Attachment 7
RFA #23-0003
Bureau of Community Support Services
Guiding Principles

1. Demonstration of Cultural and Linguistic Competency

Program models should reflect the intrinsic differences derived from preferred language, culture, race/ethnicity, health literacy, religion, and developmental characteristics. The provision of culturally and linguistically appropriate services[1] (CLAS) is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity. Program models and services provided ensure accordance with current National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) Standards[2].

2. Demonstration of Health Equity

Programs will apply a health equity lens[3] to develop programmatic and organizational responses that reduce the social determinants of health experienced by clients and actively improve the health outcomes of the priority population(s) to be served through the funding. Additional health equity resources[4] can be accessed at the AIDS Institute Health Equity Corner[5].

3. Formal partnership(s) with clinical provider(s) in the region

Formal partnership agreements or MOUs with clinical provider(s) in the applicant's region are critical to ensuring enrolled clients obtain and maintain medical care, case conferences include the clinical provider and viral load results are obtained to monitor viral suppression.

4. Development of Referral Service Agreements

Clearly defined referral agreements focused on specific services needed by the priority population(s), which are not available at the funded location, will enhance access to client care. These community partnerships should be tailored and meet the needs of the priority population(s). Best practice suggests a Memorandum or Letter of Agreement between two entities to establish a formal mechanism for patient referral, service provision, and tracking of referral outcomes and delineate the responsibilities of each party.

5. Consumer Involvement

Consumer participation in program development enhances services and contributes to the quality of care. Consumer advisory groups, focus groups, and quality improvement committees are mechanisms to obtain consumer input. Peers can also be utilized as advocates, providing health education, risk reduction interventions, and support to clients, specifically newly diagnosed clients. In addition, grant-funded programs are encouraged to facilitate client involvement in the city, county, and statewide planning groups and statewide consumer-oriented conferences sponsored by the AIDS Institute.

6. Harm Reduction Approach Strategies

The AIDS Institute encourages using a harm reduction approach by programs funded to provide HIV services. Harm reduction is a perspective and a set of practical strategies to reduce the negative

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[1] https://thinkculturalhealth.hhs.gov/clas

[2] https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf

[3] https://www.hivtrainingny.org/Uploads/Guidance_for_Applying_a_Health_Equity_Lens_to_HIV.pdf

[4] https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/health_equity.pdf

[5] https://www.hivtrainingny.org/Home/healthequity

consequences of behaviors. In addition, a harm reduction approach recognizes the importance of working with a client's level of acceptance of services.

7. Development of Self-Management Interventions

Research supports self-management interventions, such as self-monitoring and informed decision making, that lead to improvements in health outcomes and health status and increase client’s empowerment. Self-management support transforms the client/staff relationship into a more collaborative partnership and organizes the health care team around the pivotal role of the client in their care. The process engages clients and program staff to identify health goals, choose specific actions, acquire needed information, and monitor progress.

8. Integration of Trauma-Informed Care Principles

The experience of trauma is widespread, especially among those in the highest need of health services, social services, and prevention services. Adverse life experiences are a risk factor for severe health conditions and likely contribute to an individual's difficulty with communicating effectively or complying with treatment or service plans. Trauma-informed care recognizes the presence of trauma in society, acknowledges the role of trauma, avoids re-traumatization, and incorporates strategies to promote an individual's comfort and engagement in care.

9. Use of Behavioral Science-Based Interventions

Programs may incorporate interventions designed to change behavior based on empirically proven strategies with a foundation in the behavioral sciences. Behavioral science-based approaches have proven effective in behavior change including HIV and disease prevention. They include specific constructs for understanding how behavior change works and strategies for facilitating and maintaining the reduction and elimination of unwanted high-risk behaviors. If used in the program model, staff should be trained and competent in utilizing behavior change theories in service delivery. Examples of behavior change theories include but are not limited to the Theory of Reasoned Action, Motivational Interviewing, Social Cognitive Theory, and Transtheoretical Model of Behavior Change.

10. Hepatitis Screening and Referrals

Persons with HIV infection are disproportionately affected by viral hepatitis; about one third of HIV-infected persons are co-infected with hepatitis B or hepatitis C, which can cause long-term (chronic) illness and death. Therefore, integrating HCV screening will increase the capacity to serve and improve health outcomes for PLWH.

11. Health Literacy Universal Precautions

Health literacy universal precautions is an approach that 1) assumes everyone could use help understanding health information, 2) considers it the responsibility of the health care system to make sure clients understand health information, 3) focuses on making health care environments more literacy friendly and ensures training for providers to communicate more effectively. Health literacy impacts all levels of the health care delivery system. Therefore, a universal precautions approach to health literacy is essential to improve quality, health outcomes, reduce disparities and reduce costs. In addition, health literacy universal precautions aim to simplify communication and confirm patient comprehension, minimize the risk of miscommunication, make the health care system easier to navigate, and support clients' efforts to improve their health. Funded programs will integrate health literacy universal precautions into their funded program policies, staff training requirements, care models, and quality improvement activities to ensure patient understanding at all points of contact. Best practice recommendations for health literacy universal precautions include expanding these guiding principles agency-wide. Programs can utilize the AHRQ Health Literacy Universal Precautions Toolkit[6] as a resource.

12. Undetectable = Untransmittable (U=U)

The AIDS Institute supports the clinical evidence that people who take antiretroviral therapy (ART) as prescribed and have achieved and maintained an undetectable viral load for six months or greater have a negligible risk of sexually transmitting the virus. PLWH who are engaged in ongoing clinical care may rely on antiretroviral therapy as a strategy to prevent sexual transmission to an HIV-negative partner, provided there are no active sexually transmitted infections (STIs)

13. Affiliation with Medicaid Managed Care (MMC), Medicaid Health Homes, and SNPS for NYC Medicaid Beneficiaries

Enrollees in managed care with chronic illnesses or co-morbidities have access to specialists and plan disease management staff for care and benefits coordination if needed. Agencies must be committed to maximizing patient participation in health insurance programs. Eligible enrollees for the health benefits marketplace should be encouraged to select an appropriate coverage plan responsive to the enrollee's medical needs. Access to care coverage maximizes available resources and supports continued engagement in care.

14. Development of a Quality Management Plan including an evaluation strategy and program deliverables/benchmarks to monitor success.

All programs must participate in quality management activities as established by the AIDS Institute. This includes, but not limited to, the collection and reporting of data for use in measuring performance and identifying quality improvement projects. Quality management activities require a quality management infrastructure, including commitment from agency leadership, development of a quality management plan that incorporates the principles of a proven quality improvement framework, staff development and training, and a process that supports participation of staff from all levels and various disciplines, and consumer involvement.

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[6] AHRQ Health Literacy Universal Precautions Toolkit | Agency for Healthcare Research and Quality