FOIA Number: 2018-0755-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Patsy Fleming

Subseries: National AIDS Strategy

OA/ID Number: 9002

FolderID:

Folder Title:
Agency Submissions-HRSA [Health Resources and Services Administration]

Stack:	Row:	Section:	Shelf:	Position:
S	66	5	10	2

President's Budget 661,185,000 FY 95 56,259,302

Prevention → Translation to Practice

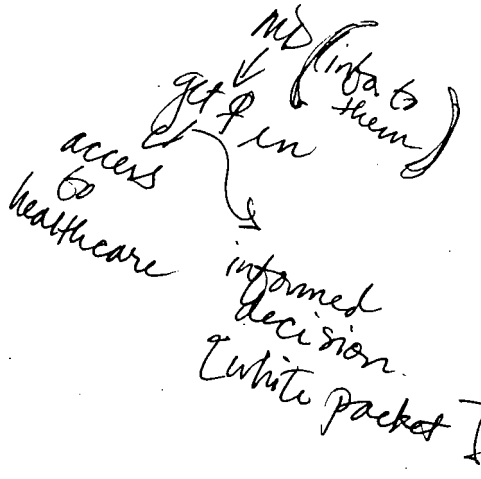
HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF HEALTH PROFESSIONS
AIDS EDUCATION AND TRAINING CENTERS PROGRAM

Area: ~~Training~~

Goal: To increase the number of health care providers who are effectively educated and motivated to counsel, diagnose, treat, and manage individuals with HIV infection, and to assist in the prevention of high risk behavior which may lead to infection (oral transmission?)

Objective	Action Steps	Programs: Description	Programs: Resources FY 1995	Programs: Resources FY 1996 (proposed)	Programs: Populations Served	Programs: Constituency Involvement	Unmet Needs
Overall Objective: Increase number of providers competent and willing to care for people with HIV	Information dissemination and training activities in collaboration with Federal, State and local HIV care programs	Name of Program	AETCs $16.3 million (for overall program)	$16.3 million (for overall program)	people living with HIV -- through health care providers where, geographic are	clinicians? faculty, staff, advisory committees, training panels, planning, evaluation → involved in developing materials, strategy, etc.	How many health care providers served. Another turnaround to do 1, 2, 3. Do do OTC - need → This many centers ← more ← could do more →
A. provide training opportunities	1. Level I	1. didactic training	Program AIDS 101, → healthcare providers	sensitivity training for social workers, case managers.			
	2. Level II	2. workshops					
	3. Level III	3. intensive clinical training (practicum) (including hands-on)	small groups ← patients.				

16.3 16.3



CDC - sent out guidelines in 1994

In professional journals...

Congress should be part of medical school but it isn't train medical students...

1111 - applications unfunded

Ryan White X million is supp. grant. Could only fund X,

Area: Training

Goal: To increase the number of health care providers who are effectively educated and motivated to counsel, diagnose, treat, and manage individuals with HIV infection, and to assist in the prevention of high risk behavior which may lead to infection

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
B. disseminate state-of-the-art HIV information to providers	1. provide funding for and promote HIV Clinical Conference Call Series	1. quarterly interactive conference call (good)			MDs, clinicians, etc.	who involved planning	Reach these many; this much more, could reach....
	2. provide funding for and promote HRSA/AIDS ETC National HIV Telephone Consultation Service (Warmline)	2. provider telephone consultation service (good)			Who	"	# served, could serve this many more if...
	3. individual AETC activities	3. phone consultation services, newsletters, bulletins (OK)			Who	"	

Area: Training

Goal: To increase the number of health care providers who are effectively educated and motivated to counsel, diagnose, treat, and manage individuals with HIV infection, and to assist in the prevention of high risk behavior which may lead to infection

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
C. develop and coordinate HIV provider materials	1. provider guides for HIV priority areas, e.g., ACTG 076	1. development and field test					- have this many guides. ? continued funding could do 076.
	2. curriculum development	2. curriculum development					

overlap/coord. ? ABCPR, NIH consensus devel.

? integral part of doing training.

Consumer Guide: each agency contributing monies } difficult accounting. Multi-funded.

ATIS

HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF HEALTH RESOURCES DEVELOPMENT
AIDS DENTAL REIMBURSEMENT PROGRAM

Area: SERVICES
Goal: Reimbursement to Dental Schools of Uncompensated Costs Incurred in Treating Patients With HIV

Objective	Action Steps	Programs					Unusual Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
Increase the number of practitioners who provide care to HIV positive patients. Assist Dental Schools in meeting uncompensated costs associated in providing oral health care to HIV positive patients.	Increase funds to support uncompensated costs. The formula depends on (1) Numbers of HIV positive patients in treatment and (2) uncompensated costs.	The program is designed to reimburse accredited dental schools and post doctoral dental programs for the documented uncompensated costs incurred from providing oral health treatments to HIV positive patients.	$6,937,000	$6,937,000	Children and Adults	American Association of Dental Schools, American Association of Hospital Dentists, and American Dental Association.	Uncompensated costs that dental schools and hospitals incur are much more than the dollars available under the dental reimbursement program.

6,937,000 6,937,000

serve this many schools, people, have this many practitioners. With this much, we could do this.

i.e. 101 Grantees
? Could & DOJ in areas & particular problems

HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF HEALTH RESOURCES DEVELOPMENT
DIVISION OF HIV SERVICES

Area: HIV Health Care and Supportive Services Delivery

Goal: Increase Access to Care and Improve Quality of Life for People with HIV Disease and AIDS

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
Allocate appropriated funds to eligible entities for need-responsive service provision	Self evident	Ryan White CARE Act (RWCA) Titles I and II			Individuals w/ HIV disease/AIDS and family members	Ongoing; see separate goal	
Develop a minimum drug formulary for federally-assisted AIDS Drug Assistance Programs (ADAP)	Self evident	Primarily RWCA Title II program			Low income people w/ HIV disease/ AIDS		
Develop federal strategy and guide grantees in developing local strategies for implementing findings of ACTG 076	Self evident	RWCA Titles I and II			Pregnant women w/ HIV/AIDS; neonates and children born to HIV+ women		
Provide technical assistance to Title I and II grantees in strategies to improve access and quality	Self evident	RWCA Titles I and II			Individuals w/ HIV disease/AIDS and family members	Participatory process underway to develop self-assessment tools	
Monitor program implementation through (1) review of applications, quarterly reports, and other grantee submissions; and (2) site visits	Self evident	RWCA Titles I and II			Individuals w/ HIV disease/AIDS and family members	Federal program staff responsibility	

Area:HIV Health Care and Supportive Services Delivery
Goal: Increase Access to Care and Improve Quality of Life for People with HIV Disease and AIDS

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
Provide policy guidance to Title I and Title II grantees which emphasizes access to care and quality of life	Self evident	RWCA Titles I and II		Grantees	Individuals w/ HIV disease/AIDS and family members	Federal program staff responsibility	
Develop and implement data collection methodologies which measure the number of persons being served, the range of services they receive, and resultant improvements in access or quality of life	Self evident	OMB-approved Annual Administrative Report and client-level service documentation demonstration projects		Grantees	Individuals w/ HIV disease/AIDS and family members	Early and ongoing involvement of local implementors in all phases of data collection design, planning, and implementation	

what is this?

don't have this now?

Area: HIV Health Care and Supportive Services Delivery

Goal: Develop Comprehensive and Participatory Planning Processes at the State and Local Level to Guide Decision-making for Allocation of Title I and Title II funds

Objective	Action Steps	Programs					Unusual Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
Issue annual Program Application Guidance which emphasizes comprehensive and participatory planning	Self evident	Ryan White CARE Act (RWCA) Titles I and II			Grantees, Title I Planning Councils	through Planing Councils, focus groups, etc.	
Continue refinements and expansions of needs assessment protocol jointly developed by DHS and grantees	Self evident	RWCA Title I program			Grantees, Planning Councils, communities and populations affected by HIV	Planning Councils; affected communities	
Monitor grantee compliance with legislative mandates and policy requirements related to comprehensive and participatory planning	Self evident	RWCA Titles I and II			Grantees, Planning Councils, communities and populations affected by HIV	Federal program staff responsibility	
Provide technical assistance to Title I and Title II grantees on planning processes	Self evident	RWCA Titles I and II			Grantees, Planning Councils	Federal program staff; peer consultants	
Collaborate with Title II grantees and others in developing mutually beneficial protocols for achieving coordinated statewide statements of need	Self evident	RWCA Title II program			Grantees (all RWCA Titles); affected communities	Conference calls, small group meetings, review and comment processes	

Area: HIV Health Care and Supportive Services Delivery
Goal: Develop Comprehensive and Participatory Planning Processes at the State and Local Level to Guide Decision-making for Allocation of Title I and Title II funds

Objective	Action Steps	Programs					Unusual Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
Provide policy guidance to Title I and Title II grantees which emphasizes comprehensive and participatory planning processes	Self evident	RWCA Titles I and II			Grantees; Title I Planning Councils; Title II Consortia; affected communities	Requests for policies; review and comment processes	

HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF HEALTH RESOURCES DEVELOPMENT
SPECIAL PROJECTS OF A NATIONAL SIGNIFICANCE

SPNS 47 active grantees

Area: SERVICES
Goal: Develop innovative models of comprehensive managed care for persons with HIV

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
Develop at least three feasible, cost effective models of comprehensive managed care networks that enroll a broad spectrum of primary care and psychosocial providers within the HIV continuum of care and which provide patients and their families access to services.	1. Solicit & review innovative applications from persons able to evaluate models. 2. Support and evaluate sites providing care. 3. Disseminate results of evaluation.	1. Currently supporting models of comprehensive community care that do not evaluate cost. 2. Supported models analyzing cost data do not fully involve community resources.	$2,092,302	$4,000,000	All groups.	Primary care providers. Community-based organizations. State & Local Health Officials. Ryan White planning bodies. Persons with HIV.	1. Effective linkages among community providers and financially stable medical sites.

Area: SERVICES
Goal: Increase evaluation capacity in community-based providers' organizations

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
1. Ensure that services provided under SPNS program are fully evaluated for both utilization and impacts.	1. Increase emphasis on evaluation in Federal Register notices and program guidance documents. 2. Increase the representation of evaluation researchers on review groups. 3. Provide technical support for evaluation activities.	1. Some projects continue to see SPNS as a source of service dollars rather than a mechanism for evaluating models of care.	$2,000,000	$4,000,000	All groups.	Care providers. Evaluation researchers. Patient advocates.	1. Effective linkages between providers and evaluation researchers.

% of the top of SPNS that went for evaluation. May not be in here.

need to Δ wording

*According to P-20 / APB update SPNS FY95 $1.4 mill here → 409 2302

2,000,000 4,000,000

HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF PRIMARY HEALTH CARE
HIV/SUBSTANCE ABUSE BRANCH

Area: SERVICES
Goal: Promote the delivery of quality HIV care to ITUs?

III b

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
Promote the delivery of quality HIV care provided through the Bureau of Primary Health Care (BPHC) funded primary care programs and providers	1) Develop QI/QA guidelines for the clinical management of HIV disease 2) Publish and distribute guidelines to all BPHC primary care programs and providers 3) Train (where necessary) providers in the use of the QI/QA tool for monitoring the quality of HIV clinical care	All BPHC funded primary care programs and providers (in C/MHCs, HCH, Ryan White III(b), NHSC, etc. Name? National Health Service Corp.	1) $315,000 one-time cost?	2) $150,000 3) $300,000	All HIV+ or at risk clients	Title III(b) Clinicians Network, the New York AIDS Institute, and other HIV/AIDS state institutions	Lack of funding for the III(b) program staff to monitor compliance with the QI/QA indicators Reach this many (could reach this many more # monitored

linkage initiative - substance abuse RF and ↓ care. New-getting off the ground.

duplication

lack of funding for monitoring

What is this? Where do they get their info-
Coord ↔ CDC, AHCPR, NIH
Consensus development.

NP: Coord. info. dissem → Link ↔ private grps, ie AMA, ICAAC.

*? Linked ↔ CSAT
who pays -
7.7 in SAMSHA's budget

315,000 450,000

HEALTH RESOURCES AND SERVICES ADMINISTRATION
MATERNAL AND CHILD HEALTH BUREAU
RYAN WHITE TITLE IV PROGRAM

Area: Services/Research
Goal: Support the development of programs and provider capacity to counsel, test, and care for women of childbearing age, and offer zidovudine therapy to reduce perinatal transmission

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
1) Establish Women's Initiative for HIV Care for Women and Reduction of Perinatal Transmission.	þ Develop funding guidance þ Conduct grants reviews þ Award 5 new grants, and supplement 3 existing SPNS grantees þ Establish ongoing WIN Steering Committee þ Site visits/monitoring/TA.	WIN Steering Committee involving 8 grantees and cross agency collaboration to enhance outreach HIV C & T and linkage of women of childbearing age in an ongoing care system and to reduce perinatal HIV transmission and enhance provider capacity at the community level.	$1.1 million	$1.3 million	Adolescent & adult women and their infants - especially pregnant women.	Consumer participation in WIN steering committee and projects' advisory board SPNS Program.	Resources needed to fund 2 approved projects and expand to 5 new sites: $1.1 million Funds needed to expand to 5 years and enhance evaluation: $3 million.

↑ into perpetuity via Title IV?

↑ Expand. Who's funded how - how much more...

Translation to practice →
NP: Coordination of 076 implementation.

1,100,000 1,300,000

Area: Services/Research
Goal: Support the development of programs and provider capacity to counsel, test, and care for women of childbearing age, and offer zidovudine therapy to reduce perinatal transmission

Objective	Action Steps	Programs					Unmet Needs
2) Improve provider capacity for outreach, counseling, testing and care for women of childbearing age for early identification and linkage to care for pregnant women	þ Develop train-the-trainer program (ToT) þ Conduct one centralized training for all WIN sites with follow-up local training þ Oversee training and evaluation in eight sites þ Coordinate cross agency, cross grantee network and develop program evaluation strategy.	Through needs assessment of grantees, ToT will be developed and implemented in 9/95. WIN Steering Committee to begin developing data strategy Summer 1995.	$400,000	$400,000	MCH and HIV providers including: outreach, counseling and testing, perinatal and HIV care.	AIDS ETC program National Ped. AIDS Resource Center Institute for Family-Centered Care, Three SPNS grantees.	Extensive TA and training may be needed for certain populations (e.g. SA women, women not currently linked to care).

Goal: get them(?) into therapy.

Objective

Training on ORs? How to do outreach?

training/on What

400,000 400,000

Area: Services/Research
Goal: Support the development of programs and provider capacity to counsel, test, and care for women of childbearing age, and offer zidovudine therapy to reduce perinatal transmission

Objective	Action Steps	Programs					Unmet Needs
3) Develop strategies to support state efforts to offer ZDV therapy and follow outcomes	A) AMCHP survey of states and guidelines due out 9/95 B) Established MCHB 076 AdHoc Committee C) Include in scope of WIN (See objective #1) D) Development of HRSA Advisory Document E) Distribute HRSA Advisory Principles, CDC C & T document and other PHS documents to MCHB community F) Participate in AHCPR Consumer Brochure, video and audiotapes for distribution to HRSA grantees.	A) Collaborate with Association of Maternal & Child Health Programs (AMCHP) to develop state guidelines B) Establish MCHB working group to coordinate HIV risk reduction related efforts across programs ~~C) See obj. #1~~ D) Document is culmination of HRSA meetings with constituents on 076 issues E) Mailings sent to MCH grantees F) Consumer brochure to support women's decision making on perinatal ZDV therapy.	A) $10,000 B), D), E) (none) C) (Subset of WIN Budget) F) $10,000		Children, youth, women (For A-F)	AMCHP State Title V program HRSA grantees and MCH community (B-F)	A) No evaluation planned or funded B & E - Not applicable C) See objective #1 D) No evaluation planned or funded F) Limited evaluation funding

IV

Area: Services/Research
Goal: Expand access to Comprehensive, Coordinated Services and Research for Children, youth and families affected by HIV/AIDS.

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
1) Improve the availability of comprehensive service programs for children, youth and women.	þ Increase funding for 37 current Title IV grantees þ Fund two new service projects in FY 1995, 6 new projects in FY 1996. Add these services. Expand	Administer Ryan White Title IV program Develop Federal Register notices and conduct grant reviews, fund, monitor grantees.	Approximately $24 million (of $26 million budget).	Approximately $27 million (of $32 million budget request).	Children, youth, women and families.	þ participation in grants review þ constituent involvement in grantee program and policy development.	þ 30 grant applicants in FY 1995; funds only available for 13 of them. Funds for existing projects inadequate to meet rapidly growing caseloads; to expand programs for adolescents and to provide needed services such as mental health; substance abuse; family case management; permanently planning.

1 yes

24,000,000 27,000,000

Area: Services/Research
Goal: Expand access to Comprehensive, Coordinated Services and Research for Children, youth and families affected by HIV/AIDS.

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
2) Support initial development of care systems linked to research for children, youth and women in 7 new communities.	a) convene technical assistance meeting of 7 newly funded planning/ technical assistance grantees b) Site visits to 4 new grantees c) Ongoing project officer technical assistance.	Planning and initial development grants support communities ($75,000) to assess needs and begin to organize comprehensive, coordinated care systems.	$555,000	$600,000	Children, youth, women and families.	constituents involved in developing funded programs.	24 States lack comprehensive care systems for children, youth, women; $1.8 million would support new planning and initial development projects in 24 states.
3) Enhance research agenda, research opportunities, and clinical care for adolescents with/at risk for HIV through collaboration with NIH.	a) Establish new adolescent/ research/clinical network b) Ongoing steering committee meetings c) NIH/HRSA collaboration on grant review and monitoring.	Adolescent Research/ Clinical Network will develop research priorities, collect data, and develop clinical care guidelines for adolescents with HIV/AIDS.	$2.5 million total - $250,000 million HRSA	$250,000 million HRSA	Youth (13-21).	One adolescent/ project participates in steering committee, guidelines development. NIH	Title IV program lacks staff resources to support research network, 1.5FTE required.

Area: Services/Research
Goal: Expand access to Comprehensive, Coordinated Services and Research for Children, youth and families affected by HIV/AIDS.

Resources to support/establish

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
4) Increase patient access to clinical research through enhanced linkages between care providers and research entities.	a) Develop new research advisory panel mandated under reauthorized CARE Act b) Analyze data on current linkages and research activities c) Make recommendation to grantees to enhance linkages.	Reauthorized CARE Act expected to mandate new research panel to recommend research priorities, assist with care/research linkages.	$50,000	$200,000 1.5 FTE needed	Children, Youth, Women.	Consumer, Title IV provider, researcher participation in panel. Pediatric AIDS Foundation.	Title IV program lacks staff resources to establish and support panel; 1.5 FTE required.

Did it happen? Y.

Not NIH

linkage c NIH?

Evaluating Is the 50,000 for the research panel?

50,000 200,000

Area: Services/Research
Goal: Expand access to Comprehensive, Coordinated Services and Research for Children, youth and families affected by HIV/AIDS.

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
5) Provide leadership, support and technical assistance to improve HIV programs for children, youth, families.	a) Conduct Technical Assistance Site visits and consultation to 8 projects/year b) Organize and implement an annual national Title IV meeting with grantees, providers and consumers c) Develop standards of care for (1) PCP, (2) family centered care, and (3) Counseling, testing, care of women d) Support two national resource centers for training. TA information.	Activities to enhance grantee and provider outreach, prevention, care and research activities.	$5,000 travel $5,000 peer consultants. $1.9 million	$5,000 travel $5,000 peer consultants. $1.3 million	Children, youth, families. Title IV grantees.	Youth and families participate in all national meetings, trainings.	Limited travel resources preclude additional visits to projects in need of technical assistance.

Area: Services/Research
Goal: Expand access to Comprehensive, Coordinated Services and Research for Children, youth and families affected by HIV/AIDS.

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
6) Build youth and family leadership to provide program input and advocate, provide direction at local, state, national levels.	a) Convene youth and family leadership conferences and distribute report b) Published Essential Allies, a guide to involving youth/families in program planning, leadership bodies c) Families advocate for Title IV by educating state/national legislators.	þ MCHB funds cooperative agreement with Institute of Family-Centered Care to provide training/technical assistance to youth and families.	$330,000	$350,000	þ Youth and families participate in and present at all National Title IV meetings. þ Families serve on boards/ committees of 20 projects.	þ Youth and families participate in and present at all National Title IV meetings. þ Families serve on boards/ committees of 20 projects. þ National Positive Youth Alliance.	þ Funds only permit 2 youth and 2 family members/project to attend national leadership meetings.

