Steering Committees

1. What is the definition of "ending the epidemic"?

"Ending the epidemic" refers to the overarching goal of ending the HIV epidemic across New York State, by the end of 2020. The Governor's Plan, the 2015 Blueprint, has as its objectives for ending the epidemic: 1) reducing new HIV infections from 3,000 to 750, and 2) reducing the rate at which persons diagnosed with HIV progress to AIDS by 50 percent.

2. Why was the AIDS Institute (AI) hosting regional meetings?

The AI hosted regional meetings in order to introduce the Governor's three-point plan embodied in the 2015 Blueprint, as well as to gather regionally-based information on the best practices for HIV prevention and care in use in each region, to be able to share with other regions or practitioners throughout the state. Additionally, the regional meetings are used to identify HIV-related needs, gaps and unique issues in each region for overall planning purposes, as well as for gathering information for an Integrated HIV Plan, which the AI submits to the federal government. Regional Steering Committees were formed at the conclusion of each regional meeting. Attendees volunteered for Steering Committee participation to continue the dialogue from the regional meetings, and to identify opportunities to work together more collaboratively to end the epidemic in their region.

3. How has the community been involved in regional ETE efforts?

The community has been involved through participation in the regional discussions. Between August and November 2015, there were fourteen meetings held across New York State with 1,000 community participants in attendance. An overview of New York State-specific epidemiologic data illustrating the current status of HIV/AIDS in New York was provided at each meeting, along with a

group discussion period where participants identified best practices, needs and gaps in their region. Small breakout groups also addressed key questions. The responses were formulated into a region-specific Action Plans for use by Regional Steering Committees, consumers and providers in the region.

As New York State moves forward in ending the epidemic, it will regularly schedule events to inform stakeholders of relevant data and evidence regarding the implementation and impact of the plan.

4. What is the purpose of the Regional Steering Committees?

The purpose is to provide a forum to discuss the ongoing ETE-related efforts in each region, eliminate duplication and enhance coordination among regional providers, networks, NY Links, faith initiatives, and other local initiatives, inviting additional participants to the process to discuss new or emerging regional issues.

In addition, the purpose is to review the information gained from regional meetings, including the Needs and Gaps information, the Action Plan, the funded contracts and HIV and Syphilis data, in order to:

- determine needs, gaps or action items being addressed, and by whom,
- identify priorities for a local 12 month Action Plan,
- identify additional organizations or partners needed to address the prioritized items.

5. Who is leading these Regional Steering Committees?

Regional Steering Committees are led by a chairperson identified at the regional meeting. Some steering committees have co-chairs, who are members of each region with experience in HIV or related areas critical to supporting persons living with HIV. Regional Steering Committees are intended to promote regional leadership and planning.

6. What are the expectations of the Regional Steering Committees?

Steering Committees are expected to:

- maintain ongoing communication with the designated members of the AI staff,
- promote collaborative work with other regional networks or organizations,
- agree to the sharing of workplans, action plans or other organizational tools related to ETE work, and routine updates on progress with other regional networks or organizations and the AI,
- allow public participation to the extent feasible,
- make decisions on a consensus basis.

7. What types of support will the AI provide the Regional Steering Committees?

The AI may provide, as needed, the following:

- assistance with the scheduling of meetings,
- attendance or participation by an AI representative in meetings or conference calls, as appropriate, to provide input and guidance,
- assistance with the preparation of meeting summaries and follow-up on Action Plan items:
 - providing data or other resources generally available, such as updated regional and statewide cascades of care.
 - help in resolving questions/areas of concern, directly or by referral to other state agencies.
- the convening of the regional ETE Chairs and Co-chairs on a quarterly basis, with a face-to-face meeting at least once a year, for the sharing of information and best practices and a review of the progress to date,

- clarification and/or additional information as needed.

