
HIV INFECTION AMONG STREET YOUTH

*DEPARTMENT OF HEALTH AND HUMAN SERVICES
PROGRAMS AND RESOURCES*



OFFICE OF INSPECTOR GENERAL
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INTRODUCTION

This is a companion report to the August 1990 Office of Inspector General draft report entitled "HIV Infection Among Street Youth" (OEI-01-90-00500). That report found that street youth face an enhanced risk of becoming infected with the human immunodeficiency virus, and that the problem is compounded by research gaps and by structural barriers at the local and Federal levels. It recommended that the Public Health Service conduct additional research on the causes and results of HIV infection among street youth. It also recommended that the Office of Human Development Services, in concert with the Public Health Service, implement a plan to curb the spread of HIV among street youth in five cities with large concentrations of street youth and high rates of HIV infection.

During our research for that study it became clear to us that there was no single directory of programs sponsored by the Department of Health and Human Services which, either directly or indirectly, are addressing the problem. We believe it is important for researchers and service providers to be aware of the range of activities sponsored by the Department. This report provides summary descriptions of and contacts for several initiatives, grants, and other resources. Although the report is focused on the specific problem of HIV infection among street youth, many of the resources listed were designed to address larger issues, such as HIV infection in general or the needs of runaway, homeless, or other high-risk youth. We included these broadly targeted programs because of their potential impact on the problem at hand.

Despite our attempt to be inclusive, this may be only a partial listing. It is based entirely on responses to our request for information from the Department's operating divisions. Furthermore, it does not include individual listings of broad based programs, such as Medicaid or the Social Services Block Grant. Similarly, while several HIV-related programs whose scope extends beyond street youth are included, we could not list all of them. Readers should be aware that street youth may also benefit through such programs.

The listings are divided into three categories: research, services, and networking. The first section describes activities whose primary purpose is to answer specific questions over a finite time period. The second section describes activities whose primary purpose is to give financial support to organizations involved in the direct provision of services. The third section describes activities designed to foster communication and coordination between people involved in fighting HIV among street youth. Several projects, especially demonstration grants, have a nearly equal emphasis on research and services. To avoid duplication, however, no project is listed more than once.

Within the major categories of research and services, listings are classified by subject matter: HIV testing, education and other prevention, treatment of the infected, and basic service provision and integration. Again, many projects address more than one subject, but no project is listed more than once. The section on networking is divided into external and internal affairs.

The descriptions are primarily verbatim transcriptions drawn from materials supplied to us by the Department. In some cases, they have been edited or supplemented by OIG staff for the purposes of completeness and coherence. The descriptions were correct as of August 1, 1990.

GLOSSARY

The following is a list of abbreviations used in this report:

ACYF	-	Administration for Children, Youth, and Families
ADAMHA	-	Alcohol, Drug Abuse, and Mental Health Administration
AHCPR	-	Agency for Health Care Policy and Research
AIDS	-	Acquired Immunodeficiency Syndrome
ASPE	-	Assistant Secretary for Planning and Evaluation
BHCDA	-	Bureau of Health Care Delivery and Assistance
BHPr	-	Bureau of Health Professions
BHRD	-	Bureau of Health Resources Development
BMCHRD	-	Bureau of Maternal and Child Health and Resources Development

(NOTE: This Bureau was split in the Spring of 1990, forming the Bureau of Health Resources Development and the Maternal and Child Health Bureau.)

CCDPHP	-	Center for Chronic Disease Prevention and Health Promotion
CDC	-	Centers for Disease Control
CID	-	Center for Infectious Diseases
CPS	-	Center for Prevention Services
DASH	-	Division of Adolescent and School Health
HHS	-	Department of Health and Human Services
HIV	-	Human Immunodeficiency Virus
HRSA	-	Health Resources and Services Administration
IHS	-	Indian Health Service
IV	-	Intravenous
MCHB	-	Maternal and Child Health Bureau
NAPO	-	National AIDS Program Office
NIAAA	-	National Institute on Alcohol Abuse and Alcoholism
NIAID	-	National Institute of Allergy and Infectious Diseases
NICHD	-	National Institute of Child Health and Human Development
NIDA	-	National Institute on Drug Abuse
NIH	-	National Institutes of Health
NIMH	-	National Institute of Mental Health
OASH	-	Office of Assistant Secretary for Health
ODPHP	-	Office of Disease Prevention and Health Promotion
OHDS	-	Office of Human Development Services
OMH	-	Office of Minority Health
OSAP	-	Office of Substance Abuse Prevention
PHS	-	Public Health Service
SSA	-	Social Security Administration
STD	-	Sexually Transmitted Disease

RESEARCH

SEROPREVALENCE, EPIDEMIOLOGY, AND AIDS CASE SURVEILLANCE

HIV Seroprevalence Surveys

Description: These surveys are designed to determine the rate of HIV infection among the population at large and among various subpopulations. One of those subpopulations is the homeless. Currently, 3 of CDC's 10 serosurveys of the homeless focus specifically on homeless youth. These surveys are anonymous and blinded; the only information attached to test specimens is age group, sex, race, and principal HIV risks (if known). The CDC hopes to add five more serosurveys of the homeless next year. Ten other CDC serosurveys relevant to street youth are being conducted in juvenile detention facilities and adolescent health clinics.

