New York

Title I | Title II | ADAP | Title III | Title IV | SPNS | AETC | Dental

State CARE Act Program Profile

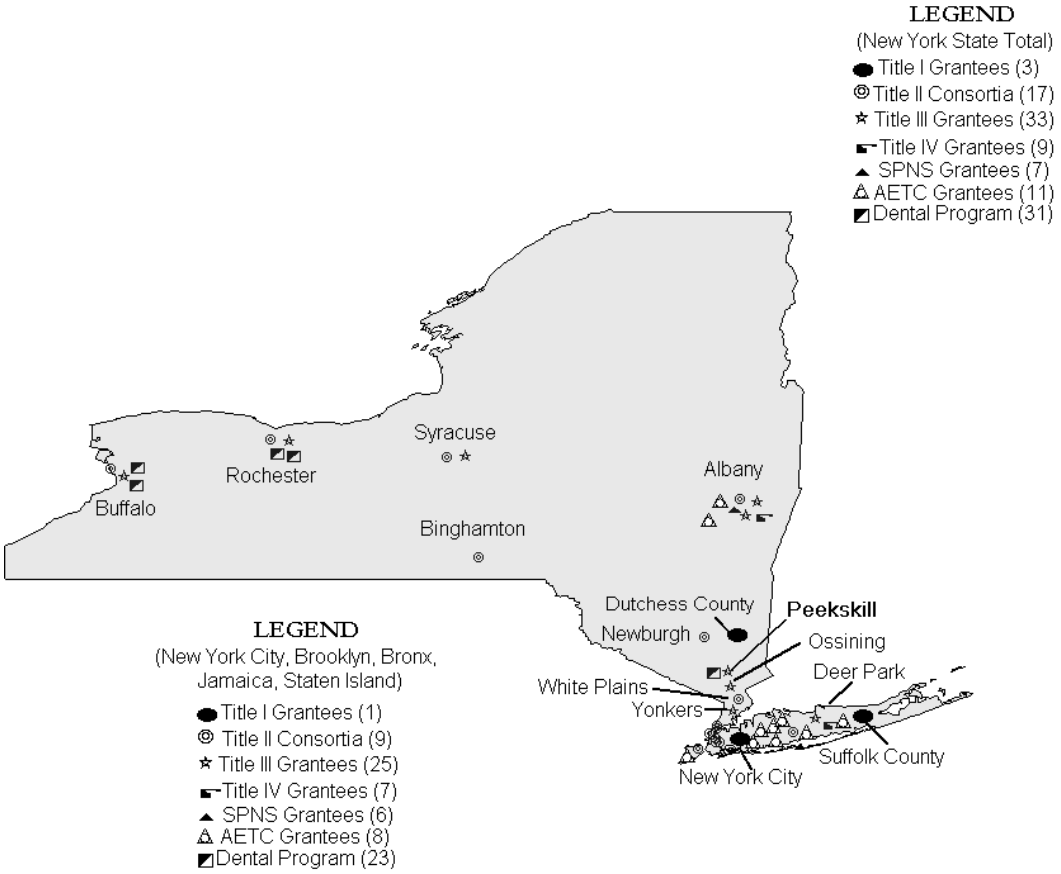
CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	$96,507,343	$97,934,015	$101,119,686	$295,561,044
Title II (including ADAP)	$38,324,520	$64,354,160	$87,884,362	$190,563,042
ADAP	($9,009,360)	($29,381,796)	($51,291,513)	($89,682,669)
Title III	$11,033,443	$12,660,451	$12,799,351	$36,493,245
Title IV	$7,646,589	$9,251,265	$7,588,359	$24,486,213
SPNS	$3,248,467	$4,040,845	$4,292,310	$11,581,622
AETC	$2,116,956	$2,074,541	$1,503,921	$5,695,418
Dental	$2,999,988	$3,065,208	$2,965,404	$9,030,600
Total	**$161,877,306**	**$193,380,485**	**$218,153,393**	**$573,411,184**

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

	1996	1997	1998
Title I	3	3	3
Title III	31	32	33
Title IV	10	10	9
SPNS	7	7	7
AETC (grantee or subcontractor)	11	11	11
Dental	32	32	31

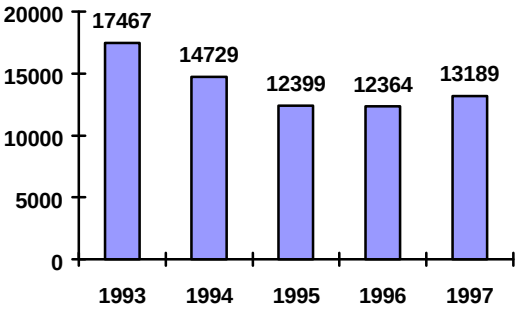
Location of FY 1998 CARE Act Grantees and Title II Consortia



HIV/AIDS Epidemic in the State: New York (Pop. 18,137,226)

- Persons reported to be living with AIDS through 1997: 42,100
- State reporting requirement for HIV: No HIV reporting
- State AIDS Cases (cumulative) since 1993: 70,148 (18% of AIDS cases in the U.S.)

- New AIDS Cases by Calendar Year, 1993-1997



Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	74%	78%
Women (13 years and up):	26%	22%

	State-Specific Data	National Data
<13 years old :	1%	1%
13-19 years old :	1%	1%
20+ years old :	98%	98%

	State-Specific Data	National Data
White:	20%	33%
African American:	47%	45%
Hispanic:	31%	21%
Asian/Pacific Islander:	1%	<1%
Native American/Alaskan Native:	0%	<1%
Other, unknown or not reported:	1%	0%

	State-Specific Data	National Data
Men who have sex with men (MSM):	19%	35%
Injecting drug user (IDU):	33%	24%
Men who have sex with men and inject drugs (MSM/IDU):	2%	4%
Heterosexual contact:	11%	13%
Other, unknown or not reported:	35%	24%

Pediatric Cases, by exposure category

	State-Specific Data	National Data
Hemophilia/coagulation disorder:	0%	<1%
Mother with/at risk for HIV infection:	90%	91%
Receipt of blood transfusion, blood components, or tissue:	0%	<1%
Other, unknown or not reported:	10%	8%

Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	361.8	194.5
Gonorrhea (1996)	113.6	124.0
Syphilis (1996)	1.2	4.3
TB (1997)	12.5	7.4

Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- **Gaps:** ambulatory/outpatient care; housing; substance abuse and mental health services; case management; transportation; adoption/foster care; support groups; family-centered counseling; and food/nutrition services

State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	185% FPL
Medically Needy	76% FPL

*Income eligibility for State's ADAP program is annual income below $44,000.

Medicaid Prescription Drug Benefits Limits

Co-payment:	Yes
Limit on Rx per month:	No
Refill limit:	Yes
Quantity Limit:	No

Waivers

1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

1115 waiver: Yes

Beneficiary groups: All Medicaid beneficiaries, except individuals receiving long-term care, the medically needy population, infants of incarcerated women, individuals expected to be eligible for less than six months, and individuals with access to private health insurance. Dual eligibles will initially be excluded from the demonstration, although during year two those enrolled in a Medicare risk plan may be allowed to voluntarily enroll in that plan for Medicaid services, with the state paying a capitated rate for the wrap-around services. The home relief population is also included.

1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

1915(b) waiver(s): Yes

Title I: Dutchess County (Pop. 261,000)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than $2.4 billion in funding was appropriated for Title I programs in the U.S.

