

HIV HEALTH & HUMAN SERVICES PLANNING COUNCIL OF NEW YORK

Psycho-social Support Service Directive for People of Transgender, Intersex, Non-Binary and Non-Conforming (TGINBNC) Experience

Approved by the HIV Planning Council on July 25, 2019

Service Category	2017-2021 Integrated HIV Prevention & Care Plan Goals & Objectives:	Program Directive & Service Model	Client and Agency Eligibility
<p>Goals:</p> <p>Provide individualized supportive counseling services that aim to overcome barriers to access and facilitate continued engagement in medical care for PLWHA.</p> <p>Provide family-focused services that reduce stressors in the lives of PLWHA in order to remove barriers to engagement in HIV care and adherence to treatment.</p> <p>To increase the proportion of newly diagnosed individuals who enter into primary care within 30 days of HIV diagnosis.</p> <p>To increase retention in HIV care and treatment.</p> <p>To increase the proportion of clients</p>	<p>GOAL #1 REDUCING NEW HIV INFECTIONS</p> <p>B. By 2021, increase the percentage of persons newly diagnosed with HIV who are linked to HIV medical care to 85%.</p> <p>GOAL #2 INCREASING ACCESS TO CARE AND IMPROVING HEALTH OUTCOMES FOR PEOPLE WITH HIV</p> <p>A. By 2021, increase the percentage of individuals living with HIV infection with continuous care to 90%.</p> <p>B. By 2021, increase the percentage of individuals living with HIV infection with suppressed viral load to 80%.</p> <p>GOAL #3 REDUCING HIV-RELATED DISPARITIES AND HEALTH</p>	<p>Services should be client-centered, non-judgmental, guided by harm reduction principles, trauma-informed, culturally appropriate, sensitive to physical, behavioral, psychosocial, and sensory impairments, and tailored to the populations served. A variety of engagement strategies should be employed to ensure that client-specific needs are met. Clients should be included in decision making whenever possible. The utilization of peers in all applicable service areas is strongly encouraged.</p> <p>Agencies are allowed to provide services without a full assessment for a grace period of up to 45 days wherein they can charge for services retroactively once a full intake is completed. In addition to in-person service delivery, phone, video chat or other smart phone or internet-based technologies are permitted.</p> <p>Services should include, but not be limited, to the following:</p> <ol style="list-style-type: none"> 1. Conduct an initial client intake assessment and periodic reassessments, in a gender affirming manner that appropriately and sensitively identifies a patient's unmet medical and social needs, and to appropriately support client's capacity for self-management. The assessment findings, together with the patient's readiness and input, should determine level of service. The assessments must also inform client-centered goals as part of an individualized care plan that includes planning and providing linkage to support for hormone therapy and/or gender affirming surgery, as well as reproductive care and fertility services as needed. Encourage client involvement and engagement through clear communication of patient progress, issues, and updates. 	<p>Client Eligibility Criteria:</p> <p>PLWH who meet Ryan White eligibility requirements are eligible for Ryan White Part A-funded services, subject to payer of last resort requirements. Active substance use and/or criminal conviction history does not preclude client eligibility for and maintenance in services.</p> <p>To qualify for services clients must self-identify as people of transgender and/or intersex experience including but not limited to people who identify as women, men, transgender, non-binary, non-conforming, gender-fluid or gender queer.</p> <p>Agency Eligibility Criteria:</p> <ul style="list-style-type: none"> → Non-profit organizations with expertise in delivering gender affirming care and experience with people of TGINBNC experience living with HIV. Preference for agencies run and staffed by persons that identify as being of TGINBNC experience and who are able to provide gender affirming environments. → Must make services available to clients in all five boroughs of New York City and the Tri County area. → Agencies must either be co-located or have established linkages (and make

