

Chapter 3

Planned Activities During the Second Year

The Steering Committee has planned a number of activities for its second year from September 30, 1995 until September 29, 1996. Table 3-1 outlines some of the planned programmatic goals and specific objectives for the year for the individual grantees. As can be seen in Table 3-1, these general goals and objectives, when taken collectively for the entire group of cooperative agreement projects, are relatively comprehensive, and will serve to advance the general knowledge about the provision of services for HIV disease and AIDS in a very broad way.

A. Individual Project Plans for the Second Year

The 27 cooperative agreement projects received their second year of funding beginning September 30, 1995. By the beginning of the second year, most of the projects have moved beyond the start-up phase and are actively conducting service delivery programs. Thus, the second year is much more focused on delivering services at a full-capacity level to the target populations for the projects. Table 3-1 shows the individual goals and objectives for each of the 27 projects and the Evaluation and Dissemination Center.

The goals for the second year continue to refine the activities of the first year. Some of these activities – abstracted from Table 3-1 – are as follows.

- Projects seeking to change the general service networks in their area for specific target groups of persons with HIV will continue their Community Advisory Boards or Steering Committees and attempt to elaborate improved standards for practice. Such boards will continue in Chicago, the District of Columbia, and South Texas (San Antonio, Corpus Christi). Alternatives to formal collaborative boards for affecting changes in service system will be enhanced in Brooklyn, Kansas City, New York, San Francisco, and St. Louis. The effectiveness of these boards will be evaluated.
- “Storefront” community facilities for persons with HIV will expand to full capacity in Atlanta, Boston, Detroit, Los Angeles, and New York. Medical clinics will continue and expand to full capacity in Baltimore, Boston, Brattleboro, Los Angeles, Reno, Rutland, and St. Louis. Medical needs of persons at different stages of HIV disease will continue to be longitudinally assessed in New York. Special facilities or programs for persons with late-stage AIDS will continue in Los Angeles and San Francisco. The prison-based program in New York will expand. The effectiveness of these direct-services programs will be evaluated.

- Methods for the innovative training of health and other service providers will continue in 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 will receive training in the legal rights of persons with HIV in Indiana and Michigan. The effectiveness of trainings provided through cooperative agreement projects will be evaluated.
- The costs and benefits of various types of treatment programs continue to be studied in Baltimore, Boston, Los Angeles, New York, Reno, San Francisco, and Vermont. The special needs of groups traditionally underserved in the health care system will be examined in Atlanta, Boston, Chicago, Detroit, the District of Columbia, Los Angeles, New York, San Francisco, and St. Louis.
- Programs throughout the United States are likely to widen their outreach efforts. Because of collaboration among the cooperative projects, through the Work Groups and the Steering Committee, many of the project representatives have identified new issues for their programs. As a response to this process, a number of cooperative agreement projects plan to broaden their network of stakeholders.
- Projects will begin to disseminate findings from their experiences, with involvement and assistance from the Evaluation and Dissemination Center. Dissemination will occur internally among the projects participating in the Work Groups and Steering Committee, as well as to wider audiences in the community. Information may be disseminated through descriptions of lessons learned during program implementation, evaluation findings, training manuals, and other materials that will help to disseminate innovative models of care for HIV.

A key element of the progress of this group of 27 cooperative agreement projects is that working together is a dynamic process. As the work of the Steering Committee, Work Groups, and individual projects progress, the system is flexible and active so that new issues can be easily addressed as they arise.