- EMA: Dutchess County

AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	85%	74%	78%
Women (13 years and up):	15%	26%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	2%	2%	2%
20+ years old:	98%	98%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	19%	20%	33%
African American:	49%	47%	45%
Hispanic:	33%	31%	21%
Asian/Pacific Islander:	0%	1%	<1%
Native American/Alaskan Native:	0%	0%	<1%
Other, unknown or not reported:	0%	1%	0%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	8%	19%	35%
Injecting drug user (IDU):	26%	33%	24%
Men who have sex with men and inject drugs (MSM/IDU):	0%	2%	4%
Heterosexual contact:	7%	11%	13%
Other, unknown or not reported:	59%	35%	24%

(Adults only)

Funding History

Fiscal Year	1996	1997	1998	Total
Formula	$367,931	$436,636	$469,311	$1,273,878
Supplemental	$213,830	$340,211	$385,170	$939,211
Total	$581,761	$776,847	$854,481	$2,213,089

Allocation of Funds

	1998
Health Care Services	$204,234/24%
Medications	$68,997/8%
Case Management	$114,345/13%
Support Services	$342,961/40%
Administration, Planning and Program Support	$113,129/13%

Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- Number of members on planning council: 22
- PLWH on planning council: 8 (36%)

Gender of Planning Council Members

Men:	64%
Women:	36%

Race/Ethnicity of Planning Council Members

White:	73%
African American:	23%
Hispanic:	5%
Asian/Pacific Islander:	0%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

Accomplishments

Clients Served (duplicated count), FY 1996:	370
Men:	51%
Women:	49%

<13 years old:	11%
13-19 years old:	5%
20+ years old:	84%

White:	49%
African American:	41%
Hispanic:	11%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

Men who have sex with men (MSM):	9%
Injecting drug user (IDU):	50%
Men who have sex with men and inject drugs (MSM/IDU):	3%
Heterosexual contact:	36%
Other, unknown or not reported:	3%

Improved Patient Access

- The overall census of clients who received Title I-funded primary health care services increased by more than 100% in 1997, from 40 clients in 1996 to 90 clients in 1997. Preliminary reports indicate that 110 clients were served in 1998.

- The grantee reported that 47% of those served in 1997 were African Americans with HIV disease, a proportion greater than the percentage of African Americans living within the EMA who have been reported to have AIDS.

- During FY 1997, the Hope Offers More Empowerment (HOME) Center located in the highest HIV incidence core geographic area within the EMA, provided outreach, case management and peer counseling services in addition to adult day care services, linking new clients to CARE Act-funded primary care, treatment and related services.

Improved Patient Outcomes

- The grantee reported a decreasing rates of perinatal HIV transmission during FY 1997, which was attributed to CARE Act-funded initiatives to educate women of childbearing age with HIV disease about the benefits of ZDV prophylaxis.

- In addition, the client survey conducted in FY 1998 as part of the annual needs assessment process demonstrated that 72% of all respondents knew that ZDV prophylaxis reduces the risk of perinatal transmission, compared with 50% of respondents in FY 1997 and 14% in FY 1996.

Other Accomplishments

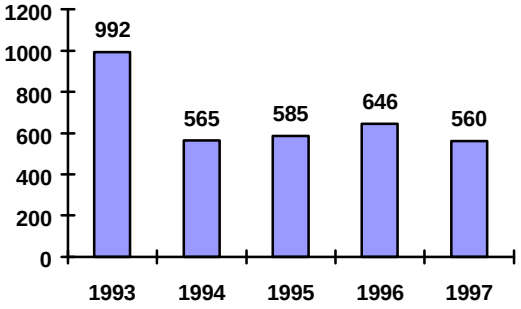
- During 1997, the program coordinator and medical social worker positions were increased to full-time in order to improve access to care.

Title I: Nassau-Suffolk (Pop. 2,600,000)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than $2.4 billion in funding was appropriated for Title I programs in the U.S.

- EMA: Nassau, Suffolk Counties
- Estimated number of people living with AIDS at the end of 1997: 2,302
- AIDS Cases (cumulative) since 1993: 3,348 (5% of state cases, 1% of total U.S. cases)

- New AIDS cases by calendar year, 1993-1997



AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	74%	74%	78%
Women (13 years and up):	26%	26%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	0%	2%	2%
20+ years old:	100%	98%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	42%	20%	33%
African American:	45%	47%	45%
Hispanic:	13%	31%	21%
Asian/Pacific Islander:	1%	1%	<1%
Native American/Alaskan Native:	0%	0%	<1%
Other, unknown or not reported:	0%	1%	0%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	26%	19%	35%
Injecting drug user (IDU):	34%	33%	24%
Men who have sex with men and inject drugs (MSM/IDU):	5%	2%	4%
Heterosexual contact:	13%	11%	13%
Other, unknown or not reported:	22%	35%	24%

(Adults only)

Funding History

Fiscal Year	1996	1997	1998	Total
Formula	$2,073,672	$2,428,393	$2,682,739	$7,184,804
Supplemental	$1,610,213	$2,269,402	$2,257,132	$6,136,747
Total	$3,683,885	$4,697,795	$4,939,871	$13,321,551

Allocation of Funds

	1998
Health Care Services	$1,839,959/37%
Medications	$500,000/10%
Case Management	$178,869/4%
Support Services	$1,924,050/39%
Administration, Planning and Program Support	$496,993/10%

Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- Number of members on planning council: 34
- PLWH on planning council: 11 (32%)

Gender of Planning Council Members

Men:	56%
Women:	44%

Race/Ethnicity of Planning Council Members

White:	59%
African American:	32%
Hispanic:	9%
Asian/Pacific Islander:	0%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

Accomplishments

Clients Served (duplicated count), FY 1996:	3,160
Men:	51%
Women:	49%

<13 years old:	2%
13-19 years old:	1%
20+ years old:	97%

White:	41%
African American:	42%
Hispanic:	16%
Asian/Pacific Islander:	1%
Native American/Alaskan Native:	1%

Men who have sex with men (MSM):	13%
Injecting drug user (IDU):	30%
Men who have sex with men and inject drugs (MSM/IDU):	0%
Heterosexual contact:	43%
Other, unknown or not reported:	14%

▸ Improved Patient Access

- The grantee reports that the numbers of women, infants, and children served through the Title I-funded program have risen to 48% of the total unduplicated client count for the time period from April 1997 through February 1998. In comparison, the proportion of women among AIDS cases reported in 1997 was 26%.

- Two new substance abuse programs were established in high-need areas in the summer of 1997. One of these programs targets substance abusers that are also diagnosed with mental illness.

Cost Savings

- The grantee reports that the numbers of women, infants, and children served through the Title I-funded program have risen to 48% of the total unduplicated client count for the time period from April 1997 through February 1998. In comparison, the proportion of women among AIDS cases reported in 1997 was 26%.

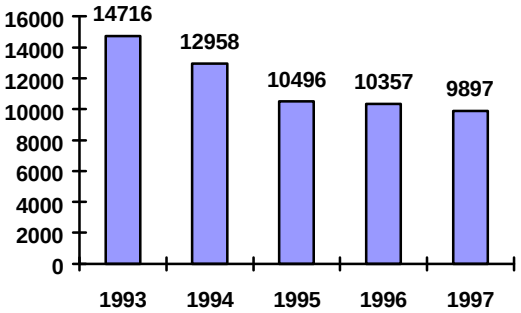
- Two new substance abuse programs were established in high-need areas in the summer of 1997. One of these programs targets substance abusers that are also diagnosed with mental illness.

