GET TESTED. TREAT EARLY. STAY SAFE.

Let’s End AIDS, Hudson Valley.
WELCOME

Systems Linkages and Access to Care for Populations at High Risk for HIV Infection in New York State
Welcome and Regional Data
New York State Cascade of HIV Care, 2014

Persons Residing in NYS† at End of 2014 (6.7% NYC)

- Estimated HIV Infected Persons: 123,000
- Persons Living w/ Diagnosed HIV Infection: 113,000 (92% of infected)
- Cases w/any HIV Care during the year*: 91,000 (74% of infected, 81% of PLWDHI)
- Cases w/continuous care during the year**: 77,000 (62% of infected, 68% of PLWDHI)
- Virally suppressed (n.d. or ≤200/ml) at test closest to end-of-year: 77,000 (62% of infected, 68% of PLWDHI, 84% of cases w/any care)

* Any VL or CD4 test during the year; ** At least 2 tests, at least 3 months apart
† Based on most recent address, regardless of where diagnosed. Excludes persons with AIDS with no evidence of care for 5 years and persons with diagnosed HIV (non-AIDS) with no evidence of care for 8 years.
New York State Cascades of HIV Care
2013 versus 2014

- Estimated HIV-Infected Persons†: 129,000 in 2013, 123,000 in 2014
- Persons Living w/Diagnosed HIV Infection‡‡: 112,000 in 2013, 113,000 in 2014
- Cases w/any HIV Care During the Year*: 87,000 in 2013, 91,000 in 2014
- Cases w/continuous Care During the Year**: 76,000 in 2013, 77,000 in 2014
- Virally Suppressed***: 71,000 in 2013, 77,000 in 2014

† Estimation methods differ between years
‡‡ Based on most recent address, regardless of where diagnosed
* Any VL or CD4 test during the year; ** ≥2 tests, ≥3 months apart
*** Viral load undetectable or ≤200/ml at test closest to end-of-year

63% of PLWDHI
68% of PLWDHI
HIV Care in Mid Hudson Valley, 2011
Persons Living with Diagnosed HIV Infection

- 3,331 Persons Living with Diagnosed HIV Infection
- 1,860 Any evidence of care (56% of PLWDHI)
- 1,470 Retention in care (44% of PLWDHI, 79% of those w/evidence of care)
- 1,461 Viral suppression among PLWDHI with evidence of care (44% of PLWDHI, 79% of those w/evidence of care)
- 1,228 Sustained viral suppression among PLWDHI with evidence of care (37% of PLWDHI, 66% of those w/evidence of care)

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4 Evidence of care is defined as the number of PLWDHI with ≥1 CD4/VL reported to the New York State Surveillance system in 2011.
5 Retention in care is defined as the number of PLWDHI with evidence of care who had ≥2 CD4/VL tests reported to the New York State Surveillance system in 2011 that were at least 45 days but no more than 180 days apart.
6 Viral load suppression is defined as the number of PLWDHI with evidence of care whose most recent VL in 2011 was <400 copies/mL.
7 Sustained viral load suppression is defined as the number of PLWDHI with evidence of care whose VL tests reported to the New York State Surveillance system in 2011 were all <400 copies/mL.

Mid Hudson counties are: Dutchess, Orange, Sullivan, and Ulster.
HIV Care in the Lower Hudson Valley, 2011
Persons Living with Diagnosed HIV Infection

- Persons Living w/Diagnosed HIV Infection: 4,646
- Any evidence of care: 2,827 (61% of PLWDHI)
- Retention in care: 2,263 (49% of PLWDHI)
- Viral suppression among PLWDHI with evidence of care: 2,172 (47% of PLWDHI)
- Sustained viral suppression among PLWDHI with evidence care: 1,783 (38% of PLWDHI)

4 Evidence of care is defined as the number of PLWDHI with ≥1 CD4/VL reported to the New York State Surveillance system in 2011.
5 Retention in care is defined as the number of PLWDHI with evidence of care who had ≥2 CD4/VL tests reported to the New York State Surveillance system in 2011 that were at least 45 days but no more than 180 days apart.
6 Viral load suppression is defined as the number of PLWDHI with evidence of care whose most recent VL in 2011 was <400 copies/mL.
7 Sustained viral load suppression is defined as the number of PLWDHI with evidence of care whose VL tests reported to the New York State Surveillance system in 2011 were all <400 copies/mL.

