FOIA Number: 2018-0755-F

FOIA MARKER

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Subgroup/Office of Origin: National AIDS Policy Office

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Subseries: National AIDS Strategy

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Folder Title:
Budget Numbers for Appendices [1]

Stack:	Row:	Section:	Shelf:	Position:
S	66	5	8	3

8.1.96

H. Add 65,000,000 to

HRSA '97 for A-DAP

834,079,000
65,000,000
899,079,000

HRSA Comments

HRSA	Increase the number of competent primary care providers willing to care for HIV positive persons	~~$16,300,000~~ 287	~~$16,300,000~~ 12,000,000	16,287,000	
C+S	Reduce barriers to obtaining dental care for HIV positive persons	$6,937,000	$6,937,000	6,937,000	
C+S	Increase access to care and improve quality of life for persons living with HIV/AIDS	$632,965,000 I: 356,500,000 II:198,147,000 III:52,318,000 IV: 26,000,000	738,465,000 ~~$723,465,000~~ I: ~~407,000,000~~ II:~~221,897,000~~ III:~~62,568,000~~ IV: ~~32,000,000~~	807,465,000 423,943,000 284,954,000 64,568,000 34,000,000	96 391,700,000 260,847,000 56,918,000 29,000,000
C+S	Develop and evaluate innovative models of comprehensive managed care for persons living with HIV	~~Objective 1:~~ ~~$2,092,302~~ 1,500,000 ~~Objective 2:~~ ~~$4,000,00~~	~~Objective 1:~~ ~~$4,000,00~~ 1,500,000 ~~Objective 2:~~ ~~$4,000,00~~	1,500,000 ?	
Px	Reduce the perinatal transmission of HIV	$1,520,000	$1,800,000	1,890,000	

(1,800,000)(1.05) = 1,890,000

FY95: 16,287,000 + 6,937,000 + 632,965,000 + 1,500,000 + 1,520,000 = 659,209,000

FY96: 12,000,000 + 6,937,000 + 738,465,000 + 1,500,000 + 1,800,000 = 760,702,000

FY97: 16,287,000 + 6,937,000 + 807,465,000 + 1,500,000 + 1,890,000 = 834,079,000

2 386,500,000 + 198,147,000 + 52,318,000 + 26,000,000 = 632,965,000

2 391,700,000 + 260,847,000 + 56,918,000 + 29,000,000 = 738,465,000

CARE AND SERVICES

Agency: Health Resources and Services Administration

Goal: 10 Increase the number of competent primary care providers willing to care for HIV positive persons.

Objective: To increase the number of health care providers who are effectively educated and motivated to counsel, diagnose, treat, and manage individuals with HIV infection.

Action Steps: Support didactic and clinical training activities for primary health care providers in collaboration with Federal, state, and local HIV care programs;

Disseminate state-of-the art HIV information to providers; and

Develop and coordinate distribution of HIV provider materials.

Descriptions: A significant source of training takes place under the guidance of AIDS Education and Training Centers. In addition there are quarterly interactive conference calls with experts and providers, the National HIV Telephone Consultation Service (Warmline), phone consultation services, newsletters, bulletins, and provider guides for HIV priority areas (i.e., guidance for clinicians regarding the use of AZT for the prevention of perinatal transmission).

FY 95: $16,287,000 ✓
FY 96: $12,000,000 ✓
FY 97: $16,287,000 ✓

Populations Served: Health care providers and people living with HIV disease.

Constituency Involvement: Faculty, staff, advisory committees, training panels, persons living with AIDS, and academic faculty.

Unmet Need: Not enough adequately trained health care providers to meet patients demand, and, inadequate resources to meet provider training needs.

CARE AND SERVICES

Agency: Health Resources and Services Administration

Goal: To Reduce barriers to obtaining dental care for HIV positive persons.

Objective: Increase the number of dental 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.

Action Steps: Provide reimbursement to dental schools of uncompensated costs incurred in treating patients with HIV.

Descriptions: The AIDS Dental Reimbursement 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.

FY 95: $6,937,000✓
FY 96: $6,937,000✓
FY 97: $6,937,000✓

Populations Served: Children and adults living with HIV.

Constituency Involvement: American Association of Dental Schools, American Association of Hospital Dentists, and the American Dental Association.

Unmet Need: Uncompensated costs that dental schools and hospitals incur are much more than the dollars available under the AIDS Dental Reimbursement Program.

CARE AND SERVICES

Agency: Health Resources and Services Administration

Goal: Increase access to care and improve quality of life for persons living with HIV and AIDS.

Objectives: Through the Ryan White Comprehensive AIDS Resources Emergency (Care) Act (RWCA), improve accessibility and quality of care for all persons living with HIV.

Develop comprehensive and participatory planning processes at the state and local levels to guide funding allocation decisions.

Increase patient access to clinical research.

Establish quality guidelines and evaluate program effectiveness.

Action Steps: Support comprehensive outpatient, ambulatory health and support services, case management, and inpatient case management services that prevent unnecessary hospitalization or expedite discharge (RWCA Title I);

Support consortia to improve the quality and availability of health care, including home and community-based services, continuation of health insurance, purchase of AIDS drugs, direct provision of care for individuals and families living with HIV and AIDS (RWCA Title II);

Develop a minimum drug formulary for federally-assisted AIDS Drug Assistance Programs (ADAP --RWCA Title IV);

Support outpatient early intervention services for low-income medically underserved people in existing primary health care systems (RWCA Title III);

Support comprehensive care services for affected women, infants children, and youth in a comprehensive community-based, family-centered system of care (RWCA Title IV);

Support initial development of care systems linked to research for children, youth and women in 7 new communities;

Enhance linkages between care providers and sites where research is conducted;

Provide leadership, training, and technical assistance;

Convene youth and family leadership conferences and distribute findings;

Develop, distribute, and train providers on quality indicators and quality assurance guidelines for the clinical management of HIV disease;

Develop guidance for grantees in developing local strategies for changes in the standard-of-care; and

Evaluate program effectiveness through development of common evaluation criteria of CARE Act grants that address program delivery and program outcomes and establishment of evaluation measures that are unique to each Title.

Descriptions: Provide RWCA-supported services through individual grantees and service organizations. In addition to these broad-based efforts, support a variety of focused initiatives such as the adolescent research and clinical network and a cooperative agreement with Institute of Family-Centered Care to provide training and technical assistance to youth and families.

FY 95:	RWCA Title I:	$356,500,000 ✓
	RWCA Title II:	$198,147,000 ✓
	RWCA Title III:	$ 52,318,000 ✓
	RWCA Title IV:	$ 26,000,000 ✓
FY 96:	RWCA Title I:	$391,700,000 ✓
	RWCA Title II:	$260,847,000 ✓
	RWCA Title III:	$ 56,918,000 ✓
	RWCA Title IV:	$ 29,000,000 ✓
FY 97:	RWCA Title I:	$423,943,000 ✓
	RWCA Title II:	$284,954,000 ✓
	RWCA Title III:	$ 64,568,000 ✓
	RWCA Title IV:	$ 34,000,000 ✓

Populations Served: HIV positive individuals and their family members, low income persons with HIV/AIDS, pregnant women living with HIV/AIDS, neonates and children born to HIV positive women. In addition, RWCA grantees and planning councils receive technical assistance in conducting and evaluating their programs.

Constituency Involvement: The input and guidance of PLWAs and affected communities is gathered through a variety of avenues. Constituents are represented on the HRSA AIDS Advisory Committee, RWCA planning councils, with the input of broad-based local representation, guide local prioritization of RWCA funds.

The development of evaluation measures is a participatory process whereby local groups assist in the development of self-assessment tools. Local participants have early and ongoing involvement in all phases of data collection design, planning, and implementation.

In addition, focus groups, workshops, and discussion groups of PLWAs, providers of HIV care, State and local officials, researchers, and national groups such as the Pediatric AIDS Foundation and the National Positive Youth Alliance review proposed policies, program directives, and planning and evaluation activities to ensure constituency input.

Unmet Need: Access to mental health and substance abuse services. Funds for existing projects are inadequate to meet rapidly growing caseloads and increased demand care and training. Meeting these will require collaborative efforts with NIMH and SAMSHA in addition to expanding programs in general and especially for adolescents such as mental health, substance abuse, and family case management services. For the RWCA Title IV, funds were available for only one third of grant applicants in FY 1995. There is also a need for increased access to 1% evaluation funds for service-related evaluations.

Moreover, 24 states lack comprehensive care systems for children, youth, women; funding of approximately $1.8 million would support new planning and initial development projects in these states.

For frontline providers who may receive funding from several Federal Agencies, there is a need for improved coordination within and between Agencies. In addition, for example, to the lack of adequate resources for technical assistance and evaluation, there is also a need for improved planning and coordination of these activities between the various CARE activities and between Federal agencies.

CARE AND SERVICES

Agency: Health Resources and Services Administration

Goal: To develop and evaluate innovative models of comprehensive managed care for persons living with HIV.

Objective 1: Develop models of comprehensive managed care networks that enroll a broad spectrum of primary care and psychosocial providers within the HIV continuum of care, and that provide patients and their families access to services.

Action Steps: Develop innovative models and disseminate results of evaluation.

Descriptions: Special Projects of National Significance (SPNS).

FY 95: $2,092,302
FY 96: $4,000,000
FY 97: $?????????

Populations Served: Persons living with HIV and their families.

Constituency Involvement: Primary care providers, community-based organizations, state and local health officials, Ryan White planning bodies, and persons living with HIV.

Unmet Need: There is a need for more effective linkages among community providers and financially stable medical sites.

Objective 2: Ensure that services provided under SPNS program are fully evaluated for both utilization and impacts and increase the evaluation capacity within community-based providers' organizations.

Action Steps: Increase emphasis on evaluation;

Increase the representation of evaluation researchers on review groups; and

Provide technical support for evaluation activities.

Descriptions: Evaluation of Special Projects of National Significance

FY 95: $2,000,000
FY 96: $4,000,000
FY 97: $?????

Populations Served: SPNS grantees.

Constituency Involvement: Health care providers, evaluation researchers, and patient advocates.

Unmet Need: There is a need to develop more effective linkages between providers and evaluation researchers.

PREVENTION

Agency: Health Resources and Services Administration

Goal: Reduce the perinatal transmission of HIV.

Objective: Enhance provider capacity to provide appropriate services for women at the community level.

Improve provider capacity for outreach, counseling, testing and care for women of childbearing age for early identification and linkage to care for pregnant women.

Enhance providers' abilities to provide AZT for HIV positive pregnant women.

Ensure funding and dissemination of innovative models of care that evaluate all of the major care and service goals listed in this plan: effectively educated providers, increased access to and quality of care, reduction of perinatal transmission of HIV.

Action Steps: Establish the Women's Initiative for HIV Care for Women and Reduction of Perinatal Transmission (WIN);

Establish ongoing WIN Steering Committee;

Provide technical assistance to grantees;

Conduct centralized training for all WIN sites with follow-up local training;

Collaborate with Association of Maternal & Child Health Programs (AMCHP) to develop local guidelines;

Establish MCHB working group to coordinate HIV risk reduction related efforts across programs;

Distribute counseling and testing guidance, AHCPR consumer brochure and video, and other PHS documents to MCHB community;

Review currently funded SPNS projects to identify gaps in project coverage for future Requests for Applications (RFAs); and

Evaluate sites.

Descriptions: Enhance outreach for HIV counseling and testing.

Improve service linkages for women of childbearing age in an ongoing care system and to reduce perinatal HIV transmission.

PHS 076 Implementation Plan.

FY 95: $1,520,000
FY 96: $1,800,000

FY 97: $???????

Populations Served: CARE Act grantees. Adolescent and adult women and their infants, with special attention for pregnant women in addition to MCH and HIV providers.

Constituency Involvement: Health care providers, evaluation researchers, communication experts, and patient advocates. There is also consumer participation in WIN steering committee and projects' advisory board in addition to linkages with other HRSA grantees including those from RWCA and SPNS programs.

Unmet Need: Funds needed to provide more services in order to reach more women and enhance evaluation efforts and improve technical assistance and training.

In particular, it is critical to fund services (e.g., outreach, case finding, case management) that better link women of childbearing age with counseling and testing services and, after testing, with comprehensive medical, social, and support services and long-term followup for themselves and their families. Training non-HIV providers, particularly primary care, family practice, ob/gyn, and MCH providers, to perform women-sensitive counseling and testing, to deliver appropriate primary care for women with HIV, and to provide appropriate referrals for these women is another critical need. Funding is also needed for peer-support programs for these women and their families. While it should be our assumption that all women are at risk for HIV, it is important to recognize that certain groups of women (e.g., substance abusers, partners of substance abusers) are at special risk and need additional services in order to enter and remain in care.

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

750 17th Street, N.W.
Washington, DC 20503

Phone: 202-632-1090
Fax: 202-632-1096

FACSIMILE COVER SHEET

TO: Shelly Gordon

FAX NUMBER: 301.443.1551

FROM: Jane Danville

DATE: 1.22.96

PAGES INCLUDING COVER SHEET: 2 10

COMMENTS:

As per our conversation....

Thanks for your help -

CARE AND SERVICES

Agency: Health Resources and Services Administration

Goal: Increase the number of competent primary care providers willing to care for HIV positive persons.

Objective: To increase the number of health care providers who are effectively educated and motivated to counsel, diagnose, treat, and manage individuals with HIV infection.

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FY 95: $16,300,000
FY 96: $16,300,000
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Populations Served: Health care providers and people living with HIV disease.

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FY 95: $6,937,000
FY 96: $6,937,000
FY 97:

Populations Served: Children and adults living with HIV.

Constituency Involvement: American Association of Dental Schools, American Association of Hospital Dentists, and American Dental Association. Are consumers included?

Unmet Need: Uncompensated costs that dental schools and hospitals incur are much more than the dollars available under the AIDS Dental Reimbursement Program.

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Goal: Increase access to care and improve quality of life for persons living with HIV and AIDS.

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Enhance linkages between care providers and sites where research is conducted;

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	RWCA Title IV:	$ 26,000,000
FY 96:	RWCA Title I:	$407,000,000
	RWCA Title II:	$221,897,000
	RWCA Title III:	$ 62,568,000
	RWCA Title IV:	$ 32,000,000
FY 97:	RWCA Title I:	
	RWCA Title II:	
	RWCA Title III:	
	RWCA Title IV:	

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FY 96: $4,000,000
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Goal: Reduce the perinatal transmission of HIV.

Objective: Enhance provider capacity to provide appropriate services for women at the community level.

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PHS 076 Implementation Plan.

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FY 97:

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n:\np\charts\hrsa.f96

OFFICE OF NATIONAL AIDS POLICY
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750 17th Street, N.W.
Washington, DC 20503

Phone: 202-632-1090
Fax: 202-632-1096

FACSIMILE COVER SHEET

TO: Shelly Gordon

FAX NUMBER: 301.443.1551

FROM: Jane Sanville

DATE: 7.22.96

PAGES INCLUDING COVER SHEET: 2

COMMENTS:

As per our conversation....

Thanks for your help -

HRSA Comments

HRSA	Increase the number of competent primary care providers willing to care for HIV positive persons	~~$16,300,000~~ 287	~~$16,300,000~~ 12,000,000	16,287,006	
AETC					
	Reduce barriers to obtaining dental care for HIV positive persons	~~$6,937,000~~	~~$6,937,000~~	6,937,000	
Dental					96
	Increase access to care and improve quality of life for persons living with HIV/AIDS	~~$632,965,000~~	738,465,000 ~~$723,465,000~~	807,465,000	391,700,000
RWCA		I: 356,500,000	I: ~~407,000,000~~	423,943,000	260,847,000
		II:198,147,000	II:~~221,897,000~~	284,954,000	56,918,000
		III:52,318,000	III:~~62,568,000~~	64,568,000	
		IV: 26,000,000	IV: ~~32,000,000~~	34,000,000	29,000,000
	Develop and evaluate innovative models of comprehensive managed care for persons living with HIV	Objective 1: $2,092,302	Objective 1: $4,000,00		
		Objective 2: $4,000,00	Objective 2: $4,000,00		
WIN Projects	Reduce the perinatal transmission of HIV	$1,520,000	$1,800,000		

THE WHITE HOUSE

WASHINGTON

[redacted] 119,000,000

114,000,000

114,000,000

[redacted]

95 350,000
240,000

590,000

96 325,000
200,000

525,000

97 325,000
200,000

525,000

THE WHITE HOUSE
WASHINGTON

~~PEACE CORPS~~

FY 95
300,000
4,500,000
4,800,000

FY 96
100,000
5,000,000
5,100,000

FY 97
100,000
5,000,000
5,100,000

THE WHITE HOUSE
WASHINGTON

FY 95 281,000,000
31,000,000
5,400,000
* 317,400,000

FY 96 300,000,000
31,000,000
5,700,000
* 336,700,000

FY 97 310,000,000
31,000,000
5,700,000
* 346,700,000

THE WHITE HOUSE
WASHINGTON

95 1,005,000
~~433,000~~
1,438,000

96 1,200,000
1,200,000

97 Unable to provide

[redacted]

(95) 1,485,000
7,500,000
2,934,000
2,787,000
7,500,000
929,000
23,135,000

(96) 1,320,000
4,000,000
597,000
2,600,000
8,517,000

(97) 1,782,000
4,000,000
612,000
6,394,000

A FAX FROM

MS. BARBARA GARCIA

ASSOCIATE ADMINISTRATOR, OFFICE ON AIDS

Substance Abuse & Mental Health Services Administration (SAMHSA)

PHONE NUMBER: (301) 443-~~5305~~ 7015

FAX NUMBER: (301) 443-3817

DATE: 24 July 96

TO: Jane Sanville

PHONE NUMBER: (202) 632 1090 **FAX NUMBER:** (202) 632 1096

TOTAL NUMBER OF PAGES (including cover sheet):

REMARKS: Enclosed is the SAMHSA revision. Please call if you have any questions.

Thx.

CP for BG

CARE AND SERVICES

Agency: Substance Abuse and Mental Health Services Administration

Descriptions: HIV/AIDS Mental Heatlh Services Demonstration Program.

