

Chapter 2

Major Activities During the First Year

A. Start-Up Issues

The 27 projects received their initial funding notifications on September 30, 1994. Between that time and the end of September 1995, the projects engaged in a number of activities.

The cooperative agreement projects achieved significant progress in the first year. Many of the programs were able to begin service delivery within a very short start-up period. Others used the first year to develop systems to allow them to provide the services necessary for their programs. Overall – both individually and as a group – the first year provided an opportunity for the cooperative agreement projects to develop productive and collaborative relationships with members of their own local provider networks, as well as within the SPNS Cooperative Agreement Steering Committee.

Some representative achievements of the projects – as abstracted from Table 2-1 – were as follows.

- Projects seeking to change the general service networks in their area for specific target groups of persons with HIV formed Community Advisory Boards or Steering Committees comprised of service providers and consumers. These boards were formed in: Chicago, the metropolitan District of Columbia area (including Maryland and Virginia), and South Texas (San Antonio, Corpus Christi). Other structures for effecting changes in service system were explored in Brooklyn, Kansas City, New York, San Francisco, and St. Louis.
- “Storefront” community facilities for persons with HIV were opened in Atlanta, Boston, Detroit, Los Angeles, and New York. Medical clinics were enhanced or opened in Baltimore, Boston, Brattleboro, Los Angeles, Reno, and St. Louis. Medical needs of persons at different stages of HIV disease were assessed in New York. Special facilities or programs for persons with late-stage AIDS were established or enhanced in Los Angeles and San Francisco. A prison-based program was established in New York.
- Methods for the innovative training of health and other service providers were developed for the Plains States (Colorado, Kansas, Nebraska, New Mexico, North Dakota, South Dakota, Utah, and Wyoming), and in California, the District of Columbia, Georgia, Maryland, Mississippi, Missouri, New York, Texas, Vermont, Virginia, Washington, and West Virginia. Consumers and providers received training in the legal rights of persons with HIV in Indiana and Michigan.

- The costs and benefits of various types of treatment programs were studied in Baltimore, Boston, Los Angeles, New York, Reno, San Francisco, and Vermont. The special needs of persons traditionally underserved in the health care system were studied in Atlanta, Boston, Chicago, Detroit, the District of Columbia, Los Angeles, New York, San Francisco, and St. Louis.

Table 2-1 highlights achievements of the 27 projects and the Evaluation and Dissemination Center made during the first year. Following this summary of individual program activities, the achievements of the Steering Committee as a whole are described.

**Table 2-1
Individual Project Achievements in the First Year**

SPNS Project	General Program Achievements	Specific Achievements
AIDS Healthcare Foundation (Los Angeles, California)	<ul style="list-style-type: none"> • Studied ways of providing high quality, comprehensive HIV/AIDS care under a capitated reimbursement system to publicly supported AIDS patients in Los Angeles County. • Implemented a plan to improve the way healthcare services are provided using an interdisciplinary case management approach. • Developed an approach to better coordinate the delivery of medical and social services, increase efficiency, reduce overall costs, and improve the quality of care. 	<ul style="list-style-type: none"> • Executed a “fully at risk” capitated care contract with the California Department of Health Services to provide a continuum of medical services at five hospital-based clinics. • Enrolled first patients in the “Positive Healthcare” program on April 1, 1995. • Current enrollment of more than 250 members. • Purchased and installed a sophisticated utilization management software package. • Established a Quality Improvement Council. • Signed collaborative agreements with a large, independent hospital-based HIV/AIDS provider and a case management organization.
Center for Women Policy Studies (District of Columbia)	<ul style="list-style-type: none"> • Sponsored information sharing meetings for service providers and women with HIV/AIDS. • Identified Medicaid and Case Management as top priority policy issues that impact women with HIV/AIDS. • Identified services available to positive women, barriers and problems within the HIV/AIDS care system, and training needs of providers. • Worked towards capacity building within the HIV-care system in metropolitan DC. 	<ul style="list-style-type: none"> • Established a Steering Committee comprised of researchers, policy analysts, service providers, CBOs, and women with HIV/AIDS. • Convened a Medicaid Policy Working Group. • Organized a Guardianship Working Group of consumers and policy makers. • Conducted focus groups to learn how women with HIV define their changing needs. • Conducted needs assessments to identify barriers for service providers. • Held information sharing meetings about alternative funding sources; regional epidemiology; Medicaid eligibility; CDC guidelines for HIV counseling and testing of pregnant women; case management; and permanency planning.

SPNS Project	General Program Achievements	Specific Achievements
East Boston Neighborhood Health Center (East Boston, Massachusetts)	<ul style="list-style-type: none"> • Developed a confidential, computerized patient database. • Developed systems to capture service utilization and costs. • Developed a multidisciplinary team of providers. • Developed a Consumer Advisory Board. • Developed and implemented a managed care inpatient unit and health center-wide systems to support capitated managed care. 	<ul style="list-style-type: none"> • Developed and implemented patient intake forms for nursing, case management, and social service. • Developed a quarterly follow-up form to capture patient outcomes and to perform quality improvement. • Developed and implemented forms to track hospitalization, outside service utilization and disenrollment. • Performed chart reviews on active and former patients to input baseline data. • Developed a system to capture monthly outpatient service utilization from the health center's MIS department. • Hired a nurse practitioner, defined providers' roles and improved team communication.
Emory University (Atlanta, Georgia)	<ul style="list-style-type: none"> • Established a project planning group that meets monthly. It consists of representatives from Emory, Georgia Department of Corrections and EMSTAR Research, Inc. • Developed a chart review instrument for baseline training needs assessment. • Developed first project course: "1995 Update: Medical Management of HIV Infection" (2 day, 16 hour, CME accredited course). 	<ul style="list-style-type: none"> • Performed a baseline chart review of 76 HIV patient charts in 16 Georgia prisons. • Provided "1995 Update: Medical Management of HIV Infections" project course in 3 regional sites across Georgia with 40 participants enrolled. • Conducted preliminary data analysis of chart review results and pre-/post-test results. • Selected treatment and control prison sites: N = 8 institutions per category.
Fortune Society (New York, New York)	<ul style="list-style-type: none"> • Provided vital services unavailable from any other source to individuals admitted to the project. • Offered assistance for inmates in preparing for the HIV-related needs they have upon their release. • Provided case management, counseling and supportive services to help overcome linguistic and cultural barriers to clients accessing services. 	<ul style="list-style-type: none"> • Demonstrated remarkable success in advocating for medical parole. • Obtained permission to attend parole hearings and advocate on the client's behalf. • Established strong working relationships with Correctional Facility Staff. • Developed a comprehensive database to track project services.