330,000 350,000
56,259,302 62,747,350

FROM The HRSA AIDS Advisory Committee Meeting Notebook

HEALTH RESOURCES AND SERVICES ADMINISTRATION
AIDS FUNDING HISTORY - FY 1986 - FY 1996
(dollars in thousands)

	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96 Pres. Budget
Emergency Assistance (Title I, Part A)						87,831	121,601	184,757	325,500	356,500	407,000
Comprehensive Care (Title II, Part B)						87,831	107,649	115,288	183,897	198,147	221,897
Early Intervention Services (Title III, Part C)						44,891	49,836	47,968	47,968	52,318	62,568
Pediatric/Adolescent Services & Research (Title IV, Part D)									22,000	26,000	32,000
SubTotal RYAN WHITE C.A.R.E. PROGRAMS						**$220,553**	**$279,086**	**$348,013**	**$579,365**	**$632,965**	**$723,465**
AIDS Education and Training Centers *		1,900	11,106	14,640	14,549	17,078	16,975	16,435	16,435	16,287	16,287
Pediatric/Family HIV Program *			4,787	7,806	14,803	19,518	19,737	20,897			
AIDS Dental Services *									7,000	6,937	6,937
AIDS Facilities Renovation *			6,702	3,903	4,342	4,029					
AIDS Service Demonstration Grants **	15,312	10,000	14,361	14,692	17,209						
Low Prevalence Areas **				3,904							
Formula Grants for Home Health **					19,737						
Subacute Care **					1,480						
Drug Reimbursement **		30,000		15,000	29,606						
Community Health Care Service for AIDS **					10,777						
TOTAL HRSA AIDS BUDGET AUTHORITY	**$15,312**	**$41,900**	**$36,956**	**$59,945**	**$112,503**	**$261,178**	**$315,798**	**$385,345**	**$602,800**	**$656,189**	**$746,689**

* Non Ryan White

** No longer authorized - Incorporated into Ryan White programs.

Updated: 2-09-94

OCIRM/KED

AIDS PROGRAM OFFICE (APO)
OFFICE OF THE ADMINISTRATOR
FY 1995 UPDATE SUMMARY

HRSA AIDS Advisory Committee (HAAC)

- The AIDS Program Office is convening a meeting of the HAAC Clinical Issues Subcommittee on April 26 in Washington, D.C.

- The AIDS Program Office is convening a meeting of the HAAC Evaluation Subcommittee on May 4 in Washington, D.C.

REAUTHORIZATION OF THE RYAN WHITE CARE ACT

- On November 17, 1994 APO staff along with HRSA Bureau AIDS program managers met with Senator Kennedy's staff at their request to discuss the Ryan White CARE Act.

- APO and HRSA HIV/AIDS staff developed Questions and Answers for the Assistant Secretary for Health on reauthorization of the CARE Act. Ryan White CARE Act state and city profiles were developed by BHRD staff with help from all HRSA bureaus to summarize all HIV programs and funding since 1990 in preparation for Committee hearings. These profiles were distributed to Congressional staff and are now being given to constituents.

- HRSA staff met on several occasions with House and Senate staff to provide program related information and to answer questions related to Ryan White Care ACT reauthorization.

- APO and HRSA HIV/AIDS staff participated in meetings with the General Accounting Office in preparation for their release of a report on Ryan White Care Act funding formulas.

- Dr. Ciro Sumaya, Administrator, HRSA, and Dr. G. Stephen Bowen participated in the Senate hearings on Ryan White CARE Act reauthorization on March 27, 1995 and in the House Subcommittee on Health and Environment hearings on April 5, 1995.

ACTG 076

- Dr. Ciro Sumaya, Administrator, HRSA, sent a letter to all HRSA HIV/AIDS grantees updating them about the Department of Health and Human Services (DHHS) activities surrounding the implementation of ACTG 076 for pregnant women infected with HIV and informed them that HRSA expects its grantees to recommend to all pregnant women that they know their HIV status; offer HIV counseling and testing; and implement the August 4 Public Health Service recommendations about treatment of pregnant women with HIV. Principles upon which to carry out local implementation were included. (See section L of meeting notebook).

- APO with the assistance of the Bureaus developed an ACTG 076 HRSA Implementation Plan for the Office of the Assistant Secretary for Health.

- Dr. Stephen Bowen represents HRSA at monthly meetings of the DHHS Coordinating Committee on HIV/AIDS chaired by Dr. Phil Lee, Assistant Secretary for Health, and Patsy Fleming, Director, Office of National AIDS Policy. Much attention at these meetings has been focused on implementing ACTG 076.

- APO is overseeing the development of a Program Advisory on ACTG 076. A draft was circulated for internal comments on March 3. A draft for external comments will be circulated in May. The final Program Advisory is expected to be ready by summer. This advisory will assist all HRSA HIV/AIDS programs and grantees in implementing PHS recommendations on ACTG 076.

- APO is providing funds for the Agency for Health Care Policy and Research to develop a consumer brochure on ACTG 076 as well as videos and audiotapes to team providers and consumers.

ALL HIV/AIDS PROGRAM COORDINATION MEETING

- APO convened the above meeting on December 12-16 with 40 grantees to focus on issues in day-to-day coordination across HRSA HIV/AIDS programs. A draft report was completed and reviewed by the APO. The next activity in this effort will be to identify successful methods of program coordination and distribute these and the revised draft report to Ryan White grantees.

DHHS WORKING GROUP ON CARE AND SERVICES/DHHS COORDINATING COMMITTEE ON HIV/AIDS

- APO convened and chairs meetings of a subgroup of the above committee to develop a multi-agency demonstration HIV/AIDS project.

HRSA U.S. - MEXICO BORDER TASK FORCE

- This task force was formed to provide an agency focus for planning, developing, and implementing strategies that address current and projected priority health issues on the U.S. - Mexico border. HIV infection has been identified as one of several priority health problems along the U.S.- Mexico border. Three subcommittees have been formed to develop the HRSA strategy. Bob Soliz represents the AIDS Program Office in the above task force and is chair of the Texas subcommittee.

DIVISION OF HIV SERVICES
RYAN WHITE CARE ACT: TITLE I AND TITLE II
FY 1995 UPDATE

The following is an overview of key DHS activities that have been undertaken to date in FY 1995:

FY 1995 Grant Awards

Title I grant funds have been awarded to 8 new EMAs and 34 continuing EMAs. Awards for continuing EMAs were based on an internal review process. FY 1995 Title II awards were made to 50 States, the District of Columbia, Puerto Rico, and Guam. Tables with grant amounts are included at the end of this summary. An additional part of the Title I review process for continuing EMAs includes a series of 10 reverse site visits scheduled April through October 1995 to engage in a comprehensive and interactive dialogue between DHS staff and EMA representatives focused on comprehensive HIV care planning and further developing the continuum of care in these local communities.

Annual Title I and Title II Grantee TA Meeting

A joint annual meeting for Title I and Title II grantees will be held June 28-30, 1995, Washington Hilton Hotel, Washington, D.C. The theme of this year's meeting is *Future Directions and Challenges for HIV/AIDS Health Care and Service Delivery*. The agenda will include an update on CARE Act reauthorization as well as workshops on the following topics: securing and maintaining participation of people living with HIV on consortia and planning councils; coordination across CARE Act programs; Medicaid; service delivery issues related to the ACTG 076 protocol; using the annual administrative report data for local program planning; roles, responsibilities and operation of consortia and planning councils; state level planning; development of standards of care; integrating CARE Act programs with managed care systems; techniques for improving partnerships with minority providers; and other topics. A track of clinical workshops will explore the service delivery implications of treatments needs and clinical developments. Plenary sessions will include a presentation on *Trends in HIV Epidemiology: Implications for HIV Service Delivery* and *Future Medical Trends: Implications for HIV Service Delivery*. A planning group composed of grantees and representatives of national organizations is working with DHS staff to develop the final agenda.

On-Site Staff Visits

Visit the new 4

Eight newly eligible metropolitan areas were visited to help prepare them for Title I responsibility once eligibility was officially determined in the fall of 1994 (Caguas, Austin, San Antonio, Jacksonville, Portland, Vineland/Millville/Bridgeton and Santa Rosa/Petaluma). Other Title I visits to existing grantees

focused on areas such as evaluation strategies at the local level, coordination across Titles I and II, administrative issues around contracts/RFPs/expenditure of funds, Planning Council organization and function relative to the administrative agency, involvement of minority CBOs in the delivery of HIV care, involvement of people with HIV/AIDS or caucuses in Title I processes and more comprehensive overview visits (**Boston, Dallas, Denver, Houston, Kansas City, Miami, New Orleans, New York City, Newark, Philadelphia, St Louis, San Francisco, San Juan and Seattle**).

Title II visits focused on a variety of issues, primarily the organization and delivery of services through HIV care consortia, but also issues related to the maximization of other HIV care dollars and development of provider capability in outlying rural areas (**Alabama, Maryland, Massachusetts, Nebraska, New Jersey, North Carolina, Oregon, Pennsylvania, Texas, Washington and Puerto Rico**).

Work Groups

Three DHS internal work groups made significant progress over the past six months that should have benefit to Division grantees.

1. A PLWH Committee is working to ensure that the consumer perspective is fully considered in Division programs and policies, and is also looking at initiatives for the training of people living with HIV disease to enhance their participation in Title I and Title II planning and program implementation activities.

2. A Policy Review Board has been institutionalized to consider questions from Title I and II grantees that have programmatic and administrative policy implications, and to develop Division statements that will provide clarity to the grantee community.

3. A Project Officer Role Delineation Work Group has just about finalized a framework of responsibilities for DHS staff who serve as project officers for Title I and II grantees. This will help ensure consistency in monitoring and technical assistance across grantees and be used to consider program priorities in the light of available staff resources.

URS Annual Administrative Report (AAR)

The first submission of data from the Annual Administrative Report (AAR), which covered July 1 through December 31, 1994, was received on March 15. With the exception of one Title I and one Title II grantee, all grantees submitted data for Ryan White-funded providers either in electronic format or on scannable forms as required. DHS and its technical assistance contractor, the MayaTech Corporation, are in the process of analyzing data submissions for format, completeness, and quality.

DHS will provide reports to each grantee from the data submitted by their providers. Grantees will be asked to review these provider reports for accuracy and completeness. Upon completion of this review, DHS will develop summary tables for each data element of the AAR.

During the National Technical Assistance Meeting in June, national tables will be presented that summarize data across all grantees from the first AAR submission. Workshops will also be held to discuss uses of AAR data for local/state monitoring and planning.

During April through May, DHS and its contractor will visit each of the eight new Title I grantees for fiscal year 1995 to provide training on the AAR. An overview of AAR requirements, detailed discussion of data definitions, and explanation of DHS technical resources available to support the AAR will be presented during the two-day meetings.

URS Client-Level Demonstration Project

Each of the seven URS client-level demonstration sites (Texas, Michigan, Detroit, Virginia, San Francisco, Los Angeles, Orange County, and D.C.) was visited during December and January. During these visits, contract requirements, data definitions, quality assurance procedures, and technical assistance were discussed with grantee staff. Grantees were also asked to update the list of providers who would be participating in the first year of data collection. On March 31, all demonstration sites submitted client-level data which covered July through December 1994. DHS is analyzing these data submissions for completeness and will develop data quality profiles for each site. These profiles will be reviewed and discussed with grantees during another round of visits. From these discussions and guidance materials developed by DHS, each site will be expected to develop a three-year quality assurance plan designed to meet the overall data quality targets of the URS demonstration project.

Technical Assistance Contract

The Division of HIV Services has initiated a Technical Assistance (TA) Contract to Title I and II grantees through the use of skilled peer consultants. This activity complements the TA provided by DHS staff and includes on-site visits devoted to consultation and/or training, meetings, teleconferences, and written materials that are distributed to all grantees. Written materials are often based on on-site activities, and provide a mechanism to disseminate lessons learned by one grantee to the larger community. TA requests are made by the grantees through their DHS Project Officer.

To date, 40 on-site projects have been undertaken through the TAC and have addressed the following topic areas for the following grantees:

Capacity Building:
Nassau-Suffolk Counties, NY
Denver, CO
St. Louis, MO
Ponce, PR
New Haven, CT
Orange County, CA

Needs Assessment:
Washington, DC
Houston, TX

Planning Council Development/Operations:
Newark, NJ
St. Louis, MO
Bergen/Passaic Counties, NJ
Dutchess County, NY
New Orleans, LA
Jacksonville, FL

Comprehensive Planning:
Newark, NJ
Bergen/Passaic Counties, NJ
Baltimore, MD
Riverside/San Bernardino, CA
San Diego, CA
California

Fiscal Management:
Newark, NJ

PLWA Group Development:
Newark, NJ
Washington, DC

Consortia Development/Operations:
Delaware
North Carolina
Michigan
New Jersey
Florida
Virginia
Puerto Rico
California

Housing Development:
Iowa
Hawaii
North Carolina
San Diego County

Grantee Administrative Systems:
North Carolina
Indiana
Delaware

Unit Cost Analysis:

Pennsylvania
Colorado

The following meetings have been undertaken through the TAC:

Home and Community Based Care (meeting and report)
PLWA (meeting and report)
Consultants (TAC evaluation and planning)

The following teleconferences have been conducted or planned through the TAC:

June 14, 1994: Needs Assessment
August 9, 1994: Title I Supplemental Application
December 14, 1994: PLWH/A Involvement
March 16, 1995: ETC Involvement
May 31, 1995: Consortia development and Operations

The following materials and written documents have been produced through the TAC:

EMA Manual
CARE Consortia Manual (in press)
Needs Assessment Report
Minority Report
Capacity Building Materials for ASOs and CBOs Report
World AIDS Day Promotional Materials
Grievance Procedures Report
Request for Proposals Report
Title I Outcome Summary Report
CDC Factsheets
Title I and II Summaries
PLWA Factsheets
CARE Notes newsletter

Profiles

DHS has developed profiles for all Title I and II grantees that include a description of the local epiemic, a funding history, FY 1993 expenditures, the top 5 program services priorities for 1994 and a summary of program accomplishments. Attached is an example of one State's profile along with profiles of the EMAs in the State. Other specific State or EMA profiles are available upon request.

Ryan White CARE ActTitle I - Emergency Relief Grants

[Title XXVI, Part A, PHS Act]

Fiscal Year 1995 Grants

Metropolitan Areas (EMAs)	Yr Elig	Formula	Supplemental	Total
Atlanta, GA	FY 1991	$ 4,007,435	$ 5,083,896	$ 9,091,331
Austin, TX	FY 1995	1,085,663	1,038,611	2,124,274
Baltimore, MD	FY 1992	2,691,832	2,023,318	4,715,150
Bergen-Passaic, NJ	FY 1994	1,452,105	1,395,534	2,847,639
Boston, MA	FY 1991	3,456,473	3,622,769	7,079,242
Caguas, PR	FY 1995	489,261	413,667	902,928
Chicago. IL	FY 1991	4,924,568	7,175,297	12,099,865
Dallas, TX	FY 1991	3,385,351	4,791,034	8,176,385
Denver, CO	FY 1994	1,668,174	1,423,867	3,092,041
Detroit, MI	FY 1993	1,716,243	690,659	2,406,902
Dutchess Cty, NY	FY 1995	359,357	250,226	609,583
Fort Lauderdale, FL	FY 1991	3,635,539	1,456,455	5,091,994
Houston, TX	FY 1991	5,803,257	4,430,724	10,233,981
Jacksonville, FL	FY 1995	1,214,884	1,203,984	2,418,868
Jersey City, NJ	FY 1991	2,406,293	1,364,073	3,770,366
Kansas City, MO	FY 1994	1,145,290	1,580,905	2,726,195
Los Angeles, CA	FY 1991	12,998,478	18,039,102	31,037,580
Miami, FL	FY 1991	8,079,775	11,115,572	19,195,347
Nassau-Suffolk, NY	FY 1993	1,676,365	2,219,484	3,895,849
New Haven, CT	FY 1994	1,484,228	1,227,406	2,711,634
New Orleans, LA	FY 1993	1,798,493	1,704,516	3,503,009
New York, NY	FY 1991	48,636,026	44,951,158	93,587,184
Newark, NJ	FY 1991	5,559,872	6,231,533	11,791,405
Oakland, CA	FY 1992	2,321,637	1,826,662	4,148,299
Orange Co, CA	FY 1993	1,490,021	1,685,267	3,175,288
Orlando, FL	FY 1994	1,286,590	1,908,245	3,194,835
Philadelphia, PA	FY 1991	4,124,036	5,712,060	9,836,096
Phoenix, AZ	FY 1994	1,096,350	1,351,434	2,447,784
Ponce,PR	FY 1993	1,020,387	887,684	1,908,071
Portland, OR	FY 1995	986,510	1,416,224	2,402,734
Riverside-San Bern., CA	FY 1994	1,485,035	1,171,296	2,656,331
Saint Louis, MO	FY 1994	1,137,857	1,443,473	2,581,330
San Antonio, TX	FY 1995	960,778	770,444	1,731,222
San Diego, CA	FY 1991	2,861,916	2,766,336	5,628,252
San Francisco, CA	FY 1991	19,126,679	12,843,235	31,969,914
San Juan, PR	FY 1991	4,662,110	5,607,306	10,269,416
Santa Rosa-Petaluma, CA	FY 1995	574,580	633,025	1,207,605
Seattle, WA	FY 1993	1,920,227	2,128,257	4,048,484
Tampa-Saint Petersburg, FL	FY 1993	2,172,534	2,058,585	4,231,119
Vineland-Millville-Bridgeton, NJ	FY 1995	197,896	142,748	340,644
Washington, D.C.	FY 1991	5,623,294	5,089,889	10,713,183
West Palm Beach, FL	FY 1994	1,961,600	1,809,041	3,770,641
Total Awards:		**$174,684,999**	**$174,685,001**	**$349,370,000**
Setasides:				$7,130,000
Appropriation:				$356,500,000

April 14, 1995

RYAN WHITE CARE ACT: TITLE II HIV CARE GRANTS

[Title XXVI, Part B, PHS Act]

Fiscal Year 1995 Grants

State	Grant
ALABAMA	$ 1,349,942
ALASKA	100,000
ARIZONA	1,759,313
ARKANSAS	753,038
CALIFORNIA	27,867,193
COLORADO	1,980,699
CONNECTICUT	2,404,858
DELAWARE	585,604
DIST. OF COL.	2,532,524
FLORIDA	17,780,752
GEORGIA	4,731,696
HAWAII	499,350
IDAHO	138,867
ILLINOIS	5,577,650
INDIANA	1,536,770
IOWA	333,360
KANSAS	568,263
KENTUCKY	643,697
LOUISIANA	2,785,044
MAINE	228,492
MARYLAND	4,684,012
MASSACHUSETTS	3,776,077
MICHIGAN	2,675,943
MINNESOTA	973,550
MISSISSIPPI	954,192
MISSOURI	2,504,335
MONTANA	100,000
NEBRASKA	$ 267,083
NEVADA	964,174
NEW HAMPSHIRE	175,763
NEW JERSEY	8,958,831
NEW MEXICO	479,074
NEW YORK	29,093,044
NORTH CAROLINA	2,414,668
NORTH DAKOTA	100,000
OHIO	2,623,138
OKLAHOMA	1,050,786
OREGON	1,300,587
PENNSYLVANIA	5,177,510
PUERTO RICO	7,682,087
RHODE ISLAND	554,753
SOUTH CAROLINA	2,679,771
SOUTH DAKOTA	100,000
TENNESSEE	1,846,877
TEXAS	12,636,414
UTAH	428,266
VERMONT	103,727
VIRGINIA	2,642,609
WASHINGTON	2,310,797
WEST VIRGINIA	184,768
WISCONSIN	1,063,650
WYOMING	100,000
GUAM	2,902
VIRGIN ISLANDS	0
TOTAL	**$174,766,500**

(continued next column)

April 14, 1995

TITLE I PROFILE REPORT: Santa Rosa-Petaluma

13-Mar-95

EMA:

Total Population 404,111

Project Officer: Andrew Kruzich
Project Director: Pat Kuta

THE LOCAL EPIDEMIC (cumulative figures thru 12/31/93)

US AIDS cases	361,164	100.00%
State AIDS cases	65,948	18.3%
EMA AIDS cases	Not releasable	

