

### FY 2019 CORE NYS ENDING THE EPIDEMIC BUDGET PROPOSALS

Outlined below are core health and social service investments required by New York State (NYS) in order to realize the goals of the historic NYS Plan to End AIDS as an epidemic among residents of the State by the end of the year 2020. These recommendations are drawn from the Blueprint developed by Governor Cuomo’s Ending the Epidemic (ETE) Task Force and are informed by regional blueprint implementation discussions convened by the NYS Department of Health AIDS Institute.

The proposed NYS ETE Priority Investments will support essential new and/or expanded activities required to fully implement the ETE Blueprint and end the NYS AIDS epidemic by dramatically reducing new infections and ending HIV-related deaths.

Expand access to the HIV Enhanced Shelter Allowance to homeless and unstably housed New Yorkers with HIV who live in Upstate NY and on Long Island.	An estimated 3,700 New Yorkers with HIV who reside in the balance of the State outside NYC are homeless or unstably housed, which poses a formidable barrier to retention in care and effective antiretroviral (ARV) treatment. Expanding access to the HIV rental assistance program and affordable housing protection will improve individual and community health, reduce costly homeless shelter use and generate offsetting savings by preventing new HIV infections and reducing avoidable crisis care.	\$8,960,000
Establish systems to achieve NYS goals of zero new infections via injection drug use and zero AIDS mortality.	Funding to treat AIDS mortality (death with AIDS as principal cause) and new HIV infections via injection drug use as “sentinel events,” treated in the same manner as mother-to-child transmissions, will provide State Health Department staff resources to investigate these cases with a high-degree of attention to determine whether and how the transmission or mortality could have been averted and how the HIV care and prevention system can be improved.	\$3,000,000
Expand hepatitis C testing, linkage, treatment, and prevention programs statewide.	NYS faces a growing hepatitis C epidemic with a rising death toll. More than 200,000 New Yorker are estimated to be living with hepatitis C. With a new generation of highly effective curative treatment, NYS’s hepatitis C epidemic can finally be controlled—and eventually eliminated.	\$10,800,000
Expand and enhance harm reduction services to combat the State’s opioid epidemic.	Establish at least one syringe exchange program site in each NYS county and enhance harm reduction, overdose prevention, and health care services at key sites.	\$5,000,000
Expand employment and HIV peer workforce.	Increase access to opportunities for employment, vocational services, and peer workforce placement for people with HIV.	\$3,000,000
Expand access to health care and services for lesbian, gay, bisexual, transgender and gender non-conforming New Yorkers statewide.	The Network is a coalition founded in 1994 and administered by The Center, consisting of 54 LGBT-specific and LGBT-supportive nonprofit organizations that provide care to LGBT New Yorkers and families. NYS should restore the \$300,000 in LGBT HHS funding to the AIDS Institute and increase the Network’s funding by \$1,500,000.	\$1,500,000
<b>TOTAL</b>		<b>\$32,260,000</b>

**Additional Core Investments to Advance the Ending the Epidemic Goals**

Create and Expand Women’s ETE Services.	NYS should expand women-focused HIV testing and early treatment to reach sex workers, at-risk women who test positive for STIs, survivors/victims of domestic violence, and women leaving correctional facilities; create a women-focused PrEP uptake and adherence initiative; and establish a linkage and retention in care program for women with HIV in Upstate NY and on Long Island.	\$2,000,000
Expand NYS PEP and PrEP Programs statewide.	Create a NYS nPEP & PrEP monitoring, evaluation and quality improvement program to ensure access to effective nPEP & PrEP for high-risk persons to keep them HIV-negative. Additionally, fund a statewide PrEP and nPEP education and awareness campaign for consumers, social service providers and medical providers.	\$10,000,000
Establish Centers of Excellence for People of Trans Experience outside of NYC.	Transgender individuals are at high risk of HIV infection, and promoting the health and safety of transgender communities will be a vital part of ending the epidemic. These centers will help remove barriers for HIV positive and at-risk transgender New Yorkers seeking access to high quality and culturally competent health care.	\$3,000,000
Expand transportation assistance and food and nutrition services for PWH across NYS.	Expand transportation assistance in rural, suburban and other areas of the state and enhance support for food and nutrition services (FNS) and medical nutrition therapy (MNT) for people with HIV to increase retention in care, adherence and viral load suppression.	\$3,000,000
Expand housing for Runaway and Homeless Youth.	Increase housing for homeless youth, including LGBT youth.	\$2,400,000
Expand Health Hubs to prevent opioid fatalities and improve the health of people who use drugs.	Expand the Drug User Health Hubs program (\$300,000 per site x 23 sites). The AIDS Institute’s Office of Drug User Health has enhanced its Harm Reduction/Syringe Exchange Programs (SEPs) to become comprehensive Drug User Health Hubs, which include medical, overdose prevention, anti-stigma, and law enforcement diversion services.	\$6,000,000
Increase funding for housing assistance for people who use drugs.	Expand funding for housing assistance for people who use drugs who are homeless or unstably housed.	\$3,000,000
Expand STD and HIV testing throughout Sexual Health Clinics in New York State.	Increase NYS funding to existing STD and sexual health clinics across the state to increase HIV, hepatitis C, and STD testing, and referrals to quality treatment and prevention.	\$6,000,000
Strengthen analytic capacity at the NYS DOH/AIDS Institute to measure progress achieving the plan to end AIDS.	Funding is need to collect, integrate, and disseminate data that includes prevention, quality of care, and social determinants indicators. Key HIV quality metrics need to be adopted in systems that have an impact on provider and plan reimbursement to ensure improved performance is incentivized.	\$5,000,000
<b>TOTAL</b>		<b>\$40,400,000</b>