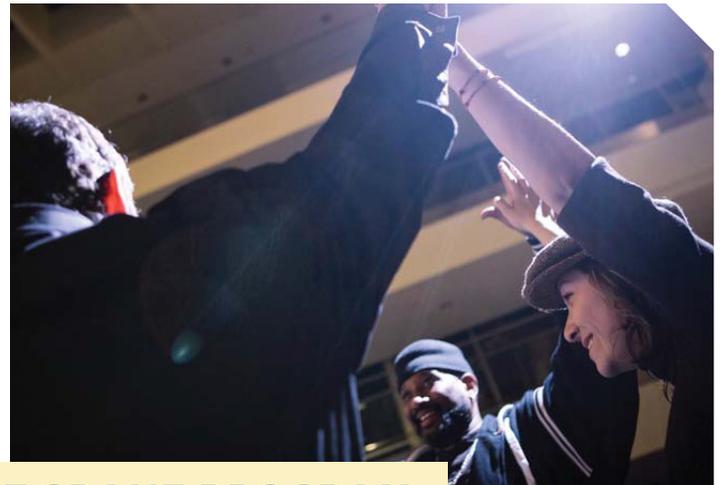




Ryan White HIV/AIDS Program

PROGRAM FACT SHEET | OCTOBER 2014



PART C: CAPACITY DEVELOPMENT GRANT PROGRAM

The Part C Capacity Development Grant Program assists public and nonprofit entities in efforts to strengthen their organizational infrastructure and their capacity to develop, enhance, or expand access to high-quality HIV primary health care services for people living with HIV/AIDS or at risk of infection in underserved or rural communities. For the purposes of the grant program, capacity development refers to activities that promote organizational infrastructure development leading to the delivery or improvement of HIV primary care services.

ELIGIBILITY

Applicants must be public or private nonprofit entities that are or intend to become comprehensive HIV primary care providers. Current Ryan White HIV/AIDS Program service providers, as well as faith-based and community-based organizations, are eligible to apply for funding.

CURRENT RYAN WHITE HIV/AIDS PROGRAM SERVICE PROVIDERS, AS WELL AS FAITH-BASED AND COMMUNITY-BASED ORGANIZATIONS, ARE ELIGIBLE TO APPLY FOR FUNDING.

GRANTEES

Grantees are organizations seeking to expand or enhance their capacity to respond to the HIV/AIDS epidemic in their area.

IMPLEMENTATION

In fiscal year 2014, funding was available to support one or more activities that address gaps in

THE RYAN WHITE HIV/AIDS PROGRAM WORKS WITH CITIES, STATES, AND LOCAL COMMUNITY-BASED ORGANIZATIONS TO PROVIDE SERVICES TO AN ESTIMATED 536,000 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 \$2.32 BILLION.

applicant's local HIV Care Continuum for a one-year project period. Funding was available to support training, skills building activities, and innovative interventions, which could be rapidly implemented to allow follow up evaluation of impact on the grantee's HIV Care Continuum. Proposed activities were required to be linked directly to a specific stage of the HIV Care Continuum with a target level of improvement.

Fundable activities were in four major focus areas, which include the following:

Disease Case Finding

Train designated staff in disease case finding techniques through local health departments and/or Centers for Disease

\$201.1 million was appropriated to Part C in fiscal year 2014

Program activities are intended to be short-term and should be completed by the end of the one-year project period

Control and Prevention-funded training centers and apply these skills in the clinical setting to link persons into care after HIV testing.

Motivational Interviewing

Train staff in Motivational Interviewing through the local AIDS Education and Training Centers (AETCs), or other resources, to engage patients in HIV care and work with both staff and patients on retention and apply the training in the clinical setting.

Patient-Based Treatment Adherence

Implement an innovative, patient-based treatment adherence program to provide long term adherence support for chronically non-adherent patients and apply the program.

Patient Self-Managed Chronic Disease Management

Institute a clinic-wide Chronic Disease Management Program for HIV/AIDS based on the Stanford program or other resources for patient self-management to engage patients in long term disease control and apply the program.

FUNDING CONSIDERATIONS //

Program activities are intended to be short-term and should be completed by the end of the one-year project period. Approximately \$201.1 million was appropriated to Part C in fiscal year 2014.

