

# NEW YORK INTERAGENCY TASK FORCE ON HIV/AIDS SERVICE PROGRAM AND POLICY INVENTORY

## INTRODUCTION

New York State leads the nation in the number of AIDS cases reported and in its response to the epidemic. New York's response to the HIV/AIDS crisis is comprehensive, with a firm commitment to nondiscrimination and access to appropriate health care and supportive services for all who need them.

In 1997 Governor George E. Pataki created the New York Interagency Task Force on HIV/AIDS by Executive Order #54 (Appendix I). The Task Force was established to further the State's goal of coordinating HIV/AIDS services and policies in order to increase efficiency and prevent duplication of efforts among member agencies.

For the first time since the beginning of the AIDS epidemic there is a reduction in the number of deaths from AIDS, but people continue to become infected with HIV. New medical advances provide hope for those already infected and help many to live longer, healthier lives, however AIDS remains a deadly disease. The prevention of new HIV infections among New Yorkers as well as meeting the needs of those infected with and affected by HIV/AIDS remain priorities for the State.

State agencies are employers, service providers, policy makers and regulators. All State agencies have a role: providing direct services or funding and monitoring service provision, ensuring nondiscrimination in employment and housing, protecting the confidentiality of those infected or at risk, encouraging sound prevention practices, and protecting the rights of employees who may be infected or at risk. Each agency has its own unique purpose, but all are part of New York State government. Coordination and consistency among State agencies is an important priority.

Meeting from November 1997 through January 2000, the Task Force member agencies shared information about their overall missions, policies and services. Agencies described how their programs, services and target populations related to the HIV/AIDS epidemic. Task Force members formed several workgroups to address specific problems and sub-populations of New Yorkers needing specific interventions. Information shared helped to increase awareness among member agencies of key and emerging issues. Agencies learned more about how each might contribute to resolving particular problems on an ongoing basis.

This *Service Program and Policy Inventory* provides a brief description of current programs, services and policies of State agencies that may affect individuals at risk for or with HIV/AIDS and those affected by the epidemic, virtually all New Yorkers. The *Inventory* captures programs at one point in time recognizing that the ever-changing nature of the HIV/AIDS epidemic requires them to continually respond and adapt. Contact numbers are given for each agency if additional or updated information is needed. A list of Task Force member agencies and contacts is included as Appendix II.

**DEPARTMENT OF HEALTH AIDS INSTITUTE**

The AIDS Institute (AI) is a Center within the New York State Department of Health (DOH). Created by law in 1983, the AI is responsible for coordinating the State's response to the AIDS epidemic. The AI works with community organizations, individuals, health and social service organizations and other governmental agencies to assess need and assure a coordinated, coherent statewide approach to the HIV/AIDS epidemic. Among its many responsibilities, the AI monitors and analyzes epidemiological and clinical developments in HIV/AIDS; plans immediate and long term objectives for HIV/AIDS health care and prevention services; provides policy advice on HIV/AIDS issues at the local, State and federal levels; develops funding strategies and priorities and administers State and federal funding for HIV/AIDS services; and develops guidelines that establish standards of HIV/AIDS clinical care and strategies and educational materials to reduce the risk of HIV transmission. Major program functions of the AIDS Institute include:

***Office of the Medical Director***

The Office of the Medical Director (OMD) provides input, guidance and consultation to the AIDS Institute Executive Office, departmental programs, other agencies, providers and consumers regarding the latest clinical and scientific information about HIV/AIDS. The role of the OMD includes development of clinical practice guidelines consistent with emerging clinical information and scientific research as well as consultation and formulation of recommendations regarding public policy concerning HIV disease. The OMD directly conducts programs which promote improvement of the quality of HIV clinical services for people with HIV statewide. The Office of the Medical Director includes the following programs:

***Quality of Care/HIVQual***

***Clinical Education Initiative***

***HIV Education and Training Programs (E & T)***

***HIV Educational Materials Initiative***

***Treatment Adherence Initiative***

***Gynecologic Performance Improvement Campaign***

***Clinical Trials and Experimental Treatments Program***

### ***Division of HIV Health Care***

The Division of HIV Health Care is responsible for ensuring the availability and accessibility of quality care and services for individuals and families affected by HIV through the development of a continuum of care which addresses the needs of individuals from asymptomatic infection through the acute and chronic stages of HIV disease. The components of the continuum include: ambulatory care in a variety of settings; therapeutic drugs; inpatient hospital care; long term care; supportive housing; case management; and supportive services. The continuum is operationalized through service contracts, Medicaid-supported services, and HIV care programs for the uninsured administered through funding pools. The Division participates in quality assurance and utilization review activities related to HIV services. In addition, the Division participates with the DOH Office of Managed Care in the development and implementation of managed care programs for persons with HIV.

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### ***Bureau of HIV Ambulatory Care Services***

The Bureau oversees HIV prevention and primary care services in a variety of facility- and community-based settings, including substance abuse treatment settings; comprehensive HIV prevention, health care and supportive services targeted to women, children, adolescents, and families; and two Medicaid programs: the HIV Primary Care Medicaid Program, through which enhanced Medicaid rates are available to Article 28 facilities for HIV services, and the Enhanced Fees for Physicians Program, through which enhanced Medicaid rates are available to private physicians for HIV services. There are three sections in the Bureau:

***Primary Care Section***

***Substance Abuse Section***

***Family and Youth Services Section***

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### ***Bureau of Community Support Services***

The Bureau oversees the comprehensive Medicaid case management program, known as the Community Follow-Up Program (CFP), as well as grant-funded case management services for persons with HIV/AIDS; HIV services for the uninsured and underinsured, including therapeutic drugs provided through the AIDS Drug Assistance Program (ADAP), primary care services provided through ADAP Plus, and home care services; regional and statewide Ryan White Title II HIV care

## *Health/Human Supportive Services*

networks responsible for planning and coordination of HIV services; and contracts supporting nutritional services and a wide range of supportive services for persons with HIV/AIDS. There are three sections in the Bureau:

### ***Case Management Section***

#### ***Statewide AIDS Services Delivery Consortium (SASDC)***

#### ***HIV Uninsured Care Programs***

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### ***Bureau of HIV Program Review and Systems Development***

The Bureau oversees the development and implementation of managed care programs, including the development of Special Needs Plans (SNPs) for persons with HIV/AIDS in conjunction with DOH's Office of Managed Care; Designated AIDS Centers (DACs), which are State-certified, hospital-based programs that serve as a hub for a continuum of care for persons with HIV/AIDS; chronic care services for persons with HIV/AIDS, including AIDS day health care, home care, and nursing facility services as well as supportive housing programs; and the AIDS Intervention Management System (AIMS), through which utilization and quality of HIV services are reviewed in hospitals and ambulatory care facilities statewide. There are two sections in the Bureau:

### ***Managed Care/DACs/AIMS***

#### ***Chronic Care Section***

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### ***Division of HIV Prevention***

The Division of HIV Prevention provides leadership and a comprehensive program for preventing the transmission and acquisition of HIV and reducing associated morbidity and mortality of HIV-infected persons. The Division works in collaboration with numerous community, State and national partners, including the HIV Prevention Planning Group. The Division is comprised of the Prevention Planning Unit and three bureaus:

***Prevention Planning Unit*** - The Prevention Planning Unit (PPU) oversees and supports the Centers for Disease Control and Prevention (CDC) mandated NYS HIV Prevention Planning Group (PPG). The PPU facilitates production of a yearly NYS HIV Comprehensive Agreement Application.

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***Bureau of Community Based Services*** - The Bureau of Community Based Services (BCBS) is responsible for the development and management of a statewide network of community agencies providing HIV prevention services to those at risk of infection, and prevention and support services for HIV positive persons. Initiatives include:

- *Community Service Programs (CSPs)* are multi-service HIV specific agencies providing outreach, prevention, education, risk reduction, case management, crisis intervention, and support services.
- *Multiple Service Agencies (MSAs)* target outreach, prevention, education and support services to minority communities across the State hardest hit by the HIV epidemic.
- *Community Development Initiatives (CDI)* raise awareness around HIV prevention within minority communities.
- *Peer Delivered Services* use members of the target population to reach individuals at risk of HIV who may not be engaged through traditional methods of outreach.
- *Specialty Targeted Contracts* are limited in scope, geographic area and target population, and include services to women, adolescents, persons living with HIV/AIDS, and selected racial or ethnic minorities.
- The *Criminal Justice Initiative* conducts outreach, prevention education, counseling and testing, support groups and transitional planning to inmates in New York State prisons.

***Bureau of Direct Program Operations*** - The Bureau of Direct Program Operations has oversight of the Anonymous HIV Counseling and Testing Program as well as program responsibility for emerging issues related to HIV counseling and testing. The Anonymous HIV Counseling and Testing Program, located within the Bureau of Direct Program Operations, has been part of the State's response to the AIDS epidemic since 1985. The program was established to provide free anonymous HIV pre- and post-test counseling and HIV antibody testing to individuals at risk for HIV infection.

## *Health/Human Supportive Services*

Direct service staff are specially trained to provide free, anonymous HIV counseling and testing and HIV prevention services including HIV partner counseling and notification services and referrals to care and support services in community settings and correctional facilities statewide. HIV counseling, information and referral are provided through toll-free hotlines operated in eight regional offices across the State. Staff also provide technical assistance to organizations interested in establishing counseling and testing programs.

***Bureau of Special Populations*** - The Bureau of Special Populations oversees the development, implementation and monitoring of high-quality, contractually supported community- and hospital-based HIV prevention initiatives throughout New York State serving four distinct populations: adolescents; women; gay men, lesbians, bisexuals and people of transgender experience; and injection drug users. The Bureau works with units throughout the AIDS Institute and with affected populations to ensure a comprehensive continuum of prevention, supportive and health care services as well as the policies which support them. The Bureau consists of four units corresponding to each of the targeted populations: Adolescent Prevention Services; Harm Reduction/Syringe Exchange; Women's Services; and Lesbian, Gay, Bisexual and Transgender Unit.

### ***Adolescent Prevention Services***

### ***Harm Reduction/Syringe Exchange***

### ***Women's Services***

### ***Lesbian, Gay, Bisexual and Transgender Unit***

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**OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE**

**Mission:** To promote greater self-sufficiency of the State's residents through the efficient delivery of temporary assistance, disability assistance and the collection of child support.

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**Program Area:** *Homeless Housing and Assistance Program (HHAP)*

**Background:** The HHAP is a State-funded program providing capital grants and loans to not-for-profit corporations, charitable and religious organizations, municipalities and public corporations to acquire, construct or rehabilitate housing for homeless individuals and families. The program provides capital funding for the development of a broad range of housing options for the very diverse homeless population in the State. Annually, HHAP receives an allocation of \$30 million, of which \$5 million is specifically set aside for the development of housing for persons with HIV/AIDS. This money is allocated to OTDA in the State Operations Budget.

The goal of HHAP is to respond to the need for affordable housing for low-income homeless persons and to provide appropriate support services to help individuals/families achieve the highest level of independence they are capable of achieving.

HHAP routinely distributes its applications for AIDS housing funds to the State AIDS Institute to solicit that agency's input on programmatic design and funding recommendations.

**Outcome of This Program Responsibility:** Since 1987, HHAP has awarded more than \$45.6 million to 32 projects statewide to create 876 beds in 565 units specifically for persons with AIDS.

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***Program Area: Housing Opportunities for Persons with AIDS (HOPWA)***

***Description:*** The purpose of this federally funded program is to provide states and localities with the resources and incentives to devise long-term comprehensive strategies for meeting the housing and support service needs of low-income persons with AIDS and HIV-related diseases. A broad range of housing-related activities may be funded under HOPWA, including: project or tenant-based rental assistance; support services; short-term rent, utilities, or mortgage payments to prevent homelessness; and technical assistance.

Funding is provided under the National Affordable Housing Act of 1990. On the federal level, the program is administered by the U.S. Department of Housing and Urban Development (HUD), and on the State level, by the NYS OTDA Bureau of Supported Housing Development. There are currently 16 contracts totaling more than \$2.03 million.

In addition to the above-stated general goal, the program in New York State tries to make housing and support services available to low-income persons with HIV/AIDS over the widest possible geographical area of the State. OTDA does not make its HOPWA funding available in those areas of the State that have direct access to HOPWA dollars from the federal government.

Most of the State's HOPWA resources are focused on providing long- and short-term rental assistance and on basic support services designed to help keep residents stabilized in housing.

OTDA maintains a productive working relationship with the NYS Department of Health AIDS Institute and the NYS AIDS Housing Network in planning and implementing the HOPWA program. The AIDS Institute assisted with the review of proposals and the selection of providers for funding. The program is coordinated with other AIDS Institute housing programs.

***Outcome of This Program Responsibility:*** In the most recent round of HOPWA (contract period to end March 31, 2000), ODTA entered into contracts with 16 not-for-profit organizations around the State. Long term rent assistance will be provided for more than 550 families, short-term assistance for over 925 families, and support services for approximately 775 individuals and families.

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***Program Area: Operational Support for AIDS Housing (OSAH)***

***Background:*** Beginning in State Fiscal Year (FY) 1993-94, the State budget has appropriated \$1 million annually to provide operational support to projects that have received capital financing through the Homeless Housing and Assistance Program (HHAP) to house homeless persons with HIV/AIDS and their families. This State funding can be used to supplement building operations costs as well as support services costs.

Operational Support for AIDS Housing is intended to give additional support to a very limited pool of HHAP-funded AIDS housing providers to more appropriately meet the needs of the target population. Operational funds including building operating costs and support services funds are provided. The AIDS Institute assists in the evaluation and selection for funding of all contracts under the OSAH program.

***Outcome of the Program Responsibility:*** In the last contract year (ending March 31, 1999), the NYS OTDA entered into twelve contracts totaling \$1 million under the OSAH program. Funding for State FY 1999-2000 is \$1.0 million.

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***Two policies have been implemented to address the unique needs of eligible persons with AIDS or HIV-related illness.***

***Policy Area: To meet shelter expenses and prevent homelessness of public assistance clients suffering from AIDS or HIV-related illness.***

***Background:*** OTDA develops regulations, policies and procedures for local districts' administration of Family Assistance, Safety Net Assistance, Food Stamps, emergency and other public assistance programs. It also provides systems support and is responsible for monitoring and auditing local districts' operations. Regulations protecting the confidentiality of case information, with specific attention directed to HIV-related tests and AIDS diagnoses, have been established and are applicable to all OTDA supervised programs.

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Local districts have been instructed to treat persons with AIDS or HIV-related illness in the same manner as they would any other applicant/recipient (A/R) for public assistance or emergency assistance who has a serious debilitating disease. Nonetheless, it is acknowledged that persons with AIDS or HIV-related illness face certain unique problems. In particular, we recognize that meeting existing shelter expenses or finding new housing when homeless can be extremely difficult for a person suffering from AIDS or HIV-related illness.

The regulatory authority for these policies is 18NYCRR 352.3(k). This regulation establishes an emergency shelter allowance which provides local districts with additional flexibility and resources to address the problems of homelessness faced by an applicant or recipient of public assistance, who has been medically diagnosed as having AIDS or HIV-related illness as defined by the AIDS Institute of the Department of Health, and any family members residing with such person. The emergency shelter allowance granted must not exceed \$480 for the person with AIDS or HIV-related illness and no more than \$330 for each additional person in the household. For public assistance programs this emergency shelter allowance is to be considered to be the household's public assistance shelter allowance when:

- an A/R has been medically diagnosed as having AIDS or HIV-related illness; and
- requests additional shelter allowance; and
- the household is homeless, or faced with homelessness; and
- the household has no viable and less costly housing alternatives.

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***Policy Area:*** *Exemption from Safety Net Cash Assistance 24-month time limit.*

***Background:*** The New York State Welfare Reform Act of 1997 replaced the Home Relief general assistance program with a new Safety Net Assistance Program. This program restricts the receipt of case benefits to a 24-month lifetime limit. Persons who reach this limit, if otherwise eligible, must receive their benefits through a Safety Net Non-Cash program.

Additionally, the Act requires adult and head of household applicants and recipients for Family Assistance and Safety Net Cash and Non-Cash programs to be screened for drug and/or alcohol abuse. Individuals that are screened, or are otherwise identified, as having a drug and/or alcohol problem are required to be assessed by a credentialed alcohol and substance abuse counselor to determine if the individual has a drug and/or alcohol problem, whether the individual is unable to work as a result of the drug and/or alcohol abuse and the recommended level of treatment. The Act mandates treatment in an Office of Alcohol and Substance Abuse Services (OASAS) licensed treatment program (or Veterans Program) for those determined unable to work as a result of the drug and/or alcohol abuse. Public assistance for such households is limited to Non-Cash Safety Net Assistance.

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Regulatory authority for exemption from this policy is 18NYCRR 370.4 (d). This regulation provides that any/all individuals who are exempt from employment requirements or who are **HIV positive and not required to participate in substance abuse treatment** are exempt from the 24-month Cash Safety Net lifetime limit.

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**Policy Area:** *Social Security and Supplemental Security (SSI) Disability Income Determinations*

**Background:** The Social Security Act directs states to make disability determinations for individuals applying for federal Social Security and/or SSI disability benefits. The designated agency in New York State is the Division of Disability Determinations, a component of the Office of Temporary and Disability Assistance.

The statutory authority for this responsibility is Section 221 of the Social Security Act. The regulatory authority is housed in the Code of Federal Regulations at 20CFR Part 404 for Social Security disability benefits and at 20CFR Part 416 for SSI disability benefits.

The Division of Disability Determinations adjudicates claims pursuant to policies directly issued by the Social Security Administration in accordance with the statute and federal regulations.

The overall goal of the Division of Disability Determinations is to adjudicate disability claims accurately and in a timely and administratively cost-effective manner. The provision of Social Security disability and/or SSI disability benefits is a significant financial assistance factor for individuals unable to work due to HIV/AIDS related illness. Funding for making disability determinations for individuals applying for federal Social Security and/or SSI disability benefits is provided in full (100%) by the Social Security Administration.

Applications for Social Security and/or SSI disability benefits are made through the Social Security Administration (SSA) either at a local SSA field office or by telephone. If there is an allegation or a diagnosis of AIDS obtained during the disability interview process, SSA will designate the claim as a terminal illness (TERI) claim requiring expeditious claim processing. In addition, the SSA field office can make a finding of presumptive disability (PD) in SSI claims if a

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medical source provides certain specific medical information that the disability claimant meets the medical criteria for disability based on HIV infection. This PD decision by SSA enables the individual to receive disability benefits and Medicaid for up to six months while the Division of Disability Determinations obtains the necessary medical documentation.

The Division of Disability Determinations may also make a PD decision in SSI claims if the SSA field office is unable to do so.

The Division of Disability Determinations continues to interact with other State agencies providing services to individuals with HIV/AIDS, e.g., the Department of Health and the Division of Parole.

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*The following program is included with the OTDA inventory based on the high concentration of HIV/AIDS clients residing in New York City who are receiving public assistance housing and emergency aid utilizing OTDA policies and regulations through the NYC Division of AIDS and Income Support.*

**Program Area:** *Division of AIDS Services & Income Support (NYC Human Resources Administration)*

**Mission:** The Division of AIDS Services and Income Support (DASIS) expedites access to essential benefits and social services needed by New York City residents living with AIDS or HIV illnesses and their families.

**Background:** DASIS provides specialized intake needs assessments; direct linkage to Public Assistance (PA), Medicaid (MA), Food Stamps, and SSI; home care and homemaking services; emergency, transitional and permanent housing services; intensive case management including the development of permanency plans for families; periodic monitoring and crisis intervention for single clients to maintain or modify their services packages; and refers clients to community-based resources for a variety of services.

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DASIS receives referrals from a variety of sources including hospitals, community agencies, correctional facilities, physicians and other service providers. The DASIS Service Line determines the medical eligibility of applicants and provides information and referrals regarding available services to the general public. Required services may be provided directly by DASIS staff or through Community-Based Organizations (CBO) to which clients are referred for a range of services (e.g., counseling, legal services, substance abuse treatment, nutrition/meal programs).

DASIS has nine field operation sites located in the five boroughs. At the field sites:

- An assigned diagnostic Case Manager provides initial services to new single clients. They identify client needs and available resources and initiate core services for which clients are eligible (PA, MA, SSI, Home Care, etc.).
- Case Managers assist family cases in stabilizing each family's situation and maintain monthly contact with the family to assist with ongoing and emerging problems, coordinate services with CBOs, and develop guardianship/permanency plans for children.

The DASIS Housing Unit places clients into transitional and permanent supported housing and other housing alternatives. Emergency housing referrals are available to homeless clients. The Intensive Housing Services Unit assists single homeless clients who have received emergency placements into temporary housing with moves into permanent housing.

Regulatory authority for these services is City of New York Local Law No. 49. The targeted population is eligible persons with clinical/symptomatic HIV illness or with AIDS (as defined by the Centers for Disease Control and Prevention or the New York State AIDS Institute), who are in need of benefits and services.

DASIS interacts with many New York City agencies including: Administration for Children's Services, Commission on Human Rights, Department for the Aging, Department of City Planning, Department of Corrections, Department of Public Health, Department of Transportation, Division of Homeless Services, Health and Hospital Corporation and the New York City Housing Authority. They also interact with the Bureau of Training and Workforce Development in the Office of Children and Family Services and the State AIDS Institute.

