U.S. Department of Health and Human Services
HRSA
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Opening Doors

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Information from the Health Care for the Homeless Program

Respite Care Services Help Homeless People Heal

"We can all relate to the misery of feeling sick or suffering in pain," says Marsha McMurray-Avila, program coordinator with the National Health Care for the Homeless Council. "Now imagine that feeling without the comfort of a warm bed and someone to look after you." For homeless people who have no access to respite care, that situation is too often a reality.

However, that may be about to change. McMurray-Avila recently prepared a document for the National Council entitled *Medical Respite Services for Homeless People: Practical Models* that outlines how to plan, fund, and administer respite care services. The Bureau of Primary Health Care hopes to make service expansion monies available this year for respite care (see page 8). McMurray-Avila answered some key questions regarding respite care for *Opening Doors* readers.

Q Why does a homeless person need respite care?

A The most common scenario is when a person is not quite sick enough to warrant hospitalization, but is too sick to be out on the street. Hospitals may refer patients who are ready to be discharged, but have nowhere else to go. Or people may be admitted directly from the street or a shelter. A common list of presenting problems might include severe frostbite with finger amputation, prostate surgery, high-risk pregnancy, appendicitis, bladder surgery, bone cancer with leg amputation, multiple stab wounds, and congestive heart failure.

Q What are the benefits of respite care for the individual? For the health care system?

A Not only does respite care provide a humanitarian response to the immediate medical and convalescent needs of homeless people, it

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INSIDE

See you in Denver!

The Bureau of Primary Health Care is pleased to sponsor the 2000 National Health Care for the Homeless (HCH) Conference April 27-29 in Denver. This year's theme is "Compassion, Collaboration and Change." Conference highlights include the following:

- **Keynote speakers** Lee Stringer, author of *Grand Central Winter: Stories from the Street,* and Dr. Pedro Jose Greer, author of *Waking Up America: How One Doctor Brings Hope to Those Who Need it Most.*
- A presentation on the **Bureau's Campaign for 100% Access/0 Health Disparities,** which has as its goal to ensure that everyone in America has access to health care, and that the outcome of care is the same for all persons, regardless of their gender, ethnic or racial background, housing status, or economic circumstances. This special session will allow HCH program staff to help shape the Campaign and ensure that it adequately addresses the needs of homeless people.
- **A Policy Symposium** and luncheon sponsored by the National Health Care for the Homeless Council (see story, page 3).
- **A pre-conference Institute** (HCH 101), and the HCH Clinicians' Network annual membership meeting (see story, page 5).
- A total of **42 workshops** (see information on selected sessions in this issue of *Opening Doors*); a poster session and resource areas; local program tours; a photo exhibit; and an evening of Comic Relief.

For a conference brochure, contact Jody Zabel at the HCH Information Resource Center, (888) 439-3300, ext. 242 or jzabel@prainc.com. See the brochure online at *http://www.prainc.com/hch.*

Respite Care Services Help Homeless People Heal (cont. from pg. 1)

can also serve as a springboard to other services. Respite care staff take advantage of this "time-out" from the streets to actively engage their patients in addressing multiple health and social service needs.

The health care system—specifically hospitals—can benefit from medical respite programs in three ways: decreased hospital admissions, decreased inappropriate emergency room utilization, and decreased length-of-stay.

Q Is there an ideal respite care model? If so, what are its advantages and disadvantages?

A The ideal medical respite program would be a freestanding unit that provides 24-hour nursing care with on-site medical providers as needed. Additional services would be available on-site, especially social work and/or case management to arrange and coordinate the clients' multiple service needs. Advantages of a freestanding respite unit include the ability to control policies and procedures (such as admissions and discharges) and the environment (health and safety issues). The disadvantage of such a program is primarily the cost, although there can be additional challenges in finding an appropriate facility, meeting all the licensing or zoning issues, and dealing with neighborhood opposition.

Q What other models do HCH programs use to provide respite care services?

A Some programs set up 24-hour staffed respite units in shelters, which function similarly to the freestanding model except that they share space with a shelter. What might be termed "intermediate approaches" to respite care are those arrangements that provide for a safe place, but without 24-hour nursing staff. For example, some HCH projects have arrangements with shelters whereby they are allotted a certain number of beds in which their patients can stay during the day. Other providers contract with board and care programs or use motel vouchers.

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Q What are some of the administrative challenges involved in establishing respite care for homeless people?