8. How will the Regional Steering Committees communicate its work to the community?

Communication with the community will be achieved through participation by the community in Regional Steering Committee meetings, which will be open to the public. Notification of the meetings or conference calls will be sent to members of local networks, task forces, consumer advisory groups, NY Links members, and other interested parties. Meeting summaries and other documents will be made available to community members through direct distribution or through a shared site where information gets posted. The Regional Steering Committee will provide updates and other documents to the AIDS Institute where they will be shared with other regions and be made available to community members.

9. Is there help with meeting space and food for Regional Steering Committee meetings?

Where possible, free meeting space should be utilized. In the case of very large meetings which cannot be accommodated locally by organizations in the area or state meeting spaces, costs should be kept to a minimum. A request for state reimbursement must be submitted and approved in advance for such meetings.

When a meeting's length runs through a meal time, funding can be requested. Housing Works has received a grant that provides funding for ETE regional meetings of a certain length of time and/or a certain size. Funding for breakfast or lunch must be requested in advance. Contact Carmelita Cruz to inquire about funding. She can be reached at: Ccruz1@housingworks.org.

Advisory and Planning Bodies

10. What is the NYS HIV Advisory Body (HAB)?

The HIV Advisory Body (HAB), an advisory body to the New York State Department of Health AIDS Institute, is an integrated care and prevention advisory group. This group replaces the NYS HIV Prevention Planning Group (PPG) and the Statewide AIDS Service Delivery Consortium (SASDC). The HAB serves as a forum to draw on the expertise, information and experiences of consumers, providers and community members to provide advice on service needs, affected populations and emerging issues related to HIV prevention, healthcare and supportive services throughout New York State. The HAB serves as a planning body to identify and address prevention and healthcare needs and gaps of HIV infected/affected populations with an emphasis on linkage, retention and viral suppression. The advisory group is looking at the statewide picture in terms of service needs, populations and emerging issues.

11. What is NY Links?

New York Links (NYLinks) is a regionally-based project focusing on improving linkage to care, retention in care and viral load suppression for people living with HIV/AIDS, through collaboratives of HIV providers who meet regularly to share improvement work. NYLinks measures improvement through the use of five key measures related to linkage, retention and viral load suppression that are self-reported but verified through surveillance. Improvement is measured organizationally as well as regionally. Participants in NYLinks receive technical assistance to assist them with quality improvement projects.

12. What is NY Knows?

New York Knows is the nation's largest HIV testing initiative, undertaken by the New York City Department of Health and Mental Hygiene (NYCDOHMH) in all five boroughs. Through *New York Knows*, the NYCDOHMH partners with community-based organizations, community health centers, hospitals, colleges, universities, faith-based organizations and businesses to make HIV testing a routine part of health care and provide a voluntary HIV test to every New York City resident who has never been tested. It also identifies undiagnosed HIV-positive people and links them to medical care, and connects people at-risk who test negative for HIV to prevention services, including Pre-Exposure Prophylaxis (PrEP).

13. What are the roles of the regional planning groups, NY Links (NYSDOHAI) and NY Knows (NYCDOHMH) in ending the epidemic?

The regional planning groups address ending the epidemic in their region, addressing all of the Governor's Blueprint recommendations that are applicable. The NYLinks program focuses on improving linkage to care, retention in care, and viral load suppression, just a few of the Blueprint recommendations. The NYCDOHMH *New York Knows* campaign focuses on providing a voluntary HIV test to all New York City residents, and linking undiagnosed and those at risk who test negative, to prevention and care services. Organizations may participate in one or more of the groups above. The AI works to avoid duplication of effort and to ensure communication among groups.

14. What is the difference between Ending the Epidemic (ETE) efforts and NYLinks, and how are they related?

Ending the Epidemic (ETE) is a statewide goal encompassing the three key areas of the Governor's Plan, inclusive of prevention and healthcare. While ETE focuses on activities related to people living with HIV/AIDS and people at risk of HIV transmission, these recommendations are statewide and act as an umbrella across the state. NYLinks is based on regional activities and data with a focus on linkage, retention and viral load suppression (VLS) for people living with HIV/AIDS, which are only a few of the ETE Blueprint recommendations. Organizations may participate in either or both. Organizations should discuss participation with their regional ETE and NYLinks leads to determine what is most beneficial to the agency and its consumers. Many providers are already doing the work identified in the ETE Blueprint, as well as collecting NYLinks measurement data. While community member involvement is key to the success of ending the epidemic, the constraints agencies face are understood with respect to remaining connected and playing key roles in both the statewide and regional activities.