The Division of AIDS Services and Income Support receives funding from the City Tax Levy, Federal Tax Levy and under the Ryan White and Housing Opportunities for Persons with AIDS (HOPWA) grant programs. The Division also develops projects which qualify for federal grant money and/or other funding from foundations and organizations.

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***Outcome of This Program Responsibility:*** As of December 1997, the program had served 22,743 clients.

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**STATE EDUCATION DEPARTMENT**

**Mission:** To raise the knowledge, skill and opportunity of all people in New York State.

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**Program Area:** *HIV/AIDS Education*

**Description:** The State Education Department's major HIV/AIDS program focuses on HIV/AIDS instruction, K-12 for public schools in the State. To accomplish this, training and technical assistance on research-based HIV/AIDS in education is provided to schools. This program is part of the Department's initiative to include HIV/AIDS education as part of comprehensive health and wellness programs at the school district, Boards of Cooperative Educational Services (BOCES) and Department level.

Part 135 of the Commissioner of Education regulations mandates HIV/AIDS instruction at both the elementary and secondary level. The overall goal of the program is the implementation of appropriate and effective instruction concerning HIV/AIDS as part of the sequential health education program for all students.

Major activities of the program include development of an HIV/AIDS instructional guide for school personnel and funding Comprehensive School Health and Wellness Centers (CSHW) to provide training in skill-based HIV/AIDS instruction to school and community staff. Technical assistance, networking with community agencies and the provision of resources related to HIV/AIDS programming are priority activities also.

The target population for the program is the educational community, including administrators, teachers, parents, and community organizations/groups working with schools. Teacher preparation staff and pre-service students are also key audiences.

The staff of the nine CSHW Centers, two Statewide Advocacy Offices and internal Department staff provide training related to HIV/AIDS within the context of CSHW. School and community organization staff are trained in specific researched curricula that have been proven effective for elementary and secondary students. Program staff interact with the AIDS Institute, other relevant Department of Health units, the Office of Alcoholism and Substance Abuse Services, the Office of Children and Family Services, and the Council on Children and Families, as well as

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numerous State and local organizations. Within the Department, HIV program staff have worked with Vocational and Educational Services for Individuals with Disabilities (VESID) to develop a supplement to the HIV/AIDS Instructional Guide to support educational activities with children in classrooms who require specialized instruction. This document is reviewed periodically to ensure that it remains current. Input is also sought from external organizations and agencies to help assess need and effectiveness.

Funding for this initiative comes from the Centers for Disease Control and Prevention (\$626,063); the State Legislature (\$1,100,000); and other federal and State resources in supportive roles. The funding cycles are as follows:

• State direct appropriation	\$990,000	4/1/yr-3/31/yr
• CDC/DASH (varies)	\$626,063	12/1/yr-11/30/yr
• Legislative appropriation through DOH MOU	\$200,00	4/1/yr-3/31/yr

Supplemental funds support the CSHW initiative which includes HIV/AIDS and skill-based prevention instruction, as follows:

• Family Life Education (OCFS)	\$500,000	4/1/yr-3/31/yr
• Comprehensive School Health	\$525,000	4/1/yr-3/31/yr
• Infrastructure (CDC/DASH)	\$250,000	12/1/yr-11/30/yr

***Outcome of this Program Responsibility:*** In the 1997 Youth Risk Behavior Survey, 92% of students in grades 9-12 statewide reported receiving HIV/AIDS instruction. Additionally, nine regional CSHW Centers, with the assistance of State Education Department staff and the two Advocacy Offices, provide HIV/AIDS education strategies within the context of local district comprehensive health and wellness programs. Activities include:

- training of school staff in research-based HIV/AIDS programs that have met the CDC standard for effective prevention strategies;
- conducting the Youth Risk Behavior Survey (YRBS) and the School Health Education Profile (SHEP) to monitor HIV/AIDS education;
- training school and community agency personnel in skill-based HIV/AIDS prevention and comprehensive school health and wellness strategies related to HIV;
- collaborating with the NYC Board of Education to ensure consistency of NYC efforts in HIV/AIDS education and training with those of the State;
- integrating appropriate resources into HIV/AIDS programs within schools;
- monitoring emerging information and theory;
- maintaining model HIV/AIDS policy language for school districts as new laws, rules and regulations emerge; and
- providing an authoritative knowledge base for all school-based initiatives.

*Health/Human Supportive Services*

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## DIVISION OF HUMAN RIGHTS

**Mission:** To ensure equal opportunity in employment, housing, public accommodation, education and credit. The Division enforces the New York State Human Rights Law, seeking to investigate and resolve complaints of illegal discrimination fairly and expeditiously; promote human rights awareness through education, acting as a resource in the prevention and elimination of discrimination; and develop human rights legislation and policy for the State.

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**Policy Area:** *Discrimination Protection*

**Description:** The New York State Division of Human Rights (DHR) enforces the New York State Human Rights Law. The Human Rights Law bans discrimination against individuals based on certain personal traits such as race, color, creed, disability, etc. The Human Rights Law treats HIV and AIDS as any other disability, which is defined as: *a physical, mental or medical impairment that prevents a normal bodily function OR a physical, mental or medical impairment that can be shown by medically accepted tests.* The late 1980's saw a marked increase in discrimination against individuals who were HIV positive, were diagnosed with AIDS, or who were perceived to be infected with HIV. This trend, combined with the nature of the disease, motivated the Division to create a special unit, the Office of AIDS Discrimination Issues (OADI), to deal specifically with these complaints. OADI offers free services to anyone claiming to be aggrieved under the Human Rights Law based on their HIV status, AIDS diagnosis or perceived AIDS status. The overall goals of the Office are:

1. to combat discrimination based on HIV status or perceived HIV status through enforcement of the NYS Human Rights Law; community outreach; and legislative initiatives;
2. to conduct investigations of illegal discrimination within 120 days of filing of a complaint;
3. to settle a majority of these cases at the investigation stage;
4. if the case proceeds to a public hearing, to have that process completed within 15 months;

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5. to keep the members of the HIV community aware of their rights under the NYS Human Rights Law; and
6. to inform potential respondents of their rights and responsibilities under the Human Rights Law.

The Division is an alternative to the court system. OADI investigators conduct fair and impartial investigations of complaints of illegal discrimination based on HIV or AIDS. It is the investigator's job to find out if there is a "probable cause" to believe that illegal discrimination has occurred. The investigator attempts to conciliate the case. If the case cannot be conciliated, and the investigator finds that there is probable cause to believe illegal discrimination has occurred, it is forwarded to a public hearing before an administrative law judge. After a public hearing, the administrative law judge presents a recommended order to the Commissioner, who issues a Commissioner's Order. Both parties may appeal the Commissioner's Order to the State Supreme Court within 60 days of issuance.

The Division has a memorandum of understanding (MOU) with the federal Equal Employment Opportunities Commission, giving the option to complainants to protect both their federal and State rights by filing with the Division. OADI also works closely with the Special Investigation Unit of the AIDS Institute, which enforces the NYS Confidentiality Law. OADI strives to maintain contact with the Ryan White Care Network members of New York State, ensuring that community based organizations and government agencies are aware of the services the Division provides. Division operating funds are supplemented by a \$100,000 MOU with the AIDS Institute.

***Outcome of This Policy Responsibility:*** From 1988 through 1997, there were 757 HIV/AIDS complaints filed with DHR. Of these, 49.1% were filed in New York City, 16.9% on Long Island, and 12.6% in the Westchester area. In 1997, the number of complaints filed was 46, a 50% drop from the 92 complaints filed in 1993. The main allegations of the HIV/AIDS complaints in FY 97-98 were: Discharge From Employment (28%), Unequal Terms & Conditions of Employment (26%), and Withheld Service or Access (32%).

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## DIVISION OF HOUSING AND COMMUNITY RENEWAL

**Mission:** To make New York State a better place to live, by supporting community efforts to preserve and expand affordable housing, home ownership and economic opportunities and by providing equal access to safe, decent and affordable housing.

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**Policy Area:** *Consolidated Plan*

**Description:** Pursuant to federal law, New York State was required to prepare a five-year Consolidated Plan for Federal Fiscal Years 1996-2000 which identified the State's housing needs, established strategic objectives and identified actions it will take to address those needs.

Governor Pataki designated the Division of Housing and Community Renewal (DHCR) as the lead agency responsible for the development of the Consolidated Plan. In preparing the Plan, DHCR relied upon the guidance of the 15 State agencies that make up the National Affordable Housing Act Task Force and the 36 statewide organizations that make up the Partnership Advisory Committee. An extensive Citizen Participation Process that included numerous public hearings, publication and distribution of the Plan throughout the State and two public comment periods, was also utilized. This process resulted in the establishment of the following three strategic objectives which are of equal importance and form the basis for New York State's strategy:

1. Preserve and increase the supply of decent, safe and affordable housing available to all low- and moderate-income households, and help identify and develop available resources to assist in the development of housing.
2. Improve the ability of low- and moderate-income New Yorkers to access rental housing and home ownership opportunities.
3. Address the shelter, housing and service needs of the homeless poor and others with special needs.

The Consolidated Plan also acts as New York State's formal federal application for the Housing Opportunities for Persons with AIDS (HOPWA) Program which is administered by the New York State Office of Temporary and Disability Assistance (OTDA). The review and selection process through which OTDA selects not-for-profit corporations to provide housing and related

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support services to low-income persons living with HIV/AIDS related illnesses and their families is carried out in close collaboration with DHCR and the New York State Department of Health's AIDS Institute.

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**Program Area:** *Low Income Housing Trust Fund Program*

**Description:** Chapter 67 of the Laws of 1985 created the Housing Trust Fund Corporation (HTFC), a public benefit corporation which administers the Low-Income Housing Trust Fund (HTF) Program. The HTF Program helps meet the critical need for decent, affordable housing opportunities for people with low income. The Corporation, under the direction of a Board of Directors chaired by the Commissioner of DHCR, receives staff and administrative support from DHCR. HTFC provides funding to construct low-income housing, to rehabilitate vacant or under-utilized residential property (or portions of a property), or to convert vacant non-residential property to residential use for occupancy by low-income homesteaders, tenants, tenant-cooperators or condominium owners. HTF can also provide seed funding to eligible non-profit applicants who need financial assistance in developing a full HTF application.

Eligible applicants apply through a competitive process to the HTFC for funds to support housing activities which will result in rental or home ownership opportunities for low-income persons, including low-income persons who may also have special needs such as HIV/AIDS. DHCR does not rehabilitate or develop housing, but provides assistance to individuals and groups to do so. Where applicants have identified that they will reserve units for persons with HIV/AIDS, this process has helped to create approximately 76 units targeted or occupied by persons with HIV/AIDS.

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***Program Area: Low-Income Housing Credit Program***

***Description:*** DHCR administers the federal Low-Income Housing Credit Program which was established under the Tax Reform Act of 1986 to promote private sector involvement in the retention and production of rental housing that is reserved for low-income households. Each year, New York receives a per capita allotment of low-income housing credit of \$1.25, or approximately \$22,700,000.

The Credit Program provides a dollar-for-dollar reduction in federal income tax liability for project owners who develop, rehabilitate, and acquire rental housing that serves low-income households. Project owners utilize Credit allocations as “gap fillers” in their development and/or operating budgets. The Credit is turned into equity to fill the project “gaps” through the sale of the project to a syndicated pool of investors. The amount of Credit available to project owners is in direct relation to the number of low-income household units that they develop and is available only on units that are occupied by low-income households. A low-income household is defined as one having an income of 60% or less of the area median income, adjusted for household size.

Eligible applicants apply through a competitive process to the DHCR/Housing Trust Fund Corporation for funds to support housing activities which result in rental or home ownership opportunities for low-income persons, including low-income persons who may also have special needs such as those with HIV/AIDS. DHCR does not rehabilitate or develop housing, but provides assistance to individuals and groups to do so. Where applicants have identified that they will reserve units for persons with HIV/AIDS, this process has helped to create approximately 191 units targeted or occupied by persons with HIV/AIDS.

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***Program Area: Neighborhood and Rural Preservation Programs***

***Description:*** DHCR provides administrative funds up to \$80,000 annually to a network of 172 Neighborhood and 72 Rural Preservation Companies (NPCs and RPCs). These not-for-profit corporations are the primary providers under the New York State housing programs and are responsible for both providing housing services and for the actual physical development of

*Health/Human Supportive Services*

affordable housing in all parts of the State: urban, suburban and rural. NPCs and RPCs are eligible applicants under DHCR's capital housing programs and most of its housing service programs and are significant participants in leveraging private funds. The role of the NPCs and RPCs network in the production and/or management of affordable housing is invaluable in meeting the goals of the Consolidated Plan and expanding the collaborative partnerships with the private sector (not-for-profit and for-profit), that the State seeks to promote. In addition to construction and rehabilitation of affordable housing, NPCs and RPCs also provide tenant assistance, loan and grant application assistance, homeowner and financial counseling, housing management services, social services, job training programs and economic development activities to low-income persons and families in their communities.

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**OFFICE OF ALCOHOLISM AND SUBSTANCE  
ABUSE SERVICES**

***Mission:*** The Office of Alcoholism and Substance Abuse Services (OASAS) is responsible for identifying the personal, economic and social consequences related to the consumption of alcohol and other drugs; designing, implementing and advocating for policies and programs in prevention, early intervention and treatment; and in conjunction with local governments, providers and communities, ensuring that a full range of appropriate and needed alcoholism and substance abuse services for addicted persons, family members and others at risk are available and accessible in the community, providing a continuum of quality programming in a cost-efficient and effective manner.

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***Service Area:***      *Clinical Services Unit*

***Description:***      Addiction and its associated behaviors drive the major public health epidemics afflicting the people of this State. HIV, Tuberculosis (TB), Hepatitis B (HBV) and C, and Sexually Transmitted Diseases (STDs) converge in a population whose primary problem is chemical dependency and primary need is treatment of their addiction.

- Nationally, among people diagnosed with AIDS in 1996, 25% were injection drug users. In New York State, 50% of the new cases in 1996 were injection drug users.
- Among young adult crack users who never injected drugs, the HIV infection rate is over 16%. Among crack-using women in New York City, however, the rate is over 30%.
- Among patients seeking treatment for their alcohol and drug problems in OASAS licensed facilities, 30% of the Methadone Maintenance Treatment Program (MMTP) patients and 8% of the residential treatment patients are infected with HIV. Among patients in State-operated Addiction Treatment Centers in New York City, the HIV seroprevalence rate is 12%.

## *Special Populations*

A similar profile can be drawn for other public health diseases. Drug-use behaviors, and the high risk sexual behaviors related to the use or acquisition of alcohol and drugs, place the substance user at the center of public health epidemics in New York. Given this reality, it has been OASAS's long standing policy that the public health needs of the community can best be addressed when the addiction-related treatment needs of the individual are addressed at the same time.

To that end, OASAS has established a Clinical Services Unit within the Division of Health and Planning Services. This unit, composed of a Public Health Section and a Managed Care and Treatment Section, develops health related policy and direction for the agency and the field of chemical dependency service providers. Public health issues including HIV, TB, STDs, HBV, influenza and pneumonia, as well as harm reduction and managed care performance issues, are researched and assessed and policy, procedure, guidance, regulation, and education are developed.

***Outcome of This Service Responsibility:*** OASAS has established a locus within the agency that can coordinate the activity and direction of various divisions and bureaus in addressing HIV and related health and policy issues.

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***Policy Area:*** *AIDS Institute/OASAS Commissioners Meeting and Workgroups*

***Description:*** For over a decade, the AIDS Institute and OASAS have worked together on shared concerns and the development of policies and programs to address HIV and related issues. In order to manage the ongoing collaboration between the two agencies in a rapidly changing health care environment, the Director of the AIDS Institute and the Commissioner of OASAS meet quarterly. Preparation of materials and agendas and the implementation of decisions reached in those meetings can be effected through a workgroup of the AIDS Institute and OASAS staff. The workgroup facilitates a day-to-day working relationship between the two agencies that improves coordination and reduces "turn around time."

## *Special Populations*

***Outcome of this Policy Responsibility:*** The agencies are able to draw from each other's resources so that joint policy and funding decisions can be made. The advisory boards of both agencies are also being brought together to explore views and issues.

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***Policy Area:*** *Harm Reduction and Treatment and Syringe Exchange*

***Description:*** OASAS recognizes that, although treatment for addiction is the best option to halt the spread of HIV, it cannot be the only option while there are numerous substance abusers not in treatment. Even as OASAS strives to expand its treatment capacity, it does not lose its focus on the thousands of substance abusers not in treatment or not ready for treatment.

OASAS' inclusion of harm reduction strategies within its policy framework is indicative of a broader recognition that the substance abuse epidemic in this country is best addressed through public health, rather than punitive approaches. The objectives of a public health approach to substance abuse are:

- Prevent non-users from becoming users (Prevention).
- Transform users back to non-users, or less frequent users (Treatment).
- Establish relatively "safe" or less risky norms for users (Harm Reduction).

The acceptance of harm reduction activities within an overall emphasis on demand reduction must not compromise the commitment to the prevention and treatment of substance abuse. Harm reduction is not treatment for addiction. Any public policy that fosters harm reduction without a commitment to all the treatment that is needed mistakenly diminishes the tragedy of addiction out of concern for another tragedy, the spread of HIV infection.

## *Special Populations*

*Syringe Exchange* -- Recognizing the limitations in the current strategy of HIV education and bleach distribution in New York, the issue of access to sterile needles and syringes for addicts becomes central to the future course of this epidemic.

Syringe exchange should be considered as one element of a broader harm reduction strategy and should never be a stand-alone service. Not only is syringe exchange not drug treatment, it should be considered harm reduction only if it is practiced as part of a larger effort that includes:

- HIV prevention and education, including information on HIV antibody testing, drug treatment, and related services (e.g., case management).
- Active referrals for drug treatment to those in need.
- A rigorous evaluation that promises to advance our understanding of the effects of syringe exchange on HIV transmission; that confirms previous “no effect” findings related to the frequency of injections and the number of injectors; and that further validates the exchange’s utility as a bridge to treatment.
- Community awareness and acceptance, in part, to build support for a range of services to drug-addicted individuals in those communities.
- Careful monitoring of the exchange component so that used syringes are not discarded in the community.

OASAS recognizes the importance of the State Department of Health and American Foundation on AIDS Research pilot projects on needle exchange. OASAS will encourage the cooperation of its treatment network, as appropriate, and its own outreach provider network with the syringe exchange pilot projects, to foster an integrated approach to street outreach services and access to treatment. Moreover, OASAS will continue to work with public and private agencies to find the best means to slow the spread of HIV, without compromising the essential needs of all addicted individuals for comprehensive treatment, health care, and relief from their disorder.

***Outcome of This Policy Responsibility:*** The OASAS policy sets the tone and direction for cooperation between harm reduction and treatment and should facilitate referrals and the expansion of the continuum of care.

*Special Populations*

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**Policy Area:** *HIV Regulations*

**Description:** OASAS has established a set of regulations, 14NYCRR Parts 309, 1070, and 1072, in compliance with Public Health Law Section 27-F, to address HIV-related issues in the operation of licensed chemical dependency services. A consolidation of the regulations reflecting the promulgation of Chemical Dependency Services licensure is in process. The Bureau of Quality Assurance routinely inspects community-based organizations and State-operated facilities for compliance with the regulations. The Client Advocacy Unit (1-800-535-5790) directs the investigation of complaints of violation of HIV confidentiality and provides technical assistance to providers.

**Outcome of This Policy Responsibility:** OASAS and its service providers have fused the practice of chemical dependency services and HIV related services, recognizing that the two cannot be separated.

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**Program Area:** *Aggressive Street Outreach*

**Description:** Aggressive Street Outreach services focus on maintaining contact with “at risk” persons so that attempts at behavior change or requests for services can be supported. Working the streets and shooting galleries and utilizing harm reduction techniques, outreach workers develop relationships with clients that can assist in the transition to addiction treatment and other services.

### *Special Populations*

In its effort to reach active abusers through “low/no threshold” outreach, OASAS has established and coordinates seven programs funded, in part, through a grant from The Center for Substance Abuse Treatment (CSAT). Funding for these services is \$4.2 million.

***Outcome of This Service Responsibility:*** The impact of street outreach programs on active users has assured OASAS of the broad potential that such non-traditional services holds for a host of public health problems among active drug and alcohol abusers. In cooperation with CSAT, OASAS expanded its street outreach mission to deliver TB- and STD-related services.

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### ***Program Area: HIV/Health-Coordinator Project***

***Description:*** The HIV/Health-Coordinator Project, frequently operating jointly with AIDS Institute-funded projects, continues as a core element in the provision of integrated addiction and HIV-related services for clients. Coordinators located in addiction treatment settings and AIDS Community Service Projects provide a range of clinical, administrative, educational and supervisory functions in the provision of HIV-related services to persons with chemical dependency.

The HIV/Health-Coordinator Project incorporates a comprehensive program of HIV risk-reduction and related services into ongoing chemical dependency treatment operations. Project staff can serve as an in-house resource to treatment staff, counsel HIV-positive clients on HIV within the context of drug treatment and recovery, and act as agency liaison to other HIV care-giving systems. In addition, these individuals take part in the development of the HIV Program Plans required in regulation.

