

Mission

The AIDS Institute is committed to eliminating new infections, improving the health and well-being of persons living with HIV, AIDS, sexually transmitted diseases and viral hepatitis, and improving LGBT and drug user health.

“End epidemics, fight stigma, promote health.”

Vision

All New Yorkers enjoy health and well-being free of stigma and disease.

Values

Respect: We treat all individuals with dignity, respect and compassion.

Partnership: We value community input and collaboration with federal, state, local and community partners.

Leadership: We embrace, empower and drive change.

Innovation: We foster creative approaches to carry out our mission.

Stewardship: We strive to be creative and resourceful in planning, developing and delivering high quality services to impacted communities.



2017 Center at a Glance

History and Continuing Mission: The AIDS Institute was created within the New York State Department of Health (NYSDOH) in 1983 to support a comprehensive public health and health care response to an emerging crisis. Public Health Law Article 27-E specifies the AIDS Institute’s responsibilities, powers and duties.

The AIDS Institute is one of four centers in NYSDOH’s Office of Public Health. In recognition of the synergy among HIV, sexually transmitted diseases (STDs), and viral hepatitis, these services are aligned within the AIDS Institute in order to improve prevention efforts and health outcomes along with HIV/AIDS and STD surveillance.

The AIDS Institute strives to eliminate new HIV, STD, and hepatitis C virus (HCV) infections; ensure early diagnosis and linkage to quality care, support and treatment; provide support for those affected; and eradicate stigma, discrimination, and disparities in health outcomes.

The AIDS Institute also has responsibility for overall sexual health and Lesbian/Gay/Bisexual/Transgender (LGBT) and drug-user health and wellness. Although many of the health and human service needs of LGBT individuals and persons who use drugs are similar to the population at large, these individuals often experience worse health outcomes than others in society. Discrimination and societal rejection based on sexual identity, gender identity, gender expression and drug use uniquely impact access to and interaction with the health and human services system.

Service Portfolio: The AIDS Institute’s achievements in fighting the HIV, STD, and hepatitis epidemics and serving those who are positive are notable and include the development of HIV financing mechanisms and

client-centered service programs that serve as national models. The AIDS Institute established an HIV service delivery system that is unmatched in the nation. The portfolio of services developed in New York State (NYS) includes prevention, education, outreach, screening, partner services, health care, harm reduction, and a range of support services, as well as medications and insurance continuation for persons with HIV/AIDS. The portfolio includes direct services provided by NYSDOH staff, State support of local health department services, service contracts, Medicaid-supported services, and HIV care programs for the uninsured and underinsured, including the AIDS Drug Assistance Program (ADAP).

From its beginnings, the AIDS Institute established and promoted the concept of medical homes for persons living with HIV/AIDS. The AIDS Institute supports the service delivery system by providing education, training and technical assistance to providers and monitoring the quality of services delivered. The State's HIV prevention, support service and care programs have resulted in the near elimination of perinatal transmission of HIV and dramatic reductions in new infections among persons who use drugs, in the number of newly diagnosed cases, and in deaths among persons with HIV/AIDS. People living with AIDS are now healthier.

The AIDS Institute service portfolio also includes LGBT health and human services, including a range of activities not directly related to disease transmission, but rather a holistic approach to improving the well-being of persons with differing sexual orientations and gender identities. Drug user health is integrated in HIV and hepatitis programs. In addition, drug user health is the focus of the opioid overdose prevention program through which thousands of persons have been trained to respond to overdoses. This program has resulted in hundreds of lives saved. Sexual health promotion, including comprehensive sexual health education for young people and prevention and treatment of STDs is another focus of our work.

Timely Responses to a Rapidly Changing Epidemic: New York State's HIV prevention and care programs have been successful to the extent that it is within our reach to bring the disease below epidemic levels.