FY 95: $1,485,000 (With $1,400,000 from NIH and $1,500,000 from HRSA)
FY 96: $1,320,000
FY 97: $1,782,000

Descriptions: HIV/AIDS Community Outreach Program

FY 95: $7,500,000
FY 96: $4,000,000
FY 97: $4,000,000

Descriptions: AIDS Health Care Worker Training

FY 95: $2,934,000
FY 96: $ 597,000
FY 97: $ 612,000

Descriptions: AIDS Training Grants

FY 95: $2,787,000
FY 96: $2,600,000
FY 97: $0

Descriptions: HIV/AIDS Linkage Program

FY 95: $7,500,000
FY 96: $0
FY 97: $0

Descriptions: High Risk Youth Program

FY 95: $929,000
FY 96: $0
FY 97: $0

NOTE: In addition to these figures, SAMHSA's Knowledge Development Application (KDA) Program includes an AIDS initiative in the FY 1997 budget. This initiative will include various approaches to explore how best to educate service providers, how to address family issues, the interruption of HIV/AIDS transmission and how to maximize client retention in substance abuse treatment, to name a few. The FY 1997 estimate for HIV/AIDS in the President's Budget was $15,000,000.

CARE AND SERVICES

Agency: Department of Health and Human Services, Substance Abuse and Mental Health Services Administration

Goal: To provide a range of high quality mental health services to people affected by or living with HIV and AIDS.

Objective 1: To change risk behaviors and prevent further HIV transmission, evaluate the effectiveness and efficiency of the different approaches or models used for organizing and providing those services, and determine the outcome of those services on the quality of life of the individuals served.

Action Steps: Increase compliance with medical treatment and enhance access to existing services;

Disseminate information about successful service models;

Develop and rigorously evaluate models for replication and integration into HIV/AIDS delivery systems; and

Increase productive work capacity as result of receiving services.

Descriptions: HIV/AIDS Mental Health Services Demonstration Program.

FY 95: $1,500,000 (With $1,400,000 from NIH and $1,500,000 from HRSA)
FY 96: $1,320,000 (With $1,400,000 from NIH and $1,500,000 from HRSA)
FY 97: $1,782,000

Populations Served: People living with or affected by HIV/AIDS including injection drug users, sex partners of injection drug users, sex workers, gay or bisexual men, and racial and ethnic minority populations.

Constituency Involvement: Health professionals, consumers, and community service providers.

Unmet Need: This collaborative effort has successfully enhanced the services rendered by providing comprehensive services to the populations served. However, additional financial resources could include other agencies, i.e. HUD, AHCPR in providing the client population with a spectrum of services relating to diverse needs.

Objective 2: To demonstrate the efficacy of outreach as an intervention for facilitating access to substance abuse treatment for high risk and hard to reach substance abusers.

To demonstrate that comprehensive HIV outreach interventions

affect behavior changes in diverse populations.

Action Steps: Identify chronic, hardcore, drug users and their sex and/or needle-sharing partners;

Facilitate entry into substance abuse treatment;

Provide a range of services including medical and diagnostic services for HIV, STDs, and TB;

Employ information-sharing, skills and other prophylactic means to affect behavior change; and

Evaluate program effectiveness.

Descriptions: HIV/AIDS Community Outreach Program.

FY 95: $7,500,000
FY 96: $4,000,000
FY 97: $4,000,000

Populations Served: Chronic, hard core substance abusers and their sex and/or needle-sharing partners, including those individuals who have severe drug problems, frequently inject heroin and/or cocaine and/or are poly drug users. There is also emphasis within various racial and ethnic groups, women, residents of public housing projects, and homeless individuals.

Constituency Involvement: Health professionals, consumers, and community service providers.

Unmet Need: Additional resources for medical treatment of HIV/AIDS, STDs, TB and other medical services would provide greater access to care through integration of substance abuse and medical care services.

CARE AND SERVICES

Agency: Substance Abuse and Mental Health Services Administration

Goal: Improve HIV/AIDS training of clinicians.

Objective 1: Enhance mental health professionals' prevention and treatment efforts by training mental health care providers and other health care workers.

Action Steps: Assess neuropsychiatric/psychosocial aspects of HIV/AIDS to prevent the spread of HIV infection;

Establish linkages with health care providers;

Include alcohol and other drug (AOD) related HIV prevention in all training curriculums;

Train mental health professionals who serve people with serious mental illness;

Provide training about pre and post HIV antibody counseling and testing, physiological aspects of HIV/AIDS, in addition to culturally sensitive, linguistically and gender appropriate interventions and methodologies;

Address managed care and training issues; and

Evaluate the effectiveness of training techniques.

Descriptions: AIDS Health Care Worker Training.

FY 95: $2,934,000
FY 96: $ 587,000
FY 97: $ 612,000

Populations Served: HIV/AIDS mental health care providers whose client population may include gay and bisexual men, women, racial and ethnic minority groups, injecting drug users and their sex partners, sex workers, children, adolescents, and the sex partners of people with HIV/AIDS.

Constituency Involvement: Health professionals, consumers, and community service providers.

Unmet Need: Additional financial resources and increased collaboration with other Federal agencies would broaden the scope of the training to include all health professionals.

Objective 2: Provide training programs for health care professionals, modifying curricula and strengthening training opportunities in comprehensive care for people with or at risk

for substance abuse, mental illness and infectious diseases including HIV and TB.

Action Steps: Train health care professionals to provide comprehensive services and care; and

Enhance curricula by including training for diverse populations with multiple risk factors and illnesses.

Descriptions: AIDS Training Grants.

FY 95: $2,800,000
FY 96: $2,600,000
FY 97: $0

Populations Served: People with or at risk for substance abuse, mental illness and/or transmission of HIV.

Constituency Involvement: Health professionals and consumers.

Unmet Need: Additional resources would strengthen the training opportunities for health care professionals and enhance services rendered for people with or at risk for substance abuse, mental illness, HIV, and other STDs.

CARE AND SERVICES

Agency: Substance Abuse and Mental Health Services Administration

Goal: Improve the integration of substance treatment and primary medical care.

Objective: To demonstrate the effectiveness of fostering greater services integration by linking substance abuse treatment, primary medical care, mental health services, and HIV/AIDS, STD and TB services.

Action Steps: Develop and foster linkages among service providers; and

Evaluate the efficiency and effectiveness of linked, integrated services.

Descriptions: The HIV/AIDS Linkage Initiative.

FY 95: $7,500,000
FY 96: $0
FY 97: $0

Populations Served: Injecting drug users and other high risk substance abusers and their sexual partners.

Constituency Involvement: Service providers and consumers.

Unmet Need: This collaborative effort serves as catalyst for linking AOD treatment, mental health and primary care services, and services for HIV/AIDS, STDs and TB. Additional resources could join this effort with other agencies to enhance the services rendered.

PREVENTION

Agency: Substance Abuse and Mental Health Services Administration

Goal: Reduce the number of new HIV infections.

Objective 1: Demonstrate the effectiveness of incorporating HIV/AIDS prevention curricula into ongoing substance abuse prevention programs.

Demonstrate the differential effectiveness of incorporating HIV/AIDS prevention curricula into ongoing substance prevention programs.

Action Steps: Supplementation of high risk youth grants for alcohol, tobacco and other drugs (ATOD) prevention for the purpose of including HIV/AIDS prevention strategies in their present activities;

Develop program to empower youth with skills, knowledge, and beliefs for HIV prevention;

Demonstrate effective strategies to prevent ATOD use and abuse among high risk youth; and

Include developmentally and culturally appropriate HIV/AIDS education and prevention approaches.

Descriptions: High Risk Youth Program.

FY 95: $292,000
FY 96: $0
FY 97: $0

Populations Served: High risk youth or youth at risk for ATOD, adolescent females, and youth at risk for AOD-related violent behavior.

Constituency Involvement: Families of youth, youth service workers, and the communities that support youth at risk for ATOD abuse.

Unmet Need: Presently this initiative reaches only 25 percent of high risk youth grantees. Supplementing all grantees would provide greater opportunity for services integration and evaluation.

Objective 2: Apply a community-designed, community-focused approach to the prevention of HIV/AIDS in a culturally appropriate manner, specifically targeting communities of high seroprevalence.

Reduce ATOD use.

Action Steps: Supplementation of all community partnerships and community coalitions providing communities with the opportunity to design targeted HIV/AIDS messages emphasizing the direct relationship between the use of ATOD and HIV/AIDS; and

Solicit neighboring communities in program implementation.

Descriptions: Demonstration sites and community training in the use of HIV/AIDS curriculum.

FY 95: $0
FY 96: $5,000,000
FY 97:

discontinued

Populations Served: High risk neighborhoods and communities, including youth, families, and community organizations.

Constituency Involvement: All community members.

Unmet Need: Supplementing all community coalition grantees and partnerships would provide greater opportunity for services integration and evaluation.

Objective 3: Improve training of Faculty Development Program (FDP) grantees.

Action Steps: Supplement all FDP grantees for the purpose of improving teaching skills related to integration ATOD and HIV/AIDS prevention; and

Improve training regarding professional/client interaction.

Descriptions: Supplementation of Faculty Development Program (FDP) grantees.

FY 95: $0
FY 96: $650,000
FY 97:

still going, but AIDS?

Populations Served: General public.

Constituency Involvement: Health professional institutions, consumers, and community service providers.

Unmet Need: Additional resources could provide further education and training and thereby reach more health professionals.

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

750 17th Street, N.W.
Washington, DC 20503

Phone: 202-632-1090
Fax: 202-632-1096

FACSIMILE COVER SHEET

TO: DARYL CADE

FAX NUMBER: 301·443·1659

FROM: JANE SANVILLE

DATE: ~~7.19.96~~ 7.23.96

PAGES INCLUDING COVER SHEET: 8

COMMENTS:

Here's the SAMSHA appendix. Let's discuss later today. Thanks for your help.

7.22 → Barbara Garcia. Will get back to me on the language/border #'s.

CARE AND SERVICES

Agency: Substance Abuse and Mental Health Services Administration

Goal: To provide a range of high quality mental health services to people affected by or living with HIV and AIDS.

Objective 1: To change risk behaviors and prevent further HIV transmission, evaluate the effectiveness and efficiency of the different approaches or models used for organizing and providing those services, and determine the outcome of those services on the quality of life of the individuals served.

Action Steps: Increase compliance with medical treatment and enhance access to existing services;

Disseminate information about successful service models;

Develop and rigorously evaluate models for replication and integration into HIV/AIDS delivery systems; and

Increase productive work capacity as result of receiving services.

Descriptions: HIV/AIDS Mental Health Services Demonstration Program.

FY 95: $1,500,000 (With $1,400,000 from NIH and $1,500,000 from HRSA)
FY 96: $1,500,000 (With $1,400,000 from NIH and $1,500,000 from HRSA)
FY 97:

Populations Served: People living with or affected by HIV/AIDS including injection drug users, sex partners of injection drug users, sex workers, gay or bisexual men, and racial and ethnic minority populations.

Constituency Involvement: Health professionals, consumers, and community service providers.

Unmet Need: This collaborative effort has successfully enhanced the services rendered by providing comprehensive services to the populations served. However, additional financial resources could include other agencies, i.e. HUD, AHCPR in providing the client population with a spectrum of services relating to diverse needs.

Objective 2: To demonstrate the efficacy of outreach as an intervention for facilitating access to substance abuse treatment for high risk and hard to reach substance abusers.

To demonstrate that comprehensive HIV outreach interventions affect behavior changes in diverse populations.

Action Steps: Identify chronic, hardcore, drug users and their sex and/or needle-sharing partners;

Facilitate entry into substance abuse treatment;

Provide a range of services including medical and diagnostic services for HIV, STDs, and TB;

Employ information-sharing, skills and other prophylactic means to affect behavior change; and

Evaluate program effectiveness.

Descriptions: HIV/AIDS Community Outreach Program.

FY 95: $7,500,000
FY 96: $7,500,000
FY 97: [redacted]

Populations Served: Chronic, hard core substance abusers and their sex and/or needle-sharing partners, including those individuals who have severe drug problems, frequently inject heroin and/or cocaine and/or are poly drug users. There is also emphasis within various racial and ethnic groups, women, residents of public housing projects, and homeless individuals.

Constituency Involvement: Health professionals, consumers, and community service providers.

Unmet Need: Additional resources for medical treatment of HIV/AIDS, STDs, TB and other medical services would provide greater access to care through integration of substance abuse and medical care services.

CARE AND SERVICES

Agency: Substance Abuse and Mental Health Services Administration

Goal: Improve HIV/AIDS training of clinicians.

Objective 1: Enhance mental health professionals' prevention and treatment efforts by training mental health care providers and other health care workers.

Action Steps: Assess neuropsychiatric/psychosocial aspects of HIV/AIDS to prevent the spread of HIV infection;

Establish linkages with health care providers;

Include alcohol and other drug (AOD) related HIV prevention in all training curriculums;

Train mental health professionals who serve people with serious mental illness;

Provide training about pre and post HIV antibody counseling and testing, physiological aspects of HIV/AIDS, in addition to culturally sensitive, linguistically and gender appropriate interventions and methodologies;

Address managed care and training issues; and

Evaluate the effectiveness of training techniques.

Descriptions: AIDS Health Care Worker Training.

FY 95: $2,930,000
FY 96: $2,930,000
FY 97: [redacted]

Populations Served: HIV/AIDS mental health care providers whose client population may include gay and bisexual men, women, racial and ethnic minority groups, injecting drug users and their sex partners, sex workers, children, adolescents, and the sex partners of people with HIV/AIDS.

Constituency Involvement: Health professionals, consumers, and community service providers.

Unmet Need: Additional financial resources and increased collaboration with other Federal agencies would broaden the scope of the training to include all health professionals.

Objective 2: Provide training programs for health care professionals, modifying curricula and strengthening training opportunities in comprehensive care for people with or at risk

for substance abuse, mental illness and infectious diseases including HIV and TB.

Action Steps: Train health care professionals to provide comprehensive services and care; and

Enhance curricula by including training for diverse populations with multiple risk factors and illnesses.

Descriptions: AIDS Training Grants.

FY 95: $2,800,000
FY 96: $0
FY 97: [redacted]

Populations Served: People with or at risk for substance abuse, mental illness and/or transmission of HIV.

Constituency Involvement: Health professionals and consumers.

Unmet Need: Additional resources would strengthen the training opportunities for health care professionals and enhance services rendered for people with or at risk for substance abuse, mental illness, HIV, and other STDs.

CARE AND SERVICES

Agency: Substance Abuse and Mental Health Services Administration

Goal: Improve the integration of substance treatment and primary medical care.

Objective: To demonstrate the effectiveness of fostering greater services integration by linking substance abuse treatment, primary medical care, mental health services, and HIV/AIDS, STD and TB services.

Action Steps: Develop and foster linkages among service providers; and

Evaluate the efficiency and effectiveness of linked, integrated services.

Descriptions: The Linkage Initiative.

FY 95: $7,700,000
FY 96:
FY 97:

Populations Served: Injecting drug users and other high risk substance abusers and their sexual partners.

Constituency Involvement: Service providers and consumers

Unmet Need: This collaborative effort serves as catalyst for linking AOD treatment, mental health and primary care services, and services for HIV/AIDS, STDs and TB. Additional resources could join this effort with other agencies to enhance the services rendered.

PREVENTION

Agency: Substance Abuse and Mental Health Services Administration

Goal: Reduce the number of new HIV infections.

Objective 1: Demonstrate the effectiveness of incorporating HIV/AIDS prevention curricula into ongoing substance abuse prevention programs.

Demonstrate the differential effectiveness of incorporating HIV/AIDS prevention curricula into ongoing substance prevention programs.

Action Steps: Supplementation of high risk youth grants for alcohol, tobacco and other drugs (ATOD) prevention for the purpose of including HIV/AIDS prevention strategies in their present activities;

Develop program to empower youth with skills, knowledge, and beliefs for HIV prevention;

Demonstrate effective strategies to prevent ATOD use and abuse among high risk youth; and

Include developmentally and culturally appropriate HIV/AIDS education and prevention approaches.

Descriptions: High Risk Youth Program.

FY 95: $1,000,000
FY 96: $0
FY 97: [redacted]

Populations Served: High risk youth or youth at risk for ATOD, adolescent females, and youth at risk for AOD-related violent behavior.

Constituency Involvement: Families of youth, youth service workers, and the communities that support youth at risk for ATOD abuse.

Unmet Need: Presently this initiative reaches only 25 percent of high risk youth grantees. Supplementing all grantees would provide greater opportunity for services integration and evaluation.

Objective 2: Apply a community-designed, community-focused approach to the prevention of HIV/AIDS in a culturally appropriate manner, specifically targeting communities of high seroprevalence.

Reduce ATOD use.

Action Steps: Supplementation of all community partnerships and community coalitions providing communities with the opportunity to design targeted HIV/AIDS messages emphasizing the direct relationship between the use of ATOD and HIV/AIDS; and

Solicit neighboring communities in program implementation.

Descriptions: Demonstration sites and community training in the use of HIV/AIDS curriculum.

FY 95: $0
FY 96: $5,000,000
FY 97: [redacted]

Populations Served: High risk neighborhoods and communities, including youth, families, and community organizations.

Constituency Involvement: All community members.

Unmet Need: Supplementing all community coalition grantees and partnerships would provide greater opportunity for services integration and evaluation.

Objective 3: Improve training of Faculty Development Program (FDP) grantees.

Action Steps: Supplement all FDP grantees for the purpose of improving teaching skills related to integration ATOD and HIV/AIDS prevention; and

Improve training regarding professional/client interaction.

Descriptions: Supplementation of Faculty Development Program (FDP) grantees.

FY 95: $0
FY 96: $650,000
FY 97: [redacted]

Populations Served: General public.

Constituency Involvement: Health professional institutions, consumers, and community service providers.

Unmet Need: Additional resources could provide further education and training and thereby reach more health professionals.

UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF ELEMENTARY AND SECONDARY EDUCATION
SAFE AND DRUG-FREE SCHOOLS PROGRAM

600 Independence Avenue, SW
The Portals, Room 604
Washington, DC 20202-6123
(202) 260-3954

FAX TRANSMITTAL SHEET

260 [illegible] 3748

Date: 7/19/96

Number of Pages (including cover page) 2

TO: JANE SANVILLE
WHITE HOUSE AIDS POLICY

Fax: _____ **Telephone:** 632-1090

FROM: C. Gillespie
U.S.D.E. - SDFS

Fax: _____ **Telephone:** _____

COMMENTS: PER YOUR REQUEST

Objective 1:

FY lines for both

Funding for AIDS prevention initiatives is part of the overall grant budget through the comprehensive school health program.