A Finding and maintaiing sufficient funding for the program is, of course, one of the first challenges. Next is finding an appropriate facility, either freestanding or within another agency or program, and determining in a collaborative model which program has authority for crucial decisions such as admissions and discharges.

Inappropriate referrals can also be a problem. For example, hospitals may discharge a homeless person who needs more care than the respite program can provide, or individuals may be referred who are not sick enough to merit admission. A difficult challenge for staff is when an individual is ready for discharge from the respite program, but has no housing options.

Q What are some of the clinical challenges?

A A big challenge is dealing with communicable diseases, such as tuberculosis and hepatitis. Dealing with chronic conditions such as AIDS or terminal diseases can be difficult, especially if the program is not set up to deal with end-of-life issues and does not have access to long-term care. Patients with co-occurring conditions such as mental illness and substance abuse present numerous challenges for clinical staff.

Q What does the future hold for respite care?

A I hope we can begin to envision medical respite services as a logical extension of primary care for those without homes. When HCH providers are able to offer medical respite services, they can do more than just patch folks up and send them on their way. Instead, they give these individuals a real chance to recuperate, to improve their health, and to get off the streets permanently.

To obtain a copy of *Medical Respite Services for Homeless People,* contact the National Council at (615) 226-2292 or *http://www.nhchc.org/respite.html.* A workshop on setting up respite programs will be held at 10:30 a.m. Saturday, April 29, at the National HCH Conference in Denver.

Clarification

HRSA provided the following clarification to information about the Prime Vendor Program that appeared in the Winter issue of *Opening Doors:* "If your organization is eligible to be a covered entity under Section 340B of the Public Health Service Act and [an] assessment shows that participating in the 340B Drug Pricing Program and its *Prime Vender Program* is the most economical and reasonable manner of purchasing or reimbursing for covered outpatient drugs (as defined in Section 340B), failure to participate may result in a negative audit finding, cost disallowance, or grant funding offset." For more information on the Prime Vendor Program, visit the Office of Pharmacy Affairs (formerly the Office of Drug Pricing Program) Web site at *http://www.bphc.hrsa.dhhs.gov/odpp.*

Stringer Makes "Slice-of-Life" Observations About Homelessness

Author Lee Stringer (Grand Central Winter) *will be a keynote speaker at the National Health Care for the Homeless Conference April 27 to 29 in Denver. Former editor* of Street News, *New York City's weekly newspaper for and about homeless people, Stringer will also offer his insights about street newspapers in a workshop on employment opportunities for homeless people at 2 p.m. Friday, April 28. In a recent interview, he shared some of his views about life on the streets and about street newspapers.*

Lee Stringer was once one of the "live slice-of-life displays in a hodgepodge urban theme park" that he writes about in *Grand Central Winter* (Seven Stories Press, 1998), his unsentimental but compassionate account of life on the streets. Summering in Central Park and wintering in Grand Central Station, crack-addicted and lost in what he calls a "buzzing, vibrating, twirling world," Stringer was homeless for more than a decade. For what he learned about himself in the process, Stringer says, he would "do it all again in a minute, the whole 12 years."

Stringer doesn't worry that his attitude will fuel the passions of those who believe people choose to be homeless. "They may not choose to be homeless, but they do want to choose what happens next," Stringer says.

"What happened while I wandered the streets for 12 years was not all emptiness and futility," he explains. "I woke up each day expecting that I would find something big enough to grab my attention." What Stringer found was a pencil, which he used to clean his crack pipe until one day he didn't have anything to smoke. To kill time, he used the pencil to write a story, and he's been writing ever since.

"If being addicted is the ultimate act of self-betrayal, then writing is a clear act of self-declaration," Stringer says. "My writing says, 'I am, dammit.'" The writing felt good, Stringer relates, and when people began to respond to his articles in *Street News*, it felt good again. Once a *Street News* vendor, Stringer eventually became its senior editor, sleeping on the couch in the office.

Stringer calls street newspapers "a great part of the total bundle of services for homeless people." Yet he also recognizes what he calls a "conundrum" between whether a street newspaper should be viewed as legitimate employment for homeless people or as a charity enterprise.

Stringer also sees potential problems with content. Many street newspapers are run by activists, Stringer says, who like to "fight stridently, name names, point fingers, and feel ennobled in the process." But when the resentment that results is directed at homeless people, he notes, "you're putting the nail in the coffin of your workforce."