EMA AIDS Demographics for 1993:

Women	Not releasable
Men	Not releasable
Children (<13)	Not releasable
Black	Not releasable
Hispanic	Not releasable
White	Not releasable

New AIDS cases by calendar year*

Pre-1988	1988	1989	1990	1991	1992	1993	Total
Not Releasable	Not Releasable	Not Releasable	Not Releasable	Not Releasable	Not Releasable	Not Releasable	0

** On December 31, 1992 the Office of Management and Budget announced new metropolitan Statistical Area (MSA) definitions, which reflect changes in the US population as determined by the 1990 census. AIDS cases reported after this date reflect these changes in the definition of MSAs as well as the expansion of the AIDS surveillance case definition.*

FUNDING HISTORY

Fiscal Year	1991	1992	1993	1994	1995	Total
Formula	No Grant	No Grant	No Grant	No Grant	$574,580	$574,580
Supplemental	No Grant	No Grant	No Grant	No Grant	633,025	$633,025
Total	$0	$0	$0	$0	$1,207,605	$1,207,605

EXPENDITURE OF FUNDS for 1993*

Health Care	No Expend.	N/A
Support Services	No Expend.	N/A
Other Local Priorities	No Expend.	N/A
Planning Council Support	No Expend.	N/A
Program Administration	No Expend.	N/A

* *Expenditures may differ from amounts awarded in that year due to prior year carryovers and unobligated funds carried forward.*

TOP 5 PROGRAM SERVICE PRIORITIES for 1994

- ☑ No program in 1994
- ☑ No program in 1994
- ☑ No program in 1994
- ☑ No program in 1994
- ☑ No program in 1994

PROGRAM ACCOMPLISHMENTS/EXAMPLES -

TITLE I PROFILE REPORT: San Francisco

13-Mar-95

EMA: City of San Francisco and 3 other counties
Total Population 1,624,203

Project Officer: Sheila McCarthy
Project Director: Valerie Dorr

THE LOCAL EPIDEMIC (cumulative figures thru 12/31/93)

US AIDS cases	361,164	100.00%
State AIDS cases	65,948	18.3%
EMA AIDS cases	18,149	5.0%
as a percent of State AIDS cases		27.5%

EMA AIDS Demographics for 1993:

Women	5.0%
Men	95.0%
Children (<13)	0.1%
Black	14.3%
Hispanic	10.4%
White	71.7%

New AIDS cases by calendar year*

Pre-1988	1988	1989	1990	1991	1992	1993	Total
3,796	1,708	1,786	2,117	1,976	2,111	4,655	18,149

** On December 31, 1992 the Office of Management and Budget announced new metropolitan Statistical Area (MSA) definitions, which reflect changes in the US population as determined by the 1990 census. AIDS cases reported after this date reflect these changes in the definition of MSAs as well as the expansion of the AIDS surveillance case definition.*

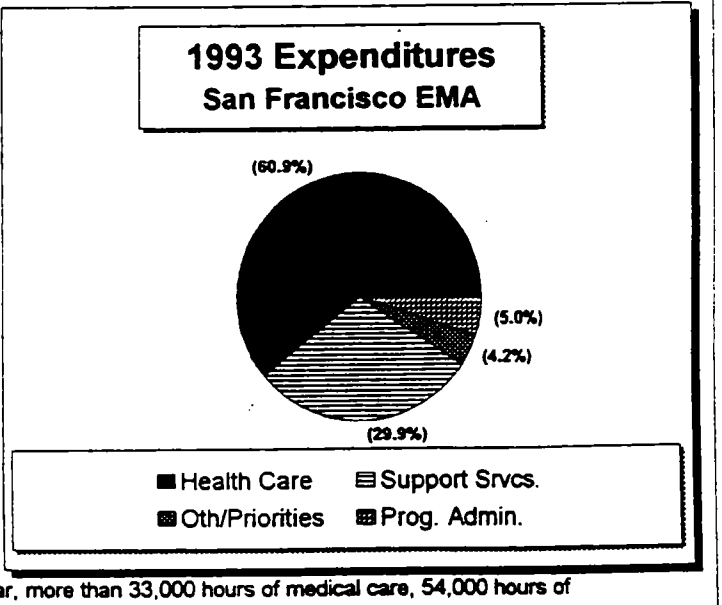
FUNDING HISTORY

Fiscal Year	1991	1992	1993	1994	1995	Total
Formula	$6,393,866	$8,349,464	$11,462,925	$19,056,960	$19,126,679	$64,389,894
Supplemental	6,319,965	10,594,765	15,754,151	20,153,440	12,843,235	$65,665,556
Total	$12,713,831	$18,944,229	$27,217,076	$39,210,400	$31,969,914	$130,055,450

EXPENDITURE OF FUNDS for 1993*

Health Care	$16,573,469	60.9%
Support Services	$8,148,461	29.9%
Other Local Priorities	$1,134,292	4.2%
Planning Council Support	No Expend.	N/A
Program Administration	$1,360,854	5.0%

* *Expenditures may differ from amounts awarded in that year due to prior year carryovers and unobligated funds carried forward.*



TOP 5 PROGRAM SERVICE PRIORITIES for 1994

- ☑ Primary medical care
- ☑ Housing related services
- ☑ Food bank/home delivered meals
- ☑ Dental services
- ☑ Mental health services

PROGRAM ACCOMPLISHMENTS/EXAMPLES

INCREASED NUMBER OF PEOPLE IN CARE: In the last year, more than 33,000 hours of medical care, 54,000 hours of home health care, 120,000 prescriptions, 25,700 hours of mental health services, and 35,800 hours of substance abuse treatment were provided through Ryan White funding to people living with HIV/AIDS. For example, the number of persons receiving services through the Urgent Care Drop-In Program of the Ward 86 Clinic at San Francisco General Hospital, has grown from 200 people per month in 1991 to more than 400 per month in 1994 (2/3 of whom are unduplicated patients), while the Ward 86 Clinic itself serves more than 2,500 patients per month. The School of Dentistry at the University of the Pacific has quadrupled their hours of dental service and added more than 700 new clients to their client base in 1993-1994.

ADDED NEW SERVICE: In 1994, added Health Center #1, a new primary care site, to the city/county health clinics; provided more than 1,000 hours of primary medical care, mental health services, neuropsychiatric testing, case management, medicine management and health education to 90 multi-diagnosed patients in the first year (unduplicated patients).

NEW ACCESS POINT TO HEALTH CARE SYSTEM: Established Women's Place, a residential psychiatric and substance abuse treatment program for women with multiple diagnoses, providing 4,000 resident days to 70 women in 1994.

TITLE I PROFILE REPORT: San Diego

13-Mar-95

EMA: City of San Diego and San Diego County
Total Population 2,631,306

Project Officer: Andrew Kruzich
Project Director: Binnie Callender

THE LOCAL EPIDEMIC (cumulative figures thru 12/31/93)

US AIDS cases	361,164	100.00%
State AIDS cases	65,948	18.3%
EMA AIDS cases	5,315	1.5%
as a percent of State AIDS cases		8.1%

EMA AIDS Demographics for 1993:

Women	6.2%
Men	93.8%
Children (<13)	0.4%
Black	12.7%
Hispanic	15.5%
White	69.4%

New AIDS cases by calendar year*

Pre-1988	1988	1989	1990	1991	1992	1993	Total
689	451	509	668	618	682	1,698	5,315

** On December 31, 1992 the Office of Management and Budget announced new metropolitan Statistical Area (MSA) definitions, which reflect changes in the US population as determined by the 1990 census. AIDS cases reported after this date reflect these changes in the definition of MSAs as well as the expansion of the AIDS surveillance case definition.*

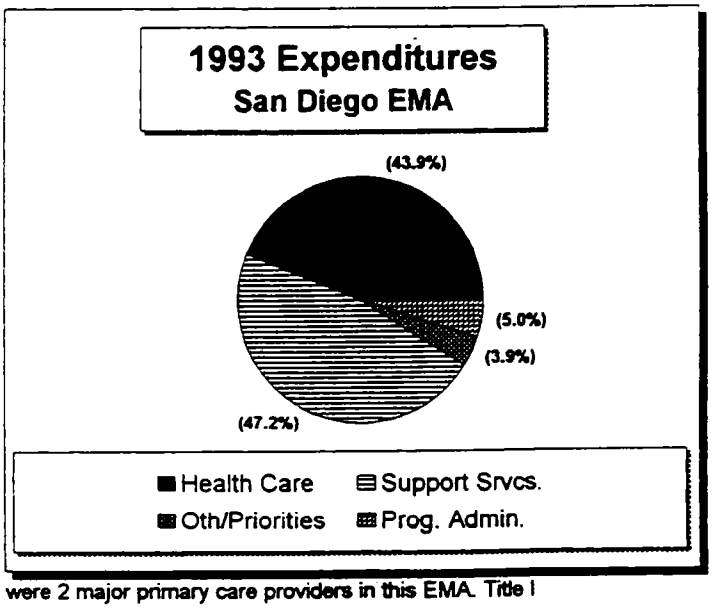
FUNDING HISTORY

Fiscal Year	1991	1992	1993	1994	1995	Total
Formula	$858,223	$1,161,427	$1,580,386	$2,696,880	$2,861,916	$9,158,832
Supplemental	601,982	1,617,297	2,181,593	2,536,694	2,766,336	$9,703,902
Total	$1,460,205	$2,778,724	$3,761,979	$5,233,574	$5,628,252	$18,862,734

EXPENDITURE OF FUNDS for 1993*

Health Care	$1,651,915	43.9%
Support Services	$1,775,076	47.2%
Other Local Priorities	$146,890	3.9%
Planning Council Support	No Expend.	N/A
Program Administration	$188,098	5.0%

* *Expenditures may differ from amounts awarded in that year due to prior year carryovers and unobligated funds carried forward.*



TOP 5 PROGRAM SERVICE PRIORITIES for 1994

- ☑ Primary medical care
- ☑ Medications
- ☑ Dental services
- ☑ Benefits counseling
- ☑ Food/nutrition services

PROGRAM ACCOMPLISHMENTS/EXAMPLES

INCREASED NUMBER OF PEOPLE IN CARE: In 1990 there were 2 major primary care providers in this EMA. Title I funds used to create a risk-shared reimbursement pool open to 30 indigent care clinics, through which 5,123 medical visits were provided to 945 patients in 1994. The Comprehensive Health Center serving low-income Hispanic and African American communities, has increased care from 15 medical visits for 8 people in 1991 to more than 650 visits to more than 200 people in 1993, and more than 300 visits in the first quarter of 1994.

ADDED NEW SERVICES: Reimbursement pools also developed to expand the availability of home health, dental, medical specialty, medications and support services. The medical specialty pool begun 10/93 provided more than 450 care visits in 1994. Developed 4 Drop-In Centers through Being Alive, which has expanded from a limited all-volunteer respite care provider in 1990 to a key provider serving 1,032 people the first quarter of 1994 with peer counseling, child care, practical support, respite care, information/referral, volunteer coordination and service provider training.

NEW ACCESS POINT TO HEALTH CARE SYSTEM: Expanded mental health, case management and food services to African Americans through the Neighborhood House Association, serving 65 clients in the first year of operation (1994).

TITLE I PROFILE REPORT: Riverside-San Bernardino

13-Mar-95

EMA: Cities and counties of Riverside and San Bernardino
Total Population 2,916,199

Project Officer: Andrew Kruzich
Project Director: Tom Pendergast

THE LOCAL EPIDEMIC (cumulative figures thru 12/31/93)

US AIDS cases	361,164	100.00%
State AIDS cases	65,948	18.3%
EMA AIDS cases	3,016	0.8%
as a percent of State AIDS cases		4.6%

EMA AIDS Demographics for 1993:

Women	9.1%
Men	90.9%
Children (<13)	0.6%
Black	13.6%
Hispanic	20.0%
White	64.5%

New AIDS cases by calendar year*

Pre-1988	1988	1989	1990	1991	1992	1993	Total
291	184	262	281	361	441	1,196	3,016

** On December 31, 1992 the Office of Management and Budget announced new metropolitan Statistical Area (MSA) definitions, which reflect changes in the US population as determined by the 1990 census. AIDS cases reported after this date reflect these changes in the definition of MSAs as well as the expansion of the AIDS surveillance case definition.*

FUNDING HISTORY

Fiscal Year	1991	1992	1993	1994	1995	Total
Formula	No Grant	No Grant	No Grant	$1,299,021	$1,485,035	$2,784,056
Supplemental	No Grant	No Grant	No Grant	1,102,989	1,171,296	$2,274,285
Total	$0	$0	$0	$2,402,010	$2,656,331	$5,058,341

EXPENDITURE OF FUNDS for 1993*

Health Care	No Expend.	N/A
Support Services	No Expend.	N/A
Other Local Priorities	No Expend.	N/A
Planning Council Support	No Expend.	N/A
Program Administration	No Expend.	N/A

* *Expenditures may differ from amounts awarded in that year due to prior year carryovers and unobligated funds carried forward.*

TOP 5 PROGRAM SERVICE PRIORITIES for 1994

- ☑ Primary medical care
- ☑ Medications
- ☑ Housing related services
- ☑ Dental services
- ☑ Counseling services

PROGRAM ACCOMPLISHMENTS/EXAMPLES

INCREASED NUMBER OF PEOPLE receiving medical care in the first year of Title I funding in an area equal in size to New Jersey, Massachusetts and Maryland combined, by expanding the geographic distribution of services, increasing hours of operation and increasing medical staff. For example, the number of people served by the Desert AIDS Project Health Center increased by 20% to 706 patients in the first 9 months of 1994, while the number of medical visits provided by the San Bernadino County HIV Clinic grew from 1,679 in 1990 to more than 5,000. Through combined CARE Act support over 4 years, the Inland AIDS Project has more than doubled the number of people receiving psychiatric and counseling services, home health care, case management, transportation and support services, serving 1,658 persons in the first 9 months of 1994. ***ADDED FOUR NEW SERVICES*** with Title I funds (pharmacy services unavailable under Title II, child care families with HIV/AIDS, a 24-hour crisis hot line, and benefits/legal counseling) and expanded 7 services (primary medical care, dental, mental health, food services, home health, case management and transportation). For example, expanded home care services for end-stage patients living in the Coachella Valley area, and added dental services at the San Bernadino County HIV Clinic, providing 613 visits through 6/94.

TITLE I PROFILE REPORT: Orange County

13-Mar-95

EMA: Orange County, City of Anaheim
Total Population 2,501,685

Project Officer: Andrew Kruzich
Project Director: Ron Taylor

THE LOCAL EPIDEMIC (cumulative figures thru 12/31/93)

US AIDS cases	361,164	100.00%
State AIDS cases	65,948	18.3%
EMA AIDS cases	3,016	0.8%
as a percent of State AIDS cases		4.6%

EMA AIDS Demographics for 1993:

Women	8.7%
Men	91.3%
Children (<13)	0.8%
Black	6.3%
Hispanic	25.5%
White	66.6%

New AIDS cases by calendar year*

Pre-1988	1988	1989	1990	1991	1992	1993	Total
429	245	281	380	429	491	761	3,016

** On December 31, 1992 the Office of Management and Budget announced new metropolitan Statistical Area (MSA) definitions, which reflect changes in the US population as determined by the 1990 census. AIDS cases reported after this date reflect these changes in the definition of MSAs as well as the expansion of the AIDS surveillance case definition.*

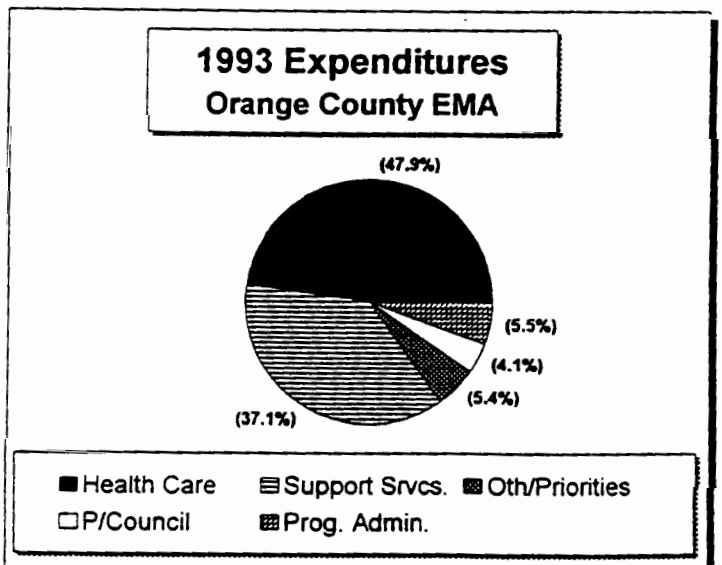
FUNDING HISTORY

Fiscal Year	1991	1992	1993	1994	1995	Total
Formula	No Grant	No Grant	$979,113	$1,426,850	$1,490,021	$3,895,984
Supplemental	No Grant	No Grant	860,613	1,201,097	1,685,267	$3,746,977
Total	$0	$0	$1,839,726	$2,627,947	$3,175,288	$7,642,961

EXPENDITURE OF FUNDS for 1993*

Health Care	$793,696	47.9%
Support Services	$614,555	37.1%
Other Local Priorities	$90,000	5.4%
Planning Council Support	$67,363	4.1%
Program Administration	$91,987	5.5%

* *Expenditures may differ from amounts awarded in that year due to prior year carryovers and unobligated funds carried forward.*



TOP 5 PROGRAM SERVICE PRIORITIES for 1994

- ☑ Case management services
- ☑ Mental health services
- ☑ Benefits counseling
- ☑ Primary medical care
- ☑ Case management services

PROGRAM ACCOMPLISHMENTS/EXAMPLES

INCREASED NUMBER OF PEOPLE IN CARE: The number of people receiving medical care at the Orange County Health Care Agency has grown 58% from 700 before CARE Act funding to 1,198 in 1994, of whom more than 90% were uninsured, indigent or Medi-Cal recipients unable to obtain care from private physicians. The University of California Irvine Medical Center, which planned to provide medical care to 200 mid-to-late stage patients beginning in 1993, served more than 840 the first year.

ADDED NEW SERVICES: Clients served by the AIDS Services Foundation grew from 12 in 1987 to 2,500 in 1994, with daily caseload of 640, and the range of services expanded from social services to an interdisciplinary model of nursing case management, benefits counseling, mental health and home health care services. Through its outreach program, Delhi Community Center, serving Hispanic Americans, made 1,500 contacts and 513 referrals to HIV/AIDS services in first year.

NEW ACCESS POINT TO HEALTH CARE SYSTEM: The County added two satellite primary care clinics to better serve the southern and western regions of the EMA. Developed a technical assistance program to improve HIV provider capacity. For example, The Center AIDS Response Program, an experienced provider, was linked with Hannah's House, a new provider serving African-Americans, and in the first two months of operation in 1994, 62 people were served.