Contact: Seroepidemiology Branch, Division of HIV/AIDS, CID, CDC, Atlanta, GA, 30333.

Heterosexual Transmission of HIV and Related Retroviruses

Description: NIH is funding prospective studies of 2,000 people in Newark and Brooklyn. The goal is to determine the nature of the epidemic in a population of inner-city heterosexuals who do not use intravenous drugs, and to determine the biological and environmental cofactors associated with HIV infection. The directors of these studies are encouraged to include people between the ages of 18 and 21, and may include emancipated minors over 16. It is too early to know whether adolescents will indeed be attracted into this research.

Contact: Epidemiology Branch, Division of AIDS, NIAID, NIH, 6300 Executive Boulevard, Rockville, MD, 20895

San Francisco Men's Health Study

Description: This study has the same general goal as the heterosexual transmission studies described above. Gay adolescents and young male prostitutes will be included.

Contact: Epidemiology Branch, Division of AIDS, NIAID, NIH, 6300 Executive Boulevard, Rockville, MD, 20895

National AIDS Case Surveillance

Description: All states have regulations requiring health care providers to report all AIDS diagnoses to state or local health departments, who pass the information along to CDC. Because of the delay between infection and onset of symptoms, this information may be of minimal use to those studying HIV in adolescents.

Contact: Surveillance Branch, Division of HIV/AIDS, CID, CDC, Atlanta, GA, 30333.

BEHAVIORAL AND EDUCATIONAL RESEARCH

AIDS Prevention for High Risk Adolescents

Description: Conducted by the HIV Center for Clinical and Behavioral Studies, the goal of this project is to develop and evaluate an intervention program aimed at reducing high risk sex and drug behavior among the runaway and gay youth. The target population includes 900 male and female adolescents between the ages of 12 and 17 who seek services at runaway shelters or at a unique agency serving gay and lesbian youth. The study is a collaborative effort between New York Psychiatric Institute and four community agencies. The intervention model immerses youth in 10 session programs to decrease unsafe behaviors. The intervention focuses on increasing general knowledge about AIDS and transmission of HIV infection; building personal knowledge, such as the adolescents' perception of vulnerability to AIDS and belief that they can change their behavior in order to protect themselves from infection; enhances social skills that can be marshalled in situations with peers to maintain safe sex and drug practices and that can be used to create supports which provide access to health information and health care. Participating agencies as well as researchers from the Institute have formed a work group to maximize the effectiveness of the intervention in each setting and with each population.

Contact: Office of AIDS Program, NIMH, ADAMHA, 5600 Fishers Lane, Rockville, MD, 20857

HIV in Street Youth: Epidemiology and Prevention

Description: This study, conducted by the Department of International Health at Johns Hopkins University, will collect information on the cognitive and behavioral antecedents of HIV risks among children and adolescents living on the streets of Belo Horizonte, Brazil, and Baltimore, MD.

Contact: Health and Behavior Research Branch, Division of Basic Brain and Behavioral Sciences, Basic Prevention and Behavioral Medicine Research Branch, NIMH, ADAMHA, 5600 Fishers Lane, Rockville, MD, 20857

Cooperative Agreement for Multi-Site Trials of Behavioral Strategies to Prevent the Further Spread of HIV Infection

Description: NIMH issued a request for applications in Spring 1990, to conduct a collaborative study to: 1) develop behavioral intervention strategies for groups of individuals at high risk for HIV infection that have not been reached effectively by existing prevention efforts; 2) assess existing intervention efforts and improve the existing educational and mass media strategies that have shown some effectiveness; and 3) develop an overall effective intervention program to promote behavior change that will prevent the further spread of the HIV epidemic. Emphasis will be placed on the development and testing of preventive

interventions in groups at high risk for HIV infection, including homeless and runaway adolescents.

Contact: Office of AIDS Program, NIMH, ADAMHA, 5600 Fishers Lane, Rockville, MD, 20857

Public Knowledge, Attitudes, and Behavior Concerning AIDS

Description: An AIDS Extramural Research Grant to the University of California at Davis will gather information through a national survey and social-psychological questionnaires. Areas of knowledge and ignorance will be identified and recommendations will be made as to effective AIDS educational approaches. A longitudinal analysis of trends in attitudes, beliefs, and behaviors will be completed. Target groups include adolescents, blacks and Hispanics.