Lower Hudson counties are: Putnam, Rockland, and Westchester
Cascade of HIV Care: Lower Hudson Ryan White Region

Persons Residing in the Lower Hudson Ryan White Region†, at End of 2014 (excludes prisoner cases)

- Estimated HIV Infected Persons: 4,100
  - 87% of infected

- Persons Living w/ Diagnosed HIV Infection: 3,600
  - 70% of infected
  - 80% of PLWDHI

- Cases w/any HIV Care during the year*: 2,900
  - 71% of PLWDHI
  - 88% of cases w/any care

- Cases w/continuous care during the year**: 2,300
  - 56% of infected
  - 65% of PLWDHI

- Virally suppressed (n.d. or ≤200/ml) at test closest to end-of-year: 2,500
  - 61% of infected

* Any VL or CD4 test during the year; ** At least 2 tests, at least 3 months apart

†Based on most recent address, regardless of where diagnosed. Excludes persons with AIDS with no evidence of care for 5 years and persons with diagnosed HIV (non-AIDS) with no evidence of care for 8 years.
Cascade of HIV Care: Mid Hudson Ryan White Region

Persons Residing in the Mid Hudson Ryan White Region†, at End of 2014 (excludes prisoner cases)

- Estimated HIV Infected Persons: 2,300
- Persons Living w/ Diagnosed HIV Infection: 2,000
  - 87% of infected
- Cases w/any HIV Care during the year*: 1,600
  - 68% of infected
  - 78% of PLWDHI
- Cases w/continuous care during the year**: 1,300
  - 54% of infected
  - 62% of PLWDHI
- Virally suppressed (n.d. or ≤200/ml) at test closest to end-of-year: 1,400
  - 60% of infected
  - 69% of PLWDHI
  - 88% of cases w/any care

* Any VL or CD4 test during the year; ** At least 2 tests, at least 3 months apart
†Based on most recent address, regardless of where diagnosed. Excludes persons with AIDS with no evidence of care for 5 years and persons with diagnosed HIV (non-AIDS) with no evidence of care for 8 years.
Linkage to Care within 30 Days of HIV Diagnosis by Region of Diagnosis, 2014 (RWRs exclude prisoner cases)

<table>
<thead>
<tr>
<th>Region</th>
<th>% Linked</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York State</td>
<td>72%</td>
</tr>
<tr>
<td>Rochester</td>
<td>81%</td>
</tr>
<tr>
<td>Albany</td>
<td>76%</td>
</tr>
<tr>
<td>M. Hudson</td>
<td>70%</td>
</tr>
<tr>
<td>Nassau Suffolk</td>
<td>70%</td>
</tr>
<tr>
<td>L. Hudson</td>
<td>69%</td>
</tr>
<tr>
<td>Syracuse</td>
<td>63%</td>
</tr>
<tr>
<td>Binghamton*</td>
<td>62%</td>
</tr>
<tr>
<td>Buffalo</td>
<td>54%</td>
</tr>
</tbody>
</table>

*Based on less than 20 persons.

NHAS 2020 Goal 85%
Viral Suppression among Persons Living with Diagnosed HIV Infection* in New York State, 2014 (RWRs exclude prisoner cases)

% Viral Suppression

- New York State: 68%
- Buffalo: 74%
- Albany: 72%
- Rochester: 72%
- Syracuse: 70%
- Binghamton: 70%
- Nassau Suffolk: 69%
- L. Hudson: 69%
- M. Hudson: 68%

*Based on most recent address, regardless of where diagnosed. Excludes persons with AIDS with no evidence of care for 5 years and persons with diagnosed HIV (non-AIDS) with no evidence of care for 8 years.
### PLWHA in Mid and Lower Hudson*