Populations Served: Elementary and secondary students, teachers and parents through health education ccurricular, preservice and inservice training and parental involvement programs.

Objective 2:

AIDS prevention information has been disseminated to schools in the context of high risk behaviors arising out of drug and alcohol use. Funding for these initiatives is part of the overall program plan for Safe and Drug-Free Schools National Programs.

Populations Served: Elementary and secondary students, teachers and parents through health education curricular, preservice and inservice training and parental involvement programs.

Budget - as agreed to?
Description:

Keep objectives the same

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

750 17th Street, N.W.
Washington, DC 20503

Phone: 202-632-1090
Fax: 202-632-1096

FACSIMILE COVER SHEET

TO: C. Gillespie

FAX NUMBER: 260-3748

FROM: Jane Sanville

DATE: 7/23/96

PAGES INCLUDING COVER SHEET: 2

COMMENTS:

Here's what we received. Thanks for your help.

UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF ELEMENTARY AND SECONDARY EDUCATION
SAFE AND DRUG-FREE SCHOOLS PROGRAM

600 Independence Avenue, SW
The Portals, Room 604
Washington, DC 20202-6123
(202) 260-3954

FAX TRANSMITTAL SHEET

Date: 7/19/96

Number of Pages (including cover page) 2

TO: JANE SANVILLE
WHITE HOUSE AIDS POLICY

Fax: _____ **Telephone:** 632-1090

FROM: C. Gillespie
U.S.D.E. - SDFS

Fax: _____ **Telephone:** _____

COMMENTS: PER YOUR REQUEST

Objective 1:

Funding for AIDS prevention initiatives is part of the overall grant budget through the comprehensive school health program.

Populations Served: Elementary and secondary students, teachers and parents through health education ccurricular, preservice and inservice training and parental involvement programs.

Objective 2:

AIDS prevention information has been disseminated to schools in the context of high risk behaviors arising out of drug and alcohol use. Funding for these initiatives is part of the overall program plan for Safe and Drug-Free Schools National Programs.

Populations Served: Elementary and secondary students, teachers and parents through health education curricular, preservice and inservice training and parental involvement programs.

faxed 7/9/96 at 12:05

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

750 17th Street, N.W.
Washington, DC 20503

Phone: 202-632-1090
Fax: 202-632-1096

Education

FACSIMILE COVER SHEET

TO: William Modzeleski

FAX NUMBER: (202) 260 7767

FROM: Jane Sanville (S. Darden on Ms. Sanville's behalf)

DATE: July 9, 1996

PAGES INCLUDING COVER SHEET: Eight

COMMENTS: Please see cover letter.

Bill Modzeleski - main line 260-3954

D of Education
SD

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

750 17th Street, N.W.
Washington, DC 20503

Phone: 202-632-1090
Fax: 202-632-1096

FACSIMILE COVER SHEET

TO: William Madzielski

FAX NUMBER: [illegible] / FAX # 260-7767

FROM: Jane Sanville

DATE: 5/24/96

PAGES INCLUDING COVER SHEET: 7

COMMENTS:

6/21 260.2446
- left msg ~ John Roddy voice mail

6/27 260.
- left voice mail, didn't end ~ pound key.

6/28
7/2 voice mail - Sherry Darden

THE WHITE HOUSE

WASHINGTON

May 24, 1996

MEMORANDUM FOR INTERDEPARTMENTAL TASK FORCE ON HIV/AIDS,
DEPARTMENT OF EDUCATION

FROM: Patricia S. Fleming
Director, Office of National AIDS Policy

SUBJECT: Update of Budget Figures for the National Strategy for HIV and AIDS

As you remember, as a result of our meetings last year each member of the Interdepartmental Task Force on HIV/AIDS (IDTF) was asked to develop individual department and agency plans for HIV/AIDS, linking goals and objectives to budget levels and identifying areas of unmet need.

This past February, IDTF members reviewed the draft and provided comment. We are in the final stages of revising the document as informed by this review, and, updating budget figures. Your revised submission is attached to assist you your review.

In clarification to the second bullet of your letter of 6 March 1996 (attached), the appendix should reflect the Department's activities and priorities. The format of the submission was modified to match the general format for all department and agency submissions.

Please review the budget table on page 2 of this memo carefully, and:

- **Update the budget table to reflect current figures**. These budget figures will be cross-checked with OMB figures.

- **Review the final draft of the appendix.** Information that was missing or unclear has been 'redlined'. Please be certain to provide this information.

- **Check for the accuracy of department and agency names, program titles, and acronyms.**

Comments are due back to the Office of National AIDS Policy **BY NO LATER THAN MAY 31, 1996.** If you have any questions about your submission please to not hesitate to call Jane Sanville at (202) 632-1090.

Thank you for your assistance in developing this first-ever National Strategy for HIV and AIDS.

Area	Goal	FY 95 Actuals	FY 96	FY 97 President's Budget
Prevention	**Goal:** Disseminate information on Department of Education Programs in coordination with other Federal agencies. **Objective 1:** Coordinate with HHS to provide information and points of contact for existing ED programs. **Objective 2:** Identify informational needs of schools regarding HIV/AIDS and disseminate information that addresses those needs.			

Attachments: Department of Education revised appendix
Letter of March 6, 1996

Final Draft Department of Education Appendix: 5.24.96

PREVENTION

Agency: Department of Education

Goal: Disseminate information on Department of Education (ED) Programs in coordination with other Federal agencies.

Objective 1: Coordinate with HHS to provide information and points of contact for existing ED programs.

Action Steps: Coordinate and share information with CDC-sponsored National AIDS Clearing House;

Include information related to school-based comprehensive health programs (ED funded) in the Comprehensive Health Information Database (HHS).

Descriptions: A broad range of programs are supported; for example, including the Foundation For Children With AIDS, Duke University Medical Center, and University of CA Disability Statistics Rehabilitation Research and Training Center.

FY 95: ???
FY 96: ???
FY 97: ???

Populations Served: ???

Constituency Involvement: The majority of ED programs are developed at local level and therefore there is little involvement of constituency groups at the Federal level.

Unmet Need: Many groups are unaware that resources are available to assist them. Increased funding would assist in improved information dissemination.

Objective 2: Identify informational needs of schools regarding HIV/AIDS and disseminate information that addresses those needs.

Action Steps: Using existing survey data, identify informational gaps;

Coordinate with the CDC on the School Health Information Planning Program (SHIPP);

Identify public and private agencies and groups that have developed HIV-related materials appropriate for school-based programs;

Catalog and distribute information on these resources;

Establish process to inform schools about resources available to address HIV/AIDS education and prevention;

Provide schools with information on Federal resources;

Prepare publication on the relationship between HIV/AIDS to drug use;

Meet with the National Coordinating Committee and the Interagency Committee on School Health to assist in identifying areas of need and publicizing the availability of resources.

Descriptions: Identify and disseminate information and information resources.

FY 95: ???
FY 96: ???
FY 97: ???

Populations Served: School administrators, planners, and teachers.

Constituency Involvement: The majority of ED programs are developed at local level and therefore there is little involvement of constituency groups at the Federal level.

Unmet Need: Many groups are unaware that resources are available to assist them. Increased funding would assist in improved information dissemination.

UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF ELEMENTARY AND SECONDARY EDUCATION

March 6, 1996

To : Patricia S. Fleming
Director, Office of National AIDS Policy

From : William Modzeleski
Director, Safe and Drug Free Schools Program

Subject : Review of Draft of the National Strategy for HIV and AIDS

As requested, we have reviewed the Draft National Strategy for HIV and AIDS and have the following comments:

- A final FY 1996 budget for the Department of Education has not yet been passed by Congress therefore no budget figures are available to include in the Plan. It should be further noted, that if ED receives significant reductions in those programs that deal with HIV/AIDs the Plan may need to be modified to reflect the decrease. For example, the current House and Senate proposals (not the CR), call for complete elimination of all discretionary grant funds for the Safe and Drug Free Schools Program. If this occurs, or if there are substantial decreases in funding, we will not be able to prepare a publication on the relationship between HIV/AIDS and drug use.

- The plan included in the appendix is considerably different than the one submitted last year, are we to assume that agencies are to concentrate their efforts on what is included in this draft?

Comments regarding the plan included in the Appendix follow.

- In the Department of Education appendix, Objective 1, Action Step #2, should read: Include information related to school-based comprehensive health programs (ED funded) in the Comprehensive Health Information Database (HHS).

  Names of programs that would be shared with HHS were included in Attachment A of our original submission.

  Constituency Involvement: Majority of ED programs are developed at local level and therefore there is little involvement of constituency groups at the Federal level.

- Objective #2, It is uncertain whether any publications will

be developed. Our original submission was developed prior to our current budget. It is unlikely that we will have discretionary funds to develop any new publications.

No budget figures are available for 1996.

Populations served: the write up is accurate.

If there are any questions regarding our comments please contact me. My direct line is 260-1856.

CJS — 11 Res 1
Civil Rights 1
~~Prevent~~ 11

CARE AND SERVICES

Agency: Department of Justice

Goal: To provide education and training for law enforcement and social services agencies regarding victims of crime.

Objective: To improve trainees' interaction with the populations they serve, especially those who might have been exposed to the HIV virus or those who may be HIV positive.

Action Steps: Provide funds to the National Victims Center (NVC) under a cooperative agreement. (The NVC provides education, and sensitivity training to law enforcement personnel and social service agencies.)

Provide grant funds to the Educational Development Center (EDC) for training regarding hate/bias crimes. (The EDC trains law enforcement and social service agency personnel regarding procedures for identifying and handling hate crimes, including such crimes against those who are HIV positive or living with AIDS.

Descriptions: Provide grants and operate cooperative agreements.

FY 95: $133,900
FY 96: Although no funds have been budgeted, the training for law enforcement and social services personnel was covered by the FY 95 budget and will continue.
FY 97: The department anticipates allocating additional funds for training.

Populations Served: Law enforcement and social service agencies are directly served. The crime victims who interact with these agencies benefit indirectly.

Constituent Involvement: Victims rights groups were consulted regarding the curriculum development for the training program.

Unmet Need: Additional resources to provide more regional training.

95	96	97
133,900		
350,000	350,000	350,000
6,000,000	6,000,000	6,000,000
6,483,900	6,350,000	6,350,000

CIVIL RIGHTS

Agency: Department of Justice

Goal: Enforce HIV-related civil rights laws and heighten issue awareness.

Objectives: Prevent discrimination on the basis of real or perceived HIV status.

Action Steps: Enforce civil rights laws and inform and educate the public.

Descriptions: Litigate HIV-related civil rights cases involving housing discrimination and discrimination in the provision of services.

Provide information via the Americans with Disabilities Act (ADA) information line and provide technical assistance to state and local governments, Federal agencies and other entities and individuals having rights and responsibilities under Titles II and III of the ADA.

Developed and disseminated ADA questions and answers intended for persons who are HIV positive or living with AIDS to 5,000 HIV/AIDS service providers.

FY 95: Information line $350,000; complaint investigation and other enforcement activities are part of overall the operating budget.

FY 96: Information line $350,000; complaint investigation and other enforcement activities are part of overall the operating budget.

FY 97: Information line $350,000; complaint investigation and other enforcement activities are part of overall the operating budget. The President's 1997 budget requests a 3.9% increase for ADA enforcement.

Populations Served: Victims of HIV/AIDS discrimination, Federal, state and local agencies, businesses and general populace.

Constituency Involvement: In addition to having access to the ADA information line, AIDS-related disability groups are sent the Justice Department's quarterly update on ADA enforcement activities and any relevant press releases on the Department's HIV-related anti-discrimination activities.

Unmet Need: Funds for attorneys for additional litigation. Public education and technical assistance for health care and day care providers regarding their ADA obligations to persons with HIV.

PREVENTION

Agency: Department of Justice

Goal: Reduce risk of infection of infection to INS detainees who are at risk.

Objective: Educate detainees believed to be at risk regarding HIV/AIDS and thereby reduce the risk of transmission and new infections.

Action Steps: Upon obtaining informed consent, test detainees suspected of or diagnosed with HIV/AIDS or test upon detainee request and provide pre- and post-test counseling to detainees deemed at risk.

Descriptions: Provide limited testing and counseling.

FY 95: Part of overall operating budget.
FY 96: Part of overall operating budget.
FY 97: Part of overall operating budget.

Populations Served: INS Detainees.

Constituent Involvement: None.

Unmet Need: None.

PREVENTION

Agency: Department of Justice

Goal: Reduce the risk of employee infection and avoid possible worksite performance problems.

Objective: Educate Bureau of Prisons (BOP) staff, Drug Enforcement Agency (DEA) employees, Federal Bureau of Investigation (FBI) employees, Immigration and Naturalization Service (INS) employees, and U.S. Marshals Service (USMS) regarding HIV/AIDS transmission and thereby reduce the risk of infection. Educate all Justice Department employees about HIV/AIDS in the workplace.

Action Steps: For Bureau of Prison (BOP) staff provide:

annual HIV information update and infectious disease training to all staff;

produce inmate and staff HIV educational videos; and

participate at least quarterly with HRSA in audio conferences on HIV issues.

For DOJ employees in occupations that possess a heightened possibility for exposure to HIV or other bloodborne pathogens, including employees of the DEA, FBI, INS, and USMS provide:

general training and field office training;

annual bloodborne pathogen training to all personnel as mandated by OSHA (discussion of HIV/AIDS is included in this training); and

an annual update on the bloodborne pathogens training as necessary to discuss new information or changes in the use of safety equipment, etc.

For all Department employees, the Justice Management Division (JMD) provided:

instructional materials to be used in a one time general training;

and technical assistance to other DOJ components.

Descriptions: DOJ staff prevention training programs.

FY 95: Part of overall operating budget.
FY 96: Part of overall operating budget.
FY 97: Part of overall operating budget.

Populations Served: DOJ employees.

Constituency Involvement: None.

Unmet Need: Additional resources for field office training for USMS and FBI.

RESEARCH

Agency: Department of Justice

Goal: To estimate the prevalence of HIV/AIDS among the corrections and parole population and to monitor the HIV/AIDS-related policies of Federal, State, and local correctional agencies.

Objective: Data collection and dissemination of periodic reports.

Action Steps: Conduct surveys of federal, state and local prisons and inmates and publish results in periodic reports.

Descriptions: When published, the 1995 Survey on Probation, the 1996 Survey of Inmates in Local Jails, and the 1997 Survey of State and Local Federal Inmates in Adult Correctional Facilities will contain estimates of HIV prevalence among probationers and inmates, and characteristics of this HIV positive population.

Publication of reports describing findings of multi-year project, "HIV Education in Lockups and Booking Facilities."

1994 Survey of HIV/AIDS in Correctional Facilities.

Publication of 1996 report "HIV/AIDS and STDs in Juvenile Facilities."

Census of prison, survey of jail and prison inmates and probationers, and study examining research on prevention programs directed towards at persons whose behavior makes them vulnerable to HIV infection.

FY 95: Part of overall operating budget.
FY 96: Part of overall operating budget.
FY 97: Part of overall operating budget.

Populations Served: Department of Justice, corrections administrators, and public.

Constituency Involvement: None.

Unmet Need: Funding for research into requirements for effective management of HIV positive inmates.

Funding to conduct surveys of individual facilities and increase surveys of the juvenile system, and to conduct additional work in the areas of prevention and education.

CARE AND SERVICES

Goal: Provide health care for prisoners with HIV/AIDS. Educate and counsel the inmate population about the transmission of HIV/AIDS and for the purpose of reducing the incidence of HIV transmission.

Objective: To provide counseling, education, and treatment for prisoners.

Action Steps: Conduct random HIV testing on 10% of newly incarcerated inmates;

Provide pre- and post-test counseling for inmates;

Conduct HIV tests on new inmates where clinically indicated, provide HIV training and education for all newly committed inmates during their admission and orientation;

Provide additional HIV and infectious disease-related training annually to each incarcerated inmate who has a job-related potential exposure to bloodborne pathogens; and

Provide health care for inmates.

Descriptions: Provide testing, counseling, education, and health care for inmates.

FY 95: $1,000,000 for prevention and $500,000,000 for medical care

FY 96: $1,000,000 for prevention and $500,000,000 for medical care

FY 97: $1,000,000 for prevention and $600,000,000 for medical care

Population Served: Bureau of Prisons inmates.

Constituency Involvement: None.

Unmet Need: Funding for counseling and testing of all inmates.

GS HHH
Px 1

CARE AND SERVICES

Agency: Department of Housing and Urban Development

Goal: Provide support and encourage the development of local programs that provide a comprehensive range of housing and related services for persons living with HIV.

Objective: Provide states and localities with resources to provide housing and related services under long-term comprehensive strategies for meeting the needs of persons living with HIV/AIDS.

Action Steps: Award grants, both formula-based and competitively-selected grants to support a broad range of housing and services to prevent homelessness of persons living with HIV/AIDS. Unmet need, see above.

Descriptions: Housing Opportunities for Persons with AIDS (HOPWA) Program, in coordination with other HUD resources (see other HUD goals).

FY 95: $171,000,000
FY 96: $171,000,000
FY 97: $196,000,000

Populations Served: Low income persons living with HIV and their families.

Constituency Involvement: Communities participating in the Consolidated Planning Process will involve HIV/AIDS housing and services providers, advocates, and persons living with HIV.

Unmet Need: The HOPWA program can be estimated to serve about 50,000 persons living with HIV and their families. This includes about 35,000 units of housing assistance, mostly in the form of short-term payments and rental assistance. Up to 50 percent of persons living with HIV/AIDS are expected to nned housing assistance of some kind during their lifetime; given that over 300,000 persons are living with AIDS, approximately 150,000 persons are expected to require housing assistance.

FY95 FY96 FY97

171,000,000 171,000,000 196,000,000
~~346,000,000~~ ~~258~~

PREVENTION

Agency: Department of Housing and Urban Development

Goal: Reduce the number of new infections among residents of public and subsidized housing.