In June 2014, Governor Cuomo announced a three-point plan to end AIDS as an epidemic in NYS. The plan includes identifying all persons with HIV who remain undiagnosed and linking them to health care; linking and retaining persons diagnosed with HIV in health care and getting them on anti-retroviral therapy to maximize HIV viral suppression so they remain healthy and prevent further transmission; and providing access to pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) to persons who engage in high-risk behaviors to keep them HIV negative. The effort to end AIDS as an epidemic in New York builds on the State's successes over the last 30 years, including the virtual elimination of mother-to-child HIV transmission; a 96 percent reduction in new HIV diagnoses due to injection drug use since the mid-1990s; and, in the last decade, a 35 percent reduction in new HIV diagnoses and a 37 percent reduction in deaths among people with AIDS.

In October 2014, Governor Cuomo established a Task Force in support of his three-point plan to end the epidemic in NYS by the end of 2020. The Task Force developed and synthesized recommendations, presented in New York's Blueprint to end the AIDS epidemic. The recommendations focus on New York State's highly successful HIV prevention and care programs and efforts to address stigma and discrimination to reduce associated health disparities. The Task Force was made up of key stakeholders representing public and private industry, researchers, and community leaders who are expert in the field of HIV/AIDS. The Blueprint was officially released on April 29, 2015.

Ending the Epidemic efforts have achieved significant successes, including a 40% reduction in newly diagnosed cases, a reduction in the proportion of new cases among injection drug users from 54% to just 3%, zero cases of mother-to-child-transmission for an 18-month period for the first time in state history, and a statewide viral load suppression rate of 67%. In addition, prescriptions for PrEP have increased fourfold among people enrolled in Medicaid, the number of uninsured persons accessing PrEP services through the PrEP Assistance Program (PrEP-AP) has risen 600 percent in a year and a half, and at the 21st International AIDS Conference, it was reported that New York leads the nation in the percent of at-risk individuals within the population on PrEP. In addition, participants in the new Rapid Access to Treatment pilot program, which ensures immediate access to treatment for uninsured and underinsured persons newly diagnosed and returning to care, have reached viral suppression in 38 days. Further, matching Medicaid data with surveillance data has identified more than 6,000 individuals who have unsuppressed viral loads, and Medicaid managed care plans have launched initiatives to link these individuals to care. As a result, more than 40% of these Medicaid recipients have achieved viral suppression. Moreover, the data-to-care pilot – a public health strategy using HIV surveillance data to link persons with HIV to care – was successful in linking more than 70% of persons served to care. 2015 saw a 10% decrease in newly diagnosed HIV cases among men who have sex with men (MSM). This is the first decrease in newly diagnosed cases among MSM in over a decade and a significant indication that ETE efforts are yielding results. New initiatives being launched will set a goal of zero AIDS mortality and zero HIV transmission through injection drug use by the end of 2020.

Community Partnerships: The AIDS Institute places a priority on community input and effective partnerships with consumers, providers, community leaders, advocacy groups, research entities, and other federal, state, and local government agencies to inform the development of policies and programs. One of the hallmarks of the AIDS Institute's strategy is ongoing dialogue with consumers as well as community-based health and human service providers on the front lines. Periodically, regional forums are held throughout the State to obtain input on policy and programs and to respond to concerns about changes in the health and human service delivery system. In summer and fall of 2015, a series of Ending the Epidemic (ETE) Regional Listening Forums were held across the state. More than 800 New Yorkers participated in the ETE regional forums. These regional discussions were an opportunity to identify community-driven strategies and partners in the effort to address the Governor's three-point plan to end the

AIDS epidemic by the end of 2020 in NYS. Feedback was also utilized in New York State's Integrated HIV Prevention and Care Plan.