Title I: New York City

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than $2.4 billion in funding was appropriated for Title I programs in the U.S.

- EMA: Bronx, Kings, New York, Putnam, Queens, Richmond, Rockland, Westchester Counties
- Estimated number of people living with AIDS at the end of 1997: 39,625
- AIDS Cases (cumulative) since 1993: 58,424 (83% of state cases, 15% of total U.S. cases)

- New AIDS cases by calendar year, 1993-1997



AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	71%	74%	78%
Women (13 years and up):	29%	26%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	2%	2%	2%
20+ years old:	98%	98%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	17%	20%	33%
African American:	49%	47%	45%
Hispanic:	33%	31%	21%
Asian/Pacific Islander:	1%	1%	<1%
Native American/Alaskan Native:	0%	0%	<1%
Other, unknown or not reported:	0%	1%	0%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	20%	19%	35%
Injecting drug user (IDU):	35%	33%	24%
Men who have sex with men and inject drugs (MSM/IDU):	1%	2%	4%
Heterosexual contact:	12%	11%	13%
Other, unknown or not reported:	32%	35%	24%

(Adults only)

Funding History

Fiscal Year	1996	1997	1998	Total
Formula	$48,636,026	$48,149,665	$47,663,305	$144,448,996
Supplemental	$43,605,671	$44,309,708	$47,662,029	$135,577,408
Total	$92,241,697	$92,459,373	$95,325,334	$280,026,404

Allocation of Funds

	1998
Health Care Services	$44,199,441/46%
Medications	$13,891,985/15%
Case Management	$5,368,354/6%
Support Services	$20,397,171/21%
Administration, Planning and Program Support	$11,468,384/12%

Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- Number of members on planning council: 45
- PLWH on planning council: 17 (38%)

Gender of Planning Council Members

Men:	53%
Women:	47%

Race/Ethnicity of Planning Council Members

White:	33%
African American:	29%
Hispanic:	27%
Asian/Pacific Islander:	9%
Native American/Alaska Native:	2%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

Accomplishments

Clients Served (duplicated count), FY 1996:	101,510
Men:	57%
Women:	43%
Other, unknown or not reported:	1%

<13 years old:	5%
13-19 years old:	11%
20+ years old:	82%
Other, unknown or not reported:	1%

White:	15%
African American:	43%
Hispanic:	38%
Asian/Pacific Islander:	1%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	3%

Men who have sex with men (MSM):	18%
Injecting drug user (IDU):	38%
Men who have sex with men and inject drugs (MSM/IDU):	2%
Heterosexual contact:	26%
Other, unknown or not reported:	16%

▸ Improved Patient Access

- Between 1995 and 1996 the number of office-based medical units increased by 20%, from 75,600 to over 91,000. Provider reports of new clients served in 1997 show that women, children, African Americans, and Hispanics are very well represented among Title I clients. Between April 1997 and February 1998, females comprised approximately 40% of all new clients; African Americans and Hispanics represented approximately 85% of new clients; and children and adolescents accounted for 9% of new Title I clients.

- The New York State Department of Health AIDS Institute reports that approximately 77% of all ADAP clients living in the EMA's eight counties are currently enrolled in regimens involving three or more antiretrovirals. The report showed that use of three or more antiretrovirals did not vary significantly by race/ethnicity, gender, income, or geographic residence.

Improved Patient Outcomes

- The grantee reported that HIV-related deaths declined 63% between 1995 and 1997. The decline began in late 1995, just as the first protease inhibitors were approved and combination therapy became available. The primary care delivery system, developed by the Title I program, was able to respond by making state-or-the-art treatment available across all populations.

Other Accomplishments

- The NYC Department of Health, HIV Training Institute developed curricula for specific categories of staff (including case managers, harm reduction staff, nutritionists, mental health staff, and others) so that Title I staff who have ongoing contact with clients understand their role in supporting adherence to therapy. Beginning in FY 1998, contracts with all Title I providers will require that they obtain treatment education for certain categories of non-clinical staff.

- Columbia University updated a questionnaire to continue the comprehensive prospective cohort study (underway since 1994) of a representative sample of 700 New Yorkers living with HIV to track their co morbidity, gauge their experiences with HIV primary care and services, and identify their unmet service needs. Outreach to replenish the sample of clients who were lost over time was conducted.

Title II: New York

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than $1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	$38,324,520	$64,354,160	$87,884,362	$190,563,042
ADAP (included in Title II grant)	($9,009,360)	($29,381,796)	($51,291,513)	($89,682,669)
Minimum Required State Match	$19,162,260	$32,177,080	$43,942,181	$95,281,521

Allocation of Funds

	1998
Health Care (State Administered)	$60,573,525/69%
Home and Community Care	($0)
Health Insurance Continuation	($0)
ADAP/Treatments	($60,573,525)
Direct Services	($0)
Case Management (State Administered)	$0/0%
Consortia	$14,094,742/16%
Health Care*	($6,713,373)
ADAP/Treatment	($0)
Case Management	($2,410,483)
Support Services**	($4,970,886)
Administration, Planning and Evaluation (Total State/Consortia)	$12,916,095/15%

* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.
** includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 17

Consortium Name	Location	Service Area	Title II Funding, FY 1997
Bedford-Stuyvesant/ Crown Heights HIV Care Network	Brooklyn	Bedford-Stuyvesant/Crown Heights neighborhood of Brooklyn	$2,879,982
Buffalo Region Care Network	Buffalo	Erie, Niagara, Orleans, Genesee, Wyoming, Chautauqua, Cattaraugus, and Allegany Counties	$2,627,948
Central Harlem HIV Care Network	New York	Central Harlem neighborhood of Manhattan	$2,108,014
East Harlem HIV Care Network	New York	East Harlem neighborhood of Manhattan	$1,233,678
East New York-Brownsville HIV Care Network	Brooklyn	East New York neighborhood of Brooklyn	$1,116,775
HIV Care Network of Northeastern NY	Albany	Franklin, Clinton, Essex, Hamilton, Warren, Fulton, Saratoga, Washington, Montgomery, Schenectady, Rensselaer, Albany, Schoharie, Otsego, Delaware, Greene and Columbia Counties	$2,837,543
Jamaica/Queens HIV Care Network	Jamaica	Jamaica/Southeast Queens	$1,902,733
Lower Hudson Region HIV Care Network	White Plains	Westchester, Putnam and Rockland Counties	$3,490,412
Mid-Hudson Region HIV Care Network	Newburgh	Franklin, Clinton, Essex, Hamilton, Warren, Fulton, Saratoga, Washington, Montgomery, Schenectady, Rensselaer, Albany, Schoharie, Otsego, Delaware, Greene and Columbia Counties	$2,526,125
Nassau-Suffolk HIV Care Network	Deer Park	Nassau and Suffolk Counties	$5,560,102
New York-Penn Region HIV Care Network	Binghamton	Tioga, Broome and Chenango Counties	$656,566
Rochester HIV CARE Network	Rochester	Monroe, Wayne, Livingston, Ontario, Yates, Seneca, Steuben, Schuyler, and Chemung Counties	$3,091,461