**Table 3-1
Individual Project Plans for the Second Year**

SPNS Project	General Programmatic Goals	Specific Objectives
AIDS Healthcare Foundation (Los Angeles, California)	<ul style="list-style-type: none"> • To increase enrollment in the program to a full complement of 750 patients. • To fully develop the management information systems for the capitated care program. • To fully integrate the case management approach to providing medical care. 	<ul style="list-style-type: none"> • To continue to enroll patients. • To sign collaborative agreements with other HIV/AIDS providers to enroll their clients. • To sign collaborative agreements with social service providers for case management. • To complete the hiring necessary to operate a managed care plan. • To explore partnership or affiliation opportunities with established and newly-forming HMOs, PPOs in publicly supported and private insurance markets. • To purchase and install practice management software that interfaces with the utilization management software package. • To purchase and install medical records software.
Center for Women Policy Studies (Washington, District of Columbia)	<ul style="list-style-type: none"> • To bring together women with HIV, providers, and advocates to develop strategies to promote the needs of women with HIV within policy making bodies. • To continue the assessment of barriers and problems within the HIV/AIDS and related health care system and provider training needs. • To continue evaluation of the Collaborative as a model of organizational cooperation. • To offer cross training to local providers. • To develop a public education campaign that enlists the support of public institutions and professional organizations. • To collect and/or develop and disseminate minimum standards of care for women with HIV/AIDS. 	<ul style="list-style-type: none"> • To disseminate information on substance abuse treatment and linkages to AIDS care for incarcerated women. • To convene focus groups with women with HIV and conduct individual in-depth interviews to further understand the gaps in women's representation on planning and policy making bodies. • To continue capacity-building within the HIV-care system in metropolitan DC. • To formulate additional action plans for the provision of training and policy development. • To conduct informal interviews to understand the gaps in women's representation on Ryan White Title I and Title II coalitions.

SPNS Project	General Programmatic Goals	Specific Objectives
East Boston Neighborhood Health Center (East Boston, Massachusetts)	<ul style="list-style-type: none"> • To further development and utilization of patient database. • To further development of systems for tracking and formatting monthly MIS data on outpatient service utilization. • To develop a system to track more comprehensively outside service utilization. • To analyze monthly service utilization and cost data. • To develop written policies and procedures and standards of care. • To further develop comprehensive services. 	<ul style="list-style-type: none"> • To implement quarterly follow-up forms. • To develop and implement a patient satisfaction survey. • To implement a quality of life survey. • To develop and implement a system to track monthly service utilization at area substance abuse treatment facilities, and area mental health service agencies. • To develop patient focus groups to better understand and address patients' needs with the services we provide.
Emory University (Atlanta, Georgia)	<ul style="list-style-type: none"> • To hire a Clinical Instructor and implement preceptor training model in eight treatment sites. • To conduct one SPNS HIV training workshop per quarter. • To complete analysis of baseline chart review data and assemble for publication. • To plan a special physician workshop on HIV/AIDS for correctional physicians. 	<ul style="list-style-type: none"> • To conduct a year-long training calendar planning meeting with the Georgia Department of Corrections and Emory project staff. • To implement preceptor model in 3 phases: orientation, assessment of site-specific training needs, and training. • To design and implement appropriate evaluation measures for all planned project preceptor activities. • To conduct monthly meetings of project planning group and analyze interim progress/barriers.

SPNS Project	General Programmatic Goals	Specific Objectives
Fortune Society (New York, New York)	<ul style="list-style-type: none"> • To provide HIV-positive Latino prisoners with a humane transition, through discharge planning, from prison to the outside community. • To ensure that the basic needs of HIV-positive Latino prisoners will be met after their release by following up on referrals, providing post release counseling and intensive case management. 	<ul style="list-style-type: none"> • To identify and provide services for HIV-positive Latino prisoners within 6 months of release. • To obtain and prepare necessary forms and applications before each participant's release so they will receive entitlements as soon as possible after release. • To provide post release services to the participants including weekly counseling, support groups and other activities in Spanish or English as appropriate, to help them make the psychological transition from prison to the community and to combat social isolation.
Haitian Community AIDS Outreach Project/Center for Community Health, Education, and Research (Dorchester, Massachusetts)	<ul style="list-style-type: none"> • To increase knowledge of how to prevent HIV transmission. • To increase compliance with treatment and services. • To improve access to health and social services. • To increase satisfaction with case management services provided by the Center for Community Health, Education and Research, Inc./Haitian AIDS Project (CCHER/HAP). • To understand the effect of participation in the psychosocial educational curriculum on access to and utilization of health and social services. 	<ul style="list-style-type: none"> • To begin data collection. • To concentrate on implementation on the psychosocial educational curriculum, and collect baseline and monitoring information on all clients. • To train CCHER/HAP staff in data collection procedures, while modifying existing management information system components and monitoring data collection efforts. • To learn the new statistical technique in anticipation of Year III evaluation activities. To develop Pre- and Post-Test Questionnaires to evaluate the impact of counseling on clients.

