

Comprehensive HIV/STD/HCV Prevention and Related Services for Populations Impacted by HIV/STD/HCV

Contractors funded by the Division of HIV/STD/HCV Prevention Services are required to select one program model below. Listed service targets are minimum requirements for funding.

Generic Program Model Options

Program Model #1 – HIV testing and linkage to prevention and HIV care services, navigation and retention in services for HIV+ and/or high risk negatives, linkage to STD testing & HCV screening, condom distribution, and 2 evidence based interventions for HIV+ and/or high risk negatives

Program Model #2 – HIV testing and linkage to prevention and HIV care services, navigation and retention in services for HIV+ and/or high risk negatives, condom distribution, 1 evidence based intervention for HIV+ and/or high risk negatives, and STD testing &/or HCV screening

Program Model #3 – Linkage to HIV/STD testing & HCV Screening, navigation and retention in services for HIV+ and/or high risk negatives, condom distribution, and 3 evidence based interventions for HIV+ and/or high risk negatives (at least one HIP EBI for HIV+ clients)

HIV Testing and Linkage to Prevention & HIV Care Services

- Service Target: A minimum of [-X-] HIV tests, annually
- Obtain a previously undiagnosed positivity rate of 1% annually
- All Program Models require 100% of high risk clients (MSM, IDU, and/or high-risk heterosexuals and/or STD/HCV positive clients) who receive HIV testing be referred to prevention services (e.g., evidence based interventions/homegrown interventions, navigation and retention services, nPEP, PrEP, STD testing &/or HCV screening). 60% of the [-X-] high risk clients will be linked to services.
- All Program Models require 100% of newly identified HIV-positive clients who receive their test result will receive navigation and retention in services and linked to medical care, partner services, prevention counseling, and offered testing/screening or referred for testing/screening for STDs and HCV.
- Linkage to HIV Care Services and Evidence Based Intervention
 - Anti-Retroviral Treatment and Access to Services (ARTAS)
 - ARTAS is a public health strategy that can be used to fulfill all or part of the navigation and retention in services program service requirement.

For contractors not offering HIV testing: Refer high risk clients for HIV, STD testing and/or HCV screening [-X-] – Minimum number of clients will vary depending on specific initiative and funding amount.

Navigation and Retention in Services for HIV+ and/or High Risk Negatives

- Service Target: [-X-] unduplicated clients, annually
- Contractors must provide navigation and retention in services (assisting patients obtaining necessary information, support, and skills to access complex medical systems) for HIV-positive and high risk negative individuals at all stages of care, treatment, prevention, and essential support services.
- At least 25% of clients enrolled must be HIV-positive individuals
- 75% of clients should be MSM, IDU, high-risk heterosexuals, and/or STD/HCV positive clients.
- All clients receiving navigation and retention services must have evidence of an up to date risk assessment, linkage to care, treatment adherence assessments and viral load and/or CD4 levels documented as appropriate.
- The following activities should be included:
 - a) provision of services that reduce and/or eliminate barriers to care and services, such as accompanying individuals to medical appointments, providing transportation services, etc.;
 - b) navigation of essential support services that complement biomedical and behavioral change prevention services;
 - c) referrals, follow up, and confirmation of linkages for treatment adherence support, mental health, substance use, legal services, nPEP & PrEP, EBIs, etc.;

- d) facilitation of treatment education/adherence support for HIV+ person and their partners
- e) optional: development of a peer mentoring program that supports the training of peers to assist in the core program model deliverables.

[-Ж-] – Minimum number of clients will vary depending on specific initiative and funding amount.

**Evidence Based Interventions for HIV+ and/or High Risk Negatives:
High Impact Prevention (HIP) Interventions and Strategies**

- Service Target: Dependent on intensity; services targets listed below
- A maximum of three HIP behavioral interventions can be implemented.
- At least 25% of clients enrolled must be HIV-positive individuals and 75% of clients should be MSM, IDU, and/or high-risk heterosexuals.
- 75% of clients who enroll must complete the intervention.
- Only supported EBIs may be selected, contractors may also choose to implement a homegrown intervention that addresses the 15 common factors as outlined in Attachment C – Work Plan Summary; homegrown interventions must follow the same services targets as listed below for single-session, multi-session group, and multi-session individual.

Single-Session [-Ж-] unduplicated clients, annually	Multi-Session Group [-Ж-] unduplicated clients, annually	Multi-Session Individual [-Ж-] unduplicated clients, annually
Personalized Cognitive Counseling (PCC)*§	WILLOW †	ARTAS †
RESPECT §	Healthy Relationships†	CRCS †§
VOICES/VOCES*§	CONNECT †§	Project START †§
Safe in the City §	d-up*§	CLEAR †
Partnership for Health †	PROMISE*†	
Sister to Sister §	POL for MSM*§	
	Mpowerment*§	
	Many Men Many Voices (3MV)*§	

*EBIs that are appropriate for adaption for the Transgender population

† Prevention with HIV Positive Person

§ Prevention with High Risk Negatives

[-Ж-] – Minimum number of clients will vary depending on specific initiative and funding amount.

Condom Promotion, Education and Distribution for HIV+ and/or High Risk Negatives

Condom distribution is a required component of all program models.

STD Testing & HCV Screening

Services Target: A minimum [-Ж-] clients for STDs (GC, CT, &/or SY) &/or HCV, annually.

Summary: Generic Program Model Option Requirements

Program Model	HIV Testing and Linkage to Pvnt. & HIV Care Services	Navigation and Retention in Services	Condom Promotion, Edu. & Distribution	Evidence Based Interventions	STD Testing & HCV Screening	Linkage to STD testing & HCV screening
1	YES	YES	YES	YES--2	NO	YES
2	YES	YES	YES	YES—1	YES	No (unless method of collection ≠ method of transmission)‡
3	NO	YES	YES	YES—3 (≥1 for HIV+ clients)	NO	YES

‡ This refers to the method of specimen collection being inconsistent/inappropriate given the reported method of transmission. Method of collection refers to urine specimens, venipuncture, or vaginal, rectal, and/or pharyngeal swabs. Method of transmission refers to oral, vaginal, or anal sex and sharing injection drug equipment. For example if a client discloses clinical risk factors associated with early diagnosis of STDs (e.g., persistent sore throat, discomfort when swallowing) and

their only sexual risk is performing oral sex, collecting a urine specimen will not detect STDs located in the mouth and the client should be referred for a pharyngeal swab (oral screening).