

Ryan White HIV/AIDS Program Special Projects of National Significance

Program Description and Accomplishments

(From HRSA FY2018 budget justification)

The Ryan White HIV/AIDS Program (RWHAP) Part F Special Projects of National Significance (SPNS) supports the development, evaluation, and dissemination of innovative models of HIV care to improve the retention and health outcomes of RWHAP clients. The RWHAP 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 grant recipients implement a variety of promising interventions gathering evidence-informed practices and lessons learned to improve treatment outcomes and avert new HIV infections. SPNS initiatives address the emerging needs of the most disproportionately impacted populations living with HIV.

The RWHAP SPNS program provides opportunities for the development, implementation, and assessment of system, community, and individual-level innovations designed to meet RWHAP goals as well as the demands of changing health care delivery systems. Through its demonstration projects, SPNS models contribute to the advancement of public health knowledge and help move toward the elimination of HIV in the United States by promoting models that focus on expanding linkage to HIV medical care, improving lifelong retention in HIV medical care, the delivery of ART, and ultimately achieving HIV viral suppression among people living with HIV.

Of the 64 currently funded (FY 2016) RWHAP SPNS grant recipients: 15 percent are community-based organizations/AIDS service organizations, 22 percent are state/county/local departments of health, 36 percent are community health centers, 10 percent are academic-based clinics, and 11% are evaluation and technical assistance centers.

Examples of Current SPNS Priority Initiatives

(From HRSA HIV/AIDS Program website)

- [Dissemination of Evidence-Informed Interventions to Improve Health Outcomes along the HIV Care Continuum Initiative](#)

Funded 2015 - 2020

This initiative will disseminate four adapted linkage and retention interventions from prior SPNS and the Secretary's Minority AIDS Initiative Fund (SMAIF) initiatives to improve health outcomes along the HIV care continuum. The initiative is funding two cooperative agreements, a Dissemination and Evaluation Center (DEC) for five years, and an Implementation Technical Assistance Center (ITAC) for four years. The end goal of the initiative is to produce four evidence-informed Care And Treatment Interventions (CATIs) that are replicable, cost-effective, capable of producing optimal HIV care continuum outcomes, and easily adaptable to the changing health care environment. The multi-site evaluation of this initiative will take a rigorous Implementation Science (IS) approach, which places greater emphasis on evaluation of the implementation process and cost analyses of the interventions, while seeking to improve the HIV care continuum outcomes of linkage, retention, re-engagement and viral suppression among client participants.

- [Use of Social Media to Improve Engagement, Retention, and Health Outcomes along the HIV Care Continuum](#)

Funded 2015 - 2019

This initiative is a multi-site demonstration and evaluation of innovative social media methods designed to identify, link, and retain HIV positive underserved, underinsured, hard-to-reach youth and young adults (ages 13-34) in HIV primary care and supportive services. These methods include system approaches utilizing a variety of social media, internet, and mobile-based technologies to improve engagement and retention in care and viral suppression. Demonstration projects are expected to implement these models, evaluate their effectiveness and to disseminate findings, best practices, and lessons learned. These social media interventions will focus on youth and young adults living with HIV who are aware of their HIV infection status but have never been engaged in care; are aware but have refused referral to care; have dropped out of care; are infected with HIV but are unaware of their HIV status; or have not achieved viral suppression.

- [System-level Workforce Capacity Building for Integrating HIV Primary Care in Community Health Care Settings](#)

Funded 2014 - 2018

This initiative is a multi-site demonstration and evaluation of system-level changes in staffing structures to improve health outcomes along the HIV care continuum. The initiative will fund 15 demonstration sites for up to four years to promote the design, implementation, and evaluation of innovative strategies to increase organizations' workforce capacities and to 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 health care 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 health care 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](#)

Funded 2014 - 2017

This initiative supports organizations funded under Ryan White HIV/AIDS Program Parts A and B 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 along the HIV care continuum.

- [Culturally-Appropriate Interventions of Outreach, Access, and Retention among Latino\(a\) Populations](#)
Funded 2013 - 2018

This initiative is a multi-site demonstration and evaluation of culturally-specific service delivery models focused on improving health outcomes among Latinos/as living with HIV. 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 U.S. 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 multi-site evaluation and providing technical assistance to the demonstration sites.
- [Building a Medical Home for Multiply Diagnosed HIV-positive Homeless Populations](#)
Funded 2012 - 2017

This initiative is a multi-site demonstration and evaluation of HIV service delivery interventions for homeless people living with HIV. 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 multi-site 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](#)
Funded 2012 – 2017

This initiative is a multi-site demonstration and evaluation of HIV 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 high-risk of HIV infection. The University of California at San Francisco, the Transgender Evaluation and Technical Assistance Center (TETAC), will coordinate the multi-site evaluation and provide programmatic and evaluation technical assistance to nine demonstration sites.