SPNS Project	General Programmatic Goals	Specific Objectives
<p>Health Initiatives for Youth (San Francisco, California)</p>	<ul style="list-style-type: none"> • To design and coordinate a comprehensive “youth institute” within the National AIDS Update Conference. • To design and implement a series of half-day experiential trainings on specific topics related to youth and HIV, including substance use, HIV prevention, cultural competence and diversity, and burnout and care for the caregiver. • To produce four issues of <i>Bridges</i>, a newsletter for providers featuring in-depth articles and brief columns on fund development, upcoming events, and informational resources. • To produce the updated 1996 edition of the <i>Adolescent Providers Guide</i>. 	<ul style="list-style-type: none"> • To develop and implement a comprehensive menu of experiential trainings of various lengths and topic areas. • To develop and coordinate a selection of informational materials, including reports, fact sheets, and standardized informational packets. • To encourage, through a variety of networking events, the creation of formal and informal referral networks among providers performing complementary work in the fields of youth and HIV.

SPNS Project	General Programmatic Goals	Specific Objectives
<p>Hektoen Institute for Medical Research/Cook County HIV Primary Care Center (Chicago, Illinois)</p>	<ul style="list-style-type: none"> • To continue to provide education and training for OB/GYN and Family Planning Physicians. • To further develop the role of the Maternal and Child Health/HIV Advisory Council. • To develop a system of follow-up for pregnant women with HIV. • To further develop the Community Advocacy Group. 	<ul style="list-style-type: none"> • To provide eight provider training sessions. • To finalize a manual for Maternal and Child Health providers. • To follow pregnant women with HIV and their infants. • To develop and systematize data collection for pregnant women with HIV and their infants. • To train the Community Advocacy Group on perinatal transmission reduction, legislative issues, and public speaking. • To systematize a program of peer support for pregnant women with HIV. • To facilitate the adoption of policies and procedures about counseling and testing by consent in various perinatal centers. • To produce a video for training providers. • To develop educational materials on counseling and testing for pregnant women to be used by prenatal care providers. • To develop and implement interviews with key members of the Maternal and Child Health /HIV Advisory Council.

SPNS Project	General Programmatic Goals	Specific Objectives
Indiana Community AIDS Action Network (Indianapolis, Indiana)	<ul style="list-style-type: none"> • To develop a more formalized attorney referral network to address consumers' legal needs beyond the life of the program. • To strengthen and further develop a formalized grassroots advocacy network to respond to public policy concerns at local, state, and national levels. • To develop and implement education and training programs to address growing problems concerning HIV in correctional settings. 	<ul style="list-style-type: none"> • To create local, legal referral resources in areas served by Indiana's HIV Care Coordination System. • To provide skills-building training to empower consumers with HIV and their advocates to be more effective in influencing public policy. • To hold an HIV Issues Day at the Indiana General Assembly to promote linkages between consumers and policy makers. • To work with the Indiana Department of Corrections and the Indiana Sheriff's Association to develop programs to address HIV-related issues in correctional settings. • To search for new funding streams to continue advocacy services.
Interamerican College of Physicians and Surgeons (New York, New York)	<ul style="list-style-type: none"> • To train 90 physicians in the New York/New Jersey area in HIV risk-assessment, counseling, testing and treatment of HIV-seropositive patients and referral services. • To ensure that the majority of participating physicians improve and increase their procedures for HIV risk-assessment, testing and treatment of seropositive patients in their practices. 	<ul style="list-style-type: none"> • To provide HIV/AIDS training to 90 physicians in the New York/New Jersey area in a five month time period, using a general protocol with specific modifications for each physician based on his/her experience and needs. • To motivate 65% of program physicians to manage HIV-positive patients in their practices.
Johns Hopkins University School of Medicine (Baltimore, Maryland)	<ul style="list-style-type: none"> • To design a program for HIV care delivery that makes efficient use of resources. • To continue to network with SPNS groups doing this type of work. • To pursue multiple options for care delivery in selected categories based on competitive pricing: pharmacy, home care, and hospice care. • To initiate the program including the assessment for cost-effectiveness, quality of life and complications/survival. 	<ul style="list-style-type: none"> • To recruit a project director. • To determine rate, possibly stratified by high-risk as defined by CD4 cell count less than 50 or selected diagnoses. • To identify a partner HMO. • To complete a methodology for cost analysis. • To identify a pharmaceutical supplier that will share in financial risk for drugs.

