Overview of

MINORITY AIDS INITIATIVE (MAI) PROGRAM

for Ryan White Part A Grantees

PRESENTATION TO AUSTIN AREA COMPREHENSIVE HIV PLANNING COUNCIL

JULY 2013

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MAI PROGRAM HISTORY

HISTORY OF MAI PROGRAM

- **Minority AIDS Initiative (MAI) created October 1998**
- **New initiative evolved from community-based advocacy campaign in Atlanta, Georgia**
- **Centers for Disease Control and Prevention (CDC) convened a meeting March 1998 with African American service providers and community leaders to brief them on the agency's initiatives**
- **CDC's surveillance data indicated alarmingly high rates of HIV among African Americans**
- **Community leaders declared a "state of emergency" in the African American community with respect to HIV/AIDS**
- **Called for Surgeon General David Satcher and President Clinton to make similar federal declaration**

HISTORY OF MAI PROGRAM

- **October 1998: President Clinton declares HIV/AIDS to be a severe and on-going health crisis in racial and ethnic minority communities**

- **In response, the Administration, the Department of Health and Human Services (DHHS), the Congressional Black Caucus, and the Congressional Hispanic Caucus announced a special package of initiatives aimed at reducing HIV/AIDS impacts on racial and ethnic minorities**

- **These initiatives evolved into the Minority AIDS Initiative program (MAI)**

DISPROPORTIONATE IMPACT

- **Racial and ethnic minorities were disproportionately affected by HIV/AIDS from the beginning, and this impact has become more pronounced over time**
- **Racial/ethnic minorities represent the majority of new HIV & AIDS cases, and of AIDS-related deaths in the United States**
- **African Americans are particularly hard hit - while only 14% of U.S. population, sustained about 44% of all new HIV infections and almost half of all AIDS-related deaths in 2011**
- **A similar, yet less pronounced, impact for Hispanic/Latino group at about 16% of population, and accounting for 21% of estimated AIDS diagnoses**
- **Together, Asian/Pacific Islanders and American Indian/Alaska Natives represent 1–2% of estimated new AIDS diagnoses**

HISTORY OF MAI PROGRAM

Above: Members of the Congressional Black Caucus — including, left to right, Chairman Elijah E. Cummings, D-MD, Diane Watson, D-CA, Sheila Jackson-Lee, D-TX, Barbara Lee, D-CA, Danny Davis, D-IL, and Melvin Watt, D-NC — along with African American and Latino community advocates were instrumental in providing $22.3 million to improve HIV/AIDS care among minority populations as part of the 1999 Omnibus Appropriations Bill

HISTORY OF MAI PROGRAM

Rep. Maxine Waters, D-CA:

Another member of the Congressional Black Caucus (CBC) who helped spearhead MAI and who later worked to increase MAI funding and its expansion to other minority communities — including Asian and Pacific Islanders, American Indians/Alaska Natives, and Native Hawaiians

MAI: EARLY FUNDING

- **Funding secured in the FY 1999 appropriations legislation for this new initiative**

- **Omnibus Consolidated and Emergency Supplemental Appropriations Act of 1999 included $110 million in new funding, and reprogrammed another $46 million for MAI**

- **Administered mainly by Department of Health & Human Services (DHHS), which reprogrammed additional $10 million for MAI resulting in a total of <u>$166 million allocated in FY 1999</u>**

CBC/MAI INITIATIVE

- **In its first year, the program was most commonly referred to as the "CBC Initiative," reflecting the CBC's leadership in creating the framework and securing funding**

- **Subsequently its name changed to Minority AIDS Initiative, reflecting broader focus on all disproportionately affected racial and ethnic minority communities**

- **June 2001: The CBC, Congressional Hispanic Caucus (CHC) and Congressional Asian Pacific American Caucus (CAPAC) held a hearing on HIV/AIDS among racial and ethnic minority communities, and reviewed the early implementation of MAI**