Objective: Provide primary prevention programs to public housing residents at risk for HIV infection. Coordinate meetings of the state and local agencies responsible for the prevention program services.

Action Steps: Forge local partnerships and improve coordination of existing resources.

Descriptions: HIV/AIDS Prevention in Public Housing Demonstration Program.

FY 95: $0 (Activities carried out within existing HUD personel resources.)
FY 96: $0
FY 97: $0

Populations Served: Children and adults in public housing in five targeted cities.

Constituency Involvement: Input received through local planning groups.

Unmet Need: The initial demonstration program reached sites in five cities. An increase in resources would enable HUD to meet increasing demand for services and permit expansion to include other public and subsidized housing efforts.

CARE AND SERVICES

Agency: Department of Housing and Urban Development

Goal: Increase the housing supply for persons with disabilities, including persons living with HIV and their families.

Objective 1: Increase the supply of permanent housing units for persons living with HIV.

Action Steps: Encourage HIV housing and program sponsors to apply for funds for projects for persons living with HIV.

Descriptions: Section 811 Supportive Housing Program for Persons with Disabilities.

FY 95: $376,000,000 (Represents the full program appropriation; no set aside for persons with HIV is made.)
FY 96: $258,000,000 (Represents the full program appropriation; no set aside for persons with HIV is made. $25 million for increased contract terms only)
FY 97: $174,000,000 (Part of Housing for Special Populations fund of $769 million, i.e. eldery and disabled.)

Populations Served: Disabled person 18 years of age and older.

Constituency Involvement: Input received through local planning groups.

Unmet Need: Program can serve PWAs in project which may include persons with other disabilities; however, with the increasing number of persons living with HIV/AIDS, further housing resources will need to be sought.

Objective 2: Assist communities in providing local comprehensive systems of housing assistance and related services for persons who are homeless by increasing the supply, accessibility and appropriateness of housing and related supportive service options to address the needs of persons who are homeless and living with HIV/AIDS.

Action Steps: Ensure the availability of funds to support community-wide efforts to comprehensively address the needs for emergency, transitional and permanent supportive housing for person with HIV/AIDS.

Descriptions: Continuum of Care Homeless Assistnace, including the Supportive Housing Program, Shelter Plus Care Program, and the Section 8 Moderate Rehabilitation for Single Room Occupancy Dwellings for Homeless Individuals program.

FY 95: $1,100,000,000
FY 96: $823,000,000

FY 97: $1,120,000,000

Populations Served: Homeless persons and families, including persons with disabilities, such as persons living with HIV/AIDS.

Constituency Involvement: Communities participating in the development of coordinated and comprehensive systems of housing and care for persons who are homeless, include government agencies, nonprofit organizations, advocates, and consumers.

Unmet Need: In 1995, HUD made the largest ever award of Federal funds to address the needs of persons who are homeless to communities and projects which are part of comprehensive and coordinated systems of housing and care. Although 881 projects were funded with the $904 million available in the competition, another 1,900 projects were not selected or funded due to the amount of funds available. These additional 1,500 projects requested about $2 billion in assistance. No measure of the unmet needs of HUD's other programs are made, although programs which support community economic develpment, the availability of affordable housing and reduce the rent burdens on clients through rental assistance may have considerable amounts of unmnet needs for persons living with HIV/AIDS.

CARE AND SERVICES

Agency: Department of Housing and Urban Development

Goal: Increase the capacity of AIDS housing and service providers to develop, operate, and evaluate housing programs for persons living with HIV.

Objective: Increase the capacity of AIDS housing and service providers to develop, operate, and evaluate housing programs for persons living with HIV.

Action Steps: Ensure the availability of technical assistance and other support for nonprofit providers.

Authorize technical assistance activities in HUD programs for HIV-related nonprofit providers and grantees.

Descriptions: Technical assistance or other support for the development of program capacity.

FY 95: $0
FY 96: $0 (Some funding within homeless assistance grants and HOPWA funding.)
FY 97: $0 (Some funding within homeless assistance grants and HOPWA funding.)

Populations Served: Homeless persons, including those living with HIV.

Constituency Involvement: HUD program grantees, including State and local governments, housing authorities and finance agencies and non-profit organizations that develop, provide or coordinate services for person revceiving housing assistnace, as well as advocates and consumers.

Unmet Need: There is a need to broaden and deepen the ability of AIDS housing and service providers and AIDS program grantees to expand the range of housing options, ensure quality and responsive programs and undertake evaluation efforts. This will become increasing important as additional demands will be made on programs as the epidemic increase the number of persons living with HIV. No additional funds are requested as these activities are part of the functions of existing offices, such as the Office of HIV/AIDS Housing, Fair Housing and Equal Opportunities and other program offices.

CARE AND SERVICES

Agency: Department of Housing and Urban Development

Goal: Increase the awareness of staff in public and private organizations to the general and unique needs of persons living with HIV.

Objective: Increase awareness regarding HIV among agency and other staff.

Action Steps: Authorize training activities in HUD programs for HUD staff, HIV-related nonprofit providers and grantees.

Descriptions: Training and support for HIV awareness.

FY 95: $0
FY 96: $0
FY 97: $0

Populations Served: Public and private staff and persons at risk for HIV infection.

Constituency Involvement: HUD program grantees, including State and local governments, housing authorities and finance agencies and non-profit organizations that develop, provide or coordinate services for person revceiving housing assistnace, as well as advocates and consumers.

Unmet Need: Misinformation, prejudice and non-responsiveness continue in the operation of public and private housing programs and the general awareness of individuals in preventing the spread of HIV. The increasing numbers of persons living with HIV requiring housing assistance, will increase the challenges on service programs to be vigilant in ensuring that information is accurately communicated and efforts are in no manner prejudicial. No additional funds are requested as these activities are part of the functions of existing offices, such as the Office of HIV/AIDS Housing, Fair Housing and Equal Opportunities and other program offices.

CARE AND SERVICES

Agency: Department of Housing and Urban Development

Goal: Increase the awareness and responsiveness of HUD programs that may target or incidentally assist persons living with HIV.

Objective: Ensure that the needs of persons living with HIV are addressed in HUD programs.

Action Steps: Designate an office with direct responsibility for programs and advocacy on AIDS issues.

Descriptions: Office on HIV/AIDS Housing

FY 95: $0 (within current efforts)
FY 96: $0 (within current efforts)
FY 97: $0 (within current efforts)

Populations Served: Homeless persons, nonprofit organizations, government agencies, and HUD staff.

Constituency Involvement: HUD program grantees, including State and local governments, housing authorities and finance agencies and non-profit organizations that develop, provide or coordinate services for person revceiving housing assistnace, as well as advocates and consumers.

Unmet Need: Maintaining office functions that promote understanding of AIDS and the needs of persons living with HIV as well as support for programs that support these clients. More staff would allow even greater impact on HUD programs. No additional funds are requested as these activities are part of the functions of existing offices, such as the Office of HIV/AIDS Housing, Fair Housing and Equal Opportunities and other program offices.

SAMHSA	Reduce the rate of HIV transmission among high-risk substance abusers and their sexual partners Improve HIV/AIDS training of clinicians Improve the integration of substance treatment and primary medical care Reduce the number of new HIV infections	Objective 1: $1,500,00 (With 1,500,000 from HRSA & $1,400,000 from NIH) Objective 2: $7,500,000 Objective 1: $2,930,000 Objective 2: $2,800,00 $7,700,000 Objective 1: $1,000,000 Objective 2: $0 Objective 3: $	Objective 1: $1,500,00 (With 1,500,000 from HRSA & $1,400,000 from NIH) Objective 2: $7,500,000 Objective 1: $2,800,000 Objective 2: $0 Objective 1: $3,000,000 Objective 2: $5,000,000 Objective 3: $	
AHCPR Research Prevention TRIP	To provide national estimates of the cost and use of HIV-related medical and non-medical services To provide national estimates of the cost and use of HIV-related prevention services To expedite the dissemination of data from research	~~$6,244,480~~ ~~6,122,047~~ ~~6,077,447~~ 6,120,647 $1,051,075 ✓ ~~$318,835~~ ~~150,000~~ ✓ TOTAL 7,321,722	~~$5,015,707~~ ~~4,420,393~~ ~~4,260,233~~ 4,420,393 ~~$56,308~~ 77,473 ✓ ~~$155,000~~ 0 (4,497,866)	4,186,582 0 0 4,186,582
IHS	Reduce the number of infections among Federally recognized American Indians and Alaska Natives	Objective 1: $912,000 Objective 2: $2,321,000	Objective 1: $912,000 Objective 2: $2,321,000	

RESEARCH

Agency: Agency for Health Care Policy and Research

Goal: To provide national estimates of the cost and use of HIV-related medical and non-medical services.

Objective 1: To provide comprehensive information on unmet needs for service and barriers to accessing services.

To examine effects of different systems of organizing and delivering care on outcomes such as cost, utilization, survival, patient satisfaction, and quality of life.

To examine effects of patient characteristics (including gender, race/ethnicity, substance abuse, mental health, socioeconomic status, insurance coverage) on outcomes such as service utilization, unmet service needs, and costs.

To provide data on service utilization and costs for a representative sample of rural residents with HIV infection.

To examine patterns of transition between different types of provider (e.g., private physician to public clinic) and the relationship of such transitions to changes in clinical status, employment, and insurance coverage.

Action Steps: This study will be the first to obtain a true national random sample of people with HIV infection receiving treatment. Approximately 3200 adult patients in urban and rural areas will be enrolled. Study will be co-sponsored by HRSA, NIMH, NIDR, NIA, NIDA, and the Robert Wood Johnson Foundation.

Descriptions: HIV Costs and Service Utilization Study (HCSUS)

FY 95: $4,150,657
FY 96: $3,468,114
FY 97: $3,131,582

4,260,233
160,160
4,420,393

Populations Served: HIV-infected individuals receiving treatment.

Constituency Involvement: Community Advisory Board, comprising members of infected and affected groups, has been established.

95
4,150,657
60,000
65,000
50,000
295,518
527,497
298,126

180,647
500,000
~~6,077,447~~
+ 21,600
21,600
6,120,647

96
3,468,114
50,000
31,456
479,952
8,003
214,708
~~4,260,233~~

97
3,131,582
50,000
505,000
500,000
4,186,582

Unmet Need: Insufficient resources for a national probability sample of pediatric HIV-infected patients. Insufficient resources for a sample of HIV-infected adolescents.

Objective 2: To examine health care utilization among participants in the NIH-sponsored Women's Interagency HIV Study (WIHS).

Action Steps: Supplement the WIHS by adding a health services research component.

Collect and analyze utilization data on women with HIV infection (in addition to the detailed clinical data obtained in the core study.)

Descriptions: Women's Interagency HIV Study (WIHS)

FY 95: $60,000
FY 96: $0
FY 97: $0

Populations Served: Women with HIV infection participating in the WIHS.

Constituency Involvement: A broad representation of researchers and patient advocates had input in the development of the WIHS.

Unmet Need: None.

Objective 3: To examine factors affecting health care utilization among participants in the NIH-sponsored Multicenter AIDS Cohort Study (MACS).

Action Steps: Supplement the MACS by adding a health services research component.

Collect and analyze utilization data on men with HIV infection (in addition to the detailed clinical data obtained in the core study.)

Descriptions: Multicenter AIDS Cohort Study (MACS)

FY 95: $65,000
FY 96: $0
FY 97: $0

Populations Served: Homosexual and bisexual men participating in the MACS in four urban areas.

Constituency Involvement: A broad representation of researchers and patient advocates had input in the development of the MACS.

Unmet Need: None

Objective 4: To examine health care utilization among participants in the CDC-sponsored HIV Epidemiological Research Study (HERS).

Action Steps: Supplement the HERS by adding a health services research component.

Collect and analyze utilization data on women with HIV infection (in addition to the detailed clinical data obtained in the core study.)

Descriptions: HIV Epidemiological Research Study (HERS)

FY 95: $50,000
FY 96: $50,000
FY 97: $50,000

Populations Served: Women with HIV infection participating in the HERS.

Constituency Involvement: A broad representation of researchers and patient advocates had input in the development of the HERS.
Unmet Need: None.

Objective 5: To provide longitudinal data on utilization of inpatient, outpatient, home care, pharmaceutical, and other services, and to estimate their associated costs.

To examine the impact of a Medicaid Home and Community-Based waiver on service utilization, costs, functional status, and survival.

To examine any substitutions of formal for informal home care.

Action Steps: Conduct interviews with participants in New Jersey Medicaid Waiver program.

Abstract data from Medicaid claims.

Descriptions: Health Care Costs and Utilization in AIDS Home Care.

FY 95: $295,918
FY 96: $39,456
FY 97: $0

Populations Served: Medicaid recipients with AIDS in New Jersey.

Constituency Involvement: Persons with AIDS residing at home or in community facilities.

Unmet Need: None.

Objective 6: To examine types of ambulatory care providers used to treat HIV infection, patterns of transitions between ambulatory provider types, and service utilization and costs for pediatric HIV patients.

Action Steps: Analyze Medicaid claims and eligibility data from New York State Medicaid files.

Descriptions: Ambulatory Care for HIV/AIDS, Models and Outcomes.

FY 95: $0
FY 96: $0
FY 97: $0

Populations Served: New York State Medicaid recipients.

Constituency Involvement: N/A

Unmet Need: None.

Objective 7: To assess the impact of antiretroviral, antimicrobial, and prophylactic treatment on the natural history of HIV infection, and the effect of pharmaceutical therapies on service utilization, costs, and clinical outcomes.

Action Steps: Develop clinical database linked to Medicaid claims data.

Descriptions: Outcomes of Pharmaceutical Therapy in HIV Disease.

FY 95: $527,497
FY 96: $479,952
FY 97: $505,000

Populations Served: HIV-infected population in Maryland.

Constituency Involvement: N/A

Unmet Need: None.

Objective 8: To study issues of costs and quality of care, with a focus on women and children, examine trends and variation in adherence to scientifically-based clinical guidelines, and study predictors of variation in treatment, by patient, physician, and practice setting characteristics.

Action Steps: Analyze Medicaid claims and eligibility data, supplemented with AIDS Registry data.

Descriptions: Quality and Costs of Care for HIV Infected Medicaid Patients.

FY 95: $0
FY 96: $0
FY 97: $0

Populations Served: New Jersey Medicaid recipients.

Constituency Involvement: N/A

Unmet Need: None.

Objective 9: To develop an econometric framework for the simultaneous study of health care usage and survival, and synthetic estimates of per-person lifetime costs of HIV disease for various groups of HIV-infected individuals.

Action Steps: Formulate statistical models and associated computer software.

Descriptions: Developing Econometric Models to Estimate AIDS Costs.

FY 95: $248,126
FY 96: $8,003
FY 97: $0

Populations Served: Participants in the AIDS Costs and Service Utilization Survey, with potential extensions to all persons with HIV disease.

Constituency Involvement: N/A

Unmet Need: None.

Objective 10: To identify personal and institutional factors that shape physicians' willingness to care for HIV-infected patients.

Action Steps: Conduct the third in a series of interviews with physicians, who are currently in their sixth post-graduate year.

Descriptions: Determinants of Physicians' AIDS-Related Practice Behavior

FY 95: $0
FY 96: $0
FY 97: $0

Populations Served: Persons with AIDS

Constituency Involvement: Physicians

Unmet Need: None.

Objective 11: Continuing work previously completed with AHCPR support, compare outcomes of inpatient care for AIDS provided by dedicated AIDS units versus scattered-bed approaches.

Action Steps: Expand upon original comparative multi-site observational study of 20 hospitals.

Descriptions: Outcomes of Hospital Dedicated AIDS Units

FY 95: $180,649
FY 96: $214,708
FY 97: $0

Populations Served: 1300 patients receiving services in study hospitals.

Constituency Involvement: N/A

Unmet Need: None.

Objective 12: Obtain and analyze data on inpatient hospital utilization by people with HIV infection.

Action Steps: Assemble and will analyze database of hospital discharge data from all hospitals in 12 States.

Descriptions: Hospital Cost and Utilization Project

FY 95: $500,000
FY 96: $0
FY 97: $500,000

Populations Served: Patients with AIDS receiving inpatient care in hospitals in 12 states.

Constituency Involvement: N/A

Unmet Need: None.

Pollution

95	96	97
704,655	56,453	X
346,420	21,020	
~~75,000~~	~~60,000~~	
1,051,075	17,473	

PREVENTION

Agency: Agency for Health Care Policy and Research

Goal: To provide national estimates of the cost and use of HIV-related prevention services.

Objective 1: To examine the effects of an in-home computer information and support system on health care costs and quality of life.

Action Steps: Half of three hundred patients with advanced HIV infection are provided with in-home computer system; the other half receive no intervention. Effects of this system are assessed with respect use of prophylactic treatments, early detection of infections, and quality of life.

Descriptions: Demonstrating Computer Support Impact on AIDS Patients

FY 95: $704,655
FY 96: $56,453
FY 97: $0

Populations Served: 300 volunteers with advanced HIV infection.

Constituency Involvement: Persons with HIV

Unmet Need: None.

Objective 2: Evaluate the cost-effectiveness of alternative strategies for preventing HIV-related opportunistic infections.

Action Steps: Embed clinical and cost data from randomized trials and observational cohorts into a comprehensive decision-analytic, cost-effectiveness model.

Descriptions: Cost-Effectiveness of Preventing AIDS Complications.

FY 95: $346,420
FY 96: $21,020
FY 97: $0

Populations Served: Persons with HIV.

Constituency Involvement: N/A

Unmet Need: None.

TRIP

95	96	97
75,000		
60,000	0	0
15,000		
150,000		

TRANSLATION OF RESEARCH INTO PRACTICE

Agency: Agency for Health Care Policy and Research

Goal: To expedite the dissemination of data from research.

Objective 1: To provide accurate information concerning current Federally approved treatments for HIV-related conditions.

Action Steps: Through the use of reference specialists, provide appropriate treatment information to callers, drawing on NLM's database of AHCPR guidelines, in addition to NIH, CDC and other Federal agency guidelines and consensus statements.

Descriptions: AIDS Treatment Information Service

FY 95: $75,000
FY 96: $0
FY 97: $0

Populations Served: HIV-positive individuals, primary care practitioners, case managers, and allied health professionals.