Originally designed as additional funded positions in HIV high impact areas, this initiative is evolving to the requirement that all licensed chemical dependency providers identify an individual staff person responsible for HIV/health-related information within their organizational structure. This transition acknowledges the multiple resources and funding streams that contribute HIV- and health-related services to the field. Currently there are approximately 125 funded positions dedicated to this service. Funding for the Project is \$6 million.

*Special Populations*

***Outcome of This Program Responsibility:*** This long-standing initiative has been a key element in the integration of HIV/AIDS services and chemical dependency treatment, resulting in the integration of policy and practice and the delivery of direct services. The flexibility allowed these positions has been applied to fill the service gaps created through more narrowly focused grants and to take on expanded health related roles as funding and priorities evolved.

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***Program Area: Methadone/Tuberculosis Registry Cross-Match***

***Description:*** OASAS, the NYC Department of Health, and the Committee of Methadone Program Administrators have developed an “identity match” methodology between the Methadone Central Registry and the City’s Health Department TB Registry, while preserving clients’ rights to confidentiality. The match enables participating methadone programs to identify individuals in treatment at their programs who are known to have active TB disease and/or are non-compliant with TB treatment. The program, funded through Medicaid, can then facilitate appropriate care while reducing the risk of TB infection to other clients and staff.

***Outcome of This Program Responsibility:*** The program has successfully identified over 250 clients with either active TB disease or non-compliance with TB medication. In collaboration with the NYS Department of Health, on-site Directly Observed TB Therapy (DOT) has been established in 10 Methadone Treatment Programs.

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## *Special Populations*

### ***Program Area: Directly Observed (TB Drug) Therapy and Preventive Therapy***

**Description:** Clients of 10 New York City Methadone Treatment Programs are able to receive tuberculosis medication and monitoring on-site via the Directly Observed Therapy (DOT) Program. DOT enhances the probability of completion of the medication regimen and is funded through Medicaid.

On-site Directly Observed Preventive Therapy (DOPT) for clients with TB infection has been established in seven Methadone Treatment Programs and one Therapeutic Community. Through a Centers for Disease Control and Prevention (CDC) grant, administered in cooperation with the State AIDS Institute and the New York City Department of Health, programs perform on-site PPD testing for TB, interpret results, and conduct or arrange for follow-up testing and medication. This initiative has identified a 50% HIV/TB co-infection rate for clients of known HIV serostatus.

OASAS has issued an Administrative Bulletin identifying the Block Grant, Occupational Safety and Health Act (OSHA) and Public Employment Safety and Health (PESH) requirements for tuberculosis control.

**Outcome of This Program Responsibility:** Over 800 clients have completed their course of preventive therapy. A New York City based study of this project found that 80% of the identified patients completed TB treatment and that active drug abuse was not a factor in the initiative's success.

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### ***Program Area: Tuberculosis/Environmental Controls***

**Description:** Almost half of the OASAS clients who test positive for tuberculosis infection (PPD+) are also infected with HIV. Approximately 7% to 10% of dually infected people (HIV positive and PPD positive) develop active tuberculosis each year. In response to this enormous public health threat to clients and staff and their families, OASAS has developed a TB control

### *Special Populations*

program based on the principles of early detection; directly observed therapy; environmental control; and cooperation with public health authorities.

OASAS has received Local Assistance Capital and State Purposes appropriations (\$4 million) to improve the environments of high risk treatment settings, including the OASAS Alcoholism Treatment Centers, through the use of ultra violet radiation lighting or special filtering systems.

***Outcome of This Program Responsibility:*** Over 40 TB environmental control construction projects are currently in process.

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***Program Area:*** *HIV Antibody Counseling, Testing, Referral and Partner Notification and Early HIV Primary Care*

***Description:*** In conjunction with the AIDS Institute, confidential on-site HIV testing with supportive services is now available at 23 addiction treatment programs through a CDC grant. Additionally, 39 Article 28 programs provide these services through the Early HIV Primary Care Medicaid Program. These initiatives enable clients to assess their serostatus and the results of their decisions within a familiar and supportive setting.

The Early HIV Primary Care program provides case management and HIV primary care services including HIV testing, initial comprehensive exam, T-cell monitoring, and drug immunotherapy. Eighteen chemical dependency treatment providers, reaching in excess of 12,000 clients, currently participate in this initiative. In some cases services have been able to expand to include gynecological, ophthalmic and psychiatric specialties. Funding for these services is \$1.4 million.

## *Special Populations*

***Outcome of This Program Responsibility:*** Through a combination of Medicaid, AIDS Institute and OASAS funding, 18 OASAS providers have established co-located HIV primary care programs that treated 3,365 HIV-infected clients in 1997. Of these, 63% were HIV-symptomatic or diagnosed with AIDS. An additional 20 OASAS providers offer on-site HIV testing, disease staging, and asymptomatic monitoring to their clients through Medicaid.

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### ***Program Area: Health Training***

***Description:*** OASAS piloted the “Alcoholism/Substance Abuse Counseling Issues Related to Sexually Transmitted Diseases” training curricula in November and December of 1997. The training was developed in acknowledgment of the correlation between alcohol/substance abuse and STDs. Reduced inhibitions, increased impulsiveness, high risk behaviors and the exchange of sex for drugs/money/favors place patients at heightened risk for STDs.

OASAS continues to provide an ongoing series of Credentialed Alcoholism and Substance Abuse Counselor (CASAC)- accredited, health related training events throughout the State. This past year courses have included:

- Introduction to Relapse Prevention
- Death, Dying and Bereavement
- Death, Dying and Bereavement: Training of Trainers
- Preventing HIV Among Substance Abusers
- Advancements in HIV/AIDS Treatment
- An Informational Program on Tuberculosis and Hepatitis for OASAS ACCESS Staff
- An Informational Program on CASAC Credentialing
- Strategies for Securing Valid Identification in Street Outreach Settings
- An STD Refresher Course for Street Outreach Workers

These projects are developed and implemented with staff time contributed by the CDC, CSAT, OASAS-funded providers and a small grant from the Addiction Technology Transfer Center. The STD curricula is the result of a collaborative effort between OASAS, the CDC and the New York City DOH STD Bureau.

## *Special Populations*

***Outcome of This Program Responsibility:*** In response to the first STD training announcement, approximately 500 applications were received from chemical dependency service providers. An STD “Train the Trainers” course has been developed and delivered. OASAS is preparing to provide chemical dependency training to all New York City STD workers, and a “linkage” project between selected providers and New York City STD Clinics is currently being implemented.

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***Program Area:*** *HIV Seroprevalence in Alcoholism  
Treatment Programs/ATC Work Groups*

***Description:*** Because of the strong relationship between HIV transmission and the sharing of infected syringes among heroin and cocaine users, epidemiological studies have focused on selective drug treatment modalities, notably Methadone Treatment Programs. In order to broaden the modalities and populations acknowledged in these studies, OASAS has long advocated that the prevalence of HIV infection among alcoholics must be scientifically determined as well, and has sponsored two studies:

- *Research Institute on Addiction’s ATRISK Study:* The ATRISK Study was conducted for one year from June 1992 to July 1993 in five Alcohol Treatment Centers (ATCs). The study focused on interviewing alcoholic inpatients for HIV risk behaviors; no testing was conducted.
- *Alcohol HIV Seroprevalence Study:* This study was conducted for one year from October 1995 to September 1996. With the assistance of the Department of Health, OASAS established blinded seroprevalence studies in two State-operated ATCs, in New York City and Buffalo. These year-long studies established, for the first time, the extent of HIV infection in this patient population and complement the ongoing blinded studies in methadone and residential treatment settings.

## *Special Populations*

In the New York City ATC, 1 out of 6 tested positive for the HIV virus (12.5%), and in the Buffalo ATC, 1 out of 37 (2.7%) tested positive for the HIV virus. The ATRISK study revealed that 52.6% of the clients interviewed admitted using crack cocaine. In the Alcohol Seroprevalence Study, 83.9% acknowledged active crack cocaine use.

Both studies indicate that individuals presenting themselves to ATCs are poly substance abusers, with crack cocaine use emerging as the driving force of the HIV epidemic within this population. In addition, the high prevalence within this population of unsafe sexual practices, STDs, and injecting drug use are all documented indicators leading to HIV infection.

***Outcome of This Program Responsibility:*** In response to the findings of the Research Institute on Addictions's ATRISK Behavior Study and the ATC Blinded Seroprevalence Study conducted with DOH, a work group of medical, clinical and administrative staff from the ATCs met with AIDS Institute staff to review ATC policy and procedures related to HIV.

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## OFFICE OF ADVOCATE FOR PERSONS WITH DISABILITIES

***Mission:*** The New York State Office of Advocate for Persons with Disabilities (OAPwD) is a systems advocacy agency for people with disabilities. OAPwD's primary mission is to ensure that people with disabilities have every opportunity to be productive and participating citizens through: full access to emerging technology; access to up-to-date, comprehensive information on programs and services available to people with disabilities and their families; implementation of progressive legislation protecting the equal rights of people with disabilities, such as the Americans with Disabilities Act (ADA); and inclusion in the mainstream of State policy development.

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***Service Area:***      ***Information and Referral***

***Description:*** Information and referral is one of the core services required to be provided by the Advocate's Office as stipulated in the 1978 Executive Order that formed the Office and Chapter 718 of the Laws of 1982, which provides the statutory base for the Office.

The overall goal of the information and referral program is to provide timely and accurate information, and if needed, referral to appropriate resources (preferably in the community of the person requesting the information), in a professional and caring manner. Technical assistance is also provided to suggest advocacy strategies that may enhance the individual's prospects for obtaining needed assistance.

The major activities and/or services provided include:

- Information, referral and technical assistance on a variety of different topics including, but not limited to: housing, employment, disability benefits, assistive technology, legislation and legal rights, medical insurance, education and consumer services.
- The TRAIID-IN equipment exchange program operates like a "want-ad digest" for people looking to sell or donate devices and people seeking to buy or obtain such devices at little or no cost; staff maintains this information in a database and connects prospective matches.

## *Special Populations*

- The Self Advocacy Information and Referral Network (SAIRN) computerized database includes over 8,500 entries of programs and services that people with disabilities and their families can access. Several services are specifically targeted to people with or at risk for HIV/AIDS; copies of the database are available at no cost to public and nonprofit agencies.
- The electronic Bulletin Board Service (BBS) is available 24 hours a day, 7 days a week by calling 1-800-522-4369; people with a computer modem and phone line can access Internet e-mail, selected Usenet news groups, various conference areas (including live chat and information on the ADA, the SATIRN and Abledata databases), and upload and download files.
- The Agency Web site includes information on the agency and its programs, as well as updates on training or conferences the agency is sponsoring.
- The same line is accessible by TTY to people who are deaf, hard of hearing or speech impaired, and an answering machine is on Monday through Friday after 5 p.m., and on weekends.

This program regularly interacts with other State agencies and with local agencies by referring constituents or by providing technical assistance to these agencies. Funding sources include the State General Revenue account; some federal funding through the National Institute for Disability and Rehabilitation Research (NIDRR) for the Technology Act and the Disability Business Technical Assistance Centers; and some federal funding through the Individuals with Disabilities Education Act (IDEA) Part C - Early Intervention.

***Outcome of This Service Responsibility:*** In State Fiscal Year 1997-98, the Agency received a total of 21,054 recorded Information and Referral (I&R) calls. The greatest number of calls received include: ADA-4,029; assistive technology-3,908; disability benefits-2,401; prescription drug coverage-1,481; consumer services-1,396 and housing-1,056. The total number of recorded calls to the BBS was 10,211. The conference areas receiving the greatest number of calls included Internet E-mail-5,976 and ADA-1,365. The Agency's Web site was accessed 7,925 times.

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**OFFICE OF MENTAL RETARDATION AND  
DEVELOPMENTAL DISABILITIES**

***Mission:*** The Office of Mental Retardation and Developmental Disabilities' mission is:

- To develop a comprehensive, integrated system of services which has as its primary purposes the promotion and attainment of independence, inclusion, individuality, and productivity for people with mental retardation and developmental disabilities;
- To serve the full range of needs of people with mental retardation and developmental disabilities by enhancing community-based services and developing new methods of service delivery;
- To improve the equity, effectiveness, and efficiency of services for people with mental retardation and developmental disabilities by serving people living in the community as well as those in developmental centers, and by establishing accountability for carrying out the policies of the State with regard to such people; and
- To develop programs to further the prevention and early detection of mental retardation and developmental disabilities.

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***Program Area:*** *Agency Employee HIV/AIDS Education and Training*

***Description:*** The Developmental Disability Services Offices (DDSO) of the New York State Office of Mental Retardation and Developmental Disabilities (OMRDD) provide annual training for HIV/AIDS prevention, both as part of the overall infection control training programs, and as targeted HIV/AIDS programs.

The Occupational Safety and Health Administration (OSHA) blood borne pathogens standard mandates that all employees working with people with developmental disabilities who may be exposed to blood or other potentially infectious materials, participate in a training and educational program initially upon assignment, and annually thereafter. These training programs include making accessible a copy of the regulatory text of the standard and explanation of its contents, general

## *Special Populations*

discussions on blood borne pathogens and their transmission, exposure control plans, engineering and work practice controls, personal protective equipment, response to emergencies involving blood, how to handle exposure incidents, post-exposure evaluation and follow-up programs and signs, labels, and color-coding.

Typical HIV/AIDS specific training, provided to all employees upon employment, includes the following topics:

- 1) What is HIV/AIDS?
- 2) How is HIV/AIDS transmitted?
- 3) Diagnosis and treatment of HIV/AIDS.
- 4) Preventing the spread of HIV.
- 5) What constitutes a substantial risk?
- 6) Precautions to be taken to reduce the risk of infection.
- 7) In-depth discussion of New York State's confidentiality law and consequence if knowledge of an individual's HIV/AIDS status is revealed.
- 8) Questions and answers regarding HIV/AIDS and your role as a provider of services to persons with developmental disabilities.

All employees are given handouts that thoroughly cover HIV/AIDS in a simple format that is easily understood.

Selected staff are trained to educate consumers whose disabilities may include cognitive deficits, impaired judgment, lack of impulse control and/or diminished social skills. The special needs of persons with developmental disabilities require that a range of HIV prevention activities be incorporated into existing programs.

Most DDSOs provide quarterly training to direct care staff, as well as annual training to all staff. These training sessions cover updates on a variety of aspects of HIV/AIDS, including new treatments and the newest information on outcomes. These sessions also provide the opportunity to review the requirements of the confidentiality law, the DDSO's exposure plan, and precautions to be taken to reduce the risk of HIV infection.

In addition to its own training, OMRDD encourages employees to take advantage of educational programs offered through other agencies, including the AIDS Institute of the Department of Health. Work Force Development distributes the bi-annual AIDS Institute Training Calendar and special HIV/AIDS update announcements to all training offices statewide. These include the recent HIV/AIDS series: "What's new in 1999?" November 30 teleconference, the April 14, 1999 "Expedited HIV Testing" and the satellite broadcast on new regulations training announcements.

The agency also ensures that all of the physicians employed by OMRDD receive publications issued by the AIDS Institute, such as the HIV Prophylaxis Following Occupational Exposure and the HIV Prophylaxis Following Sexual Assault: guidelines for Adults and Adolescents.

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***Outcome of This Program Responsibility:*** Through the ongoing training programs offered in 1999, OMRDD provided initial and on-going education on HIV/AIDS to more than 8,000 employees. Additionally, the Finger Lakes DDSO, in conjunction with the Training Network of Rochester (of which the DDSO is a member) developed a 15-minute tape on the confidentiality law and what to do in case of an exposure. This tape was specifically designed for use by agencies that serve persons with developmental disabilities, and was filmed in one of OMRDD's residential settings.

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***Policy Area:*** *Confidentiality, Protective Measures & Training*

***Description:*** In 1989, OMRDD promulgated regulations concerning *Confidentiality and protective measures regarding the human immunodeficiency virus (HIV) infection and acquired immune deficiency syndrome (AIDS) for a person admitted or any party proposed for admission* (Title 14 NYCRR Section 633.19). These regulations:

- Provide safeguards to prevent discrimination, abuse or other adverse actions directed toward protected persons;
- Prohibit the disclosure of such information except in accordance with the statute;
- Seek to protect parties in contact with the protected individual when such contact creates a significant risk of contracting or transmitting HIV infection through the exchange of significant risk body fluids; and
- Establish criteria for determining when it is reasonably necessary for a provider of a health or social service, or the State agency, or local government agency to have or to use confidential HIV-related information.

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***Outcome of This Policy Responsibility:*** Each DDSO has developed policies and procedures to ensure that the regulations is implemented with local, county and State agencies. Each DDSO has also developed specific policies for training staff regarding the requirements of this section.

In 1999, OMRDD has closely followed the development of the revised amendments to Title 10 NYCRR Part 63 regarding Chapter 163 of the Laws of 1998, New York State's HIV Reporting and Partner Notification Law. The agency has provided comments to the Department of Health. Once the regulations are adopted in final form, OMRDD will undertake a review of its regulations and policies and will make any revisions that are needed to ensure consistency with the new Department of Health regulations.

Once the program becomes effective, training sessions and educational materials will be reviewed and revised as needed to integrate the new requirements within the current HIV/AIDS education, prevention and care efforts of the agency. Target groups for education and training will include consumers, care givers and staff.

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## OFFICE OF MENTAL HEALTH

**Mission:** The Office of Mental Health (OMH) is a New York State government agency which creates opportunities for children and adults who have psychiatric disabilities to safely and effectively work toward recovery.

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**Program Area:** *Agency Employee HIV/AIDS Education and Training*

**Background:** Substantially higher rates of HIV infection have been reported for persons with pre-existing serious mental illness than for the general population. Published HIV infection rates in this population range from a low of 4% to a high of almost 23%. This rather large range in rates of HIV infection can be explained by the sites where the data were collected and the patient characteristics associated with those sites. Yet, it should be noted that even the lowest rates of infection reported among the seriously mentally ill are many times greater than those of the general population.

The lowest rates of infection among the mentally ill are reported among the most chronically psychotic patients. The 4% infection rate was found among long-stay (hospitalized for more than one year) state hospital inpatients. These patients were previously assumed, incorrectly, to be too disabled to engage in the behaviors that would put them at risk of HIV infection. Rates of infection ranging from 5.5% to 8.9% have been reported for patients recently admitted to State and private hospitals in New York City. These data are felt to be quite reliable as they were collected on patients consecutively admitted to inpatient facilities over a circumscribed time period and blindly HIV tested. The highest rates of infection, ranging from 16.3% to 22.9%, were collected on consecutive admissions to units accepting psychiatric patients with co-existing substance-use disorders. Given these elevated HIV infection rates among agency consumers, we developed a comprehensive HIV/AIDS employee education and training program.

By statute, OMH is charged with the responsibility of assuring the development of comprehensive plans, programs, and services in the areas of research, prevention, care, treatment, rehabilitation, education and training of persons with psychiatric disabilities.

The overall goal is to provide free, on demand, on-site HIV/AIDS education and training to agency employees and outpatient mental health care providers. Education and training programs are available on the following topic areas:

- HIV risk behavior among persons with psychiatric disabilities
- Neuropsychiatric manifestations of HIV infection

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- Interaction between neuroleptic and antiretroviral medication
- Legal, ethical and policy issues
- Conducting HIV risk reduction groups with persons with mental illness
- HIV risk assessment for persons with mental illness

The targeted populations for these services are inpatient and outpatient mental health care providers including: psychiatrists, psychologists, social workers, psychiatric nurses, case managers, and counselors. Funding is provided by the Substance Abuse Mental Health Services Administration and OMH.

In our current application for continued funding for this project we have obtained letters of support agreeing to co-sponsor education and training programs by: the Columbia School of Public Health, the American Nurses Foundation, the American Psychological Association, the American Psychiatric Association, and the AIDS Institute.

***Outcome of This Service Responsibility:*** The total number of staff trained since 1993 is 10,853. Additionally, we have developed several training tools:

1. A pamphlet entitled “Frequently Asked Questions about HIV/AIDS and People with Mental Illness.”
2. A training manual for mental health care workers entitled “HIV Prevention for People with Mental Illness: A Training Manual for Mental Health Professionals.”
3. A text published by Yale University Press entitled “AIDS and People with Severe Mental Illness: A Handbook for Mental Health Professionals.”
4. A “General Education Module” with slide presentations that can be tailored to specific needs and interests of different audiences.

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## *Special Populations*

***Policy Areas:***        ***Inpatient Clinical Management; Employees Who Are HIV Positive; Management of Employee Occupational Exposure to HIV***

***Background:***    This policy directive describes the requirements related to the care and treatment of inpatients with HIV/AIDS. There is an expectation that similar principles of care and treatment will be applied to outpatients with HIV-related conditions. This directive provides a framework for State-operated psychiatric facilities within which the most humane and safe care and treatment can be provided to patients with AIDS and HIV infection. OMH recognizes that the multiplicity of problems associated with HIV/AIDS confront mental health staff with special challenges in diagnosis, treatment and follow-up care, and that the illness has created considerable fear among patients, staff and families. Consequently, this policy directive incorporates the key clinical management and administrative issues associated with HIV/AIDS to ensure the most comprehensive approach to the care and treatment of patients with HIV/AIDS, and to address the concerns of staff, families and friends.