MAI: SERVICES

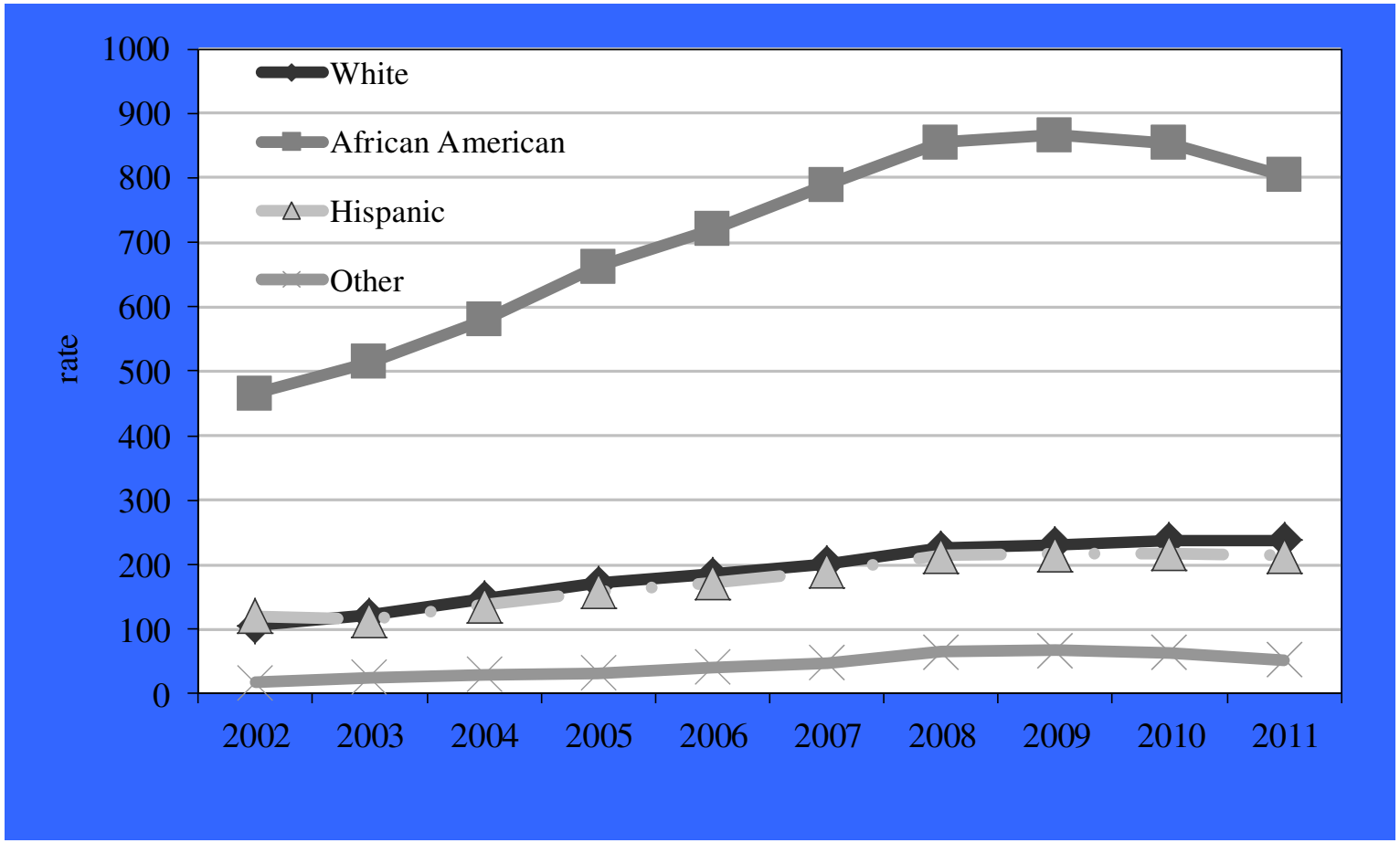
- **Besides direct client services, MAI has supported training and technical assistance to strengthen community-based agencies' core capacities, in such areas as financial management and program development**

- **Capacity building was initially targeted for minority community-based organizations with a history of providing services in minority communities, and that were representative of the populations they serve**

- **Later it expanded to nonminority community-based agencies that also provide high quality and culturally competent HIV services for minority communities**

