THE RYAN WHITE HIV/AIDS PROGRAM

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PROGRAM FACT SHEETS: JANUARY 2013



PART F: SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE PROGRAM

The Special Projects of National Significance (SPNS) Program supports the development of innovative models of HIV care to quickly respond to the emerging needs of clients served by the Ryan White HIV/AIDS Programs. SPNS evaluates the effectiveness of the models' design, implementation, utilization, cost, and health-related outcomes, while promoting the dissemination and replication of successful models. The SPNS Program also supports special programs to develop standard electronic client information data systems to improve the ability of grantees to report grantee- and client-level data to the Department of Health and Human Services (HHS).

The mission of the SPNS Program is to provide HIV service delivery through demonstration projects and evaluation focused on primarily underserved, underinsured, and uninsured populations. As a payer of last resort, SPNS funding may be used only after other available public sources, including Medicaid and Medicare, as well as the other Ryan White Part A through Part D programs, have been exhausted.

GRANTEES

Grantees are public and private nonprofit organizations that serve people living with HIV/AIDS.

Of the 136 current SPNS sites, 27 percent are Community Health Centers, 26 percent are medical centers affiliated with academic institutions, 19 percent are hospitals, 16 percent are community-based organizations or AIDS service organizations, 8 percent are local or State health departments, and 4 percent are evaluation centers affiliated with academic institutions. THE RYAN WHITE HIV/AIDS PROGRAM WORKS WITH CITIES, STATES, AND LOCAL COMMUNITY-BASED ORGANIZATIONS TO PROVIDE SERVICES TO AN ESTIMATED 529,000 PEOPLE EACH YEAR WHO DO NOT HAVE SUFFICIENT HEALTH-CARE COVERAGE OR FINANCIAL RESOURCES TO COPE WITH HIV DISEASE. THE MAJORITY OF RYAN WHITE HIV/AIDS PROGRAM FUNDS SUPPORT PRIMARY MEDICAL CARE AND ESSENTIAL SUPPORT SERVICES. A SMALLER BUT EQUALLY CRITICAL PORTION IS USED TO FUND TECHNICAL ASSISTANCE, CLINICAL TRAINING, AND RESEARCH ON INNOVATIVE MODELS OF CARE. THE RYAN WHITE HIV/AIDS PROGRAM, FIRST AUTHORIZED IN 1990, IS CURRENTLY FUNDED AT \$2.35 BILLION.

ELIGIBILITY

Funded projects must contain a strong evaluation component, and grantees must disseminate their findings with a goal of potential replication by other Ryan White HIV/AIDS Program grantees.

IMPLEMENTATION

The original SPNS effort began in 1991 with some of the first Federal grants to target adolescents and women living with HIV. Today, a portfolio of more than 100 grants addresses emerging needs through the provision of innovative HIV primary care and ancillary services.

The SPNS Program provides mechanisms to do the following:

Advance knowledge and skills in the delivery of health care and support services to improve the quality of life of underserved populations diagnosed with HIV infection.





U.S. Department of Health and Human Services Health Resources and Services Administration, HIV/AIDS Bureau 5600 Fishers Lane, Room 7-05, Rockville, MD 20857 Tel.: 301.443.1993 Web: hab.hrsa.gov

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- Respond quickly to emerging needs of people receiving assistance through the Ryan White HIV/AIDS Program by supporting and assessing the effectiveness of innovative models of HIV care.
- Assist Ryan White-funded grantees with building and improving information technology capacity to meet client-level data reporting requirements.
- Promote the dissemination and replication of effective models of HIV care at the local and national levels.

FUNDING CONSIDERATIONS

A total of \$25 million was appropriated for the SPNS Program in FY 2012.

SPNS Program initiatives seek to achieve the following:

Improve timely entry, access to, and retention into quality HIV care for women of color.

- Enhance linkages and retain HIV positive individuals in HIV primary care when they move from jail correctional settings into the community.
- :• Improve information technology capacity among Ryan White HIV/AIDS Program grantees for developing standard electronic client information data systems.
- Replicate successful treatment models for individuals coinfected with HIV and Hepatitis C (HCV).
- Developing innovative systemic models of linkage to improve access to and retention in quality HIV care among hard-to-reach populations.
- **:•** Enhance engagement and retention in quality HIV care for transgender women of color.
- **:•** Build a medical home for multiply-diagnosed HIV positive homeless populations.