National Leadership: The AIDS Institute's leadership role extends beyond NYS, as it serves as the federally funded National Quality Center, providing technical assistance on quality improvement to service providers throughout the nation and internationally. The AIDS Institute staff is active in the Council of State and Territorial Epidemiologists, the Association of Nurses in AIDS Care (ANAC), the National Alliance of State and Territorial AIDS Directors (NASTAD), the American Public Health Association, and the National Coalition of STD Directors. Comprehensive, CDC-mandated HIV/STD field services training is provided through the NYS STD/HIV Prevention Training Center (PTC) – one of three CDC-funded PTCs providing partner services trainings nationally. Moreover, The AIDS Institute has been called on to present at national meetings and to offer technical assistance to other states on a variety of topics, including ending the epidemic efforts.

Following is a description of the AIDS Institute's major program areas.

The Office of Planning and Community Affairs (OPCA) is responsible for ongoing, cross-programmatic policy development, strategic planning, budgetary and legislative analyses; HIV confidentiality oversight; management support and administration for the NYS AIDS Advisory Council, the Interagency Task Force on HIV/AIDS, and the NYS HIV Advisory Body; implementation of annual World AIDS Day events; and overall community-related affairs. OPCA is responsible for managing Institute-wide publications such as "About the AIDS Institute" and all proposed conference abstract submissions, journal and manuscript publications. OPCA plays a central role in AIDS Institute activities related to ending the epidemic in New York State and will continue to convene a wide variety of stakeholders to gather input, direct deliberations to achieve consensus, and develop statewide plans. This also involves ensuring rapid responses to issues raised by the Governor's office, DOH executive staff, and community representatives.

The Division of HIV/STD/HCV Prevention (DOP) provides leadership in helping control the HIV epidemic in NYS by coordinating a comprehensive program for preventing the transmission and acquisition of HIV, STDs, and HCV and reducing associated morbidity and mortality of infected persons. DOP administers funding to community based organizations (CBOs) charged with delivering HIV/STD/HCV prevention services consistent with the National HIV/AIDS Strategy, CDC's High Impact HIV Prevention, New York State's Prevention Agenda, and the NYS Ending the Epidemic Initiative. More specifically, DOP funds CBOs to provide direct support services for HIV-positive persons, HIV-negative individuals who engage in high-risk behaviors, and persons of unknown HIV status at all stages of care to facilitate the provision of medical treatment and care and biomedical and/or behavioral change prevention services. DOP is responsive to the needs of the diverse populations and subpopulations most impacted by HIV and promotes a cross-sector approach by collaborating with local health departments, medical providers, and community-based

organizations to implement high impact prevention activities, strategies, and interventions. The Division includes two Bureaus (the Bureau of Community Based Services and the Bureau of Special Populations), a Fiscal Management Unit, and an AIRS Data Unit.

- The **Bureau of Community Based Services** funds the following programs: Regional Prevention and Support Programs, Targeted Prevention and Support Programs, Community Mobilization Programs, Corrections to Community Care Continuum, the Faith Communities Project, and the New York State HIV/AIDS Hotlines.
- The **Bureau of Special Populations** funds the following programs and initiatives: HIV/STD/HCV Prevention and Related Services for Women, HIV/STD/ HCV Prevention and Related Services for Young Gay Men/Young Men Who Have Sex with Men, HIV Prevention and Related Services for Young People Through the Use of Health Advocates (YHA), the Communities of Color initiative, the LGBT Health & Human Services initiative, and the NYS Condom Program.

The Division of HIV and Hepatitis Health Care is responsible for ensuring the availability and accessibility of quality care and services for persons living with HIV/AIDS and Hepatitis C (HCV). This is accomplished through the development of a portfolio of medical and supportive services that addresses the needs of individuals diagnosed with new, acute and asymptomatic HIV infection through stages of chronic disease. With the advent of new biomedical prevention interventions such as pre-exposure prophylaxis (PrEP), the Division has expanded health care services to raise awareness and reduce barriers to accessing PrEP for individuals at highest risk of contracting HIV. This expansion includes a PrEP detailing project as a catalyst for enhancing partnerships with general primary care providers to expand the role and the number of HIV primary care providers that can treat high-risk HIV-negative persons. The Division includes the Viral Hepatitis Section, the Perinatal HIV Prevention Program, the Bureau of HIV Ambulatory Care Services, and the Bureau of Community Support Services.