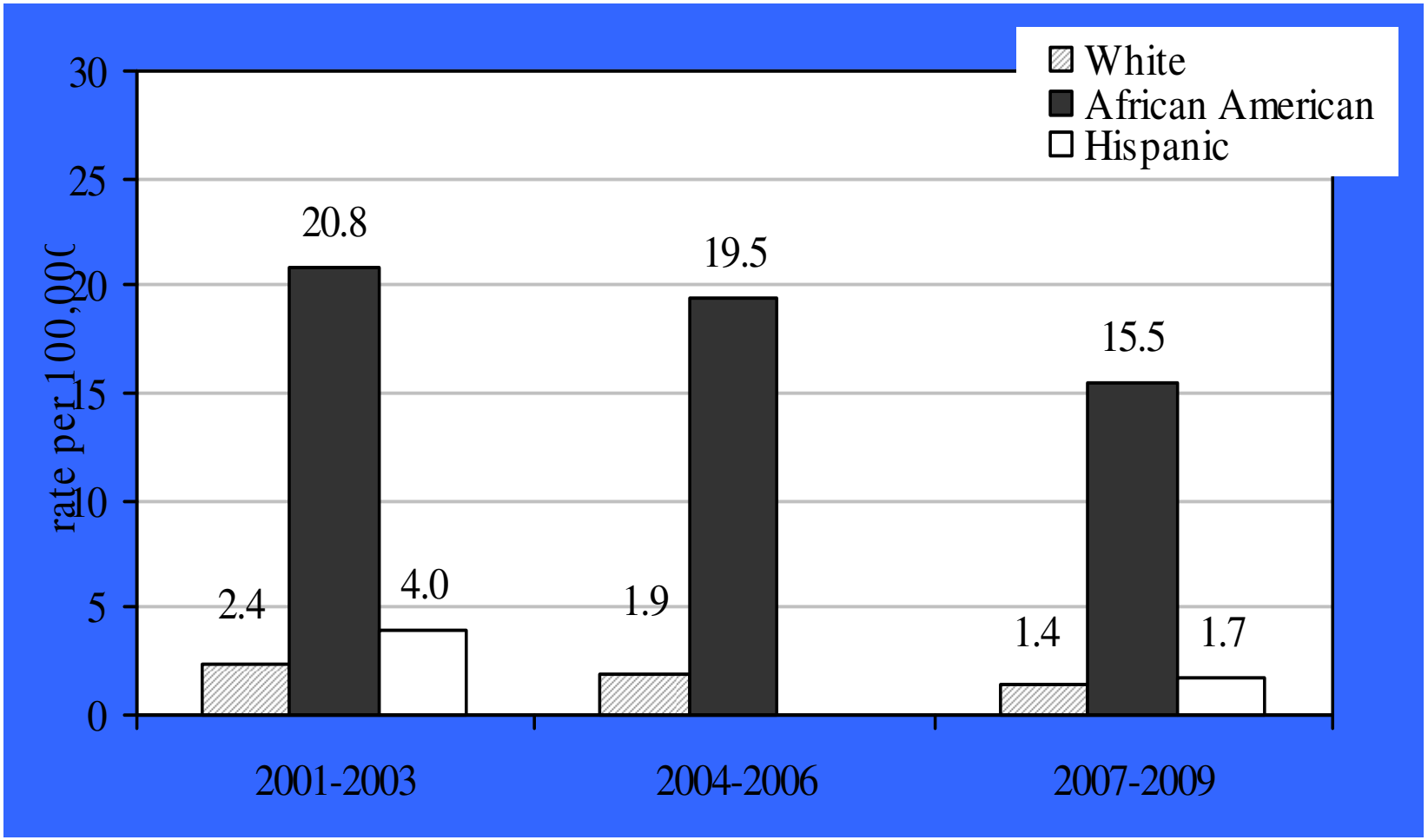
MAI PROGRAM HISTORY
Austin Transitional Grant Area

Prevalence Rate of PLWHA per 100,000



Source: ***Texas HARS , 2012.***

Age-adjusted HIV Mortality Rate by Race/Ethnicity



Source: *Texas Department of State Health Services, 2012.*
The 2004-2006 age-adjusted HIV mortality rate for Hispanics was not calculated because the number of deaths (n = 19) was too small for a stable rate to be calculated.