Consortium Name	Location	Service Area	Title II Funding, FY 1997
South Bronx HIV Care Network	Bronx	Bronx	$3,617,619
Staten Island HIV Care Network	Staten Island	Staten Island	$1,126,427
Statewide AIDS Services Delivery Consortium	New York	Statewide	$25,467,127
Syracuse HIV Care Network	Syracuse	St. Lawrence, Jefferson, Lewis, Herkimer, Oswego, Oneida, Cayuga, Onondaga, Madison, Cortland, and Tompkins Counties	$1,757,181
Williamsburg/ Greenpoint/Bushwick HIV Care Network	Brooklyn	Williamsburg/Greenpoint/Bushwick neighborhood of Brooklyn	$1,333,767

Accomplishments

Clients Served (duplicated count), FY 1996:	70,950
Men:	68%
Women:	32%

<13 years old:	2%
13-19 years old:	5%
20+ years old:	92%
Other, unknown or not reported:	1%

White:	26%
African American:	42%
Hispanic:	29%
Asian/Pacific Islander:	1%
Native American/Alaskan Native:	.26%
Other, unknown or not reported:	1%

Men who have sex with men (MSM):	21%
Injecting drug user (IDU):	32%
Men who have sex with men and inject drugs (MSM/IDU):	2%
Heterosexual contact:	31%
Other, unknown or not reported:	14%

Improved Patient Access

- The grantee reported a large increase in 1997 in the amount of substance abuse treatment services provided, from 30,565 treatment visits in 1996 to 80,099 treatment visits in 1997, an increase of 140%

- The grantee also reported a 27% increase in mental health services for the same period, from 36,899 visits in 1996 to 47,151 visits in 1997.

- New Medications have been added to the ADAP formulary, for a total of more than 225 drugs.

- The percentage of new enrollees in ADAP who are women has increased steadily and reached 28% in 1998.

- The percentage of African American enrollees in ADAP has increased significantly to more than 40%.

- The proportion of ADAP participants on three or more antiretroviral drugs has increased to 75% in the third quarter of 1998, and there is little variation in utilization rates among demographic cohorts, including race/ethnicity, gender, risk and geographic region.

- The State and Title I EMAs jointly support HIV service programs, including the HIV care programs for the uninsured (ADAP, ADAP Plus/Primary Care, and Home Care) and the Primary Care Development Initiative, through which access to HIV primary care services has been extended to populations in underserved areas of high seroprevalence.

- New York State has combined Title II funds with funds from other sources to implement HIV service programs designed for traditionally underserved and hard-to-reach populations, including the uninsured, racial/ethnic minorities, substance users, men of color who have sex with other men, women, children, adolescents, prisoners/prison releasees, the homeless, immigrants and migrants.

Cost Savings

- Voluntary manufacturers' rebates were negotiated, averaging 15% of the manufacturer's average price for drugs that account for 92% of all filled prescriptions. The State projects estimated savings of $12.8 million in 1998.

- New York implemented a new ADAP policy that requires entities purchasing at PHS prices to bill ADAP at acquisition cost, resulting in savings of $600,000 annually.

- The ADAP electronic point of service (POS) claims processing system has numerous edit checks and is fully integrated with both provider and participant enrollment data systems; it is very effective and efficient in preventing waste, fraud, abuse, or duplication.

Other Accomplishments

- An Advisory Council to the Title II-supported HIV Uninsured Care Programs, (ADAP, ADAP-Plus, and HIV Home CARE) is used to provide recommendations and advise the grantee on the development of new service areas and resolution of ongoing policy issues. The Council has a steering committee comprising representatives of Title I planning councils, local and State government, health care providers, agencies and associations, the infected/affected population, and representatives from the clinical subcommittee. The clinical subcommittee includes PLWH, physicians, pharmacists, and nurse specialists who actively treat individuals with HIV/AIDS. In 1997, nine of the 27 members of the steering committee and five of the 30 members of the clinical subcommittee were persons who have self-identified as living with HIV/AIDS. Both committees meet about four times a year.

- ADAP, ADAP-Plus (primary care) and Title II home care program provide a coordinated system of HIV care/treatment for uninsured and underinsured low-income persons and use a single application.

- The ADAP coordinates closely with Medicaid, checking biweekly for Medicaid eligibility and ensuring that case managers and service providers assist and monitor client applications to Medicaid.

- New York has used Title II funds to support planning and development activities associated with the implementation of managed care for persons with HIV, including planning related to the implementation of HIV Special Needs Plans (SNPs), client and provider education, and the assessment of quality issues as persons with HIV transition from fee-for-service into managed care.

- New York State and New York City jointly support the treatment adherence initiative through which innovative service delivery models are being implemented throughout the State to promote and support treatment adherence for individuals on combination therapy. The programs target those consumers at greatest risk of non-adherence.

- New York State has implemented a Quality of Care Program, through which the quality of services delivered to persons with HIV is evaluated. The program consists of several components, including the development of clinical practice guidelines, the translation of guidelines into clinical indicators for measurement, on-site quality of care reviews based on continuous quality improvement (CQI), a consultation service for providers to facilitate the development of on-site quality improvement efforts (this consultation service is a joint effort with New York City Title I), and the development of HIVQUAL, a software program for use in CQI (the development of HIVQUAL is supported through SPNS).

AIDS Drug Assistance Program (ADAP): New York

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	$18,930,578	$39,343,702	$61,314,734	$119,589,014
State Funds	$8,400,000	$5,221,000	$11,400,000	$25,021,000
Other: Title I	$19,858,730	$21,316,695	$18,723,089	$59,898,514
Total	$47,189,308	$65,881,397	$91,437,823	$204,508,528

(Note: insurance and rebates are a significant source of revenue for the program [$19 million in 1998].)

Program

- Administrative Agency: Dept. of Health
- Formulary: 214 drugs, 4 protease inhibitors, 8 other antiretroviral drugs.
- Medical Eligibility
  - HIV Infected: Yes
  - CD4 Count: No
- Financial Eligibility
  - Asset Limit: Yes
  - Annual Income Cap: Yes
- Co-payment: No
- PLWH involvement in advisory capacity: The Advisory Council to the HIV Uninsured Care Programs advises the program on new service areas and policy issues. In 1997, nine of the 27 members of the steering committee were PLWH and five of the 30 of the clinical subcommittee members.
- Enrollment cap: No
- Waiting list as of 10/98: No
- Waiting list for protease inhibitors as of 10/98: No

Clients Served

Clients enrolled, 10/98:	17,000
Number using ADAP each month:	9,726
Percent of clients on protease inhibitors:	81%
Percent of active clients below 200% FPL:	69%

Client Profile, FY 1996

Men:	79%
Women:	21%

<13 years old:	1%
13-19 years old:	0%
20+ years old:	99%

White:	35%
African American:	33%
Hispanic:	30%
Asian/Pacific Islander:	1%
Native American/Alaskan Native:	0%

Title III: New York

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, $445.8 million was appropriated for Title III programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	31	32	33	
Total Title III funding in State	$11,033,443	$12,660,451	$12,799,351	$36,493,245

Clients Served in FY 1996 by Title III Grantees in State

(Based on programmatic information from 27 grantee(s) in State)

- Total number of people provided HIV pre-test counseling and testing services by State's Title III-funded programs: 35,104
- Total number of people provided primary health care services by State's Title III-funded programs: 13,963
- Number of new HIV–infected patients enrolled in State's Title III-funded early intervention programs in the past year: 4,089
- New clients (adults only) in State's Title III-funded early intervention programs presenting with CD4:
    - under 200: 32%
    - from 200 to 499: 29%
    - above 500: 21%
    - unknown: 18%

Accomplishments

Clients served (primary care only), 1996:	13,963
Men:	64%
Women:	36%

<13 years old:	4%
13-19 years old:	1%
20+ years old:	96%

White:	21%
African American:	40%
Hispanic:	38%
Asian/Pacific Islander:	1%
Native American/Alaskan Native:	0%

Men who have sex with men (MSM):	19%
Injecting drug user (IDU):	32%
Men who have sex with men and inject drugs (MSM/IDU):	2%
Hemophilia/coagulation disorder:	0%
Heterosexual contact:	35%
Receipt of blood transfusion, blood components, or tissue:	1%
Other, unknown or not reported:	11%

Improved Patient Access

- The Bronx Community Health Network has provided HIV primary care to over 1,000 clients in community health center settings in the Bronx.