TITLE I PROFILE REPORT: Oakland

13-Mar-95

EMA: City of Oakland, Alameda and Contra Costa Counties
Total Population 2,163,293

Project Officer: Sheila McCarthy
Project Director: Laura Barry

THE LOCAL EPIDEMIC (cumulative figures thru 12/31/93)

US AIDS cases	361,164	100.00%
State AIDS cases	65,948	18.3%
EMA AIDS cases	4,349	1.2%
as a percent of State AIDS cases		6.6%

EMA AIDS Demographics for 1993:

Women	11.8%
Men	88.2%
Children (<13)	0.2%
Black	40.4%
Hispanic	8.2%
White	49.4%

New AIDS cases by calendar year*

Pre-1988	1988	1989	1990	1991	1992	1993	Total
673	371	410	608	440	554	1,293	4,349

** On December 31, 1992 the Office of Management and Budget announced new metropolitan Statistical Area (MSA) definitions, which reflect changes in the US population as determined by the 1990 census. AIDS cases reported after this date reflect these changes in the definition of MSAs as well as the expansion of the AIDS surveillance case definition.*

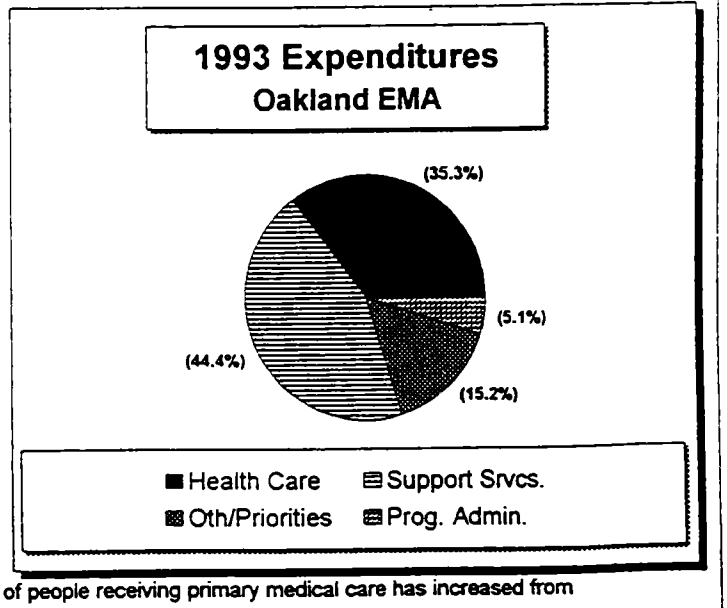
FUNDING HISTORY

Fiscal Year	1991	1992	1993	1994	1995	Total
Formula	No Grant	$1,004,595	$1,367,609	$2,379,546	$2,321,637	$7,073,387
Supplemental	No Grant	1,118,871	1,235,207	1,549,741	1,826,662	$5,730,481
Total	$0	$2,123,466	$2,602,816	$3,929,287	$4,148,299	$12,803,868

EXPENDITURE OF FUNDS for 1993*

Health Care	$902,986	35.3%
Support Services	$1,135,587	44.4%
Other Local Priorities	$388,569	15.2%
Planning Council Support	No Expend.	N/A
Program Administration	$130,141	5.1%

* *Expenditures may differ from amounts awarded in that year due to prior year carryovers and unobligated funds carried forward.*



TOP 5 PROGRAM SERVICE PRIORITIES for 1994

- ☑ Housing related services
- ☑ Emergency assistance
- ☑ Primary medical care
- ☑ Food & nutrition services
- ☑ Transportation services

PROGRAM ACCOMPLISHMENTS/EXAMPLES

INCREASED NUMBER OF PEOPLE IN CARE: The number of people receiving primary medical care has increased from under 300 in 1991-92 to more than 1,000 in 1993, of which only 17% had Medicaid or private insurance, 28% were women, 60% were people of color, and more than 10% were homeless. More than 4,350 hours of home health care services were provided.

ADDED NEW SERVICE(S): Collaborated with AIDS Education and Training Center to train hospital convalescent providers, dentists and support group leaders, resulting in 2 convalescent centers accepting patients, 5 private dentists providing care, and the creation of more than 55 support groups in 1993. Expanded cooperative network to provide food bank services, and provided more than 8,000 bags of groceries in the first five months in 1993.

NEW ACCESS POINT TO HEALTH CARE SYSTEM: Established case management services at two methadone centers and expanded services available to recently released prisoners to improve access to health care and related support services. Created a new primary care provider in Berkeley called the East Bay AIDS Center, where care was previously limited.

SAMPLE

STATE PROFILE

EMA PROFILES

The State profile for California is attached, along with profiles for the EMAs in California. Other State/EMA profiles are available upon request.

TITLE II PROFILE REPORT: California

21-Mar-95

Project Officer: Andrew Kruzich
Project Director: Wayne Sauseda

FUNDING HISTORY

Fiscal Year	1991	1992	1993	1994	1995	Total
Title II Grant	$12,953,753	$15,559,171	$17,183,378	$28,172,762	$27,851,737	$101,720,801
Required State Match	2,590,751	3,889,793	5,727,793	14,086,381	13,925,869	$40,220,586
Total	$15,544,504	$19,448,964	$22,911,171	$42,259,143	$41,777,606	$141,941,387

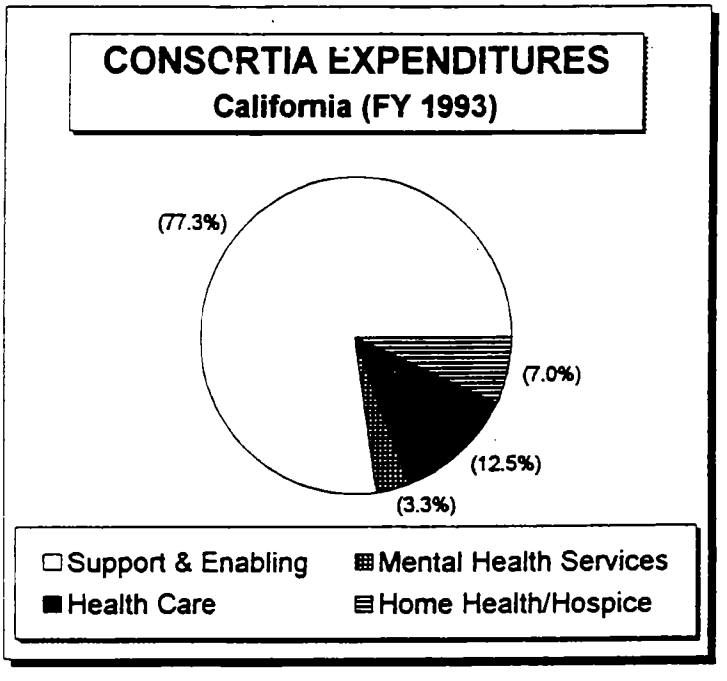
EXPENDITURE OF FUNDS for FY 1993 and FY 1994*

	1993		1994	
By Program Component:	Expenditure	# Served	Budgeted	# Served
HIV Care Consortia	$8,591,689	21,159	$14,836,004	23,063
Treatment	5,073,351	unavailable	7,774,482	7,000
Home & Community Based Care	1,200,000	3,134	1,620,000	3,300
Insurance Continuation	600,000	623	1,200,000	1,100
Administration/Planning	1,718,338		2,742,276	

HIV Care Consortia Detail for FY1993

Health Care	$1,069,683
Mental Health Services	283,310
Home Health/Hospice	597,601
Support & Enabling	6,641,095

* *Expenditures may differ from amounts awarded in that year due to prior year carryovers and unobligated funds carried forward.*



PROGRAM ACCOMPLISHMENTS/EXAMPLES:

INCREASED NUMBER OF PEOPLE IN CARE: The number of people receiving health care and support services through the state's 42 consortia which serve all 58 counties, has grown from an estimated 2,000 people in 1991 to more than 23,000 in FY 1994, of which approximately 21 percent were women, children and families. Also, the formulary for the AIDS Drug Program has expanded from 2 to 25 FDA approved medications since 1991, while the number served has increased from 1,050 in 1991 to 7,000 in 1994. More than 3,300 people received case managed home and community based care services. The state estimates more than $21 million in cost savings as a result of a 50% reduction in hospitalization attributed largely to the availability of case managed home and community-based health and support services operated with state and Title II funds.

ADDED NEW SERVICES: More than 150 low-income persons received medical, dental, prescription, laboratory case management and support services in the first year (1994) of operation of a clinic at the Natividad Medical Center in Salinas.

NEW ACCESS POINT TO HEALTH CARE SYSTEM: Opened a women's clinic through "CARES," an established provider in Sacramento, which also developed a training program for physicians and dentists. Developed an outpatient recovery program, United for Life, for people with AIDS with an alcohol/drug dependency in Hayward, CA (1993).

TITLE I PROFILE REPORT: Los Angeles

13-Mar-95

EMA: City of Los Angeles and Los Angeles County
Total Population 9,075,529

Project Officer: Andrew Kruzich
Project Director: John Schunhoff

THE LOCAL EPIDEMIC (cumulative figures thru 12/31/93)

US AIDS cases	361,164	100.00%
State AIDS cases	65,948	18.3%
EMA AIDS cases	22,910	6.3%
as a percent of State AIDS cases		34.7%

EMA AIDS Demographics for 1993:

Women	7.2%
Men	92.8%
Children (<13)	0.2%
Black	21.3%
Hispanic	28.6%
White	47.8%

New AIDS cases by calendar year*

Pre-1988	1988	1989	1990	1991	1992	1993	Total
4,262	1,912	2,345	2,401	2,631	3,312	6,047	22,910

** On December 31, 1992 the Office of Management and Budget announced new metropolitan Statistical Area (MSA) definitions, which reflect changes in the US population as determined by the 1990 census. AIDS cases reported after this date reflect these changes in the definition of MSAs as well as the expansion of the AIDS surveillance case definition.*

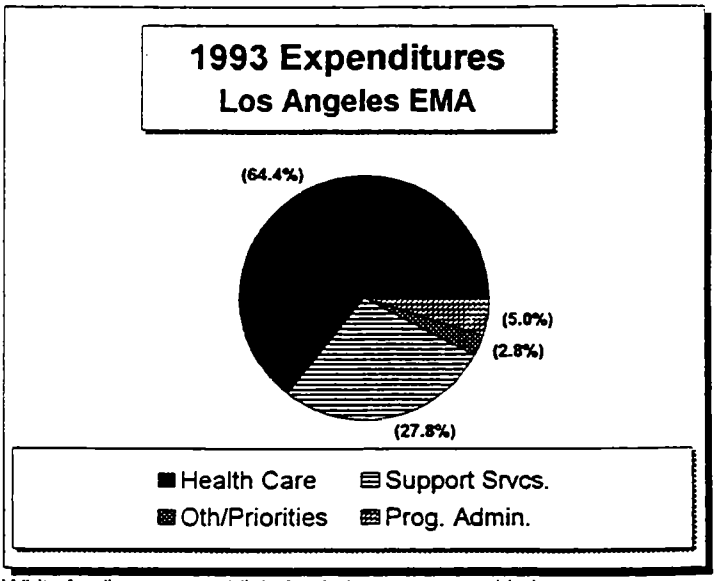
FUNDING HISTORY

Fiscal Year	1991	1992	1993	1994	1995	Total
Formula	$3,924,157	$5,437,999	$7,818,374	$12,617,337	$12,998,478	$42,796,345
Supplemental	3,924,157	4,350,088	11,371,895	12,823,874	18,039,102	$50,509,116
Total	$7,848,314	$9,788,087	$19,190,269	$25,441,211	$31,037,580	$93,305,461

EXPENDITURE OF FUNDS for 1993*

Health Care	$12,435,528	64.4%
Support Services	$5,356,779	27.8%
Other Local Priorities	$546,037	2.8%
Planning Council Support	No Expend.	N/A
Program Administration	$959,514	5.0%

* *Expenditures may differ from amounts awarded in that year due to prior year carryovers and unobligated funds carried forward.*



TOP 5 PROGRAM SERVICE PRIORITIES for 1994

- ☑ Primary medical care
- ☑ Substance abuse treatment
- ☑ Case management services
- ☑ Mental health services
- ☑ Housing related services

PROGRAM ACCOMPLISHMENTS/EXAMPLES

INCREASED NUMBER OF PEOPLE IN CARE: Before Ryan White funding, most publicly funded care was provided at two county hospitals. Funds have been used to create a community-based network of 21 primary care providers, reducing the waiting time for first appointments from almost 21 weeks in 1990 to under 2 weeks in 1994. The number of outpatient medical visits has grown from about 45,000 in 1992 to almost 87,000 in 1994, with almost 7,500 unduplicated patients receiving care. ***ADDED NEW SERVICES:*** Added mental health services at a drug treatment facility serving dually diagnosed patients in San Fernando Valley. Expanded the EMA's transportation network from 18 agencies in 1993 to 73 by 2/95, providing 4,850 rides/month to mostly medical appointments, a critical need in this 4,000 square mile area covering 88 cities and rural areas. Added critically needed dental restoration services last year, and provided dental care to more than 3,850 patients in 1994. ***NEW ACCESS POINT TO HEALTH CARE SYSTEM:*** Opened 3 new HIV/AIDS clinics in underserved areas. Initiated a vision rehabilitation program for the partially-sighted to meet an increasing need of HIV patients with cytomegalovirus retinitis. A community-based multi-service center targeting Hispanic Americans in downtown Los Angeles expanded its operations to include mental health services at three off-site residential care facilities.

currently have limited capacity to serve HIV-infected children, youth, women and families. The Branch conducted an orientation and technical assistance meeting with the seven grantees in November 1994.

Grant Awards - A total of 51 grants are currently funded under Title IV, including 35 comprehensive care programs located in over 80 communities. Other awards include 7 planning and development grants, 5 Hemophilia/Pediatric AIDS special initiatives, 2 consortia, and two cooperative agreements that provide training and technical assistance to grantees and other programs serving HIV-affected populations.

DATA REPORTING AND EVALUATION -

Data Analysis - Analysis of recent data from Title IV projects is currently underway. Data ~~has~~ have been received for three six-month periods; July - December, 1993; January-June,1994; and July-December, 1994. The data includes demographics, HIV status, and utilization of services by enrollees; individuals reached through outreach, education and professional training; and services provided through Title IV grantees and other organizations is in their service networks.

During the first six months of 1994, projects served **17,732** enrolled clients, with 3,706 clients, or 21% of clients newly enrolled during the six month period.

-- The 17,732 clients served represents a **17% increase** over the previous reporting period (July - December 1993).

Additionally, projects reached over 100,000 individuals through outreach, prevention and professional education activities.

Between January - June 1994, Title IV projects enrolled **996 clients in clinical trials**, including 302 infants, 411 children, 99 youth (13-≤21), and 184 women ≥21 years old.

Client demographic data has not yet been analyzed for 1994. Client demographics in 1993 include: **51% African-American, 30% Hispanic/Latino, 16% White, 3% other** (Asian/Pacific Islander, American Indian/Native Alaskan, Haitian).

It is anticipated that a report with 1993 and early 1994 data will be published in July, 1995. Analysis of data from the last six months of 1994 will follow immediately.

Evaluation of Implementation of ZDV Therapy - A Ryan White Project Description and Justification (PDJ) is being developed entitled: Evaluation of the Impact of Zidovudine (ZDV) Perinatal Therapy on HIV Programs for Children, Youth, Women and Families: Case Studies and a Feasibility Study. This evaluation will be conducted in three phases and combines both qualitiative (e.g. case studies) and quantitative methods to assess the response of

Ryan White Titles I, II, IIIb, and IV sites and jurisdictions not receiving Ryan White funding, to the PHS recommendations regarding ZDV therapy for perinatal HIV transmission reduction.

Evaluation of Title IV Program - MACRO International is in the final stages of its national evaluation of Title IV programs. Between November 1994 and March 1995, MACRO conducted site visits to 18 of the 37 Title IV programs. Focus groups of consumers were conducted at nine of these sites. Remaining sites completed an in-depth self-assessment covering topics such as organizational structure, staffing, service linkages and delivery, utilization of services and consumer involvement and support. A final report will be completed June 1995, following review of the draft evaluation document by the evaluation advisory council.

OFFICE OF SCIENCE AND EPIDEMIOLOGY UPDATE

BUREAU OF HEALTH RESOURCES AND DEVELOPMENT

1. SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE

There are currently 49 active SPNS grantees. Three grantees are on extensions to complete the evaluation and dissemination of their models of care. Twenty-seven are cooperative agreement grantees ; nine are dissemination and refinement grantees; and ten are grantees serving adolescents. Since the last HAAC meeting, final reports on program activities became due for 19 of the original 26 projects.

Of the 19 reports due, 15 have been received. The majority of grantees were fully or nearly full successful in meeting their program objectives. That is, most grantees documented that intended client populations were informed of their services, that the populations utilized their services, and that clients were satisfied with the services. In one case, it was clear that the model was not effectively implemented, and the grantee was able to describe errors to avoid in attempting to reach the intended population. In two other cases, the projects could be described as partially able to serve the intended populations, but the models were not implemented as effectively as anticipated when they were developed.

Regarding the grantees' program evaluation and dissemination activities, all projects developed some local dissemination materials that described their services to potential clients or referral sources. In addition to descriptive materials for the general public, several documented presentations at scientific meetings, abstracts in programs of scientific meetings, peer reviewed publications, and technical reports of evaluation activities.

No new solicitations for applications have been released or are intended for FY 1995. It is anticipated that of the $19.4 million available for SPNS in FY 95, $1.5 million will go to support the 11 mental health projects supported with the Center for Mental Health Services and the National Institute of Mental Health, $3 million will support projects focused on adolescents, $4 million will support the 9 dissemination and refinement projects, and $10 million will support the 27 models of service delivery in the cooperative agreement. Approximately $0.5 million will be spent in inter-agency initiatives evaluating health service utilization of persons with HIV, and the remainder will be spent on a collaborative initiative with the Maternal and Child Health Bureau, along with the AETC program, to examine issues in the care of women with HIV.

The monograph on HIV care in correctional programs that reports on four SPNS correctional programs is in final editing and should be available this summer. Ongoing evaluations include the development of the cooperative agreement evaluation modules from which grantees will select in designing multi-site endeavors, and the collection and analysis of data

from grantees focusing on adolescents. A final report on the advocacy projects is being prepared. An analysis of the process of implementing a managed, capitated-care HIV service program is being developed for the capitated care group of cooperative agreement grantees. Work on a series of papers addressing care in rural issues is on-going.

SPNS plans to utilize a public health intern this summer to summarize and compile findings from the final reports of grantees. This is important because the grantees have disseminated their work in disparate forms and forums, and a centralized repository of major findings would be useful for other providers. Also, many of these grantees have anecdotal data that could stimulate further evaluation efforts. Examples of interesting findings from SPNS supported evaluations follow.

A final report on a program to provide services to inmates revealed that inmates, both male and female, prefer to receive HIV-related services from staff external to the correctional system. The inmates served reported that they felt comfortable talking with correctional staff about prison issues but not about HIV concerns. However, the inmates reported that they could talk with the staff of the SPNS project, who were not correctional employees, about both prison and HIV concerns. The evaluation also documented the multiple needs of this population, including differences in the needs of men and women. The program also documented issues to address when trying to access the prison system, such as the need to work with correctional staff to develop support for the HIV program, the need to identify the prison's appointed contact for developing volunteer and external programs, and the complexity of familial relationships of the inmates.

In another final report, a project that used older women to serve as mentors for younger, drug abusing women, reported that this model was successful in getting 82 clients into drug or alcohol treatment. Twenty-one women served as mentors, and it was noted that mentors must be selected on the basis of dedication, interest in HIV, and skills. Although paid a stipend, successful mentors viewed themselves as volunteers more than paid workers, and they benefited from the project in that they felt useful and important in their role. One goal of the project was to increase the number of women in clinical trials, and the report noted that enrollment in clinical trials was difficult to accomplish. The young women were characterized as "not good candidates" for clinical trials because of emotional issues (e.g., distrust), a failure to see the benefits of participation, and a "one-day-at-a-time" survival mode. Clearly, innovative methods of addressing these barriers need to be developed and implemented.

2. 1% PROGRAM EVALUATION

- In the fall of 1994, BHRD's Office of Science and Epidemiology (OSE) and the Division of HIV Services (DHS) released the final report from a study of "The Participation of People with HIV in Title I HIV Health Services Planning Councils." The contractor for this study, the Academy for Educational Development, conducted a

series of focus groups in four cities that receive Title I funding—Atlanta, Philadelphia, San Diego, and Seattle. The report summarizes the factors that support the initial and sustained involvement of HIV-positive individuals in planning councils and alternative methods used by planning councils to gain input from, and provide feedback to, HIV-positive populations.

- Researchers at the University of California, Berkeley School of Public Health and The Johns Hopkins School of Public Health released a report on the impact of Title I of the Ryan White CARE Act on HIV/AIDS services in Baltimore, Md and Oakland, CA . "An Evaluation of Title I of the Ryan White CARE Act, Policy Analysis of Selected Objectives" compares HIV Planning Council priority setting with the allocation of funds, the expansion of HIV-related services, and increased access to HIV services by underserved populations in the two EMAs. Recommendations are made concerning the reauthorization of the CARE Act. The Kaiser Family Foundation and HRSA jointly funded this study.

- OSE staff are co-authoring two journal articles on HIV service delivery in rural areas with Dr. David Berry of the University of Nevada-Las Vegas. The articles are based on case studies of rural HIV service networks in Idaho, New Mexico, Florida, and South Carolina that Dr. Berry conducted under a 1% evaluation contract during the summer of 1993. One article describes an AIDS-specific typology for categorizing rural areas based on their degree of rurality, the prevalence of AIDS, and the epidemiological and demographic characteristics of the infected populations. The other article examines how the demographic characteristics and risk behaviors of people with HIV differ in areas of higher and lower AIDS prevalence and identifies the major features of the HIV service networks that are evolving at the four case study sites.

