

Ryan White Part A

Harm Reduction Services

Integration of Care Committee
HIV Planning Council

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Current HRR program aims to:

- Engage HIV+ substance users
 - Outreach through Syringe Exchange and HIV Testing throughout the borough of Queens
 - Drop-In Center
 - Provision of low threshold services
 - Easily accessible (location, days, times, etc.)
 - Non-judgmental
 - Streamlined intake procedure
 - Provision of client-centered services
 - Participation is voluntary
 - No time-oriented cessation of services

● Reduce harms associated with drug use

- Client-centered and individualized service plan development
- Motivational interviewing and counseling
- Overdose prevention and safer injection education
- Reduce sexual and injection-related risk behaviors
- Case Management: Referrals to mental health counseling, substance abuse treatment, STI testing and treatment, HCV evaluation and treatment, housing, job readiness training, legal services, etc.

● Improve Health Outcomes

- Link clients to and maintain them in primary care
- Increase medication adherence
- Improve immunological health
- Ensure client's satisfaction with his/her medical care
- Empower clients to be active participants in their health care

- Agreement with goals and objectives made by the Integration of Care Committee in guidance to grantee
 - Exception: Substance use does not need to be eliminated or even reduced to achieve positive health outcomes
 - Focusing eligibility criteria or counseling sessions on reducing substance use presents barriers that will limit who participates

Use of Evidence-Based Behavioral Interventions

- There is no perfect pre-packaged intervention that has been proven to accomplish all of our goals among all of our populations
- If EBIs are included in future HRR contracts, there must be flexibility and choice given to organizations applying for funding.
 - Example: Diversity within ACQC's HRR Program
 - Example: FROSTD's mobile service provision

For more information, please contact:
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