SPNS Project	General Program Achievements	Specific Achievements
Haitian Community AIDS Outreach Project/Center for Community Health, Education, and Research (Dorchester, Massachusetts)	<ul style="list-style-type: none"> • Developed a psychosocial educational curriculum. • Trained case managers on their new role in the program, particularly on the meaning of the evaluation modules, topics, and their application. • Refined the steps toward the implementation of the counseling sessions started in Year II. • Developed evaluation instruments and installed a management information system. 	<ul style="list-style-type: none"> • Developed a psychosocial educational curriculum from “square one” since no similar work could be located anywhere else. • Conducted relevant training of case managers to become partners in this new program. • Developed new forms for case management (Intake, Consent, Needs Assessment, Intra-agency Referral), and counselors (Pre- and Post-Test Questionnaire, the Category/Session Selection, Family Issues/Service/Risk Reduction/Self-Management).
Health Initiatives for Youth (San Francisco, California)	<ul style="list-style-type: none"> • Developed and implemented a baseline needs assessment of services available for youth, and the needs of providers and youth with respect to that system. • Established a resource library to distribute information on youth, health, and HIV locally, regionally and nationally. • Provided a wide range of experiential, skills-building training and technical assistance for providers: specially developed in-house trainings; individual technical assistance sessions, and financial assistance to providers to attend other organizations’ trainings, conferences and workshops. 	<ul style="list-style-type: none"> • Conducted interviews and surveys of more than 250 providers and 70 youth in five counties. • Held 18 trainings/workshops and 33 technical assistance sessions with more than 850 youth and service providers. • Developed and produced <i>Bridges</i>, a bimonthly newsletter for health and human service providers on youth issues and distributed more than 1,300 copies nationwide. • Distributed more than 2,000 copies of the 1995 <i>Adolescent Provider’s Guide</i>, a guide to services for youth and young adults in San Francisco. • Provided financial assistance to 15 agencies and 28 individuals for staff and agency development opportunities.

SPNS Project	General Program Achievements	Specific Achievements
<p>Hektoen Institute for Medical Research/Cook County HIV Primary Care Center (Chicago, Illinois)</p>	<ul style="list-style-type: none"> • Developed an Maternal and Child Health/HIV Advisory Council of providers, advocates, community agencies and consumers. • Developed a County-wide implementation committee to assist in developing policies and protocols for use of zidovudine to reduce perinatal HIV transmission. • Conducted outreach to every maternity hospital and its obstetrics staff in Cook County. • Conducted a needs assessment of practices and knowledge about HIV among Cook County Maternal and Child Health providers. • Developed a Policy Statement about counseling and testing by consent and administration of zidovudine during pregnancy. • Developed a Community Advocacy Network for the Maternal and Child Health/HIV Integration Project composed of women with HIV. 	<ul style="list-style-type: none"> • Trained Chicago Department of Health Maternal and Child Health clinic staff in HIV education and early identification practices. • Facilitated the adoption of policies and protocols for HIV counseling and testing by consent for pregnant women by the Chicago Department of Health, and several large hospitals and perinatal networks. • Developed a manual for providers about counseling and testing by consent, guidelines for use of zidovudine to reduce perinatal transmission, and general OB care of pregnant women with HIV and general care for the infant of an HIV-positive mother. • Provided training regarding counseling, testing by consent and perinatal transmission reduction for providers.

SPNS Project	General Program Achievements	Specific Achievements
<p>Indiana Community AIDS Action Network (Indianapolis, Indiana)</p>	<ul style="list-style-type: none"> • Developed a system to provide direct legal services across the state. • Established more thorough follow-up monitoring of legal referrals. • Created a mechanism to foster linkages between Indiana’s HIV care coordination and welfare system. • Developed greater outreach strategies to increase service accessibility for African-Americans and men who have sex with men. 	<ul style="list-style-type: none"> • Demonstrated an increase in HIV discrimination reporting by African-Americans from 8.8% at the beginning of the grant to 18.9% of all reports in the first eight months. • Obtained an increase in HIV discrimination reporting by men who have sex with men from 54.9% at the beginning of grant to 69.8% of all reports in the first eight months. • Obtained an increase in direct legal service provision from 37.3% of requests at the beginning of the grant to 71.7% of new cases. • Settled a major ADA employment discrimination case involving wrongful termination of HIV-infected restaurant worker. • Developed and coordinated a series of HIV sensitivity and resources trainings for county welfare agencies in each of Indiana’s six welfare regions.
<p>Interamerican College of Physicians and Surgeons (New York, New York)</p>	<ul style="list-style-type: none"> • Completed training of 76 physicians in HIV risk-assessment, counseling, testing, treatment of seropositive patients and referral services. • Increased HIV risk-assessment, testing and treatment of positive patients in the majority of the physicians’ practices in the program. 	<ul style="list-style-type: none"> • Achieved completion of more frequent, thorough risk assessments in the practices of 90% of trainees. • Demonstrated an increase of time invested in pre- and post-test counseling in over 85% of program physicians. • Since the start of the program, “over 65% of physicians have tested patients in their practices,” the majority of whom had not been regularly testing patients for HIV-infection. • Over half of the program physicians have decided to treat HIV-seropositive patients or are currently managing HIV-positive patients in their practices.