Contact: Division of Basic Brain and Behavioral Sciences, NIMH, ADAMHA, 5600 Fishers Lane, Rockville, MD, 20857

National AIDS Demonstration Research Grants and AIDS Targeted Outreach Model Contracts

Description: These projects are evaluating the efficacy of interventions designed to reduce risk-taking behaviors by intravenous drug users and their sexual partners. Baseline behaviors are determined using the AIDS Initial Assessment form. Follow-up is conducted six months after intervention using the AIDS Follow-up Assessment form. While the NADR program was initially focused on adult IV drug users, 160 youth are now included in the data base. Five of the 24 projects have focused some attention on youth in terms of outreach, and two have developed specific interventions for multi-problem street youth. Under the National Data Coordination and Evaluation Center program, a contractor collects HIV antibody status data from the National AIDS Demonstration Research grantees.

Contact: Community Research Branch, Division of Applied Research, NIDA, ADAMHA, 5600 Fishers Lane, Rockville, MD, 20857

WARN and Abt, Inc.

Description: These contractors are evaluating outreach and intervention strategies focused on two groups of women at risk for HIV, including adolescent women. The two target groups are prostitutes and the sexual partners of intravenous drug users. Like the other AIDS Targeted Outreach Model projects, these contractors are collecting and analyzing pre- and post-intervention data using the AIDS Initial Assessment and AIDS Follow-up Assessment.

Contact: Community Research Branch, Division of Applied Research, NIDA, ADAMHA, 5600 Fishers Lane, Rockville, MD, 20857

Evaluation of Community Intervention for Multi-problem Street Youth at Risk for AIDS

Description: This contract, scheduled to start in the Summer of 1990, will support research on high risk youth, HIV/AIDS, and drug abuse, by: collecting information about multi-problem street youth from a variety of sources; conducting ethnographic studies concerning health risking behaviors of multi-problem street youth; identifying the economic and institutional resources which are required to work with these youth; developing and testing methods of reaching, counseling, and reducing risks through efforts specific to those needs of multi-problem youth; identifying characteristics of staff required for efficacious intervention with these youth; and providing a centralized management and coordinating function for the results and findings of the project and the resources, material, and data generated.

Contact: Community Research Branch, Division of Applied Research, NIDA, ADAMHA, 5600 Fishers Lane, Rockville, MD, 20857

Circle

Description: This contractor is operating in Washington, DC, testing the effects of an HIV/AIDS education and outreach program for juvenile offenders and high risk youth. Over 400 adolescents will be located and provided educational services by this contractor. The impact of this model is being assessed by comparing youths who participate in either a standard or enhanced interventions. The intervention curriculum is designed to be interactive and to elicit as much information as possible from the adolescents themselves, rather than burying them with "facts." A personal choice theme is followed throughout in order to highlight individual responsibility for behavior. It is hoped the exercises and role plays contained within this education program will contribute to permanent positive behavior changes that will prolong and enhance the life of adolescents at risk for HIV infection.

Contact: Community Research Branch, Division of Applied Research, NIDA, ADAMHA, 5600 Fishers Lane, Rockville, MD, 20857

AIDS Community Outreach Demonstration Project

Description: Run by the University of Texas Health Science Center in San Antonio, this project will implement and evaluate an AIDS education and counseling program. The target populations are drug abusers, their mates, prostitutes, and runaways. The subjects will be randomly assigned to standard or intensive counseling and outcomes will be compared.

Contact: Community Research Branch, Division of Applied Research, NIDA, ADAMHA, 5600 Fishers Lane, Rockville, MD, 20857

AIDS Outreach to IV Drug Users, Sex Partners and Runaways

Description: This project is being conducted by the Psychology Department at California State University at Long Beach. It will develop and evaluate AIDS outreach and education strategies. Program activities include counseling and referral for runaways, and antibody testing and distribution of AIDS information and materials.

Contact: Community Research Branch, Division of Applied Research, NIDA, ADAMHA, 5600 Fishers Lane, Rockville, MD, 20857

HIV Community Demonstration Projects

Description: These seven projects are flexible, community-based research efforts for the development, implementation, and evaluation of interventions to decrease the probability of HIV transmission in a community. The programs began on a small scale in FY 1985, and initially directed their prevention efforts to men who have sex with men. Subsequently, the programs have been designed to reach and change the behavior of other "hard to reach" groups at risk of HIV infection, such as men who have sex with men but do not admit to being homosexual; IV-drug users not in treatment; women who are the sexual partners of these two groups; prostitutes; and high-risk youth, such as runaways. These projects are currently developing joint research protocols which include standardized instruments for conducting process, formative, and outcome evaluation. The projects in Chicago, Denver, Seattle, and Dallas have research questions specific to street youth.

Contact: CPS, CDC, Atlanta, GA, 30333.

Evaluating Effective Communication Strategies for Health Information to High Risk Youth Outside of School

Description: This is a two year contract with S. W. Morris and Co., Inc. HIV is among the many health topics to be addressed. The research is funded jointly by ODPHP, OSAP, CDC, and the Departments of Transportation and Education. The first step, a literature review on high risk youth/high risk behavior, has been completed. The next component involves the planning and completion of an extensive qualitative research effort, which will include at least 20 focus group sessions with youth from the target population. The final product will be a set of materials that can be effectively used to disseminate and promote the results of the research to a wide audience of intermediaries and practitioners who can then use the results as an aid or guide in planning and developing health communications to this target audience.