SPNS Project	General Programmatic Goals	Specific Objectives
Larkin Street Services (San Francisco, California)	<ul style="list-style-type: none"> • To provide comprehensive services through the Aftercare Program to youth living with symptomatic HIV or AIDS. • To implement program evaluation. • To complete the architectural design and begin the construction phase of the Assisted Care Facility. 	<ul style="list-style-type: none"> • To provide comprehensive services to twenty-five youth living with symptomatic HIV/AIDS. • To develop a pilot assessment instrument. • To collect daily service utilization and services provided for the twenty-five identified youth. • To complete construction plans for the Assisted Care Facility. • To conduct on-going focus groups with staff and youth to ensure appropriateness of design and program model. • To conduct meetings with community and interested parties to ensure support of the program. • To include youth-focused HIV service providers to ensure effective access for all youth who meet intake criteria and are HIV/AIDS disabled.
Michigan Protection and Advocacy Service (Lansing, Michigan)	<ul style="list-style-type: none"> • To match clients with trained community advocates. • To develop materials for Latino community advocate trainings. To continue to establish contacts within the Latino communities throughout Michigan. • To continue community advocate trainings for African American and gay and lesbian communities in geographic areas not visited in Year I. 	<ul style="list-style-type: none"> • To schedule two state-wide attorney trainings to recruit additional attorneys for referral panel. • To implement results of Focus Groups held for Year I with regards to outreach, training format, and training materials.
Missouri Department of Health (Jefferson City, Missouri)	<ul style="list-style-type: none"> • To evaluate the implementation of the intervention in St. Louis using quality of life for clients measures. • To evaluate the quality and appropriateness of training delivered in St. Louis. • To have Integrated Care Program (ICP) up and running in St. Louis by mid-February. 	<ul style="list-style-type: none"> • To collect data in St. Louis on Client Quality of Life and compare it to data collected in Kansas City. • To collect data on the quality of training and compare it to data collected in Kansas City.

SPNS Project	General Programmatic Goals	Specific Objectives
<p>New York State Department of Health/Health Research (Albany, New York)</p>	<ul style="list-style-type: none"> • To work with HIV Special Needs Plans Planning Grant Awardees in data collection and development of documents that will help guide the state in the design of legal, administrative, and financial aspects of Special Needs Plans. • To collect and begin initial analyses of cost and utilization data generated as part of the "Provider Cohort" study. • To initiate medical record reviews to collect data on disease stage to complement cost and utilization data generated as part of the "Provider Cohort" study. • To collect and begin initial analyses of "Client Cohort Data" creating a baseline that defines patient experience as they seek and access care under fee-for-service. 	<ul style="list-style-type: none"> • To design and maintain databases as necessary to collect and analyze cost and utilization data. • To design and maintain databases as necessary to collect and analyze data collected under the auspices of the "Client Cohort." • To use all clinical, cost and utilization data collected to refine and revise managed care capitation payments for persons with HIV/AIDS treated at both "mainstream" and HIV Special Needs Plans.
<p>Outreach, Inc. (Atlanta, Georgia)</p>	<ul style="list-style-type: none"> • To develop a system to reduce barriers to medical treatment for clients. • To assist persons with active addictions who are HIV-positive to obtain medical and substance abuse treatment and provide practical and emotional follow-up support and care. • To reduce barriers to accessing medical care for our target population by training primary care health providers at two major infectious disease clinics. 	<ul style="list-style-type: none"> • To create a transportation system. • To establish relationships with agencies for substance abusing persons within the community. • To place 41 clients in detoxification treatment. • To provide a full range of 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.
<p>PROTOTYPES (Culver City, California)</p>	<ul style="list-style-type: none"> • To continue to provide a full continuum of services to women substance abusers. • To further develop the medically-oriented psychosocial services. • To further develop the work with pregnant women living with HIV/AIDS. • To finalize all evaluation procedures. 	<ul style="list-style-type: none"> • To place more women in drug treatment. • To increase groups on medication management, medical compliance, health education. • To have 3-4 staff participate in a Training of Trainers (T.O.T.) on Counseling and Testing for pregnant women. • To consider first publication on reduction of barriers.