15. What are the benefits to participating in ETE regional meetings, NYLinks meetings, or any other regional meetings that already exist in my region (such planning councils or other networks)?

Your organization can benefit by staying connected to a statewide and regional network of providers, allowing the voices of your consumers and providers to be heard by regional and statewide leaders and Department of Health staff. While there is significant overlap in the activities, each region can and should work on ways in which to better align, integrate, and minimize any duplication of activity in order to reach the ultimate goals of each initiative.

Planning and Policy

16. What is the National HIV/AIDS Strategy (NHAS)?

NHAS is a national strategy, a concise plan, for moving the country forward in meeting the President's goals of:

- 1) reducing the number of people who become infected with HIV;
- 2) increasing access to care and improving health outcomes for people living with HIV; and,
- 3) reducing HIV-related health disparities.

It is a strategy document that provides a roadmap for policymakers and the general public. It will inform the specific action steps that must be taken by the Federal Government and a variety of stakeholders, and includes specific targets for measuring progress toward achieving the President's goals.

<https://www.whitehouse.gov/administration/eop/onap/nhas/>

17. What is the Integrated HIV Plan?

The Integrated HIV Statewide Coordinated Statement of Need (SCSN)/Comprehensive Plan Update for Ryan White HIV/AIDS Program Part B, is the planning and consultation process which fulfills the legislative and program requirements for the Ryan White HIV/AIDS Program and HIV Prevention Programs. It is due to HRSA in September of 2016.

Various planning bodies were put in place during a time when planning for prevention and care were done separately. Examples include:

- HIV Advisory Body (HAB defined above),
- HIV Health and Human Services Planning Council of New York, the planning body for New York City and the tri-county area of Westchester, Putnam and Rockland counties,
- Nassau-Suffolk HIV Health Services Planning Council,
- Western and Central New York HIV Care Networks

These groups will now undertake joint planning for the input into the Integrated HIV Plan and ending the epidemic Action Plans. Each region will identify the planning bodies operating within the region, some HIV-related, some not, and create opportunities for collaboration and/or information-sharing.

Guidance can be found at: <http://hab.hrsa.gov/manageyourgrant/hivpreventionplan062015.pdf>

18. What is the Blueprint?

Governor Cuomo made history by committing New York State to end AIDS by the end of 2020. The 2015 Blueprint encompasses a three-point plan is the guidance document shaping the response by the AIDS Institute, communities, and organizations across the state that serve people with or at risk for HIV, to achieve the first ever decrease in HIV prevalence in New York State.

The three-point plan:

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http://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/blueprint.pdf

19. What is the Prevention Agenda

The New York State Prevention Agenda 2013-2018 is the blueprint for state and local action to improve the health of New Yorkers in five priority areas and to reduce health disparities for racial, ethnic, disability, and low socioeconomic groups, as well as other populations who experience them.

[Prevention Agenda 2013-2018: Priorities, Focus Areas, Goals and Objectives](#)

Funding

20. Is the state working on providing funding or other essential resources needed to End the Epidemic in order to foster buy-in and participation in all of these different activities?

Based on the need for funding to be allocated based on epidemiological data and the need to prioritize resources in a way that addresses the HIV epidemic by region, the state is taking the following critical steps:

- Revising all RFAs in the AIDS Institute to address the goals and activities outlined in the Ending the Epidemic (ETE) Blueprint,
- Reviewing workplans of funded providers and revising them to mirror the Blueprint,
- Applying for additional grant opportunities to bring more funding to NYS,
- Holding regional meetings and calls with stakeholders across NYS to receive input and provide updates on current activities.

21. Are there opportunities for non-State resources to accomplish ETE goals?

There are non-state resources that may be available to organizations for Ending the Epidemic activities from foundations or other sources.