**Vision and Mission of HIV/AIDS Bureau**

- **Vision**: The HIV/AIDS Bureau envisions optimal HIV/AIDS care and treatment for all.

- **Mission**: The HIV/AIDS Bureau provides leadership and resources to assure access to and retention in high quality, integrated care and treatment services for vulnerable people living with HIV/AIDS and their families.
Ryan White Programs

- Heavily Impacted Cities (Part A)
- States and Territories (Part B)
  - AIDS Drug Assistance Programs (ADAP)
- Community Based Organizations
  - HIV Primary Care (Part C)
  - Women, Infants, Children, Youth and Affected Family (Part D)
Ryan White Programs

- Other Programs (Part F)
  - Special Projects of National Significance (SPNS)
  - AIDS Education and Training Centers (AETC)
  - Community Based Dental Programs
  - Dental Reimbursement
Ensuring Quality of Care

- Continuous Clinical Quality Improvement
- HIVQUAL
- National Quality Center
Ryan White Funding

- Primary health care including medications and support services
- Provider training
- Technical Assistance
- Demonstration projects
Primary Care Services Funded

- Medical evaluation and clinical care
- Oral health care
- Laboratory Testing
- Medications and Adherence Counseling
Primary Care Services Funded

- Specialty Care
- Substance abuse and mental health screening and treatment
- Nutrition services
- Case Management
Support Services Funded

- Transportation
- Child Care
- Food Assistance
- Respite Care
- Emergency Housing Assistance
- Legal Services
Clients Served

- Annually more than 529,000 uninsured and underinsured persons affected by HIV/AIDS
- 73% racial minorities, 33% women
Youth served

- Youth ages 13-24 comprise approximately 7% of Ryan White clients
Part C: Early Intervention Services

- 352 grantees
- Public and private non-profit community-based organizations
- Focus is on outpatient HIV primary care
Part C: Early Intervention Services

Services associated with direct provision of medical evaluation and clinical care, including:

- Oral health
- Laboratory testing
- Medications
- Medical and dental personnel and support personnel
- Mental health assessment and treatment
- Substance abuse assessment and treatment
Part D: Women, Infants, Children, Youth, Families

- Family-centered services
- Medical care for PLWHA only
- Support services that enable clients to access medical care
- Education on clinical research opportunities and outreach
Part D Youth Programs

- 17 grantees funded to provide services for HIV infected youth
- Goals: Identify HIV positive youth, enroll them into care, and retain them in care
- 16 sites are in large cities.
- 1 program located in Harlingen, TX
Part F: Special Projects of National Significance (SPNS)

- Funds innovative models of care
- Develops or modifies an existing model of care
- Evaluates the effectiveness of the model
- Disseminates findings to promote the adoption of effective models of care.
SPNS Initiative of Interest

- Identifying, Linking, Engaging, and Retaining Young Men having Sex with Men (MSM) of Color in HIV Care
Identifying, Linking, Engaging, and Retaining Young MSM of Color in HIV Care

- Innovative service models designed to reach HIV-infected young MSM not engaged in clinical care and link them to appropriate clinical, supportive and preventive services.

- Support innovative outreach to assist HIV-infected individuals learn their HIV status

- Link HIV-infected persons to primary care services

- Prevention with positives
Outreach Methods: Young MSM

- Venue-based outreach
- HIV testing vans
- Youth-focused materials
- Chat rooms and social network sites
- Community drop-in centers
Outreach Methods: Young MSM

- Social and sexual networks
- Community-wide HIV testing initiatives
- Use of peer or near-peer outreach workers
- Health care and youth-focused service system “inreach,” networking with health care providers
Treatment Interventions and Services

- Aware of and embraced youth culture
- Created youth-friendly physical site and staff
- Offered separate youth-designated waiting rooms
- Used multidisciplinary staffing model
- Employed clinicians expert in treatment of adolescent medicine AND HIV
- Created one-stop clinical and psychosocial support services
Treatment Interventions and Services

- Provided transportation and accompanied clients to their first medical appointment
- Met clients where they feel comfortable, emphasized privacy and respect, and maintained consistent contact
- Used motivational interviewing to engage clients
- Effectively and creatively addressed treatment adherence and medication education
Treatment Interventions and Services

- Peers or near-peers served as system navigators
- Decreased wait time for appointments
- Flexible scheduling - expect appointments to be missed and rescheduled
- Addressed the legal issues faced by HIV+ youth
- Anticipated and addressed loss to follow-up
Lessons Learned: Youth

- Recognize and address the struggle for daily survival among Young MSM
- Create a friendly, safe, youth-centered space, with separate youth waiting rooms
- A youth-centered model differs from an adult model
Other critical elements in designing programs for YMSM of color

- Establish strong care teams with clear roles and responsibilities among team members
- Training in adolescent development, motivational interviewing, and mental health and addiction screening are important
- Awareness of youth culture
- Adopt new technologies, such as texting
- Assign experienced social workers to YMSM of color
- Develop community resources
The YMSM of Color Initiative Special Supplement was published last August in “AIDS Patient Care and STDs”.
Engaging Youth in Planning and program implementation

- Peer counselors/patient navigator
- Peer educators
- Consumer Advisory Group
- Quality management activities (Cross Part Collaborative)
Challenges

- Persistent stigma
- "Cultural competency" within the healthcare system
- Complex disease management issues
- Co-morbidities (mental illness, substance abuse)
Challenges

- Increased demand for services with few new or declining resources
- Rising costs of care and growing prevalence of HIV
- Expanding access to medication at the lowest possible price
- Prioritizing core medical services
Challenges

- Fair and equitable distribution of resources
- Retaining patients in care
- Transitioning HIV + Youth from adolescent to adult care
- Retaining/recruiting knowledgeable staff
- Ensuring sound fiscal management of grants and fiscal viabilities of grantees and funded providers
HIV/AIDS Bureau Website

http://hab.hrsa.gov/
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