Contact: ODPHP, OASH, 330 C Street SW, Washington, DC, 20201

TREATMENT AND CARE FOR YOUTH INFECTED WITH HIV

AIDS Clinical Trials Group

Description: NIAID conducts and supports intramural and extramural research aimed at developing safe and effective therapies for HIV infection and associated opportunistic infections and cancers. There are no trials designed specifically for adolescents, but anyone over 12 is generally eligible for the adult trials. Adolescents under 18 are also usually eligible for pediatric trials, but these are primarily focused on infants and young children. As of January 1990, NIAID supported 32 adult AIDS Clinical Trials Units (ACTUs), some of which also were sponsoring several trials for pediatric patients. In addition, NIAID supported 15 ACTUs designed specifically for children. The 28 pediatric centers of NICHD are now collaborating with the AIDS Clinical Trials Group.

Contact: Division of AIDS, NIAID, NIH, 6003 Executive Boulevard, Rockville, MD, 20895

Community Programs for Clinical Research on AIDS

Description: This initiative expands NIAID's clinical investigations by including primary care physicians who are not affiliated with AIDS research efforts currently supported by NIAID. The program places importance on increasing the patient population base for AIDS clinical research by including more HIV-infected black and Hispanic persons and IV drug users, and more women at risk of HIV infection. The research settings and methods are expected to differ from those of traditional clinical research. The community programs operate separately from, but work closely with, the existing AIDS Clinical Trials Units and will not replicate their structure, functions, or research. The CPCRA sites are making specific attempts to reach poor and minority populations, including youth. Anyone over 12 will be able to enroll.

Contact: Community Clinical Research Section, Division of AIDS, NIAID, NIH, 6003 Executive Boulevard, Rockville, MD, 20895

Pediatric AIDS Health Care Service Demonstration Projects

Description: These projects are expected to: demonstrate effective ways to prevent infection, especially through reduction of perinatal transmission; develop community-based, family-centered coordinated services for infected infants and children; and develop programs to reduce the spread of infection to vulnerable populations of young people. In addition, a number of projects provide appropriate developmental services to deal with neurological deficits and developmental disabilities found in HIV-infected children. Seventeen Pediatric projects were funded in Fiscal Year 1989. Several of these demonstrations include adolescents. They are located in Puerto Rico, Georgia, Washington State, Texas, New York, California, and Louisiana.

Contact: Division of Services for Children with Special Care Needs, MCHB, HRSA, 5600 Fishers Lane, Rockville, MD, 20857.

AIDS Service Demonstration Projects

Description: Although the AIDS Service Demonstration Projects focus on adults, some projects have directed this money toward adolescents. For instance, in New York City, the funds pay for a coordinator of AIDS prevention at the Covenant House shelter. Funds also go to the Hetrick Martin Institute, which specializes in services for gay adolescents, and to the LA Youth AIDS/HIV Prevention Project.

Contact: Division of HIV Services, BHRD, HRSA, 5600 Fishers Lane, Rockville, MD, 20857.

Developmental Disabilities and HIV: Training for Services and Policies

Description: The focus of this project, run by the Children's Hospital University Affiliated Project in Boston, is on the effectiveness of service delivery to infants with congenital HIV infection, older children with acquired infection, youth and young adults at risk, infected adults with mental retardation, and primary care providers. Resource and training materials will be provided on family support issues, external areas affecting service delivery, income and liability, and models of service delivery.

Contact: Administration on Developmental Disabilities, OHDS, 200 Independence Avenue SW, Washington, DC, 20201

Serving HIV Infected Children, Youth and Their Families: A Guide for Residential Group Care Providers

Description: This monograph, developed under a consultant agreement with the Child Welfare League of America, describes problematic policy issues for residential facilities for adolescents, including in-patient psychiatric treatment centers and runaway shelters. Subjects include liability, health standards, confidentiality, and testing.

Contact: Child and Family Support Branch, Division of Education and Service Systems Liaison, NIMH, ADAMHA, 5600 Fishers Lane, Rockville, MD, 20857

BASIC NEEDS AND SERVICE INTEGRATION

Homeless Youth Monograph

Description: This monograph will describe six programs which have been identified as exemplifying good practice in providing services to homeless youth who are emotionally troubled, substance abusing and at high risk for HIV infection. The monograph will be published in the Fall of 1990.

Contact: Child and Family Support Branch, Division of Education and Service Systems Liaison, NIMH, ADAMHA, 5600 Fishers Lane, Rockville, MD, 20857

Comprehensive Service Research for Homeless Adolescents Who Have, or are at Risk for, Severe Emotional Disturbance

Description: Under this new research announcement, NIMH will provide grant support to study the service needs of homeless adolescents and to demonstrate and evaluate the effectiveness of various approaches to organizing and providing a system of care for homeless adolescents. HIV-infected homeless youth are identified as a specific group about whom little else is known and who are an important target population for this announcement.

