

New York

AIDS Rate per 100,000

28.5*

State Funds for HIV Early Intervention Services

State Expenditures	
Required Base	SFY 2008 Expenditures Maintenance
\$4,496,955	\$4,667,848
SAPT EXPENDITURES	
FY 2006 HIV Set-Aside	FY 2009 Planned
\$5,754,445	\$5,755,676

FY 2010 SAPT Reports

The SSA contracts with the New York DOH's AIDS Institute and community-based services providers for early HIV intervention services.

HIV Early Intervention Services Provided							
Rapid Testing	Funding Rapid Testing	Regular HIV Testing	Pre-Test and Post-Test Counseling	Referral Services	Risk Assessment	HIV/AIDS Education	Outreach
√	√	√	√	√	√	√	√

State Narrative Summary

New York regulations require all treatment providers to have written policies, procedures, and methods governing the provision of HIV early intervention services to clients, including procedures for making referrals, as appropriate, to other services and agencies. Under these regulations, there must be either a designation of a staff member or an agreement for contractual support to ensure that each site has for ensuring the provision of education, risk reduction, counseling and referral services regarding HIV to all patients. The State continued to implement rapid-test programs and, in FY 2006, distributed 82,225 kits. Beginning in FY 2008, the State has included a survey of treatment providers that is included in the required annual plan for substance use services; this survey is used to determine how programs are complying with State regulations; a total of 716 inpatient, residential, and outpatient programs were surveyed in 2008 to obtain a range of information about the health coordinator's background and experience, as well as services offered. That survey found that 59 percent of health coordinators either provided clients with on-site infectious disease screening or referred them to other services. In FY 2010, the New York State Office of Alcoholism and Substance Abuse Services (OASAS) plans to conduct regional information forums and training sessions targeting health coordinators to ensure the quality of the early intervention services provided.

*THE MOST RECENT DATA PUBLISHED PRIOR TO OCTOBER 1, 2008 BY THE CDC IS TABLE 14, REPORTED AIDS CASES AND ANNUAL RATES (PER 100,000 POPULATION), BY AREA OF RESIDENCE AND AGE CATEGORY, CUMULATIVE THROUGH 2005-UNITED STATES, HIV/AIDS SURVEILLANCE REPORT 2005 VOL. 17, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, CENTERS FOR DISEASE CONTROL AND PREVENTION, NATIONAL CENTER FOR HIV, STD, AND TB PREVENTION, DIVISION OF HIV/AIDS, PREVENTION, SURVEILLANCE, AND EPIDEMIOLOGY. SINGLE COPIES OF THE REPORT ARE AVAILABLE THROUGH THE CDC NATIONAL PREVENTION INFORMATION NETWORK, 800-458-5231 OR 301-562-1098 OR [HTTP://WWW.CDC.GOV/HIV/TOPICS/SURVEILLANCE/RESOURCES/REPORTS/2006REPORT/TABLE14.HTM](http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2006report/table14.htm).

Full State Narrative

FY 2006 (COMPLIANCE)

New York's regulations require all treatment providers to have written policies, procedures and methods governing the provision of services to patients, including procedures for making appropriate referrals to and from other services, when necessary. The regulations further stipulate that patients must be provided public health education and screening with regard to tuberculosis, sexually transmitted diseases, hepatitis, and HIV/AIDS prevention, by qualified individuals in accordance with Article 27-F of the Public Health Law, and that at least one staff must be designated as the Health Coordinator to ensure the provision of education, risk reduction, counseling and referral services to all patients regarding HIV and AIDS, tuberculosis, hepatitis, sexually transmitted diseases and other communicable diseases. In addition, these regulations require documented training regarding HIV and infection control procedures. OASAS routinely monitored chemical dependency programs to ensure the presence of HIV-specific policies and procedures and assess staff compliance with them

In addition, OASAS contracted with the New York State Department of Health's (DOH) AIDS Institute (AI) and community-based services providers for early HIV intervention services and worked with AI to increase awareness of HIV, Hepatitis (A, B, and C) and other communicable diseases.

Rapid HIV Testing Initiative

OASAS assisted CSAT in its Rapid HIV Testing Initiative, designed to reduce HIV incidence rates among minority populations who may be at an even greater risk for acquiring or transmitting HIV associated with substance abuse and/or a mental health disorder. Targeted populations included persons with a substance use (e.g., injection drug users) and/or mental health disorder, men who have sex with men, at-risk college students, sex workers, at-risk pregnant women, reentry populations, and transgender populations. The goal was to supply rapid HIV test kits at no cost to eligible service providers. OASAS worked closely with SAMHSA and other New York State stakeholders, such as the New York State Department of Health (DOH) and the New York City Department of Health and Mental Hygiene, in administering SAMHSA's Rapid HIV Testing initiative. To assure implementation in urban, suburban, and rural areas, OASAS had identified appropriate and ready service providers in a majority of the State's counties.