- **Bureau of Hepatitis Health Care** is responsible for the development and maintenance of a comprehensive hepatitis C (HCV) program. Program activities include HCV prevention (including HCV screening), education, medical care and treatment, and policy and planning activities. The overall program goals are to prevent the acquisition and transmission of HCV; build knowledge and awareness of HCV disease, prevention, risk, treatment and medical management; develop and maintain an infrastructure to provide the highest quality HCV care and treatment; foster an effective policy and planning environment at the local, state and national levels; and conduct epidemiologic, program evaluation, and quality improvement studies to guide program and policy decisions.
- The **Bureau of HIV Ambulatory Care Services** oversees grant-funded programs supporting the delivery of services promoting linkage, engagement, retention in

medical care and treatment adherence, Pre-Exposure Prophylaxis (PrEP) services in general and HIV primary care settings, outreach, prevention education and support services targeted to specific populations, including communities of color; substance users; women, children and families; adolescents and young adults; men who have sex with men; and the transgender community.

- **The Bureau of Community Support Services** develops and oversees the provision of supportive services to persons living with HIV to facilitate linkage to care and treatment and improved health. The services include case management, health education, medical transportation, behavioral health education, nutrition health education and food services, legal and supportive services for individuals and families, supportive housing and housing financial assistance.
- **Perinatal HIV Prevention Program and Special Projects Unit** oversees activities focused on preventing HIV perinatal transmission and monitors birth facilities throughout NYS to ensure compliance with public health law and regulations.

The Office of HIV Uninsured Care Programs oversees six program components for New Yorkers living with HIV/AIDS who are uninsured or underinsured with the aim to provide access to medical services and medications to improve their health and quality of life. The AIDS Drug Assistance Program (ADAP) provides life-saving medications; ADAP Plus provides HIV primary care services; the Home Care Program provides care in the home; the ADAP Plus Insurance Continuation (APIC) program provides assistance in paying health insurance premiums to support access to comprehensive health care coverage in a cost-effective manner; the Pre-Exposure Prophylaxis Assistance Program (PrEP-AP) provides access to primary care services and monitoring to support the use of Pre-Exposure Prophylaxis (PrEP) to prevent HIV infection; and the Rapid Treatment (RapidTx) pilot provides immediate access to care and treatment for persons newly diagnosed with HIV or returning to HIV care.

Office of Medicaid Policy and Programs:

- **Medicaid Acute and Chronic Care Services** oversees the development of and compliance with standards of care for Medicaid funded AIDS nursing homes and AIDS adult day health care programs, and facilitates transition of these programs to Medicaid Managed Care. The Section also oversees the certification, monitoring, and transition of standards of care for programs including the Designated AIDS Center program and the AIDS Intervention Management System (AIMS), through which quality improvement and utilization reviews are conducted. The section also oversees Certificate of Need (CON) reviews as well as hospital and clinic closures.
- **Medicaid Finance Systems and Research** is responsible for developing and implementing the analysis, evaluation and research agenda for the Office of Medicaid Policy and Programs. The section secures access to data sources throughout the NYS Department of Health and performs data analyses in support of policy initiatives, such

as Ending the AIDS Epidemic, and program needs related to health care and support services for individuals with HIV, hepatitis and sexually transmitted infections. The section develops and produces health service research papers, technical reports and publications of considerable interest to the HIV/AIDS field, presenting work at state and national conferences and providing input into the development of payment rates associated with HIV services.