<table>
<thead>
<tr>
<th>Measure</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated number of people infected</td>
<td>6,000</td>
<td>6,400</td>
</tr>
<tr>
<td>Number of diagnosed</td>
<td>5,300</td>
<td>5,600</td>
</tr>
<tr>
<td>Number in Care (any visit during 2013)</td>
<td>4,200</td>
<td>4,500</td>
</tr>
<tr>
<td>Retained in Care (at least 2 visits, 3 months apart during 2013)</td>
<td>3,500</td>
<td>3,600</td>
</tr>
<tr>
<td>Virally Suppressed (&lt;200 at test closest to end of year)</td>
<td>3,600</td>
<td>3,900</td>
</tr>
</tbody>
</table>

*Based on most recent address*
Number of sites reporting for each period

<table>
<thead>
<tr>
<th>Date</th>
<th>1/1</th>
<th>1/1</th>
<th>3/4</th>
<th>1/1</th>
<th>0/0</th>
<th>0/0</th>
<th>2/2</th>
<th>2/2</th>
<th>3/3</th>
<th>5/5</th>
<th>5/5</th>
<th>1/1</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/1/2014</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>
Number of sites reporting for each period:

- 6/1/2014: 409/437
- 8/1/2014: 942/1092
- 10/1/2014: 953/1107
- 12/1/2014: 945/1097
- 2/1/2015: 739/829
- 4/1/2015: 1021/1194
- 6/1/2015: 1047/1213
- 8/1/2015: 1014/1186
- 12/1/2015: 820/1072
- 3/1/2016: 970/1256
- 6/1/2016: 928/1238
- 9/1/2016: 487/607

Retention Graph:
- 6/1/2014: 94%
- 8/1/2014: 86%
- 10/1/2014: 86%
- 12/1/2014: 86%
- 2/1/2015: 89%
- 4/1/2015: 86%
- 6/1/2015: 86%
- 8/1/2015: 85%
- 12/1/2015: 76%
- 3/1/2016: 77%
- 6/1/2016: 75%
- 9/1/2016: 80%
New Patient Retention

Number of sites reporting for each period:

<table>
<thead>
<tr>
<th>Period</th>
<th>Sites Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/1/2014</td>
<td>3/32</td>
</tr>
<tr>
<td>8/1/2014</td>
<td>5/54</td>
</tr>
<tr>
<td>10/1/2014</td>
<td>5/54</td>
</tr>
<tr>
<td>12/1/2014</td>
<td>5/54</td>
</tr>
<tr>
<td>2/1/2015</td>
<td>4/54</td>
</tr>
<tr>
<td>4/1/2015</td>
<td>5/54</td>
</tr>
<tr>
<td>6/1/2015</td>
<td>5/54</td>
</tr>
<tr>
<td>8/1/2015</td>
<td>5/54</td>
</tr>
<tr>
<td>12/1/2015</td>
<td>5/54</td>
</tr>
<tr>
<td>3/1/2016</td>
<td>4/54</td>
</tr>
<tr>
<td>6/1/2016</td>
<td>5/54</td>
</tr>
<tr>
<td>9/1/2016</td>
<td>5/54</td>
</tr>
</tbody>
</table>

Percentage of retention:

- 6/1/2014: 84%
- 8/1/2014: 76%
- 10/1/2014: 72%
- 12/1/2014: 67%
- 2/1/2015: 83%
- 4/1/2015: 79%
- 6/1/2015: 80%
- 8/1/2015: 63%
- 12/1/2015: 65%
- 3/1/2016: 67%
- 6/1/2016: 74%
- 9/1/2016: 75%
Viral Load Suppression

Number of sites reporting for each period

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sites reporting</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>1123/1301</td>
<td>1190/1387</td>
<td>1158/1341</td>
<td>595/643</td>
</tr>
</tbody>
</table>
Introductions
Using Viral Load Suppression Data in service delivery
Peer Worker Certification:
Review of Process and Current Status

Presentation developed by
Cassandra Kahl and Richard Cotroneo
AIDS Institute Office of the Medical Director
AIDS Institute Peer Certification Initiative

- Support overall goal of the Governor’s plan to end the AIDS epidemic (ETE) by 2020
- Two specific ETE objectives relate to peer certification
  - Build a peer workforce
  - Create employment opportunities for people living with HIV
- Meet the requirements and rigor needed for Medicaid reimbursement
Unique Contributions of Peers