At the conclusion of this initiative on March 23, 2006, a total of 82,225 kits were distributed in NYS - 26,025 kits distributed to OASAS license Providers, 55,000 kits went to NYC DOH Bureau of HIV Services, and 1,200 went to NYS DOH for distribution to local county Departments of Health. Reported benefits of provider participation in this SAMHSA initiative included increased communication with substance abuse treatment programs; less reluctance by patients to being tested (to determine their HIV status); increased numbers of persons actually being tested to determine their HIV status; and bringing those testing positive into medical management of their HIV disease. Many participating programs plan to continue HIV rapid testing due to the popularity of this new technology among clients.

FY 2008 (PROGRESS)

OASAS regulations and compliance monitoring continues, as do contracts with the DOH AI and community-based service providers for early HIV intervention services.

OASAS is developing a Guidance Document for Health Coordinators to assist providers in meeting OASAS regulations, as well as in defining the role of the Health Coordinator within their treatment modalities. On January 1, 2008, a Health Coordinator survey was sent to New York's 716 inpatient, residential and outpatient programs to ascertain the Health Coordinator's professional and educational background; services provided;

resources used and needed; and comments related to their role as a Health Coordinator. Preliminary findings are based on a 33 percent response rate and include:

- 67 percent of Health Coordinators performed their duties in an outpatient setting, while a small number served more than one modality;
- 59 percent of Health Coordinators either provided clients with on-site infectious disease screening or referred clients for infectious disease screening;
- 41 percent of Health Coordinators offer a variable mix of client counseling and education in providing services for infectious diseases;
- 17 government agencies (City/State/County/ Federal) and 27 non-government agencies were used by Health Coordinators as resources for informational materials.

Plans to enhance the OASAS Hepatitis C Virus (HCV) effort by conducting an HCV site survey were redirected with the emergence of OASAS in 2008 as a participant member of the New York State Hepatitis C Advisory Council, the New York State HIV/AIDS Advisory Council, the New York State DOH Hepatitis C Conference Planning Committee and participation in both the NYC and NYS HIV Prevention Planning Group's activities. The HCV site survey may become more practical at a later date as time allows. New York recognizes that the risks of acquiring HIV infection and sexually transmitted diseases are significantly increased by substance use disorders. In partnership with the New York City Department of Health and Mental Hygiene (NYC DOHMH) and the Lesbian, Gay, Bisexual & Transgender Community Center, OASAS secured a five-year Targeted Capacity Expansion/HIV grant (\$500,000 annually) to expand substance abuse services in an STD-treatment environment. "Serve STD Clinics" targets HIV-at-risk STD patients who are: Black/African, Latino, Asian Americans, and Americans of other ethnic minority backgrounds (including women and their children, men who inject drugs, men who have sex with men [MSM] and at risk non-injecting MSM). Grant funding supports these clinics in providing effective intervention and treatment services for the target populations, in addition to the rapid HIV testing already provided by the STD clinics.

FY 2009 (INTENDED USE)

OASAS regulations and monitoring of compliance will continue, as will contracts with the community-based service providers for early HIV intervention services (Target Population: treatment programs; Product/Service: compliance monitoring; Time Frame: ongoing; Target Area: statewide; Means: regulation, funding).

OASAS intends to conduct regional information forums and training sessions targeting OASAS Health Coordinators to ensure quality early intervention services for HIV and other communicable diseases (Target Population: Health coordinators, Product/Service: Guidance Document creation, training. Time Frame: Ongoing; Target Area: Statewide; Means: Development of networking and educational resources).

OASAS will continue its significant role as a participant member of the New York State Hepatitis C Advisory Council, the New York State HIV/AIDS Advisory Council, and the New York State DOH Hepatitis C Conference Planning Committee, and as a member of both the NYC and NYS HIV Prevention Planning Groups. (Target Population: OASAS client population, NYS population, Product/Service: Public Health strategies, training, Time Frame: Ongoing; Target Area: Statewide; Means: OASAS staff and development of NYS DOH training opportunities).

"Serve STD Clinics" will be in year two of operation; through effective screening and intervention for substance use, it is expected that patients will be able to reduce their need to utilize STD clinic services. Appropriate substance abuse intervention and treatment referrals, in combination with rapid HIV testing, are expected to result in a decrease of risky behavior that would otherwise lead to HIV transmission. (Target Populations: Black/African, Latino, Asian Americans, and Americans of other ethnic minority backgrounds

[including women and their children; men who inject drugs, men who have sex with men (MSM) and at-risk non-injecting MSM); Product/Service: substance abuse intervention and treatment referral; Time Frame: 2009; Target Area: New York City; Means: contract).

HIV Early Intervention Services

In State fiscal 2006 (April 1, 2006 through March 31, 2007), New York was required to set aside \$5,754,445 of the SAPT Block Grant and to maintain nonfederal spending of \$4,496,955 for early HIV intervention services (EIS) on site of substance use treatment. These spending levels will be continued in State fiscal 2007.