OMH's HIV/AIDS policy emphasizes the need for integration of treatment in managing the physical and psychiatric aspects of care and recognition that any life-threatening illness will be accompanied by emotional and psychological reactions. These reactions must be adequately addressed to ensure optimal quality of care.

Each facility must establish an AIDS committee and AIDS training teams, which work in conjunction with the infection control program, to ensure the development, implementation and monitoring of policies and procedures required by this policy directive. All facility policies and procedures on AIDS must be submitted to the Director of HIV/AIDS Programs for review and subsequent approval by the Chief Medical Officer.

Each OMH facility committee must include a psychiatrist, a non-psychiatric physician, the infection control coordinator, a representative from education and training, a member of the facility administration and a representative from support services, as appropriate. The committee also has the responsibility for developing the facility's policies and procedures on HIV/AIDS, updating them where appropriate, and coordinating their implementation and ongoing monitoring in conjunction with the infection control committee. All agency consumers and all agency employees are affected by this policy.

***Outcome of This Policy Responsibility:***    Each OMH-operated facility has a consistent and comprehensive HIV/AIDS plan to address the needs of our HIV-infected and -affected consumers and employees.

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**Policy Area:** *General*

**Background:** Since 1991 several studies have been published regarding the incidence of HIV infection in persons with serious psychiatric illness. The vast majority of these studies have been conducted in New York City and most by OMH employees studying OMH consumers. These data reveal that persons with psychiatric disability have significantly higher rates of HIV infection than the general population. Published rates of HIV infection among the psychiatrically disabled range from 4.0% to 8.9%, with even higher rates in specialized sub-populations like the homeless mentally ill (19.4%) and persons admitted to dual diagnosis units for psychiatric illness and substance use disorders (MICA: 16.3% to 22.9%). In contrast, national HIV seroprevalence rates among first-time blood donors in the general U.S. population is reported to be 0.04% for men and 0.02% for women.

The increased rates of HIV infection in this population occur for multiple reasons. The psychiatrically disabled have higher rates of substance abuse that may lead directly to increased risk of HIV transmission through needle-sharing behavior, or indirectly, through sexual disinhibition associated with substance use. In addition, the psychiatrically disabled may, at times, lack the insight and judgment necessary to avoid behavior at high risk of HIV transmission. Further, this population evidences greatly elevated histories of sexual victimization which may affect HIV infection rates. Currently, we are investigating the link between survival of sexual abuse and subsequent HIV risk in mental health consumers.

*Staff Training* - In order to assist our consumers in avoiding risk behaviors that could result in HIV infection, certain factors must be taken into account. Special staff education and training programs have been developed to provide effective and successful formats for educating clients whose disabilities may include diminished social skills, cognitive deficits, impaired judgment and/or lack of impulse control. The special needs of persons with psychiatric disabilities further require that a range of HIV prevention activities be incorporated into existing programs at psychiatric facilities, shelters, outpatient clinics, and community-based residences.

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An ongoing goal of the agency is the extensive training of our clinical staff in the diagnosis, treatment and risk reduction counseling of the psychiatrically disabled at risk for HIV infection. Towards that end, a federally funded and OMH- supported training grant entitled “HIV Training for Providers to the Severely Mentally Ill” is underway statewide, led by clinical researchers at the New York State Psychiatric Institute. The purpose of this project is to provide training to mental health care providers of all professional and educational levels to deal effectively with the risks and manifestations of HIV infection among the psychiatrically disabled. The goal of this project is to disseminate the developed training programs throughout the State mental health system. To date, the project has trained over 14,000 mental health professionals statewide.

*Research* - The Office of Mental Health maintains close ties to the HIV Center for Clinical and Behavioral Studies. The HIV Center, housed at the New York State Psychiatric Institute, is made up of over 100 researchers and support personnel. The current research theme of the HIV Center is “Determinants of Sexual Risk Behavior and Model Interventions for Behavior Change.” The Center is directing its efforts particularly towards high risk heterosexual behavior, but is also conducting two projects on homosexual behavior that complement the studies of heterosexual behavior and represent understudied issues in need of investigation (i.e., the projects on lesbian girls and gay boys, and serodiscordant male couples). The goal is to advance knowledge of sexual risk behavior and its determinants in different populations and to develop and test interventions in these populations. HIV Center researchers are also conducting specialized projects targeting the homeless mentally ill.

In addition, agency professionals are working with the RAND Corporation on an investigation of how public sector mental health systems and medical care systems are responding to the HIV-infected seriously mentally ill population. The broad goal of this study is to provide an understanding of the characteristics of the mentally ill population that have been identified as HIV-positive and to learn how the system is responding to this population and at what cost. It is hoped that these findings may lead to insights about how the current system of care can be improved to serve the mentally ill more effectively and efficiently.

*Policy and Administration* - OMH remains actively involved in planning and implementing programs and policies in response to the ongoing epidemic. OMH has maintained a commitment to nondiscrimination of the HIV infected both as employees and consumers. We are also strongly dedicated to the practices of pre- and post-test HIV counseling and the special confidentiality afforded HIV-related information. In order to deal in a timely fashion with the changing face of the AIDS epidemic, OMH established the HIV Coordinating Committee in 1986. This agency-wide committee is made up of experts from the areas of: infectious diseases, psychiatry, psychology, social work, pharmacy, minority affairs, quality assurance, forensic psychiatry, mental health administration and the law. The committee’s work with mental health consumers has presented us with some unique ethical and policy questions involving the nexus between mental illness and HIV infection. For example, the HIV epidemic has made us more aware of our consumers as sexual beings and as a result we are committed to the provision of sex education, risk reduction messages

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and the availability of protective devices to patients with chronic mental illness. While these measures are considered controversial in most other states, they were deemed necessary in the face of the HIV epidemic.

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**DIVISION OF VETERANS' AFFAIRS**

**Mission:** To provide benefits counseling advocacy for New York State veterans, their families and dependents, and members of the active duty military; and to assist constituents in securing all benefits, services and programs available publicly and privately as a result of active duty military service in America's armed forces.

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**Description:** The New York State Division of Veterans' Affairs was created in 1945 under Chapter 763 as part of the Executive Department to assist returning World War II servicemen and women in readjustment from military to civilian life. Legislation establishing the Division provided for a separate agency to oversee all matters concerning veterans, who in the past had found themselves shunted from department to department. The Division does not have HIV/AIDS specific programs. However, its overall mission is to help eligible citizens to secure a vast and varied array of benefits available for veterans, their families and survivors.

The role of the Division of Veterans' Affairs is to provide for the well-being of the State's veterans community, serving not only veterans of the world wars, but also those called to duty in subsequent wars and conflicts of our nation during the past half century. The Division today offers benefits counseling and advocacy to nearly 1.5 million State veterans, their families and survivors, as well as active duty military personnel and their families - a constituency that encompasses an estimated four million State citizens.

The heart of the State's veterans program is the Division's free counseling service. A network of experienced and dedicated counselors - approximately 60 statewide and each a veteran - offer members of the veterans community professional help to resolve social, medical and economic problems. State veterans assist the claimant, whether a veteran or his/her spouse, child or parent, in completing applications, obtaining necessary documentation and filing for a broad spectrum of federal, State, local and private veterans benefits. Counselors also assist claimants in responding to follow-up correspondence and, when necessary, appealing an unfavorable ruling.

Working closely with other State, federal, local and private agencies, the Division of Veterans' Affairs is able to utilize the expertise and resources of others in the community to help the veteran and his or her family with specific needs such as disability benefits, education, employment, rehabilitation, medical treatment, and home health care. Historically, the primary provider of veterans benefits is the United States Department of Veterans Affairs (VA).

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The Division's counseling staff also is involved with local programs that address the issues of homeless veterans, including temporary shelter, medical care, substance abuse, employment, permanent housing and other special needs. Counselors routinely are involved in outreach and "stand-down" programs designed to link homeless veterans with available resources.

In 1998, State veteran counselors recorded some 159,000 contacts with their constituents, including 65,000 personal contacts. Counselors provided more than 275,000 services for veterans and their families, offering information, assistance and direction on an array of economic, medical and social benefits, programs and services provided by federal, State and local governments, as well as private sector organizations. Utilizing their experience and knowledge, State veteran counselors filed 14,000 applications for economic benefits, primarily federally provided compensation and disability pensions, and received favorable adjudication on more than 5,200 claims. The efforts of State veteran counselors directly resulted in veterans and their dependents receiving just under \$50 million in federal veterans benefits during 1998 -- economic assistance that enhances the quality of life of recipients, many of whom would otherwise be unable to live independently or without public assistance within their communities.

In its leadership role, the Division strives to sensitize governmental and private agencies to the special problems and needs of veterans, particularly combat veterans. The Division has been active in the expansion of New York's Veterans Home Program, which provides long term health care to veterans and certain eligible spouses. Four facilities--at Oxford, Stony Brook, St. Albans and Batavia--are currently open, with more than 960 beds available. Construction of a fifth facility will begin in 1999 at Montrose, Westchester County.

The state's Blind Annuity Program, providing a monthly stipend to 2,100 visually impaired veterans and certain spouses, is administered through the Division of Veterans' Affairs.

A toll-free referral hotline, 1-888-VETS NYS, is available to assist veterans and their families in obtaining help by putting them in touch with the closest State veteran counseling center.

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## COUNCIL ON CHILDREN AND FAMILIES

**Mission:** The New York State Council on Children and Families is a State agency within the Executive Department established to bring about a more coordinated and effective system of services to children, youth and families. The Council is comprised of the 13 State agencies that address health, education and human services. The Council does not have any direct responsibility for the operation of programs or the direct provision of services. Rather, Council staff identify problems and deficiencies in services that transcend individual State agency boundaries and develop interagency strategies that result in a more responsive and coordinated service delivery system.

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**Service Area:** *Hard-to-Place/Hard-to-Serve Unit*

**Description:** Within the Council's Bureau of Interagency Coordination and Case Resolution is the Hard-to-Place/Hard-to-Serve Unit. The function of this unit is authorized and mandated by law under sections 440 and 444 of the New York State Executive Law which describes the powers and duties of the New York State Council on Children and Families. Through the Hard-to-Place/Hard-to-Serve Unit, individual case referrals for resolution are received on children under the age of 21 with one or more physical, mental, emotional or social disabilities.

The Hard-to-Place/Hard-to-Serve Unit facilitates the appropriate and timely placement of children with multiple and complex disabilities who are "hard to place" by negotiating appropriate residential placements, resolving disputes and clarifying State agency roles and responsibilities. A "hard to place" child is defined as a child under the age of 21, with one or more physical, mental, emotional or social disabilities, who has not received appropriate residential services after reasonable and diligent efforts have been taken to locate such services. The Council also assists in coordinating and securing access to community-based services for "hard to serve" children residing at home who have multiple and complex treatment needs that require an array of services from a number of different providers. A "hard to serve" child is defined as a child under the age of 21, with one or more physical, mental, emotional or social disabilities, who is able to remain in his or her own home or other community setting with the assistance of treatment and/or support services from multiple providers.

The primary objectives in resolving these cases are to ensure that individual children receive the most appropriate community-based services or residential placement, to minimize delays in arranging services, and to resolve service disputes, whether community-based or residential. Anyone

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can make a referral to the Hard-to-Place/Hard-to-Serve Unit. Generally, the Council receives individual hard-to-place and hard-to-serve referrals for resolution from parents, children's advocates, county Department of Social Services (DSS) workers, local Committee on Special Education (CSE) staff, county probation departments, State agencies, the Governor's Office and Senate and Assembly staff. Case referrals for children with or at risk for HIV/AIDS, usually compounded with other behavioral or emotional issues, have been received by the Hard-to-Place/Hard-to-Serve Unit. In these cases, Council staff work closely with State Department of Health staff to locate appropriate resources and support programs for the child and the family. To date, more than 2,000 hard-to-place and hard-to-serve children have benefitted from the Unit's interventions.

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**OFFICE OF CHILDREN AND FAMILY SERVICES**

**Mission:** To promote the well-being and safety of New York State's children, families and communities. Results will be achieved by setting and enforcing policies, building partnerships and funding and provide quality services.

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**Policy Area:** *Foster Care and Adoption*

**Description:** It is of the highest priority that children entering foster care and/or who are adopted receive health care of sufficient quality and quantity. In that context, it is State and Office policy to:

- ascertain, within the constraints of confidentiality laws, whether such children have HIV/AIDS infection;
- if so, ensure that such children receive quality care for such infection, which includes informing the caretakers of the infection, and providing the child with a sufficient foster care (financial) rate that will allow the caretaker to provide quality care; and
- for children at risk of HIV infection, provide ongoing counseling regarding the importance of preventing and reducing behaviors that create risk of infection.

There are numerous statutory and regulatory provisions that direct and guide policy development in this area including:

- Article 27-F of the Public Health Law, which establishes criteria for HIV-related testing and confidentiality;

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- Section 373-a of the Social Services Law (SSL), which specifies the persons and entities to whom the medical history of a foster child must be provided;
- Section 398(6) of the SSL, which requires local social services commissioners to provide for expert mental and physical examinations of any foster child reasonably suspected of having a disability or disease, and to provide necessary medical care for

any child needing such care; and

- Sections 357, 426.7, 428.3, 441.22, and 507.2 of Title 18 NYCRR (Office regulations), which provide further detail and explanation concerning the aforementioned statutory requirements.

*Testing*-An assessment of risk for HIV infection must be conducted for every child entering foster care. For children at risk, legal consent for testing must be obtained. The determination of the child's capacity to consent hinges on the child's ability to understand and appreciate the nature and consequences of testing, health care services and treatment, and the disclosure of confidential HIV-related information. If the child has been determined not to have the capacity to consent, then consent must be obtained from a parent. (Depending upon the type of foster care placement, if the parent does not consent, the local commissioner of social services can provide legal consent.) Additionally, depending upon the circumstances, the local commissioner and/or the foster care agency must arrange for the testing, as well as provide or arrange for pre- and post-test counseling. (Note: for children born in New York after 2/1/97, the local social services district or the foster care agency should attempt to obtain the result of the HIV testing that is now required for all newborns.)

*Exceptional Rate Subsidies*-Foster and prospective adoptive parents are informed if a child has HIV/AIDS infection, so that they can determine whether they are able to provide the care that is necessary. Such children receive the highest authorized foster care or adoption subsidy rates. They also receive medical assistance or other forms of medical subsidy. The caretakers are to be provided the training that is necessary to enable them to adequately understand and care for an infected child. Only caretakers capable of understanding and implementing universal precautions and the other care necessary for infected children should be approved.

*Permanency Planning*-A significant number of biological parents are infected. As is the case for any foster child, a primary responsibility of the social services district/foster care agency is to work on a plan that provides a permanent home for the child. The first option is generally to reunite the child with his or her parent(s), and to provide services to the family to accomplish this plan. As a result, the caseworker will likely be involved in assisting the parent, either directly or by referral, in addressing issues that may be preventing the child from returning home, including any problems that may be caused by the parent's infection.

*Standby Guardians*-There are some families that come to the attention of the social services district, particularly in New York City, where the child is not in foster care but the parent has HIV/AIDS infection, and believes that she is terminally ill. In such instances, the local social services district should discuss with the parent the legal provision of "standby guardians," which

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is contained in Section 1726 of the Surrogate's Court Procedure Act. This allows the parent to legally designate someone, usually a relative or a friend, who he/she would like to assume guardianship of his/her child(ren) in the event of his/her incapacitation or death. This provision helps to avert foster care placements, and more importantly allows the parent to control decision making in relation to her children and the progression of her disease.

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**Program Area:** *Adoption Services*

**Description:** HIV-positive children in foster care who have a goal of adoption are supported by many activities of the New York State Adoption Services (NYSAS) Unit. These children are often part of the Bluebook recruitment effort to find families interested in adopting and caring for children with special needs. Subsidies that include maintenance and medical payments until the child becomes 21 or as long as the parents continue legal responsibility for the child are provided to families caring for such children. These subsidies are paid at the exceptional level in accordance with NYCRR 421.24 and NYCRR 426.7. All children with positive PCR tests, who are HIV-positive and receiving treatment receive these subsidies, which are processed at the central office. Training and recruitment efforts sponsored and supported by NYSAS often focus on special needs children, and HIV-positive children are among those with specialized recruitment assistance.

Confidentiality regarding children and their specific needs is respected in this area as in all areas of adoption placement. Work is coordinated with local child care and adoption agencies that include or specialize in children with specific special needs. Training on the care needs of children placed in care and adopted, as well as on confidentiality issues, is provided to foster and adoptive parents by these agencies.

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This group of children has received priority attention for processing of subsidies. The work of agencies to find homes continues to result in finalized adoptions for HIV-positive children with goals of adoption. This provides a warm, loving family environment for children with an otherwise difficult future. NYSAS staff have attended Department of Health (DOH) conferences on HIV and, within the time and resource limits placed on them by other demands, attempt to keep current on advances and research that will affect HIV-positive children that are adopted in New York State.

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### ***Program Area: Foster Care***

**Description:** The State, through the OCFS Division of Development and Prevention Services, monitors performance of local social services districts and voluntary child care agencies which provide foster care in each county and the City of New York. Current regulations address risk assessment, confidentiality, medical care staff training and special funding for HIV-infected children. Services for children in foster care include:

- **Risk Assessment:** Each foster child must be assessed for risk of HIV infection. HIV testing must be made available to those found to be at risk.
- **Counseling and Testing:** Consent for testing must be sought directly from children who are deemed to be capable of giving informed consent for their own testing. Otherwise, consent is sought from the parent or guardian.
- **Confidentiality:** Public health laws regarding confidentiality of HIV test information must be followed in the foster care system. The law and regulations do allow for foster parents to know the HIV status and medical history of children for whom they are responsible. A special training for staff in local departments of social services on HIV confidentiality and redisclosure laws is available through OCFS's Office of Human Resource Development. Issues regarding disclosure of newborn screening results to foster parents have been addressed through administrative directive 97ADM15.

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- *Medical Care:* Regulations provide for comprehensive medical care for all foster care children including initial health assessment on entry into the system, services to meet needs which are identified, and periodic reassessments on a schedule appropriate for the child's age.
- *Special Reimbursement Rates:* Increased rates have been developed for foster care of children with complex health needs, including HIV infection.
- *Permanency Planning:* Surrogate's Court Procedure Act, Section 1726, allows parents with terminal illnesses to designate a "standby guardian" in advance of death or disability without having to give up their parental rights while still alive and capable.

Through the Bureau of Training and Workforce Development, the Office provides a range of training for local district and voluntary agency staff who work with children with HIV/AIDS and their families. Currently, training is offered in the following areas: transmission, testing, and other basic HIV/AIDS information; HIV/AIDS risk assessment and counseling of children in care; and social services confidentiality regulations as they relate to working with HIV/AIDS affected families.

The Office also provides ongoing training for foster/adoptive parents who care for children with HIV/AIDS. In addition, the Office supports the planning and presentation of a series of HIV/AIDS related training seminars and an annual best practices training conference for caregivers.

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### ***Program Area: Abandoned Infants Grant***

**Description:** OCFS has competitively applied for and received two federal Abandoned Infants grants. The purpose of this funding is to prevent abandonment of infants due to HIV or substance abuse of the parents. The first grant targeted the borough of Brooklyn and ended in 1996. The second grant targets two community districts in Washington Heights and is part of a larger program called Best Beginnings. This program offers long term intensive home visiting services to pregnant women and women with newborns to promote positive parent-child interaction, thereby preventing

child abuse and neglect, improving child health and development and assisting parents to achieve self-sufficiency. The federal grant is \$450,000 annually for four years. The Office has received three of the four years of funding. Most of the funding (\$391,000 each year) is allocated to the subcontractor, the New York Society for the Prevention of Cruelty to Children, to operate the Best Beginnings program and provide the home visiting services. The Abandoned Infants Grant has given the subcontractor the opportunity to focus on the substance abusing/HIV population in an effort to engage them in the home visiting program. It has allowed the program to provide additional training to staff to increase their sensitivity to the issues and to help them reach out to this population. The subcontractor is part of the New York Home Visiting Program, a joint initiative of OCFS and DOH.

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***Program Area: Runaway and Homeless Youth***

**Description:** The Runaway and Homeless Youth (RHY) program was created in 1978 to protect runaway and homeless youth and respond to their problems. RHY provides funding and a local planning mechanism for shelters and services for runaway and homeless youth. Regulations require the director of each program to ensure that at least 40 hours of in-service training is provided to each staff member; one of the required topics is HIV awareness and education. Regulations also require program staff to provide each youth with education about AIDS, HIV testing procedures, confidentiality of HIV-related information and HIV prevention including universal precautions.

Authorized by Executive Law Article 19-H Section 532 (statute) and NYCRR Subtitle E Part 182 (regulations), the goals of the RHY program are to reunite runaway youth with their families, if possible, and when not possible or practical, provide shelter and program services to promote independent living. Services include shelter, food, clothing, case management, counseling, service coordination, referral, and advocacy for runaway and homeless youth under age 21.