- Through Title III funding, the Mid Hudson Care Center of the Albany Medical Center has expanded hours of operation, increased the number of annual clinic visits, and provided more integrated quality HIV care.

- Since 1995, the number of individuals accessing HIV counseling and testing services through the Elmhurst Hospital Center AIDS Program has increased by almost 500%. The HIV counseling and testing program identifies approximately 45% of all new clients and links them to care.

- Through Title III funds, the Ossining Open Door Family Medical Group expanded early intervention services to two new sites in Westchester County. As a result, the number of clients has increased by 20%, and the grantee noted a 40% increase in HIV counseling and testing services. Additionally, the grantee has developed service delivery systems sensitive to the large Hispanic population that is served.

- Of the 512 active clients of the William F. Ryan Community Health Center, 38% are women. The grantee provides a full array of women's health services on-site, including prenatal HIV counseling and testing, OB/GYN care, hysteroscopy, and sonogram.

- Through a unique program known as the Air Bridge Network, care is coordinated for people traveling between Puerto Rico and cities in the United States. As the lead agency, the William F. Ryan Community Health Center served 143 people in 1998. The Network as a whole, of which five are Title III grantees, served a total of 301 individuals.

- In 1997, Care for the Homeless provided services at 26 sites, including family residences, shelters, drop-in shelters, and soup kitchens. The grantee provided more than 1,000 primary care encounters and 850 psychosocial services to HIV-infected homeless persons in 1996. Care for the Homeless offers the only New York Citywide on-site delivery of primary health care and social services to homeless men, women, and children.

- The Erie County Medical Center, located in Buffalo, provides extensive support services for women and children, such as childcare, assistance with baby products, and case management services provided by staff trained in women's issues.

Improved Patient Outcomes

- In a recent review of Bronx Community Health Network medical charts, 96% of eligible clients were receiving prophylaxis against PCP and over 80% of eligible clients were receiving antiretroviral therapy.

- Due to effective management of HIV disease, the Albany Medical Center has noted changes in clinical outcomes of its clients. The total number of hospital bed days has decreased by nearly 44%, and the average length of stay has decreased from 14 days to 8 days over the last three years. For clients on combination therapy, 40% have experienced a reduction in detectable viral loads and the incidence of opportunistic infections has been significantly reduced.

- Of 112 new clients entering the Elmhurst Hospital Center in 1996 receiving antiretroviral therapy, 61% had a significant rise of CD4 counts between 1996 and 1998.

- In 1997, the Montefiore Medical Center served 1,378 clients, including 483 new clients. Upon review of clinical lab data on 946 adult clients served, 88% either improved or sustained their CD4 status. The results are attributed to combination therapies that the majority of clients received.

- The total number of hospital admissions for clients enrolled in the Rochester Primary Care Network HIV Program decreased from 165 admissions in 1995 to 117 in 1997. The average length of hospital stay was also reduced from 9.6 to 7.3 days. AIDS-related deaths decreased from 47 in 1996 to 25 in 1997. The grantee noted increases in CD4 counts and decreases in viral loads as a result of combination therapy.

- All women are routinely offered HIV counseling and testing through the Erie County Medical Center. Since the ZDV protocol was initiated, no HIV-infected children have been born to women enrolled in the program.

- The total number of hospital admissions for clients of the Erie County Medical Center has decreased from 735 in 1995 to 213 in August 1997. The average length of stay also decreased from 9.9 to 8.5 days in the same time period.

- **Cost Savings**

- As a result of significant reductions in the numbers of hospital admissions, total hospital bed days and length of stay, the Albany Medical Center's early intervention program has realized substantial cost savings. The total savings from acute care in 1998 are estimated to be between $1.8 and $2 million. While additional expenses are incurred for primary care services, such as viral load testing and medications, the net effect has resulted in savings of approximately $1.3 million per year.

Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Albany Medical College AIDS Program	Albany	Ulster, Dutchess, Orange, and Sullivan Counties	Hospital/University-based Medical Center
Betances Health Unit	New York	Southern region of New York County, Kings and Bronx Counties	Non-329/330/340 Health Center
Boriken Neighborhood Health Center	New York	New York City, Queens, Brooklyn, and the Bronx with the focus on East Harlem	Community and Migrant (329/330) Health Center
Bronx Community Health Network	Bronx	Bronx	Non-329/330/340 Health Center
Bronx Lebanon Hospital	Bronx	South Bronx	Hospital/University-based Medical Center
Brooklyn Hospital Center	Brooklyn	Kings County	Hospital/University-based Medical Center
Brooklyn Plaza Medical Ctr./Rising Heights Program	Brooklyn	Kings County	Community and Migrant (329/330) Health Center
Care for the Homeless	New York	New York, Kings, Bronx, and Queens Counties	Homeless Clinic
Community Healthcare Network	New York	Kings, Queens	Family Planning Clinic
Cumberland Neighborhood Family Care	Brooklyn	Kings County	Non-329/330/340 Health Center
Elmhurst Hospital Center	Elmhurst	Queens County	Hospital/University-based Medical Center
Erie County Medical Center	Buffalo	8 Counties	Non-329/330/340 Health Center
Joseph P. Addabbo Family Health Center	Far Rockaway	Queens County	Community and Migrant (329/330) Health Center
Lutheran Med. Ctr./Sunset Park Family Health Ctr.	Brooklyn	New York City	Community and Migrant (329/330) Health Center

Grantee Name	Location	Service Area	Type of Organization
Montefiore Medical Center/AIDS Ambulatory	Bronx	Primarily Bronx City	Hospital/University-based Medical Center
Morris Heights Health Center	Bronx	Bronx	Community and Migrant (329/330) Health Center
N.Y.U. Medical Center	New York	Staten Island, Manhattan	Hospital/University-based Medical Center
NARCO Freedom Neighborhood	Bronx	Bronx, South Bronx, Mott Haven	Non-329/330/340 Health Center
Ossining Open Door Health Center	Ossining	Weschester and Putnam Counties	Community and Migrant (329/330) Health Center
Peekskill Area Health Center	Peekskill	Westchester and Dutchess Counties	Community and Migrant (329/330) Health Center
Renaissance Health Care Network	New York	Manhattan, Brooklyn, Queens, Bronx, Staten Island	Health Department
Rochester Primary Care Network	Rochester	Monroe County	Community and Migrant (329/330) Health Center
S.T.A.R. Clinic/Health Science Center at Brooklyn	Brooklyn	Kings County	Hospital/University-based Medical Center
Settlement Health and Medical Services	New York		Community and Migrant (329/330) Health Center
St. Clare's Hospital/ The Spellman Center	New York	Manhattan, Bronx, Brooklyn, Queens	Hospital/University-based Medical Center
St. Luke's - Roosevelt Hospital	New York	New York, Bronx, Kings, Queens, and Richmond Counties	Hospital/University-based Medical Center
St. Vincent's Hospital and Medical Center	New York	New York and Kings Counties	Hospital/University-based Medical Center
Suffolk Co. Department of Health Services	Hauppauge	Suffolk County, Amityville	Health Department
Syracuse Community Health Center	Syracuse	Onondago County	Community and Migrant (329/330) Health Center
Valentine Lane Family Practice	Yonkers	Westchester and Bronx Counties.	Non-329/330/340 Health Center
Whitney M. Young, Jr. Health Center	Albany		Community and Migrant (329/330) Health Center
William F. Ryan Community Health Center	New York	Manahattan	Community and Migrant (329/330) Health Center