SPNS Project	General Program Achievements	Specific Achievements
Johns Hopkins University School of Medicine (Baltimore, Maryland)	<ul style="list-style-type: none"> • Facilitated extensive communication between the Johns Hopkins Health Systems, the Hopkins HIV Care Program, and the Maryland Medicaid Program. • Implemented internal audits to determine the efficiency of clinic use, length of stay, use of the chronic care facility, subspecialty consultations, cost of drugs, etc. • Analyzed the impact of this type of program on other aspects of the mission of an academic center including teaching and research. 	<ul style="list-style-type: none"> • Had a capitation rate defined by Medicaid. • Used a database to assure patient financial security with Medicaid rate. • Obtained positive response by four of five HMOs in central Maryland approached as potential partners. • Defined eligibility criteria, services to be offered and quality assurance systems.
Larkin Street Services (San Francisco, California)	<ul style="list-style-type: none"> • Provided services for youth living with symptomatic HIV or AIDS within a coordinated service delivery model. • Developed a general design for an evaluation plan for the program. • Acquired a building for the program's future Assisted Care Facility. 	<ul style="list-style-type: none"> • Provided case management, emergency housing, medical services and psychosocial support to twenty youth with symptomatic HIV disease or AIDS. • Developed and implemented a specific nutrition program for HIV symptomatic and AIDS diagnosed youth. • Collected preliminary data for enrolled youth. • Completed site search and acquisition phase of a facility. • Selected architect, initiated preliminary design process for new facility in collaboration with program clients and staff. • Leased van for client transportation and purchased furniture.
Michigan Protection and Advocacy Service (Lansing, Michigan)	<ul style="list-style-type: none"> • Developed a 150-page community advocate training manual. • Established contacts with the African-American, gay and lesbian, and to a lesser extent, Latino communities throughout Michigan. 	<ul style="list-style-type: none"> • Held ten trainings in both urban and rural areas in Michigan. • Provided training to 125 community advocates. • Collected demographic and training evaluation data from each of 125 trainees.

SPNS Project	General Program Achievements	Specific Achievements
Missouri Department of Health (Jefferson City, Missouri)	<ul style="list-style-type: none"> • Established an evaluation design and hired an evaluation team. • Officially established an Integrated Care Program (ICP) through a contract with the Central Kansas City Mental Health Center. 	<ul style="list-style-type: none"> • Decided to evaluate program success based on quality of life experienced by clients. • Collected evaluation materials from each participant at each training session.
New York State Department of Health/Health Research (Albany, New York)	<ul style="list-style-type: none"> • Developed systems and methodologies for use in the collection and analysis of site-specific HIV/AIDS cost and utilization data. • Developed guidelines for provider capacity for the delivery of primary care services to adults with HIV/AIDS based on stage-specific data from a national study and on estimates of the distribution of persons with HIV/AIDS receiving primary care services in New York. • Awarded grants to provider and health service research groups throughout the state for planning activities associated with the development of program models that will be used in fashioning HIV Special Needs Plans. 	<ul style="list-style-type: none"> • Developed and implemented a survey to record the experiences of persons with HIV/AIDS as they transition to Medicaid Managed Care. • Examined Medicaid fee-for-service data for establishing baselines for pre-managed care consumer behavior. • Developed a relational database that represents several existing Medicaid databases. • Initiated the development of a clinical quality of care database.
Outreach, Inc. (Atlanta, Georgia)	<ul style="list-style-type: none"> • Selected site for the creation and implementation of satellite location, "Safe Place." • Implemented satellite facility to provide full range of services to substance-abusing, HIV-infected adults. 	<ul style="list-style-type: none"> • Continued renovation of satellite facility. • Hired staff for the satellite facility. • Opened facility for "Safe Place" to provide services to substance-abusing, HIV-infected adults, including: HIV testing, van transportation to medical treatment, crisis intervention services, home visits and follow-up care, group support sessions, peer counselor interactions, and substance abuse counseling.

SPNS Project	General Program Achievements	Specific Achievements
PROTOTYPES (Culver City, California)	<ul style="list-style-type: none"> • Established PROTOTYPES WomensLink Consortium and implemented the Settlement House model. • Provided outreach services since the first day of grant. • Piloted fax-in evaluation forms from the beginning of service delivery. • Began service delivery in first month of the grant. 	<ul style="list-style-type: none"> • Admitted 128 women to the program. • Provided 311 counseling sessions, 529 case management sessions, 257 sessions providing assistance with housing. • Most utilized service was the Necessities canteen. Provided 247 sets of household/hygiene supplies to clients. • By the end of Year I, significant reduction in Structural Barriers (e.g., knowing where services are, waiting lists too long) but not Social Barriers (e.g. fear of losing child, difficulty making and keeping appointments).
SUNY Health Science Center at Brooklyn (Brooklyn, New York)	<ul style="list-style-type: none"> • Assessed counseling and testing systems and availability of integrated gynecological/HIV-related care, and perinatal zidovudine treatment at three targeted hospitals. • Continually restructured counseling and testing systems for prenatal service patients and implemented procedures for ensuring access to perinatal zidovudine protocol, based on assessment of each site. • Expanded/enhanced access to integrated gynecological /HIV-related services in locations where women are already or are likely to receive care. 	<ul style="list-style-type: none"> • Improved HIV counseling and testing rates among prenatal service patients at all three sites due to staff in-service, clinician involvement in counseling process and encouragement to test, development of protocols reducing patient burden, and routinization of HIV counseling and testing as part of prenatal care. • Developed and implemented nursing policy and procedures to ensure 24 hour access to IV zidovudine on the labor and delivery units and pediatric units. • Expanded sites for offering co-located HIV primary care with gynecological care and/or substance abuse and HIV-pediatric care. Increased patient enrollment in clinical care at these sites. • Decreased the number of HIV exposed and/or infected infants born at the three hospitals.

