

**HIV HEALTH & HUMAN SERVICES PLANNING COUNCIL OF NEW YORK**  
**Supportive Counseling and Family Stabilization Services**  
**(Psychosocial Support)**  
**Approved by Planning Council on August 15, 2013**

<b>Service Category Goals<sup>1</sup></b>	<b>2012-2015 Comprehensive Strategic Plan Objectives</b>	<b>Program Directive &amp; Service Model</b>	<b>Client and Agency Eligibility</b>
<p><b>Goals:</b></p> <p>1) Provide individualized supportive counseling services that aim to overcome barriers to access and facilitate continued engagement in medical care for PLWHA.</p> <p>2) Provide family-focused services that reduce stressors in the lives of PLWHA in order to remove barriers to engagement in HIV</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><b>Services may include, but not be limited to, the following:</b></p> <ul style="list-style-type: none"> <li>• Provide individual, family and group counseling, support groups, crisis intervention, peer and non-peer led interventions, drop-in activities, grief and bereavement counseling, pastoral care<sup>2</sup>, and transitional services to stabilize families after the death of a loved one.</li> <li>• Provide relationship-building activities, education, training, and skills-building activities, treatment readiness and adherence support,</li> </ul>	<p><b>Client Eligibility Criteria:</b></p> <ul style="list-style-type: none"> <li>• All individual and family units in which one or more persons are HIV-infected are eligible for Ryan White services.</li> <li>• Client and/or family members need not have a DSM V diagnosis.</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-</li> </ul>

<sup>1</sup> HRSA/HAB Division of Metropolitan HIV/AIDS Programs. Program Monitoring Standards – Part A, April 2013. “Psychosocial support services may include support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care/counseling, caregiver support, bereavement counseling and nutrition counseling provided by a non-registered dietitian. Funds under this service category may not be used to provide nutritional supplements.”

<sup>2</sup> HRSA/HAB Division of Metropolitan HIV/AIDS Programs. Program Monitoring Standards – Part A, April 2013. “Pastoral care/counseling supported under this service category is to be provided by an institutional pastoral care program (e.g., components of AIDS interfaith networks, separately incorporated pastoral care and counseling centers, components of services provided by a licensed provider, such as a home care or hospice provider). Services are to be provided by a licensed or accredited provider wherever such licensure or accreditation is either required or available. In addition, Ryan White HIV/AIDS Program funded pastoral counseling must be available to all individuals eligible to receive Ryan White services, regardless of their religious denominational affiliation.” Pastoral care is non-denominational and open to all beliefs.

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<p>care and adherence to treatment.</p>	<p>Objective 3c: To increase viral suppression.</p> <p>Objective 3d: To improve immunological health.</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>linkage and referral to mental health, medical case management, housing, alcohol and substance use, medical care, independent living skills, food and nutrition, and legal services.</p>	<p>management support.</p> <ul style="list-style-type: none"> <li>• Agencies must either house or establish linkages with programs providing medical care, HIV testing, mental health services, food and nutrition services, alcohol and substance use services, comprehensive risk reduction services, medical case management services, housing services, legal services, Medicaid, Medicare, NYS Health Insurance Exchange Systems, and health homes.</li> <li>• Agencies must ensure that staff members have cultural sensitivity training appropriate to the populations that they serve. Agencies must have the capacity to provide services in the languages spoken by the populations served.</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 New York EMA.</li> </ul>
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	Objective 4d: To reduce (and then maintain below significance) socio-demographic differences in viral suppression.		
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