Federal SAPT Block Grant spending, which is reflected by provider on New York's Entity Inventory, is comprised of \$4,354,445 by OASAS sub recipients for approved EIS and \$1.4 million by DOH's AIDS Institute (AI). AI spending, which under a Memorandum of Understanding with OASAS must occur on site of substance use treatment, included: Staten Island University Hospital (\$352,085); Daytop Village (\$250,000); Montefiore Medical Center (\$233,889); Vocational Instructional Project Community Services (\$224,240); Promesa (\$203,506); Center for Comprehensive Health Practice (\$74,084); NYS Department of Health (\$64,196). Nonfederal spending also reflected spending by the two State agencies: \$1,403,270 by OASAS sub recipients and \$3,264,578 by AI for a total of \$4,667,848. It is critical to point out that as the Governor's budget publications indicate New York State spends \$3.6 billion annually to combat HIV/AIDS, the amount reported in this application for EIS significantly undervalues New York's commitment to addressing this public health concern. However, OASAS does not have access to information on other funding sources that are available to DOH (i.e. Centers for Disease Control and Prevention, Medicaid) and other State agencies to support and cannot estimate how much of this spending may be provided on site of substance use treatment. For example, New York's Medicaid Plan supports counseling, testing and primary care services to eligible individuals with HIV and DOH funding is also available to treatment providers for infrastructure, administration and support services. DOH's Substance Abuse Initiative (SAI): DOH develops and funds HIV prevention and health care programs, educates the public and health care providers, formulates policy and directs regional and statewide HIV/AIDS planning. Specifically, the SAI is designed to develop a co-located continuum of comprehensive HIV prevention and primary care services in substance use treatment settings throughout New York State. The SAI works with treatment providers to ensure the most recent developments, technologies and models for best practices are incorporated in the HIV service protocols. HIV counseling and testing availability is being increased and integrated within the treatment environment; training on rapid testing technologies has been provided; and rapid testing kits purchased for providers so that treatment providers can offer rapid testing as a routine component of HIV services.

Recognizing the need to serve substance users not engaged in either the substance use treatment or health care systems, the SAI fostered the development of service coalitions among grant-funded treatment agencies, harm reduction/syringe exchange programs (however, please note that no SAPT Block Grant funds are used for this component) and community-based residences. Outreach, HIV education, risk/harm reduction services, capacity building and transitional case management for active substance users not in treatment are also featured in this model.

OASAS HIV Programs: OASAS funding supports entire program efforts, including those designated as AIDS resource and community service providers, innovative prevention services and staff salaries and fringe benefits of counselors, working in treatment programs that are designated as Health Coordinators under OASAS regulations. In addition to EIS, OASAS funds street outreach, which seeks to reduce or prevent HIV transmission among active injection drug users and their families through approved outreach programs in New York City and the mid-Hudson region. Using a public health/ nontraditional approach, these workers approach substance users, including IVDUs, in their own "communities." Street outreach workers are able to establish a rapport with the target population through repeated contacts, while simultaneously providing information and

prevention kits on HIV/AIDS, Hepatitis and referrals for relief of the substance user's immediate needs including food, housing, medical care and treatment.

HIV Early Intervention Programs Receiving Funds				
Program	Status	Address	Phone	Funds
Greenwich House, Chemical Dependency Program	A	122 West 27th Street, 6th Floor, New York, NY 10001	212-691-2900	\$79,283
Women In Need	A	115 West 31st Street, 7th Floor, New York, NY 10001	212-695-4758	\$60,480
Niagara County Department of Mental Health	A	5467 Upper Mountain Road, Shaw Building Mountain View Complex, Suite 200, Lockport, NY 14094	716-439-7410	\$3,095
AIDS Community Resources	A	627 West Genesee Street, Syracuse, NY 13204	315-475-2430	\$96,341
AIDS Council of Northeastern New York	A	88 Fourth Avenue, Albany, NY 12202	518-434-4686	\$68,796
Alcohol and Drug Dependency Services	A	291 Elm Street, Buffalo, NY 14203	716-854-2977	\$55,637
Northpointe Council, Student Assistance Program	A	800 Main Street, Niagara Falls, NY 14301	716-282-1228	\$122,182
Catholic Family Center	A	87 North Clinton Street, Rochester, NY 14604	585-546-7220	\$26,788
Cayuga Addiction Recovery Services, Groton Clinic	P	101 Cayuga Street, Groton, NY 13073	607-898-3508	\$53,528
Daytop Village, Administrative	A	54 West 40th Street, New York, NY 10018	212-354-6000	\$211,928
Finger Lakes Alcoholism Counseling and Referral Agency	A	26 East Main Street, Clifton Springs, NY 14432	315-462-9466	\$275,918
Livingston County Council on Alcoholism and Substance Abuse, Long Island Association AIDS Care	A	30 Commercial Street, Livonia, NY 14487	585-346-3050	\$118,573
St. Vincent's Mary Immaculate	A	14718 Archer Avenue, Jamaica, NY 11435	718-526-0101	\$21,465
Narcotic and Drug Research	A	Two World Trade Center, New York, NY 10048	212-845-4400	\$1,791,895
New York State Department of Health, AIDS Institute	A	Corning Tower Empire State Plaza, Albany, NY 12237	518-474-2011	\$1,400,000

Status Key: [A] Active, [I] Inactive, [n/a] Not available, [P] Facility physically closed, [S] No substance abuse services provided, [U] Closed as duplicate of another facility.