SPNS Project	General Program Achievements	Specific Achievements
<p>The Measurement Group – PROTOTYPES Evaluation and Dissemination Center (Culver City, California)</p>	<ul style="list-style-type: none"> • Developed an overall management strategy for facilitating the activities of the Cooperative Agreement Steering Committee. • Developed a cross-cutting evaluation strategy for the Work Groups and the Cooperative Agreement Steering Committee. • Provided technical support on evaluation to individual grantees and the Cooperative Agreement Steering Committee. • Planned evaluation technical assistance activities for the cooperative agreement projects. 	<ul style="list-style-type: none"> • Coordinated and managed four Steering Committee meetings. • Provided management assistance to the Steering Committee and HRSA on overall direction and operations. • Developed several dozen evaluation modules and an evaluation plan. • Provided individual technical assistance on evaluation to cooperative agreement projects. • Advised HRSA on local evaluation plans of the 27 cooperative agreement projects. • Planned and implemented an Evaluation Conference for the cooperative agreement projects.
<p>University of Colorado Health Sciences Center (Denver, Colorado)</p>	<ul style="list-style-type: none"> • Developed a representative advisory committee for the project. • Developed an expert panel to review educational materials. • Developed the three educational methods. • Developed the research instruments. • Pilot tested educational material and research instruments. 	<ul style="list-style-type: none"> • Held two meetings of an advisory committee composed of one member from each state, regional project personnel and three persons living with HIV. • Developed an 80-page Self-Study Module entitled: HIV/AIDS Prevention, Early Intervention and Health Promotion: A Self-Study Module For Rural Health Care Providers. • Developed a case history methodology to measure ability to provide prevention, early intervention and health promotion services. • Developed plans for implementation of the project in the eight-state region. • Analyzed and revised educational materials and research instruments based on pilot test results.

SPNS Project	General Program Achievements	Specific Achievements
University of Mississippi Medical Center (Jackson, Mississippi)	<ul style="list-style-type: none"> • Reached agreement with Federal Health Clinics to participate in training project. • Established Instructor/Student Learning Centers. • Recruited and trained key project staff. • Identified baseline evaluation criteria. 	<ul style="list-style-type: none"> • Fulfilled subcontracts between the training project and 11 Federal Health Clinics. • Purchased and installed all hardware essential to creating PC based linkages between the project and the offsite student centers. • Held full day inservice training for all clinic based coordinators on the technical requirements of the project. • Purchased and installed all software to support the tracking of patient encounter data at the offsite locations.
University of Nevada School of Medicine (Reno, Nevada)	<ul style="list-style-type: none"> • Obtained equipment and provided staff training to perform nutrition assessment. • Developed, pilot-tested, and extensively refined a nutrition questionnaire for the project and for use at other sites. • Obtained training and new software for the development of fax-in data system and analysis. 	<ul style="list-style-type: none"> • Recruited 44 clients for baseline and/or follow-up project visits. • Developed guidelines and delivery network for state purchased nutritional supplements for project clients and others. • Provided individualized nutrition counseling to address changing conditions with emphasis on prevention. • Developed strong relationships with AIDS service providers through coalition membership and outreach activities.

SPNS Project	General Program Achievements	Specific Achievements
University of Texas Health Science Center at San Antonio (San Antonio, Texas)	<ul style="list-style-type: none"> • Established a Family Preservation Council (FPC) to steer and guide Project "SALUD." • Conducted a needs assessment of services for women, children and families living with HIV/AIDS in South Texas • Assessed key organizations in the South Texas HIV/AIDS health delivery system. • Cross-trained project staff. • Assessed training needs in the health and human services delivery system. 	<ul style="list-style-type: none"> • Assessed and developed capacity within the FPC agencies. • Conducted needs assessments of women and families. • Implemented health-seeking behaviors assessment of Mexican-American women living with HIV/AIDS. • Completed organizational needs assessments. • Completed baseline measures of the functioning of infected and affected children. • Compiled existing curricula for caregivers and Texas Department of Protective and Regulatory Services (TDPRS) foster parents and staff. • Participated in training of TDPRS foster parents and HIV/AIDS volunteers.
University of Vermont & State Agricultural College (Burlington, Vermont)	<ul style="list-style-type: none"> • Developed and implemented clinic sites I and II. • Developed computerized data collection tool. • Provided state-of-the-art health care in a rural setting to 30 patients with HIV/AIDS. • Developed a psychosocial resource catalog for clinic and psychosocial teaching for providers at that site. 	<ul style="list-style-type: none"> • Hired and trained nurse practitioners at clinic sites I and II. • Developed data collection tools and computer software. • Developed Psychosocial Resource directory for clinic site I. • Infectious Disease Physician specialist traveled to clinic site I monthly. • Successfully submitted a first year data abstract to the third national meeting on Retrovirus (January 1996).