- Dr. Martha McKinney (OSE) has prepared the first draft of a journal article on "alliance approaches" to the planning and delivery of HIV services in Western Europe. With financial support from a World Health Organization travel/study fellowship, Dr. McKinney conducted case studies of seven HIV/AIDS alliances in the Netherlands and the United Kingdom during the fall of 1994. The journal article describes and analyzes the evolution of these HIV/AIDS alliances and explores how the health care reforms being implemented in the two countries have affected levels of government funding for HIV services and the ability of HIV/AIDS alliances to plan and coordinate HIV prevention and care.

- Work is progressing on a self-assessment tool that will assist HIV health services planning councils in Title I cities and HIV care consortia in Title II States in evaluating their performance. Consultants from John Snow, Inc. (JSI) are working with OSE and DHS staff to develop evaluation modules in seven areas: (1) Mission, (2) Representation and Diversity, (3) Needs Assessment Process, (4) Comprehensive Services Planning, (5) Priority Setting and Resource Allocation Processes, (6) Availability and Accessibility of Services, and (7) Continuum of Care. In addition to formulating specific evaluation questions for each of these areas, the JSI consultants

will propose criteria against which effectiveness and/or efficiency can be measured, suggest potential data sources, and describe alternative methods of data collection and analysis. As part of the module development process, JSI conducted a survey of all Title I EMAs to learn which planning councils are conducting evaluations and to obtain copies of their evaluation instruments.

3. National Probability Sample of Individuals Receiving HIV/AIDS Care

HRSA's Bureau of Health Resources Development is funding two special studies of individuals in care for HIV disease through an intra-agency agreement with the Agency for Health Care Policy and Research (AHCPR). These studies will examine the health and support service utilization patterns of people with CD4 cell counts greater than 500 and rural residents with HIV/AIDS. Both studies will be integrated into the design of a larger HIV Cost and Services Utilization Study (HCSUS) that AHCPR is funding through a cooperative agreement with the RAND Corporation. The larger HCSUS study involves a national probability sample of 3,700 adults and 400 children who receive care for HIV/AIDS in 28 urban areas and five clusters of rural counties.

Special Study of Patients Receiving HIV/AIDS Care in Rural Areas

The rural component of the HCSUS will enroll a national probability sample of 500 individuals with HIV disease from 25 clusters of rural counties. Study subjects will be interviewed at baseline and six months later. One year of medical record and billing data will be collected from each subject's primary medical provider after the second interview. As in the larger study, the rural component will examine utilization rates for a variety of medical and social support services, the costs of such services in real dollars, and relationships between patient clinical and demographic characteristics and service use. Variations in service utilization and costs between rural and urban areas and among rural areas with different population densities also will be examined. The study will shed light on migration patterns into and out of rural areas, the social support networks of rural residents with HIV, and their perceived quality of life. Barriers to care and unmet needs for services also will be identified. By combining data from the rural and urban components of HCSUS, the researchers will be able to develop estimates of the total care required by rural residents with HIV.

Special Study of Patients with CD4 Counts Greater than 500

HCSUS was originally designed to collect data from patients with HIV infection whose CD4 counts were below 500, but such a study would not provide insight about the broad spectrum of patients who are diagnosed with HIV/AIDS. The HRSA-sponsored special study of individuals with CD4 cell counts greater than 500 is integrated into the larger urban component of HCSUS and will provide much needed data about patients who are in an early stage of the disease. Approximately 660 patients are expected to participate in this supplemental study. Data will be collected from four patient interviews over a two-year period and from medical, pharmacy, and financial records that span the period of the study. Consistent with the other studies that are part of HCSUS, information will be obtained about demographic, personal, and clinical factors that may be associated with the need, access, and utilization of medical and nonmedical services. Numerous other factors also will be assessed, including the system under which care is provided, satisfaction with care, and health-related quality of life.

RYAN WHITE C.A.R.E. ACT - TITLE III(b)

Program Updates

November, 1994 - April, 1995

The Title III(b) program of the Ryan White CARE Act continues to provide support for outpatient HIV early intervention services for low-income, medically underserved people in existing primary care systems.

New Programs Funded

In FY 1995, $52,318,000 supports 142 Early Intervention Services programs. Forty percent (57) of the Title III(b) programs are Community and Migrant Health Centers, 19% (27) are hospitals, 19% (27) are health departments, 18% (26) are non federal health centers and the remaining programs are health care for the homeless programs, family planning centers and hemophilia diagnostic and treatment facilities. Title III(b) programs are located in 33 states, the District of Columbia and Puerto Rico.

Eighty one (56.6) Title III(b) programs are located in eligible metropolitan areas (EMAs). Sixty-two Title III(b) programs are not in EMAs but are in smaller towns such as Wichita, Kansas and rural areas such as Ware County, Georgia.

Keeping in Touch with the Programs

The Title III(b) program began a series of site visits to the newly funded programs. From December through May 16, we will have visited 17 Title III(b) programs to assess the quality of HIV clinical care being provided and the soundness of their fiscal and administrative practices. A series of Primary Care Effectiveness Reviews and technical assistance site visits will be conducted in the upcoming months.

In an effort to increase the pool of qualified, culturally competent site visitors, the Title III(b) program is conducting a series of 7 training sessions throughout the country. Each session consists of an overview of the Title III(b) programs, a synopsis of the Bureau of Primary Health Care and Division of Programs for Special Populations strategies for evaluating programs and providing technical assistance, the roles and responsibilities of the site visit team and team composition. Sessions were held in San Francisco, Dallas, Atlanta, Chicago and Newark. One additional session will be conducted in Washington, DC in July, 1995.

Evaluation Reveals Program Effectiveness

A comprehensive assessment of the impact of Ryan White CARE Act Title III(b) funding on the delivery of comprehensive primary care services to individuals infected with HIV was recently completed by The CDM Group. The demand for HIV-related services, models of service delivery and the utilization of Title III(b) funds were examined. Information in six different areas of service delivery was elicited: HIV program setting, client population, HIV service provision , HIV program staff, barriers to early intervention service program implementation and linkages with other agencies.

This study was conducted over an 18-month period and evaluated 132 Title III(b) grantees in 31 states, DC and Puerto Rico. Key findings reveal that grantees employ Title III(b) funds to support five key program service areas, including:

- o Expansion of program sites and enhancement of program settings;
- o Augmentation of existing staff with the addition of personnel in both traditional and "non-traditional" disciplines;
- o Enhancement of staff skills through development of internal and participation in internal and external training programs;
- o Refinements to and extensions of existing client services to include a stronger focus on outreach, education, and prevention; and
- o Redirection of standard client services to meet the special needs of changing and underserved client populations.

The Title III(b) program is currently engaged in many special initiatives including:

Implementing the results of ACTG 076 - to assure that HIV+ pregnant women are offered counseling and access to receive the medical protocol suggested by ACTG 076.

Continuous quality improvement - to assure that clinical standards of HIV care are being implemented in Title III(b) programs. We are working with the New York AIDS Institute to pilot test a HIV quality assurance program in Title III(b) programs.

Managed Care and HIV - to understand the implications of managed care on HIV+ populations and to inform Title III(b) programs of strategies to address these changes in the health care field.

As outlined in the October briefing materials, the HIV and Substance Abuse Services Branch sponsored a conference in December, 1994 to develop sample protocols, standards and indicators of quality care for gay and lesbian adolescents. Over 50 people, including Patsy Fleming, several youth, representatives from organizations that serve these adolescents, and representatives from Ryan White Title I, II and SPNS programs, attended the conference. The guidelines on caring for this targeted group are currently being drafted. When completed, they will be disseminated to all BPHC-funded primary care programs and selected other organizations.

In February, we convened a workgroup to begin development of the "Nutrition Assessment Tool for the HIV+ Client." This Assessment Tool will be targeted to health care providers at community based organizations that serve HIV+ clients but do not have the services of a nutritionist on site or readily accessible. When the Tool becomes available in late summer, 1995, it will be distributed to BPHC-funded primary care programs.

In March, the HIV/SAS Branch convened a focus group to identify ways to define and encourage participation of people living with AIDS and HIV in Title III(b) program planning. Twenty-nine people, including people living with HIV and AIDS, consumers of Title III(b) funded services, clinical staff from Title III(b) programs and community AIDS advocates were in attendance. Participants offered specific strategies to Title III(b) program staff that will be analyzed and incorporated as appropriate in program documents.

Who's Who and Who's New in the HIV and Substance Abuse Services Branch?

Deborah L. Parham was named Branch Chief in December, 1994. She had been acting in that position since April, 1994.

Angela Stokes, a wonderful secretary, joined the branch in January, 1995

Lanardo (Leo) Moody, a public health analyst, joined the branch in February, 1995

Diane Cairns, a health educator, joined the branch in March, 1995.

RYAN WHITE TITLE IV
FY 1994/1995 PROGRAM UPDATE

The Hemophilia and AIDS Program Branch (HAPB), Maternal and Child Health Bureau, HRSA, which administers the Ryan White Title IV Program of Grants for Coordinated HIV Services and Access to Research for Children, Youth, Women and Families (formerly the Pediatric/Family AIDS Demonstration Program) has completed a remarkable period of accomplishment during FY 1994/1995. Major program accomplishments are described below.

LEGISLATION AND BUDGET

Reauthorization of Ryan White CARE Act - Successfully articulated needed revisions to Section 2671 resulting in HHS Departmental legislative proposal to make legislation more consistent with program goals and philosophy. Collaborated with Title IV projects, with the AIDS Policy Center for Children, Youth and Families and other interested AIDS groups working on the Senate and House Ryan White Bills. Critiqued Senate bills and provided recommendations, which has resulted in some changes and clarifying Senate committee language. Developed information to support Ryan White reauthorization including State Title IV profiles, a report on the status of Title IV project linkages with clinical research, and briefing materials.

Secured substantial program budget increase - Improved budget justification strategies and presentations resulted in **18%** budget increase ($4 million increase) in FY 1995, and Departmental support for $6 million increase in FY 1996, which would represent an additional **23%** increase. Title IV is one of only three HRSA programs recommended by the Department for an increase in FY 1996.

POLICY DEVELOPMENT AND IMPLEMENTATION

Follow-up to ACTG 076 - The Branch has provided leadership and significant staff involvement in planning and development of meetings and materials in follow-up to the recent findings concerning zidovudine therapy for the reduction of perinatal HIV transmission. Activities include conduct a focus group of women living with HIV and planning for two national policy/planning meetings of providers, families, professional associations, public entities and others. These activities provided significant information for the development of HRSA Program Advisory on ZDV (Zidovudine or AZT) for reducing Perinatal HIV. The Program Advisory is based on HRSA Principles for expanded HIV Counseling and testing and implementation of Perinatal ZDV Therapy which were sent to all HRSA MCH, Primary Care, HIV and health professions grantees in January 1993. MCHB is supporting the Association of Maternal and Child Health Programs to develop guidelines related to perinatal ZDV for HIV transmission reduction for Title V programs.

IV?

PCP Prophylaxis Guidelines - The Maternal and Child Health Bureau planned and sponsored a national meeting to review and revise the guidelines for prophylaxis against pneumocystis carinii Pneumonia for children with HIV. The revised guidelines are projected to be published by May 1995.

Developing youth and family leadership and participation - This has been a landmark year in developing leadership among HIV-infected and affected women and youth. A national family leadership meeting was convened, and the National Alliance for Positive Youth was formed. All national Title IV meetings had significant representation of youth and families, and the Branch identified women and youth to participate in policy and program meetings of HRSA, CDC, and NIH.

A HIV-Positive Youth Leadership conference took place March 3-5 in Washington, D.C. The conference was convened by the National Alliance for Positive Youth and sponsored by Title IV through the Institute for Family-Centered Care. 62 youth and young adults living with HIV from across the country participated in the conference agenda to educate and empower youth and seek their input in HIV/AIDS issues.

Primary care systems for Pediatric HIV - A meeting of Title IV projects, providers, AAP representatives, and families was held to discuss the role of primary care providers in HIV care for women, children, youth, women and families, and how to strengthen community-based HIV primary care. A report including recommendations for the Title IV program was published in April, 1995 and is being disseminated.

Building Quality - The Maternal and Child Health Bureau, in collaboration with the National Pediatric and Family HIV Resource Center (NPHRC), and New England SERVE, published Building Quality Indicators for Family-Centered Care in HIV Health Services for Children, Youth and Families. This technical assistance tool provides indicators for HIV programs to assess the extent to which their program, policies, and environment are family-centered. This tool is being field tested by NPHRC and Florida's Children's Medical Service through a 1 1/2 day workshop to promote coordinated, family-centered systems of care for children with HIV and their families. Participants include parents of children with HIV, foster care parents, tertiary and community-based providers and Florida Health and Rehabilitiative Services staff involved in the planning and delivery of services to affected families.

COLLABORATION

Adolescent HIV/AIDS Research Network - Developed collaboration with NIH/NICHD that resulted in an interagency agreement between MCHB and NIH. The agreement supports a new Adolescent Medicine HIV/AIDS Research Network that serves as a model for adolescent providers, particulary Title IV service projects. The purpose of

Status

this network is to plan and conduct research on the medical, biobehavioral and psychosocial aspects of HIV/AIDS including access to care and its utilization by adolescents with HIV.

Consumer HIV Brochure on 076 - Collaborated with the Agency for Health Care Policy and Research, NIH, and funded efforts of a consortia of providers lead by Columbia University School of Public Health, to develop and test a multi-lingual consumer brochure audiocassette and video about the option of AZT therapy during pregnancy to reduce mother to infant HIV transmission.

PROGRAM DEVELOPMENT AND ADMINISTRATION

Women's Initiative (WIN) for HIV Care and Reduction of Perinatal Transmission - A new WIN initiative was developed in FY 1995 to enhance outreach, counseling and testing activities for adolescent and adult women, particularly during the perinatal period, to learn their HIV status, to link women to a continuum of comprehensive care, and to reduce perinatal transmission. This initiative was developed in response to the ACTG 076 findings and to address the general need to build capacity at the community level to offer appropriate treatment to women within a comprehensive care system and to evaluate systems of early identification and provision of a system of comprehensive care for women, including interventions to reduce perinatal transmission of HIV.

On April 10-11, MCHB completed the Objective Review of the applications from Title IV projects. Competition for funds was limited to current Title IV grantees. It is expected that four to five Title IV WIN grantees will be funded with decisions announced by June 1. In addition, three projects funded through the Ryan White Special Projects of National Significance will be a part of the WIN network. The WIN Network will consist of WIN Title IV and SPNS grantees, consumers from each site, representatives from HRSA, NIH, CDC, and several others.

In addition to enhancing outreach and care to female adolescents and women living with HIV, the WIN network will participate in standardized data reporting and an evaluation which will provide some of the first available data on the results of enhanced community based efforts leading to early identification and interventions for pregnant women with HIV, implementation of PHS and HRSA guidelines for treatment of HIV during perinatal period particularly for transmission reduction, consumer outcomes and perceived barriers to care and the impact at the provider/system level.

Planning and development grants - The Branch created a new grants initiative to support initial needs assessment, planning and systems development activities to support the initial development of an infrastructure to provide comprehensive services to children, youth, women and families. Seven new grants were awarded to grantees in low- and middle-incidence areas that

NATIONAL HIV/AIDS EDUCATION AND TRAINING CENTERS

HAAC Update
May 1995

ADMINISTRATION

The National AETC Program Fact Sheet has been updated to include the rationale for Ryan White emphasis and current AETC phone and fax numbers, and is included in the handouts for reference.

Comprehensive site visits for all 17 sites were completed between September 1993 and November 1994. The site visits were conducted using a protocol that was consistent with the future directions for the program. Site visit reports were completed for all visits. Findings were used as one of the determinants of the requirements for the new project cycle (June 1995 - May 1998). Specific findings include:

- AETCs have excellent relationships with Ryan White service providers - often better than previously had been documented.
- There is a need for more comprehensive needs assessment, and more explicit relationship between the assessment process and training and information dissemination priorities.
- Information dissemination is a major component of activities in all AETCs. Western and Texas/Oklahoma are very strong in this area, while others need to develop a more systematic and quality controlled approach.
- Level III-B (hands-on clinical) training has increased significantly since 1991, as evidenced by an increase in the number of Level III-B trainee hours.
- AETCs have made the "Big Six" (physicians, nurses, advanced practice nurses, physician assistants, dentists, and dental hygienists) a focus of their training efforts.
- AETCs have focused activities on the HIV/AIDS epicenters, although some shifts in resources may be necessary to respond to emerging epicenters and to rural areas.
- AETCs have varied organizational structures. In most cases, these structures have evolved naturally, based on the size and history of the geographic region covered, and the nature of collaborations with other HIV service organizations which exist in the region.

Firm commitment has been received from Drs. Mullan and Rivo to maintain a central office staff of 7. These staff will be serving as a resource for the regional AETCs. Recent staffing changes include:

- Deria Moore retired September 30, 1994; currently in the process of interviewing applicants for her replacement
- Doris Mosley began 1-2 year, detail assignment to the University of the District of Columbia on April 3, 1995. Helen Schietinger has joined staff part-time as a consultant to assume project officer and nursing roles.

Efforts to move the AETC program from Title VII to Title XXVI are on track, and the National AETC Program is included in draft Ryan White reauthorization legislation in both the House and the Senate.

The National AETC Directors Meeting was held March 16-17, 1995, in McLean, Virginia. A summary of the highlights, outcomes, and follow-up activities of the meeting is included in the handouts.

COMPETITIVE GRANT PROCESS

Fifteen applications for the next grant cycle, June 1995 - May 1998, were submitted to HRSA. Applications were reviewed by an objective review panel on February 14, 1995. All applications were recommended for approval. Funding for the first-year of the new cycle is being allocated in the same proportion as current funding.

Following the objective review, a special programmatic review was conducted. Applications that had been recommended for approval were reviewed for appropriateness of activity plans in the areas of Ryan White linkages, ACTG 076 implementation, minorities/cultural competence, and prevention. Results of the review will be used for program planning and technical assistance purposes.

DATA AND EVALUATION

Data

Over 400,000 providers have been trained since the inception of the AETC Program in 1987; over 110,000 providers were trained in 1994. Between June 1 and December 1, 1994, the first six months of the current grant year, 65,751 providers attended 2,278 training events. More detailed program data from this six-month period are included on the National Program Summary included in the handouts.

The AETC program is moving toward using Teleform software. The AETCs will use faxes and scanners to enter data into a database which then will be electronically transmitted to the National Data Center.

A revised data collection form will collect information regarding national priorities, information dissemination activities, and other key topics. Other changes including the use of unique identifiers as well as a linkage between program data forms and individual data are planned. A protocol for these changes and a new PIF are being developed and should be ready for use by June 1, 1995. Technical assistance will be provided as needed by telephone or, under special circumstances, through a site visit by a contractor to the National AETC Program Office.

Evaluation

"Evaluation of the Impact of HIV/AIDS Training for Health Professionals," a book of vignettes which illustrate the positive impact of AETC training efforts, was published in late 1994. The book has been disseminated widely, and due to its usefulness and popularity, it is now in its second printing.

The pilot test of a national AETC computerized learning needs assessment protocol has been completed, through a contract with Macro International, Inc. The results of the pilot tests will be used to revise the assessment instrument and to develop an implementation plan that will benefit the AETCs. More detail concerning this process can be found in the document included in the handouts.

The national pilot study on impact/outcome indicators for Levels I, II, and III trainings will be completed by the end of the current project period (May 31, 1995). In addition, sixteen pilot impact/outcome studies at various AETCs are well under way. Descriptions of these studies are included in the document included in the handouts. Successful pilot efforts will be considered by the Evaluation Working Group and the National AETC Program for additional funding in the new project cycle. These decisions should be made by September 30, 1995.

The National AETC Program remains committed to a comprehensive evaluation of clinical training, as one of the evaluation projects expected by the HAAC AETC Subcommittee. The proposed study, "Evaluation of the AETC Program Clinical Training," was approved on November 23, 1994, by the HRSA Policy Level Evaluation Review Committee. The study was to be funded in the amount of $75,000, using FY 1994 HRSA 1% evaluation funds. However, Dr. Sumaya, HRSA Administrator, subsequently included this study in a list of evaluation studies to be defunded, so the project has been postponed.

NATIONAL PRIORITIES

The National AETC Program has identified seven national priorities: prevention, substance abuse, cultural competence, tuberculosis, prison providers, implementation of ACTG 076, and psychosocial/case management issues. Highlights of planning on several of these initiatives follow.