Constituency Involvement: HIV-positive individuals and advocacy groups as well as health care professionals.

Unmet Need: N/A

Objective 2: To provide accurate information to service providers and consumers concerning management of early HIV infection.

Action Steps: A panel of experts reviewed relevant literature and summarized findings into specific clinical practice guidelines, which stress the importance of preventing HIV-related opportunistic infections and the link between prevention and early diagnosis. Approximately 2.7 million copies of guideline-related documents have been distributed.

Descriptions: Dissemination of AHCPR's HIV-Related Clinical Guidelines.

FY 95: $60,000
FY 96: $0
FY 97: $0

Populations Served: Clinical practitioners, individuals with HIV infection, and those persons caring for persons with HIV.

Constituency Involvement: Clinicians, HIV positive persons, and caregivers.

Unmet Need: N/A

Objective 3: To assess effective and ineffective dissemination strategies employed by community-based HIV education programs.

Action Steps: Examined organizational strategies used by several community-based HIV education agencies. Completed in FY 96.

Descriptions: Effective Strategies of AIDS Programs in San Francisco.

FY 95: $0
FY 96: $0
FY 97: $0

Populations Served: Community-based HIV education agencies in San Francisco

Constituency Involvement: Advocacy organizations and persons with HIV were included in the research.

Unmet Need: N/A

Objective 4: This guide and related materials will inform pregnant women with HIV about the use of zidovudine (AZT) for the prevention of perinatal HIV infection.

Action Steps: Developed guide and related materials which describe the recommendations of the PHS Task Force on the Use of Zidovudine to Reduce Perinatal Transmission of HIV, based on results of AIDS Clinical Trials Group 076. Provided the information in a format and reading level that consumers can comprehend.

Descriptions: Development of Consumer Guide on Use of Zidovudine for the Prevention of Perinatal HIV Infection (076 Guide).

FY 95: $15,000
FY 96: $0

FY 97: $0

Populations Served: Pregnant women and women of child-bearing age who have HIV.

Constituency Involvement: HIV infected individuals and advocacy groups are involved in the development and review of the guide. The guide is cosponsored by multiple Federal and non-Federal agencies.

Unmet Need: N/A

Public Health Service

Agency for Health Care Policy and Research

Executive Office Center, Suite 603
2101 East Jefferson Street
Rockville, MD 20852-4908
Telephone Number: 301-594-6666
Fax Number: 301-594-2157

DATE: July 23, 1996

FROM: Morgan N. Jackson, M.D., M.P.H.
Director, Minority Health Program

TO: Jane Sanville
202-632-1096

NUMBER OF PAGES EXCLUDING COVER SHEET: 2

CALL FOR PICK-UP: 632-1090

NOTE:

Ms. Sanville -- These two pages contain information on the objectives 13-15 referenced in Dr. Gaus' memo, in the format of the other objectives of the document. If you have any questions, please do not hesitate to contact me.

Please call 301-594-6666 if there are any problems with this fax.

Research Objective 13: To examine access to primary medical care for HIV+ African Americans who are linked to health services through community-based case management.

To improve access to primary medical care for HIV+ African Americans.

To create a model for assessment of primary health care access that could be utilized in other urban African-American communities.

Action Steps: In-depth structured interviews, unstructured interviews, focus groups, participant observation and direct observation.

Description: Access to Primary Health Care for HIV+ African Americans

FY 95: $21,600
FY 96: $0
FY 97: $0

Populations Served: African-American and Euro-American clients in the greater Tampa metropolitan area.

Constituency Involvement: New clients at three ethnically diverse community-based case management sites.

Unmet Need: None

Research Objective 14: To develop a better conceptual and operational delineation of "health care-related trust".

To describe the factors that potentiate or mitigate trust among HIV positive and HIV negative inmates.

To determine the effect of trust on health-seeking behavior and adherence to medical therapy among HIV positive inmates.

Action Steps: In-depth interviews, focus group discussions, and administration of standardized surveys to inmates.

Descriptions: Trust and HIV-Related Health Behavior Among Connecticut Inmates

FY 95: $21,600
FY 96: $0
FY 97: $0

Populations Served: prisoners in Connecticut

Constituency Involvement: HIV positive inmates in treatment, HIV positive inmates not in treatment, and HIV negative inmates.

Unmet Need: None

Research Objective 15: To gain an understanding of the health values and the determinants of health values of HIV-infected patients.

Action Steps: Focus groups, standard gamble, time tradeoff, and rating scale questions; intensive individual interviews.

Descriptions: Understanding Health Values of HIV-infected Patients

FY 95: $0
FY 96: $160,160
FY 97: $0

Populations Served: HIV-infected patients

Constituency Involvement: patients will be recruited from a university AIDS treatment center which serves nearly all HIV-infected patients in the city

Unmet Need: None

CDC		FY 95 Actuals	FY 96	FY 97 Pres. Budget
Prevention	More accurately monitor the HIV epidemic and provide data to assess and direct prevention programs by strengthening existing systems and develop new surveillance systems.	$141,076,000 4	~~$140,917,000~~ 139,668,000	139,778
	Increase the public understanding of, involvement in, and support for HIV prevention	46 $45,970,000	~~$46,069,000~~ 45,512,000	45,547
	Prevent risk behaviors that can cause HIV infection and related health problems in school age children and college age persons through implementation of comprehensive school health education programs.	0 $48,215,000	~~$48,162,000~~ 47,735	47,771
	Prevent or reduce behaviors or practices which place individuals at risk of HIV infection, and for HIV positive individuals, place others at risk.	25 $185,666,000	~~$183,764,000~~ 183,814	203,958
	Increase individual knowledge of sero-status and strengthen systems for successful referral to early intervention services.	8,995 $169,936,000	~~$179,086,000~~ 167,351	181,027
		$581,831,000	584,080	$618,081

To be cleared on 7/3 by CDC's financial management folks. Marks 7/2/96

CDC	95 Actuals	96	97
	141,046,000		
	[illegible]		
	[illegible]		
	[illegible]		
	[illegible]		
	589,831,000		

PREVENTION

Agency: Department of Health and Human Services, the Centers for Disease Control and Prevention

Goal: More accurately monitor the HIV epidemic and provide data to assess and direct prevention programs by strengthening existing systems and develop new surveillance systems.

Objectives: Implement projects that evaluate and expand the uses of HIV infection and AIDS case surveillance and sero-surveillance data so that these data systems can more effectively guide public health policy and provide relevant information necessary to direct and evaluate prevention activities.

Improve understanding of the natural history of HIV infection as well as the risk factors and protective factors for sexual, drug-related, perinatal, and healthcare worker related HIV transmission in order to develop more effective prevention strategies for all affected populations.

Action Steps: Evaluate HIV infection reporting systems (named, anonymous, unique identifier) used nationally for their ability to monitor the epidemic, provide linkages to medical and social services, and to assess their impact on a person's decision to be tested;

Characterize high risk behaviors of persons with evidence of recent HIV infection such as persons with documented HIV seroconversion, high CD4+ counts, or diagnosis of HIV infection in adolescents;

Assess the impact of public health guidelines and recommendations and prevention efforts;

Characterize persons co-infected with TB and HIV;

Evaluate ways to improve the completeness and quality of risk ascertainment on persons reported with HIV and AIDS;

Identify and characterize previously unreported AIDS cases among deaths investigated by local medical examiners to assess the impact of under-diagnosis of AIDS cases on AIDS surveillance among disadvantaged populations that often do not receive adequate health care;

Test the efficiency of new techniques for reporting HIV and AIDS surveillance data from health care providers and laboratories to health departments;

Collect additional data on persons reported through HIV/AIDS surveillance which may be important for the planning and

evaluation of prevention and care programs, such as social/economic status, levels of disabilities, drug use history, sex behavior history, utilization of HIV testing and medical care services, and reproductive history in women;

Assess the interrelationship of behaviors, HIV markers and surrogates, and their potential role in surveillance systems;

Assess the interaction of socioeconomic, behavioral, and biologic factors in HIV transmission;

Determine the role of female-specific biological factors that are linked to acquisition and transmission of HIV infection and that influence the course of HIV disease;

Determine factors contributing to the efficiency of sexual transmission of HIV;

Assess the risk of transmission of HIV and TB from HIV-infected health-care worker to patient and vice versa;

Develop systems to monitor the emergence of multidrug-resistant TB in the HIV infected;

Continue to develop improved methods for projecting or modeling the HIV epidemic;

Develop methods to differentiate HIV-specific antibodies generated in participants in HIV vaccine trials from those generated in response to HIV infection;

Develop methods to identify potential cases of HCW-to-patient transmission;

Expand HIV reporting systems to collect information about primary and secondary HIV prevention services needed and received by HIV-positive clients (in collaboration with HRSA);

Work with providers and users of lab services to develop & implement systems which provide assurance that the capacity and quality requirements for HIV testing are met;

Work with international partners to study TB, implement vaccine trials, enhance clinical management, assess prevention efficacy, and improve program management of HIV/AIDS.

Develop methods to evaluate the use of HIV infection and AIDS surveillance systems to assess early intervention strategies.

Descriptions: Many of the activities in the above-cited action steps are carried out through cooperative agreements with state and local health departments. In addition, specialized projects

and studies also serve to focus attention on these activities, these include: Evaluation of HIV Infection Reporting Systems Project, Recent HIV Infection Projects, Surveillance to Evaluate Prevention Projects, Adult Spectrum of Disease Project, the TB Project, Mode of Transmission Validation Project, the Medical Examiner Study, and the Enhancement of AIDS Surveillance Efficiency Project.

FY 95: $141,046,000
FY 96: $139,668,000
FY 97: $139,778,000

Populations Served: All major racial, ethnic, and risk groups.

Constituency Involvement: There is regular consultation with national, state, and local public health officials and many other relevant organizations such as HIV-related community-based organizations.

Unmet Need: The current system does not provide for adequate surveillance of risk behaviors that contribute to HIV transmission, nor does it provide an accurate means for monitoring HIV incidence.

PREVENTION

Agency: The Centers for Disease Control and Prevention

Goal: Increase the public understanding of, involvement in, and support for HIV prevention.

Objectives: Provide leadership in HIV and STD prevention by (1) establishing sustained and active national agenda through the media; (2) promoting credible messages based on science through credible channels; and (3) encouraging and supporting prevention efforts at the local level.

Establish a collaboration of partners composed of national, State, and local organizations to facilitate (1) diffusing social marketing principles applied to HIV and STD prevention at the local level; (2) identifying and promoting mechanisms to exchange technology and information; and (3) developing guidelines for applying social marketing principles to local HIV and STD prevention.

Apply social marketing principles at the local level for the purpose of (1) demonstrating the participatory social marketing process (i.e., skills and resources needed to effectively engage the community); (2) measuring the effects of behavior-based social marketing interventions; and, (3) documenting the lessons learned.

Facilitate the application of prevention marketing principles in CDC-funded community planning efforts by (1) promoting guidelines for consideration of these principles at the local level for prevention interventions and (2) providing interactive technical assistance on social marketing technology principles (or prevention marketing) to public health agencies as well as HIV Prevention Community Planning Groups.

Promote HIV prevention as a relevant issue in business settings.

Provide and promote a network of resources and referrals to assist in implementing the Business Responds to AIDS (BRTA) Comprehensive HIV/AIDS Workplace Program.

Market the comprehensive workplace HIV/AIDS program to business.

Establish and execute a research agenda to formulate and assess strategies and resources to advance the knowledge of effective workplace HIV programs.

Action Steps: Monitor changes in public knowledge about how HIV is and is not transmitted;

Develop methodologies to measure community mobilization or

changes in institutional behavior in relation to mass media public information and education programs;

Develop new mass media messages, in collaboration with the public health systems and with international, national, state, and local private sector organizations and agencies;

Expand the relationship between CDC and the entertainment industry to improve messages and role modeling for HIV prevention;

Develop communication interventions with appropriate organizations to ensure that consistent, accurate HIV prevention information is provided to the public;

Develop community coalitions for HIV prevention;

Coordinate and disseminate information messages through the media that explain new scientific findings and policies concurrent with the release of new scientific information;

Develop leadership of health/education officials to effectively deliver HIV prevention messages through partnerships;

Evaluate the role of communications in changing individual knowledge, community norms, and individual behavior through establishment of model programs;

Expand the relationship between CDC and academic experts in mass communications to develop methods for measuring the impact of mass media on individual and community behaviors;

Develop ways of measuring the mobilization of community groups, i.e., changes in community norms, capacity;

Monitor business policies and employee education programs regarding HIV/AIDS;

Implement a BRTA initiative to develop HIV prevention and service programs for the workplace and the community;

Sponsor and participate in national meetings of businesses and religious, civic, medical, social, and voluntary agencies which conduct HIV prevention and service programs.

Descriptions: Many of the activities cited above are carried out at local demonstration sites and in coordination with community planning efforts. In addition, specialized projects and studies also serve to focus attention on these activities, these include projects entitled: National Health Communications, Prevention Collaborative Partners, the CDC National AIDS Clearinghouse, and the CDC National AIDS Hotline, and the Prevention Marketing

Initiative.

Also, linkage efforts with business, labor, and community groups have received special attention. The Business Responds to AIDS (BRTA) and Labor Responds to AIDS (LRTA) programs have focused on issues such as: HIV/AIDS workplace policies, supervisor and labor leader training, employee education, employee family education, and community service and volunteerism. Partnerships have also been forged among a variety of communities including business, labor, religious, voluntary and the media. And, national and regional minority organizations have also been sought out in forging these important linkages.

FY 95: $45,960,000
FY 96: $45,512,000
FY 97: $45,547,000

Populations Served: All segments of the population including all major racial and ethnic groups, young persons (18-25), persons engaging in behaviors that place them at risk for HIV infection, and business and labor leaders including their employees and families.

Constituency Involvement: Regular consultation with leaders from over 200 prevention collaborative partners composed of national, state, and local organizations and over 50 business and labor partners.

Unmet Need: There is a need for more effective use of social marketing principles in HIV prevention programs, further implementation of strategies to promote adoption of BRTA and LRTA comprehensive programs. There is also an increased need for family education materials, more effective materials to encourage abstinence and other prevention behaviors, and more HIV prevention materials for use by religious communities.

PREVENTION

Agency: The Centers for Disease Control and Prevention

Goal: Prevent risk behaviors that can cause HIV infection and related health problems in school age children and college age youth through implementation of comprehensive school health education programs.

Objectives: Increase by 15 percent the proportion of school districts that require age-appropriate HIV education at each grade level, K-12, especially at grades 9-12, preferably as part of comprehensive school health education.

Increase by 15 percent the proportion of colleges and universities that provide HIV education for students and staff, preferably as part of an institution-wide health promotion program.

Decrease by 10 percent at each grade level the proportion of 9th to 12th grade students who report they have engaged in sexual intercourse.

Among 9th to 12th grade students who report they have engaged in sexual intercourse, decrease by 10 percent the proportion who report they have engaged in sexual intercourse during the past 3 months.

Among 9th to 12th grade students who report they have engaged in sexual intercourse during the past 3 months, increase by 10 percent the proportion who report they used a condom at last intercourse.

Decrease by 10 percent the proportion of 9th to 12th grade students who report they have injected illicit drugs.

Action Steps: Monitor state-level policy and program requirements that support effective HIV education within comprehensive school health education (CSHEs);

Monitor district-level policy and program requirements that support effective HIV education within comprehensive school health education programs;

Monitor the prevalence of behaviors that cause HIV infection and related health problems among school and college youth;

Implement and revise as necessary, CDC guidelines for effective school health education to prevent the spread of HIV infection;

Enhance the capacity of state and local educational agencies to develop and implement effective HIV education within CSHEs;

Enhance the capacity of colleges and universities to provide HIV education for students and staff, preferably as part of an institution-wide health promotion program;

Ensure the integration of education to prevent HIV infection, other STDs and the use of alcohol and other drugs among youth;

Strengthen the capabilities of state and local departments of education and health to collaboratively help schools, colleges and universities implement effective HIV education programs for youth;

Increase the effectiveness of HIV education for youth served by state and local departments of education and college and universities through the efforts of selected national organizations;

Enhance the capacity of state and local agencies to help prevent HIV infection and HIV-related problems among youth through the efforts of training and demonstration centers established for state and local departments of education;

Establish teacher training coordinators in every interested state to help teachers provide effective HIV education within a CSHE;

Identify and disseminate, through training and demonstration centers and through teacher training directors, HIV education programs that have been shown to the be effective in reducing behaviors that cause HIV infection and related health problems;

Synthesize and apply the results of research to increase the effectiveness of HIV prevention education for youth;

Conduct formative evaluations of state and local departments of education policies, curricula, teacher training, and school efforts to prevent behaviors that cause HIV infection and related health problems;

Develop a standardized report for each state to profile the nature of priority health problems and risk behaviors among youth in that state and school efforts to prevent these problems and behaviors;

Conduct evaluations of the effectiveness of existing school-based interventions to reduce behaviors that result in HIV infection and related health problems;

Develop state-of-the-art school-based interventions and evaluate their effectiveness in reducing behaviors that result in HIV and related health problems; and

Conduct and apply meta-evaluations of existing research data

about the effectiveness of school-based interventions in reducing health risks behaviors among adolescents.

Descriptions: Funding and technical assistance for state and local educational agencies is provided through several avenues including national non-governmental organizations, colleges and universities, and teacher training sites. There is also support for youth surveys and projects to reach out-of-school youth.

FY 95: $48,205,000
FY 96: $47,735,000
FY 97: $47,771,000

Populations Served: Young persons engaging in behaviors that place them at risk for acquiring HIV through sexual exposure, including all major racial and ethnic groups. All school- and college-aged youth regardless of school enrollment status.

Constituency Involvement: Consultation with a wide range of constituency groups was established to: (1) improve existing programmatic efforts; (2) improve assistance and resources provided by CDC; and, (3) explore strategies that the Nation might take to improve the health status of young people. These groups include representatives from: (1) every state education agency, District of Columbia, and six territorial education agencies; (2) national nongovernmental health or education organizations, 3) colleges and universities, 4) state public health departments, as well as young people themselves. Meetings included an annual constituency meeting, quarterly training programs, and communication through an electronic bulletin board and network.