SPNS Project	General Program Achievements	Specific Achievements
University of Washington (Seattle, Washington)	<ul style="list-style-type: none"> • Conducted chart reviews in two long term care facilities to identify diagnosis, treatment, referral patterns and psychiatric morbidity in patients, emphasizing delirium. • Analyzed data for statewide hospital-based units regarding diagnosis, treatment, referral patterns and psychiatric morbidity of patients, emphasizing delirium. • Established baseline needs assessment of providers at the four participating agencies to determine training needs. 	<ul style="list-style-type: none"> • Began production of training video on HIV/AIDS related delirium.
Visiting Nurse Association of Los Angeles (Los Angeles, California)	<ul style="list-style-type: none"> • Trained staff (nurses and social workers) in home-skilled nursing and psycho-social needs for HIV/AIDS patients. • Developed and implemented a package of instruments on emotional patient aspects and end-stage of HIV/AIDS disease. • Developed a Continuity of Care model for home end-stage care for HIV/AIDS patients. • Developed a Capitation model for end-stage care for HIV/AIDS patients. 	<ul style="list-style-type: none"> • Recruited 163 patients for study to date. • Provided a counseling model of care for end-stage HIV/AIDS patients. • Developed a network of key providers and community based organizations in active support of and referral to study.
Washington University (St. Louis, Missouri)	<ul style="list-style-type: none"> • Established the Helena Hatch Special Care Center for Women, bringing in multidisciplinary services under one roof. • Established a data collection system for tracking women enrolled in the Center. • Created a variety of educational and support programs for clients. • Established a community advisory board comprising a mixture of clients and professionals. 	<ul style="list-style-type: none"> • Developed referral networks within the community. • Increased client enrollment from 45 to 135. • Surveyed 50 of the enrolled clients to identify their needs and expectations. • Obtained significant representation on the Ryan White Planning Council. • Developed a comprehensive, modular protocol for educating clients about disease management.

SPNS Project	General Program Achievements	Specific Achievements
<p>Well-Being Institute (Detroit, Michigan)</p>	<ul style="list-style-type: none"> • Opened the Women’s Intervention Program. • Developed contractual liaisons to provide primary care, substance abuse treatment, detoxification, and program evaluation. • Provided intensive advocacy, nursing, counseling and needs assessment, transportation, and outreach services to substance abusing women with HIV. • Assisted clients in enrolling in primary care services. • Enhanced retention of substance abusers with HIV in primary care services. 	<ul style="list-style-type: none"> • Opened the program office in inner city Detroit and hired sixteen employees, trained to provide direct and indirect staff services. • Established contracts with Detroit Receiving Hospital, Detroit LIGHT House Program, and Wayne State University. A letter of understanding was signed with the Salvation Army. • Enrolled or reactivated 23 HIV-positive, substance abusing women in primary care. • Provided substantial HIV-related services for enrolled participants.

While many of the individual project “start-up” factors were related to one another, there were many different combinations of these start-up issues experienced by the 27 grantees. Among the factors that differentiated the 27 projects and their start-up experiences were the following:

- While several projects represented modifications and extensions of ongoing programs, other projects were new and could not make use of existing facilities, staff, or full expertise of how to run the program.
- At the time the projects began, some of the grantees were able to reassign existing staff from other programs while other grantees were required to hire and train new staff. In several instances, staffing the projects was a rather lengthy process necessitating working within detailed hiring and staffing rules of large institutions.
- While some of the projects represented fairly smooth transitions from the other programs of the grantee agencies, other projects represented relatively large discontinuities and experience had to be brought into the project from the outside.
- At the time of project implementation, some of the projects had appropriate physical facilities for the grant-supported program while other projects had to undergo relatively extensive processes to obtain appropriate offices and clinics, in some cases obtaining a variety of needed licenses and permits.
- For some of the projects, legislative and other institutional changes necessitated shifting program objectives, budgets, staffing, and other needs.

The 27 cooperative agreement projects are quite different from one another. Furthermore, within the context of the many different types of start-up factors and issues faced by the projects, it is not surprising that the individual projects had quite different experiences during their first year.

B. Achievements of the Work Groups and the Steering Committee

The Steering Committee held four meetings during the first year (1995). Each of the meetings went for two full days and one-half of the third day. The meetings were held on January 25-27 in the District of Columbia, on March 22-24 in the District of Columbia, on June 22-24 in Los Angeles, California, and on September 14-16 in Arlington, Virginia. The major achievements of the Steering Committee by meeting during the first year are summarized in Appendix III.

1. Development of Common Objectives

During the course of the four first-year Steering Committee meetings, individual Work Groups met at least six hours during each session. During the course of these meetings, discussions revolved around a number of themes. While the themes differed slightly among the Work Groups, the following issues were represented in most groups.

- Work Groups determined shared programmatic objectives by a thorough examination of individual project objectives.
- Work Groups discussed individual perspectives on effective program elements, and in the process of doing so, developed consensus positions about the importance of many program elements. At the same time, individual project expertise was shared so as to build better programs throughout the cooperative agreements.
- Work Groups discussed their outcome objectives and the way that these might be assessed within their programs.
- Work Groups discussed the ways that individual project strengths might be contrasted to one another in a collaborative and cooperative evaluation.
- As a whole Steering Committee, the deliberations of the Work Groups on the above elements were synthesized and combined to develop overall standards for the cooperative agreement projects.

2. Sharing Project Expertise, Methods, and Resources

As it evolved during the first year, a significant part of the work of the Steering Committee was to ensure that there were mechanisms for sharing project expertise, methods, and resources. The Steering Committee employed a number of techniques for improving communication, engaging in project cross-training, sharing costs of developing shared evaluation methods, and exchanging information needed by several projects. Much of the sharing was facilitated by the Evaluation and Dissemination Center.

The Steering Committee developed a group process mechanism summarized in Figure 2-1. Each of the cooperative agreement projects brings unique expertise, resources, and information to the Steering Committee via participation in the Work Groups and the Steering Committee as a whole. The information brought to this process is shared by these groups to develop common objectives, share materials and resources, and conduct common evaluation activities. These ac-

tivities, in turn, contribute to a group feedback process in which these issues are brought back to the individual cooperative agreement projects as well as the larger HIV service community. Finally, the information sharing process serves as a quality improvement mechanism for the participants in the Steering Committee and its Work Groups so that the overall group process is self-monitoring.