Contact: Child and Family Support Branch, Division of Education and Service Systems Liaison, NIMH, ADAMHA, 5600 Fishers Lane, Rockville, MD, 20857

Cooperative Agreements for Research Demonstration Projects on Alcohol and Other Drug Abuse Treatment for Homeless Persons

Description: The general purpose of this new research demonstration program is to contribute to scientific knowledge regarding effective interventions for homeless individuals with alcohol and/or other drug problems. Hypotheses should be tested in terms of the following primary objectives: reduction of the consumption of alcohol and/or other drugs; increase in levels of shelter and residential stability; and enhancement of the economic and/or employment status of the target population. Other objectives that may be addressed include: improvement in the health and mental health status of the target population; and increased cooperation and linkages among service agencies in addressing the multiple needs of homeless individuals with alcohol and/or other drug problems. Applications addressing the special needs of various homeless populations, including adolescents and young adult males, were encouraged. A number of applications have been received and are now in the review process.

Contact: Homeless Demonstration and Evaluation Branch, Division of Clinical and Prevention Research, NIAAA, ADAMHA, 5600 Fishers Lane, Rockville, MD, 20857.
Co-sponsored by NIDA.

SERVICES

HIV COUNSELING AND TESTING

Counseling, Testing, Referral, and Partner Notification (CTRPN)

Description: CTRPN provides important information which can promote safer behavior in individuals who either are infected with HIV or engage in activities that place them at risk of becoming infected. The goals of CTRPN are: (1) to provide individuals with knowledge of their current HIV status; (2) to refer persons who are infected to a medical provider capable of providing follow-up care and medical management of HIV-related illnesses; (3) to provide education to help to initiate behavior change and reduce risky behavior; (4) to prevent the spread of HIV infection by providing HIV infected persons with information regarding behaviors essential to avoid the transmission of the virus to others; (5) to provide information, testing, and counseling to identified sex and needle-sharing partners; (6) to encourage sex and needle-sharing partners to avoid any future behavior that might result in HIV infection; (7) to provide information about benefits of medical evaluation and treatment for infected individuals with low CD4 cell counts, and (8) to identify sex/needle-sharing partners who need to be aware of their risk of HIV infection. The extent to which street youth are taking advantage of available CTRPN services is unclear.

Contact: CPS, CDC, Atlanta, GA, 30333

HIV/AIDS Prevention and Treatment Program for Community Health Centers

Description: Under an interagency agreement between the CDC and BHCDA in June 1989, three demonstration sites received supplemental awards of \$500,000 per site to participate in a comprehensive HIV/AIDS prevention and treatment program. The three participating Community Health Centers are located in the Bronx, Miami, and Newark. HIV testing will be one of the added services. The Newark CHC will be opening a site targeting high risk youth near a high school which will be able to refer students for STDs, drug counseling, and other health problems.

Contact: Division of Special Populations Program Development, BHCDA, HRSA, 5600 Fishers Lane, Rockville, MD, 20857

BEHAVIORAL AND EDUCATIONAL INTERVENTIONS

Drug Abuse Prevention Program for Runaway Youth

Description: The purpose of this program is to provide improved and expanded drug abuse prevention and reduction services to runaway and homeless youth. In Fiscal Year 1989, 103 projects were funded.

Contact: Family and Youth Services Bureau, ACYF, OHDS, 200 Independence Avenue SW, Washington, DC 20201

Integrated Primary Health Care - Drug Abuse Treatment Demonstration Program

Description: A joint program between BHCDA and NIDA grants money to 21 organizations for drug treatment for those at high risk of HIV infection. Three of these organizations target adolescents: 1) The University of Texas Health Science Center will establish a comprehensive project at the Juvenile Detention Center of Bexar County; 2) the Health Division of Multnomah County, OR has a specific goal of targeting street youth and other subpopulations; 3) the Children's Hospital in Los Angeles works with IV drug users aged 12-24.

Contact: Division of Special Populations Program Development, BHCDA, HRSA, 5600 Fishers Lane, Rockville, MD, 20857

AIDS Prevention Services by Health Providers for Homeless, Runaway, and Non-School Youth

Description: This project will develop a new videotape for youth and a new curriculum for adult providers. The contractor is ODN Productions in New York City. This is one of six projects funded under the National Issues of High Priority in Pediatric AIDS program.

Contact: Division of Services for Children with Special Care Needs, MCHB, HRSA, 5600 Fishers Lane, Rockville, MD, 20857

Minority AIDS Education/Prevention Grant Program

Description: This program was created to demonstrate the effectiveness of education and prevention strategies targeting racial and ethnic minorities which: 1) expand the range of community-based and national organizations involved in HIV infection/AIDS education and prevention activities, and 2) encourage innovative approaches that appropriately address the diversity within and among minority populations. At least 16 of the 38 grants awarded in Fiscal Year 1988 or 1989 went toward youth-oriented activities, and at least 4 of these targeted street youth specifically.