AUSTIN MAI PROGRAM HISTORY

- The Austin TGA has received Part A funding for 19 years, and MAI funding for 14 years. The TGA currently supports three HRSA service categories for the MAI program:
  - **Outreach Services**
  - **Non-Medical Case Management**
  - **Medical Case Management**
- Outreach works to identify and bring out-of-care African American/ Black and Hispanic/Latino persons living with HIV into medical care, and to support them remaining in care
- Non-Medical Case Management provides linkage to HIV core medical services and related support services, through referrals to appropriate provider agencies funded by Part A and other sources
- Medical Case Management directly supports clients in achieving their medical outcomes through development and execution of individual care plans, and promotes treatment adherence

AUSTIN MAI SERVICE PRIORITIES

- Previous Requests for Applications selected Ryan White Part A & MAI service providers to implement MAI program activities identified by the HIV Planning Council – main emphasis has been on MAI Outreach and Non-Medical Case Management

- Medical Case Management was subsequently identified as a priority by the HIV Planning Council, and added in 2012 due to identified needs and increasing demands

- A one-time EIS/ Rapid HIV Testing program funded from prior year carry-over was implemented in 2008, and similarly MAI Food Bank was provided in 2011 from unexpended prior year funds

- Health Insurance Continuation Assistance was another service provided in 2011 through MAI carry-over funds

1999-2013 MAI PROGRAM HISTORY

1999 to 2005

- Brothers OR Sisters Support Project (BOSS)
  - Peer Support Model
  - Counseling (Other)
- Communities Together
  - Outreach
  - Client Advocacy
  - Psychosocial Support
  - Health Education/Risk Reduction

2006 to Present

- Planning Council MAI Ad Hoc Committee
  - Outreach and Non-Medical Case Management
  - Medical Case Management (added in 2012)

One-time MAI Carry-over funding programs supported:

- 2008 EIS-Rapid HIV Testing
- 2011 Food Bank and Health Insurance Continuation Assistance