Unmet Need: Not all youth are accessible through existing institutional-based efforts, and currently not all states monitor youth health-risk behaviors.

PREVENTION

Agency: The Centers for Disease Control and Prevention

Goal: Prevent or reduce behaviors or practices which place individuals at risk of HIV infection, and for HIV positive individuals, place others at risk.

Objectives: At least 90 percent of individuals with known HIV infection will be abstinent or will have used a condom at last sexual intercourse, and at least 50 percent of individuals who have engaged in high-risk sexual behaviors within the past 12 months will be abstinent, in a mutually monogamous relationship, or have used a condom at last sexual intercourse.

At least 75 percent of injecting drug users will have stopped injecting drugs or used sterile or decontaminated injection equipment at last injection.

At least 80 percent of the health care and public safety workplaces will implement programs and procedures for preventing HIV transmission at work sites.

Reduce unintended pregnancies to no more than 40 percent of pregnancies among women with or at risk for HIV infection.

The number of individuals donating blood and found to be infected with HIV at the time of donation will decrease by 50 percent through self-deferral.

Among selected populations of youth in high-risk situations, increase by 10 percent the proportion who report they used a condom at last sexual intercourse.

Action Steps: Collaborate with prevention partners to assess risk behaviors and practices in selected communities;

Identify barriers to implementation of HIV prevention programs at community, state, and national levels;

Collaborate with selected communities in developing and implementing a model behavioral intervention program that comprehensively addresses community needs and uses available community resources and prevention partners in selected sites;

Design, develop, and test effective community-level interventions to change risk behaviors through altering community norms and values to support healthy behaviors;

Expand the community's capacity to plan, implement, and evaluate culturally competent and linguistically specific HIV prevention guidelines and programs tailored to the needs of specific

populations;

Enhance the capacity of CDC staff to plan, administer, and evaluate behavioral change strategies and community-based interventions to provide public health leadership and assist our prevention partners in designing and managing effective strategies for HIV prevention programs;

Enhance the capacity of local health departments and other relevant community agencies to collaboratively provide effective HIV education for youth in high-risk situations;

Establish scientifically-based evaluation components for HIV prevention activities; and

Use evaluation of components to design or refine HIV prevention programs and/or redirect HIV prevention resources.

Descriptions: Several mechanisms are employed for achieving the goals and objectives cited above. These include cooperative agreements with state and local health departments, in addition to direct funding of community-based organizations, national organizations, and national minority organizations. HIV intervention research studies are also supported.

FY 95: $185,625,000
FY 96: $183,814,000
FY 97: $203,958,000

Populations Served: All major racial and ethnic groups in addition to persons engaging in behaviors that place them at risk for acquiring HIV.

Constituency Involvement: A major avenue for constituency involvement is the HIV Prevention Community Planning Process. Through this mechanism, state and local health departments form community planning groups to assist in developing HIV prevention plans. In addition, there is regular and extensive consultation with representatives from state and local health departments, community planning groups, and national organizations.

Unmet Need: There is currently a lack of behavioral risk surveillance data for program planning and evaluation purposes. There is also a need to develop a more effective application of behavioral science findings to HIV prevention programs. And there is a special need to develop and maintain prevention efforts that target high risk women, youth and gay men of color.

PREVENTION

Agency: The Centers for Disease Control and Prevention

Goal: Increase individual knowledge of serostatus and strengthen systems for successful referral to early intervention services.

Objectives: At least 85 percent of the estimated 800,000 to 1,000,000 HIV-infected individuals will know their HIV serostatus.

At least 90 percent of health care sites receiving public funds and serving at-risk persons will provide appropriate HIV counseling and testing services.

At least 80 percent of known HIV infected individuals, either directly or through referral, will receive primary and secondary prevention services.

Action Steps: Working with governmental and nongovernmental partners, enhance community-level assessments of needed primary & secondary prevention services;

Identify opportunities for common HIV prevention data collection and development of uniform data sets;

Integrate HIV prevention services into standards of care for the diagnosis and treatment of HIV disease;

In collaboration with the FDA, develop, test, and implement rapid HIV testing procedures;

Strengthen the capacity of state, and local health departments to provide partner notification services to private health care providers offering HIV counseling & testing;

Develop alternative methods to provide HIV counseling and testing services;

Work with professional groups, hospitals, and state health departments to ensure that health care workers receive adequate training on primary and secondary HIV prevention (in collaboration with HRSA);

Study the impact of discrimination as a barrier to prevention services;

Assist publicly funded counseling and testing sites establish selection criteria and systems for monitoring the quality of referral laboratories;

Interview persons newly diagnosed with HIV infection to identify

missed opportunities for earlier diagnosis and CD4+ testing;

Conduct a study of incident AIDS cases to determine what services HIV-positive clients are receiving over time to identify service gaps (in collaboration with HRSA); and

Provide guidelines and training to HIV counselors to improve the quality of counseling.

Descriptions: Counseling, testing, referral partner notification programs are supported as part of cooperative agreements with state and local health departments.

FY 95: $168,995,000
FY 96: $167,351,000
FY 97: $181,027,000

Populations Served: All major racial and ethnic groups and persons engaging in behaviors that place them at risk for acquiring HIV.

Constituency Involvement: A major avenue for constituency involvement is the HIV Prevention Community Planning Process. Through this mechanism, state and local health departments form community planning groups to assist in developing HIV prevention plans. In addition, there is regular and extensive consultation with representatives from state and local health departments, community planning groups, and national organizations.

Unmet Needs: There is a need for more effective long-term intervention programs for HIV positive individuals in addition to a lack of resources for supporting comprehensive referral and data monitoring systems. Also, there is a need to determine the best balance between CTRPN programs and other HIV prevention strategies.

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Insert A

NIH AIDS Funding By the FY 1997 Plan
(Dollars in thousands)

Area of Emphasis	FY 1995 Actual	FY 1996 Estimate	FY 1997 President's Budget	96 Bypass	Δ
Natural History and Epidemiology	$192,624	$205,812	$203,285	237,271	33,986
Etiology and Pathogenesis	344,303	382,903	400,182	420,983	20,801
Therapeutics	462,929	472,944	470,042	545,405	75,363
Vaccines	100,399	109,533	116,132	154,771	38,639
Behavioral and Social Sciences Research	170,984	174,077	180,238	205,893	25,655
Training and Infrastructure	46,483	44,643	44,335	58,703	14,368,000
Information Dissemination	16,153	17,912	17,694	18,527	833,000
TOTAL FUNDING BY THE PLAN	1,333,875	1,407,824	1,431,908		

Res

TRIP

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To	Don	From	Patricia
Co.		Co.	
Dept.		Phone #	
Fax #		Fax #	

545,405,000
470,042,000
75,363,000

Attachment I

Food and Drug Administration
AIDS Funding Level Summary
June 1996

FDA Appendices	FY 95 Actuals	FY 96 Estimates	FY 97 Presidents Budget Request
Ensure the safety and effectiveness of HIV-related therapeutic agents	$25,235,000	$25,235,000	$25,235,000
Ensure the safety and effectiveness of HIV-related preventive and therapeutic vaccines	$11,863,000	$11,863,000	$11,863,000
Ensure the effectiveness of test methodologies (such as diagnostic reagents and test kits) for HIV detection, confirmation, and viral load measurement	$8,732,000	$8,732,000	$8,732,000
Reduce transfusion-transmitted HIV infection	$17,458,000	$17,458,000	$17,458,000
Ensure the safety and effectiveness of HIV-related medical devices	$9,457,000	$9,457,000	$9,457,000
Totals	$72,745,000	$72,745,000	$72,745,000

Office of AIDS and Special Health Issues
Food and Drug Administration

RESEARCH

Agency: Food and Drug Administration

Goal: Ensure the safety and effectiveness of HIV-related therapeutic agents.

Objective: Expedite access and approval of safe and effective drugs and biologics.

Action Steps: Encourage quality applications and data submissions to review division to ensure timely and efficient pre- and postmarket review.

Descriptions: Conduct meetings with sponsors to discuss drug development plans, expanded access programs, and accelerated approval options.

Facilitate scientific review of drugs and biologics by FDA advisory committees.

FY 95: $25,~~235~~,000
FY 96: $25,536,000 25,235,000
FY 97: $25,~~235~~,000

Populations Served: All persons who may benefit from approved therapeutic agents.

Constituency Involvement: The FDA depends on scientific advisory committees to provide independent expert advice to the agency in its evaluation of regulated products. These committees are composed of representatives from academia, research, government, industry and patient advocates.

Unmet Need: With the passage of Prescription Drug Use Fee Act of 1992, the FDA has been able to expeditiously review HIV/AIDS related therapeutic applications. With the continuation of the provisions in the Act, the FDA will be able to continue expeditious reviews.

RESEARCH

Agency: Food and Drug Administration

Goal: Ensure the safety and effectiveness of HIV-related preventive and therapeutic vaccines.

Objective: Expedite regulatory review of promising products for preventive and therapeutic vaccines.

Action Steps: Expand partnership between FDA and its counterparts from outside organizations involved in vaccine development.

Descriptions: Encourage early consultation with sponsoring companies, develop guidance documents, exchange information, and work with other agencies and international organizations. Facilitate scientific review by FDA advisory committees.

FY 95: $11,863,000
FY 96: $11,863,000
FY 97: $11,863,000

Populations Served: All persons who may benefit from approved preventive and therapeutic vaccines.

Constituency Involvement: The FDA depends on scientific advisory committees to provide independent expert advice to the agency in its evaluation of regulated products. These committees are composed of representatives from academia, research, government, industry, and patient advocates.

Unmet Need: With the passage of Prescription Drug Use Fee Act of 1992, the FDA has been able to expeditiously review HIV/AIDS related therapeutic applications. With the continuation of the provisions in the Act, the FDA will be able to continue expeditious reviews.

RESEARCH

Agency: Food and Drug Administration

Goal: Ensure the effectiveness of test methodologies for HIV detection and measurement.

Objective: Expedite improved test methodologies (such as diagnostic reagents and test kits) for HIV detection, confirmation, and viral load measurement.

Action Steps: Ensure timely and efficient pre- and postmarket review.

Descriptions: Encourage early consultation with sponsor and develop guidance documents. Facilitate scientific review of drugs and biologics by FDA advisory committees.

FY 95: $8,732,000
FY 96: $8,732,000
FY 97: $8,732,000

Populations Served: All persons who may benefit from approved test methodologies for HIV detection and measurement.

Constituency Involvement: The FDA depends on scientific advisory committees to provide independent expert advice to the agency in its evaluation of regulated products. These committees are composed of representatives from academia, research, government, industry, and patient advocates.

Unmet Need: With the passage of Prescription Drug Use Fee Act of 1992, the FDA has been able to expeditiously review HIV/AIDS related therapeutic applications. With the continuation of the provisions in the Act, the FDA will be able to continue expeditious reviews.

PREVENTION

Agency: Food and Drug Administration

Goal: Reduce transfusion-transmitted HIV infection.

Objective: Ensure supply and safety of the national blood supply.

Action Steps: Establish policies, expedite review of product applications, conduct approval inspections, oversee surveillance, and support enforcement activities.

Descriptions: Encourage high risk donors to exclude themselves; update list of unsuitable donors; quarantine and test blood; investigate incidents to identify, and rectify common errors in blood banks.

FY 95: $17,458,000
FY 96: $17,458,000
FY 97: $17,458,000

Populations Served: All persons who may receive blood or blood products.

Constituency Involvement: The FDA depends on scientific advisory committees to provide independent expert advice to the agency in its evaluation of regulated products. These committees are composed of representatives from academia, research, government, industry, and patient advocates.

Unmet Need: With the passage of Prescription Drug Use Fee Act of 1992, the FDA has been able to expeditiously review HIV/AIDS related therapeutic applications. With the continuation of the provisions in the Act, the FDA will be able to continue expeditious reviews.

RESEARCH

Agency: Food and Drug Administration

Goal: Ensure the safety and effectiveness of HIV-related medical devices.

Objective: Expedited access and approval of safe and effective medical devices.

Action Steps: Encourage quality application and data submissions to ensure timely and efficient pre- and postmarket review.

Descriptions: Conduct meetings with sponsors on study design; produce guidance documents. Facilitate scientific review of drugs and biologics by FDA advisory committees.

FY 95: $9,457,000
FY 96: $9,457,000
FY 97: $9,457,000

Populations Served: All persons who may benefit from approved HIV-related medical devices.

Constituency Involvement: The FDA depends on scientific advisory committees to provide independent expert advice to the agency in its evaluation of regulated products. These committees are composed of representatives from academia, research, government, industry, and patient advocates.

Unmet Need: The FDA depends on scientific advisory committees to provide independent expert advice to the agency in its evaluation of regulated products. These committees are composed of representatives from academia, research, government, industry, and patient advocates.

Civil Rights

Justice

Labor —

EEOC

Civil Rights

The National Strategy for HIV and AIDS, Appendix F: Civil Rights
Draft for Office of Management and Budget Review: 6.28.96

Agency: Department of Justice

Goal: Enforce HIV-related civil rights laws and heighten issue awareness.

Objectives: Prevent discrimination on the basis of real or perceived HIV status.

Action Steps: Enforce civil rights laws and inform and educate the public.

Descriptions: Litigate HIV-related civil rights cases involving housing discrimination and discrimination in the provision of services.

Provide information via the Americans with Disabilities Act (ADA) information line and provide technical assistance to state and local governments, Federal agencies and other entities and individuals having rights and responsibilities under Titles II and III of the ADA.

Developed and disseminated ADA questions and answers intended for persons who are HIV positive or living with AIDS to 5,000 HIV/AIDS service providers.

FY 95: Information line ~~$350,000~~ initiation; ~~other~~ initiation activities part of overall operating budget.
FY 96: Information line $350,000; other activities part of overall operating budget.
FY 97: The President's 1997 budget requests a 3.9% increase for ADA enforcement. Baseline number?

Populations Served: Victims of HIV/AIDS discrimination, Federal, state and local agencies, businesses and general populace.

Constituency Involvement: In addition to having access to the ADA information line, AIDS-related disability groups are sent the Justice Department's quarterly update on ADA enforcement activities and any relevant press releases on the Department's HIV-related anti-discrimination activities.

Unmet Need: Funds for attorneys for additional litigation. Public education and technical assistance for health care and day care providers regarding their ADA obligations to persons with HIV.

Agency: U.S. Equal Employment Opportunity Commission

Goal: As part of EEOC's overall enforcement goal to eliminate employment discrimination against persons with HIV disease.

Objective: Enforce Title I of the Americans with Disabilities Act (ADA), which protects job applicants and employees with HIV disease from employment discrimination.

Action Steps: Receive, investigate, and resolve ADA discrimination complaints from job applicants and employees with HIV disease;

Litigate select cases involving employment discrimination against persons with HIV disease; and

Educate the public regarding ADA's protections for job applicants and employees with HIV disease.

Descriptions: Enforcement of Title I of the ADA.

FY 95: Part of EEOC's general operating budget.
FY 96: Part of EEOC's general operating budget.
FY 97: Part of EEOC's general operating budget.

Populations Served: Job applicants and employees with HIV disease.

Constituency Involvement: Ongoing communication with AIDS-related disability groups.

Unmet Need: An increase in the Commission's investigative and legal staff would provide for quicker resolution of all EEOC complaints, including HIV-related complaints brought under the ADA.

Agency: Department of Labor

Goal: To provide protection for people living with HIV and AIDS from discrimination in the workplace.

Objective: Under the Rehabilitation Act of 1973 provide protection for persons living with HIV and AIDS from discrimination in the workplace.

Action Steps: Establish policies under Section 503 of the Rehabilitation Act of 1973 providing for processing and investigating complaints filed by persons living with HIV and AIDS.

Descriptions: Protection from discrimination in workplace.

FY 95: Part of overall operating budget.
FY 96: Part of overall operating budget.
FY 97: Part of overall operating budget.

Populations Served: Persons living with HIV and AIDS.

Constituency Involvement: Persons living with HIV and AIDS and Department of Labor staff.

Unmet Need: Current resource levels permit satisfactory processing of received cases.

GOALS

DOJ Enforce HIV-related civil rights laws and heighten issue awareness.

EEOC As part of EEOC's overall enforcement goal to eliminate employment discrimination against persons with HIV disease.

Labor To provide protection for people living with HIV and AIDS from discrimination in the workplace.

Prevention

DOD → Dept. Education
DHHS - AHCPR
- CDC
- FDA
- HCFA
- HRSA
- IHS
- NIH - cross reference
- OPA
- SAMSHA

HUD
DOJ
VA
Cap NS.

spellcheck

Prevention

Agency: Department of Health and Human Services, the Agency for Health Care Policy and Research

Goal: To provide national estimates of the cost and use of HIV-related prevention services.

Objective 1: To examine the effects of an in-home computer information and support system on health care costs and quality of life.

Action Steps: Half of three hundred patients with advanced HIV infection are provided with in-home computer system; the other half receive no intervention. Effects of this system are assessed with respect use of prophylactic treatments, early detection of infections, and quality of life.

Descriptions: Demonstrating Computer Support Impact on AIDS Patients

FY 95: $704,655
FY 96: $56,453
FY 97: $0

Populations Served: 300 volunteers with advanced HIV infection.

Constituency Involvement: Persons with HIV

Unmet Need: None.

Objective 2: Evaluate the cost-effectiveness of alternative strategies for preventing HIV-related opportunistic infections.

Action Steps: Embed clinical and cost data from randomized trials and observational cohorts into a comprehensive decision-analytic, cost-effectiveness model.

Descriptions: Cost-Effectiveness of Preventing AIDS Complications.

FY 95: $346,420
FY 96: $21,020
FY 97: $0

Populations Served: Persons with HIV.

Constituency Involvement: N/A

Unmet Need: None.

Agency: Department of Health and Human Services, the Centers for Disease Control and Prevention

Goal: More accurately monitor the HIV epidemic and provide data to assess and direct prevention programs by strengthening existing systems and develop new surveillance systems.

Objectives: Implement projects that evaluate and expand the uses of HIV infection and AIDS case surveillance and sero-surveillance data so that these data systems can more effectively guide public health policy and provide relevant information necessary to direct and evaluate prevention activities.

