

Ryan White HIV/AIDS Program Special Projects of National Significance

Program Description and Accomplishments

(From HRSA FY2016 budget justification)

The Special Projects of National Significance (SPNS) Program funds the development of innovative models of HIV care to quickly respond to the emerging needs of clients served by the Ryan White HIV/AIDS Program. SPNS evaluates the effectiveness of the models' design, implementation, utilization, cost, and health related outcomes, while promoting the dissemination and replication of successful models. Through these special projects, SPNS grantees implement a variety of community and individual-level interventions gathering best practices and lessons learned on issues related to access, linkage, and retention of hard-to-reach populations, aimed at improving the health outcomes and viral load suppression of HIV-infected populations. SPNS initiatives continue to address the emerging needs of the most disenfranchised populations living with HIV including women of color, transgender people, homeless persons with multiply-diagnosed co-morbidities, Latinos, young men who have sex with men, individuals with opioid abuse, and HIV/HCV co-infected persons, and actively promotes and evaluates state-wide innovative system strategies to reach people who are unaware of their HIV-positive status or out of care.

As of 2014, of the current SPNS sites: 13 percent are community-based organizations, 28 percent are state or county departments of health, 21 percent are community health centers, 25 percent are academic-based clinics and evaluation and technical assistance centers, and 13 percent are AIDS service organizations.

The SPNS program provides a critical area of support for the National HIV/AIDS Strategy (NHAS) by increasing access to quality HIV/AIDS care through the provision of innovative service models for providers who serve the most vulnerable and hard to reach populations. SPNS will be vital to meet the NHAS goals of expanding access to quality HIV/AIDS care and treatment. Initiatives include expanding the capacity of grantees to transform their clinical practice to improve the outcomes along the HIV care continuum; guide clinical care providers as they integrate behavioral health into their primary care; and utilize standard electronic client information data systems to report client level data. These SPNS initiatives reflect priorities of the NHAS.

Budget Request

(From HRSA FY2016 budget justification)

The FY 2016 Budget Request for the SPNS Program of \$25,000,000 is equal to the FY 2015 Enacted level. Prior to FY 2015, SPNS was funded from Department of Health and Human Services' PHS Act evaluation set-asides. The Budget supports the advancement of knowledge,

skills and systems in the delivery of health care and support services to underserved populations diagnosed with HIV infection.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.

Examples of Current SPNS Priority Initiatives

(From HRSA HIV/AIDS Program website)

- **[System-level workforce capacity building for integrating HIV primary care in community health care settings \[2014 - 2018\]:](#)**
A multi-site demonstration and evaluation of system-level changes in staffing structures to improve health outcomes along the HIV Care Continuum. The initiative's fifteen demonstration sites for four years to promote the design, implementation, and evaluation of innovative strategies to increase organizations' workforce capacities and achieve efficient and sustainable service delivery practices that both optimize human resources and improve quality outcomes. The demonstration projects will implement and evaluate innovative Practice Transformative Models (PTMs) for the delivery of HIV treatment and comprehensive care services in order to better respond to the changing healthcare landscape, marked by shortages of HIV primary care physicians and increasing demand for access to quality HIV services. Evaluation of these innovative PTMs will identify best practices and methods to support other organizations to adapt and re-align their workforces, as well as factors that increase the potential for successful integration of HIV care into primary care and community healthcare settings serving vulnerable populations. The University of California at San Francisco is serving as the Evaluation and Technical Assistance Center (ETAC) for this initiative. The ETAC will coordinate the multi-site evaluation; provide programmatic technical assistance to the demonstration sites; and lead publication and dissemination efforts of best practices and lessons learned.
- **[Health information technology \(HIT\) capacity building for monitoring and improving health outcomes along the HIV Care Continuum Initiative \[2014 - 2017\]:](#)**
Supports organizations funded under Parts A and B of the Ryan White HIV/AIDS Program in the enhancement of health information technology (HIT) systems in their State or Eligible Metropolitan Area (EMA) or Transitional Grant Area (TGA) jurisdictions. The enhanced HIT systems will fully integrate and utilize relevant measures of HIV treatment, surveillance and laboratory data to allow for more efficient collection, monitoring and tracking of health outcomes of people living with HIV (PLWH) along the HIV Care Continuum.
- **[Culturally appropriate interventions of outreach, access and retention among Latino\(a\) populations \[2013 - 2018\]:](#)**
A multisite demonstration and evaluation of culturally specific service delivery models focused on improving health outcomes among Latinos/as living with HIV disease. The initiative's ten demonstration sites will design, implement and evaluate innovative methods to identify Latinos/as who are at high risk or living with HIV, and improve their

access, timely entry and retention in quality HIV primary care. This initiative is one of the first public health adaptations of the transnational approach, with interventions targeting HIV-infected Latino/a subpopulations living in the US that are specific to their country or place of origin. The University of California at San Francisco's Center for AIDS Prevention Studies will serve as the Evaluation and Technical Assistance Center for this initiative, coordinating the multisite evaluation and providing technical assistance to the demonstration sites.

- **[Building a medical home for multiply diagnosed HIV-positive homeless populations \[2012 – 2017\]:](#)**

A multisite demonstration and evaluation of HIV/AIDS service delivery interventions for homeless people living with HIV infection. The nine demonstration sites will implement and evaluate the effectiveness innovative interventions to improve timely entry, engagement and retention in HIV care and supportive services for HIV positive homeless populations. Boston University School of Public Health is teaming with Boston Health Care for the Homeless Program as MEDHEART, the Medical Home Evaluation And Research Team, which will serve as the Evaluation and Technical Assistance Center for this initiative. MEDHEART will coordinate the multisite evaluation and provide programmatic technical assistance to the nine demonstration sites.

- **[Enhancing engagement and retention in quality HIV care for Transgender Women of Color Initiative \[2012 – 2017\]:](#)**

A multisite demonstration and evaluation of HIV/AIDS service delivery interventions for transgender women of color. The nine demonstration sites will implement and evaluate the effectiveness of innovative interventions designed to improve timely entry, access to and retention into quality HIV primary care for transgender women of color, a population at very high risk of HIV infection. The University of California at San Francisco, the Transgender Evaluation and Technical Assistance Center (TETAC), will coordinate the multisite evaluation and provide programmatic and evaluation technical assistance to the nine demonstration sites.

- **[Systems linkages and access to care for Populations at High Risk of HIV Infection Initiative \[2011 - 2015\]:](#)**

A multi-state demonstration project and evaluation of innovative models of linkage to and retention in HIV care. The initiative funds seven demonstration states for up to four years to design, implement and evaluate innovative strategies to integrate different components of the public health system, such as surveillance, counseling and testing, and treatment, to create new and effective systems of linkages and retention in care for hard-to-reach populations who have never been in care. Populations of interest are limited to those persons who at high risk for and/or infected with HIV but are unaware of their HIV status; are aware of their HIV infection but have never been referred to care; or are aware but have refused referral to care.

Grant Award Table

(whole dollars)	FY 2014 Final*	FY 2015 Enacted	FY 2016 President's Budget
Number of Awards	58	64	64
Average Award	\$420,320	\$377,017	\$377,269
Range of Awards	\$247,168 - \$1,494,450	\$271,754 - \$3,050,000	\$279,488 - \$3,050,000

*In FY 2014, SPNS was funded from Department PHS Act evaluation set-asides.

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