Some examples of the ways in which expertise, methods, and resources were shared by the project representatives include the following:

- The Capitated Care projects provided a half-day training session for all projects on the financing of HIV/AIDS services under principles of managed care.
- A large poster session at the September Steering Committee meeting permitted individual projects to share their first-year experiences and techniques.
- A half-day training was conducted by three of the project representatives in order to enhance the ability of individual projects to provide services in culturally-sensitive, culturally-relevant, and culturally-appropriate ways.
- Time was used at each Steering Committee meeting for individual projects to summarize their progress to date and to share methods with one another. This information sharing occurred formally through discussion in the Work Groups and the Steering Committee as a whole. Informal networking also occurred at Steering Committee meetings as well.
- A formal mechanism was developed both at the Steering Committee meetings and through the Evaluation and Dissemination Center to distribute the more than 200 documents offered by participating projects to one another. These materials ranged from clinical practice manuals to evaluation measures to training exercises to information brochures for service consumers to scientific literature reviews to lists of conferences.
- Federal briefings on available resources were given at each Steering Committee meeting. Federal grants management staff also provided presentations on matters of common interest on administering the projects.

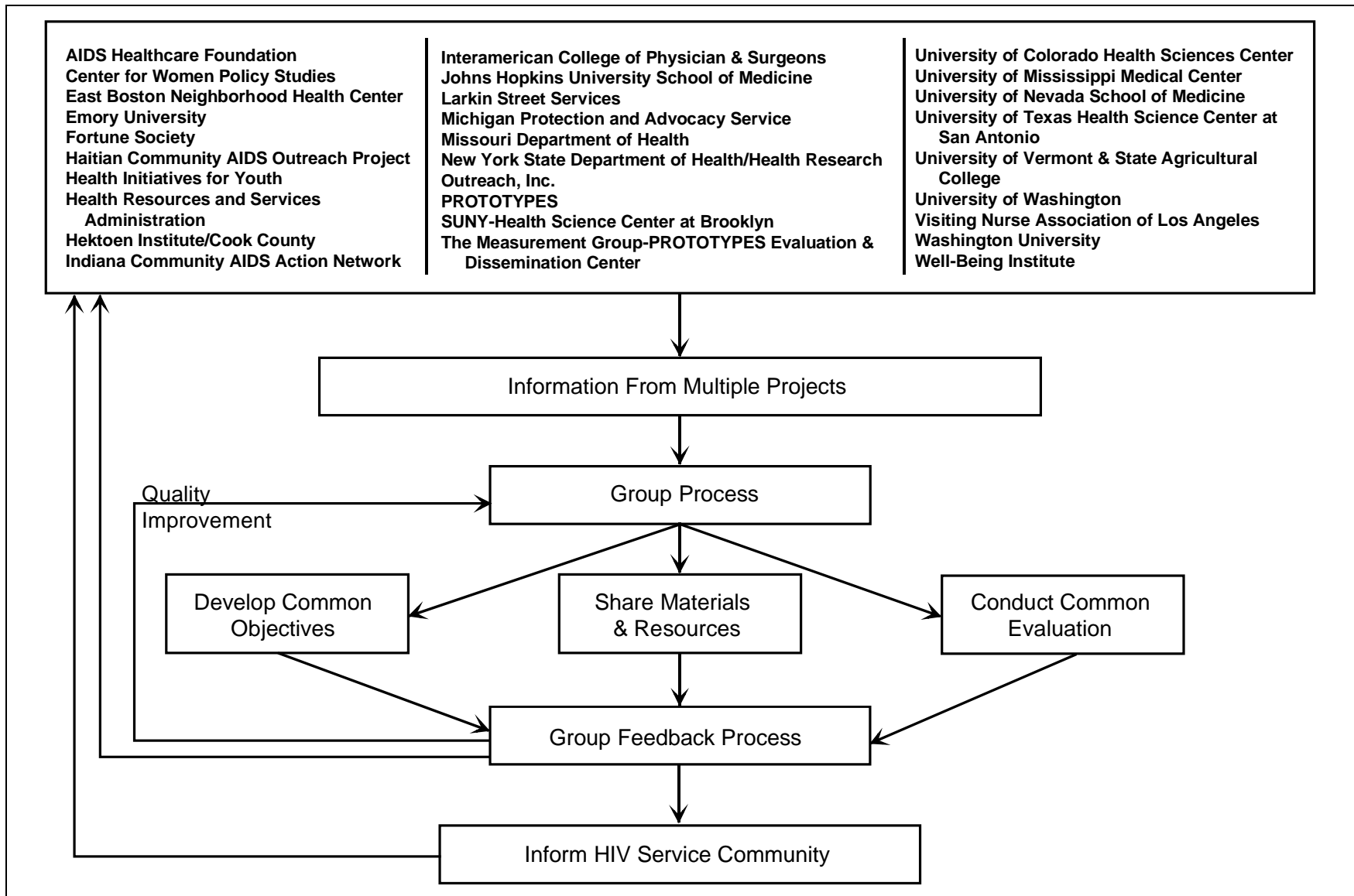


Figure 2-1. Group process and information sharing mechanism of the SPNS Cooperative Agreement Projects.

3. Development of Common Evaluation Methods and Protocols

As a significant part of its activities during the first year, the Steering Committee adopted a modular evaluation design that was suggested by the Evaluation and Dissemination Center. In the modular evaluation design, standardized short forms of 1-2 pages are developed for a number of different functional evaluation questions.

By developing brief modules, data collection for different projects can be customized by including those modules which fit the purpose of the project. By using common modules across projects, as much comparable data as possible may be obtained.

A major advantage of the modular data collection or evaluation strategy is that in so far as projects share a common element, they can collect the same data elements. For example, any of the projects that enroll individual clients can use the same enrollment-demographics form (Module 1) which then permits contrasting the patient populations on identical background indicators from all projects. Similarly, those projects that provide individual medical services are using the same coding system (Module 2A) while those projects that provide psychosocial services are using the same coding system (Module 2B). Projects that provide training, either as a primary objective or as a secondary activity, code the major aspects of the training in a similar way (Module 3).

