

NASTAD

NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS

Federal HIV/AIDS Funding: State Profiles

NASTAD has created a series of state-specific funding profiles providing the amount of federal HIV/AIDS funding received by each state through the major discretionary federal HIV/AIDS programs. The following is a primer briefly describing these programs. These profiles do not include HIV/AIDS funding from the HHS Office of Minority Health (OMH), the Substance Abuse and Mental Health Services Administration (SAMSHA), or the Ryan White CARE Act SPNS and AETC programs.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Service Administration (HRSA)

Ryan White CARE Act

Title I

Title I provides funding for health care and supportive services to eligible metropolitan areas (EMAs) that report at least 2,000 AIDS cases during the previous five years and have a population of at least 500,000. There are 51 EMAs in 21 states, Puerto Rico, and the District of Columbia.

Title I allocation is divided into two components:

- Fifty percent of allocations are awarded in formula grants based on the estimated number of people living with AIDS in the EMA over the most recent ten-year period; and
- Fifty percent of allocations are awarded in competitive supplemental grants based on demonstration of severe need and other criteria.

Title II

Title II assists states and territories in improving the quality, availability, and organization of health care and support services for individuals and families with HIV disease, and provides access to pharmaceuticals through the AIDS Drug Assistance Program (ADAP).

Title II Base

HRSA distributes base Title II to all 50 states, the District of Columbia and the eight territories (Puerto Rico, Guam, the Virgin Islands, American Samoa, Marshall Islands, North Mariana Islands, Republic of Palau, and the Federal States of Micronesia) using a formula based on each jurisdiction's non-EMA reported living AIDS cases over the most recent ten-year period. States with fewer than 90 living cases receive a minimum Title II base grant of \$200,000, and states with over 90 living AIDS cases receive a minimum of \$500,000. U.S. territories receive a minimum of \$50,000. States with more than one percent of total AIDS

cases reported in the United States during the previous two years must contribute a match with their own resources.

ADAP Earmark

The state AIDS Drug Assistance Program provides medications to low-income individuals with HIV disease, who have limited or no coverage from private insurance or Medicaid, in all 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, and Guam. ADAP earmark awards are based on a formula using each jurisdiction's reported living AIDS cases (EMA and non-EMA) over the most recent ten-year period.

ADAP Supplemental

Three percent of the ADAP earmark funds are set aside for grants to states with severe need that meet one of the following criteria: financial eligibility at or below 200% FPL, medical eligibility restrictions, limited formulary composition for antiretroviral medications, or limited formulary composition for the treatment of opportunistic infections. These funds are distributed to eligible states using the same living AIDS cases formula that determines state ADAP awards. States are required to provide a \$1 match for each \$4 of federal ADAP supplemental funding. Thirteen states and one territory received ADAP supplemental funds in FY2001. They are Alabama, Colorado, Georgia, Idaho, Kentucky, Nebraska, North Carolina, Oklahoma, South Carolina, Texas, Virgin Islands, Virginia, West Virginia, and Wisconsin.

Emerging Communities

Title II also provides supplemental grants to states to support HIV services in emerging communities (EC) – cities reporting between 500 and 1,999 reported AIDS cases in the most recent five years. Title II directs \$10 million or 50% of new Title II base funding, whichever is greater, to emerging communities. The greater of 25% of EC funding or \$5 million is allocated for tier one (1,000 to 1,999) EC awards, and the greater of 25% of EC base funding or \$5 million is allocated for tier two (500-999) EC awards.

Minority HIV/AIDS Initiative (MHAI)

Title II received funding via the MHAI to increase minority participation in ADAPs and other HIV-related services. HRSA distributed the MHAI awards by a living AIDS case formula similar to the Title II base formula.

Title III

Title III provides direct grants to over 310 community-based primary health clinics and public health providers in 36 states, Puerto Rico, and the District of Columbia, and it is an important means for targeting HIV-related medical services to underserved communities of color and in rural areas. Title III services include HIV counseling and testing, medical evaluation and outpatient clinical care. HRSA distributes Title III funds through competitive grants directed to service providers.

Early Intervention and Capacity Building Grants

Title III provides support directly to community-based providers for early intervention and primary care services for people with HIV/AIDS. Title III also provides funds for capacity building grants to help organizations develop, enhance or expand high quality HIV/AIDS primary care services.

Planning Grants

Title III also funds planning grants, which help communities plan activities that will lead to a comprehensive continuum of outpatient HIV primary care services.

Title IV

Title IV enhances access to comprehensive care for children, youth, women, and their families with or at risk for HIV, and access to research of potential clinical benefits. HRSA provides services to this population in over 600 support services programs and community-based organizations in 37 states, the District of Columbia and Puerto Rico.

HRSA administers Title IV funds through a competitive grant application process and directly funds approved programs in three-year cycles. In FY 2001, Title IV funded 71 grantees, 11 of which were new.