There are currently 22 crisis shelters, 20 interim family programs, 27 transitional independent living residences, and 22 non-residential (case management) programs. Data from 1997 (most recent) indicates that over 11,931 youth were served in short-term crisis programs, and 2,381 were served in longer term transitional independent living programs.

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State RHY funding flows to programs through county youth bureaus, which are responsible for local planning, contract management, and monitoring of services for runaway and homeless youth. Each county which receives RHY funds must designate a county RHY Coordinator. OCFS convenes the Runaway and Homeless Youth Advisory Committee which meets quarterly and includes representatives from federal and State agencies, youth bureaus, RHY Coordinators, and provider program staff. Funding for FY 1998-99 was \$5.3 million, providing 60% State share of program costs, with 40% local share required.

***Outcome of This Program Responsibility:*** In 1995, 13,927 runaway and homeless youth received short-term crisis services. Of that number, 75% received crisis services in a residential program. The RHY system also handled over 5,000 crisis hotline calls concerning runaway and homeless youth. Of the 2,420 youth who received longer term transitional independent living support and services, 31% received residential services and the balance received non-residential support and case management.

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### ***Program Area: Juvenile Justice Residential Programs***

***Description:*** The OCFS Division of Rehabilitative Services manages the State-operated juvenile justice programs. This Division has implemented a comprehensive HIV/AIDS prevention and treatment program for youth in residential delinquency programs operated by OCFS. The program is partially funded through a \$150,000 Memorandum of Understanding with the DOH AIDS Institute, which supports three staff in the Bureau of Health Services as well as travel and consultant services needed to implement the program. Other State funds pay for the balance of the program activities.

*HIV Prevention Education* - The agency utilizes a curriculum which was originally developed in 1991 in collaboration with the AIDS Institute. It was updated in 1996. Of the 15 modules, four relate directly to HIV/AIDS prevention and are mandatory for every youth in residential placement. The curriculum includes skill building exercises and role playing. It attempts to influence youths' knowledge, attitudes, beliefs, perceived risks, peer norms, skills and self-efficacy to reduce behaviors which put young people at risk for HIV infection. The Bureau of Health Services monitors the

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completeness of this program. The Bureau of Training and Workforce Development and the Bureau of Health Services collaborate to train facility staff to deliver the curriculum. During 1997, 2,345 individual youth received HIV prevention education using this curriculum. There were 1,498 new admissions to State-operated residential programs during 1997, and about 2,000 residential placements at the beginning of the year.

*HIV Counseling and Testing* - The agency offers voluntary, confidential HIV counseling with or without testing to youth in residential programs. Selected facility health professionals and counselors are trained in pre- and post-test counseling using a curriculum developed by the AIDS Institute. Facility staff report all HIV counseling sessions using DOH scannable forms to the Bureau of Health Services, which monitors HIV counseling and testing to ensure that all facilities are making this service readily available to residents. The agency has begun to collect additional risk behavior information from youth requesting HIV testing to better define the types of risky behaviors which its residents engage in. During 1997, 656 youth were tested for HIV. This represents 44% of the 1,498 new custody admissions during the year. The agency has implemented use of the Orasure oral specimen collection system to partially replace blood draws for HIV testing, and anticipates that this will increase the number of youth that decide to be tested.

*Peer Counseling* - With support from the Bureau of Health Services, residential facilities have invited community-based HIV prevention programs to bring trained peer counselors on site to work with the residents. This program began last year and is expanding as community organizations with trained peer educators in the regions where facilities are located are identified and contacted. Peer counseling sessions were held at 13 separate facilities in 1998.

*HIV Treatment* - Youth who are infected with HIV are referred to designated adolescent or pediatric HIV treatment programs in major regional medical centers. Where possible, care is continued with the provider the youth was using prior to placement with OCFS. At the time of return to aftercare in the home community, special efforts are made to establish continuity of care with a local HIV treatment program. Youth have access to all current therapies and treatment protocols through the designated treatment centers. Seven HIV-infected youth were in residential programs or aftercare during 1997: three males and four females. The Bureau of Health Services monitors care for these youth and supports facility efforts to obtain continuing care as infected youth are transferred or released.

*Seroprevalence Survey* - During 1995-96, a blinded seroprevalence survey was conducted in collaboration with the DOH Bureau of AIDS Epidemiology. The survey of youth newly admitted to residential programs during the study period tested 1,484 males and 244 females. One male and one female were found to be seropositive, giving a prevalence of less than 0.7% for males and about 0.43% for females. This result is consistent with community-based seroprevalence surveys of younger adolescents in New York City. The results emphasize the need to focus on prevention education among our population, rather than case finding.

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*Services for HIV Affected Youth* - Although few youth in residential programs are infected themselves, many are affected by HIV due to illness and death of parents, siblings and friends who have AIDS. The mandatory education modules include one on "Living With AIDS" which addresses these issues. In the 1996 revision another module was added to the curriculum: "Helping Adolescents Cope With Loss and Grief." In addition, individual youth participate in counseling programs which address their particular needs related to anger and grieving for lost loved ones.

*Staff Education* - The agency Bureau of Training and Workforce Development provides mandatory staff training in AIDS, Blood Borne Pathogens, Communicable Diseases and Hepatitis B. In 1998, 307 staff were trained in AIDS and 1,498 staff were trained in blood borne pathogens.

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### ***Program Area: Juvenile Detention Services***

**Description:** HIV/AIDS related services and programs are especially relevant to youth in New York State's juvenile detention facilities given the number of youth admitted to and released from detention during the year. The short length of stay for most youth makes it important for detention facility staff to assure that youth receive immediate information and education.

The youth in these facilities are remanded for temporary care away from their homes to a secure or non-secure juvenile detention facility pursuant to Articles 3 or 7 of the Family Court Act, or held pursuant to a securing order of a criminal court if the youth is under the age of 16. Youth are also held pending return from AWOL, return to a jurisdiction, or pending a hearing for alleged violations of the condition of release from OCFS.

There are approximately 17,000 admissions and releases occurring in juvenile detention facilities in a year. This number includes multiple admissions and transfers among facilities. The average length of stay is 14 days in secure detention and 22 days in non-secure detention. Normally, 50% of the youth admitted are released in 3 days.

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OCFS regulates, certifies and monitors juvenile detention facilities in counties throughout New York State. Certification is contingent upon maintaining compliance with applicable juvenile detention facility regulations, including Section 180.5 (c) of the Part 180 Regulations, which defines the responsibilities of the detention facility operating/administering agency as they relate to AIDS testing and confidentiality of HIV-related information (see “Juvenile Detention Regulations”).

These HIV/AIDS programs and services must be made available to all youth in OCFS-certified detention facilities. The extent to which on-site services and programs can be provided is dependent upon the resources available either in the detention facility or in the locality and the length of stay. The larger facilities have more on-site resources, including knowledgeable and professional staff, than the smaller facilities. This allows them to routinely and consistently address HIV/AIDS through, for example, their on-site medical/health and education programs.

The smaller detention facilities (Agency Operated Boarding Home and Family Boarding Care) most often utilize local/community resources for the necessary programs and services. Trained detention facility staff offer a comprehensive overview of HIV/AIDS rather than an in-depth program based upon a specific curriculum and professional knowledge. As the need arises, referrals for required and necessary programs and services are available through trained community and other local and State agency professionals.

Funding to carry out the AIDS testing and confidentiality of HIV-related information programs and services is through an annual legislative appropriation for secure and non-secure detention. The appropriation allows OCFS to reimburse the localities for 50% of the costs associated with care, maintenance and supervision of youth held in certified juvenile detention facilities.

***Outcome of This Program Responsibility:*** Detained youth receive appropriate AIDS testing and confidentiality of HIV-related information/programs and services while in care. Youth are referred for services when they leave detention, to assure continuity of care. The overall goal is to help youth modify those behaviors that place them at risk for infection and to ensure necessary health services and support.

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***Policy Area: Juvenile Detention Regulations***

***Description:*** OCFS regulates, certifies and monitors juvenile detention facilities throughout New York State. Certification is contingent upon maintaining compliance with applicable juvenile detention facility regulations.

Section 180.5(c) of the Part 180 Regulations is the statutory authority defining the responsibilities of the detention administering agency and facility operator, as they relate to AIDS testing and confidentiality of HIV-related information. This section of the regulations establishes standards:

- governing proper disclosure of HIV-related information in detention facilities;
- limiting the risk of discrimination and harm to a child's privacy that may occur with unauthorized disclosure; and
- seeking to enhance the safety of employees and other youth in detention facilities.

In addition to regulating and certifying detention facilities, the Detention Services Unit, within the Division of Rehabilitative Services, is responsible for monitoring compliance with the Part 180 Regulations. This involves on-site visits to the locally operated facilities, including:

- 9 secure detention facilities
- 3 secure holdover facilities
- 1 non-secure institutional facility
- 36 non-secure group care facilities
- 6 non-secure agency operated boarding homes
- 56 family boarding care facilities

During these visits, Unit staff talk with facility staff to assure facility staff are familiar with the State regulations and facility policies and procedures for AIDS testing and confidentiality of HIV-related information, including procedures for protection of staff and youth. Unit staff also review training records, and talk with youth to assure they are receiving the required orientation with respect to testing, counseling, confidentiality and disclosure.

The overall goal of the regulations, and through them facility policies and procedures, is to assure the availability of appropriate and effective education, counseling, health and support services for the youth in juvenile detention facilities. Since detention facilities are locally administered and/or operated by a county governmental and/or private agency, local health departments and medical professionals often provide the necessary services to/for youth.

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**Program Area:** *Adult Services: Protective, Residential Placement, and Preventive*

**Description:** The Bureau of Adult Services supervises and oversees the local social services districts in their administration of Protective Services for Adults (PSA), Residential Placement Services for Adults, and Adult Preventive Services. PSA is a system of services to impaired elderly and other adults 18 years of age or older, who are abused, neglected or exploited by others, or who are neglecting their own needs. Services are provided to maintain impaired adults in the community for as long as possible by supporting their existing functional abilities. The Bureau also certifies and oversees local supervision of the Family Type Homes for Adults program, a community-based long-term residential care program for four or fewer individuals, wherein room, board, supervision and personal care services are provided.

The agency works with local social services districts to implement protective services programs for adults who cannot care for themselves. While no programs are specifically oriented toward HIV and AIDS, these programs are serving clients with AIDS-related dementias.

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**Program Area:** *Child Abuse and Neglect*

**Description:** The New York State Child Abuse and Maltreatment Register's authority rests in Title 6 of the Social Services Law and Article 10 of the Family Court Act. The State Central Register (SCR) operates 24 hours a day, 7 days a week receiving telephone calls, faxes and letters from mandated reporters and the public in general who have concerns regarding child abuse or

maltreatment. A report is registered when information provided to a Child Protective Specialist meets the criteria for a report as defined in the Family Court Act.

The SCR receives calls on children infected with HIV or AIDS and will register a report if the information presented meets the definition for abuse or neglect according to the Family Court Act. Below are the SCR Intake Guidelines relating to HIV/AIDS, used to determine if a Child Protective report should be registered.

### **HIV Infection and AIDS Implications for Intake Decisions**

Children can contract HIV in various ways. Children can contract AIDS from sexual abuse, breast milk from an infected mother, needle sticks with infected needles, during the birth process, blood transfusions and contact with infected body fluids such as blood, semen, or in some instances, stool. Through November 1997, 118,970 cases of AIDS were reported, in New York State; 2% of the total AIDS cases in New York State were found in children under 13 years of age.

Children with HIV/AIDS require special treatment in many instances, and adults who care for children, if they are infected, need to take special precautions when dealing with these children. HIV infection and AIDS in a child or his/her caretaker may have special implications in the assessment in a child protective call. The overall quality of care to an infected child and/or by an infected caretaker is of utmost importance, and evaluation of many factors must be made in order to determine if the harm or imminent danger is suspected. These considerations must be kept in mind when evaluating the suspicion of harm or imminent danger.

The State Central Register will register a report of child abuse or maltreatment on a child who has HIV/AIDS, or when his/her caretaker is infected with HIV/AIDS, when one of the following conditions are met:

1. The reporting source suspects a child has HIV/AIDS as a result of the actions or lack of actions of a parent, guardian, caretaker, or other person(s) legally responsible for the child (precluding giving birth to the child). The report will be registered for inadequate guardianship and the child should be listed as an abused child.
2. The reporting source suspects a child's life, health or well being is put at risk by a parent, guardian, caretaker, or other person(s) legally responsible for the child, as a result of inadequate care surrounding HIV/AIDS treatment, precautions, prevention and overall quality of care, when a child or caretaker in the household is infected. A report of abuse or maltreatment will be registered; following are some considerations when making a decision:

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*AZT Treatment* - AZT, also called Zidovudine or ZDT, is an antiviral drug that may reduce the amount of HIV in the body of a person infected with the virus. Mothers are encouraged to take the drug during pregnancy to decrease the chances of HIV infection being transferred to their baby. If a baby is born with a high risk of having the HIV virus, it is believed to be very important that the baby is given the drug within 24 to 48 hours after birth. This treatment is believed to decrease the probability of the child testing positive for the infection. After 48 hours, the chances of the drug preventing the infection decreases. If a health care professional suspects that a child's likelihood of being infected with HIV will be decreased by the use of the drug AZT, and the mother is not giving her consent, a report will be registered for medical neglect.

*Seroreversion*-Infants born to HIV-infected mothers with a few exceptions will test HIV positive at birth. However, infants who are NOT infected with HIV will begin to test HIV negative sometime during the period of immune development (ages 2-24 months). They will change from HIV positive (at birth) to HIV negative (at ages 2-24 months). The change is called seroreversion. Children who actually have the infection will not serorevert. Children who are infected with HIV will remain HIV-positive, and usually get sicker before they are two years old. A test for seroreversion is required for any infant who tested HIV-positive at birth. A failure to have this test done constitutes less than a minimum degree of care for this infant. A child who tests positive for HIV at this second test will be started on protease inhibitor medications which have been proved to delay the onset of AIDS in children. Protease inhibitors decrease the amount of HIV virus in the bloodstream. Intake considerations include:

- Were the parents informed of the results of the first test?
- If they were informed, were they informed of the need for the second test?

*Breast Feeding* - In 1986, there was one case in Australia of HIV being reported to have been transmitted through breast milk. As of 1994, ten cases of HIV infection transmission through breast milk were recorded. HIV is not easily spread this way, but because it could be transmitted through breast milk, the NYS Department of Health has recommended that HIV-infected mothers should not breast feed their children. They should use formula. Intake decision considerations include:

- Is the mother HIV-infected?
- Has the mother been advised not to breast feed the child?
- Has the seriousness of the situation been explained to the mother?
- Has she continued to breast feed after being advised of the risk to her child?

If the answer to these questions is Yes, then the child is in imminent danger of becoming impaired.

*Lack of Medical Care and HIV/AIDS* - One basic consideration for this type of call is "Lack of Medical Care." If a medical professional has prescribed the treatment or care, the caretaker's failure to provide the prescribed care is sufficient to allege a lack of medical care.

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Article 10 of the Family Court Act authorizes intervention not only in life and death emergencies, but also in situations where a child is denied adequate medical, dental, optometrical or surgical care due to the parent's or legally responsible person's failure to provide "an acceptable course of medical treatment of their child in light of all the surrounding circumstances."

A parent or other person legally responsible for the child must supply adequate medical, dental, optometrical or surgical care if financially able to do so or offered financial or other reasonable means to do so. This includes:

- Seeking adequate treatment for conditions which impair or threaten to impair the child's mental, emotional or physical condition;
- Following prescribed treatment for remedial care including psychiatric and psychological services; and
- Obtaining preventive care such as post-natal check-ups, and immunizations for polio, mumps, measles, diphtheria and rubella; and
- Children with HIV/AIDS are more susceptible to disease, therefore the absence of immunizations may place the child in imminent danger of impairment.

*Parents and Children with HIV and AIDS and Special Precautions* - Parents who are themselves infected or have infected children in their care must take special precautions. To do less than the following precautions places the children in imminent danger of becoming impaired:

- Diarrhea - caused by an infection such as gastroenteritis. A parent with diarrhea should not handle food for their children and family.
- Tuberculosis - If the caretaker or child with HIV/AIDS has a cough lasting more than a week or two, they should see a doctor to be checked for TB. If they do have TB, all of the people in the home or who have had contact with them should be checked for TB as well, even if they are not coughing.
- Hepatitis - If the caretaker or child develop hepatitis or is a carrier of the hepatitis B virus, then any children and adults living with the person should talk to their doctor about receiving treatment or a vaccine to prevent hepatitis.
- Fever Blisters and Cold Sores - If a caretaker or a child has fever blisters or cold sores around the mouth or nose they should avoid allowing others to come into contact with the blisters or sores. If the blisters or sores must be touched, the caretaker should wear gloves and wash their hands thoroughly afterward.
- CMV (cytomegalovirus) - In persons with HIV/AIDS this virus is common in the urine and saliva. Caretakers with HIV/AIDS should wash hands carefully after touching their own saliva and urine. They must also make sure that children with HIV/AIDS wash their hands thoroughly after putting their hands in their mouth or touching their diapers or toileting.

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*Contagious Illness* - Individuals with HIV/AIDS and AIDS-related illnesses, including children, have a difficult time fighting off certain infections. They should avoid close contact with people with contagious illness until the symptoms have disappeared. This includes colds, the flu or stomach flu.

*Chicken Pox* - Chicken pox in particular can make a child with AIDS very sick and it can be deadly. Under no circumstances should a person with chicken pox be in the room with a child with HIV/AIDS until the chicken pox have crusted over. Anyone exposed to chicken pox should not be in the same room as the child with HIV/AIDS from the 10<sup>th</sup> to the 21<sup>st</sup> day after exposure. The exposed person should wear a surgical-type mask and wash hands before providing care to the child if contact cannot be avoided. If the child with HIV/AIDS is exposed to chicken pox or shingles, contact the doctor within 24 hours. There is medication that can prevent serious complications from chicken pox.

*Shingles* - If the caretaker has shingles, they should not care for a child with HIV/AIDS until all the shingles are healed over. This is because contact with shingles can cause chicken pox in a person who has not had chicken pox. If no one else is available to care for the child with HIV/AIDS, the caretaker should keep the shingles completely covered and wash their hands carefully before providing the care.

*Sharing Toothbrushes* - A person with HIV/AIDS should not share toothbrushes because toothbrushes sometimes draw blood.

*Pets* - Children with HIV/AIDS should be kept away from sick pets. They also should stay away from cat litter boxes.

*Other Intake Decision Considerations* - When interviewing a source, specialists must explore the overall care of all of the children in the household.

- How is the caretaker with HIV/AIDS coping with and treating his/her illness?
- If HIV/AIDS was contracted through use of infected needles, are the caretakers continuing to use drugs?
- Are precautions being taken to ensure the safety of non-infected children?
- Are the medical, emotional and educational needs of all of the children being met?

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***Policy Area: Day Care***

***Description:*** OCFS certifies daycare providers under regulations of the former Department of Social Services.

*Discrimination* - Daycare providers are prohibited from requiring parents to disclose the HIV status of their children, and are prohibited from excluding children based on HIV status or opportunistic infection.

*Confidentiality* - Daycare providers are prohibited from redisclosing HIV-related information except as specified in Public Health Law and regulation. When medically necessary, confidential HIV-related information can be disclosed.

*Communicable Disease* - Regulations require daycare agencies to use standard precautions to prevent spread of communicable disease, including special handling of blood and body fluids.

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***Program Area: Staff Training - Rehabilitative Services***

***Description:*** Many of the youth in the care of the OCFS' Division of Rehabilitative Services are at significant risk for HIV infection. Staff face a formidable challenge in meeting the complex medical and social needs of these youth. OCFS is committed to providing a safe and healthful environment for youth and staff. Therefore the agency has mandated training in HIV/AIDS prevention, as well as other communicable diseases, for all staff in its employ. Such training is also required by OSHA standards. The staff training is conducted under the auspices of the Bureau of Health Services and the Bureau of Training and Workforce Development.

Agency policy states: "All employees shall receive training concerning HIV/AIDS prevention and risk reduction. Employees in occupational exposure job classifications shall receive training consistent with federal regulations and agency policy. This training shall include an explanation of the nature of blood borne pathogens, including HIV transmission, risk reduction methods, control procedures, exposure response and reporting procedures."

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The overall goal of the staff training is to provide employees with information about health issues, prevalent diseases and policies that are intended to protect the well being of both youth and staff. To accomplish this, all new direct-care staff are required to complete a three-hour training which is designed to:

- explain how HIV/AIDS and other blood borne pathogens are transmitted;
- describe precautions to be taken to prevent the transmission of these diseases;
- identify general infection control procedures; and
- explain procedures to be followed after a potential exposure.

In addition, all staff are required to attend a one-hour refresher on blood borne pathogens annually. This program reviews transmission modes, prevention, universal precautions, confidentiality, HIV Testing and exposure control procedures. In calendar year 1997, 182 new direct-care staff received the three-hour training entitled “Academy HIV/HBV and Other Communicable Diseases.” In addition, 1,455 journey-level staff received the “Annual Blood Borne Pathogens” refresher training.