ACTG 076

Each AETC was required to develop specific activity plans for training providers regarding the findings of ACTG 076. These training and information dissemination plans were due to the central office on April 30, 1995.

As part of this ACTG 076 activity plan, each AETC is required to coordinate with the National Pediatric HIV Resource Center (NPHRC). In addition, the AETCs are encouraged to collaborate with HRSA (Ryan White Title IV and SPNS) WIN sites by providing assistance with provider needs assessments and training, as AETC budgets permit.

Other minimum standards for the plan include the following:

FOR INFORMATION DISSEMINATION

- The dissemination of the HRSA Program Advisory (June 1995) to key contacts. The dissemination must be quality-assured and a description of the characteristics of the HIV key contacts must be included;

- The tracking and documentation of telephone information and consultation service inquiries; and

- The participation of the AETC, its local performance sites, and key HIV contacts in the June 1995 HIV Clinical Conference call.

FOR TRAINING

- Level I- The sponsoring/co-sponsoring of one major conference between April 1994 and May 1996;

- Level II- one activity (skills building, train-the-trainer, workshop);

- Level III- one activity (IIIa or IIIb); However, only AETCs with high pediatric HIV prevalence (e.g., New Jersey) that are suitably equipped should offer a IIIb activity.

- The pediatric liaison will participate in a training designed by the AETCs and the NPHRC (to be arranged by National AETC Program Office and Ryan White IV, only if HRSA provides additional funds);

- The pediatric liaison will assist WIN grantees in developing provider training needs assessments and training activities (as the regional AETC budget permits); will coordinate with Ryan White IV projects; and will coordinate with targeted pediatric providers in the region.

The Columbia School of Public Health, in collaboration with a New York/New Jersey Consumer/Provider Consortium, including the NPHRC and AHCPR, has developed a consumer guide that reflects the findings of ACTG 076. The guide currently is being field-tested.

A provider guide also is being developed by the Columbia School of Public Health, the New York/VI AETC, the NPHRC, and the New Jersey AETC, with contributions from the NY AIDS Institute. The guide will include: 1) the KAB results of the consumer guide; 2) a summary of the focus groups conducted in New York and elsewhere; 3) a discussion of the application of informed decision making to the use of AZT during pregnancy; 4) the abbreviated AIDS Institute clinical decision making chart; 5) an AZT dosing chart (again developed by the AIDS Institute); and, 6) an informed consent form for optional use by the provider. The guide will be available to other AETCs, who will be free to use their own logos on the material.

Providing that HRSA makes additional funds available, the Evaluation Working Group has agreed to develop and implement the national field test for the provider training guide. The field test would occur between June 1, 1995, and May 31, 1996.

The clinical care of women with HIV was chosen through the polling of the AETCs as the number one priority for the development of a National AETC Program standardized curriculum. Members of the newly formed work group solicited women's health concerns from the AETCs. The work group is reviewing female health care issues and is developing a standardized curriculum for the care of women. It will be using a modular format for training materials. A draft for training for 076 has been developed and will include material for issues surrounding communication and negotiation of treatment plans. Women with HIV will be reviewing the proposed curriculum.

The next International State-of-the-Art HIV Clinical Conference Call, scheduled for June 8, will be devoted to perinatal transmission, with a major segment on ACTG 076. The registration form for the call is included in the handouts.

Other AETC activities related to ACTG 076 include:

- **Emory:** Reported on a joint Emory/CDC study on physicians (ob/gyn, pediatricians, and family practitioners). Roughly half of those who completed the survey had cared for persons living with HIV. A majority of respondents supported the idea that pregnant women should be offered HIV screening.

- **New York/VI:** Focused on the development of consumer and provider materials. Columbia developed (with ACHPR) a consumer guide, which will be field tested within the next few months. Columbia will also develop a provider guide (including issues of counseling, testing, decision making, and cultural competence). A provider guide on clinical management (NY AIDS Institute) was described.

- **New Jersey:** Reported on the relationship with the National Pediatric Resource Center. The NJ AETC conducted a survey of ~ 4000 providers on their knowledge about HIV in women, the findings of ACTG 076 and their desire for training in particular areas. The AETC is setting up train-the-trainer sessions to cover reproductive issues and other pertinent areas for women with HIV.

- **Pennsylvania:** Sent out an information alert on the results of ACTG 076. The AETC is working with the state to develop an agreement about standards for care; and continues to provide consultation services to institutions throughout the state on this topic.

- **Florida:** Conducted a survey of private sector providers regarding HIV counseling and testing issues. The AETC is working with pediatric demonstration projects (Ryan White IV). Also, the Florida AETC is working with physicians from Haiti on ACTG

076-related issues. The Florida AETC is working to have ACTG 076 information included among the state mandatory CME requirements for health care professionals.

- **Mid-Atlantic and DC:** Developed a brochure about the findings from ACTG 076; offered a one-day seminar in collaboration with the Howard ACTU which targeted physicians and nurses; and organized a dinner which targeted obstetricians and gynecologists.

- **Southern California:** Has merged the findings of ACTG 076 into its existing programs, treatment regimens and curricula; including a Level III training using simulated patients in a pre- and post-test counseling format.

- **New England:** Reported on collaborations with CDC programs in its region; is offering evening seminars around the state on the health and legal issues which surround the findings from ACTG 076; and conducted a two-day intensive train-the-trainer program which focused on at-risk youth.

Minorities/Cultural Competence

Since 1987, a statutory funding preference has existed to train minority health professionals and health professionals who serve minorities. For 1994, National AETC Program data show that 34 percent of trainees have self-identified as minorities: African-American (13%), Hispanic (10%), Asian/Pacific Islander (7%), Native American (2%), other (2%).

The plans for minorities and cultural competence are due within the first 4 months of the first year of the new project period. The Directors will decide on a specific date through a conference call.

The AETCs are working to find ways to place minority faculty on the AETC staff, to develop strong outreach plans, to disseminate information to minority groups, to provide a comprehensive and full-spectrum training for Levels I, II and III for minority providers and providers who serve minorities. Focus should be directed toward health professions organizations and colleges and universities that educate minority health professionals; e.g., historically black colleges and universities (HBCUs). Each Center is expected to respond in a way to reflects the needs of its region.

The National AETC Program central office has launched a special initiative for Historically Black Colleges and Universities (HBCUs). Details regarding the AETC/HBCU Initiative can be found in the document included in the handouts.

Many diverse activities were identified by the regional AETCs to exhibit ways to emphasize cultural sensitivity and to train for cultural competence. Some of these activities are as follows:

- **The Florida AETC** is collaborating with the AHEC on cultural sensitivity programs for the special populations in its area (e.g., various ethnic populations, lesbians, homeless). It is translating various clinical guidelines into Spanish, and is offering a workshop on cultural diversity prior to the annual state HIV conference. Miami has a sister hospital in Haiti and is exchanging physicians between the two countries.

- **The Texas/Oklahoma AETC** is providing special outreach to the Native American tribes in its region and to the Indian Health Service (IHS). Four dozen IHS professionals have been brought to Texas for training. Training is also being provided for health care providers along the Texas-Mexican border. A survey is being conducted of Latino physicians regarding attitudes around HIV and its treatment.

- **The New York/Virgin Islands AETC** has a strong outreach program which includes a mobile van to reach the homeless, gay adolescents and prostitutes. It provides community seminars and is working with the National Minority Association for health care providers to increase the numbers of African-Americans on speakers' panels and to encourage them to accept more HIV patients.

- **The Emory AIDS Training Network** is providing a conference on cultural diversity and will be including child care services so that more people can attend. In addition, it is developing an outreach program to local practitioners.

- **The Mid-Atlantic AETC** has linked with Ryan White Programs, Medicaid providers and the private sector (especially in rural areas). It is focusing on various areas that have unique demographic profiles (e.g., DelMarVa and Appalachia) to respond to specific cultural issues in those areas. Faculty have conducted research regarding HIV-related gay and lesbian issues.

- **The District of Columbia AETC** is working with Latinos. It is also collaborating with the AIDS program at Howard University and is co-sponsoring a symposium on April 13th. In collaboration with Dr. Peggy Valentine it is expanding training to physicians. It is including PLWAs on its Executive and Advisory Committees. It is also working with Whitman Walker and providing outreach to health care professional organizations.

- **The Pennsylvania AETC** is involved with the CDC Community Planning Group, and is providing technical assistance to health departments. It is a member of the state's prevention planning committee. It is conducting a needs assessment for prevention in Latino communities. It has linkages with community and migrant health centers.

- **The Northwest AETC** has developed a strong relationship with Novela Health Education. Novela and the AETC work together to produce and distribute tabloids,

comic books, videos, and radio *novelas* containing HIV prevention messages. The products are available in Spanish and English, and have proven to be very successful.

- **The Midwest AETC** has train-the-trainer sessions for cultural competence. They have attempted to work with store-front health care providers. They are part of the adolescent network with NIMH. They provide peer education programs for minority youth and have facilitated Latino support groups for extended families.

AETC Program and People Living with HIV (PLWHIV)

The National AETC Program Office will convene a meeting of PLWHIV to develop ways to increase the incorporation of input from PLWHIV in the AETCs. The meeting will be held June 15-16, 1995, in Washington, DC. There is a continuing commitment for the AETCs to incorporate input from PLWHIV in all areas (advisory, needs assessment, planning, training, and evaluation).

The National AETC Program Office is exploring the possibility of developing a one day meeting between PLWHIV and health professionals in conjunction with the 1996 International AIDS meeting in Vancouver.

A summary of activities to increase involvement of PLWHIV in AETC programming is included in the handouts.

DISCIPLINE-SPECIFIC ACTIVITIES

Review of National AETC Program data for June 1991 - present shows that the goal of 50% of resources dedicated to clinical training of the "Big Six" has been attained. In addition, substantive efforts have been made by the AETCs in the areas of allied health and mental health. For example, 15,552 mental health providers were trained in 1993.

Dental

The AETC Dental Working Group will meet in Rockville, May 15-16, 1995. The purpose of the meeting is to help develop common goals and direction for the dental program nationwide, and to discuss dental training needs assessment activities, curriculum components, training strategies, and evaluation.

Nursing

Two meetings and a conference call of Nursing Advisory Committee members have been completed since the last Directors's meeting. Recommendations included:

- The Advisory Committee will develop a list of nursing consultants and speakers on HIV/AIDS and a list of nursing curricula currently available from each AETC;
- The Advisory Committee should be expanded to include a representative from each of the AETCs' regions; and

- National AETC Program funding is being sought for certain conference calls, travel, nursing HIV alerts and the development and distribution of AETC nursing resources.
- In support of these recommendations, the Central Office has agreed to support one meeting a year for the AETC nursing representatives.

Physician Assistants

A Physicians Assistants Working Group is being formed. Each AETC has been asked to identify its PA representative to this Working Group. Plans for a Fall 1995 meeting are being developed.

INFORMATION DISSEMINATION: ELECTRONIC COMMUNICATION

Warmline

The Warmline provides a national service for HRSA and the AETCs. To reflect this national scope, the name of the service has been changed to the HRSA/AIDS ETC National Telephone Consultation Service.

A meeting of the Linkage Group was held on February 3-4, 1995, to improve coordination among AETCs and with other AETC consultation services. All AETCs have been invited to join this group and all AETCs can offer this as their national service. Camera ready brochures are being developed, and each AETC can insert its own logo and identity for distribution within its region.

AETCNET

The AETCNET is the national network of AETC sites. An Internet discussion group -- the AETC-L -- has been developed to enhance communication around the network. Membership on the AETC-L is limited to faculty and staff directly associated with an existing AETC.

Satellite Video Teleconference

Two satellite video teleconferences regarding HIV/AIDS care in correctional settings were broadcast on April 26 and May 3, 1995. More detailed information regarding these broadcasts is included in the handouts.

CONFERENCE CALL: AETC DIRECTORS AND RYAN WHITE PLANNING COUNCILS AND CONSORTIA

On March 16, 1995, Dr. Daniels and the AETC Directors participated in an HIV Technical Assistance Conference Call - one of a series of technical assistance conference calls for Ryan White Titles I and II grantees. The topic of this call was collaboration between Ryan White grantees and the AETCs. Over 500 individuals, from 60 to 75 sites across the country, participated in this call.

SPNS

Four AETCs were awarded grants to develop and evaluate innovative models of educating providers regarding HIV/AIDS, under the Special Projects of National Significance (SPNS) Program. Descriptions of the four projects are included in the handouts.

THE AETCs HONOR G. STEPHEN BOWEN, MD, MPH

The Directors of the National AETC Program recognized G. Stephen Bowen, MD, MPH, Associate Administrator for AIDS, and Director, Bureau of Health Resources Development (BHRD) for his ongoing support for the AETC Program. In a ceremony during the meeting, Elaine M. Daniels, MD, PhD, Director, National AETC Program, presented a plaque of appreciation to RADM Bowen on behalf of the 17 AETCs, the Division of Medicine, the Bureau of Health Professions and the HRSA Administrator. Dr. Daniels cited the many contributions made by RADM Bowen through both the AIDS Program Office and BHRD, including:

- travel funds which allowed central office staff to complete site visits to all 17 Centers;
- funding for the HRSA/AIDS ETC National HIV Telephone Consultation Service, including a commitment of $225-250,000 per year support from the AIDS Program Office;
- funding for the International State-of-the-Art Clinical Conference Call series;
- assistance in central office staffing issues;
- support for linkages with other HRSA HIV programs; and
- support for the legislative move of the National AETC Program from Title VII to Title XXVI (Ryan White CARE programs) of the PHS ACT as part of the 1996 reauthorization process.

Dr. Daniels acknowledged that RADM Bowen's financial and other contributions have played a major role in furthering the mission of the National AETC Program, which is to increase the number of health care providers who are effectively educated and motivated to counsel, diagnose, treat and manage individuals with HIV infection and to assist in the prevention of high risk behavior which may lead to infection.

RYAN WHITE HIV\AIDS DENTAL REIMBURSEMENT PROGRAM

Purpose

Title 776(b) of the Public Health Service Act authorizes the Secretary to make grants to assist accredited dental schools and post-doctoral dental programs to meet uncompensated costs for providing oral health care to HIV-infected individuals. The Secretary shall distribute available funds among all eligible applicants taking into account the number of HIV-infected
patients served and the unreimbursed oral health costs incurred by each institution as compared to the total number of HIV-infected patients and costs incurred by all eligible applicants.

Description

The program is designed to reimburse accredited dental schools and post-doctoral dental programs for the documented uncompensated costs they have incurred for providing oral health treatment to HIV-infected patients for the period July 1, 1993 to June 30, 1994.

Eligibility

To be eligible for an award the applicant shall be a public or non-profit private school of dentistry or a post-graduate dental training program which has documented uncompensated costs of oral health care for HIV-infected persons and has been accredited by the Commission on Dental Accreditation.

Application Procedures

Additional information and proposal requests can be obtained from:

Bureau of Health Professions
Division of Associated, Dental, and Public Health Professions
Chief, Dental Education and Special Initiatives Branch
5600 Fishers Lane Room 8C-09, Rockville, MD 20857
Telephone number: (301) 443-6837
Fax number: (301) 443-1164

Program Accomplishments

The program commenced in FY 1991 and received $3 million, funding 56 dental schools and hospital programs. In FY 1992, nearly $5 million was allocated supporting 78 hospitals and dental schools. Over $5 million was dispersed in 1993,

funding 91 institutions;
$7 million was also allocated in 1994 supporting 101 institutions. In all four years more monies were requested by applicants than were available.

AWARDS BY STATE AND NUMBER OF INSTITUTIONS 1991-94

	STATE	AWARD	NUMBER OF INSTITUTIONS
1	NEW YORK	$6,573,261	36
2	CALIFORNIA	$5,415,654	6
3	MASSACHUSETTS	$1,087,363	5
4	CONNECTICUT	$1,071,454	4
5	NEW JERSY	$619,682	3
6	FLORIDA	$634,401	4
7	ILLINOIS	$489,044	3
8	WASHINGTON	$477,944	2
9	PENNSYLVANIA	$403,175	8
10	MICHIGAN	$399,059	3
11	KENTUCKY	$382,292	2
12	MARYLAND	$331,126	2
13	TEXAS	$299,604	5
14	OHIO	$181,926	6
15	OREGON	$160,296	1
16	TENNESSEE	$156,754	1
17	MISSOURI	$121,765	1
18	NORTH CAROLINA	$116,548	2
19	VIRGINIA	$108,770	2
20	MINNESOTA	$103,900	1
21	DISTRICT OF COLUMBIA	$94,962	2
22	COLORADO	$72,549	1
23	ALABAMA	$48,790	1
24	GEORGIA	$45,712	2
25	INDIANA	$30,845	1
26	PUERTO RICO	$26,945	1
27	NEBRASKA	$26,623	1
28	OKLAHOMA	$23,584	1
29	HAWAII	$21,013	1
30	MISSISSIPPI	$16,599	1
31	LOUISIANA	$16,662	1
32	UTAH	$13,762	1
33	IOWA	$4,167	1
34	WEST VIRGINIA	$1,390	1
		$19,779,861	113

34 states represented

BUREAU OF HEALTH PROFESSIONS
DIVISION OF NURSING

Fiscal Year 1995

May 1995

The Division of Nursing does not have an explicit authority related to HIV/AIDS, but its programs educate professional nurses and advanced practice nurses to meet the health care challenges of the nation, including the AIDS epidemic. All of the Division of Nursing supported nurse practitioner and nurse midwifery programs include content on HIV/AIDS in their curricula. All nurse managed clinics provide referral, diagnostic and/or treatment services to HIV/AIDS patients, and some are exclusively dedicated to the care of people with HIV/AIDS.

The Division of Nursing provides priority funding for projects specific to HIV/AIDS education and promotes collaboration between its grantees and the AETCs.

The Nursing Education and Practice Resources Branch's Special Project Programs and the Advanced Nursing Education Branch's Nurse Practitioner and Nurse Midwifery Programs are funding several HIV/AIDS projects which follow.

CALIFORNIA

Grant Number: D10 NU 30125
Project Period: 1993-1996
C

University of Southern California
Los Angeles, California 90033

"HIV Nurse Clinician Advanced Clinical Training Program"

The purpose of this project is to develop the HIV Nurse Clinician Advanced Training Program (HIV-NCATP), a program to train HIV clinician nurses to practice in an extended role using advanced practice strategies and standardized procedures. These nurses will be capable of developing and implementing standardized protocols and nursing diagnosis specific to the HIV-infected individual. This training program will provide an opportunity for nurses to add to their nursing role specified tasks and activities which will assist the primary provider in monitoring the ongoing care of patients.

The program consists of two components: a one week didactic workshop and a 60 hour clinical preceptorship. Training will emphasize comprehensive assessment of the HIV-AIDS patient - including history taking, physical examination, and interpretation of laboratory studies - in the context of pathophysiology commonly seen in HIV disease.

COLORADO

Grant Number: 1 D10 NU 30113
Project Period: 1993-1996
B

Denver Nursing Project in Human Caring
Denver, Colorado 80220

"Denver Nursing Project in Human Caring"

The purpose of this project is to demonstrate the contribution of a nurse-managed, outpatient facility as an effective and cost-efficient model to improve access to health care for persons living with HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome). The Denver Nursing Project in Human Caring (DNPHC or the Caring Center) currently provides nursing service to 300 clients living with HIV/AIDS. This project will expand and enhance nursing services available to additional HIV/AIDS clients. It will also provide an opportunity for faculty and students at the University of Colorado School of Nursing to increase their involvement/expertise in providing care and services for persons living with HIV/AIDS and their experience in delivering care in a non-traditional setting. Further, this project will establish a financially stable nursing center model for health care delivery.

DISTRICT OF COLUMBIA

Grant Number: D10 NU 30137
Project Period: 1993-1996
C

American Nurses' Association
Washington, D.C. 20024

"Nurses & AIDS/HIV Prevention & Care for the Underserved"

The purpose of this project is to disseminate an 8-hour training and continuing education module on AIDS/HIV prevention and care to nursing working with the underserved. The ANA through its network of 53 state and territorial association constituent members will utilize national and state meetings as forums for this educational offering provided by skilled consultants and peer trainers.

This project will provide primary health care nurses with skills for resource and referral identification for persons with AIDS/HIV, their families and significant others. Those resources include state and local public health groups, and community based organizations. Participants will be selected from medically underserved areas and will be pre and post tested to evaluate the effectiveness of the educational module.