In collaboration between the Evaluation and Dissemination Center and the Steering Committee, more than 70 modules were proposed and several dozen were developed to final form and implemented in the projects. Appendix III lists all of the data collection (evaluation) modules and their current status within the cooperative agreement projects. Not all modules are quantitative instruments; some are qualitative standards or procedures for techniques such as focus groups and ethnographic research. Figure 2-2 shows the overall process that was used by the Steering Committee and of the Evaluation and Dissemination Center to develop the modules through a consensus process that included face-to-face meetings and a large number of conference calls.

As a process, the Steering Committee found the development of the modules to have two important consequences. The first was the development of a consensus about certain data elements to be collected in a large number of projects and to design a collective data set that was acceptable to many of the project representatives, building on individual strengths and experiences. The second was that the development of the data collection strategy forced the project representatives to focus on the underlying reasons for collecting certain data and at the same time to define the nature of programmatic elements in individual projects. Thus, in the process of developing instruments to be used in many projects, core program elements were also discussed

and a degree of consensus was reached about the best ways to implement certain clinical features.

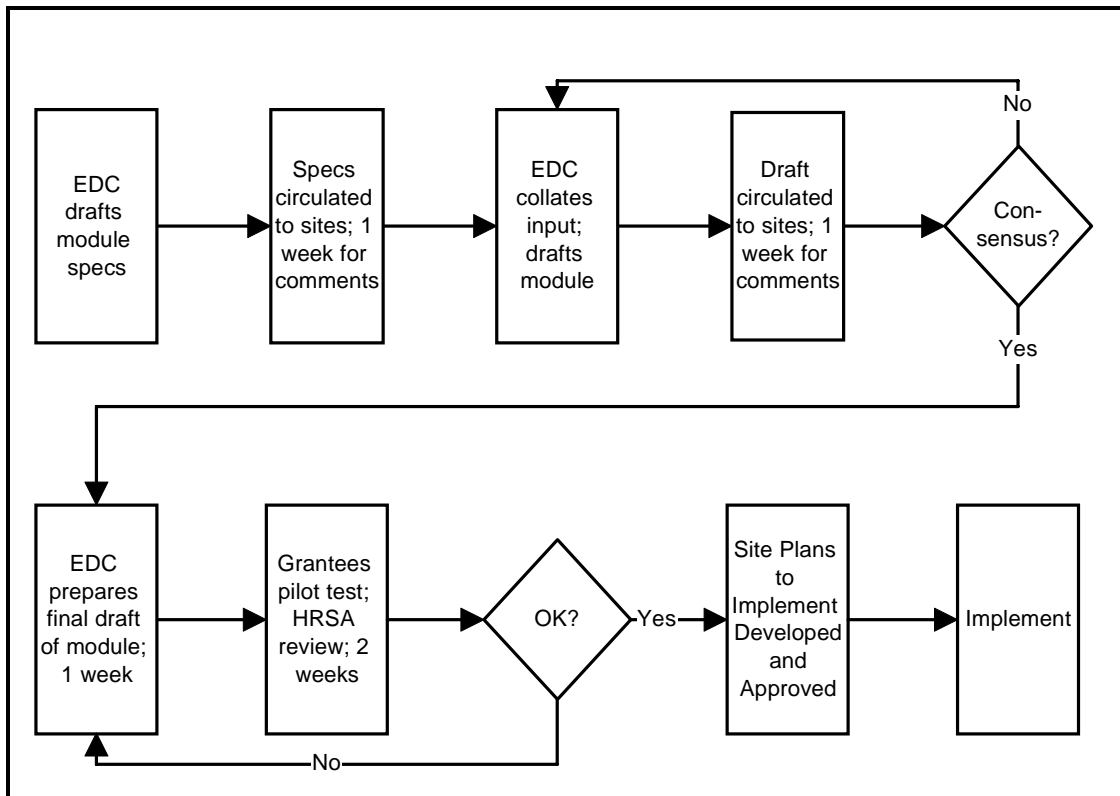


Figure 2-2. Schematic of the way in which evaluation modules were developed in an iterative process between the Steering Committee and the Evaluation and Dissemination Center.

A key element of the modular approach was that certain parts of the data reporting would be done through the fax-in system pioneered in the HIV/AIDS services area by The Measurement Group and PROTOTYPES. In this system, short modules are faxed to a central computer located at the central evaluation center site. As the forms are received from ordinary fax machines at the sites, they are automatically translated into data and appended to the central databases. This system results in a data system which is completely up-to-date and from which statistical summaries can be derived which present cumulative evaluation results. Figure 2-3 summarizes the fax-in data system as it is implemented in this project.