1999-2013 MAI FUNDED SERVICES

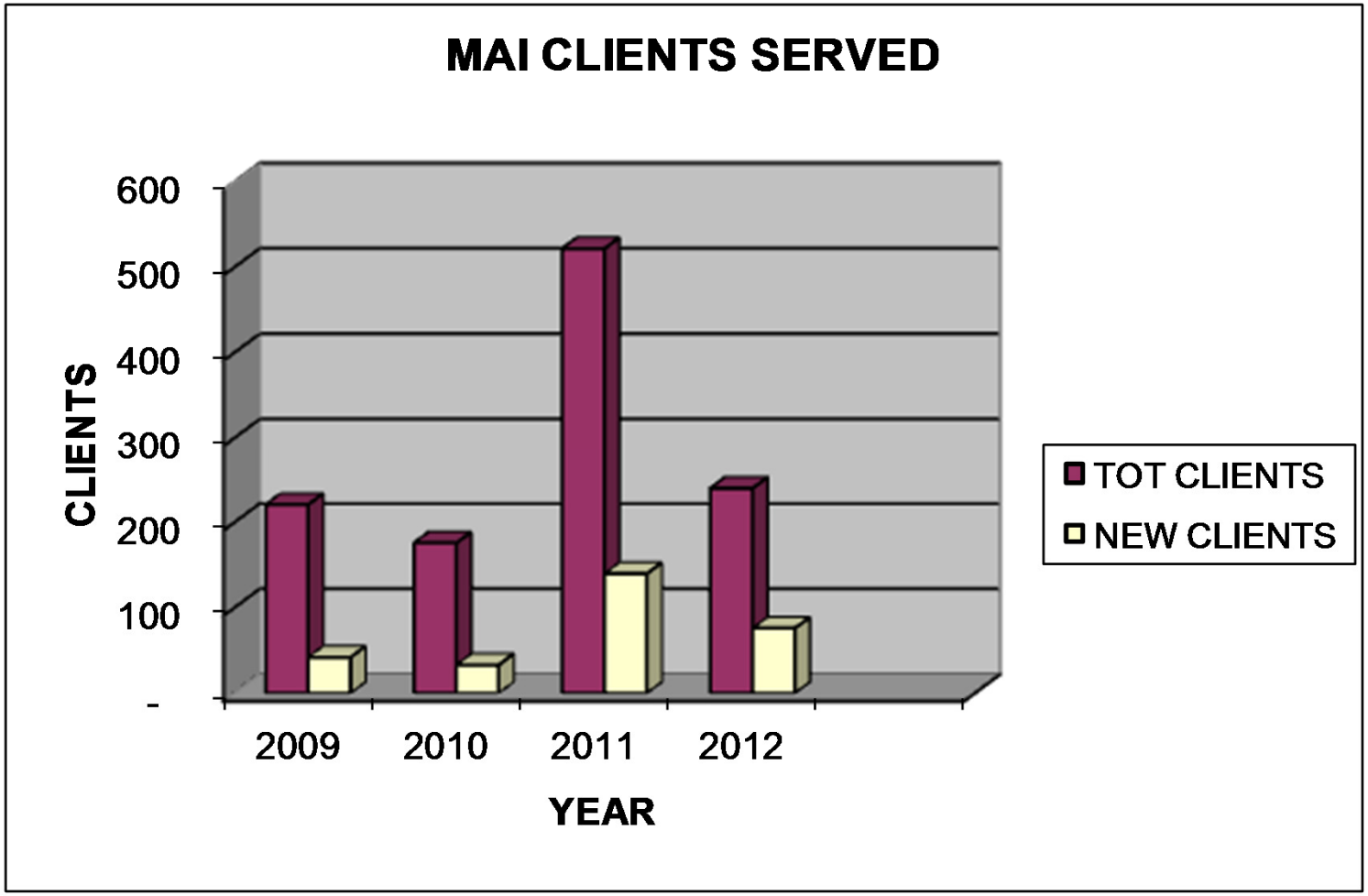
MAI *Service Categories Funded*	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Client Advocacy					√	√	√								
Psychosocial Support	√	√	√	√	√	√	√								
Outreach	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
Case Management (Non medical)								√	√	√	√	√	√	√	√
Health Educ./Risk Reduction /Other Counseling	√	√	√	√	√	√	√								
EIS Rapid Testing										√					
MAI Food Bank													√		
Health Insurance Continuation													√		
Medical Case Management														√	√