- **Medicaid and Health Care Reform Policy and Analysis** oversees the formulation of health reform policy and Affordable Care Act implementation, including the Delivery System Reform Incentive Program (DSRIP) and other Medicaid Reform associated with HIV/AIDS services. The section collaborates on interagency oversight of Health Home policy for Medicaid Health Homes, including HIV legacy providers (former COBRA providers). The section is directly involved in the deliberations among the provider, consumer, and advocacy communities and the department.
 - **Delivery System Reform Incentive Program (DSRIP).** The \$6.42 billion incentive payments to 25 Performing Provider Systems (PPSs) are supporting the integration of physical and behavioral health services, improved collaboration and data sharing, workforce development and regional system transformation. Eight New York City-based PPSs have chosen projects for early access to and retention in HIV care for a city wide collaborative to share resources and work towards common Ending the Epidemic goals.
 - Medicaid beneficiaries who have complex, chronic, high-cost conditions are eligible to participate in **Health Homes** as a means of managing the utilization of health care services. Health Home services include comprehensive care coordination, care management, health promotion, transitional care, including appropriate follow-up from inpatient to other settings, patient and family support, referral to community and social support services, and the use of health information technology (HIT) to link services. As a state agency stakeholder in the Health Homes initiative, the AIDS Institute continues to assist with program development efforts, monitoring, and technical assistance. AIDS Institute staff participated in re-designation site visits to Health Homes which included review of policies to achieve program standards, implementation efforts, and review of charts of HIV-positive Health Home enrollees.
 - In December 2016, the roll out of **Health Homes Serving Children (HHSC)** began. Currently, there are sixteen HHSC with three of the sixteen HHSC serving as children-only Health Homes. AIDS Institute staff contributed to the successful roll out of HHSC and continue to provide technical assistance, monitoring, and program development.
 - **The Medicaid Managed Care/HIV SNPs section** oversees the monitoring of services for persons with HIV in Medicaid managed care and the

development, implementation and monitoring of HIV Special Needs Plans, including providing guidance on navigating Medicaid managed care to providers, consumers, and stakeholders.

The Office of the Medical Director (OMD) is committed to ensuring that people living with HIV/AIDS and other sexually transmitted diseases in New York State receive the highest quality health services based on the most current clinical guidelines. OMD priorities include developing and implementing guidelines; building capacity for the delivery of exemplary care using quality improvement methods; promoting linkage to, retention in, and adherence to treatment; and designing and promoting quality education and training. In addition, OMD participates in the work of the New York State Department of Health AIDS Institute monitoring of emerging trends and planning and implementing programmatic responses. Specifically, OMD:

- Provides guidance and consultation to the AIDS Institute Executive Office, departmental programs, other agencies, providers, consumers, and national and international programs on scientific, medical, and clinical aspects of HIV/AIDS.
- Develops clinical practice guidelines for the care of people with HIV infection, including related aspects of health such as other sexually transmitted diseases, substance use, mental health, hepatitis, and oral health.
- Develops and promotes tools for enhancing and measuring the quality of HIV care.
- Assists health care and support service providers in building capacity for quality improvement and provides many types of technical assistance and training related to HIV, STDs, and hepatitis care.
- Develops and implements strategies for professional development in HIV care and prevention, educates providers and consumers, and develops materials about the scientific and clinical aspects of HIV, quality HIV care management, and HIV prevention.

OMD initiatives include:

- The **NYS Quality of Care Program** is a capacity building initiative that accelerates measurable and continuous progress toward effective consumer-centered HIV services. In collaboration with external stakeholders and affected HIV communities, the program has become a recognized leader in improving outcomes, support services, and quality of life for people living with HIV. It sponsors adult and youth consumer advisory groups; learning networks and peer learning activities; regional groups to identify local priorities and foster clinical and non-clinical agency coordination; a web-based program, eHIVQUAL, for data collection, analysis, and reporting; and quality program standards and assessments.