Planning Grants

1998 - Rushville Health Center Inc - Rushville

Title IV: New York

Title IV provides funding for the development and operation of family-centered systems of primary health care and social services for infants, children, youth, women, and mothers (including pregnant women) and also serves high-risk individuals affected by HIV due to their relationship to family members with HIV. From FY 1991 to FY 1998, $241.5 million was appropriated for Title IV programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Funded Programs	10	10	9	
Total Title IV Funding	$7,646,589	$9,251,265	$7,588,359	$24,486,213

HIV-Infected and Affected Clients Served in 1996 by Title IV Grantees in State

Pregnant adolescents and women:	19%
Women with children:	18%
Adolescents/young adults:	11%
Children:	20%
Infants:	8%
Clients with AIDS/HIV Infection:	27%

Accomplishments

All clients served, 1996:	11,938
Men:	26%
Women:	74%
(Adolescents and adults only)	
<13 years old:	29%
13-19 years old:	11%
20+ years old:	60%

White:	5%
African American:	30%
Hispanic:	51%
Asian/Pacific Islander:	4%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	9%

Men who have sex with men (MSM):	3%
Injecting drug user (IDU):	16%
Men who have sex with men and inject drugs (MSM/IDU):	1%
Hemophilia/coagulation disorder:	0%
Heterosexual contact, non IDU:	30%
Receipt of blood transfusion, blood components, or tissue:	0%
Pediatric Exposure:	24%
Other, unknown or not reported:	25%

- **Improved Patient Access**

- The eight Title IV grantees in New York State served more than 8,500 clients in 1997.

- In 1996, New York University's network of providers served 1,658 clients, of which 55% were new to care. Approximately 70% of HIV-infected children receiving care were enrolled in clinical trials in 1997.

- More than 90% of the consumers served by the Family Center and Dominican Sisters Family Health Service were either Hispanic or African American.

- The Bronx Pediatric and Adolescent AIDS Consortium of the Albert Einstein College of Medicine facilitated access to care through a variety of mechanisms: 1) expanding the total number of clinic sessions, 2) expanding services to include obstetric/gynecologic services in sites that previously did not offer this service, 3) co-locating services, and 4) expanding service hours.

- The Queens Health Network, consisting of Elmhurst and Queens Hospital Centers, screens between 450 and 500 newborns each month for HIV infection.

- Since 1987, Brooklyn Pediatric AIDS Network (BPAN) of SUNY's Pediatric AIDS Clinical Trials Group site offered over 20 clinical trials and other research to the client population and cumulatively enrolled over 300 participants in NIH-sponsored protocols. BPAN also supported the enrollment of over 270 women in the Women Infants Transmission Study.

- BPAN provided technical assistance to the Catholic Medical Center of Brooklyn and Queens and St. Vincent's Foster Care program. The technical assistance resulted in the establishment of a perinatal/pediatric HIV program at the Catholic Medical Center and the development of a free-standing clinic, which provides basic primary care and HIV management to the growing number of HIV-infected children in foster care, at St. Vincent's. BPAN also expanded its clinical care staff to support two part-time pediatricians in two network hospitals to implement HIV services in communities where none existed.

- In 1997, BPAN created a Mental Health Service division for families, children, and adolescents. Annually, this service will provide 280 comprehensive developmental evaluations to HIV-infected infants and children, serve 300 infected and affected caregivers, and provide psychological testing and therapy referrals to 10 to 15 adolescents.

- Dominican Sisters Family Health Service facilitated increased access to care by including an HIV-risk assessment in the walk-in program that serves as a social service emergency room for issues ranging from food and shelter to substance use and domestic violence.

Improved Patient Outcomes

- Columbia University's Northern Manhattan network of providers consistently reports high acceptance rates of HIV counseling and testing for pregnant women. Several agencies report acceptance rates of more than 90%.

- Rates of perinatal HIV transmission have decreased across the majority of the New York Title IV programs. The rate of perinatal HIV transmission for Columbia University's Northern Manhattan network of providers ranges from less than 5% to 11%, representing a significant decrease from percentages reported in previous years. At the Children's Medical Center of Stony Brook, 15 HIV-exposed children were born to women who received prenatal care from the Stony Brook Obstetrical Department from January 1997 to October 1998. Of those, none of the infants have been infected with HIV. In 1997, all children born to HIV-infected pregnant women served by the Dominican Sisters Family Health Service tested negative for the virus.

- Over the last three years, the Lincoln Medical and Mental Health Center, an affiliate of Albert Einstein College of Medicine's Bronx Pediatric AIDS Consortium, improved the post-test counseling rates from 50% to 90%.

- In 1995, the return rate for HIV post-test counseling for adolescents seen through the Montefiore Adolescent Program was 60%. This number increased to 85% in 1998. The grantee attributes the increase to the development of youth-tested program brochures, reduction in wait time for results from two weeks to one week, and expansion of referral relationships with youth-serving agencies. The grantee directly attributes more than 25% of the HIV counseling and testing sessions to a social marketing campaign.

- Coordinated care between the pediatric clinical trials team and the HIV clinic care teams resulted in close to 100% retention of clients in clinical trials at all of the pediatric affiliates of Columbia University's Northern Manhattan Women and Children HIV Project.

- **Cost Savings**

- Columbia University's Northern Manhattan Title IV project is exploring ways of sharing resources that are not cost-effective for single agencies to provide. Specific services include regional transportation services, child life therapy, legal services, and childcare services.

Title IV Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Albany Medical College	Albany		
Albert Einstein College of Medicine	Bronx	New York City and Westchester County	University/College
Columbia School of Public Health	New York	Northern Manhattan, New York City	University/College
Dominican Sisters Family Health Services	Bronx	Mott Haven in South Bronx, Bronx, New York, Queens	Home Healthcare Agency
Elmhurst Hospital Center	Elmhurst	Queens	Hospital
New York University Medical Center	New York	Staten Island, Lower Manhattan	Hospital
Research Foundation at SUNY, Brooklyn	Brooklyn	4 communities in Brooklyn	University-based Hospital
SUNY at Stoney Brook, Children's Medical Center	Stoney Brook	Suffolk County	Academic Medical Center
The Family Center	New York	New York City	Community-based Agency

Special Programs of National Significance (SPNS): New York

The goal of the SPNS program is to advance knowledge about the care and treatment of persons living with HIV/AIDS by providing time-limited grants to assess models for delivering health and support services. From FY 1991 to FY 1998, $119.9 million in funding was dedicated for SPNS programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of programs funded	7	7	7	
Total SPNS Funding in State	$3,248,467	$4,040,845	$4,292,310	$11,581,622

Project Descriptions

- **Asian and Pacific Islander Coalition on HIV/AIDS**

Location: New York
Project period: 10/96 - 9/01
Population Served: HIV-infected Asian/Pacific Islanders
Description of Services: Asians and Pacific Islanders (APIs) make up the fastest growing racial group in New York City. Despite their growing presence, this population has difficulty accessing HIV-related services that are culturally competent, language-appropriate, and HIV-sensitive. The BRIDGES Project seeks to remove access barriers by integrating HIV medical and social services through a system of formal linkages with comprehensive service sites, including hospitals, homeless projects, gay and lesbian community centers, and programs serving injection drug users. A Referral Services Network has also been established using bilingual providers. Training for providers in the network is being used to increase cultural competence, and bilingual peer advocates are assigned to provide language translation for APIs who speak little or no English.