RECENT MAI PROGRAM DATA

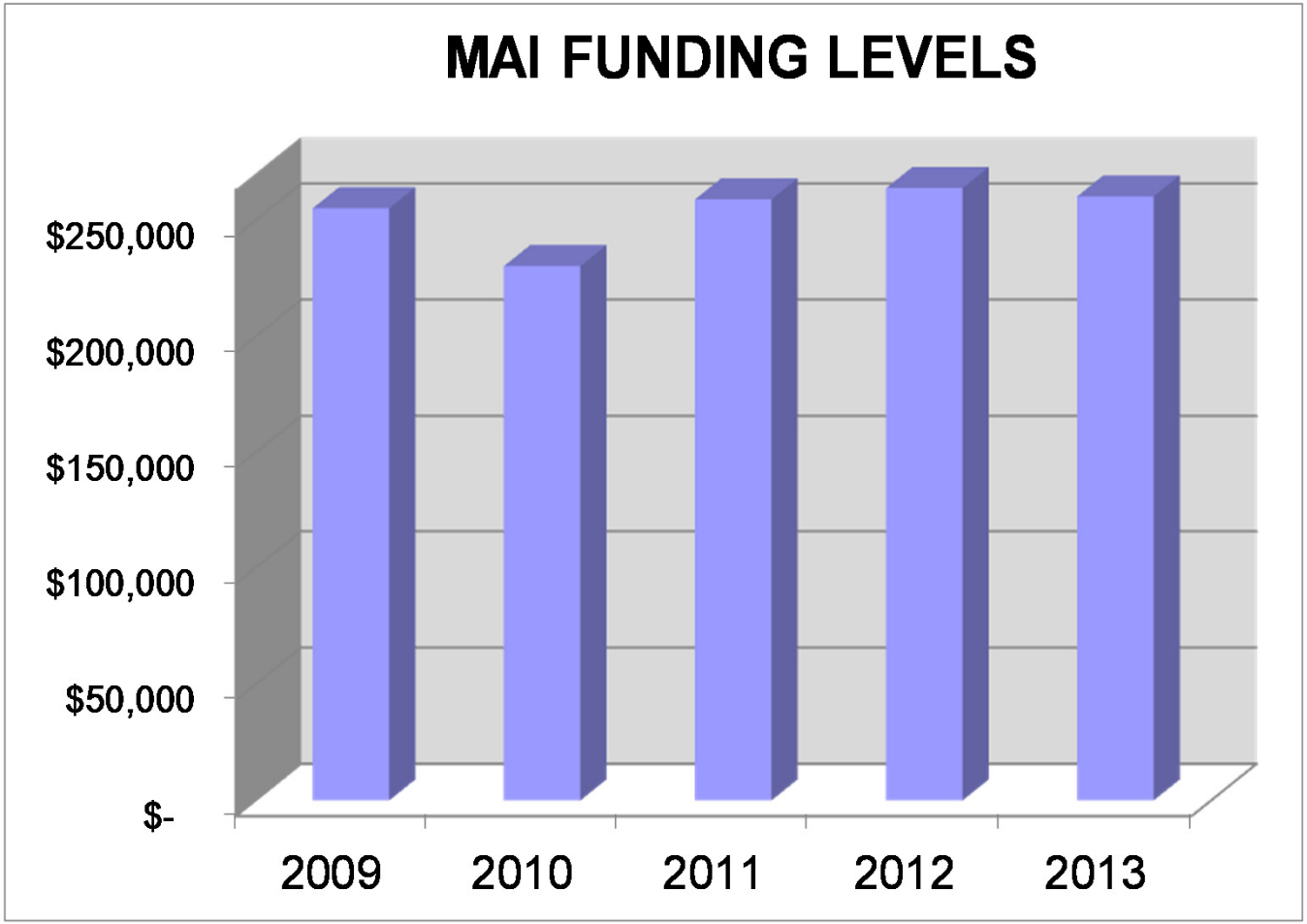
AUSTIN TGA MAI Program Overview

	GY 09	GY 10	GY 11	GY 12
Total Clients	**221**	**176**	**522**	**240**
New	42	33	140	56
Continuing	179	143	382	184
Percent of Clients successfully linked to Medical & Support Services	80%	85%	83%	82%

Overview of MAI Program



Austin MAI Base Funding (not incl. Prior Year Carryover)



MAI Overview

LEGISLATIVE CHANGES

MAJOR LEGISLATIVE CHANGES

- **Congress established the MAI for Part A grantees as a separate competitive grant program when the Ryan White HIV/AIDS Treatment Program was reauthorized in 2006. MAI grants were awarded in fiscal year (FY) 2007 with a 3-year project period: Aug. 1, 2007 – July 31, 2010.**

- **With passage of the Ryan White HIV/AIDS Treatment Program Extension Act of 2009, the MAI was returned to formula funding and the annual budget period was synchronized with the Part A budget period, e.g. FY 2013 term is March 1, 2013 – February 28, 2014**

- **Purpose Unchanged: To reduce disparities in health outcomes in disproportionately impacted minorities. (Unchanged since 1999)**

- **Program goal: Prevent or slow the length of time between an HIV+ diagnosis and progression to AIDS**

MAI ANNUAL IMPLEMENTATION PLAN

Overview: Part A MAI Annual Plan

PLAN ELEMENTS

- Of total MAI grant award amount:
  - Amounts allocated for each MAI direct service category
  - Funds allocated for Grantee Administration (10% max.)
  - Funds allocated for Clinical Quality Management (5% max.)
- Racial/Ethnic communities for whom each service is targeted
- MAI is included in Part A's overall 75/25 percentage requirement for Core Medical and Support Services

Overview: Part A MAI Annual Plan

PLAN ELEMENTS

- For each service provided for each targeted racial/ethnic community:
  - Amount budgeted
  - Service unit definition
  - Planned units of service to be provided
  - Planned total unduplicated number of clients to be served

  - ***Plan***: Define HRSA standard client-level outcome measures

  - ***Report***: Document actual outputs & client-level outcome results