In order to provide this training, the Bureau of Training and Workforce Development in collaboration with the Bureau of Health Services conducts periodic Train the Trainer programs and Instructor Refreshers. Each facility has one or more trainers who can provide the annual refresher training on-site.

OCFS (formerly Division for Youth) has been training staff in HIV/AIDS since 1989. Trainers who conduct the annual refreshers report that staff now have a good working knowledge of the issues, policies and procedures and are able to answer questions and respond to case studies correctly.

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***Program Area: Staff Training - Social Services Providers***

***Description:*** The OCFS Bureau of Training and Workforce Development (BTWD) provides training for NYC Division of AIDS Services employees, Administration for Children's Services, voluntary foster care agencies, local departments of social services and state staff. BTWD also hosts a series of HIV/AIDS teleconferences.

*Division of AIDS Services and Income Support (DASIS)*-Part of New York City's Human Resources Administration, DASIS provides specialized case management services to persons with AIDS. BTWD supports DASIS' training program by providing training from the AIDS01 Training Resource System. This resource is used to hire a consultant who provides classroom training for DASIS staff in topics pertinent to their jobs. For 1997-98, 50 days were provided to 1,200 DASIS staff. The training topics included Interviewing Skills, Crisis Intervention and Cultural Diversity. Training topics for 1999 include AIDS in Prisons, Mental Health, Nutrition, New Drugs and Clinical Trials, and Staff Motivation. BTWD works directly with the training director at DASIS to coordinate this program.

The training provided by BTWD is a crucial component in DASIS' staff development program. Courses are tailor-made for the audience and receive excellent reviews. Trainees describe these courses as "excellent, exceptional, necessary for my job, beneficial for us all, very thorough and informative," etc.

*Child Welfare*-BTWD provides ongoing training on HIV/AIDS to child welfare staff, including local DSS, Administration for Children's Services, voluntary foster care agencies, and foster/adoptive parents. State OCFS staff are also eligible to attend this training. Training topics include transmission and non-transmission, the spectrum of HIV, caring for an HIV-infected child, confidentiality requirements, legal issues, HIV risk assessment for foster children, permanency planning, case management and the development and delivery of HIV education programs in child care facilities. Training ranges from basic to advanced. Delivery methods include regional classes, on-site deliveries, a one-day conference in New York City, and a seminar series featuring experts in the field. In the 1997-98 training year, 116 days of training were delivered to approximately 2,500 participants. BTWD works with local departments of social services' Staff Development Coordinators, the Administration for Children's Services, and the New York City Interagency Foster Care Task Force on HIV/AIDS to plan and deliver this training.

The training provided by BTWD is unique in that it addresses programmatic concerns and State requirements not covered in generic AIDS training available in the community, such as confidentiality, risk assessment and permanency planning for foster children. Foster parents routinely express a greater willingness to care for an HIV infected child in their home after completing this training. The NYC seminar series and conference provide New York State's child welfare staff with an opportunity to learn from nationally known experts.

## *Women, Children & Families*

*Teleconferences*-In 1998, BTWD began a series of collaborative teleconferences with the AIDS Institute. The teleconferences combine the resources of BTWD's contractual and technical support with the programmatic expertise of the AIDS Institute to reach a comprehensive audience of all health and human service providers in New York State. The goals of this collaboration are to provide up-to-date information on pertinent developments in the field, develop a common understanding and appreciation of the importance of HIV prevention and other issues impacting persons living with HIV/AIDS, encourage partnerships between local AIDS services provider networks and government social service agencies, and enable us to better serve persons affected by HIV/AIDS. The first teleconference, "Overview of HIV Infection and Confidentiality" on February 27, 1998, drew an audience of 2,500. On May 7, 1998, 1,500 people attended "Understanding Adolescent Development: Implications for Preventing HIV, STDs and Teen Pregnancy." The August 11, 1998 teleconference was "Early Treatment for HIV: Partnerships to Make It Happen." BTWD worked closely with the AIDS Institute on these programs. Guidance was also provided by local DSS Staff Development Coordinators.

This series offers a unique opportunity for consistency, communication, and cooperation in community response to HIV/AIDS across New York State. This is a highly cost-effective method of using high-caliber presenters to get the same information out to many people at once. Videos are provided to local districts for in-house viewing after the broadcast. The teleconferences completed have been well attended and received.

This contractual training program is funded through a combination of federal and State funds. The reimbursed amount for these components of the AIDS01 Training Resource System in 1998 was: \$25,000 for DASIS training; \$328,000 for child welfare; and approximately \$25,000 for the teleconferences. Some aspects of the teleconference series are also funded by the AIDS Institute.

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**Program Area:** *Commission for the Blind and Visually Handicapped*

**Description:** The Commission for the Blind and Visually Handicapped (CBVH) provides services through a variety of programs to individuals who are legally blind. As such, CBVH has provided services to individuals who are HIV-positive and to individuals who have AIDS. While CBVH does not have specific policy regarding persons with or at risk for HIV/AIDS, guidelines

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regarding confidentiality of HIV- and AIDS-related information have been issued to CBVH staff. In addition, guidelines have been sent to CBVH staff regarding:

- infection prevention; and
- notifying private vendors about some of the issues related to HIV infection and resources available to enable vendors to become more informed about HIV and AIDS.

Guidelines regarding confidentiality of information were developed based on Article 27-F of the New York State Public Health Law. In addition, the DOH Authorization for Release of Confidential HIV-Related Information form has been distributed to CBVH staff.

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## OFFICE FOR THE PREVENTION OF DOMESTIC VIOLENCE

**Mission:** The goals of the Office for the Prevention of Domestic Violence (OPDV), as articulated by the Governor and Chapter 463 of the Laws of 1992, are to assist family members who are affected by domestic violence and to find ways to prevent and eradicate this violence. Chapter 463 directs the Office to guide the State's program and policy efforts; evaluate, improve and strengthen the service system; coordinate the efforts of public agencies which provide services or funding for services; and provide centralized training, education and outreach. Chapters 222 and 396 of the Laws of 1994 further directed the Office to provide the training and technical assistance needed to ensure the development and implementation of policies consistent with recent changes in the law; to develop a model county domestic violence policy; and to develop a model State domestic violence policy. OPDV's overarching goals in working with various systems are: victim safety and self-determination; abuser accountability; systems' responsibility; and promoting a coordinated community response grounded in the principles of zero tolerance.

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### **Program Area: Education and Training**

**Program Description:** OPDV is responsible for developing and conducting professional and public education and training sessions on adult domestic violence. Each training program is tailored to the specific roles of the participants, provides an examination of the nature and dynamics of the problem and assists participants to identify and appropriately intervene with and refer those affected by domestic violence. The Office also presents some training sessions which address dating violence and the correlation/effects of domestic violence on children.

OPDV is not a primary provider of direct services to victims although staff do provide advocacy and assistance to some battered women who have had difficulty accessing or receiving appropriate services from various systems. The Office is also not engaged in any specific service provision to persons affected by HIV/AIDS.

OPDV conducts training sessions for a wide array of professionals including, but not limited to, all types of health care professionals, police, probation, parole, court personnel (such as judges, DA's court clerks, attorneys), as well as staff of local departments of social services, child welfare staff, alcohol and substance abuse professionals, mental health professionals, teachers, and public

## *Women, Children & Families*

health professionals. In addition, OPDV has developed a number of train-the-trainer courses. OPDV staff consistently address the issue of sexual abuse during training sessions and how this form of abuse by batterers can put victims at risk for HIV infection (a fact sheet titled “How Domestic Violence Puts Victims at Risk of Contracting HIV” is available from OPDV).

OPDV’s training sessions for health care professionals always include a recommendation for health care providers to routinely screen all dating and adult female patients for domestic violence, including assessing for both physical and sexual abuse. In addition, OPDV staff recently wrote a train-the-trainer curriculum on Adult Domestic Violence for the AIDS Institute and conducted a two-day train-the-trainer session for 30 AIDS Institute-funded trainers who are responsible for training HIV counselors statewide. OPDV works collaboratively with many other State agencies as well as a multitude of county and local agencies. Recently, with the development and dissemination of the *Model Domestic Violence Policy for Counties*, OPDV has increased its efforts with local communities and agencies in order to facilitate an improved coordinated community response to domestic violence.

In 1994, OPDV opened a satellite office in New York City. This office, funded through the Federal Maternal and Child Health Block Grant, occupies space in the DOH Regional Office in New York City at 5 Penn Plaza. A Memorandum of Understanding between DOH and OPDV supports three staff and a significant portion of the operating costs of this office.

The NYC office was established to provide training on domestic violence to a variety of health care organizations in the NYC area. A primary target for training are maternal and infant health care providers. The NYC office provided domestic violence training to over 4,000 health care professionals in 1998. Technical assistance was provided to another 1,600 professionals. Included in the training and technical assistance recipients were HIV/AIDS service providers.

***Outcome of This Program Responsibility:*** To date, OPDV has trained over 50,000 health care professionals across the State.

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**Policy Area:**        *State's Policy Efforts on Domestic Violence*

**Background:** OPDV is responsible for guiding the State's policy efforts on domestic violence. The Office has provided technical assistance to a wide array of State, county, and local agencies and facilities toward the development of policies, protocols, mission statements, and standards of care on adult domestic violence.

The primary policy area where domestic violence and HIV/AIDS issues overlap is within the health care system. OPDV has a long history of successful policy efforts with the health care system, and has worked collaboratively with DOH since 1984. As a result of this collaboration, in 1984, DOH issued a Memorandum and Protocol entitled "Adult Domestic Violence Victims: Identification and Treatment in Hospital Emergency Departments." The protocol was revised and reissued to every hospital and diagnostic and treatment center (D&TC) in 1990. The protocol recommends routine screening for adult domestic violence, and informs health care providers of clinical clues and indicators. At the request of DOH, OPDV assisted in the development of regulatory codes for hospitals and D&TCs. These codes require facilities to implement appropriate policies and procedures and to provide staff training on adult domestic violence. In fact, New York State had DOH regulatory codes on domestic violence before the Joint Commission on the Accreditation of Health Facilities issued its standards on domestic violence in 1992. OPDV has provided DOH surveillance staff with training and technical assistance in order to assist surveyors in evaluating health care facilities' compliance with these codes and with legislative requirements. In 1996, OPDV created a "Surveyor Checklist," for surveyors to use to evaluate facilities' response to victims of domestic violence.

OPDV has provided technical assistance to many bureaus and units of DOH, including but not limited to the Rape Crisis Unit, and the Bureaus of Injury Control, Emergency Medical Services, Women's Health, Managed Care, and Health Promotion. OPDV has also worked with a wide array of health care organizations and systems to facilitate the development and implementation of policies to guide health care providers in identifying, appropriately treating, medically documenting and referring adult victims of domestic violence. For example, OPDV helped New York City's Health and Hospital's Corporation (HHC) develop its adult domestic violence policy and procedure and provided a train-the-trainer program for HHC's Domestic Violence Coordinators. This policy work has been a priority area for OPDV because research indicates that a health care professional may be the first or only professional a battered woman has contact with; therefore, it is crucial that this system respond more appropriately.

The overall goal of OPDV's work with the health care system is for all health care providers who treat adolescent dating teens and adult female patients to routinely screen for adult domestic violence and to be able to provide patients with appropriate treatment, medical and forensic documentation, and referrals.

Chapter 163 of the Laws of 1998 directs the Department of Health to develop a protocol that would screen for domestic violence prior to Health Department notification of partners or contacts of a tested individual, of possible exposure to HIV. The law further requires DOH to develop such protocol in consultation with OPDV. OPDV was a part of a day-long meeting, organized by the AIDS Institute, to provide recommendations for the protocol. Representatives from the domestic violence and HIV service community were also in attendance. OPDV reviewed and commented on the draft protocol and the recently released draft regulations. In addition, OPDV will play an active role in the implementation process. Clearly, this new initiative will result in the referral of battered HIV-positive individuals to domestic violence services. Subsequently, OPDV will work with the AIDS Institute in assessing the training needs of the domestic violence community, and provide assistance in responding to that need. Anticipated areas for training on HIV/AIDS-related issues may include confidentiality, risk reduction and available services. In addition, the AIDS Institute is in the process of revising its current training programs to include domestic violence information and implementation of the domestic violence screening protocol. OPDV will work with the AIDS Institute in this development phase, and assist in the delivery of training to training staff.

***Outcome of This Policy Responsibility:*** The impact of these policies is potentially far-reaching, in terms of the numbers of battered women seeking care at health care facilities in the State. For example, some health care facilities are now engaging in routine screening of female patients. Many other health care facilities are providing training and education for their staff and many more are actively developing policies and protocols to improve their care of patients experiencing domestic violence. OPDV is, however, keenly aware that many health care professionals still lack training on adult domestic violence and many health care facilities in this State are still responding very poorly to victims of adult domestic violence. OPDV is continuing its work with the health care system and focusing on a three-prong process which includes: policy and protocols, training and education, and efforts to maintain change over time (including regulatory oversight and surveillance, and incorporation of appropriate response to domestic violence into continuous quality improvement (CQI) strategies).

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**DIVISION FOR WOMEN**

The New York State Division for Women is part of the Executive Chamber. It serves as an advocate for women's issues because it acts as a direct link between the women of New York State and the Governor. In order to be an effective advocate, it relies on its 12 regional advisory councils to gather and supply information on the problems and challenges faced by women of their regions. The Division for Women is charged with reviewing and monitoring proposed legislation, State policies, practices and programs for their impact on women. It tries to improve the opportunities for and delivery of services to women by sponsoring programs, conferences and summits designed to increase the participation of women in State Government.

For more information on the New York State Division for Women, please visit our web site.

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**DEPARTMENT OF CORRECTIONAL SERVICES**

**Mission:** The New York State Department of Correctional Services' Division of Health Services' mission is to provide for inmate/patients universal access to essential health care services which conform to the community standard of care.

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**Service Area:** *Health Services*

**Description:** The New York State Department of Correctional Services (DOCS) system has a large number of HIV-infected inmates in its 70 prisons. In New York, the high incidence of HIV is largely due to injecting drugs, which places users at high risk of HIV infection. Since drug-related activities are classified as felony crimes it is to be expected that disproportionate rates of HIV infection are found in those incarcerated in DOCS facilities. DOCS is one of the largest primary care providers to persons with HIV/AIDS in the State.

Every other year, the Department of Health (DOH) conducts unlinked (without names) HIV blood tests of inmates entering the DOCS system. This information is used by DOCS to help plan for health care services that will be needed. The first testing, done in 1988, showed 18% of males and 19% of females entering the DOCS system were infected with HIV. The 1994-95 testing found 10% of males and 16% of females were infected. The latest testing, which included more than 5,500 persons who entered prison in late 1996 and early 1997, found that 7% of male inmates and 18% of female inmates are HIV antibody-positive upon entry into DOCS.

Male inmates who enter the system from the western part of the State have a much lower rate of HIV infection than those from New York City or nearby (3% from the western part are infected). Females entering prison report high rates of sexual risk; nearly one in three (29%) has exchanged sex for money or drugs. This puts them at risk for HIV as well as other sexually transmitted diseases; blood tests show that 20% have had syphilis. There has been a decrease in the proportion of inmates who self-identify as injecting drug users and of those who are injection drug users who say they have shared injecting equipment, a practice placing them at higher risk of HIV infection.

DOCS estimates that approximately 7,000 (10%) of its inmates are infected with HIV, based on length of stay within the system and rates of infection in previous studies. Voluntary HIV testing is encouraged and HIV prevention education is given to all DOCS inmates.

## *Criminal Justice*

The State Commission of Corrections (SCOC) is the regulatory authority for DOCS. DOCS' accrediting agency is the American Correctional Association. Further, the Eighth Amendment of the U.S. Constitution requires that prison inmates must be offered medical care that meets community quality of care standards.

The overall goals of the Division of Health Services are to:

- ensure that all inmate-patients get regular medical care and supplies to meet their individual needs; and
- maintain continuity of care and standardization of care.

The State prison system has quickly introduced new medical treatments as they have become available. HIV treatment guidelines have been developed in collaboration with the AIDS Institute, Albany Medical Center and the NYS DOCS HIV Guidelines Committee. These guidelines are reviewed frequently and undergo revisions when marked changes occur in recommended treatment of HIV/AIDS. All classes of FDA-approved medications, for example, protease inhibitors and antiretroviral combination therapy and medications to prevent the opportunistic infections (OIs) that usually cause AIDS deaths, are available to DOCS inmates/patients. These new treatments are changing the way AIDS presents itself and how it progresses. Instead of a rapid and most often fatal disease, we see patients living longer and with decreased morbidity from OIs. The rate of AIDS-related deaths of inmates fell 85% from 1995 to 1998.

DOCS continues to work closely with the AIDS Institute as it develops its guidelines for use of newly approved HIV medications and for viral load testing as needed. Viral load testing has been used since mid-1996 and DOCS performs these tests on all willing HIV-positive inmates in accordance with nationally recognized medical guidelines.

DOCS' inmate population is afforded access to a multilevel service delivery system. Approximately 80% of health care delivery in DOCS is comprised of ambulatory care, e.g., routine and emergency sick call, outpatient speciality care clinics, etc. The remainder of services are delivered at the correctional facility infirmaries, DOCS Regional Medical Units (RMUs) and at area hospitals.

The RMUs provide an intermediate step in health care delivery. They are able to provide services needed between those available at DOCS' facility infirmaries, and hospitalization. RMUs provide subacute or extended medical care. Access to infectious disease specialists is available statewide through referral from a primary care physician.

An ongoing Memorandum of Understanding with the NYS Department of Health/AIDS Institute addresses the coordination of HIV-related services. A spectrum of services including anonymous counseling and testing, inmate/staff education and transitional planning is provided.

## *Criminal Justice*

Senior officials of DOCS and the AIDS Institute meet quarterly to ensure coordination. We also collaborate with designated AIDS treatment centers and refer to their outpatient clinics as well as admit for inpatient care as medically necessary.

Community service programs and community-based organizations aid our outreach efforts and assist us in providing the above services. They facilitate our efforts of in-house HIV support group programs as well as provide Training of Trainers for the peer-led HIV support groups. DOCS also interacts with the NYS DOH Bureau of HIV Epidemiology; NYS DOH Bureau of TB Control; and NYS DOH Bureau of STD Control.

***Funding:*** State funding for AIDS programs has increased during the Pataki administration. An increasing source of revenue for AIDS treatment is the Family Benefit Fund. The Family Benefit Fund derives its income from the collect-only phone calls that inmates make to family and friends. The long-distance carrier pays the State a commission on those calls. Fiscal Year 1996-97 was the first time that more than \$10 million in that fund went to AIDS treatment. Medication costs for HIV care now exceed \$30 million a year.

***Outcome of This Service Area Responsibility:*** The Division of Health Services strives to ensure that all patients under its care get the medical services they need. The State prison system quickly introduces new medical treatments as they become available. The availability of protease inhibitors and antiretroviral combination therapy and medications to prevent opportunistic infections that can cause AIDS deaths, has resulted in decreased AIDS-related deaths in the population overall, and in DOCS inmates. HIV-related mortality of DOCS inmates has decreased 85%, from 378/100,000 inmates in 1995 to 56/100,000 in 1998.

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### ***Policy Area: HIV Prevention, Education, and Discharge Planning***

***Background:*** The New York State Department of Correctional Services and the New York State Department of Health work closely together on programs for the prevention of HIV; counseling and testing of inmates for HIV; establishment of protocols for treatment of HIV and arrangements for care of HIV-infected individuals who are to be released from custody.

## *Criminal Justice*

DOCS supports a program of grants by the AIDS Institute to community-based organizations to provide AIDS prevention education and HIV testing within DOCS facilities and discharge planning for those with HIV infection who are leaving DOCS custody.

Upon entry into the DOCS system, all inmates are provided an orientation which addresses how to access facility health care services. They also receive basic HIV education/training which includes, but is not limited to, prevention education, counseling/testing and treatment availability. Printed DOH materials and videotapes on HIV serve as adjuncts to reinforce and enhance the basic information. Inmates are trained as HIV peer educators and participate in HIV peer support groups.

Except for biennial seroprevalence surveys at reception, all HIV testing of inmates is done with informed consent. It can be done anonymously if the inmate prefers. (Most who are tested anonymously later convert the result to confidential.) Approximately 25,000 voluntary HIV tests were done in 1998.

DOCS staff receive annual training in prevention of blood borne infections including HIV. Emergency supplies of medications for post-exposure prophylaxis are available to be issued in all DOCS facilities.

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## DIVISION OF PAROLE

***Mission:*** To promote and enhance public safety and protection through the development and implementation of supervision and treatment plans for offenders returning to the community.

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***Program Area:*** *Releasee Assistance Program*

***Description:*** The Releasee Assistance Program (RAP) was established in 1987 in the Division's Brooklyn office as a local initiative whose objective was to develop a working model for the supervision of releasees suffering from AIDS. This model was to address issues for parole officers regarding service delivery and caseload management.

The objectives of RAP were as follows:

- To provide better casework and supervision to releasees with AIDS and HIV illness.
- To accelerate learning for Division staff regarding case management, accessing and coordinating services for this client group.
- To facilitate the transfer of this knowledge to other Division staff.
- To improve agency policy, procedure and casework practices through increased knowledge and understanding.

