

Ryan White Programs and Youth

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HIV/AIDS Bureau

Health Resources and Services Administration (HRSA)

U.S. Department of Health and Human Services (HHS)

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



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Outreach Methods: Young MSM

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



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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



Special Supplement

- 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/>

The screenshot shows the HIV/AIDS Bureau website in Microsoft Internet Explorer. The browser's address bar displays <http://hab.hrsa.gov/>. The website header includes the U.S. Department of Health and Human Services logo, the HRSA logo, and the HIV/AIDS Bureau logo. A navigation menu contains links for "Contact Us" and "Search". The main content area features a "Spotlight" section with links to "Client, Provider & Services Data" and "A Guide to Clinical Care of Women with HIV". A prominent statistic states: "During 2000, 16,300 people died from AIDS." Below this, a paragraph explains that the HIV/AIDS Bureau is the largest single source (next to Medicaid and Medicare) of Federal funding for HIV/AIDS care for low-income, uninsured, and underinsured individuals. A sidebar on the left lists various categories: "About HIV/AIDS Bureau", "Ryan White CARE Act", "Law & Policy Programs", "Special Initiatives", "Reports & Studies", "Tools for Grantless", "Grant Opportunities", "News & Events", "Education & Training", "Publications", and "Links". A "We CARE. We Act." logo is also visible. At the bottom, there is a "FIRST GOV" logo and a footer with navigation links: "Go to: Top | Home | HRSA | HHS | Disclaimer | Accessibility | Privacy".



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