

Pooled Analysis of Infrastructure for Adolescent HIV Services: A Cross-Cutting Evaluation of the Health Resources and Services Administration Special Projects of National Significance Program

Executive Summary

In October and December 1993, the Health Resources and Services Administration (HRSA) Special Projects of National Significance (SPNS) Program funded 10 national demonstration projects targeting adolescents and youth for HIV/AIDS services.

This report evaluates the service network infrastructure for HIV-related youth services in six participating cities/regions (represented by eight grantees). This report summarizes the type and quantity of HIV-related service slots for youth in each city as well as the barriers to providing such services. Additionally, this report documents the cohesiveness of the service continuum as well as service provider consensus on HIV youth services design. Over time, the projects will be able to determine whether the existence of slots from their demonstration project results in changes in service network infrastructure.

Project sites were asked to recruit 20 agencies annually to conduct interviews. Management, program supervisors and line staff were included. Agencies agreed to make a long-term commitment, and to participate in several "waves" of data collection necessary for this Infrastructure Assessment. Various conclusions may be reached from the data collected. Based on the responses in the Service Provider Survey, many of those interviewed believe that the service system is not operating as effectively as possible. Respondents tended to *disagree* with statements such as "the service system is meeting the needs of HIV-positive and high-risk-for-HIV youth" and "the city/region has sufficient capacity to meet the treatment needs of HIV-infected youth."

Possible suggestions for improvements are revealed in the service providers' agreement with statements such as "there should be a better way of communicating information about what services are available," "service professionals need education on issues related to adolescents," and, "cross-training is important." High priority was assigned to street education/prevention programs, residential drug treatment, and mental health services as areas that should be targeted to receive new or additional public funds.

The Service Resources Interview provided information about the agencies' capacity for service delivery. Results from these interviews indicate that the services targeted to youth seen as most likely to expand in the next six months were drug abuse treatment and general social services. Overall, the major barrier to increasing service capacity was believed to be a lack of funding. Barriers considered to be moderate included the perception that youth are unaware of available services, that the interagency networks may be disorganized, lack of transportation, and lack of appropriate ancillary services.

In addition, comparison of baseline data and data collected in the second wave showed few changes in the types of agency activities, the types of services provided, or service fees. However, there was an increase in perceived barriers to services for long-term housing, long-term drug treatment, HIV outpatient medical services, and HIV clinical trials. There was also an increase in awareness of funding from Ryan White CARE Act Title I monies. By continuing to monitor the infrastructure for HIV services for young people, it will be possible to see if and how the availability of such services changes over time.