• Peers share characteristics of their target client populations, including
  • Racial, ethnic, sexual orientation, gender identification
  • Life-experience; same medical conditions; stigma

• Shared “lived experience” allows Peer Workers to relate more easily with clients and increases client comfort. (HRSA; 2010)

• Peers “help bridge the gap between patients and the professional staff.” (CORE Center Clinic Rush-Presbyterian-St. Luke's Medical Center Peer Educators At The Core Center http://www.univ.rush.edu/core/peers.html)
Evidence for Return on Investment

• Peer Workers Increased Primary Care Visits
  • Increased primary care visits by 40% to 50% (Whitley, E. M; et al; 2006)
  • Increase post-hospital connections with Primary Care (Kangovi, S; et al; 2014)

• Primary care providers will see multiple sources of income from peers
  • Potential direct re-imbursement from Medicaid for peer-delivered services
  • Indirect income increase by increased primary care visits from peer-assisted patients.
Peer Contributions & Effectiveness (HIV Care)

• Jones, James, MD; et al; (2003)
  • Peers help women get to HIV Specialists:
    • 6.8% HIV specialist care before Peer support
    • 84.7% with HIV specialist after peer support (Increased 12-fold!)
    • Increased kept appointments by 50%
    • Increased usage of case management services

• Perry and colleagues in 2014 review
  • “reduced viral loads and increases in CD4 counts in 13 of 16 studies, with statistically significant results in 7 studies.”

• Higa, Darrel H; Marks, Gary; Crepaz, Nicole; (2012)
  • Peer support increased retention in care
  • Peers as effective in using Motivational Interviewing techniques for outcomes as professionals using same interventions

• Kangovi, S;., Mitra, N; Grande, D; et al; (2014)
  • Peer support increased post-hospitalization connections with primary care
# Steering Committee

<table>
<thead>
<tr>
<th>Composition</th>
<th>Provide guidance around:</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statewide representation</td>
<td>Code of Ethics</td>
<td>Began meeting in June; three meetings to date.</td>
</tr>
<tr>
<td>Health Care Facilities</td>
<td>Core Competencies</td>
<td>Subcommittees: Code of Ethics; HCV; Harm Reduction; Assessment: Compensation and Benefits</td>
</tr>
<tr>
<td>CBOs</td>
<td>Compensation Issues</td>
<td></td>
</tr>
<tr>
<td>Peer Workers</td>
<td>Access to Benefits</td>
<td></td>
</tr>
<tr>
<td>Consumers</td>
<td>Supervision and Support</td>
<td>Work on schedule for completion by end of December, 2015</td>
</tr>
<tr>
<td>Harm Reduction focus</td>
<td>Training programs</td>
<td></td>
</tr>
<tr>
<td>Hepatitis C focus</td>
<td>Knowledge assessment</td>
<td></td>
</tr>
</tbody>
</table>
Who is eligible for certification?

- AI Peer Worker is someone who has the “shared lived experience” of:
  - Living with HIV/AIDS
  - Living with Hepatitis C
  - or having experience accessed Harm Reduction services

- Individuals who are “affected” are not eligible for AI Peer Certification.
Eligibility Considerations

• High school diploma/GED- not required

• Criminal history or substance use restrictions- not a barrier
What is Foundational Training?

- A readiness/preparedness program
- Occurs before Certification Coursework or practicum
- An opportunity for individuals to achieve a level of understanding and mastery of their own HIV/HCV/behavioral healthcare, treatment and psycho-social needs
- Standards for foundational training (60 hours) established by Steering Committee – available on www.hivtrainingny.org/peercertification
- Future considerations: review/approval of shorter self management trainings to meet this requirement
How can I obtain Foundational Training?