Project Highlights

- APICHA has revised agreements with its six linkage sites, developed a pilot training curriculum, and recruited and trained 16 bilingual peer advocates. Training was provided to 42 staff members, including physicians, nurses, and other health care professionals.

- Bilingual peer advocates provided services to 29 HIV-positive clients to overcome language barriers and allow patients to access care. Seventy-seven HIV-positive clients were successfully enrolled in the BRIDGES Project and received comprehensive case-management services.

- Representatives from the project attended a conference in San Diego entitled, “Strengthening HIV Prevention Practice and Research Among Asians & Pacific Islanders at Risk” where the project was highlighted.

- The project opened a satellite office in Queens, New York, which facilitates further training, outreach, intake, and advocacy activities. The site includes a client recreational room.

Columbia University

Location: New York
Project period: 10/96 - 9/01
Population Served: SPNS grantees
Description of Services: Columbia University serves as the Evaluation and Technical Assistance Center (ETAC) for the Partnership Steering Committee (PSC) and provides cross-cutting multi-site evaluations of PSC grant projects. The center designs and supports systems for collecting and evaluating grantee data; helps PSC grantees develop their own evaluation capacities; provides leadership in developing collaborative evaluation strategies for innovative service delivery models; conducts evaluation analyses; and disseminates the results of multi-site evaluations. The center serves as a crucial component of the SPNS pilot-project system as it collaborates with sites and evaluates programs to determine progress and capacity for replication.

Project Highlights

- The ETAC completed the development of multi-site data elements for PSC grantees. It provided oversight to grantee projects in the development of data-submission code books and established the multi-site database, including data-management and quality-assurance systems. The center also provided extensive technical assistance to PSC grantees in the collection and evaluation of data on both a periodic and ad-hoc basis.

- ETAC conducted four workshops to train grantees in data collection and quality-assurance techniques, and ETAC received and reviewed data sets from approximately 10 grantees.

- The center also provided orientation for new grantees regarding the multi-site system and helped them develop individual evaluation plans.

- The center established a multi-site publications policy and developed concept papers for multi-site studies.

Fortune Society, Ethics 3 Program

Location: New York
Project period: 10/96 - 9/01
Population Served: Prisoners, ex-offenders and their families
Description of Services: The Ethics 3 project is developing a model to engage and retain HIV-positive ex-offenders and their families in primary and HIV-specific ambulatory medical care. An innovative, holistic, and family-focused model uses discharge planning and intensive case management along with personalized medical care, during the transition from incarceration to reentry into the community. Ethics 3 responds to the special needs that make this target population difficult to serve under traditional medical systems, resulting in episodic or discontinued involvement in care. It uses staff who are ex-offenders and in recovery themselves. It works with clients to help them stabilize their lives, addressing issues such as homelessness, substance abuse, mental illness, risk of relapse, transition from incarceration, and isolation.

Project Highlights

- Ethics 3 developed working linkages and collaborative agreements with community providers to heighten their awareness of client needs, while helping ex-offenders make the transition into the community.

- The project formed case management teams with the expertise and capacity to work with clients on discharge planning, personalized medical care, and many other co-factors, such as homelessness, substance abuse and mental illness.

- In the course of developing a holistic model, the project has provided case management, medical and support service referrals and other assistance to 89 HIV-infected clients and their families to help them overcome obstacles and engage in treatment.

▸ Fortune Society, Latino Discharge Program

Location: New York
Project period: 10/94 - 9/99
Population Served: HIV-infected prisoners and releasees
Description of Services: The Fortune Society's Empowerment Through HIV Information, Community and Services (ETHICS) project targets Latino HIV-positive ex-offenders who face severe barriers in accessing mainstream HIV/AIDS services upon release from prison. This population is also likely to experience feelings of isolation, depression, and powerlessness. Most lack the skills to navigate fragmented service delivery systems and are at risk for resuming previous behaviors such as substance abuse, unprotected sex, prostitution, or criminal activity. The ETHICS project responds to their needs, first, by providing culturally and linguistically appropriate discharge planning services while prisoners are still incarcerated, and second, by offering intensive case management and referral services after release. In addition to meeting clients' most urgent needs for food, shelter, clothing, and medical care, the project helps promote wellness and the pursuit of life-changing goals.

Project Highlights

- In recognition of the cultural and linguistic barriers to care faced by Latino/HIV-positive ex-offenders, the project has enlisted staff who are themselves ex-offenders and in recovery. Culturally sensitive staff are well equipped to empower clients and advocate on their behalf.

- The project has developed an effective case management model to coordinate client access to medical evaluation and care, safe and suitable short-term housing, clothing, and nutritious meals. The project has also incorporated within this model various life-affirming pursuits such as social and fitness activities, support groups, peer education, and the celebration of successes and achievements.

- The project has enrolled more than 200 HIV-positive ex-offenders and provided them with intensive case management services, including post-release counseling, entitlements, relapse prevention, and medical and social service referrals.

- **Montefiore Medical Center**

Location: Bronx
Project period: 10/96 - 9/01
Population Served: Minorities, including non-English speaking
Description of Services: The Montefiore project targets African Americans and other ethnic and language minorities, including non-English-speaking or illiterate Latinos, to provide non-stigmatizing, culturally appropriate HIV/AIDS care. Medical, psychosocial and mental health services are specifically tailored to this population, using an integrated health care team approach. The Montefiore project conducts continuous in-service training for its team of providers, focusing on cultural competence and improvements in provider knowledge and attitudes toward different cultures. The team provides holistic, rather than compartmentalized, care and one-stop shopping. Services also include such non-traditional activities as patient self-care training, workshops on parent training and primary prevention, family field trips and psychotherapy/psychiatric care to address patient needs.

Project Highlights

- The project introduced a one-stop shopping system of health care into an underserved area, helping racial, ethnic, and linguistic minorities access culturally competent medical care and support services.

- Through continuous in-service training, the project has significantly improved providers' cultural sensitivity and ability to reach and treat minority persons with HIV/AIDS.

- The Montefiore project pioneered a well-being component to care, including a self-care training program for clients, and education in at-risk behavior and prevention.

- The pilot effort reached over 170 individuals, and 95 HIV-positive persons enrolled in the care program.

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- Through continuous in-service training, the project has significantly improved providers' cultural sensitivity and ability to reach and treat minority persons with HIV/AIDS.

- The Montefiore project pioneered a well-being component to care, including a self-care training program for clients, and education in at-risk behavior and prevention.

- The pilot effort reached over 170 individuals, and 95 HIV-positive persons enrolled in the care program.