To meet these objectives, two specialized AIDS caseloads were initially established in Brooklyn. Since that time, RAP has grown and changed. The original parole officers subsequently became "technical assistance" parole officers working with the Division's Program Service Unit in the development of policy and training.

Currently, RAP has a staff of seven parole officers and one senior parole officer covering Brooklyn, Queens, Manhattan, Richmond and Nassau County. They are presently serving approximately 175 parolees who have a diagnosis of AIDS or HIV illness. These are usually cases that present serious problems in service delivery or are particularly sensitive in nature.

New releasees from State prison are usually supervised at a ratio of 40:1; however, due to the serious nature of these cases, the workload requirements of RAP staff are limited to 25 parolees receiving intensive supervision. In addition, RAP parole officers are also assigned to work with parolees who have other disabling medical conditions requiring special attention and assistance.

*Criminal Justice*

RAP supervision is challenging and complex. Parole officers spend most of their time helping parolees and their families negotiate unfamiliar and complicated systems needed to meet their needs. They are required to provide case management for services from many systems, including medical, substance abuse treatment and public assistance. In addition, they maintain ongoing relationships with AIDS-related programs and services and are frequently called upon to provide professional development training on the parole supervision process. Funding for the program is \$460,000 for fiscal year 1998-99.

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***Policy Area: HIV/AIDS Related Policies***

***CONFIDENTIALITY:*** Division staff provide counseling to inmates and parolees with HIV/AIDS about the risk of transmission and about their responsibility to others in this regard. NYS Public Health Law Article 27-F and official agency regulations, as set forth in 9NYCRR Part 8011, prohibit the disclosure of any medical records, or information without written consent.

***Policy:*** Division staff are prohibited from divulging confidential medical information about the inmate or releasee with HIV/AIDS without first receiving written consent from the individual.

***COORDINATION WITH DOCS:*** The Division of Parole is committed to a cooperative relationship with the Department of Correctional Services (DOCS) in order to provide a smooth transition to community living for released inmates. In accordance with Section 259-a of the NYS Executive Law and Public Health Law Article 27-F, DOCS makes available to the Division information about inmates under its jurisdiction for the purposes of preparation of reports to the Board of Parole and supervision of inmates released on parole or conditionally released.

***Policy:*** Continuity of care and treatment, coordination of essential services and comprehensive discharge planning for inmates with HIV illness and AIDS will be ensured and facilitated by the formal and consistent exchange of medical information between DOCS and the Division. Division staff stationed at correctional facilities will provide DOCS Facility Health

## *Criminal Justice*

Services Units with Parole Board appearance dates and due dates for Comprehensive Medical Summaries for all inmates with HIV illness and AIDS. DOCS Facility Health Service Units will provide Division staff with Comprehensive Medical Summaries for the purposes of preparing the Parole Board Summary Report and discharge planning.

***DISCHARGE PLANNING:*** Many parolees with HIV illness or AIDS will be so debilitated by the disease that they will be unable to seek or maintain employment. Under these circumstances, individuals so disabled are eligible for various local, State and federal financial and public assistance programs. Supportive financial resources are essential in order to ensure continuity of care and treatment for parolees with serious medical disabilities. Submission of applications for Supplemental Security Income (SSI), AIDS Drug Assistance Program (ADAP) and local public assistance programs prior to discharge, for inmates likely to be eligible for these programs upon release, will reduce the lag between release and receipt of financial assistance, thus eliminating disruption in supportive services.

*Policy:* A parolee with HIV illness or AIDS may be unable to work due to his or her medical condition. It is appropriate and necessary for parole officers to obtain, complete and submit, prior to discharge, application forms for financial and medical assistance through SSI, the NYC Division of AIDS and Income Support, ADAP and other assistance programs.

***NON-DISCRIMINATION:*** Persons with HIV infection, including AIDS, are protected by the NYS Human Rights Law which prohibits discrimination based on actual or perceived disability. Division staff work with offenders and employees who are infected with HIV.

*Policy:* Division of Parole employees may not refuse to work with other employees who have or are perceived to have HIV infection, AIDS or other medical conditions. Employees may not refuse to provide services to Division clients who have or are perceived to have HIV infection, AIDS or other medical conditions.

***MANAGING AND REPORTING EXPOSURES:*** The Division is concerned about the transmission of blood borne diseases in the workplace and is committed to reducing the risk of transmission and infection for all employees. While casual contact in the work setting presents no risk for transmission of blood borne disease, the duties of parole officers may carry an unpredictable risk of contact with potentially infectious blood and body fluids.

*Policy:* Division staff follow the NYS Department of Health recommendations for Universal Precautions. All blood and body fluid contact is considered potentially infectious for HIV, hepatitis B Virus (HBV) and other blood borne diseases. Sharp items such as needles and knives should be considered as potentially infectious. All blood and body fluid spills should be carefully cleaned and decontaminated. Safety equipment and cleaning supplies are available at every Division workplace. Disposable gloves, equipment and cleaning material should be properly disposed of.

*Criminal Justice*

Workplace supervisors are responsible for making a preliminary evaluation to determine whether there has been blood or body fluid contact to the eyes, mouth, nasal passages or non-intact skin. Emergency services should be provided without delay if required. If emergency services are not required, the work site supervisor will instruct the employee to wash the exposed area immediately and encourage him/her to seek medical evaluation for infection treatment and counseling as necessary. An employee who sustains an exposure must complete an Unusual Incident Report. In addition, an Employee Accident Report should be filed in the event the employee wishes to file a Workers' Compensation claim.

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**COMMISSION OF CORRECTION**

**Mission:** Regulatory, education and technical assistance.

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**Program Area: *Interagency Cooperation, Technical Assistance and Education***

**Description:** Article 3, Section 45 of the Corrections Law charges the Commission of Correction (COC) with advising and assisting the Governor in developing policies, plans and programs for improving the administration of correctional facilities and the delivery of services therein.

The Commission works with police departments, local correctional facilities, the NYC Police Department, NYC Department of Correction (Rikers Island) and the NYS Department of Correctional Services (DOCS). Inmates in custody in outside hospitals are included within the jurisdiction of COC.

A major function of the Commission is to provide training and technical assistance to facilities. County correctional facilities are routinely informed of HIV/AIDS teleconferences and HIV counselor training opportunities so that they may enhance these services to inmates. The Commission has developed an HIV/AIDS train-the-trainer program for local correctional facilities for security and civilian staff, and jails have provided HIV transmission, prevention and confidentiality education for security staff.

COC has found in visits to county correctional facilities that AIDS treatment is the most complex medical problem that they have to manage. Even some small rural facilities have had cases of AIDS and due to limited in-house facilities, these inmates usually remain in outside hospitals. Local correctional facilities continually request assistance from the Commission to increase nursing staff due to the complex medical conditions of inmates. Jails considering renovations or new construction are including more modern medical departments and the larger facilities are including infirmary-type units.

The Division of Health Services of DOCS has been very cooperative in accepting sentenced chronically ill (including HIV) inmates from county facilities as soon as there is a facility that can handle the inmate's medical needs. The Commission has facilitated inter-facility transfer of adequate medical information from one medical provider to another.

## *Criminal Justice*

The Commission investigates all alleged HIV confidentiality violations in county correctional facilities submitted through the AIDS Institute. Inmates write to multiple agencies with the same problem, trying to influence the system to obtain what they want. The major issue in DOCS is to arrange a transfer to a facility closer to New York City or an evaluation with a specific doctor. Complaints from inmates regarding HIV care are given a priority by the Commission, with the usual finding being not a lack of treatment, but that the inmate needs more clarification as to the treatment plan. Our investigation of inmate mortalities in NYS Department of Correctional Services (DOCS) has revealed a significant decrease in the number of mortalities due to AIDS. These cases reflect the longer life span due to the up-to-date treatment that is usually rendered through the Designated AIDS Care Centers of NYS.

The Commission works closely with various State agencies, county agencies and advocacy agencies that render services to inmates in New York State, but there are still some barriers to providing inmates with appropriate HIV/AIDS services. These include: the need for continuing education of medical/nursing providers and security staff in local correctional facilities, the very limited resources of small jails which are trying to provide HIV/AIDS counseling, evaluation and treatment, and the need for continuing education for police agencies. In 1998 the Commission, in cooperation with the New York State Sheriffs' Association, sponsored the two-day Fourth Annual Correctional Health Care Symposium, at which HIV was a major topic. The attendance by jail medical/nursing administrators was approximately 90%. This conference provides continuing education credits for physicians and nurses. In addition, the Medical Society and the Board of Nursing are beginning to recognize correctional health care as a specialty field of practice. The Commission and the NYS Department of Health Bureau of TB Control are also jointly completing an evaluation of TB management programs in county jails, emphasizing the relationship to HIV.

The Commission receives no HIV/AIDS specific funding, but 30% of Forensic Medical Unit staff time is spent on HIV-related issues.

***Outcome of This Program Responsibility:*** The Commission's work in interagency cooperation, technical assistance and education has contributed to improved quality of medical services in correctional facilities in New York State.

***Contact:*** William Gaunay  
Forensic Medical Investigator  
NYS Commission of Correction  
4 Tower Place  
Albany, NY 12203-3702  
Phone: (518) 485-2482  
Fax: (518) 485-2467

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**CRIME VICTIMS BOARD**

**Mission:** To provide compensation to innocent victims of crime in a timely, efficient and compassionate manner; to fund direct services to crime victims via a network of community-based programs; and to advocate for the rights and benefits of all innocent victims of crime.

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**Program Area:** *Sexual Assault and Domestic Violence*

**Description:** The New York State Crime Victims Board (CVB) provides numerous services and compensation to all persons who are innocent victims of crime. Sexual assault and domestic violence services are specific program service areas which may more directly provide service to persons with HIV/AIDS or who are at high risk for HIV.

The CVB funds 15 Sexual Assault Nurse Examiner (SANE) programs across the State for counseling services. These programs provide a sensitive environment at hospitals for assistance to victims of rape, services include a forensic rape exam, information and counseling, and referrals for counseling and testing for HIV.

The CVB collaborates with the Department of Health, Division of Criminal Justice Services, and the Office for the Prevention of Domestic Violence as necessary with regard to the domestic violence and SANE programs. Federal Victims of Crime Act funds and State allocations support all CVB grant programs.

**Contact:** Anne Marie Strano  
Director of Crime Victims Grant Programs  
NYS Crime Victims Board  
845 Central Avenue  
Albany, NY 12206  
Phone: (518) 485-2763  
Fax: (518) 457-8658  
E-mail: amstrano@nysnet.net

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***Service Area:        Payments to Victims Program***

***Description:*** The New York State Crime Victims Board Payments to Victims Program provides compensation to victims of crime or in the case of the death of a crime victim, to his or her dependants. The compensation is available to those who file a criminal report (e.g., police report, order of protection, child protective service report or family court petition). The compensation benefits include items such as medical services, loss of earnings, burial expenses, occupational or vocational retraining, counseling, and costs for residing at shelters for battered spouses and children.

The compensation program will provide payment of an HIV/AIDS test for victims of sexual assault. Also, compensation can be provided for any necessary counseling or medical expenses incurred as a result of the crime. Federal Victims of Crime Act funds and State allocations support CVB compensation programs.

***Contact:*** Lou Zanello  
Director of Claims  
NYS Crime Victims Board  
845 Central Avenue  
Albany, NY 12206  
Phone:        (518) 457-8176  
Fax:         (518) 457-8658

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**DIVISION OF CRIMINAL JUSTICE SERVICES**

**Mission:** The Division of Criminal Justice Services maintains computerized criminal history record information and statistical data for use by federal, State and local law enforcement agencies, identifies criminals through fingerprint comparison, provides training and management services to local police departments, conducts criminal justice research and analysis, and administers and distributes State and federal funding to various entities within the criminal justice system.

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**Description:** The Division of Criminal Justice Services (DCJS) plans and supports programs that promote public safety and improve the administration of justice. The DCJS Commissioner oversees policy development and operations for all State criminal justice agencies. DCJS was created to serve the needs of the agencies and officials which comprise the criminal justice system. DCJS does not perform law enforcement functions directly; rather, it facilitates these activities. This is done primarily by managing information and by devising technological, programmatic, and legislative solutions to problems.

The primary duties and functions of DCJS are to maintain criminal history records based upon fingerprint identification; train and support municipal police; administer federal and State funding to localities; and perform analyses and compile statistical reports needed for policymaking. DCJS also acts as the conduit for local assistance funding to government agencies and community organizations.

DCJS training objectives for police relevant to HIV/AIDS include increased awareness of modes of transmission of communicable diseases and explanation of appropriate precautions to avoid contracting communicable diseases.

**Contact:** Kenneth J. Connolly  
Deputy Commissioner and Counsel  
NYS Division of Criminal Justice Services  
4 Tower Place  
Albany, NY 12203-3702  
Phone: (518) 457-4181  
Fax: (518) 457-3089  
Website: <http://dcjs.state.ny.us>

**DIVISION OF PROBATION  
AND CORRECTIONAL ALTERNATIVES**

**Mission:** The Division of Probation and Correctional Alternatives oversees local probation departments, and provides them with training, technical assistance, and reimbursement for a portion of their expenses. The agency also provides localities with grants to fund Alternatives to Incarceration programs that are designed to divert offenders from local jails and the State prison system with appropriate community-based sanctions consistent with public safety.

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**Description:** The Division is a small agency which does not provide direct services to individuals with HIV/AIDS. The Division administers funding to support programs which divert offenders from State prison, local jails, and institutional placement. The following programs continue to create an effective network of supervision, sanctions and treatment options to ensure public safety:

- The Intensive Supervision Program funds local probation department costs associated with establishing specialized caseloads, limited to 21 felony offenders per probation officer.
- The Juvenile Intensive Supervision Program funds local probation department efforts to reduce the number of out-of-home youth placements, and has provided treatment services to youth with substance abuse problems.
- The Alternatives to Incarceration and Drug and Alcohol programs funded by the Division are used by local judges to avoid unnecessary reliance on local and state incarceration and divert suitable offenders consistent with public safety.

**Contact:** Linda Valenti  
Counsel  
NYS Division of Probation and Correctional Alternatives  
4 Tower Place, 3<sup>rd</sup> Floor  
Albany, NY 12203  
Phone: (518) 485-2394  
Fax: (518) 485-5140

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**INSURANCE DEPARTMENT**

***Mission:*** The Department's mission is to:

- ensure that policyholders and claimants are treated fairly by licensed entities;
  - promote the availability and affordability of insurance coverage;
  - ensure the financial solvency of licensed entities;
  - eliminate fraud, other criminal abuse, and unethical conduct within the insurance industry; and
  - foster growth of the insurance industry in New York State.
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***Policy Area: Life Insurance Bureau***

***Description:*** The Department's Life Bureau utilizes internal guidelines regarding permissible HIV/AIDS-related questions on applications for life insurance. Among other things, questions regarding prior HIV test results are not permitted on applications, so as not to discourage the public from being tested for HIV.

Insurance Law § 2611, enacted in 1989, establishes requirements for obtaining written informed consent when an applicant for life insurance is required to take an HIV test. The law also requires that general information about AIDS and the transmission of HIV infection be provided to life insurance applicants by the insurer or its designee. In April 1997, the Department issued Circular Letter 1997-5, outlining oral fluid screening requirements and testing protocol for life insurance underwriting purposes.

The Life Bureau also works with the Department of Health when issues regarding the confidentiality of HIV/AIDS-related information arise pursuant to Public Health Law § 2782. The Bureau also consults with the Department of Health regarding the qualifications of particular facilities to conduct HIV/AIDS testing in order to determine whether insurer proposals or practices are acceptable.

## *Organizational Support Services*

Additionally, Article 78 of the Insurance Law was enacted to provide the Department with authority to license and regulate viatical settlement companies. Such companies enter into agreements with persons with serious illnesses, including HIV/AIDS, to provide compensation to individuals in an amount less than the expected death benefit of his or her insurance policy in exchange for the individual's assignment of the death benefit to the company. Among other things, the legislation requires companies to obtain Department approval of agreement forms, requires the agreement forms to contain certain notices regarding possible consequences of the receipt of proceeds, such as eligibility for medical assistance programs, alternate means of accessing a policy's value, and that such proceeds are not exempt property for purposes of bankruptcy proceedings, and establishes the insured's right to rescind a viatical settlement agreement within 15 days of receipt of the proceeds.

***Outcome of This Policy Responsibility:*** Regulated life insurers now have specific guidelines regarding permissible application questions, informed consent, the use of HIV test results, and requirements related to the confidentiality of such information. Viatical settlement agreements are regulated by the Department to prohibit provisions that are misleading or unfair to individuals with serious illnesses, or contrary to general public interest.

***Contact:*** Deborah Kahn  
Senior Insurance Policy Examiner  
NYS Insurance Department  
Life Bureau  
Agency Bldg.1, Empire State Plaza  
Albany, NY 12257  
Phone: (518) 474-7668  
Fax: (518) 486-2218  
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***Policy Area:*** *Health Insurance Bureau*

***Description:*** The Health Bureau reviews health and disability insurance policy forms proposed for issuance or delivery in New York State for compliance with state law and regulations and assists in drafting legislation and Department policy in this area. During the past several years, the Bureau has worked on legislation intended to reduce practices within the insurance industry which particularly impact upon individuals with serious illnesses, including persons with HIV/AIDS.

In 1992, Insurance Law §§ 3231 and 4317 were enacted to require insurers issuing individual and small group policies to accept applications for coverage at all times throughout the year (open enrollment) and to offer rates that do not vary because of an individual's age, sex, occupation or medical condition (community rating). Further, these sections prohibit insurers from terminating individual or small group policies based on the number of claims or amount of health care required by an individual.

## *Organizational Support Services*

Legislation was also enacted in 1992 to limit pre-existing condition exclusions in health insurance policies to a twelve-month period and to require insurers to count an individual's previous insurance coverage toward such period if there has been no break in the individual's coverage for more than 63 days.

In 1995, Insurance Law §§ 4321 and 4322 were enacted to require all health maintenance organizations to offer comprehensive standardized individual contracts which include coverage for inpatient and outpatient hospital services, physician services, preventive and emergency services, physical therapy, durable medical equipment, and prescription drugs. Such contracts must also be community rated and available on an open enrollment basis.

In 1996, Article 48 of the Insurance Law was enacted to require insurers offering managed care contracts to provide enrollees with procedures, including specific time lines, for appealing denials of access to referred providers and determinations that a requested benefit is not a covered service. Similarly, Insurance Law Article 49 was enacted in 1998 to require all insurers to comply with certain time frames for issuing medical necessity determinations, and for handling the appeals of such determinations. That legislation also provides that, beginning in July 1999, all insured persons have the right to appeal adverse medical necessity determinations or denials of services on the basis that such services are experimental or investigational to an independent third party.

The issue of testing for HIV/AIDS has also arisen in the area of disability insurance. Insurance Law § 2611, enacted in 1989, establishes requirements for obtaining written informed consent when an applicant for disability insurance is required to take an HIV test. The law also requires that general information about AIDS and the transmission of HIV infection be provided to disability insurance applicants by the insurer or its designee. In April 1997, the Department issued Circular Letter 1997-5, outlining oral fluid screening requirements and testing protocol for disability insurance underwriting purposes. As with life insurance, questions regarding prior HIV test results are not permitted on disability insurance applications, so as not to discourage the public from being tested for HIV. The Health Bureau also works with the Department of Health when issues regarding the confidentiality of HIV/AIDS-related information arise pursuant to Public Health Law § 2782. The Bureau also consults with the Department of Health regarding the qualifications of particular facilities to conduct HIV/AIDS testing in order to determine whether insurer proposals or practices are acceptable.

***Outcome of this Policy Responsibility:*** Individuals with serious illnesses, including persons with HIV/AIDS, are able to access and maintain health insurance coverage at an affordable rate. Further, such individuals also have specific rights concerning appeals of insurer denials based upon contract language concerning covered services, medical necessity, and experimental and investigational treatments.

*Organizational Support Services*

Regulated disability insurers now have specific guidelines regarding permissible application questions, informed consent, the use of HIV test results, and requirements related to the confidentiality of such information.

**Contact:** Nancy Faccone  
Insurance Policy Examiner II  
or  
Julia Goings-Perrot  
Insurance Policy Examiner I  
NYS Insurance Department  
Agency Bldg. 1, Empire State Plaza  
Albany NY 12257  
Phone: (518) 486-7815  
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E-mail: nfaccone@ins.state.ny.us  
jgoingsp@ins.state.ny.us

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**Policy Area:** *Property Casualty Bureau*

**Description:** Currently, there are no HIV/AIDS-related issues before the Property and Casualty Bureau. Previously, however, certain professional liability insurers attempted to exclude claims arising out of the alleged transmission of HIV/AIDS by medical practitioners in proposed policy forms. The Bureau denied approval of such exclusions, indicating that, because there are medical protocols to prevent such transmissions, these claims fall within the negligence clauses of such policies.

**Outcome of this Policy Responsibility:** Professional liability insurers are prohibited from excluding claims arising out of the alleged transmission of HIV/AIDS by medical practitioners.