• For a list of AIDS Institute-approved foundational training programs visit:
  http://hivtrainingny.org/peercertification
Key Elements to Certification Process

Materials available at www.hivtrainingny.org

- Code of Ethics
- Core Competencies
- Training Requirements - 90 hours
- Practicum - 500 hours
- Supervisor’s assessment
- Knowledge assessment
- Review Board Decision
- Continuing Education – 10 hours per year
Code of Ethics has been established which outlines standards for:
  • Professional Behavior
  • Professional Boundaries
  • Abiding by agency policies

• Peer Workers sign an attestation to follow Code of Ethics

• Code of Ethics available for download
Peer Worker Core Competencies

- HIV and HCV Testing
- Engagement, Linkage to, and Retention in Care
- Treatment Initiation (ART and HCV) and Treatment Adherence
- Self Management
- Patient Navigation
- Health Coverage
Peer Worker Core Competencies

- Harm Reduction, Syringe Access and Health Promotion
- Support Groups
- Case Conferencing
- Client Involvement in Quality Improvement
- Documentation of Activities
From Competencies to Job Descriptions

• Peer Worker Competencies are intended to be comprehensive
  • Specific job **description** would likely be a **subset** of these competencies
  • Focus on one or several major areas of work

• **Job Title** need not mirror the certification
Livable Wage for Peer Workers

• How is livable wage defined?
• NYS efforts toward a $15 minimum wage
• How would per worker wages relate to the organization’s overall salary structure, union contracts, etc?
• AMIDA Care Peer Worker Reimbursement survey
• Impact of wages/ stipends on peer worker’s benefits – series under development
Impact of Work on Benefits

- Critical concern of many peer workers is the impact of income from peer work on range of government benefits
- Documents Available online: SSI, SSDI, Ticket to Work
Peer Worker Employment LISTSERV

• Help connect employers with Peer Workers
• Employers forward job opportunities
• Job announcements sent to Peer Workers who signed up
• Established June 22, 2016
• As of September 19, 2016, 282 peer workers signed up.
Capacity-Building Series: www.hivtrainingny.org

• Webinar series explores implementing Peer-Delivered Services
  • Reviewing agency need for Peer services
  • Assessing Readiness
  • Reviewing Financial Issues
    • Reimbursement for services
    • Return on investment
    • Compensation of Peers and benefits as staff person
    • Sustainability of Peer position
  • Outlining Job descriptions
  • Exploring approaches to supervision
    • Practicum
    • Employment

• 2 day Supervisor training
Organizational Readiness Assessment

• Consider key issues regarding implementing peer-delivered services

• The assessment is an information gathering or “awareness-raising” tool to be used to identify
  • Policies, infrastructure, and other factors that need to be addressed for successful Peer-delivered services
  • Areas where new policies or changes to existing one should be made
  • Mechanisms that needed to be created or improved or modified

• Organizational Assessment Tool is available for download at www.hivtrainingny.org
Fiscal Issues

• Peer worker salary/ stipends might be supported through:
  • Grant funding
  • DSRIP
  • General funds
  • Future possibility: Medicaid reimbursement
Status of Certification

• First review board meeting to approve applications approved 4 applicants

• Review board will meet quarterly

• By next meeting in Fall, 2016 it is anticipated that 15-30 peers will have met the requirements
Contact Information

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Manager, Consumer Affairs
New York State Dept. of Health
AIDS Institute

[Email Address]

(518)473-7542
GET TESTED.
TREAT EARLY.
STAY SAFE.
End AIDS.

health.ny.gov/ete

Ending the Epidemic:
Update
Attack of the Living Cascade

Report
Building a Better Regional Group

Steve Sawicki
ETE/NYLinks Goals for State

• Improved linkage to care
• Improved engagement in care
• Improved retention in care
• Improved viral load suppression
• Utilization of Quality Improvement methods
• Utilization of data to establish baselines and measure progress
• Fit within the Ending the Epidemic Framework
• Focus on regional improvement through distinct organizational efforts, networking, peer sharing, and increased city/state partnerships
NYLinks Regional Goals

Outcome 1: HIV service providers in each region will be engaged in Regional Groups as part of the community-wide initiative to end the HIV epidemic.

Outcome 2: There will be a reduction in disparities in outcomes and access to care.

Outcome 3: The proportion of those newly diagnosed with HIV that are linked to clinical care within 30 days will be improved (to X or by XX%).

Outcome 4: Strategies to engage members of the most vulnerable and disenfranchised populations will be improved.

Outcome 5: A greater proportion of HIV+ patients will be retained in care, following recommendations from current public health guidelines.

