

**Program Guidance for Substance Abuse Treatment and Harm Reduction Services
Approved by NYC HIV Health and Human Services Planning Council on July 29, 2010**

Service Category Designation and Program Goals	2009-2012 Comprehensive Strategic Plan Objectives	Service Model Components	Client and Agency Eligibility
<p><u>HRSA Service Category:</u> Outpatient Substance Abuse Treatment (core service)</p> <p><u>NYC-Specific Service Category:</u> Substance Abuse Treatment and Harm Reduction Services (core service)</p> <p>Note: Harm reduction consists of public health principles that aim at reducing the negative consequences of drug use and sexual behavior and support strategies that range from a reduction of the harmful behavior to abstinence.</p>	<p>2B: To increase retention in HIV care and treatment</p> <p>3A: To improve medication adherence to a rate of 95%</p> <p>3B: To increase viral suppression</p> <p>3C: To improve immunological health (e.g., CD4 count)</p> <p>4C: To reduce (and then maintain below significance) sociodemographic differences in retention in primary medical care</p>	<p>Allowable services should include:</p> <ol style="list-style-type: none"> 1) <u>Targeted Case Finding</u>: should occur through outreach in locations where AOD users often frequent, including but not limited to: shooting galleries, food pantries, methadone maintenance treatment programs (MMTP), needle and syringe exchange programs, the Rikers Island Transitional Health Care Coordination Program, hospital emergency departments, HIV/AIDS Services Administration (HASA) sites, and congregate housing facilities. 2) <u>Health Promotion</u>: evidence-based interventions, including addressing risky sexual behavior, drug use behaviors and adherence to HIV care and treatment. Curricula will be provided by the NYC Department of Health and Mental Hygiene. 3) <u>AOD Services</u>: <ol style="list-style-type: none"> a) <u>Assessment</u>: use of standard measurement tool for AOD assessment for providers and patients (self-assessment). Assessment and referral for mental health, sexually transmitted infections, and other co-morbid conditions. b) Development of a comprehensive care plan with individually defined milestones and goals. 	<p><u>Client Eligibility:</u></p> <ul style="list-style-type: none"> • HIV-infected individuals meeting Ryan White eligibility criteria with active or recent (within past 12 months) abuse of both legal and illegal drugs and/or alcohol. • Those who have been released from an institution in the past three months who have a history of substance abuse are also eligible to receive services. • Individuals who are currently prescribed Methadone or Buprenorphine. • Specific target populations including but not limited to Planning Council designated special populations (young MSM of color, LGBT, women of color, immigrants and people over 50 years old) as well as women, youth, men who have sex with men, and racial and ethnic minorities
	<p>Note: link to full Plan can be found at: http://nyhiv.org/pdfs/ny-ema-comp-plan-12-22-08</p>		<p>Note: At-risk individuals should be targeted for outreach and HIV testing services.</p>

<p><u>Program Goals:</u></p> <ul style="list-style-type: none"> • Provide easily accessible harm reduction and substance abuse services to HIV-positive individuals who are actively using or have recently used drugs or alcohol • Promote access to and maintenance in HIV primary care • Reduce the impact of alcohol and other drug (AOD) abuse by reducing substance use as measured by a standardized assessment tool. • Enhance medication adherence 		<ul style="list-style-type: none"> c) Services should utilize harm reduction principles and should be offered for all substances as appropriate, including but not limited to: alcohol, methamphetamine, heroin, cocaine, and crack. Although smoking cessation services may be provided in conjunction with substance abuse care and treatment services, nicotine cannot be a client's only substance of abuse. d) Medication-assisted interventions, including the provision of Buprenorphine, Naltrexone, Methadone and Acamprosate (can be provided through provider or formal linkages). e) Acupuncture, specifically for substance abuse control and to reduce cravings, as referred by the enrolled individual's primary care provider (optional service) f) Counseling and behavioral interventions: <ul style="list-style-type: none"> i) Standardized brief intervention for clinical providers ii) Standardized harm reduction intervention by AOD service provider (peer, counselor or educator). iii) Standardized and evidence-based AOD treatment interventions, using motivational interviewing techniques g) Services should include individual, family and group counseling sessions. h) Programs should progress toward client graduation. 	<p><u>Agency Eligibility:</u> Eligible agencies include:</p> <ul style="list-style-type: none"> • New York City community based organizations • AIDS service providers • hospitals and clinics • social service agencies • and/or other eligible not-for-profit agencies that are legally incorporated by the State of New York as not-for-profit organizations <p>Applicants must also meet the following criteria:</p> <ul style="list-style-type: none"> • Demonstrated experience providing AOD services to HIV-infected persons <ul style="list-style-type: none"> ○ Co-location or affiliation (geographically close and aligned to provide available patient care) with HIV primary care provider ○ Co-location or affiliation (geographically close and aligned to provide available patient care) with mental health provider
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| | | <p>4) <u>Linkage to HIV Primary Care</u>: all providers are required to assess that their clients are engaged in HIV primary care, and if not receiving primary care at enrollment, that they refer to primary care (incl. through a medical case management or other linkage to care program) within 15 days and reassess whether they are linked to care every 30 days.</p> <p>5) <u>Services for HIV Negative or Status Unknown Clients</u>: cannot receive Ryan White Part A funded AOD services. HIV negative clients shall be referred to HIV prevention resources and utilize other sources of payment for Substance Abuse Treatment and Harm Reduction Services.</p> <p>6) <u>Accompaniment</u>- HIV-infected clients receiving AOD services may receive accompaniment services to their first primary care appointment.</p> <p>7) <u>Coordination of Care</u>: providers are required to ensure that their clients are also linked to other needed services and are enrolled in a medical case management program.</p> <p>8) <u>Provider Training</u>: all service providers will be required to be trained in behavioral science methods such as motivational interviewing and stages of change theory. Training will be coordinated by the NYC DOHMH.</p> <p><u>Note on Rapid HIV Testing</u>: programs are required to either offer rapid HIV testing or have a formal linkage with a rapid HIV testing program.</p> | |
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