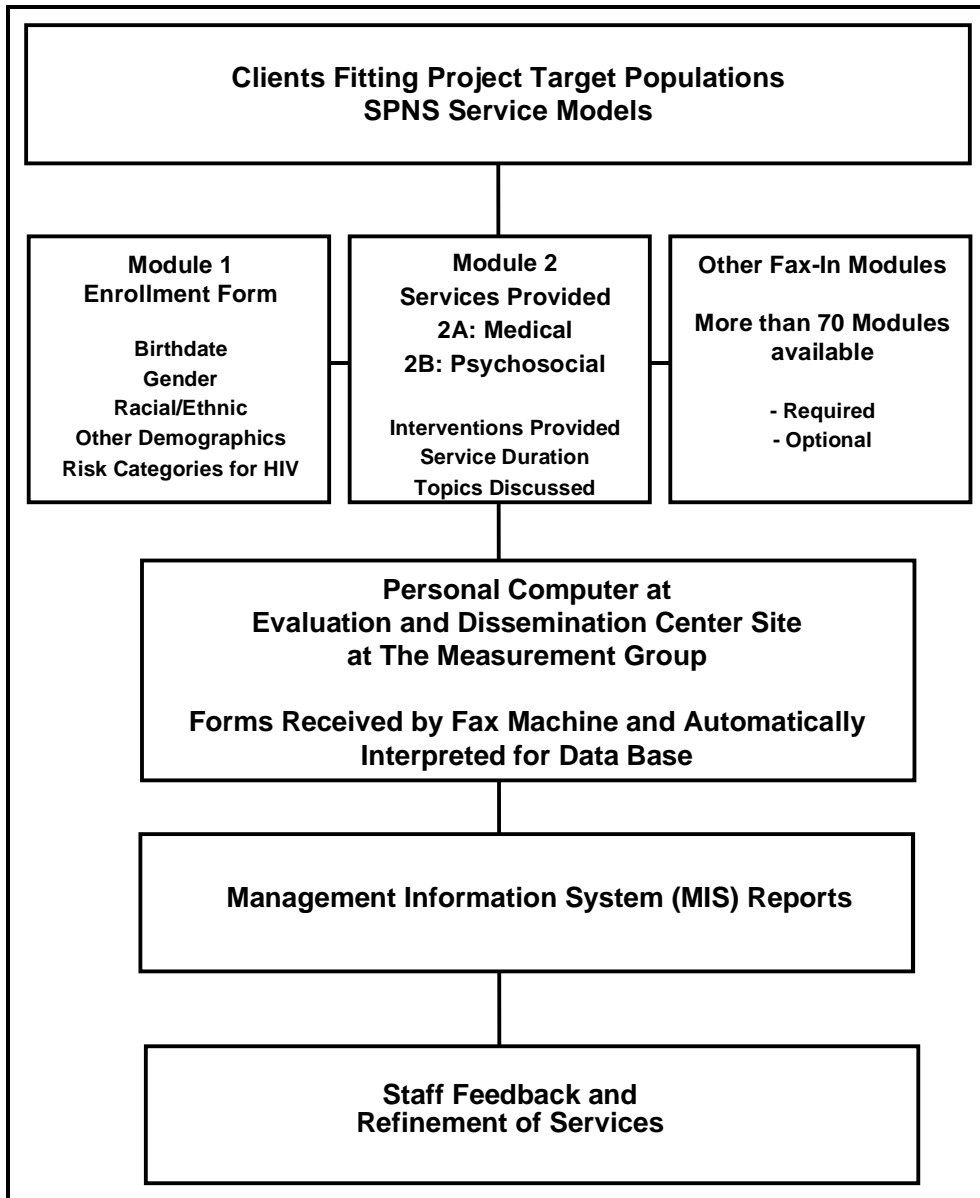


Figure 2-3. Diagram illustrating the fax-in data system for the Steering Committee of the cooperative agreements which is maintained and managed by the Evaluation and Dissemination Center.

4. Development of a Governance Structure and Major Committee Decisions

Significant work was undertaken during the first project year to develop organizational and governance structures for the cooperative agreements. The resulting organizational structure was described previously in Chapter 1 and in Figure 1-1.

Among the major governance decisions made by the cooperative agreement projects during the first year were the following:

- The primary committee structure of the Steering Committee would be the Work Groups. Each Work Group would have a chair, and would report on its meetings to the whole Steering Committee.
- Work Group membership would be fluid and projects could change Work Groups as appropriate or send representatives to more than one Work Group meeting.
- Work Group meetings would be part of each Steering Committee meeting.
- A common dataset would be developed and maintained by the Work Groups and by the overall Steering Committee.
- Decisions about the use of the common dataset would be made by the entire Steering Committee. Those decisions have been deferred until such time as data are available for common use.
- A set of common goals and objectives for projects and the cross-site evaluation would be developed by the Work Groups and approved by the Steering Committee in an evolving way throughout the first and second years.
- The Steering Committee would increasingly use its meeting time during the second year to learn more about the different member projects both through project presentations and site visits (to projects local to the meeting location) and through examining the common data set.
- An Evaluation Conference would be held at the end of the first year to spread expertise about technical topics related to evaluation, measurement, assessment, design, and appropriate conclusions. The Evaluation Conference would also provide an opportunity to review the progress of the projects at the end of the first year.
- The member projects would be supported in using a wide variety of approaches to evaluation and program development.
- Both quantitative and qualitative approaches to program evaluation would be endorsed and encouraged.
- The group of projects developed timely and effective ways of communicating with one another through conference calls, subcommittee meetings, faxes, and e-mail. The communica-

tion was encouraged both among project directors as well among line and other staff of the 27 cooperative agreements.

5. Evaluation Conference to Share Expertise and Perspectives

As part of the first-year activities of the cooperative agreement projects, a conference of one-and-a-half days was held at the September meeting of the Cooperative Agreement Steering Committee in Arlington, Virginia. The Evaluation Conference was designed to aid projects in designing and conducting their evaluations.

The Program for the Evaluation Conference is included as Appendix IV to this report. Some highlights of the conference were as follows.

- An hour long poster session highlighted first-year results from the projects. A total of 40 posters were presented. Seventeen of the cooperative agreement projects presented posters while the remainder were presented by the Evaluation and Dissemination Center and its consultants and conference speakers. Many of the posters used multimedia presentations including computers, Internet pages, slide shows, and computerized literature searching.
- Three general addresses emphasized the necessity of using many different types of data and designs to evaluate HIV/AIDS service delivery programs.
- There were a total of 18 break-out sessions, with one to five speakers in each session. Topics covered: selecting instruments to measure important key concepts; using qualitative data sources; employing appropriate statistical tests; assessing underserved and minority populations in appropriate ways; presenting results from the evaluation to scientists and policy makers; and using general evaluation tools developed for the cooperative agreement projects.
- The importance of including consumers, program staff, and other stakeholders in the evaluation of the SPNS projects was emphasized throughout the conference.
- A major theme throughout the conference was the synergy of quantitative and qualitative evaluation methods for fully capturing the successes of HIV service delivery models. Participants discussed many different ways to do this.
- The Evaluation Conference was well-received by the Steering Committee and other participants including program staff and evaluators. Certain features, such as the poster sessions, will be repeated at future meetings at the request of the Steering Committee.