Outcome 6: Increased self-efficacy among HIV+ patients to improve treatment and medication adherence and increase rates of viral load suppression.
Proposed Upper Manhattan Goals

By June 2016 we aim to:

• Improve linkage to care from 76% to 81%
• Increase retention in care from 62% to 75%
• Improve new patient retention from the current rate of 58% to 68%
• Increase the % of PLWHA who are virally suppressed from 71% to 81%
• Increased focus on MSM, YMSM, and transgender populations
Today’s Work:

• Reaching Consensus on at least three Goal Statements
• Identifying at least three issues designated as critical to the success of our work in the region
Working Group – Part I

Goal Setting Instructions (15 minutes + 5 report back)

1. Designate a Facilitator, a Recorder, and a reporter
2. List the agencies at the table on the poster paper
3. As a group – Discuss agency (organizational) and regional specific linkage, retention and vls goals.
4. List goals of each agency on the poster paper
5. If your agency has not yet set a goal or would like to refine a goal please share the timeframe under which that goal would be made known.
6. As a team share your thoughts about regional and agency specific goals.
7. Record your team’s final thoughts & recommendations.
8. Report back – Are these goals “bold” enough?
Wrap Up: Summation

Steve Sawicki
Upcoming Webinars

September 27th Orientation to NYLinks for staff who are new

September 29th NYLinks at RWC

October 3rd Training Consumers on Quality (description of training and application process)
UPCOMING STAKEHOLDER MEETINGS

September 23rd, Long Island Regional Group

October 6th, Bronx Regional Group

October 12th, Tell it Like It is, Lower Manhattan

October 14th, Lower Manhattan Regional Group Kickoff

October 19th, Queens Regional Group

October 19th, Central NY Regional Meeting + ETE meeting

October 28th, Upper Manhattan Regional Group

November 18-20th, Training Consumers on Quality Training

November/December ??? Northeastern NY Regional Group
NY Links Measures Overview

The NY Links measures look to assess the strength of linkage and retention systems in all aspects of the patients care. For ease and consistency two of the measures are the same as the in-care Campaign measures and three are the same as the Linkage, Retention and Treatment Adherence (LRTA program).

<table>
<thead>
<tr>
<th>Measure</th>
<th>Program Type</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Linkage</td>
<td>All Programs that Conduct HIV Testing</td>
<td></td>
</tr>
<tr>
<td>2A. Retention</td>
<td>All Programs that provide HIV clinical care</td>
<td>Same as LRTA and In-care Campaign</td>
</tr>
<tr>
<td>2B. New Patient Retention</td>
<td>All Programs that provide HIV clinical care</td>
<td></td>
</tr>
<tr>
<td>3. Clinical Engagement</td>
<td>All Supportive Service¹, General Medical², &amp; Dental Providers</td>
<td></td>
</tr>
<tr>
<td>4. Viral Load Suppression</td>
<td>All Programs that provide HIV clinical care</td>
<td>Same as HRSA, LRTA, RAP and eHIVQUAL</td>
</tr>
</tbody>
</table>

¹Supportive Service encompass all services offered to HIV+ clients including: case management, care coordination, early intervention, mental health, supportive counseling, food and nutrition, harm reduction, risk reduction, syringe exchange, prevention, substance use treatment, and treatment adherence services.

²General Medical refers to encounters with clinical providers who do not prescribe ARTs but provide primary care, such as reproductive health, STI screening, and education

+ Executive Summary and slides of NYLinks Data through August 2015

+ Revised Measures 2a and 2b Clinical Retention Tool

This tool can be used to generate the data needed for the New York Links Retention Measure. The tool is designed as an excel spreadsheet and all providers need to do is enter visit data and the sheet will automatically calculate numerator and denominator for that measure.

+ NYLinks Regional Data set for Queens
Evaluation

Sign in sheet
What would have made today better?
Contact Information

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  steven.sawicki@health.ny.gov, 518-474-3813

• Karen Bovell, karen.bovell@health.ny.gov

• Bruce D. Agins, Medical Director,
  bruce.agins@health.state.ny.us

• Blog at http://linkandretain.wordpress.com/

• Website at http://www.newyorklinks.org
Adjourn! Thank you!