- **National Quality Center** is the national leader in promoting quality improvement in HIV care. It has provided free state-of-the-art technical assistance and capacity building to more than 90% of federally funded Ryan White Programs nationwide. The Center offers tools, training, coaching, and learning communities such as the in+care campaign and national collaboratives.
- **HEALTHQUAL International** is a capacity building initiative that provides technical assistance, coaching, and mentoring directly to Ministries of Health to strengthen and improve national health systems with the goal of creating self-sufficient local quality management programs that are sustainable over time. Quality improvement activities involve clinic staff and consumers with support from Ministry of Health leadership. These structural features are designed to be lasting even with staff turnover, organizational leadership changes or political transitions. HEALTHQUAL-International is funded through the federal government's President's Emergency Plan for AIDS Relief (PEPFAR) in 14 countries in Africa, the Caribbean, South America, and Asia.
- The **Part A HIV Quality Management Program**, a partnership with the New York City Department of Health and Mental Hygiene, focuses on building quality management capacity in programs receiving Part A funding in the New York Eligible Metropolitan Area, which includes New York City and Westchester, Rockland and Putnam counties. Mutual program goals are to improve the quality of supportive services, strengthen provider infrastructure, and facilitate improvement activities at every stage along the HIV service portfolio. This program aligns the goals of quality management, service program objectives, evaluation, and patient outcomes in a significant way. It is intended to increase the involvement of all program staff and broaden input and efforts toward improvement.
- The **HIV Clinical Guidelines Program** develops and disseminates guidelines. The program has continuously addressed the HIV care and prevention needs of clinicians, supportive service providers and consumers in New York State. The program is intended to support clinicians who treat people with HIV infection as well as those involved in preventing HIV, and those who manage patients with viral hepatitis and sexually transmitted infections. The program also addresses LGBT health and the health of persons who use drugs.
- The **Clinical Education Initiative (CEI)** enhances the capacity of New York's diverse health care workforce to deliver clinical services to improve health outcomes related to HIV, sexually transmitted diseases (STDs) and Hepatitis C (HCV). CEI provides both in-person and the latest distance learning and digital health technologies to: provide progressive HIV, HCV, STD, and PEP/PrEP education to clinicians; disseminate AIDS Institute clinical practice guidelines; expand the base of providers able to diagnose and care for HIV, HCV and STD patients; and foster partnerships between community-based providers and HIV, HCV and STD specialists. CEI collaborates with other educational organizations to maximize local resources and reach providers throughout New York State with an emphasis on

keeping pace with advances in science, policy, program development and emerging strategies to improve health outcomes.

- **HIV/STI/Viral Hepatitis Training Services** offers a wide range of training opportunities to non-physician health and human services providers required to provide effective HIV, sexually transmitted infection (STI) and viral hepatitis prevention, screening, care and support services. Emphasis is placed on keeping pace with advances in science, policy, program development and emerging strategies to improve health outcomes.
- **HIV/STD/Viral Hepatitis Consumer Education Materials** coordinates an HIV/STD/Viral Hepatitis educational materials development and distribution program through which new materials are produced and existing materials are updated. Consumer materials are offered in a variety of languages and formats, including brochures, posters, bookmarks, wallet cards, magnets, scratch-off cards, and booklets. Materials are designed to appeal to several specific target audiences including: adults, women, children, adolescents, injection drug users, and people living with HIV/AIDS. Materials are developed with considerable input from members of the intended target audiences.
- **The New York Links (NYLinks) project** supports the development of innovative models of linkage and retention. The mission of NYLinks is to create, evaluate, and improve systemic models of care that optimize internal and cross-agency HIV-related services to improve linkage to care, retention in care, and viral load suppression for people living with HIV. NYLinks achieves this through the development of regionally based collaboratives composed of health care and supportive services providers to create a learning environment in which organizational and regional improvement innovations can be tested and measured. The goal of NYLinks is improvement. Building from the organizational level, and with a public health overlay, NYLinks strives to develop connections that expand improvement into the community and region. Peer sharing is a critical component of NYLinks work.
- **The Northeast Caribbean AETC Oral Health Regional Resource Center** addresses the varied needs and services associated with dental care for persons with HIV. The AIDS Institute offers guidelines intended to provide dentists and other primary care team members with important clinical information to address the oral health needs of HIV patients in a multidisciplinary manner.
- **The Digital Health Technology and Communications** initiative explores issues in digital health communications, data utilization, and point of care tools and strategies. Since 2010, in conjunction with federal and other partners, the AIDS Institute's Digital Health/Social Media Workgroup has sponsored a range of activities for funded community organizations, clinicians, and AI staff, including conferences, workshops, presentations, strategic planning, and other initiatives.