Contact: OMH, OASH, 200 Independence Avenue SW, Washington, DC, 20201

AIDS High Risk Adolescent Prevention Program

Description: This training program is directed to youth services workers who come into contact with high risk adolescents. These workers include addictions counselors; foster care workers; juvenile probation officers; youth and family services counselors; street outreach workers; recreation specialists; and staff of runaway shelters, STD clinics, and teen pregnancy programs; and health personnel therapists who work with adolescents.

Contact: Community Research Branch, Division of Applied Research, NIDA, ADAMHA, 5600 Fishers Lane, Rockville, MD, 20857

Health Education/Risk Reduction (HE/RR)

Description: The focus of HE/RR programs is to prevent, reduce, or eliminate high risk behaviors and enlist support for prevention activities among: (1) individuals whose behavior may place them at increased risk of infection; (2) infected individuals and their sex and needle-sharing partners; (3) racial and ethnic minority populations; (4) women of childbearing age who are at risk; (5) health-care providers; and (6) other groups whose activities or behaviors may place them at risk of HIV. HE/RR activities include group counseling of seropositive individuals and street outreach programs that reach intravenous drug users, male and female prostitutes, runaway and homeless youth, and other high-risk persons not in treatment or not receiving social services. HE/RR projects may be conducted in correctional facilities, shelters for runaway and homeless youth, housing projects, community health centers, mobile vans, and churches.

Contact: CPS, CDC, Atlanta, GA, 30333

Minority Initiatives

Description: Part of the HIV/AIDS prevention funds awarded to State and local health departments is used solely for special initiatives providing HIV prevention services to racial or ethnic minorities. In Fiscal Year 1989, 281 organizations whose primary focus is minority populations were funded. Twenty-two percent of these organizations worked with youth.

Contact: CPS, CDC, Atlanta, GA, 30333

Direct Funding of Minority and Other Community-Based Organizations

Description: In addition to the prevention cooperative agreements awarded to State and local health agencies, CDC directly provides funds and technical assistance to minority and other community-based organizations (CBOs) in the metropolitan statistical areas most heavily affected by HIV infection and AIDS. Forty-four of the 68 CBOs funded in Fiscal Year 1989 worked with youth. Interventions include street outreach, general education, peer education, social service agency and drug treatment based education, condom distribution and safe sex education, theater, prevention oriented follow-up and behavior reinforcement of HIV positive

persons and their families, and programs designed to encourage people to receive HIV counseling, testing, and follow-up.

Contact: CPS, CDC, Atlanta, GA, 30333

United States Conference of Mayors HIV/AIDS Education Grants Program

Description: With the help of a cooperative agreement with CDC, the United States Conference of Mayors has been giving financial and technical assistance to community-based organizations since 1985. Several of the funded projects target youth.

Contact: Office of the Deputy Director for HIV, CPS, CDC, Atlanta, GA, 30333

School Health Education Program

Description: The Division of Adolescent and School Health (DASH), within CCDPHP, funds all State and 16 local education agencies largely to provide prevention programs for youth who attend school. Each funded State and local education agency also conducts activities to assist agencies that provide HIV education for high-risk, out-of-school, and minority youth, and for youth who have special education needs. Program activities for out-of-school youth vary among State or local education agencies, but often include training community agency providers, including staff at runaway shelters, alternative education centers, and correctional facilities.

Contact: DASH, CCDPHP, CDC, Atlanta, GA, 30333.

Note: The DASH also funds six national organizations for work with out-of-school youth. The following six listings describe these organizations' activities.

Center for Population Options (CPO)

Description: The Center for Population Options provides technical assistance and training to national youth-serving, youth employment, and education organizations on HIV education policy, program, and peer program development. Organizations which receive intensive technical assistance and training include: Big Brothers/Big Sisters, YWCA, Salvation Army, Girls Clubs of America, and the National Urban League. CPO also sponsors an annual national conference on HIV and Adolescents, and produces a variety of publications related to adolescent HIV education, including a life planning curriculum, a series of HIV and adolescent fact sheets, and *Out of the Shadows: Building an Agenda and Strategies for Preventing HIV Infection and AIDS Among Street and Homeless Youth*.

Contact: DASH, CCDPHP, CDC, Atlanta, GA, 30333

National Coalition of Advocates for Students (NCAS)

Description: This national organization provides support for HIV education in both schools and non-traditional settings for school-aged youth. NCAS has targeted education activities for migrant farmworker youth in Florida, Texas, Mississippi, North Carolina, and Washington. NCAS also provides HIV prevention education to migrant health organizations and clinics, and assistance in developing or identifying educational materials sensitive to ethnic minority youth, including materials in Spanish and Haitian Creole. NCAS is developing an HIV curriculum for Latino migrant youth.

