The Ryan White HIV/AIDS Program Part F Special Projects of National Significance (SPNS) Program supports the development of innovative models of HIV care and treatment to quickly respond to emerging needs of clients served by the Ryan White HIV/AIDS Program. SPNS advances knowledge and skills in the delivery of health care and support services to underserved populations living with HIV. Through its demonstration projects, SPNS evaluates the design, implementation, utilization, cost, and health-related outcomes of treatment models and promotes the dissemination and replication of successful interventions. The SPNS Program also funds projects to build capacity in the health information technology (HIT) systems of Ryan White HIV/AIDS Program recipients and provider organizations to report client-level data and to improve health outcomes along the HIV care continuum.

The SPNS Program currently funds 64 ongoing programs for seven innovative model initiatives, which inform the evidence base for interventions for populations that are significantly difficult to engage and achieve viral suppression. In FY 2017, the SPNS Program is serving more than 8,700 HIV-positive clients.

CURRENT SPNS INITIATIVES

- Dissemination of Evidence-Informed Interventions to Improve Health Outcomes Along the HIV Care Continuum (Funded 2015–2020): This initiative disseminates four adapted linkage and retention interventions from prior SPNS and the Health and Human Services Secretary’s Minority AIDS Initiative Fund (SMAIF) initiatives to improve health outcomes. The prior initiatives are—


- Enhancing Linkages for Those Newly Released From Jails
- Innovative Methods for Integrating Buprenorphine Opioid Abuse Treatment in HIV Primary Care
- Targeted Outreach and Intervention Model Development for Underserved HIV-Positive Populations Not in Care
- The SMAIF Retention and Re-engagement Project

This initiative will produce four evidence-informed Care and Treatment Interventions that are replicable, cost-effective, and capable of producing optimal HIV care continuum
The multisite evaluation will take a rigorous implementation science approach, which emphasizes the evaluation of the implementation process and cost analyses of the interventions and seeks to improve the HIV care continuum outcomes of linkage, retention, re-engagement, and viral suppression among client participants.

- **Use of Social Media to Improve Engagement, Retention, and Health Outcomes Along the HIV Care Continuum (Funded 2015–2019):** This initiative is a multisite demonstration and evaluation of innovative social media methods designed to identify, link, and retain HIV-positive underserved, underinsured, and hard-to-reach youth and young adults (aged 13–34) in HIV primary care and support services. Methods include system approaches utilizing a variety of social media, Internet, and mobile-based technologies to improve engagement, retention in care, and viral suppression. Demonstration projects will implement these models, evaluate their effectiveness, and disseminate findings, best practices, and lessons learned.

- **System-Level Workforce Capacity Building for Integrating HIV Primary Care in Community Health Care Settings (Funded 2014–2018):** This initiative is a multisite demonstration and evaluation of system-level changes in staffing structures to improve health outcomes along the HIV care continuum. Fifteen demonstration sites are funded to increase organizations’ workforce capacities and to achieve efficient and sustainable service delivery practices to both optimize human resources and improve quality outcomes. The demonstration projects implement and evaluate innovative practice transformative models for the delivery of HIV treatment and comprehensive care services to better respond to the changing health care landscape marked by shortages of HIV primary care physicians and increasing demand for access to quality HIV services.

- **Health Information Technology (HIT) Capacity Building for Monitoring and Improving Health Outcomes Along the HIV Care Continuum (Funded 2014–2017):** This initiative supports organizations funded under Ryan White HIV/AIDS Program Parts A and B to enhance HIT systems in their state, Eligible Metropolitan Area, or Transitional Grant Area jurisdictions. The enhanced HIT systems will fully integrate and utilize relevant measures of HIV treatment, surveillance, and laboratory data to allow more efficient collection, monitoring, and tracking of health outcomes of people living with HIV along the HIV care continuum.

- **Culturally Appropriate Interventions of Outreach, Access, and Retention among Latino(a) Populations (Funded 2013–2018):** This initiative is a multisite demonstration and evaluation of culturally specific service delivery models focused on improving health outcomes among Latinos/as living with HIV. The initiative’s 10 demonstration sites will design, implement, and evaluate innovative methods to identify Latinos/as who are at high risk of or living with HIV and improve their access, timely entry, and retention in quality HIV primary care.

- **Building a Medical Home for Multiply Diagnosed, HIV-Positive Homeless Populations (Funded 2012–2017):** This initiative is a multisite demonstration project to support organizations designing, implementing, and evaluating service-delivery interventions for homeless people living with HIV. The goal is to improve timely entry, engagement and retention in HIV care, and supportive services for HIV-positive homeless populations and unstably housed people living with HIV and co-occurring mental health conditions and/or substance use disorders. Demonstration site organizations are expected to provide intensive coordination of needed HIV care and support services to ensure retention and adherence to treatment.

- **Enhancing Engagement and Retention in Quality HIV Care for Transgender Women of Color (Funded 2012–2017):** This initiative is a multisite demonstration and evaluation of HIV service delivery interventions for transgender women of color. Nine demonstration sites implement and evaluate the effectiveness of innovative interventions designed to improve timely entry, access to, and retention in quality HIV primary care for transgender women of color, a population at high risk of HIV infection.

**FUNDING CONSIDERATIONS /////////////////

Approximately $25 million was appropriated to Part F SPNS in FY 2016.