GEORGIA

Project Number: D10 NU 24410
Project Period: 1992-1995
CE/R

Georgia Department of Human Resources*
Atlanta, Georgia 30309

"Rural Based Nurse Model: Primary Care for Persons with AIDS"

The purpose of this project is to provide a statewide continuing education program for nurse practitioners and registered nurses working in expanded roles that will: 1) facilitate the establishment of a community-based nursing model utilizing registered nurses specifically trained in the management of immunodeficiency virus (HIV) disease; 2) assure health care planning, early monitoring, aggressive intervention, regular counseling, and guidance for persons with HIV in each of the 19 public health districts in Georgia; 3) reduce the total health care costs for persons with HIV disease by decreasing the number of acute hospitalizations required by persons with HIV disease; and 4) increase the opportunities for persons with HIV disease to remain at home and receive primary treatment in home communities where family support systems are available.

Priority continuing education programs will be offered to registered nurses who provide services/care to individuals with HIV disease in rural/non-urban areas of the state.

MINNESOTA

Grant Number: 1 D10 NU 30058
Project Period: 1993-1996
C

College of St. Scholastica
Duluth, Minnesota 55811

"Continuing Education for Rural Nurses"

The College of St. Scholastica proposes to offer continuing education courses through telecommunications to nurses in multiple rural sites in medically underserved communities. The purpose of this program is to maintain and increase the ability of nurses in rural northeastern Minnesota to provide state-of-the-art nursing care. Major features of the proposed program include: one hundred continuing education courses based on Healthy People 2000 and regional needs; a focused series on nursing care of persons who are HIV positive or have AIDS including the OSHA bloodborne pathogens requirement; the use of telecommunications to deliver continuing education programs taught by St. Scholastica Nursing faculty; a video loan program which promotes skill in the use of telcommunicational instructional technology; and a comprehensive evaluation design to assess the effectiveness of the program design and delivery. The project has received enthusiastic support from every Director of Nursing in the Minnesota Organization of Nurse Executives (northeastern chapter).

NEBRASKA

Grant Number: D10 NU 30203
Project Period: 1994-1996
C

University of Nebraska Medical Center
Omaha, Nebraska 68198-5330

"Continuing Education on HIV/AIDS For Rural Nurses"

The purpose of this two-year project is to provide continuing nursing education on HIV/AIDS, with particular emphasis on aspects of health promotion and prevention, to nurses in rural, medically-underserved areas in Nebraska. The most recent state statistics reveal that the number of HIV/AIDS is increasing in rural counties at a greater rate than in the urban counterpart. Of the 90 rural counties in Nebraska, 78 are federally classified as Medically Underserved Areas, Health Professional Manpower Shortage Areas, and/or Nurse Shortage Areas. Thirty-three counties are designated as frontier counties with very low population densities. These factors serve as access barriers to continuing education offerings for rural nurses.

The continuing education offerings will be delivered in three formats: a statewide workshop televised over **NEB*SAT** (statewide telecommunications network) to 11 sites in rural Nebraska; regional workshops delivered at 10 rural sites; and 2 independent study modules; videotaped sessions from the televised workshop and a computer-assisted instructional program for use on **SYNAPSE** (the University statewide computer network) will be available on disc for other locations. A Health Promotion/Prevention Model will be utilized as a framework for curriculum design for the educational offerings.

To plan the program offerings, the project director will work with an advisory committee who are experienced in the care of **HIV/AIDS** patients and who have taught sessions on **HIV/AIDS** education. Nurses from the rural areas will help plan and present parts of the regional offerings in order to provide a focus on special regional needs. A nationally-known consultant will advise on all aspects of the project and serve as the content expert for the curriculum.

Division of Nursing, BHPr, HRSA

Listing of HIV/AIDS projects by grant number, title, institution, address, project director, telephone number and project periods

ADVANCED NURSE EDUCATION PROGRAM:

1. D23NU 00955
"Graduate Nursing: Sepcialization in HIV-AIDS"
School of Nursing
University of Massachusetts Medical Center
55 Lake Avenue North
Worcester, MA 01655

Dr. Mary K. Alexander
508-856-4185
08\01\91 - 07\31\94

2. D23NU 00991
"Subspecialization in HIV/AIDS Nursing"
School of Nursing
Columbia University
630 West 168 Street
New York, NY 10032

Dr. Joyce K. Anastasi
212-305-4165
07\01\92 - 06\30\95

3. D23NU 001009
"Masters Education for Nurses in HIV/AIDS"
School of Nursing
Johns Hopkins University
600 N. Wolfe Street--Houck 485
Baltimore, MD 21287-1316

Dr. Dorothy L. Gordon
410-955-7758
07\01\92 - 06\30\95

4. D23NU 001080
"Expand Master's Program--HIV/AIDS Subspecialty"
College of Nursing
Howard University
2400 Sixth Street, NW
Washington, DC 20059

Dr. Doris E. Nicholas
202-806-7464
07\01\92 - 06\30\95

Date 2/5

ROUTING AND TRANSMITTAL SLIP

TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date
1. Joe Messore		
2.		
3.		
4.		
5.		

	Action		File		Note and Return
	Approval		For Clearance		Per Conversation
	As Requested		For Correction		Prepare Reply
	Circulate		For Your Information		See Me
	Comment		Investigate		Signature
	Coordination		Justify		

REMARKS

Jo,

Hope that this meets your needs. Call me if you need more.

HRSA

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
Judy Hagpon	14-A21
	Phone No. 443-0866

5041-102

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206

☆ U.S.G.P.O. 1994 300-891/80025

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

Health Resources & Services Administration

Strategic Plan

Draft I, 6.15 mtg & Museum

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Health Resources and
Services Administration
Rockville MD 20857

MAY 1 1995

To: Acting Director, National AIDS Policy Office

From: Administrator

Subject: National Plan for Combatting AIDS

In accordance with your memorandum of March 31, 1995, attached is the Health Resources and Services Administration's component for the National Plan for Combatting AIDS. Please call Dr. Stephen Bowen, Associate Administrator for AIDS, (301 443-1993) or Mr. Robert Soliz (301 443-0863) of his staff if you have any questions or comments.

Ciro V Sumaya

Ciro V. Sumaya, M.D., M.P.H.T.M.

HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF HEALTH PROFESSIONS
AIDS EDUCATION AND TRAINING CENTERS PROGRAM

Area: Training

Goal: To increase the number of health care providers who are effectively educated and motivated to counsel, diagnose, treat, and manage individuals with HIV infection, and to assist in the prevention of high risk behavior which may lead to infection

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
Overall Objective: Increase number of providers competent and willing to care for people with HIV	Information dissemination and training activities in collaboration with Federal, State and local HIV care programs		$16.3 million (for overall program)	$16.3 million (for overall program)	people living with HIV -- through health care providers	faculty, staff, advisory committees, training panels, planning, evaluation	
A. provide training opportunities	1. Level I	1. didactic training					
	2. Level II	2. workshops					
	3. Level III	3. intensive clinical training (including hands-on)					

Area: Training

Goal: To increase the number of health care providers who are effectively educated and motivated to counsel, diagnose, treat, and manage individuals with HIV infection, and to assist in the prevention of high risk behavior which may lead to infection

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
B. disseminate state-of-the-art HIV information to providers	1. provide funding for and promote HIV Clinical Conference Call Series	1. quarterly interactive conference call					
	2. provide funding for and promote HRSA/AIDS ETC National HIV Telephone Consultation Service (Warmline)	2. provider telephone consultation service					
	3. individual AETC activities	3. phone consultation services, newsletters, bulletins					

Area: Training

Goal: To increase the number of health care providers who are effectively educated and motivated to counsel, diagnose, treat, and manage individuals with HIV infection, and to assist in the prevention of high risk behavior which may lead to infection

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
C. develop and coordinate HIV provider materials	1. provider guides for HIV priority areas, e.g., ACTG 076	1. development and field test					
	2. curriculum development	2. curriculum development					

HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF HEALTH RESOURCES DEVELOPMENT
AIDS DENTAL REIMBURSEMENT PROGRAM

Area: SERVICES
Goal: Reimbursement to Dental Schools of Uncompensated Costs Incurred in Treating Patients With HIV

Objective	Action Steps	Programs					Unusual Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
Increase the number of practitioners who provide care to HIV positive patients. Assist Dental Schools in meeting uncompensated costs associated in providing oral health care to HIV positive patients.	Increase funds to support uncompensated costs. The formula depends on (1) Numbers of HIV positive patients in treatment and (2) uncompensated costs.	The program is designed to reimburse accredited dental schools and post doctoral dental programs for the documented uncompensated costs incurred from providing oral health treatments to HIV positive patients.	$6,937,000	$6,937,000	Children and Adults	American Association of Dental Schools, American Association of Hospital Dentists, and American Dental Association.	Uncompensated costs that dental schools and hospitals incur are much more than the dollars available under the dental reimbursement program.

HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF HEALTH RESOURCES DEVELOPMENT
DIVISION OF HIV SERVICES

Area:HIV Health Care and Supportive Services Delivery
Goal: Increase Access to Care and Improve Quality of Life for People with HIV Disease and AIDS

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
Allocate appropriated funds to eligible entities for need-responsive service provision	Self evident	Ryan White CARE Act (RWCA) Titles I and II			Individuals w/ HIV disease/AIDS and family members	Ongoing; see separate goal	
Develop a minimum drug formulary for federally-assisted AIDS Drug Assistance Programs (ADAP)	Self evident	Primarily RWCA Title II program			Low income people w/ HIV disease/ AIDS		
Develop federal strategy and guide grantees in developing local strategies for implementing findings of ACTG 076	Self evident	RWCA Titles I and II			Pregnant women w/ HIV/AIDS; neonates and children born to HIV+ women		
Provide technical assistance to Title I and II grantees in strategies to improve access and quality	Self evident	RWCA Titles I and II			Individuals w/ HIV disease/AIDS and family members	Participatory process underway to develop self-assessment tools	
Monitor program implementation through (1) review of applications, quarterly reports, and other grantee submissions; and (2) site visits	Self evident	RWCA Titles I and II			Individuals w/ HIV disease/AIDS and family members	Federal program staff responsibility	

Area:HIV Health Care and Supportive Services Delivery
Goal: Increase Access to Care and Improve Quality of Life for People with HIV Disease and AIDS

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
Provide policy guidance to Title I and Title II grantees which emphasizes access to care and quality of life	Self evident	RWCA Titles I and II			Individuals w/ HIV disease/AIDS and family members	Federal program staff responsibility	
Develop and implement data collection methodologies which measure the number of persons being served, the range of services they receive, and resultant improvements in access or quality of life	Self evident	OMB-approved Annual Administrative Report and client-level service documentation demonstration projects			Individuals w/ HIV disease/AIDS and family members	Early and ongoing involvement of local implementors in all phases of data collection design, planning, and implementation	

Area: HIV Health Care and Supportive Services Delivery
Goal: Develop Comprehensive and Participatory Planning Processes at the State and Local Level to Guide Decision-making for Allocation of Title I and Title II funds

Objective	Action Steps	Programs					Unusual Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
Issue annual Program Application Guidance which emphasizes comprehensive and participatory planning	Self evident	Ryan White CARE Act (RWCA) Titles I and II			Grantees, Title I Planning Councils	through Planing Councils, focus groups, etc.	
Continue refinements and expansions of needs assessment protocol jointly developed by DHS and grantees	Self evident	RWCA Title I program			Grantees, Planning Councils, communities and populations affected by HIV	Planning Councils; affected communities	
Monitor grantee compliance with legislative mandates and policy requirements related to comprehensive and participatory planning	Self evident	RWCA Titles I and II			Grantees, Planning Councils, communities and populations affected by HIV	Federal program staff responsibility	
Provide technical assistance to Title I and Title II grantees on planning processes	Self evident	RWCA Titles I and II			Grantees, Planning Councils	Federal program staff; peer consultants	
Collaborate with Title II grantees and others in developing mutually beneficial protocols for achieving coordinated statewide statements of need	Self evident	RWCA Title II program			Grantees (all RWCA Titles); affected communities	Conference calls, small group meetings, review and comment processes	

Area: HIV Health Care and Supportive Services Delivery
Goal: Develop Comprehensive and Participatory Planning Processes at the State and Local Level to Guide Decision-making for Allocation of Title I and Title II funds

Objective	Action Steps	Programs					Unusual Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
Provide policy guidance to Title I and Title II grantees which emphasizes comprehensive and participatory planning processes	Self evident	RWCA Titles I and II			Grantees; Title I Planning Councils; Title II Consortia; affected communities	Requests for policies; review and comment processes	

HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF HEALTH RESOURCES DEVELOPMENT
SPECIAL PROJECTS OF A NATIONAL SIGNIFICANCE

Area: SERVICES
Goal: Develop innovative models of comprehensive managed care for persons with HIV

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
Develop at least three feasible, cost effective models of comprehensive managed care networks that enroll a broad spectrum of primary care and psychosocial providers within the HIV continuum of care and which provide patients and their families access to services.	1. Solicit & review innovative applications from persons able to evaluate models. 2. Support and evaluate sites providing care. 3. Disseminate results of evaluation.	1. Currently supporting models of comprehensive community care that do not evaluate cost. 2. Supported models analyzing cost data do not fully involve community resources.	$2,092,302	$4,000,000	All groups.	Primary care providers. Community-based organizations. State & Local Health Officials. Ryan White planning bodies. Persons with HIV.	1. Effective linkages among community providers and financially stable medical sites.

Area: SERVICES
Goal: Increase evaluation capacity in community-based providers' organizations

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
1. Ensure that services provided under SPNS program are fully evaluated for both utilization and impacts.	1. Increase emphasis on evaluation in Federal Register notices and program guidance documents. 2. Increase the representation of evaluation researchers on review groups. 3. Provide technical support for evaluation activities.	1. Some projects continue to see SPNS as a source of service dollars rather than a mechanism for evaluating models of care.	$2,000,000	$4,000,000	All groups.	Care providers. Evaluation researchers. Patient advocates.	1. Effective linkages between providers and evaluation researchers.

HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF PRIMARY HEALTH CARE
HIV/SUBSTANCE ABUSE BRANCH

Area: SERVICES
Goal: Promote the delivery of quality HIV care

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
Promote the delivery of quality HIV care provided through the Bureau of Primary Health Care (BPHC) funded primary care programs and providers	1) Develop QI/QA guidelines for the clinical management of HIV disease 2) Publish and distribute guidelines to all BPHC primary care programs and providers 3) Train (where necessary) providers in the use of the QI/QA tool for monitoring the quality of HIV clinical care	All BPHC funded primary care programs and providers (in C/MHCs, HCH, Ryan White III(b), NHSC, etc.	1) $315,000	2) $150,000 3) $300,000	All HIV+ or at risk clients	Title III(b) Clinicians Network, the New York AIDS Institute, and other HIV/AIDS state institutions	Lack of funding for the III(b) program staff to monitor compliance with the QI/QA indicators

HEALTH RESOURCES AND SERVICES ADMINISTRATION
MATERNAL AND CHILD HEALTH BUREAU
RYAN WHITE TITLE IV PROGRAM

Area: Services/Research
Goal: Support the development of programs and provider capacity to counsel, test, and care for women of childbearing age, and offer zidovudine therapy to reduce perinatal transmission

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
1) Establish Women's Initiative for HIV Care for Women and Reduction of Perinatal Transmission.	• Develop funding guidance • Conduct grants reviews • Award 5 new grants, and supplement 3 existing SPNS grantees • Establish ongoing WIN Steering Committee • Site visits/monitoring/TA.	WIN Steering Committee involving 8 grantees and cross agency collaboration to enhance outreach HIV C & T and linkage of women of childbearing age in an ongoing care system and to reduce perinatal HIV transmission and enhance provider capacity at the community level.	$1.1 million	$1.3 million	Adolescent & adult women and their infants - especially pregnant women.	Consumer participation in WIN steering committee and projects' advisory board SPNS Program.	Resources needed to fund 2 approved projects and expand to 5 new sites: $1.1 million Funds needed to expand to 5 years and enhance evaluation: $3 million.

Area: Services/Research
Goal: Support the development of programs and provider capacity to counsel, test, and care for women of childbearing age, and offer zidovudine therapy to reduce perinatal transmission

Objective	Action Steps	Programs					Unmet Needs
2) Improve provider capacity for outreach, counseling, testing and care for women of childbearing age for early identification and linkage to care for pregnant women	• Develop train-the-trainer program (ToT) • Conduct one centralized training for all WIN sites with follow-up local training • Oversee training and evaluation in eight sites • Coordinate cross agency, cross grantee network and develop program evaluation strategy.	Through needs assessment of grantees, ToT will be developed and implemented in 9/95. WIN Steering Committee to begin developing data strategy Summer 1995.	$400,000	$400,000	MCH and HIV providers including: outreach, counseling and testing, perinatal and HIV care.	AIDS ETC program National Ped. AIDS Resource Center Institute for Family-Centered Care Three SPNS grantees.	Extensive TA and training may be needed for certain populations (e.g. SA women, women not currently linked to care).

Area: Services/Research
Goal: Support the development of programs and provider capacity to counsel, test, and care for women of childbearing age, and offer zidovudine therapy to reduce perinatal transmission

Objective	Action Steps	Programs					Unmet Needs
3) Develop strategies to support state efforts to offer ZDV therapy and follow outcomes	A) AMCHP survey of states and guidelines due out 9/95 B) Established MCHB 076 AdHoc Committee C) Include in scope of WIN (See objective #1) D) Development of HRSA Advisory Document E) Distribute HRSA Advisory Principles, CDC C & T document and other PHS documents to MCHB community F) Participate in AHCPR Consumer Brochure, video and audiotapes for distribution to HRSA grantees.	A) Collaborate with Association of Maternal & Child Health Programs (AMCHP) to develop state guidelines B) Establish MCHB working group to coordinate HIV risk reduction related efforts across programs C) See obj. #1 D) Document is culmination of HRSA meetings with constituents on 076 issues E) Mailings sent to MCH grantees F) Consumer brochure to support women's decision making on perinatal ZDV therapy.	A) $10,000 B), D), E) (none) C) (Subset of WIN Budget) F) $10,000		Children, youth, women (For A-F)	AMCHP State Title V program HRSA grantees and MCH community (B-F)	A) No evaluation planned or funded B & E - Not applicable C) See objective #1 D) No evaluation planned or funded F) Limited evaluation funding.

Area: Services/Research
Goal: Expand access to Comprehensive, Coordinated Services and Research for Children, youth and families affected by HIV/AIDS.

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
1) Improve the availability of comprehensive service programs for children, youth and women.	• Increase funding for 37 current Title IV grantees • Fund two new service projects in FY 1995, 6 new projects in FY 1996.	Administer Ryan White Title IV program Develop Federal Register notices and conduct grant reviews, fund, monitor grantees.	Approximately $24 million (of $26 million budget).	Approximately $27 million (of $32 million budget request).	Children, youth, women and families.	• participation in grants review • constituent involvement in grantee program and policy development.	• 30 grant applicants in FY 1995; funds only available for 13 of them. Funds for existing projects inadequate to meet rapidly growing caseloads; to expand programs for adolescents and to provide needed services such as mental health; substance abuse; family case management; permanently planning.

Area: Services/Research
Goal: Expand access to Comprehensive, Coordinated Services and Research for Children, youth and families affected by HIV/AIDS.

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
2) Support initial development of care systems linked to research for children, youth and women in 7 new communities.	a) convene technical assistance meeting of 7 newly funded planning/ technical assistance grantees b) Site visits to 4 new grantees c) Ongoing project officer technical assistance.	Planning and initial development grants support communities ($75,000) to assess needs and begin to organize comprehensive, coordinated care systems.	$555,000	$600,000	Children, youth, women and families.	constituents involved in developing funded programs.	24 States lack comprehensive care systems for children, youth, women; $1.8 million would support new planning and initial development projects in 24 states.
3) Enhance research agenda, research opportunities, and clinical care for adolescents with/at risk for HIV through collaboration with NIH.	a) Establish new adolescent/ research/clinical network b) Ongoing steering committee meetings c) NIH/HRSA collaboration on grant review and monitoring.	Adolescent Research/ Clinical Network will develop research priorities, collect data, and develop clinical care guidelines for adolescents with HIV/AIDS.	$2.5 million total - $250,000 million HRSA	$250,000 million HRSA	Youth (13-21).	One adolescent/ project participates in steering committee, guidelines development. NIH	Title IV program lacks staff resources to support research network, 1.5FTE required.