Improve understanding of the natural history of HIV infection as well as the risk factors and protective factors for sexual, drug-related, perinatal, and healthcare worker related HIV transmission in order to develop more effective prevention strategies for all affected populations.

Action Steps: Evaluate HIV infection reporting systems (named, anonymous, unique identifier) used nationally for their ability to monitor the epidemic, provide linkages to medical and social services, and to assess their impact on a person's decision to be tested;

Characterize high risk behaviors of persons with evidence of recent HIV infection such as persons with documented HIV seroconversion, high CD4+ counts, or diagnosis of HIV infection in adolescents;

Assess the impact of public health guidelines and recommendations and prevention efforts;

Characterize persons co-infected with TB and HIV;

Evaluate ways to improve the completeness and quality of risk ascertainment on persons reported with HIV and AIDS;

Identify and characterize previously unreported AIDS cases among deaths investigated by local medical examiners to assess the impact of under-diagnosis of AIDS cases on AIDS surveillance among disadvantaged populations that often do not receive adequate health care;

Test the efficiency of new techniques for reporting HIV and AIDS surveillance data from health care providers and laboratories to health departments;

Collect additional data on persons reported through HIV/AIDS surveillance which may be important for the planning and evaluation of prevention and care programs, such as social/economic status, levels of disabilities, drug use history, sex behavior history, utilization of HIV testing and medical care services, and reproductive history in women;

Assess the interrelationship of behaviors, HIV markers and surrogates, and their potential role in surveillance systems;

Assess the interaction of socioeconomic, behavioral, and biologic factors in HIV transmission;

Determine the role of female-specific biological factors that are linked to acquisition and transmission of HIV infection and that influence the course of HIV disease;

Determine factors contributing to the efficiency of sexual transmission of HIV;

Assess the risk of transmission of HIV and TB from HIV-infected health-care worker to patient and vice versa;

Develop systems to monitor the emergence of multidrug-resistant TB in the HIV infected;

Continue to develop improved methods for projecting or modeling the HIV epidemic;

Develop methods to differentiate HIV-specific antibodies generated in participants in HIV vaccine trials from those generated in response to HIV infection;

Develop methods to identify potential cases of HCW-to-patient transmission;

Expand HIV reporting systems to collect information about primary and secondary HIV prevention services needed and received by HIV-positive clients (in collaboration with HRSA);

Work with providers and users of lab services to develop & implement systems which provide assurance that the capacity and quality requirements for HIV testing are met;

Work with international partners to study TB, implement vaccine trials, enhance clinical management, assess prevention efficacy, and improve program management of HIV/AIDS.

Develop methods to evaluate the use of HIV infection and AIDS surveillance systems to assess early intervention strategies.

Descriptions: Many of the activities in the above-cited action steps are carried out through cooperative agreements with state and local health departments. In addition, specialized projects and studies also serve to focus attention on these activities, these include: Evaluation of HIV Infection Reporting Systems Project, Recent HIV Infection Projects, Surveillance to Evaluate Prevention Projects, Adult Spectrum of Disease Project, the TB Project, Mode of Transmission Validation Project, the Medical Examiner Study, and the Enhancement of AIDS Surveillance Efficiency Project.

FY 95: $141,046,000
FY 96: $139,668,000
FY 97: $139,778,000

Populations Served: All major racial, ethnic, and risk groups.

Constituency Involvement: There is regular consultation with national, state, and local public health officials and many other relevant organizations such as HIV-related community-based organizations.

Unmet Need: The current system does not provide for adequate surveillance of risk behaviors that contribute to HIV transmission, nor does it provide an accurate means for monitoring HIV incidence.

Agency: Department of Health and Human Services, the Centers for Disease Control and Prevention

Goal: Increase the public understanding of, involvement in, and support for HIV prevention.

Objectives: Provide leadership in HIV and STD prevention by (1) establishing sustained and active national agenda through the media; (2) promoting credible messages based on science through credible channels; and (3) encouraging and supporting prevention efforts at the local level.

Establish a collaboration of partners composed of national, State, and local organizations to facilitate (1) diffusing social marketing principles applied to HIV and STD prevention at the local level; (2) identifying and promoting mechanisms to exchange technology and information; and (3) developing guidelines for applying social marketing principles to local HIV and STD prevention.

Apply social marketing principles at the local level for the purpose of (1) demonstrating the participatory social marketing process (i.e., skills and resources needed to effectively engage the community); (2) measuring the effects of behavior-based social marketing interventions; and, (3) documenting the lessons learned.

Facilitate the application of prevention marketing principles in CDC-funded community planning efforts by (1) promoting guidelines for consideration of these principles at the local level for prevention interventions and (2) providing interactive technical assistance on social marketing technology principles (or prevention marketing) to public health agencies as well as HIV Prevention Community Planning Groups.

Promote HIV prevention as a relevant issue in business settings.

Provide and promote a network of resources and referrals to assist in implementing the Business Responds to AIDS (BRTA) Comprehensive HIV/AIDS Workplace Program.

Market the comprehensive workplace HIV/AIDS program to business.

Establish and execute a research agenda to formulate and assess strategies and resources to advance the knowledge of effective workplace HIV programs.

Action Steps: Monitor changes in public knowledge about how HIV is and is not transmitted;

Develop methodologies to measure community mobilization or changes in institutional behavior in relation to mass media public information and education programs;

Develop new mass media messages, in collaboration with the public health systems and with international, national, state, and local private sector organizations and agencies;

Expand the relationship between CDC and the entertainment industry to improve messages and role modeling for HIV prevention;

Develop communication interventions with appropriate organizations to ensure that consistent, accurate HIV prevention information is provided to the public;

Develop community coalitions for HIV prevention;

Coordinate and disseminate information messages through the media that explain new scientific findings and policies concurrent with the release of new scientific information;

Develop leadership of health/education officials to effectively deliver HIV prevention messages through partnerships;

Evaluate the role of communications in changing individual knowledge, community norms, and individual behavior through establishment of model programs;

Expand the relationship between CDC and academic experts in mass communications to develop methods for measuring the impact of mass media on individual and community behaviors;

Develop ways of measuring the mobilization of community groups, i.e., changes in community norms, capacity;

Monitor business policies and employee education programs regarding HIV/AIDS;

Implement a BRTA initiative to develop HIV prevention and service programs for the workplace and the community;

Sponsor and participate in national meetings of businesses and religious, civic, medical, social, and voluntary agencies which conduct HIV prevention and service programs.

Descriptions: Many of the activities cited above are carried out at local demonstration sites and in coordination with community planning efforts. In addition, specialized projects and studies also serve to focus attention on these activities, these include projects entitled: National Health Communications, Prevention Collaborative Partners, the CDC National AIDS Clearinghouse, and the CDC National AIDS Hotline, and the Prevention Marketing Initiative.

Also, linkage efforts with business, labor, and community groups have received special attention. The Business Responds to AIDS (BRTA) and Labor Responds to AIDS (LRTA) programs have focused on

issues such as: HIV/AIDS workplace policies, supervisor and labor leader training, employee education, employee family education, and community service and volunteerism. Partnerships have also been forged among a variety of communities including business, labor, religious, voluntary and the media. And, national and regional minority organizations have also been sought out in forging these important linkages.

FY 95: $45,960,000
FY 96: $45,512,000
FY 97: $45,647,000

Populations Served: All segments of the population including all major racial and ethnic groups, young persons (18-25), persons engaging in behaviors that place them at risk for HIV infection, and business and labor leaders including their employees and families.

Constituency Involvement: Regular consultation with leaders from over 200 prevention collaborative partners composed of national, state, and local organizations and over 50 business and labor partners.

Unmet Need: There is a need for more effective use of social marketing principles in HIV prevention programs, further implementation of strategies to promote adoption of BRTA and LRTA comprehensive programs. There is also an increased need for family education materials, more effective materials to encourage abstinence and other prevention behaviors, and more HIV prevention materials for use by religious communities.

Agency: Department of Health and Human Services, the Centers for Disease Control and Prevention

Goal: Prevent risk behaviors that can cause HIV infection and related health problems in school age children and college age youth through implementation of comprehensive school health education programs.

Objectives: Increase by 15 percent the proportion of school districts that require age-appropriate HIV education at each grade level, K-12, especially at grades 9-12, preferably as part of comprehensive school health education.

Increase by 15 percent the proportion of colleges and universities that provide HIV education for students and staff, preferably as part of an institution-wide health promotion program.

Decrease by 10 percent at each grade level the proportion of 9th to 12th grade students who report they have engaged in sexual intercourse.

Among 9th to 12th grade students who report they have engaged in sexual intercourse, decrease by 10 percent the proportion who report they have engaged in sexual intercourse during the past 3 months.

Among 9th to 12th grade students who report they have engaged in sexual intercourse during the past 3 months, increase by 10 percent the proportion who report they used a condom at last intercourse.

Decrease by 10 percent the proportion of 9th to 12th grade students who report they have injected illicit drugs.

Action Steps: Monitor state-level policy and program requirements that support effective HIV education within comprehensive school health education (CSHEs);

Monitor district-level policy and program requirements that support effective HIV education within comprehensive school health education programs;

Monitor the prevalence of behaviors that cause HIV infection and related health problems among school and college youth;

Implement and revise as necessary, CDC guidelines for effective school health education to prevent the spread of HIV infection;

Enhance the capacity of state and local educational agencies to develop and implement effective HIV education within CSHEs;

Enhance the capacity of colleges and universities to provide HIV education for students and staff, preferably as part of an

institution-wide health promotion program;

Ensure the integration of education to prevent HIV infection, other STDs and the use of alcohol and other drugs among youth;

Strengthen the capabilities of state and local departments of education and health to collaboratively help schools, colleges and universities implement effective HIV education programs for youth;

Increase the effectiveness of HIV education for youth served by state and local departments of education and college and universities through the efforts of selected national organizations;

Enhance the capacity of state and local agencies to help prevent HIV infection and HIV-related problems among youth through the efforts of training and demonstration centers established for state and local departments of education;

Establish teacher training coordinators in every interested state to help teachers provide effective HIV education within a CSHE;

Identify and disseminate, through training and demonstration centers and through teacher training directors, HIV education programs that have been shown to the be effective in reducing behaviors that cause HIV infection and related health problems;

Synthesize and apply the results of research to increase the effectiveness of HIV prevention education for youth;

Conduct formative evaluations of state and local departments of education policies, curricula, teacher training, and school efforts to prevent behaviors that cause HIV infection and related health problems;

Develop a standardized report for each state to profile the nature of priority health problems and risk behaviors among youth in that state and school efforts to prevent these problems and behaviors;

Conduct evaluations of the effectiveness of existing school-based interventions to reduce behaviors that result in HIV infection and related health problems;

Develop state-of-the-art school-based interventions and evaluate their effectiveness in reducing behaviors that result in HIV and related health problems; and

Conduct and apply meta-evaluations of existing research data about the effectiveness of school-based interventions in reducing health risks behaviors among adolescents.

Descriptions: Funding and technical assistance for state and

local educational agencies is provided through several avenues including national non-governmental organizations, colleges and universities, and teacher training sites. There is also support for youth surveys and projects to reach out-of-school youth.

FY 95: $48,205,000
FY 96: $47,735,000
FY 97: $47,771,000

Populations Served: Young persons engaging in behaviors that place them at risk for acquiring HIV through sexual exposure, including all major racial and ethnic groups. All school- and college-aged youth regardless of school enrollment status.

Constituency Involvement: Consultation with a wide range of constituency groups was established to: (1) improve existing programmatic efforts; (2) improve assistance and resources provided by CDC; and, (3) explore strategies that the Nation might take to improve the health status of young people. These groups include representatives from: (1) every state education agency, District of Columbia, and six territorial education agencies; (2) national nongovernmental health or education organizations, 3) colleges and universities, 4) state public health departments, as well as young people themselves. Meetings included an annual constituency meeting, quarterly training programs, and communication through an electronic bulletin board and network.

Unmet Need: Not all youth are accessible through existing institutional-based efforts, and currently not all states monitor youth health-risk behaviors.

Agency: Department of Health and Human Services, the Centers for Disease Control and Prevention

Goal: Prevent or reduce behaviors or practices which place individuals at risk of HIV infection, and for HIV positive individuals, place others at risk.

Objectives: At least 90 percent of individuals with known HIV infection will be abstinent or will have used a condom at last sexual intercourse, and at least 50 percent of individuals who have engaged in high-risk sexual behaviors within the past 12 months will be abstinent, in a mutually monogamous relationship, or have used a condom at last sexual intercourse.

At least 75 percent of injecting drug users will have stopped injecting drugs or used sterile or decontaminated injection equipment at last injection.

At least 80 percent of the health care and public safety workplaces will implement programs and procedures for preventing HIV transmission at work sites.

Reduce unintended pregnancies to no more than 40 percent of pregnancies among women with or at risk for HIV infection.

The number of individuals donating blood and found to be infected with HIV at the time of donation will decrease by 50 percent through self-deferral.

Among selected populations of youth in high-risk situations, increase by 10 percent the proportion who report they used a condom at last sexual intercourse.

Action Steps: Collaborate with prevention partners to assess risk behaviors and practices in selected communities;

Identify barriers to implementation of HIV prevention programs at community, state, and national levels;

Collaborate with selected communities in developing and implementing a model behavioral intervention program that comprehensively addresses community needs and uses available community resources and prevention partners in selected sites;

Design, develop, and test effective community-level interventions to change risk behaviors through altering community norms and values to support healthy behaviors;

Expand the community's capacity to plan, implement, and evaluate culturally competent and linguistically specific HIV prevention guidelines and programs tailored to the needs of specific populations;

Enhance the capacity of CDC staff to plan, administer, and

evaluate behavioral change strategies and community-based interventions to provide public health leadership and assist our prevention partners in designing and managing effective strategies for HIV prevention programs;

Enhance the capacity of local health departments and other relevant community agencies to collaboratively provide effective HIV education for youth in high-risk situations;

Establish scientifically-based evaluation components for HIV prevention activities; and

Use evaluation of components to design or refine HIV prevention programs and/or redirect HIV prevention resources.

Descriptions: Several mechanisms are employed for achieving the goals and objectives cited above. These include cooperative agreements with state and local health departments, in addition to direct funding of community-based organizations, national organizations, and national minority organizations. HIV intervention research studies are also supported.

FY 95: $185,625,000
FY 96: $183,814,000
FY 97: $203,958,000

Populations Served: All major racial and ethnic groups in addition to persons engaging in behaviors that place them at risk for acquiring HIV.

Constituency Involvement: A major avenue for constituency involvement is the HIV Prevention Community Planning Process. Through this mechanism, state and local health departments form community planning groups to assist in developing HIV prevention plans. In addition, there is regular and extensive consultation with representatives from state and local health departments, community planning groups, and national organizations.

Unmet Need: There is currently a lack of behavioral risk surveillance data for program planning and evaluation purposes. There is also a need to develop a more effective application of behavioral science findings to HIV prevention programs. And there is a special need to develop and maintain prevention efforts that target high risk women, youth and gay men of color.

Agency: The Department of Health and Human Services, the Centers for Disease Control and Prevention

Goal: Increase individual knowledge of serostatus and strengthen systems for successful referral to early intervention services.

Objectives: At least 85 percent of the estimated 800,000 to 1,000,000 HIV-infected individuals will know their HIV serostatus.

At least 90 percent of health care sites receiving public funds and serving at-risk persons will provide appropriate HIV counseling and testing services.

At least 80 percent of known HIV infected individuals, either directly or through referral, will receive primary and secondary prevention services.

Action Steps: Working with governmental and nongovernmental partners, enhance community-level assessments of needed primary & secondary prevention services;

Identify opportunities for common HIV prevention data collection and development of uniform data sets;

Integrate HIV prevention services into standards of care for the diagnosis and treatment of HIV disease;

In collaboration with the FDA, develop, test, and implement rapid HIV testing procedures;

Strengthen the capacity of state, and local health departments to provide partner notification services to private health care providers offering HIV counseling & testing;

Develop alternative methods to provide HIV counseling and testing services;

Work with professional groups, hospitals, and state health departments to ensure that health care workers receive adequate training on primary and secondary HIV prevention (in collaboration with HRSA);

Study the impact of discrimination as a barrier to prevention services;

Assist publicly funded counseling and testing sites establish selection criteria and systems for monitoring the quality of referral laboratories;

Interview persons newly diagnosed with HIV infection to identify missed opportunities for earlier diagnosis and CD4+ testing;

Conduct a study of incident AIDS cases to determine what services

HIV-positive clients are receiving over time to identify service gaps (in collaboration with HRSA); and

Provide guidelines and training to HIV counselors to improve the quality of counseling.

Descriptions: Counseling, testing, referral partner notification programs are supported as part of cooperative agreements with state and local health departments.

FY 95: $168,995,000
FY 96: $167,351,000
FY 97: $181,027,000

Populations Served: All major racial and ethnic groups and persons engaging in behaviors that place them at risk for acquiring HIV.

Constituency Involvement: A major avenue for constituency involvement is the HIV Prevention Community Planning Process. Through this mechanism, state and local health departments form community planning groups to assist in developing HIV prevention plans. In addition, there is regular and extensive consultation with representatives from state and local health departments, community planning groups, and national organizations.

Unmet Needs: There is a need for more effective long-term intervention programs for HIV positive individuals in addition to a lack of resources for supporting comprehensive referral and data monitoring systems. Also, there is a need to determine the best balance between CTRPN programs and other HIV prevention strategies.

Agency: Department of Health and Human Services, the Food and Drug Administration

Goal: Reduce transfusion-transmitted HIV infection.

Objective: Ensure supply and safety of the national blood supply.

Action Steps: Establish policies, expedite review of product applications, conduct approval inspections, oversee surveillance, and support enforcement activities.

Descriptions: Encourage high risk donors to exclude themselves; update list of unsuitable donors; quarantine and test blood; investigate incidents to identify, and rectify common errors in blood banks.

FY 95: $17,458,000
FY 96: $17,458,000
FY 97: $17,458,000

Populations Served: All persons who may receive blood or blood products.

Constituency Involvement: The FDA depends on scientific advisory committees to provide independent expert advice to the agency in its evaluation of regulated products. These committees are composed of representatives from academia, research, government, industry, and patient advocates.