Stringer will raise these and related issues to help homeless service organizations plan effectively. The more limited an agency's resources are, the more carefully it must decide in advance what it can realistically accomplish with a street newspaper, Stringer believes. ▲

National Council Symposium Focuses on U2K

Each year, the National Health Care for the Homeless Council organizes an HCH Policy Symposium in conjunction with the National HCH Conference, to be held this year April 27 to 29 in Denver. The HCH Policy Symposium is designed to encourage HCH staff and clinicians to become involved in vital advocacy efforts to address the root causes of homelessness. For health care providers, the most significant of these issues is the lack of health insurance for more than 44 million Americans.

This year's HCH Policy Symposium will focus on the U2K Campaign to make universal health care a priority in the Year 2000 elections. Major national organizations and a number of HCH projects have endorsed U2K, and the Symposium will provide the tools needed for active participation in the campaign.

Symposium sessions will take place throughout the conference in Denver, and will feature information on political organizing for universal health care at the local level, identification of the barriers still remaining for vulnerable populations even within universal health care systems, and assessment of the health plans of the major presidential candidates. Additional Symposium sessions will present other advocacy priorities of the National Council in 2000, and will explore a major proposal to combat homelessness by providing new affordable housing. Presenters will include Canadian doctor Tyrone Turner and New York-based union organizer Nick Unger.

For more information, visit *http://www.nhchc.org,* or call (615) 226-2292.

Information for this article supplied by the National Health Care for the Homeless Council.

New Electronic Grant Application Simplifies Process

The Bureau of Primary Health Care's new Automated Single Grant Application (ASGA) won't make the case for renewed funding for you, but it will do almost everything else. Designed to "make things easier for applicants," ASGA is an automated software package that will allow all health center programs—Community and Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care grantees—to file their continuation applications electronically, according to Lawrence Poole, director of the Office of Grants Management.

Developed by Cylab, Inc., of Falls Church, VA, ASGA is based on the Microsoft Access database program and is designed to be downloaded from the Bureau's Web site. Completed applications can be printed and mailed or can be directly uploaded to the Office of Grants Management, Poole notes.

ASGA will be pilot-tested this year with both Community Health Centers and Health Care for the Homeless programs and will be optional. Poole expects that all grantees will be required to file electronically by next year, when the Bureau hopes to have a web-based document that can be completed online. See the information below for some key facts and figures about ASGA.

ASGA at a Glance

- **Minimum system requirements:** 32 MB RAM, 4 MB available hard disk space, Windows 95, 56K modem.
- **Software options:** Microsoft Access 97 (ASGA97), Microsoft Access 2000 (ASGA2000), or a stand-alone application (ASGASA) for those who do not have a version of Microsoft Access.
- **Highlights:**
  - generates forms automatically (no more trying to line up figures with the forms)
  - checks arithmetic
  - transfers data required in multiple sections from one section to the next (you enter the data only once)
  - tells you what items are missing
- **Available at:** *http://www.bphc.hrsa.gov/asga*
- **For more information:** Contact Lawrence Poole at (301) 594-4231 or Pamela Hilton at (301) 594-4248.

Poole and Hilton, a branch chief in the Office of Grants Management, will conduct a workshop to introduce and explain highlights of the ASGA at the National Health Care for the Homeless Conference April 27 to 29 in Denver. Look for their workshop at 10:30 a.m. Friday, April 28. ▲

Asthma Care for Homeless Families: A Comprehensive Approach

Childhood asthma can be a frightening, complex condition, and homeless families may struggle to cope successfully, according to Diane McLean, PhD, MPH, director of the Childhood Asthma Initiative at the New York Children's Health Project, a Health Care for the Homeless program at Montefiore Medical Center. The Childhood Asthma Initiative is a multidisciplinary intervention for homeless children that specifically targets the special factors homeless families face.

"Often a homeless parent's first thought is to go to the emergency room," says McLean. "We teach them there really are other strategies."Asthma can be especially severe among homeless children, according to McLean, because they lack good primary health care and knowledge about their disease; they are exposed to a high level of indoor allergens; and they are under a great deal of stress. To address these risk factors, the Childhood Asthma Initiative features the following four components:

- **Clinical.** Staff work within new National Institute of Health guidelines for the diagnosis and management of asthma. They seek to establish a parent-provider partnership, McLean says.
- **Educational.** In both home visits and four-week classes for children and their parents, asthma educator Amy Rowe, RN, MSN, PNP, teaches parents why medications are needed, how they work, and how to use them. She also focuses on practical skills, such as how parents can talk to a babysitter or another physician about their child's asthma.
- **Environmental.** Staff help parents identify and learn to avoid environmental triggers, including cigarette smoke. Rowe provides parents with constructive tips, such as using vinegar and water rather than harsh chemicals to clean.
- **Psychosocial.** In home visits, Rowe can identify family dynamics that may contribute to asthma severity, and she can demonstrate stress-reduction techniques.