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<p>who have an optimal level of antiretroviral therapy (ART) adherence.</p> <p>To increase the proportion of clients with an undetectable viral load and to improve immunological health.</p> <p>Support comprehensive, coordinated patient-centered care for people with HIV, including addressing HIV related co-occurring conditions and challenges in meeting basic needs, such as housing.</p> <p>To reduce mortality</p> <p>To reduce (and then maintain below significance) socio-demographic differences in: prompt</p>	<p>INEQUITIES</p> <p>A. By 2021, reduce HIV-related disparities in communities and specific populations at high risk for HIV infection.</p> <p>B. By 2021, reduce stigma and eliminate discrimination associated with HIV status.</p> <p>GOAL #4 ACHIEVING A MORE COORDINATED RESPONSE TO THE HIV EPIDEMIC</p> <p>A. By 2021, strengthen ongoing HIV-related collaborations with appropriate public and private sector partners.</p>	<ol style="list-style-type: none"> 2. Coordinate all levels of medical and behavioral health, as needed. This includes, but is not limited to: compile, maintain and update a publicly available directory of gender affirming primary, HIV care and mental health providers, logistics coordination, appointment scheduling, preparation and reminders, accompaniment (to be made available for any and all related services), transportation assistance, return to care, and outreach and in-reach activities. Ensure linkage and engagement in other needed medical or specialty care, mental health, and substance use, harm reduction and/or treatment services. Self-reported adherence assessments for HIV and other co-morbidities may be conducted by phone/text/internet-based check-ins. 3. Ensure access to consistent and sustainable use of ART using motivational interviewing techniques and other adherence tools. 4. Provide individual and group support services that promote engagement and maintenance in care, adherence to primary medical care, inpatient/residential treatment (as necessary) and modes of healthy living. Promote life skills, self-management and healthy decisions via delivery of high-quality, evidence-based health coaching sessions. 5. Provide linkage/referrals to clients for programs and services that facilitate client stabilization, including but not limited to credit repair, financial literacy, estate planning, end of life planning, job readiness, housing readiness, housing starter kits, legal services and representation, basic and continuing educational opportunities, etc. Provide referrals to transitional, 	<p>referrals as appropriate) with programs providing early intervention services, medical care, mental health, alcohol and substance use services, housing programs, food and nutrition services, legal services, supportive counseling services, health education and risk reduction, employment related services and other unmet social needs such as violence prevention, reproductive health services, hormone therapy and gender affirming surgery.</p> <p>→ Agencies must ensure that <u>all</u> staff members are fully trained and in compliance with DOHMH requirements as well as culturally and linguistically competent for the populations served, and have knowledge and skills related to the needs of the populations served, including the use of people-first language. All staff (including staff such as administration, maintenance and security) should be trained in gender affirmation, TGINBNC sensitivity, health education, harm reduction, and motivational interviewing techniques. Agencies must have the capacity to provide services in the languages spoken by the populations served.</p> <p>→ Agencies must implement a plan or policy that ensures that staff across the program,</p>

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<p>linkage to HIV/AIDS care following HIV diagnosis, retention in primary medical care, and undetectable viral load and HIV related mortality.</p> <p>Objectives</p> <ol style="list-style-type: none"> 1. Provide coordinated access to medically appropriate levels of health and support services and continuity of care. 2. Provide referrals and linkages to medical or supportive services that improve clients' physical and behavioral health. 		<p>supportive and permanent housing that is safe for people of TGINBNC experiences.¹</p> <ol style="list-style-type: none"> 6. Implement broad based education, prevention, intervention and remediation programming to address stigma and discrimination such as intimate partner violence, hate based crimes and state/institutional violence. <ul style="list-style-type: none"> ○ In partnership with expert organizations, the grantee will develop/adapt a curriculum to address stigma and discrimination such as intimate partner violence, hate based crimes and state/institutional violence. ○ A publicly available resource guide and curriculum to address stigma and discrimination such as intimate partner violence, hate based crimes and state/institutional violence will also be developed/adapted and maintained. 7. Agencies should engage in outreach, recruitment and employment practices that attract TGINBNC staff with life experience and expertise that is shared by the agency's target population in order to improve access to and ensure optimal utilization of health care services. This includes but is not limited to: age, socio-economic status, sexual orientation, gender identity and expression, race/ethnicity, substance use history, history of incarceration, and HIV status. Value should not be placed solely on level of education. Agencies are expected to facilitate professional development, educational and advancement opportunities for all staff and peers. 	<p>including clinical and non- clinical partners, affirm and respect gender identity and expression. Programs must ensure that staff are/will be able to provide care according to current best practices in care of persons of TGINBNC experience, and can engage this population in evaluations of and satisfaction with program services.</p> <p>→ Programs should be distributed throughout NYC to ensure that the areas and populations of highest need have appropriate access to care.</p>

¹ Recommended definition for safe housing: to ensure all housing residents and program staff are thoroughly trained in TGINBNC sensitivity, including administration, maintenance & security staff

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		8. Agencies will identify barrier trends to inform strategies toward the improvement of gender affirming care throughout their referral networks.	