Part F: HIV/AIDS Education and Training Centers (AETCs)

AETCs support training for health care providers to counsel, diagnose, treat, and manage individuals with HIV infection and to help prevent high-risk behaviors that lead to infection. The AETC program consists of 13 university-based programs and one hospital-based center with a nationwide network of over 70 training sites serving all 50 states, Puerto Rico and the District of Columbia. HRSA awards AETC funds through competitive bids. *(NASTAD was unable to obtain a list of grantees for FY01 to include in the state funding profiles.)*

Part F: Dental Reimbursement Program

This program provides support to 74 dental schools, postdoctoral dental education programs, and dental hygiene programs for care provided to persons with HIV/AIDS. HRSA reimburses these programs for the costs of providing oral health care to people with HIV/AIDS.

Special Projects of National Significance (SPNS)

SPNS support the development of innovative HIV/AIDS service delivery models that have potential for replication in other jurisdictions. The SPNS program is the research and development component of the CARE Act. SPNS is funded through a percentage tap on Title I, Title II base, Title III and Title IV of the CARE Act—up to \$25 million. *(NASTAD was unable to obtain a list of grantees for FY01 to include in the state funding profiles.)*

Centers for Disease Control and Prevention (CDC)

HIV/AIDS Prevention and Surveillance

HIV prevention and surveillance programs are funded under general authority provided by federal public health law. Although congressional appropriators frequently earmark HIV prevention funds for specific activities, there is no comparable *Ryan White CARE Act* dictating how HIV prevention resources are to be allocated by CDC

HIV Prevention Cooperative Agreements

CDC funds HIV prevention cooperative agreements with the fifty states, six directly-funded cities, the District of Columbia and the eight U.S. territories (65 grantees). State, local and territorial health departments are required to implement comprehensive HIV prevention programs in their jurisdictions. These programs must include the following components:

- HIV counseling, testing , partner counseling and referral;
- HIV prevention community planning;
- Health education and risk reduction activities;
- Easy access to diagnosis and treatment of other sexually transmitted diseases;
- School-based education efforts for youth;
- Public information programs;
- Quality assurance and training;
- Laboratory support;
- HIV prevention capacity-building activities;
- Evaluation of major program activities, interventions and services; and
- Plan to provide HIV prevention technical assistance to grantees.

HIV/AIDS Surveillance Cooperative Agreements

CDC also funds cooperative agreements with the 65 state and local health departments to conduct HIV/AIDS surveillance, serosurveillance, incidence, and prevalence studies. These activities provide data that are critical to targeting the delivery of HIV prevention, care and treatment.

School Health

CDC's Division of Adolescent and School Health (DASH) funds state, local, and territorial education agencies' efforts to support the development and implementation of effective HIV prevention and health education for school-aged youth. DASH funds are distributed to all 50 states, six territories, and 18 large-city education agencies based on formulas tied to student enrollment and on a competitive basis to eligible urban school districts.

Community Based Organizations (CBOs)

CDC awards HIV prevention funding directly to community based agencies through a national competitive process. The majority of the dollars awarded to directly-funded CBOs have been earmarked by Congress through the Minority HIV/AIDS Initiative (MHAI). These programs are highly targeted to high prevalence areas to address the HIV prevention needs of communities of color. The programs include: capacity building; technical assistance;

community coalition development; HIV prevention to vulnerable populations; HIV and STD prevention; gay men of color; HIV prevention for HIV-positive gay men; community-based HIV prevention; and faith-based initiatives.

Miscellaneous Funding

CDC awards miscellaneous grants for a variety of programs. Activities funded are: public health conferences, epidemiological research, intervention and other types of research, performance evaluations and center openings.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Housing Opportunities for People with AIDS (HOPWA)

The Housing Opportunities for People with AIDS program provides housing assistance and related supportive services for low-income persons with HIV/AIDS and their families. Program funds are distributed under a formula that is based on cumulative AIDS cases and area incidence. Ninety percent of HOPWA funding is distributed by HUD directly to states and cities through a formula grant, and the remaining ten percent is awarded on a competitive basis to projects of national significance.

HOPWA funds may be used for a wide range of housing, social services, program planning, and development costs. These include, but are not limited to, the acquisition, rehabilitation, or new construction of housing units; costs for facility operations; rental assistance; and short-term payments to prevent homelessness. HOPWA funds also may be used for health care and mental health services, chemical dependency treatment, nutritional services, case management, assistance with daily living, and other supportive services.

HOPWA funds are awarded as grants from one of three programs:

- The HOPWA Formula Program uses a statutory method to allocate HOPWA funds to eligible States and cities on behalf of their metropolitan areas.
- The HOPWA Competitive Program is a national competition to select model projects or programs.
- The HOPWA National Technical Assistance Funding awards are provided to strengthen the management, operation, and capacity of HOPWA grantees, project sponsors, and potential applicants of HOPWA funding.