"Many programs focus on one or another of these areas, but for homeless children you need them all," McLean says. She and her colleagues will present a program on asthma care for homeless families at the National Health Care for the Homeless conference April 27 to 29 in Denver. Look for their workshop at 8:30 a.m. Friday, April 28. ▲

HCH 101 Expanded to Full-Day Institute

The Network's popular workshop, HCH 101, has been expanded to a full-day Institute. HCH 101 will be held from 8:30 a.m. to 4:30 p.m. Wednesday, April 26, prior to the National Health Care for the Homeless (HCH) conference in Denver. Designed for those new or relatively new to the HCH world, the Institute will feature concurrent sessions for clinicians, administrators, board members, and non-clinical support staff. Consumer board members are especially welcome. Register along with your conference registration or contact the HCH Information Resource Center at (888) 439-3300, ext. 242. A $30 registration fee covers lunch and materials. For more information, call Jen Holzwarth at (505) 872-1141.

Post Job Openings Online

Net-savvy homeless service providers can share information about job openings or jobs wanted on the Network's web site at *http://www.nhchc.org/forum.html.* To post a job opening, submit a brief job description of 100 words or less. Job openings will be posted for four weeks. If you would like to work for HCH, please submit a one-page resume along with a statement of 25 words or less describing the position you seek. Resumes will be posted for six weeks. Submit job openings or resumes and positions sought to *ppost@nhchc.org.* Only electronic communications can be accepted.

Attend the Network's Membership Meeting

The Network's fifth annual membership meeting will be held 10:30 a.m. to 12 noon on Friday, April 28, in conjunction with the National HCH Conference. Awards will be presented to outstanding HCH clinicians, and members will elect new leadership to the Network Steering Committee. Sandra L. McBrayer, founder of the nation's first successful school for homeless children, will deliver this year's keynote address. Please join us.

Recent Publications

HIV/AIDS & Homelessness: Recommendations for Clinical Practice and Public Policy by John Y. Song, MD, HCH Clinicians' Network, November 1999. The executive summary is available at *http://www.nhchc.org/HIV.html.* To order, call (615) 226-2292, send e-mail to *network@nhchc.org,* or print and mail or fax an online order form available at *http://www.nhchc.org/publist.html.*

Nursing Centers Expand the Role of Public Health Nursing

Building on the tradition of public health nursing begun by pioneers like Margaret Sanger and Lillian Wald, nursing centers play a special role in connecting vulnerable individuals to needed health care, according to Tine Hansen-Turton, executive director of the Regional Nursing Centers Consortium in Philadelphia. The consortium represents 26 nursing centers in Pennsylvania, New Jersey, and Delaware, including the Mary Howard Health Center, the Philadelphia Health Care for the Homeless primary care nursing center.

Several characteristics of nursing centers make them especially well suited to working with homeless people, according to Hansen-Turton. They include:

- **Outreach.** All of the staff at the Mary Howard Health Center are experienced in shelter and street outreach. They provide health care in the context of the individual's daily life.
- **Holistic care.** Because they take the time to know their patients, nursing center staff treat the whole person, according to Yoshiko Vann, CRNP, of the Mary Howard Health Center. "We don't just see the disease," she says.
- **Access.** Perceived barriers to health care include whether or not an individual feels welcomed by clinic staff. Vann goes out of her way to make her patients feel comfortable. "I take time with them, and I speak in language they can understand," she says.
- **Follow-up.** "If you're going to screen, you've got to do follow-up," Vann points out, even if that means finding your clients on the street.

At the National Health Care for the Homeless Conference April 27 to 29 in Denver, Hansen-Turton and Vann will present a workshop on nursing centers at 2 p.m. Thursday, April 27. ▲

Catch Them before They Fall: The Emotional Impact of Homelessness on the Young

By Pat Post, Communications Manager
National Health Care for the Homeless Council

Health care providers should have a high index of suspicion for behavioral health problems in young patients lacking a stable residence whether they are living with or without a parent, doubled up with friends or relatives, in an emergency shelter, in foster or group care, or on the street.