Contact: DASH, CCDPHP, CDC, Atlanta, GA, 30333

National Coalition of Hispanic Health and Human Services Organizations (COSSMHO)

Description: The objective of this cooperative agreement is to mobilize community-based organizations to provide HIV prevention education targeting out-of-school Hispanic youth. COSSMHO has conducted workshops in New York City, El Paso, Los Angeles, Chicago, and San Juan to help community organizations with HIV education needs, innovative strategies to reach Hispanic youth, and resource identification.

Contact: DASH, CCDPHP, CDC, Atlanta, GA, 30333

National Commission on Correctional Health Care (NCCHC)

Description: The National Commission on Correctional Health Care serves incarcerated youth in detention and correctional facilities nationwide. It has conducted an HIV educational needs assessment in more than 1300 facilities serving youth, and provides HIV education training sessions for correctional facility providers serving youth. NCCHC will also conduct a youth knowledge, attitudes, and behavior survey.

Contact: DASH, CCDPHP, CDC, Atlanta, GA, 30333

National Network of Runaway and Youth Services (NNRYS)

Description: The National Network of Runaway and Youth Services provides support for organizations serving the needs of homeless and runaway youth. NNRYS has surveyed national network members to determine the availability of HIV education, and the specific needs of runaway and homeless programs. In response to needs identified in the survey, NNRYS developed an HIV education curriculum entitled *Safe Choices* for high risk out-of-school youth. Modules in the curriculum are designed for use in street outreach programs, shelters, telephone hotlines, detention centers, and group homes.

Contact: DASH, CCDPHP, CDC, Atlanta, GA, 30333

National Organization of Black County Officials (NOBCO)

Description: The objective of this cooperative agreement is to increase the availability of HIV prevention education to Black and other ethnic minority youth residing in urban and rural communities across the United States. NOBCO has developed and pilot-tested a model HIV prevention program which will be available for national dissemination in the 1989-90 program year. The HIV prevention program is adaptable and suitable for use in school and out-of-school settings. Other activities include national workshops designed to further educate NOBCO members and affiliates about the need for HIV prevention education at the local level.

Contact: DASH, CCDPHP, CDC, Atlanta, GA, 30333

TREATMENT AND CARE FOR YOUTH INFECTED WITH HIV

The Federal government generally does not provide or fund health care services directly. However, there are a few programs sponsored by HRSA through which HIV-positive street youth may have access to care. The BHCDA funds Community and Migrant Health Centers and Health Care for the Homeless projects across the country. Also, as mentioned above, the MCHB and BHRD administer the Pediatric AIDS Demonstration Projects and the AIDS Service Demonstration Projects. In addition, some street youth may be eligible for Medicaid, which reimburses health care providers for services rendered.

BASIC NEEDS AND SERVICE INTEGRATION

Runaway and Homeless Youth Program

Description: The purpose of this program is to provide financial assistance to establish or strengthen community-based centers that address the immediate needs (e.g. outreach, temporary shelter, counseling, and aftercare services) of runaway and homeless youth and their families. The program goals and objectives of the Runaway and Homeless Youth Act are to assist runaway and homeless youth centers to: 1) alleviate the problems of runaway and homeless youth, 2) reunite youth with their families and encourage the resolution of intrafamily problems through counseling and other services, 3) strengthen family relationships and encourage stable living conditions for youth, and 4) help youth decide upon constructive courses of action.

Contact: Family and Youth Services Bureau, ACYF, OHDS, 200 Independence Avenue SW, Washington, DC 20201

Transitional Living Program for Homeless Youth

Description: The purpose of this program is to provide technical and financial assistance to organizations that will provide comprehensive services and shelter to homeless youth ages 16 through 21 for up to 18 months. The goals of the program are to promote a transition to self-sufficiency and to prevent long-term dependency on social services.

Contact: Family and Youth Services Bureau, ACYF, OHDS, 200 Independence Avenue SW, Washington, DC 20201

State Networking on AIDS and Out-of-Home Adolescents

Description: This project involved technical assistance and consultation services to seven States and the District of Columbia. The first phase of the project consisted of a meeting of State delegations (child mental health, health, social services, and an alternative provider) to focus on the design of services for seropositive and symptomatic youth who are in the care of the State or who are on their own (e.g., homeless). The meeting provided technical assistance to States to develop comprehensive plans for these high risk adolescents. Following the meeting, consultation funds were made available to four of these States to follow up on the planning which occurred at the meeting.

Contact: Child and Family Support Branch, NIMH, ADAMHA, 5600 Fishers Lane, Rockville, MD, 20857

NETWORKING

EXTERNAL WORKSHOPS AND CONFERENCES

The Department has sponsored several national and regional conferences focusing in whole or in part on HIV and street youth. Summary information on a selection of these conferences follows.

