1995 in response to these findings, the program will further emphasize prevention and early intervention for women and the integration of HIV prevention and treatment into broader systems of primary care, including care systems supported under the Maternal and Child Health (MCH) Services Block Grant.

# **Purpose**

The purpose of Title IV funding is to improve and expand the coordination of a system of comprehensive care for children, youth, women, and families who are infected/affected by HIV and to link comprehensive care systems with clinical research and other research activities. Funds will be used to demonstrate potentially replicable models that: (1) cross established systems of care to coordinate service delivery, HIV prevention efforts, and clinical research and other research activities; and (2) address the barriers to comprehensive care experienced by children, youth, women, and families infected/affected by HIV.

While children, youth, and women represent the most recently impacted and rapidly growing population groups affected by HIV, they also represent the groups facing the greatest barriers in accessing care and research. These groups are disproportionately members of communities of color with limited economic resources. Given these realities, children, youth, and women affected by HIV are confronted with a complex array of economic and social issues that increase their need for comprehensive services and increase the cost and intensity of care. Existing systems of care are often not prepared to respond to these needs and require targeted resources and interventions in order to develop infrastructures and provider capacities that would allow them to provide quality care to these populations.

Given these unmet needs, activities under these grants should address the following goals:

- —Foster the development and support of comprehensive care infrastructures, including primary care, that increase access to culturally competent, family-centered, community-based, coordinated care.
- Emphasize prevention within the comprehensive care system in order to reduce the spread of the HIV infection to vulnerable populations.
- —Link comprehensive systems of care with HIV/AIDS clinical research trials and other research activities, resulting in increased access for children, youth, women, and their families.

## **Funding Category**

Applications which do not fall within this category will not be considered for funding.

The HIV Program for Children, Youth, Women, and Families develops and supports innovative models that coordinate systems of comprehensive HIV care and that foster collaboration between clinical research institutions and family-centered primary/ community-based medical and social service programs for children, youth, women and their families. Projects will focus on local capacity-building, making maximum use of all available public and private resources for reaching and providing health care and supportive services to the target population. Projects should strengthen existing comprehensive care infrastructures by: (1) broadening the coalition of agencies, providers, community organizations and families which participate in the identification of needs, services planning, the coordination and delivery of services, and the financing of services for HIV affected populations; and (2) identifying and addressing systemic issues that affect provider collaboration and impact the provision of coordinated high quality comprehensive care.

Preference for funding in this category will be given to projects which demonstrate an established model of a comprehensive and coordinated system of care that is culturally competent, family-centered, and community-based. This means that these projects will be funded ahead of new groups of applications in this category.

#### **Availability of Funds**

Approximately \$4.8 million will be available for competitive grants. It is anticipated that a total of 13 grants will be awarded. Award amounts may range from \$225,000 to \$1 million, depending on need and scope of the project. Project periods for these grants will be three years.

#### **Special Concerns**

The HIV Program for Children, Youth, Women, and Families grantees supported by HRSA should coordinate their projects with other Federal, State, and local programs concerned with HIV and/or serving the target population of children, youth, women and families affected by or at risk for HIV, particularly: Title V Maternal and Child Health programs; Ryan White Titles I, II and III programs; providers funded by the Substance Abuse and Mental Health Services Administration; the Health Resources and Services Administration, the Centers for Disease Control

prevention efforts; and clinical trials funded by NIH or other sources.

Recognizing the growing impact of HIV on women and communities of color, MCHB places special emphasis on improving service delivery to women, children and youth from communities with limited access to comprehensive care. Furthermore, in order to assure access and cultural competence, it is expected that projects will involve individuals from the populations to be served in the planning and implementation of the project. The Bureau's intent is to ensure that project interventions are responsive to the cultural and linguistic needs of special populations, that services are accessible to consumers, and that the broadest possible representation of culturally distinct and historically underrepresented groups is supported through programs and projects sponsored by the MCHB.

Applications will be reviewed with particular attention to inclusion of women and persons from culturally distinct populations. Funding will be provided to those which, in the Department's view, best meet the statutory purposes of the HIV Program for Children, Youth, Women, and Families and address achievement of the Healthy People 2000 objectives related to HIV infection.

### **Review Criteria**

Applications for grants will be reviewed and rated by objective review panels according to the following criteria:

- —Adequacy of needs assessment documenting:
- (1) The impact of HIV on children, youth, women, and families in the service area;
- (2) Key socio-demographic factors of the Title IV targeted populations;
- (3) Barriers to care experienced by the targeted populations;
- (4) Strengths and weaknesses of the existing care systems (MCH, primary care, and HIV care), and the impact of these weaknesses on the provision of comprehensive HIV care;
- (5) The capacity of local HIV programs to provide comprehensive care to the targeted populations; and
- (6) Collaboration with existing local, State, or Federal efforts to document the HIV needs of the service area.
- —Adequacy of efforts to incorporate within governing bodies, policy, and program committees the substantive involvement of persons receiving services; adequacy of efforts to obtain input and involve consumers in program needs assessments, and the definition of program policy.