Homelessness is well documented as an independent predictor of emotional and behavioral problems in minor children and young adults.[1-3] Residential instability amplifies mental health risks engendered by family fragmentation, abuse, neglect, and abandonment. Homeless children under the age of 12 are at significant risk for developmental delays, depression, anxiety, behavior disorders, and learning disabilities. Homeless youth in their teens and early 20s demonstrate high rates of conduct disorders, substance abuse, posttraumatic stress disorder, depression, and attempted suicide.

- **About half of school-age children and one-fourth of children under the age of 5 suffer from depression, anxiety, or aggression after becoming homeless.[1]**
- **Nearly one-third of homeless children and youth ages 6 to 17 have at least one major mental disorder that interferes with their daily activity, compared to about one-fifth of low-income, housed children and youth.[2]**
- **More than one-fifth of homeless children ages 3 to 6 have emotional problems serious enough to require professional care.[1]**
- **Homeless children are twice as likely as poor housed children to have learning disabilities, and three times as likely to have emotional and behavioral problems.[2]**
- **The strongest predictor of emotional and behavioral problems in homeless children is their mother's level of emotional distress. More than 60% of homeless mothers have been violently abused, and 45% have a major depressive disorder.[2]**
- **Homeless children have been physically abused at twice the rate of other children, and are three times as likely to be sexually abused.[2]**
- **Two-thirds of homeless street youth meet diagnostic criteria for posttraumatic stress disorder.[3]**
- **Homeless teens have higher rates of disruptive behavior disorders and alcohol abuse/dependence than matched housed adolescents, but similar rates of drug abuse and other mental disorders.[3]**

Despite their best efforts, Health Care for the Homeless (HCH) clinicians report that homeless children and youth are falling through holes in the mental health safety net. The reasons are many and complex:

- Lack of mental health services available to children and youth without housing.
- Misdiagnosis of behavior disorders in homeless children, e.g., confusing adjustment disorders or situational anxiety with attention-deficit/hyperactivity disorder (ADHD), an organic brain disorder.
- Inappropriate and/or unmonitored use of medication such as Ritalin.
- Few mental health professionals willing and able to provide simultaneous treatment of co-occurring mental health and substance use disorders in homeless youth.
- Access barriers exacerbated by managed care, including unavailable or distant mental health services, and self-referral limitations for domestic violence victims who fear batterers may track them through regular providers.

Experienced homeless service providers recommend the following interventions to protect the mental health of young people lacking stable housing, and to prevent their prolonged homelessness:

- Comprehensive, integrated systems of care accessible to all homeless families and youth that address developmental, psychosocial, and mental health service needs including substance abuse treatment.
- More behavioral health outreach to homeless families and youth living on the street.
- Early psychological and educational assessments for all homeless children, and routine lead toxicity screening of children in shelters.
- Education of homeless parents about helpful parenting techniques, children's expected social/emotional/developmental milestones, and their child's right to an educational assessment and how to obtain one.
- Improved cultural competency of those who serve homeless families and youth including, but not limited to, language competency. ▲

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[1]Homes for the Homeless & The Institute for Children and Poverty. *Homeless in America: A Children's Story,* 1999.

[2]The Better Homes Fund. *Homeless Children: America's New Outcasts,* June 1999.

[3]Robertson MJ and Toto PA, "Homeless Youth: Research, Intervention, and Policy," 1998 National Symposium on Homelessness and Research.

HCH INFORMATION RESOURCE CENTER Connections

Expanded Video Catalog Offers New Titles

The Health Care for the Homeless (HCH) Information Resource Center video lending library has nearly doubled in size. Approximately 50 titles have been added to the video catalog and are available for loan, free of charge, to HCH grantees and subcontractors. For a copy of the newly revised video catalog, contact Patty Spaulding at (888) 439-3300, ext. 247 or *hch@prainc.com.*

Health Materials for Adults with Limited Literacy Skills

The *Health and Literacy Compendium* is an annotated bibliography of easy-to-read health materials and resources for use with adults who have limited literacy skills. The compendium was developed by World Education in collaboration with the National Institute for Literacy and is available in print and web-based versions. The bibliography is in English only, but many of the materials it references are available in other languages. A free copy of the print version can be obtained from Amanda Darling at World Education, 44 Farnsworth St., Boston, MA 02210. Phone: (617) 482-9485 ext. 278; E-mail: *adarling@worlded.org.* Or, you can download the Web verstion at *http://easternlincs.worlded.org.*