**Contact:** Laurel Presser  
Supervising Insurance Examiner  
Property/Casualty Bureau  
NYS Insurance Department  
25 Beaver Street  
New York, NY 10004  
Phone: (212) 480-5560  
Fax: (212) 480-5664  
E-mail: lpresser@ins.state.ny.us

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*Organizational Support Services*

**Policy Area:**            *Consumer Services Bureau*

**Description:**    The Consumer Services Bureau investigates insurance-related complaints from the general public..

In 1987, the Consumer Services Bureau established a dedicated HIV/AIDS complaint unit to investigate complaints and assist in formulating Department policy in this area. Additionally, in view of the confidentiality requirements established in Public Health Law § 2782, written authorization from the complainant is obtained in the Department's name before an investigation of an HIV/AIDS complaint is commenced. Further, to control confidentiality within the Department, each HIV/AIDS-related complaint is assigned to a specific insurance examiner who is well versed in the law and regulations in this area. Currently, the majority of complaints by or on behalf of persons with HIV/AIDS concern prescription drug coverage.

**Outcome of this Policy Responsibility:**    Individuals with HIV/AIDS are able to easily contact knowledgeable Department staff to assist them in resolving questions and complaints regarding insurance coverage.

**Contact:**        Roslyn Rich  
Associate Insurance Examiner  
NYS Insurance Department  
25 Beaver Street  
New York, NY 10004  
Phone:            (212) 480-4692  
Fax:                (212) 480-4735  
E-mail:            rrich@ins.state.ny.us

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**OFFICE OF THE ATTORNEY GENERAL**

***Policy Area: AIDS in the Workplace***

***Description:*** On September 26, 1988 an Administrative policy on “AIDS in the Workplace” was distributed. In this, the Department of Health is pointed out as a resource. New York State is committed to a policy of protection and care for its employees who may have AIDS, an AIDS-related complex, are infected with HIV or are perceived to be infected with HIV, and protection and care for those employees who care for or deal with others afflicted by it. This includes a commitment to issue periodic guidelines which incorporate the relevant medical knowledge on reasonable and appropriate behavior in the workplace and to educate employees on the subject. Employees who suffer from this condition may continue their normal job duties and assignments as long as they are physically able to perform that work.

***Outcome of This Policy Responsibility:*** This policy was written to educate staff, provide resources and also to specify responsibility of the human resources management.

***Contact:*** Eric Schwenzfeier  
Director of Personnel  
NYS Department of Law  
State Capitol  
Albany, NY 12224  
Phone: (518) 474-4848  
Fax: (518) 474-3578  
E-mail: Eric.Schwenzfeier@oag.state.ny.us

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***Program Area: New York AIDS Health Fraud Task Force***

***Description:*** The New York AIDS Health Fraud Task Force is a group of State and federal officials seeking to combat and prevent AIDS-related health fraud. The NYS Office of the Attorney General is a member of the Task Force, which is funded by the federal Food and Drug Administration.

***Outcome of This Program Responsibility:*** Production of consumer education materials regarding ways to avoid AIDS health fraud.

*Organizational Support Services*

**Contact:** Herman B. Janiger  
Task Force Co-Chair  
US Food and Drug Administration  
850 Third Avenue  
Brooklyn, NY 11232-1593  
Phone: (718) 340-7000, ext. 5754  
Fax: (718) 340-7057

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**Program Area:** *Disability Rights Project*

**Description:** On July 26, 1996, the Anniversary of the Americans with Disabilities Act (ADA), then-Attorney General Dennis C. Vacco created the Disability Rights Project. The federal ADA prohibits discrimination against individuals with disabilities. Among other things, it sets forth numerous guidelines to ensure that businesses are accessible to employees and members of the public.

Assistant attorneys general assigned to the Project aggressively pursue appropriate investigations and cases to ensure compliance with federal and State laws protecting the rights of the disabled; provide advice and counsel to individuals, businesses, associations, and other public and private entities on issues that impact the rights of disabled New Yorkers; and monitor compliance with federal and State laws through periodic surveys of places of public accommodation.

The Project's first effort involved surveys of places of public accommodation. The Attorney General's Civil Rights Bureau surveyed airports, movie theaters, Broadway and off-Broadway theaters, and restaurants to determine the extent to which they are accessible to the disabled. In addition, the Bureau surveyed health maintenance organizations (HMOs) to determine whether they provide auxiliary services, such as sign-language interpreters or transportation, to individuals with disabilities.

**Contact:** Ruti K. Bell  
Civil Rights Bureau  
NYS Attorney General's Office  
120 Broadway, 23<sup>rd</sup> Floor  
New York, NY 10271  
Phone: (212) 416-8250

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**DEPARTMENT OF LABOR**

***Mission:*** The Department of Labor is New York State’s primary advocate for job creation and economic growth through workforce development. The Department also ensures the safety and health of all public employees and many private employees in the workplace and administers unemployment assistance. The Department serves as the principal source of labor market information in the State, including current and predicted economic trends affecting the State’s economy. In addition, the Labor Department upholds State labor laws and federal statutes that relate to working conditions and compensation. The Department offers a variety of services that are designed to help businesses find workers and to help people find jobs. All of the activities of the Labor Department revolve around the needs of employers and the working people of our State.

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***Policy Area:*** *Agency Policy*

***Description:*** HIV/AIDS has caused deep concern among all segments of the population. The anguish caused by this disease calls for extraordinary leadership and compassion from New York State agencies with regard to our employees and the public we serve.

The definition of HIV/AIDS has expanded to keep pace with improved methods of detection over the last five years. For Labor Department purposes, if supported by proper medical documentation, the definition of an HIV/AIDS-afflicted employee or client includes a person diagnosed as having AIDS or a person with evidence of HIV infection.

As long as an employee or applicant with HIV/AIDS is able to work, the Department will render the full array of employment and employability services, as with any other disabled applicant. Further, the Department will provide our own employees with all available support and counseling services.

This policy, it should be noted, is consistent with both State and federal legislation, notably the Rehabilitation Act of 1973, Americans with Disabilities Act of 1990, and the New York State Human Rights Law, as amended, which recognizes persons with HIV/AIDS as “disabled within the meaning of the law” and entitles them to the same rights and protections as other disabled persons.

## *Organizational Support Services*

*Internal Policy* - It is the policy of the Department of Labor to provide a supportive environment for any employee afflicted with HIV/AIDS and to extend to that individual the care and concern appropriate to any disabled employee. Employees having HIV/AIDS will be judged, as are other disabled employees, solely on their ability to perform the essential functions of their job.

It must be emphasized that the overriding responsibility of managers and supervisors, when dealing with any disabled employee, shall be the employee's right to confidentiality.

## *Serving Job Applicants with AIDS*

The paramount issue with serving the disabled is the individual's ability to work. Persons with HIV/AIDS, like the rest of the disabled population, differ in their readiness and capacity to work and should be treated like all other disabled clients. In order to make these determinations, the following procedure shall be adhered to:

- Evaluation of skills, capacities and environmental tolerances and their relationship to job and career goals shall be performed in accordance with the selective placement procedure.
- Referral of applicants and unemployment insurance (UI) claimants to jobs or training will be based on individual level of employability and job qualifications, consistent with Departmental selective placement procedure.
- Applicants deemed not employable for medical reasons, who insist on working, shall be returned to the referring agency or physician for re-evaluation as with any other disabled applicant. Questions on final disposition of these cases shall be referred to supervisory staff.
- The existence of HIV/AIDS is not to be disclosed to any employer, school or training facility without applicant consent. Further, even where consent is offered, it must be remembered that Job Service policy requires that one of the following conditions be met before the existence of any disability is disclosed:
  1. Disability is visible or obvious.
  2. Disability requires job or job site accommodation.
  3. Applicant prefers that disability be disclosed.
  4. Employee is under a State, federal or municipal affirmative action program for qualified disabled workers.
  5. Applicant constitutes a risk to co-workers, employer property, or the general public, because of the nature of the disability or the work to be performed.

### *Organizational Support Services*

In any case, consultation with supervisory staff should be held and disclosure made only in limited circumstances and only with applicant consent.

**Contact:** Andrew Adams  
Director, Division of Equal Opportunity Development  
NYS Department of Labor  
State Campus, Bldg. 12, Room 540  
Albany, NY 12240  
Phone: (518) 457-1984  
Fax: (518) 485-5489

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### ***Program Area: HIV Welfare-To-Work Initiative***

**Description:** The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 made changes in numerous key federal welfare programs. In an effort to respond effectively to these changes, the 1997-98 and 1998-99 State budgets included federal and State funds to support the development of additional welfare-to-work programming. The New York State Department of Labor and the New York State Department of Health AIDS Institute issued a Request for Proposals in October, 1998 to secure the services of qualified community-based organizations to develop demonstration welfare to work programs for Temporary Assistance for Needy Families (TANF) and Safety Net recipients living with HIV/AIDS disease. The programs must be developed in partnership with local social services districts (LSSD), and must guarantee that individuals who complete the program will obtain full time employment with health insurance coverage.

Persons living with HIV/AIDS face major challenges that must be addressed in order to achieve and maintain employment and, ultimately, move toward independence and self-sufficiency. For those individuals who do not have extensive previous work history, assisting them in securing training and employment may be especially challenging. In addition to vocational training and job skills development, persons living with HIV/AIDS must stay engaged in a comprehensive array of care, treatment and support services in order to maintain their health status. They need to adhere to complicated medication and treatment regimens and learn to cope with the side effects caused by these medications. Further, they may be caring for children who are also infected and require a day care setting with trained staff who can appropriately administer medication to these children and provide other specialized services that may be needed. Other considerations include the impact of a particular work setting on the health of the participant, dealing with issues of disclosure and confidentiality in the work place, and the need for participants to maintain overall stability within their homes and community.

*Organizational Support Services*

Because of these complex issues, fundable activities through this initiative have been enhanced and expanded from the traditional welfare-to-work programs to include the following: assessment, case management as defined by the AIDS Institute, psycho-social support, job search, job readiness training, on-the-job training, workfare, subsidized and unsubsidized employment, vocational training, job skills training, and post-employment services.

Total funding is up to \$2,800,000 for five to nine projects over two years.

**Contact:** John Haley  
NYS Department of Labor  
State Campus, Building 12, Room 288  
Albany, NY 12240  
Phone: (518) 485-6324  
Fax: (518) 485-6325  
E-mail: Haley347@yahoo.com

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**DIVISION OF THE BUDGET**

**Mission:** The Governor is responsible under the State Constitution for the preparation and execution of the State's expenditure and revenue plans. The Division of the Budget (DOB) prepares a proposed budget under the Governor's direction and executes the budget as adopted by the Legislature. DOB also serves as the Governor's primary advisor on fiscal matters.

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**Agency Description:** DOB is an agency within the Executive Department of New York State government. The Director of the Budget is appointed by and reports to the Governor and serves as the Governor's primary advisor on fiscal issues. In this capacity, the Director, with the assistance of the Division's professional staff, prepares the annual Executive Budget pursuant to the Governor's direction and policy objectives.

DOB's professional staff of budget examiners provide analytical support and advice to the Governor and his senior staff preceding and during budget negotiations with the Legislature and execute the budget as adopted into law. Throughout this process, budget examiners strive to produce a spending plan and expenditure framework that is responsive to the priorities of the Governor and reflects sound fiscal analysis.

The Division also reviews all State programs and proposals put forward by State departments and agencies. DOB seeks to responsibly ensure that state funds are spent economically and efficiently throughout the fiscal year, consistent with the State's Financial Plan.

**HIV/AIDS Funding:** The Division regularly interacts with State agencies to review proposals for State spending for AIDS. In 1999-2000, nearly \$2 billion in funding from all sources are used to support HIV/AIDS related services that are carried out by various State agencies. New York provides more funding for AIDS than any other State and is in the forefront of developing strategies to fight AIDS.

**Contact:** Joseph Conway  
Director of Communications  
NYS Division of the Budget  
State Capitol, Room 144M  
Albany, NY 12224  
Phone: (518) 474-6300  
Fax: (518) 474-1969

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## **GOVERNOR'S OFFICE OF EMPLOYEE RELATIONS**

**Mission:** To lead the State's employee relations policy and programs so that New York is able to provide its services with a work force that is motivated, empowered, trained, appropriately deployed, properly rewarded and recognized by its citizens for furnishing quality services with integrity.

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**Agency Description:** The Governor's Office of Employee Relations (GOER) was established in 1969 as Article 24 of the NYS Executive Law to promote harmonious and cooperative relationships between the State's Executive Branch and its employees, and to protect the public by assuring the orderly and uninterrupted operation of State government. As the Governor's representative in Executive Branch collective negotiations, GOER negotiates collective bargaining agreements for 14 different negotiating units, represented by eight public employee unions, for almost 200,000 State employees.

In recent years, the agency has taken on a greater role with respect to work force initiatives. An expanded mission seeks to support agencies in the development, coordination, and implementation of a comprehensive human resource management program, with a particular focus on the implementation of Quality Management concepts for improved performance and service to the general public.

A primary goal of GOER is to maintain a productive, motivated, skilled work force and to promote positive employee relations and effective management. GOER has a central role in establishing, implementing, and communicating policy governing the State's human resource management system and for establishing employee relations policies for the State.

A major responsibility of agency staff is to provide coordination and support for contract administration activities including providing State agencies with contract clause interpretations, overseeing labor-management programs, and providing advice on employee relations matters.

As the State's and the Governor's employee relations representative, GOER:

- Provides guidance and advice to the Governor in support of his labor relations and employee agenda;

- Provides a consistent labor relations philosophy in all departments and agencies;
- Seeks to build and maintain positive relationships with labor;
- Ensures that compensation and benefit systems for State employees are cost-effective;
- Offers programs to increase the competency of the State work force;
- Plans for a changing workplace in partnership with the unions and the Department of Civil Service; and
- Promotes and maintains a safe and healthy work force.

**Contact:** Seren Hrachian  
Governor's Office of Employee Relations  
2 Empire State Plaza, Suite 1201  
Albany, NY 12223-1250  
Phone: (518) 486-7304  
Fax: (518) 473-6795  
E-mail: <http://www.goer.state.ny.us>

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**NEW YORK INTERAGENCY TASK FORCE ON HIV/AIDS  
 DIRECTORY OF AGENCY HIV/AIDS COMPLAINT PROCEDURES**

Although any complaints regarding HIV/AIDS (e.g., refusal of treatment, discrimination, need for support services) may be directed to the AIDS Institute, many agencies have their own complaint functions dealing with HIV/AIDS issues. This directory compiles all such agency complaint procedures to provide easy access to these agencies if a complaint arises, and to assist State agencies in addressing HIV/AIDS-related complaints they may receive.

**AIDS Institute**

Occasionally, the AIDS Institute (AI) receives complaints about services provided by agencies that are funded through contractual agreements or by regulated facilities. The AI might also receive complaints about services provided by or funded through another State agency. Most complaints come directly from the client or patient. Complaints can also come from a client's/patient's family member, guardian, significant other/partner, caregiver or others who have a relationship to the client/patient. Complaints should be referred to the appropriate Bureau/Office designee listed below. The booklet "About the AIDS Institute" includes a description of programs managed by each of the named bureaus and offices. If a complainant is unsure of the appropriate office, any of the contacts below will be able to transfer the complainant to the correct office.

<u>Bureau/Office</u>	<u>Contact Name</u>	<u>Phone Number</u>
Bureau of Community Based Services		
Upstate	Felicia Schady	(518) 486-1412
Downstate	Peter Laqueur	(212) 613-4339
Bureau of Special Populations	Alma Candelas	(212) 613-4233
Bureau of Direct Program Operations		
Upstate	Elizabeth Berberian	(518) 474-3671
Downstate	Marilyne Alexis-Philippe	(212) 613-4984
Bureau of HIV Ambulatory Care		
Upstate	Ellen Kowalski	(518) 473-8427
Downstate	Jorge Rodriguez	(212) 613-4274
Bureau of Community and Support Services		
Case Management	Lisa Tackley	(518) 473-3339
Statewide AIDS Service Delivery Consortium	John Cinque	(212) 736-7425
Uninsured Care Programs	Chris Rivera	(518) 459-1641
Bureau of HIV Program Review and Systems Development	Joe Losowski	(518) 474-8162
Office of the Medical Director	Mark Milano	(212) 613-4343
Administration and Contract Management	Michael Nazarko	(518) 473-7238
Office of Special Projects	Andrea Small	(518) 473-2903

## **Commission of Correction**

The agency's complaint function addresses the following circumstances occurring in correctional facilities: alleged Article 27-F violations, HIV/AIDS medication, ID evaluations, medical record release, and access to HIV counseling and testing. Complaints are discussed with the jail superintendent, and inmates and/or staff involved may be interviewed.

**Contact:** William Gaunay  
Phone: (518) 485-2482

## **Department of Correctional Services**

The Inmate Grievance Program (IGP) provides each inmate with an orderly, fair, simple and expeditious method of resolving grievances per Correction Law 139. The Inmate Liaison Committee (ILC) addresses policy issues that affect all inmates. The IGP is governed by Departmental Directive #4040. ILC addresses issues with facility Superintendents.

**Contact:** Thomas G. Eagen  
Phone: (518) 457-1885

## **Department of Insurance**

The Department's Consumer Services Bureau is responsible for investigating insurance complaints from the general public.

The Consumer Services Bureau maintains a dedicated HIV/AIDS complaint unit to investigate complaints and assist in formulating Department policy in this area. Additionally, in accordance with the confidentiality requirements set forth in Public Health Law Section 2782, written authorization from the complainant is obtained in the Department's name before an investigation of an HIV/AIDS complaint is commenced. Further, to control confidentiality within the Department, each HIV/AIDS-related complaint is assigned to a specific insurance examiner who is well versed in the law and regulations in this area.

**Hotline:** 1-800-342-3736

## **Division of Human Rights**

All HIV/AIDS related complaints are processed through the Office of AIDS Discrimination Issues unit (OADI) of the Division of Human Rights (DHR). DHR investigates complaints of unlawful discrimination in the areas of employment, housing, public accommodation, credit and education. The majority of the cases are employment related, although there are often cases in other jurisdictional areas. OADI attempts to initially resolve complaints through settlement efforts. If settlement is unsuccessful, an investigation is completed. The results of the investigation may lead to the complaint's dismissal or recommendation for a public hearing before an administrative law judge.

**Hotline:** 1-800-523-2437

### **Division of Veterans' Affairs**

No specific HIV/AIDS complaint function. The Division provides benefits counseling and advocacy through a statewide network of State veteran counseling offices. Complaints against a local office would be reviewed by a senior counselor and/or regional office. If warranted, a complaint also would be examined by the Division's executive staff at its central office in Albany.

**Hotline:** 1-888-VETS-NYS

### **Office of Advocate for Persons With Disabilities**

Complaints generally relate to alleged discrimination concerning employment or access to programs or services. Callers also seek information about their coverage under the Americans with Disabilities Act (ADA), NYS Human Rights Law and other federal and state non-discrimination provisions and referral to local services. Depending on the situation, the caller may be referred to the ADA Coordinator in a local or state agency, may be referred to local or State Division of Human Rights, U.S. Equal Employment Opportunity Commission, the Department of Justice, or a local legal services/advocacy agency.

**Hotline:** 1-800-522-4369 (Voice and TTY)

### **Office of Alcoholism and Substance Abuse Services**

The Office of Alcoholism and Substance Abuse Services (OASAS) assists participants enrolled in alcoholism and substance abuse programs with any question, concern or grievance regarding their treatment through the OASAS Client Advocacy Unit. Established nine years ago, the unit has received only a few contacts that could be categorized specifically as HIV/AIDS related. The unit advises staff working at treatment programs with questions about standards of treatment, administrative procedures or other concerns that cannot be resolved at the program level. The "OASAS Client Rights & Responsibilities" brochure includes a description of the Advocacy Unit.

**Hotline:** 1-800-553-5790

### **Office of the Attorney General**

The Office's complaint procedures can deal with HIV/AIDS issues which relate to health insurance coverage. Hotline representatives advocate on behalf of complainants and assist them in obtaining the health care coverage to which they are entitled.

**Hotline:** 1-800-771-7755, option 3

## **Office of Mental Health**

The process for handling HIV/AIDS related issues is spelled out in the agency's HIV/AIDS policy. Each facility is required to have an HIV/AIDS committee. The facility HIV/AIDS committee is responsible for disposition of any HIV/AIDS issues that arise within the facility. When advice or consultation is sought, the committee is directed to contact the Director of HIV/AIDS Programs for the agency who, in consultation with Counsel's Office, will provide guidance.

**Agency Contact:** James Satriano, Ph.D.  
Phone: (212) 543-5591

## **Office of Temporary and Disability Assistance**

The Division of Temporary Assistance Hotline is a general information and referral hotline for clients calling to inquire about various social services programs. Generally clients are referred to Fair Hearings, Fair Hearings Enforcement, or their local Legal Aid. In some instances, if a client has a complaint about the manner in which they have been treated, a report is taken and the Regional Team responsible for the district in question will look into it.

**Hotline:** 1-800-342-3009

## **State Education Department**

The Department deals with complaints regarding the mandate for HIV/AIDS instruction, confusion about application of Public Health Laws, issues of non-compliance, and, most recently, classroom and school management of students with HIV. Complaints are usually handled over the phone, resulting in the provision of materials or referrals.

**Contact:** Naomi Marsh  
Phone: (518) 486-6049