Division of Epidemiology, Evaluation and Partner Services (DEEP). The mission of DEEP is to prevent infections and strengthen care outcomes for AIDS Institute priority populations through coordinated public health programming, surveillance, evaluation, and research. DEEP serves as a leader in collecting and translating data into accessible and useful information, empowering people with actionable knowledge, and advancing evidence-based practices in public health programming.

- The **Bureau of STD Prevention and Epidemiology's** mission is to prevent and aid in the control of sexually transmitted diseases among the residents of the state. The bureau monitors trends in STDs through surveillance and screening activities. It also reduces STD morbidity and complications through technical assistance and training to support field epidemiology and provider best practices, oversight of local health department Article 6 and Article 23 deliverables, health communications, education and prevention strategies, quality assurance, and research and evaluation. Through collaboration with the Office of the Medical Director's Clinical Education Initiative, the Bureau promotes STD clinical training of New York State health care providers through oversight of the CEI STD Center for Excellence. It also houses the CDC-funded STD/HIV Prevention Training Center, which provides partner services training nationally to state and local health department disease intervention specialists.
- The **Bureau of HIV/AIDS Epidemiology** conducts routine HIV and AIDS surveillance, innovative surveillance projects such as collaboration with regional health information organizations (RHIOs), and special HIV/AIDS epidemiologic research, including behavioral surveillance of persons at risk for HIV and interview studies of persons receiving medical care for HIV. Data dissemination activities allow the NYSDOH and community agencies to monitor and track the HIV/AIDS epidemic in NYS. The bureau also provides information to target resources and to evaluate programs.
- The primary goal of the **Bureau of HIV/STD Field Services** is to prevent and reduce the incidence of STDs including syphilis, gonorrhea, and Chlamydia, as well as HIV and hepatitis infections. Critical to achieving this goal is the delivery of disease prevention services such as education and counseling, disease screening, case investigation, partner notification, partner services, and risk reduction counseling. Program staff collaborate with providers who diagnose and treat individuals with HIV and/or STDs to promote and expedite partner services. The bureau also provides linkage to care for HIV-positive individuals who are out of care.
- The **Office of Program Evaluation and Research (OPER)** conducts comprehensive, coordinated, and innovative program evaluation and research in multiple AI program areas, with the aim to enhance the quality of HIV, STD, hepatitis C, and opioid overdose prevention services, clinical care, and service delivery systems in NYS.

The Office of Drug User Health provides a spectrum of health care related services and biomedical interventions (e.g., Buprenorphine, naloxone) for all individuals who use or seek to reduce the harm of drug use, including their sexual and needle sharing partners, family members and children. The Office seeks to link to care all individuals who need low-threshold services, e.g., housing, including screening, and testing which will support a person's ability to be treated for infectious diseases (e.g., hepatitis B & C, HIV). Basic harm reduction health services serve as a bridge for clients who seek drug treatment and related services. The Office's Initiatives are embedded in the philosophy and practice of harm reduction, which recognizes that people engage in harmful drug-related and sexual behaviors which may cause harmful outcomes (e.g., sharing of needles, opioid death). Each Initiative seeks to offer client-centered services under the auspices of the harm reduction philosophy. The significant reduction in HIV infection among IDUs is attributed to the success of syringe access programs in NYS with an emphasis on syringe access services and disposal. Injection drug user (IDU) transmission is no longer the primary cause of HIV transmission in NYS.