New Publications on Violence Available

The Better Homes Fund, in collaboration with the Clinicians' Network Research Committee of the National Health Care for the Homeless Council, has just released *Identifying and Responding to Violence Among Poor and Homeless Women.* This 42-page manual focuses on understanding and assessing trauma, identifying its effects, assessing safety, treating medical and psychological conditions, and documenting the effects of violence on poor and homeless women. The companion brochure, by the same name, is a handy reference guide that can be downloaded from the National Council's web site at *http://www.nhchc.org/violence.html.* Both the brochure and the manual have been mailed to HCH grantees and subcontractors. Limited quantities are available from the HCH Information Resource Center. Contact Patty Spaulding at (888) 439-3300, ext. 247 or *hch@prainc.com.*

Our Web Site Gets a New Look!

The Information Resource Center Web site has a new face! Check out our new home page and additional links at *http://www.prainc.com/hch.* Look for a complete overhaul in the coming months, including new searchable databases for bibliographies, sample tools, and the HCH directory.

Dental Care a Top Priority for Homeless People

"Access to dental care is a significant problem for homeless people," notes Michael Monopoli, DMD, dental program director for Boston Health Care for the Homeless. In addition, unresolved oral health problems can create or aggravate other conditions.

Boston HCH provides full-time dental services with paid staff in both a shelter-based clinic and mobile outreach unit. In contrast, Health Services for the Homeless of Travelers Aid in Rhode Island offers part-time, site-based dental services with volunteer dentists.

The decision to establish a dental clinic requires a careful assessment of key issues, Dr. Monopoli notes, including the following:

- **How will you generate income?** Grants, Medicaid, and uncompensated medical care pools are possibilities.
- **Will your program be fixed or mobile?** This will depend, in part, on the population you serve.
- **What community resources are available?** Dental schools, the local dental society, other safety net providers, and local boards of health may provide technical assistance or funding.

Tapping into community resources plays a significant role in making a volunteer model successful, according to Linda Dziobek, RN, program director at Travelers Aid. She advises HCH programs to screen volunteers carefully and be realistic about what they can accomplish.

At the National Health Care for the Homeless Conference April 27 to 29 in Denver, Dr. Monopoli and Dziobek will discuss different models of dental care for homeless people at 2 p.m. Thursday, April 27. Dr. Monopoli will also present a workshop on oral health at 8:30 a.m. Friday, April 28. ▲

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Program Update

Bureau Spending Plan Announced

On February 2, 2000, the Bureau of Primary Health Care (BPHC) issued Program Assistance Letter (PAL) 2000-04, Spending Plan for the Increased Appropriation for Fiscal Year (FY) 2000 for the Consolidated Health Centers. The PAL describes the Bureau's strategies to continue to strengthen the safety net and to support activities targeted at reducing health disparities among ethnic/racial groups.

Grantees will have the opportunity to expand their services in the areas of mental health/substance abuse and oral health. In addition, the BPHC anticipates that HCH grantees will be able to apply for funding for respite care expansion into certain areas of extremely high need, and have opportunities for one-time grant supplements. Watch the Bureau Website *(http://www.bphc.hrsa.gov/news)* for news about Policy Information Notices (PINS) that detail these opportunities.

New Access Points Funded

The FY 2000 Spending Plan also provided resources to fund applications from HCH grantees who applied during the FY 1999 new access points funding opportunity and were approved but not previously funded. Eleven additional applications were funded for a total of approximately $1 million.

Expansion of Services Receives More Funding

Additional funds were also designated under the FY 2000 Spending Plan for approved, but previously unfunded, applications under the FY 1999 service expansion initiative. As a result, two additional HCH grantees received funds for mental health/substance abuse, and nine HCH grantees received funds for outreach.

Ryan White Monies Available

The HIV/AIDS Bureau has announced two Ryan White C.A.R.E. Act Title III grant competitions. The Title III Early Intervention Services (EIS) Program supports organizations to *provide,* on an outpatient basis, high-quality early intervention services (i.e., primary care) to people with HIV by increasing the present capacity and capability of eligible ambulatory health service entities. The Title III Planning Grant Program supports communities and health care service entities to *plan* high-quality comprehensive outpatient primary care services for people in their service areas with HIV or at risk for HIV. The application deadlines are July 17, 2000, and June 2, 2000, respectively. Application kits for both programs are available at (877) 477-2123.

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