Area: Services/Research
Goal: Expand access to Comprehensive, Coordinated Services and Research for Children, youth and families affected by HIV/AIDS.

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
4) Increase patient access to clinical research through enhanced linkages between care providers and research entities.	a) Develop new research advisory panel mandated under reauthorized CARE Act b) Analyze data on current linkages and research activities c) Make recommendation to grantees to enhance linkages.	Reauthorized CARE Act expected to mandate new research panel to recommend research priorities, assist with care/research linkages.	$50,000	$200,000 1.5 FTE needed	Children, Youth, Women.	Consumer, Title IV provider, researcher participation in panel. Pediatric AIDS Foundation.	Title IV program lacks staff resources to establish and support panel; 1.5 FTE required.

Area: Services/Research
Goal: Expand access to Comprehensive, Coordinated Services and Research for Children, youth and families affected by HIV/AIDS.

	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
5) Provide leadership, support and technical assistance to improve HIV programs for children, youth, families.	a) Conduct Technical Assistance Site visits and consultation to 8 projects/year b) Organize and implement an annual national Title IV meeting with grantees, providers and consumers c) Develop standards of care for (1) PCP, (2) family centered care, and (3) Counseling, testing, care of women d) Support two national resource centers for training. TA information.	Activities to enhance grantee and provider outreach, prevention, care and research activities.	$5,000 travel $5,000 peer consultants. $1.9 million	$5,000 travel $5,000 peer consultants. $1.3 million	Children, youth, families. Title IV grantees.	Youth and families participate in all national meetings, trainings.	Limited travel resources preclude additional visits to projects in need of technical assistance.

Area: Services/Research
Goal: Expand access to Comprehensive, Coordinated Services and Research for Children, youth and families affected by HIV/AIDS.

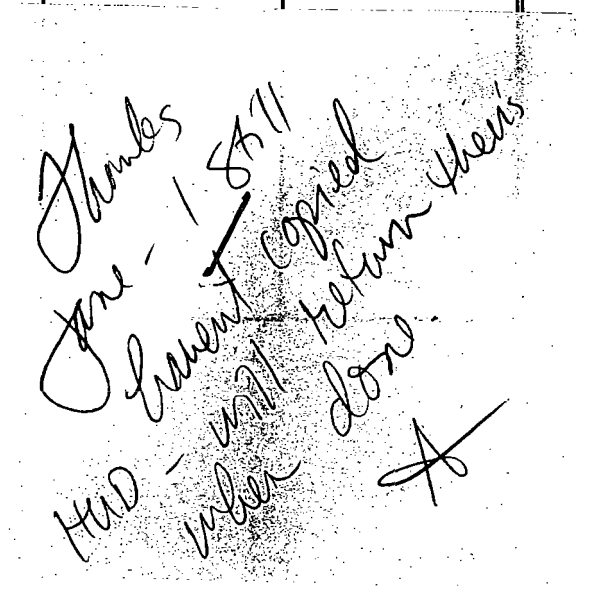
Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
6) Build youth and family leadership to provide program input and advocate, provide direction at local, state, national levels.	a) Convene youth and family leadership conferences and distribute report b) Published Essential Allies, a guide to involving youth/families in program planning, leadership bodies c) Families advocate for Title IV by educating state/national legislators.	• MCHB funds cooperative agreement with Institute of Family-Centered Care to provide training/technical assistance to youth and families.	$330,000	$350,000	• Youth and families participate in and present at all National Title IV meetings. • Families serve on boards/ committees of 20 projects.	• Youth and families participate in and present at all National Title IV meetings. • Families serve on boards/ committees of 20 projects. • National Positive Youth Alliance.	• Funds only permit 2 youth and 2 family members/project to attend national leadership meetings.

Draft II

HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF HEALTH PROFESSIONS
AIDS EDUCATION AND TRAINING CENTERS PROGRAM

Area: Training
Goal: To increase the number of health care providers who are effectively educated and motivated to counsel, diagnose, treat, and manage individuals with HIV infection, and to assist in the prevention of high risk behavior which may lead to infection

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
Overall Objective: Increase number of providers competent and willing to care for people with HIV	Information dissemination and training activities in collaboration with Federal, State and local HIV care programs		$16.3 million (for overall program)	$16.3 million (for overall program)	people living with HIV -- through health care providers	faculty, staff, advisory committees, training panels, planning, evaluation	
A. provide training opportunities	1. Level I	1. didactic training					
	2. Level II	2. workshops					
	3. Level III	3. intensive clinical training (including hands-on)					



Area: Training

Goal: To increase the number of health care providers who are effectively educated and motivated to counsel, diagnose, treat, and manage individuals with HIV infection, and to assist in the prevention of high risk behavior which may lead to infection

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
B. disseminate state-of-the-art HIV information to providers	1. provide funding for and promote HIV Clinical Conference Call Series	1. quarterly interactive conference call					
	2. provide funding for and promote HRSA/AIDS ETC National HIV Telephone Consultation Service (Warmline)	2. provider telephone consultation service					
	3. individual AETC activities	3. phone consultation services, newsletters, bulletins					

Area: Training

Goal: To increase the number of health care providers who are effectively educated and motivated to counsel, diagnose, treat, and manage individuals with HIV infection, and to assist in the prevention of high risk behavior which may lead to infection

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
C. develop and coordinate HIV provider materials	1. provider guides for HIV priority areas, e.g., ACTG 076	1. development and field test					
	2. curriculum development	2. curriculum` development					

HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF HEALTH RESOURCES DEVELOPMENT
AIDS DENTAL REIMBURSEMENT PROGRAM

Area: SERVICES
Goal: Reimbursement to Dental Schools of Uncompensated Costs Incurred in Treating Patients With HIV

Objective	Action Steps	Programs					Unusual Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
Increase the number of practitioners who provide care to HIV positive patients. Assist Dental Schools in meeting uncompensated costs associated in providing oral health care to HIV positive patients.	Increase funds to support uncompensated costs. The formula depends on (1) Numbers of HIV positive patients in treatment and (2) uncompensated costs.	The program is designed to reimburse accredited dental schools and post doctoral dental programs for the documented uncompensated costs incurred from providing oral health treatments to HIV positive patients.	$6,937,000	$6,937,000	Children and Adults	American Association of Dental Schools, American Association of Hospital Dentists, and American Dental Association.	Uncompensated costs that dental schools and hospitals incur are much more than the dollars available under the dental reimbursement program.

HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF HEALTH RESOURCES DEVELOPMENT
DIVISION OF HIV SERVICES

Area: HIV Health Care and Supportive Services Delivery
Goal: Increase Access to Care and Improve Quality of Life for People with HIV Disease and AIDS

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
Allocate appropriated funds to eligible entities for need-responsive service provision	Self evident	Ryan White CARE Act (RWCA) Titles I and II			Individuals w/ HIV disease/AIDS and family members	Ongoing; see separate goal	
Develop a minimum drug formulary for federally-assisted AIDS Drug Assistance Programs (ADAP)	Self evident	Primarily RWCA Title II program			Low income people w/ HIV disease/ AIDS		
Develop federal strategy and guide grantees in developing local strategies for implementing findings of ACTG 076	Self evident	RWCA Titles I and II			Pregnant women w/ HIV/AIDS; neonates and children born to HIV+ women		
Provide technical assistance to Title I and II grantees in strategies to improve access and quality	Self evident	RWCA Titles I and II			Individuals w/ HIV disease/AIDS and family members	Participatory process underway to develop self-assessment tools	
Monitor program implementation through (1) review of applications, quarterly reports, and other grantee submissions; and (2) site visits	Self evident	RWCA Titles I and II			Individuals w/ HIV disease/AIDS and family members	Federal program staff responsibility	

Area:HIV Health Care and Supportive Services Delivery
Goal: Increase Access to Care and Improve Quality of Life for People with HIV Disease and AIDS

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
Provide policy guidance to Title I and Title II grantees which emphasizes access to care and quality of life	Self evident	RWCA Titles I and II			Individuals w/ HIV disease/AIDS and family members	Federal program staff responsibility	
Develop and implement data collection methodologies which measure the number of persons being served, the range of services they receive, and resultant improvements in access or quality of life	Self evident	OMB-approved Annual Administrative Report and client-level service documentation demonstration projects			Individuals w/ HIV disease/AIDS and family members	Early and ongoing involvement of local implementors in all phases of data collection design, planning, and implementation	

Area: HIV Health Care and Supportive Services Delivery
Goal: Develop Comprehensive and Participatory Planning Processes at the State and Local Level to Guide Decision-making for Allocation of Title I and Title II funds

Objective	Action Steps	Programs					Unusual Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
Issue annual Program Application Guidance which emphasizes comprehensive and participatory planning	Self evident	Ryan White CARE Act (RWCA) Titles I and II			Grantees, Title I Planning Councils	through Planing Councils, focus groups, etc.	
Continue refinements and expansions of needs assessment protocol jointly developed by DHS and grantees	Self evident	RWCA Title I program			Grantees, Planning Councils, communities and populations affected by HIV	Planning Councils; affected communities	
Monitor grantee compliance with legislative mandates and policy requirements related to comprehensive and participatory planning	Self evident	RWCA Titles I and II			Grantees, Planning Councils, communities and populations affected by HIV	Federal program staff responsibility	
Provide technical assistance to Title I and Title II grantees on planning processes	Self evident	RWCA Titles I and II			Grantees, Planning Councils	Federal program staff; peer consultants	
Collaborate with Title II grantees and others in developing mutually beneficial protocols for achieving coordinated statewide statements of need	Self evident	RWCA Title II program			Grantees (all RWCA Titles): affected communities	Conference calls, small group meetings, review and comment processes	

Area: HIV Health Care and Supportive Services Delivery
Goal: Develop Comprehensive and Participatory Planning Processes at the State and Local Level to Guide Decision-making for Allocation of Title I and Title II funds

Objective	Action Steps	Programs					Unusual Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
Provide policy guidance to Title I and Title II grantees which emphasizes comprehensive and participatory planning processes	Self evident	RWCA Titles I and II			Grantees; Title I Planning Councils; Title II Consortia; affected communities	Requests for policies; review and comment processes	

HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF HEALTH RESOURCES DEVELOPMENT
SPECIAL PROJECTS OF A NATIONAL SIGNIFICANCE

Area: SERVICES
Goal: Develop innovative models of comprehensive managed care for persons with HIV

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
Develop at least three feasible, cost effective models of comprehensive managed care networks that enroll a broad spectrum of primary care and psychosocial providers within the HIV continuum of care and which provide patients and their families access to services.	1. Solicit & review innovative applications from persons able to evaluate models. 2. Support and evaluate sites providing care. 3. Disseminate results of evaluation.	1. Currently supporting models of comprehensive community care that do not evaluate cost. 2. Supported models analyzing cost data do not fully involve community resources.	$2,092,302	$4,000,000	All groups.	Primary care providers. Community-based organizations. State & Local Health Officials. Ryan White planning bodies. Persons with HIV.	1. Effective linkages among community providers and financially stable medical sites.

Area: SERVICES
Goal: Increase evaluation capacity in community-based providers' organizations

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
1. Ensure that services provided under SPNS program are fully evaluated for both utilization and impacts.	1. Increase emphasis on evaluation in Federal Register notices and program guidance documents. 2. Increase the representation of evaluation researchers on review groups. 3. Provide technical support for evaluation activities.	1. Some projects continue to see SPNS as a source of service dollars rather than a mechanism for evaluating models of care.	$2,000,000	$4,000,000	All groups.	Care providers. Evaluation researchers. Patient advocates.	1. Effective linkages between providers and evaluation researchers.

HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF PRIMARY HEALTH CARE
HIV/SUBSTANCE ABUSE BRANCH

Area: SERVICES
Goal: Promote the delivery of quality HIV care

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
Promote the delivery of quality HIV care provided through the Bureau of Primary Health Care (BPHC) funded primary care programs and providers	1) Develop QI/QA guidelines for the clinical management of HIV disease 2) Publish and distribute guidelines to all BPHC primary care programs and providers 3) Train (where necessary) providers in the use of the QI/QA tool for monitoring the quality of HIV clinical care	All BPHC funded primary care programs and providers (in C/MHCs, HCH, Ryan White III(b), NHSC, etc.	1) $315,000	2) $150,000 3) $300,000	All HIV + or at risk clients	Title III(b) Clinicians Network, the New York AIDS Institute, and other HIV/AIDS state institutions	Lack of funding for the III(b) program staff to monitor compliance with the QI/QA indicators

HEALTH RESOURCES AND SERVICES ADMINISTRATION
MATERNAL AND CHILD HEALTH BUREAU
RYAN WHITE TITLE IV PROGRAM

Area: Services/Research
Goal: Support the development of programs and provider capacity to counsel, test, and care for women of childbearing age, and offer zidovudine therapy to reduce perinatal transmission

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
1) Establish Women's Initiative for HIV Care for Women and Reduction of Perinatal Transmission.	þ Develop funding guidance þ Conduct grants reviews þ Award 5 new grants, and supplement 3 existing SPNS grantees þ Establish ongoing WIN Steering Committee þ Site visits/monitoring/TA.	WIN Steering Committee involving 8 grantees and cross agency collaboration to enhance outreach HIV C & T and linkage of women of childbearing age in an ongoing care system and to reduce perinatal HIV transmission and enhance provider capacity at the community level.	$1.1 million	$1.3 million	Adolescent & adult women and their infants - especially pregnant women.	Consumer participation in WIN steering committee and projects' advisory board SPNS Program.	Resources needed to fund 2 approved projects and expand to 5 new sites: $1.1 million Funds needed to expand to 5 years and enhance evaluation: $3 million.

Area: Services/Research
Goal: Support the development of programs and provider capacity to counsel, test, and care for women of childbearing age, and offer zidovudine therapy to reduce perinatal transmission

Objective	Action Steps	Programs					Unmet Needs
2) Improve provider capacity for outreach, counseling, testing and care for women of childbearing age for early identification and linkage to care for pregnant women	þ Develop train-the-trainer program (ToT) þ Conduct one centralized training for all WIN sites with follow-up local training þ Oversee training and evaluation in eight sites þ Coordinate cross agency, cross grantee network and develop program evaluation strategy.	Through needs assessment of grantees, ToT will be developed and implemented in 9/95. WIN Steering Committee to begin developing data strategy Summer 1995.	$400,000	$400,000	MCH and HIV providers including: outreach, counseling and testing, perinatal and HIV care.	AIDS ETC program National Ped. AIDS Resource Center Institute for Family-Centered Care Three SPNS grantees.	Extensive TA and training may be needed for certain populations (e.g. SA women, women not currently linked to care).

Area: Services/Research
Goal: Support the development of programs and provider capacity to counsel, test, and care for women of childbearing age, and offer zidovudine therapy to reduce perinatal transmission

Objective	Action Steps	Programs					Unmet Needs
3) Develop strategies to support state efforts to offer ZDV therapy and follow outcomes	A) AMCHP survey of states and guidelines due out 9/95 B) Established MCHB 076 AdHoc Committee C) Include in scope of WIN (See objective #1) D) Development of HRSA Advisory Document E) Distribute HRSA Advisory Principles, CDC C & T document and other PHS documents to MCHB community F) Participate in AHCPR Consumer Brochure, video and audiotapes for distribution to HRSA grantees.	A) Collaborate with Association of Maternal & Child Health Programs (AMCHP) to develop state guidelines B) Establish MCHB working group to coordinate HIV risk reduction related efforts across programs C) See obj. #1 D) Document is culmination of HRSA meetings with constituents on 076 issues E) Mailings sent to MCH grantees F) Consumer brochure to support women's decision making on perinatal ZDV therapy.	A) $10,000 B), D), E) (none) C) (Subset of WIN Budget) F) $10,000		Children, youth, women (For A-F)	AMCHP State Title V program HRSA grantees and MCH community (B-F)	A) No evaluation planned or funded B & E - Not applicable C) See objective #1 D) No evaluation planned or funded F) Limited evaluation funding

Area: Services/Research
Goal: Expand access to Comprehensive, Coordinated Services and Research for Children, youth and families affected by HIV/AIDS.

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
1) Improve the availability of comprehensive service programs for children, youth and women.	þ Increase funding for 37 current Title IV grantees þ Fund two new service projects in FY 1995, 6 new projects in FY 1996.	Administer Ryan White Title IV program Develop Federal Register notices and conduct grant reviews, fund, monitor grantees.	Approximately $24 million (of $26 million budget).	Approximately $27 million (of $32 million budget request).	Children, youth, women and families.	þ participation in grants review þ constituent involvement in grantee program and policy development.	þ 30 grant applicants in FY 1995; funds only available for 13 of them. Funds for existing projects inadequate to meet rapidly growing caseloads; to expand programs for adolescents and to provide needed services such as mental health; substance abuse; family case management; permanently planning.

Area: Services/Research
Goal: Expand access to Comprehensive, Coordinated Services and Research for Children, youth and families affected by HIV/AIDS.

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
2) Support initial development of care systems linked to research for children, youth and women in 7 new communities.	a) convene technical assistance meeting of 7 newly funded planning/ technical assistance grantees b) Site visits to 4 new grantees c) Ongoing project officer technical assistance.	Planning and initial development grants support communities ($75,000) to assess needs and begin to organize comprehensive, coordinated care systems.	$555,000	$600,000	Children, youth, women and families.	constituents involved in developing funded programs.	24 States lack comprehensive care systems for children, youth, women; $1.8 million would support new planning and initial development projects in 24 states.
3) Enhance research agenda, research opportunities, and clinical care for adolescents with/at risk for HIV through collaboration with NIH.	a) Establish new adolescent/ research/clinical network b) Ongoing steering committee meetings c) NIH/HRSA collaboration on grant review and monitoring.	Adolescent Research/ Clinical Network will develop research priorities, collect data, and develop clinical care guidelines for adolescents with HIV/AIDS.	$2.5 million total - $250,000 million HRSA	$250,000 million HRSA	Youth (13-21).	One adolescent/ project participates in steering committee, guidelines development. NIH	Title IV program lacks staff resources to support research network, 1.5FTE required.

Area: Services/Research
Goal: Expand access to Comprehensive, Coordinated Services and Research for Children, youth and families affected by HIV/AIDS.

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
4) Increase patient access to clinical research through enhanced linkages between care providers and research entities.	a) Develop new research advisory panel mandated under reauthorized CARE Act b) Analyze data on current linkages and research activities c) Make recommendation to grantees to enhance linkages.	Reauthorized CARE Act expected to mandate new research panel to recommend research priorities, assist with care/research linkages.	$50,000	$200,000 1.5 FTE needed	Children, Youth, Women.	Consumer, Title IV provider, researcher participation in panel. Pediatric AIDS Foundation.	Title IV program lacks staff resources to establish and support panel; 1.5 FTE required.

Area: Services/Research
Goal: Expand access to Comprehensive, Coordinated Services and Research for Children, youth and families affected by HIV/AIDS.

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
5) Provide leadership, support and technical assistance to improve HIV programs for children, youth, families.	a) Conduct Technical Assistance Site visits and consultation to 8 projects/year b) Organize and implement an annual national Title IV meeting with grantees, providers and consumers c) Develop standards of care for (1) PCP, (2) family centered care, and (3) Counseling, testing, care of women d) Support two national resource centers for training. TA information.	Activities to enhance grantee and provider outreach, prevention, care and research activities.	$5,000 travel $5,000 peer consultants. $1.9 million	$5,000 travel $5,000 peer consultants. $1.3 million	Children, youth, families. Title IV grantees.	Youth and families participate in all national meetings, trainings.	Limited travel resources preclude additional visits to projects in need of technical assistance.

Area: Services/Research
Goal: Expand access to Comprehensive, Coordinated Services and Research for Children, youth and families affected by HIV/AIDS.

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
6) Build youth and family leadership to provide program input and advocate, provide direction at local, state, national levels.	a) Convene youth and family leadership conferences and distribute report b) Published Essential Allies, a guide to involving youth/families in program planning, leadership bodies c) Families advocate for Title IV by educating state/national legislators.	þ MCHB funds cooperative agreement with Institute of Family-Centered Care to provide training/technical assistance to youth and families.	$330,000	$350,000	þ Youth and families participate in and present at all National Title IV meetings. þ Families serve on boards/ committees of 20 projects.	þ Youth and families participate in and present at all National Title IV meetings. þ Families serve on boards/ committees of 20 projects. þ National Positive Youth Alliance.	þ Funds only permit 2 youth and 2 family members/project to attend national leadership meetings.