Unmet Need: With the passage of Prescription Drug Use Fee Act of 1992, the FDA has been able to expeditiously review HIV/AIDS related therapeutic applications. With the continuation of the provisions in the Act, the FDA will be able to continue expeditious reviews.

Agency: Department of Health and Human Services, the Health Care Financing Administration

Goal: Reduce perinatal transmission among Medicaid-eligible women.

Objectives: Develop and implement a campaign to inform HIV positive women in selected pilot areas about the benefits of AZT in FY 95.

Expand pilot project to one State in all regions in FY 96.

Expand project to include all States in FY 97.

Action Steps: Develop, obtain, and distribute brochures and other materials describing current guidelines for the use of AZT during pregnancy for preventing perinatal transmission, and Medicaid eligibility and coverage to Medicaid eligible women.

Descriptions: Establish a consumer-oriented educational campaign in key states with high HIV prevalence rates among women.

FY 95: $50,000 (Federal share)
FY 96: $60,000 (Federal share)
FY 97: $185,000 (Federal share, subject to availability of funds)

Populations Served: HIV positive women eligible for Medicaid coverage.

Constituency Involvement: Significant consultation with high-risk pregnant women and their advocates.

Unmet Need: The pilot project will not initially include women of unknown or negative HIV serostatus.

Agency: Department of Health and Human Services, the Health Resources and Services Administration

Goal: Reduce the perinatal transmission of HIV.

Objective: Enhance provider capacity to provide appropriate services for women at the community level.

Improve provider capacity for outreach, counseling, testing and care for women of childbearing age for early identification and linkage to care for pregnant women.

Enhance providers' abilities to provide AZT for HIV positive pregnant women.

Ensure funding and dissemination of innovative models of care that evaluate all of the major care and service goals listed in this plan: effectively educated providers, increased access to and quality of care, reduction of perinatal transmission of HIV.

Action Steps: Establish the Women's Initiative for HIV Care for Women and Reduction of Perinatal Transmission (WIN);

Establish ongoing WIN Steering Committee;

Provide technical assistance to grantees;

Conduct centralized training for all WIN sites with follow-up local training;

Collaborate with Association of Maternal & Child Health Programs (AMCHP) to develop local guidelines;

Establish MCHB working group to coordinate HIV risk reduction related efforts across programs;

Distribute counseling and testing guidance, AHCPR consumer brochure and video, and other PHS documents to MCHB community;

Review currently funded SPNS projects to identify gaps in project coverage for future Requests for Applications (RFAs); and

Evaluate sites.

Descriptions: Enhance outreach for HIV counseling and testing.

Improve service linkages for women of childbearing age in an ongoing care system and to reduce perinatal HIV transmission.

PHS 076 Implementation Plan.

FY 95: $1,520,000
FY 96: $1,800,000
FY 97: $???????

Populations Served: CARE Act grantees. Adolescent and adult women and their infants, with special attention for pregnant women in addition to MCH and HIV providers.

Constituency Involvement: Health care providers, evaluation researchers, communication experts, and patient advocates. There is also consumer participation in WIN steering committee and projects' advisory board in addition to linkages with other HRSA grantees including those from RWCA and SPNS programs.

Unmet Need: Funds needed to provide more services in order to reach more women and enhance evaluation efforts and improve technical assistance and training.

In particular, it is critical to fund services (e.g., outreach, case finding, case management) that better link women of childbearing age with counseling and testing services and, after testing, with comprehensive medical, social, and support services and long-term followup for themselves and their families. Training non-HIV providers, particularly primary care, family practice, ob/gyn, and MCH providers, to perform women-sensitive counseling and testing, to deliver appropriate primary care for women with HIV, and to provide appropriate referrals for these women is another critical need. Funding is also needed for peer-support programs for these women and their families. While it should be our assumption that all women are at risk for HIV, it is important to recognize that certain groups of women (e.g., substance abusers, partners of substance abusers) are at special risk and need additional services in order to enter and remain in care.

Agency: Department of Health and Human Services, the Indian Health Service

Goal: Reduce the number of new infections among Federally recognized American Indians and Alaska Natives.

Objective 1: Maintain surveillance of HIV infection in American Indians and Alaska Natives.

Action Steps: Maintain timely and complete case reporting to appropriate local, state and national entities and the Indian Health Service (IHS) AIDS Prevention Activities Office.

Descriptions: Area AIDS Coordinators will be responsible for reporting.

FY 95: $912,000
FY 96: $912,000
FY 97: $

Populations Served: Federally recognized American Indians and Alaska Natives.

Constituency Involvement: Local and National Indian Health Advisory Boards.

Unmet Need: ???

Objective 2: Maintain training and information activates to provide health education and risk reduction messages.

Action Steps: Teach empowerment skills at the individual and community level that will enhance the individual's ability to actualize assimilated knowledge as behavior change.

Descriptions: The changed behavior includes adjustments of beliefs and the formation of AIDS community-based task forces at the local level.

FY 95: $2,321,000
FY 96: $2,321,000
FY 97: $

Populations Served: American Indians and Alaska Natives population, tribal leaders, women, youth, individuals practicing high risk behavior, and IHS/tribal health care workers

Constituency Involvement: Local and National Indian Health Advisory Boards.

Unmet Need: ???

Agency: Department of Health and Human Services, the Office of Population Affairs

Goal: Reduce the number of new HIV infections.

Objective: Provide counseling, education, and HIV testing as needed to Title X program clinics.

Action Steps: Include HIV/AIDS education in all clinic education programs.

Include HIV/AIDS prevention in STD screening programs.

Provide HIV testing or referral for testing to all Title X clients who request testing.

Descriptions: Title X Program

FY 95: NA -- HIV services integrated into overall budget.
FY 96: NA -- HIV services integrated into overall budget.
FY 97: NA -- HIV services integrated into overall budget.

Populations Served: The Title X program provides family planning and related reproductive health services to approximately 4.5 million clients annually through a network of 4,500 clinics. Clients are predominantly young women; most are members of low-income families, and 30 percent are adolescents and 2/3 are below age 25.

Constituency Involvement: For non-profit grantees, clients participate on boards of directors. For all grantees, clients participate on committees approving all information and education materials.

Unmet Need: The Title X program reaches an estimated 50 percent of potential clients. Expansion of program would provide a concomitant expansion in HIV/AIDS prevention activities, since these are provided as an integral part of the reproductive health services in Title X programs.

Agency: Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration

Goal: Reduce the number of new HIV infections.

Objective 1: Demonstrate the effectiveness of incorporating HIV/AIDS prevention curricula into ongoing substance abuse prevention programs.

Demonstrate the differential effectiveness of incorporating HIV/AIDS prevention curricula into ongoing substance prevention programs.

Action Steps: Supplementation of high risk youth grants for alcohol, tobacco and other drugs (ATOD) prevention for the purpose of including HIV/AIDS prevention strategies in their present activities;

Develop program to empower youth with skills, knowledge, and beliefs for HIV prevention;

Demonstrate effective strategies to prevent ATOD use and abuse among high risk youth; and

Include developmentally and culturally appropriate HIV/AIDS education and prevention approaches.

Descriptions: High Risk Youth Program.

FY 95: $1,000,000
FY 96: $0
FY 97:

Populations Served: High risk youth or youth at risk for ATOD, adolescent females, and youth at risk for AOD-related violent behavior.

Constituency Involvement: Families of youth, youth service workers, and the communities that support youth at risk for ATOD abuse.

Unmet Need: Presently this initiative reaches only 25 percent of high risk youth grantees. Supplementing all grantees would provide greater opportunity for services integration and evaluation.

Objective 2: Apply a community-designed, community-focused approach to the prevention of HIV/AIDS in a culturally appropriate manner, specifically targeting communities of high seroprevalence.

Reduce ATOD use.

Action Steps: Supplementation of all community partnerships and

community coalitions providing communities with the opportunity to design targeted HIV/AIDS messages emphasizing the direct relationship between the use of ATOD and HIV/AIDS; and

Solicit neighboring communities in program implementation.

Descriptions: Demonstration sites and community training in the use of HIV/AIDS curriculum.

FY 95: $0
FY 96: $5,000,000
FY 97:

Populations Served: High risk neighborhoods and communities, including youth, families, and community organizations.

Constituency Involvement: All community members.

Unmet Need: Supplementing all community coalition grantees and partnerships would provide greater opportunity for services integration and evaluation.

Objective 3: Improve training of Faculty Development Program (FDP) grantees.

Action Steps: Supplement all FDP grantees for the purpose of improving teaching skills related to integration ATOD and HIV/AIDS prevention; and

Improve training regarding professional/client interaction.

Descriptions: Supplementation of Faculty Development Program (FDP) grantees.

FY 95: $0
FY 96: $650,000
FY 97:

Populations Served: General public.

Constituency Involvement: Health professional institutions, consumers, and community service providers.

Unmet Need: Additional resources could provide further education and training and thereby reach more health professionals.

Agency: Department of Veterans Affairs

Goal: Prevent transmission of HIV infection through education of employees and patients.

Objective 1: Train and maintain cadre of professional staff to conduct HIV transmission and prevention education for patients and conduct pre- and post-test HIV antibody test counseling.

Action Steps: Establish national training program to educate 2 professional staff from every VA medical center to conduct patient education and pre- and post-test counseling.

Maintain on-going training program on limited basis to address turnover of staff and maintain cadre of counselors/patient educators.

Objective 2: Educate and maintain cadre of knowledgeable staff to teach all staff in VA health-care facilities on prevention and transmission of HIV infection.

Action Steps: Develop a national "train the trainer" education program to educate selected staff from every VA Medical Center on how to organize and conduct staff educational activities on HIV transmission and prevention.

Update training materials/revise strategies to maintain knowledgeable base of trainers for every facility.

Objective 3: Integrate HIV prevention education in addiction treatment programs.

Action Steps: Conduct national training program for professional staff in addiction treatment programs and Vet Centers on how to integrate HIV prevention education for patients in their treatment areas.

Objective 4: Stimulate innovative approaches to HIV/AIDS education at the local level (VA medical centers and communities).

Action Steps: Award educational demonstration grants to HIV/AIDS education proposals on competitive basis.

Facilitate system-wide dissemination of completed projects through annual publication and national quarterly newsletters.

Objective 5: Maintain education and information support systems.

Action Steps: Continue AIDS awareness and education programs through national system of regional education centers and individual facility programs.

Through library system, continue purchase of appropriate private and Federal sector videos, publications, posters, and other materials.

Objective 6: Prevent transmission of HIV in health-care setting.

Action Steps: Ensure on-going implementation of CDC recommendations on universal precautions, via policy.

Ensure continuing implementation of OSHA rule on protection of health-care workers against bloodborne pathogens via policy.

Provide national training program on interdisciplinary team training for staff from infection control, employee health, safety in all VAMCs to implement OSHA rule.

Descriptions: Prevention activities including education and universal precautions.

FY 95: $31,000,000 *
FY 96: $31,000,000 *
FY 97: $31,000,000 *

* Figures are based on the estimated resource expenditures for universal precautions and education and are part of the general Medical Care Budget. FY 1996 and FY 1997 estimates are based on the resource levels contained in the President's budget.)

Populations Served: Eligible veterans through local medical centers and facilities, local VA health-care and support staff, veteran patients and families, general public.

Constituency Involvement: VA medical centers and health-care facilities, and local communities.

Unmet Need: Advances in treatment through research and/or changes in prevention activities may require re-assessment of funding levels.

Agency: Department of Housing and Urban Development

Goal: Reduce the number of new infections among residents of public and subsidized housing.

Objective: Provide primary prevention programs to public housing residents at risk for HIV infection. Coordinate meetings of the state and local agencies responsible for the prevention program services.

Action Steps: Forge local partnerships and improve coordination of existing resources.

Descriptions: HIV/AIDS Prevention in Public Housing Demonstration Program.

FY 95: $0 (Activities carried out within existing HUD personnel resources.)
FY 96: $0
FY 97: $0

Populations Served: Children and adults in public housing in five targeted cities.

Constituency Involvement: Input received through local planning groups.

Unmet Need: The initial demonstration program reached sites in five cities. An increase in resources would enable HUD to meet increasing demand for services and permit expansion to include other public and subsidized housing efforts.

Agency: Department of Defense

Goal: Preservation of an effective fighting force through prevention of HIV infection.

Objective 1: Prevent HIV infection in service members.

Reduce the number of new active duty HIV infection by 20 percent by 1997 based on a 1995 baseline figure of 204 persons for all services.

Action Steps: Provide basic information on HIV transmission and risk reduction for new recruits, civilian work force members, and officers;

Require education and general military training on methods of transmission and approaches for avoiding transmission, including barrier methods, avoidance of intravenous drug use, and use of universal precautions;

Provide training for personnel, instructors, and peer educators; and

Support train the trainer courses to develop multidisciplinary teams from medical, dental, nursing, and public health corps for promoting HIV and AIDS education.

Objective 2: Ensure safety of the Armed Services Blood Program Office (ASBPO).

Action Steps: Advise service personnel with serologic evidence of HIV infection or repeated ELISA reactivity, but Western Blot negative or indeterminate, to refrain from donating blood.

Employ ASBPO "Look Back Program" to trace contacts of identified positive donors who serconvert after blood donation -- trace and contact blood recipients.

FY 95: Approximately $500,000
FY 96: Approximately $500,000
FY 97: Approximately $500,000

Populations Served: Active duty service members and their eligible family members, health care providers and those at risk of exposure to body fluids, and recipients of ASBPO blood products.

Constituency Involvement: Active duty force, affiliated civilian workforce, and the health care and public health communities.

Unmet Need: None

Agency: Department of Justice

Goal: Reduce risk of infection of infection to INS detainees who are at risk.

Objective: Educate detainees believed to be at risk regarding HIV/AIDS and thereby reduce the risk of transmission and new infections.

Action Steps: Upon obtaining informed consent, test detainees suspected of or diagnosed with HIV/AIDS or test upon detainee request and provide pre- and post-test counseling to detainees deemed at risk.

Descriptions: Provide limited testing and counseling.

FY 95: Part of overall operating budget.
FY 96: Part of overall operating budget.
FY 97: Part of overall operating budget.

Populations Served: INS Detainees.

Constituent Involvement: None.

Unmet Need: None.

Agency: Department of Justice

Goal: Reduce the risk of employee infection and avoid possible worksite performance problems.

Objective: Educate Bureau of Prisons (BOP) staff, Drug Enforcement Agency (DEA) employees, Federal Bureau of Investigation (FBI) employees, Immigration and Naturalization Service (INS) employees, and U.S. Marshals Service (USMS) regarding HIV/AIDS transmission and thereby reduce the risk of infection. Educate all Justice Department employees about HIV/AIDS in the workplace.

Action Steps: For Bureau of Prison (BOP) staff provide:

annual HIV information update and infectious disease training to all staff;

produce inmate and staff HIV educational videos; and

participate at least quarterly with HRSA in audio conferences on HIV issues.

For DOJ employees in occupations that possess a heightened possibility for exposure to HIV or other bloodborne pathogens, including employees of the DEA, FBI, INS, and USMS provide:

general training and field office training;

annual bloodborne pathogen training to all personnel as mandated by OSHA (discussion of HIV/AIDS is included in this training); and

an annual update on the bloodborne pathogens training as necessary to discuss new information or changes in the use of safety equipment, etc.

For all Department employees, the Justice Management Division (JMD) provided:

instructional materials to be used in a one time general training;

and technical assistance to other DOJ components.

Descriptions: DOJ staff prevention training programs.

FY 95: Part of overall operating budget.
FY 96: Part of overall operating budget.
FY 97: Part of overall operating budget.

Populations Served: DOJ employees.

Constituency Involvement: None.

Unmet Need: Additional resources for field office training for USMS and FBI.

Agency: Corporation for National Service

Goal: To offer HIV/AIDS education programs and other services with volunteers from the Learn and Serve America project.

Objective: Support HIV-related Learn and Serve America projects.

Action Steps: Continue programs for youth in elementary school or high school to volunteer in community service activities, such as peer education in HIV/AIDS prevention.

Continue to award higher education grants directly to colleges and universities which provide service opportunities on HIV/AIDS prevention.

Program Description: Examples of higher education programs include Robert Wood Johnson Medical School and the University of San Diego where students provide education on HIV/AIDS to homeless and other high risk populations.

FY 95: Part of overall operating cost.
FY 96: Part of overall operating cost.
FY 97: Part of overall operating cost.

Populations Served: Persons living with HIV and AIDS and others who could benefit from HIV/AIDS education.

Constituency Involved: The Learn and Serve America program and students across the country.

Unmet Needs: Without these programs, students would not have an opportunity to serve their communities in HIV/AIDS related projects.

GOALS ...

DHHS, AHCPR	To provide national estimates of the cost and use of HIV-related prevention services.
DHHS, CDC	More accurately monitor the HIV epidemic and provide data to assess and direct prevention programs by strengthening existing systems and develop new surveillance systems.
	Increase the public understanding of, involvement in, and support for HIV prevention.
	Prevent risk behaviors that can cause HIV infection and related health problems in school age children and college age youth through implementation of comprehensive school health education programs.
	Prevent or reduce behaviors or practices which place individuals at risk of HIV infection, and for HIV positive individuals, place others at risk.
	Increase individual knowledge of serostatus and strengthen systems for successful referral to early intervention services.
DHHS, FDA	Reduce transfusion-transmitted HIV infection.
DHHS, HCFA	Reduce perinatal transmission among Medicaid-eligible women.
DHHS, HRSA	Reduce the perinatal transmission of HIV.
DHHS, IHS	Reduce the number of new infections among Federally recognized American Indians and Alaska Natives.
DHHS, OPA	Reduce the number of new HIV infections.
DHHS, SAMSHA	Reduce the number of new HIV infections.
VA	Prevent transmission of HIV infection through education of employees and patients.
HUD	Reduce the number of new infections among residents of public and subsidized housing.
DOD	Preservation of an effective fighting force through prevention of HIV infection.

DOJ — Reduce risk of infection of infection to INS detainees who are at risk.

Reduce the risk of employee infection and avoid possible worksite performance problems.

CorpNS — To offer HIV/AIDS education programs and other services with volunteers from the Learn and Serve America project.