

**HIV HEALTH & HUMAN SERVICES PLANNING COUNCIL OF NEW YORK**  
**Health Education and Risk Reduction Service Directive**  
**Approved by Planning Council on August 15, 2013**

Service Category Goals	2012-2015 Comprehensive Strategic Plan Objectives	Program Directive & Service Model	Client and Agency Eligibility
<p><b>Goals:</b></p> <p>1) Increase knowledge about medical and psycho-social support services and counseling to support and empower people living with HIV to improve their physical and mental health status.*</p> <p>2) Provide education to people living with HIV about changing behaviors that may compromise their own health and/or increase the likelihood of HIV transmission.*</p>	<p><b>Objectives:</b></p> <p>Objective 2: To increase the proportion of newly diagnosed individuals who enter into primary care within three months of HIV diagnosis.</p> <p>Objective 3a: To increase retention in HIV care and treatment.</p> <p>Objective 3b: To increase the proportion of clients who have an optimal level of ART adherence.</p> <p>Objective 3c: To increase viral suppression.</p> <p>Objective 3d: To improve immunological health.</p>	<p>Agencies will be able to select from a menu of evidence-based health education programs and offer one or more of these programs best suited to their clients' needs. Eligible curricula must be grounded in theory, have undergone scientific evaluation, and include the following elements:</p> <ul style="list-style-type: none"> <li>• Enhance understanding of the impact of behavior on HIV-related health outcomes.</li> <li>• Help PLWHA change behaviors (e.g., alcohol and substance use, sex, nutrition, smoking, adherence, etc.) that will improve their health and decrease HIV transmission.</li> </ul>	<p><b>Client Eligibility Criteria:</b></p> <ul style="list-style-type: none"> <li>• All PLWHA living in the NY EMA are eligible, specifically targeting those who do not have suppressed viral load, do not consistently utilize or remain in HIV treatment and care, are seeking assistance with managing their HIV, or are returning to care after an absence.</li> <li>• Active substance use does not preclude client eligibility.</li> </ul> <p><b>Agency Eligibility Criteria:</b></p> <ul style="list-style-type: none"> <li>• Non-profit organizations (community based organizations, clinics, and hospitals) with experience serving HIV+ individuals and with experience reaching out to and engaging individuals who are out of care or sporadically in care or in need of self-management support.</li> </ul>

\* Ryan White HIV/AIDS Treatment Modernization Act of 2006. Definitions for Eligible Services. "Health education/risk reduction is the provision of services that educate clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes the provision of information about medical and psychosocial support services and counseling to help clients living with HIV improve their health status."

**HIV HEALTH & HUMAN SERVICES PLANNING COUNCIL OF NEW YORK**  
**Health Education and Risk Reduction Service Directive**  
**Approved by Planning Council on August 15, 2013**

<p>3) Support people living with HIV to learn about topics such as nutrition, patient/provider relationship and disclosure of HIV status.</p>	<p>Objective 3e: To decrease reliance on acute care.</p> <p>Objective 4a: To reduce (and then maintain below significance) socio-demographic differences in delayed diagnosis of HIV.</p> <p>Objective 4b: To reduce (and then maintain below significance) socio-demographic differences in prompt linkage to HIV/AIDS care following HIV diagnosis.</p> <p>Objective 4c: To reduce (and then maintain below significance) socio-demographic differences in retention in primary medical care.</p> <p>Objective 4d: To reduce (and then maintain below significance) socio-demographic differences in viral suppression.</p>	<ul style="list-style-type: none"> <li>• Encourage timely entry into care, adherence to treatment, maintenance in care, and viral load suppression.</li> <li>• Encourage PLWHA use of components of the curriculum to emphasize the patient’s central role in managing his/her health.</li> <li>• Provide participants in the health education program with information and access to services within the funded agency and/or in the larger health and social support service system.</li> <li>• Utilize trained HIV+ peers to conduct outreach for, implement, and deliver the health education program.</li> </ul> <p>NYCDOHMH will be responsible for ensuring that all program staff are adequately trained and that they receive technical assistance to support improved client outcomes.</p>	<ul style="list-style-type: none"> <li>• Agencies must either house or establish bilateral linkages with programs with expertise in medical care, early intervention services, mental health services, food and nutrition services, substance use services, medical case management services, and supportive counseling and family stabilization services.</li> <li>• Although any individual agency does not have to serve clients from all five boroughs, funded agencies should be accessible to and able to serve clients from throughout the five boroughs of New York City.</li> <li>• Agencies must have the capacity to provide services in languages reflective of the populations served.</li> </ul>
---	---	--	--