- **Syringe Exchange Program (SEP):** To reduce transmission of HIV and hepatitis among People Who Inject Drugs (PWID), SEPs furnish new, sterile syringes to enrolled participants, enabling them to use a new, sterile syringe for every injection. Programs also facilitate the collection of used syringes. Syringe exchange services are provided within a comprehensive harm reduction model. There are currently **23 approved SEPs** in NYS, offering services through multiple sites and models including office based, street based, mobile van, walkabout, peer-delivered syringe exchange, single room occupancy hotel (SRO), emergency, and special arrangements.
- **Expanded Syringe Access Program (ESAP):** ESAP enhances access to new, sterile syringes. Under this program, up to ten syringes may be sold or furnished to a person 18 years of age or older without a prescription by pharmacists, health care facilities, and health care practitioners who have registered with NYS. Funded ESAP programs include syringe voucher programs, community syringe disposal, and syringe disposal kiosks.
- **NYS Safe Sharps Collection Program:** Through this program, pharmacies, health clinics, community-based organizations, public transportation facilities, housing projects, police stations, bus depots and other venues have become settings for used sharps collection. Sharps collection kiosks and/or wall mounted units are provided free of charge to registered sites. The program also makes available small personal sharps containers which may be disposed of with regular garbage.
- **Opioid Overdose Prevention Program:** Since April 2006, it has been legal in NYS for trained non-medical persons to administer naloxone to individuals experiencing an opioid overdose. Currently, over 400 registered programs offer community training and/or naloxone kits that are furnished to responders, free of

charge. Responders include individuals who are themselves at risk for an overdose, their family and friends, individuals working for agencies providing services to individuals at risk for an overdose, and others in the community who may be positioned to intervene in an overdose.

- **NYS Buprenorphine Access Initiative:** This initiative aims to reduce fatal opioid overdoses by increasing access to buprenorphine for drug users in NYS. Buprenorphine can reduce or stop opioid use by preventing drug withdrawal, blocking or diminishing the effects of other opioid, and preventing the powerful craving that continues for some people long after detoxification. Expanded points of access to buprenorphine can include SEPs, primary care, emergency departments and urgent care, FQHCs, CBOs (Housing Services, etc.), correctional facilities and re-entry programs.
- **Drug User Health Hubs:** Drug User Health Hubs improve the availability and accessibility of an array of appropriate health, mental health, and medication-assisted treatment services for PWUD, especially but not solely PWID. These services can be provided on-site or through facilitated linkage to culturally competent care and treatment services for drug users.

The Office of Grants and Data Management has primary responsibility for managing the Ryan White Part B grant, participating in national HIV/AIDS care policy deliberations, managing health care and supportive services data systems, directing the development and management of the AIDS Institute Reporting Systems (AIRS), managing data and developing metrics related to the ETE initiative, and oversight of the Information Systems Office (ISO) and the Office of Data Systems Development and Reporting.

- **Information Systems Office (ISO)** provides information technology services to AIDS Institute programs in support of their business processes and information needs, with equal emphases on maintaining the confidentiality, integrity and accessibility of information. ISO also collaborates on statewide IT initiatives with the NYS Office of Information Technology Services. ISO is responsible for providing technical assistance and system support for the AIDS Institute's information systems. Responsibilities include the management and maintenance of the AIDS Institute technology infrastructure, the administration of local and wide area networks, technology purchasing, and a variety of other technical support services.
- **Data Systems Development and Reporting** develops, maintains, and provides training on information systems for service providers and coordinates required data submissions for federal and State reporting. The office is responsible for the design, testing, and training for the AIDS Institute's main reporting platform – the AIDS Institute Reporting System (AIRS).

The Office of Administration and Contract Management is responsible for setting AIDS Institute policy and oversight of all AIDS Institute activities related to grants and contract management, budget development, fiscal management, and operations management. The Office carries out key activities necessary to ensure that AIDS service dollars from all sources, including State, Centers for Disease Control and Prevention (CDC), and Health Resources and Services Administration (HRSA) funds, as well as Medicaid, are devoted to the development and implementation of a full continuum of HIV services throughout New York State.