New York State Department of Health

Location: Albany
Project period: 10/94 - 9/99
Population Served: N/A
Description of Services: As New York State proceeds with plans to enroll Medicaid recipients in managed care, the AIDS Institute Project examines the effects of this transition on persons with HIV/AIDS. The purpose of the investigation is to help develop standards for contracting with a statewide network of capitated plans and providers who are experienced in caring for persons with HIV disease. Project research is designed to yield data on cost and quality of care, such as risk-adjusted capitation rates, required organizational structures for HIV care delivery (known as Special Needs Plans), benefits packages, quality assurance, and other issues. Three activities are being carried out: a provider cohort study to examine patient costs, utilization trends, and provider capacity; a client cohort study to determine the impact on clients and their perceptions of the transition from fee-for-service to managed care; and educational activities for providers and consumers to ensure that both groups are aware of their rights and responsibilities under the new system.

Project Highlights

- The project developed a request for applications (RFA) outlining requirements under the new plan, capitated reimbursement rates, and benefits and exclusions under the capitated rate structure.

- Project staff conducted over 1,600 interviews to identify barriers and facilitators to care, the services associated with these barriers or facilitators, and the impact of services on the quality of life for persons with HIV/AIDS.

- Project staff examined per capita expenses and use of services for over 56,000 covered persons. Minimum enrollment levels for special needs plans were also developed.

- Training curricula were developed for providers and community-based organizations to address the implications of managed care and to negotiate and establish linkages with managed-care organizations.

- The project was expanded to cover additional activities including: the development and implementation of HIVQUAL, a software program that facilitates collection and analysis of HIV clinical data and the monitoring of clinical performance based on clinical practice guidelines; and the development of an HIV oral health care curriculum and training tools.

SUNY Health Science Center, Brooklyn

Location: Brooklyn
Project period: 10/94 - 9/99
Population Served: Women of reproductive age and their providers
Description of Services: MAPS designs innovative strategies to promote early identification of HIV infection in pregnant women and reduce perinatal transmission of HIV. Project staff collaborate with local hospitals to improve HIV counseling and testing procedures for women of reproductive age, to ensure that providers are informed of the need for early testing and the use of AZT throughout the pregnancy and birth, and to secure appropriate services for HIV-positive mothers and children.

Project Highlights

- The project successfully initiated a community outreach program to attract women of reproductive age who might not ordinarily have access to care and bring them in for counseling and testing.

- MAPS established a new system of enrollment in prenatal care in which all clients in participating hospitals are routinely routed through an HIV counselor, significantly increasing the likelihood of HIV/AIDS intervention.

- MAPS conducted program evaluations at three different hospitals, including a teaching hospital, a municipal hospital, and a community-based hospital. All three received assistance from the MAPS project in developing HIV counseling and testing procedures for pregnant woman. Counseling and testing rates were then evaluated, involving over 11,000 prenatal patients.

- The project found that the rate of HIV counseling and testing improved from 69% at the beginning of the project to an average of 96% in its final quarter.

AIDS Education and Training Centers: New York

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, $171 million was appropriated for AETC programs in the U.S.

- New York/Virgin Islands AETC
- States Served: New York and Virgin Islands
- Primary Grantee: Columbia University School of Public Health, New York, New York
- Subcontractors in State: Albany Medical Center - Albany
  Bronx-Lebanon Hospital Center - Bronx
  Montefiore Med. Center, Adolescent AIDS Program - Bronx
  Montefiore Med. Center, Dept. of Family Med. - Bronx
  New York Hosp., Cornell Medical Center - New York
  St. Vincent's Hospital - New York
  State Dept. of Health, AIDS Institute - Albany
  SUNY-Brooklyn, Health Science Center - Brooklyn
  SUNY-Stony Brook, School of Hlth. Tech. & Mang. - Stony Brook
  Training Center for Health Professionals - New York

Funding History

Year	1996	1997	1998	Total
Total AETC Funding for State	$2,116,956	$2,074,541	$1,503,921	$5,695,418

Training Highlights from FY 1997

- The AETC developed several initiatives with its performance sites to enhance adherence to antiretroviral therapy. For example, a program carried out by Bronx-Lebanon Hospital Center trains both clinicians and consumers on PHS treatment guidelines. The program focuses on the consumers' ability to discuss and choose their medication regimen with the guidance of the clinician.

- The AETC is working to develop training programs to prepare the staff of managed care organizations (MCOs) to treat HIV/AIDS patients using national and state standards of care. AETC performance sites have made contact with MCOs in their cachement area to offer training, technical assistance, and support to MCOs confronting the complex needs of HIV/AIDS patients.

- To address the need of inmates with HIV, the AETC collaborates with the Albany Medical Center in working with the New York State Department of Correctional Services to provide updated HIV-management education via a live satellite video conference series. The nationwide satellite video conferences target correctional health care providers and topics have included: antiretroviral therapies; HIV wasting and nutrition; CMV and Viral Hepatitis; and pain management.

- St. Vincent's Hospital's HIV caseload includes a significant number of immigrants. To ensure that providers are sensitive to the cultural and social needs of immigrants, especially those in vulnerable situations, this performance site carries out a training program in collaboration with community-based organizations serving immigrant populations.

HIV/AIDS Dental Reimbursement Program: New York

The CARE Act HIV/AIDS Dental Reimbursement Program reimburses eligible dental schools and postdoctoral dental education programs for the reported, uncompensated costs of providing oral health care to PLWH. From FY 1996 (when the program was first funded by the CARE Act) to FY 1998, $22.2 million in funding was provided for programs in the U.S.

Funding History

Year	1996	1997	1998	Total
Number of Programs Funded in State	32	32	31	
Total HIV/AIDS Dental Reimbursement Program Funding in State	$2,999,988	$3,065,208	$2,965,404	$9,030,600

Accomplishments

Est. clients served, 1996:	23,127
Men:	61%
Women:	39%

<13 years old:	4%
13-19 years old:	3%
20+ years old:	94%

HIV/AIDS Dental Reimbursement Program Grantees, FY 1998

Grantee Name	Location
Bronx-Lebanon Hospital Center	Bronx
Brookdale Hospital Medical Center	Brooklyn
Brooklyn Hospital Center	Brooklyn
Buffalo General Hospital	Buffalo
Columbia University	New York
Coney Island Hospital	Brooklyn
Eastman Dental Center	Rochester
Erie County Medical Center	Buffalo
Interfaith Medical Center	Brooklyn

Grantee Name	Location
Kings County Hospital Center	Brooklyn
Long Island Jewish Medical Center	New Hyde Park
Lutheran Medical Center	Brooklyn
Montefiore Medical Center	Bronx
Morrisania Diagnostic	Bronx
Mount Sinai Hospital	New York
Nassau County Medical Center	East Meadow
New York Hospital Medical Center of Queens	Flushing
New York Medical College (Faculty)	New York
New York University, Kriser Dental Center	New York
North Central Bronx	Bronx
Our Lady of Mercy Medical Center	Bronx
Peekskill Area Health Center	Peekskill
Saint Barnabas Hospital	Bronx
Segundo Ruiz Belvis Neighborhood Family Care	Bronx
St. John's Queens Hospital	Jamaica
St. Luke's Roosevelt Hospital Center	New York
St. Mary's Hospital of Brooklyn	Brooklyn
University of Rochester (Strong Memorial Hospital)	Rochester
Westchester County Medical Center	Valhalla
Woodhull Medical & Medical Health Center	Brooklyn
Wyckoff Heights Medical Center	Brooklyn