Surgeon General's Workshop on Children with HIV Infection and Their Families

Scope: National

Site: Philadelphia, PA

Date: April 1987

Departmental sponsor: BMCHRD

AIDS and Adolescents: Exploring the Challenge

Scope: National

Site: New York, NY

Date: March 1988

Departmental sponsors: NIDA, NIMH, BMCHRD, NICHD

Knowledge Development Workshop: Issues in the Prevention and Treatment of AIDS Among Adolescents With Serious Emotional Disturbance

Scope: National

Site: Washington, DC

Date: June 1988

Departmental sponsor: NIMH

Adolescents with AIDS: Consortium Building for High Risk Youth Through Coordination of Prevention, Services and Research

Scope: Regional

Sites: Washington, DC; Chicago, IL; Miami, FL; New York, NY; San Francisco, CA; Houston, TX

Date: Throughout 1989

Departmental sponsors: NIDA, NIMH, BMCHRD, NICHD

Human Immunodeficiency Virus (HIV) in Adolescents: Setting a National Research Agenda for the 1990's

Scope: National (primarily for HHS employees)

Site: Bethesda, MD

Date: January 1989

Departmental sponsor: NICHD

Fifth Annual National Pediatric AIDS Conference and Follow-up to the 1987 Surgeon General's Workshop on Children with HIV Infection and Their Families

Scope: National

Site: Los Angeles, CA

Date: September 1989

Departmental sponsor: BMCHRD

HIV Prevention Strategies for Runaway and Homeless Youth

Scope: Bi-regional (HHS Regions IX and X)

Site: San Francisco, CA

Date: October 1989

Departmental sponsor: PHS Regional Offices, NAPO

New England Conference on AIDS and Youth: Strategies for Prevention

Scope: Regional

Site: Boston, MA

Date: November 1989

Departmental sponsor: BHP

West Coast Scientific Symposium on Homeless and Runaway Youth

Scope: Regional

Site: San Francisco, CA

Date: March 1990

Departmental sponsor: BMCHRD

International Conference on Homeless Youth and AIDS

Scope: International

Site: San Francisco, CA

Date: June 1990

Departmental sponsors: NIMH, NICHD

Adolescents and HIV/AIDS

Scope: Regional

Site: Peekskill, NY

Date: June 1990

Departmental sponsor: BHP

INTERNAL COMMISSIONS AND TASK FORCES

The **Presidential Commission on the Human Immunodeficiency Virus Epidemic** issued its final report in June 1988. It contained approximately 600 recommendations, many of them relevant to street youth. The **National Commission on Acquired Immune Deficiency Syndrome** has thus far released three short reports, one of which made a specific reference to street youth at risk of infection.

The National AIDS Program Office organizes three separate bodies which meet regularly to coordinate the Federal response to the HIV epidemic. They are:

1. **HIV Leadership Group.** Its members include the Assistant Secretary for Health (Chair); Director of NAPO (Co-Chair); Surgeon General; Agency Heads of AHCPR, ADAMHA, CDC, FDA, HRSA, NIH, and IHS; AIDS Coordinators of AHCPR, ADAMHA, CDC, FDA, HRSA, NIH, and IHS; Deputy Assistant Secretaries for Health, Health/Science and Environment, Health Communications, Health Operations, Health (Disease Prevention and Health Promotion), Health (Planning and Evaluation), Population Affairs, and Health (Intergovernmental Affairs); and additional OASH Staff from NAPO, OMH, Office of Health Legislation, Executive Secretariat, and Office of General Counsel. Other PHS staff are invited to attend when appropriate.
2. **PHS Executive Task Force on AIDS.** This group has 47 members including representatives from NAPO, Office of Surgeon General, ADAMHA, AHCPR, ASPE, CDC, HRSA, IHS, NIH, the Health Care Financing Administration, the Social Security Administration, and offices within OASH.

The Executive Task Force maintains several panels focusing on specific issues, one of which is the **Panel on Women, Adolescents, and Children with HIV Infection and AIDS**. This Panel is chaired by the Surgeon General, co-chaired by the Director of NAPO, and includes representatives of AHCPR, ADAMHA, CDC, FDA, HRSA, IHS, NIH, OASH, Office of the Secretary (Office of International Health), and Department of Defense.

3. **PHS Federal Coordinating Committee on the HIV Epidemic.** This group draws from outside HHS, and apart from its chair (the Director of NAPO) has no official HHS members. The Cabinet Departments represented are Agriculture, Defense, Energy, Education, Housing and Urban Development, Justice, Labor, State, Transportation, and Veterans Af-

fairs. Other agencies represented include the National Security Agency, ACTION, Environmental Protection Agency, Federal Emergency Management Agency, General Services Administration, U.S. Information Agency, National Aeronautics and Space Administration, Agency for International Development, Merit Systems Protection Board, Peace Corps, Office of Personnel Management, Office of Management and Budget, and the President's Domestic Policy Council. When appropriate, PHS staff are invited to attend the meetings.