SPNS Project	General Programmatic Goals	Specific Objectives
<p>SUNY Health Science Center at Brooklyn (Brooklyn, New York)</p>	<ul style="list-style-type: none"> • To increase the availability of and competency in HIV counseling and testing among OB/GYN physicians in private practice in Brooklyn. • To increase rates of private prenatal patients delivering at the three target hospitals and in general who have access prenatally to HIV counseling and testing. • To increase early identification of HIV-infected women during pregnancy and increase availability and use of the perinatal zidovudine protocols. 	<ul style="list-style-type: none"> • To develop training curricula, support materials, and technical assistance in systems' development and implementation to incorporate HIV counseling and training into routine OB/GYN clinical care. • To train private community-based OB/GYN providers in abbreviated HIV counseling and testing for all prenatal patients. • To develop an outreach program, with consumer involvement, to increase prenatal HIV counseling and testing, early identification and referral of HIV-infected women not previously in care, into MAPS' co-located care services. • To continue to decrease the number of HIV exposed and/or infected infants born at the three hospitals.
<p>The Measurement Group – PROTOTYPES Evaluation and Dissemination Center (Culver City, California)</p>	<ul style="list-style-type: none"> • To continue to develop and maintain the overall management strategy for facilitating the activities of the cooperative agreement projects. • To implement and manage a cross-cutting evaluation strategy for the Work Groups, Cooperative Agreement Steering Committee and HRSA. • To provide technical support on evaluation and dissemination to individual grantees, the Cooperative Agreement Steering Committee, and HRSA. • To develop an overall dissemination strategy for Work Groups, the Cooperative Agreement Steering Committee, and HRSA. 	<ul style="list-style-type: none"> • To coordinate and manage four Steering Committee meetings. • To provide management assistance to the Steering Committee on its overall direction and operations. • To develop several dozen additional evaluation modules and refine an evaluation plan. • To implement all evaluation modules and develop a common database for analysis. • To conduct preliminary evaluation analyses. • To provide individual technical assistance on evaluation to cooperative agreement projects. • To prepare summary reports for HRSA and the Steering Committee.

SPNS Project	General Programmatic Goals	Specific Objectives
University of Colorado Health Sciences Center (Denver, Colorado)	<ul style="list-style-type: none"> • To initiate and complete program implementation. • To initiate the research phase of the project, including follow-up. • To select and test a control group composed of 400 randomly selected rural health care providers. 	<ul style="list-style-type: none"> • To train approximately 50 HIV/AIDS educators from the states to standardize their presentation of HIV/AIDS prevention, health promotion and health promotion information for the teleconference and outreach team methodologies. • To have 400 rural health care providers across the region complete the Self-Study Module. • To provide teleconferences of standardized material to 600 rural health care providers in four states. • To provide rural outreach presentations of standardized material to 600 rural health care providers in four states. • To initiate data analysis.
University of Mississippi Medical Center (Jackson, Mississippi)	<ul style="list-style-type: none"> • To recruit and train ancillary staff necessary to support the project. • To collect all pre-intervention evaluation data. • To initiate distance learning preceptorship course in the first training group of Federal Health Clinics. • To initiate the collection of ongoing patient encounter tracking in the clinics. 	<ul style="list-style-type: none"> • To travel to all sites and complete software installation and test equipment used to support the implementation of the distance learning. • To train/retrain key and ancillary support staff. • To implement two clinical preceptorship training programs in the first training group of three clinics. • To complete pre-training surveys in all sites. • To compile 6-month pre-training patient encounter data for the first training group.

SPNS Project	General Programmatic Goals	Specific Objectives
University of Nevada School of Medicine (Reno, Nevada)	<ul style="list-style-type: none"> • To continue refining clinic procedures including frequency and duration of visits, feedback to clients, and importance of selected measurements. • To begin initial statistical analysis for publication of baseline information. • To refine and institute medical outcome modules for fax-in data system. • To broaden outreach to expand client base for recruitment and service. 	<ul style="list-style-type: none"> • To conduct focus groups and develop questionnaire to assess client satisfaction and solicit input for program change. • To finalize brochure for broad distribution for recruitment. • To link with other HIV nutrition projects and providers for data sharing and educational resources for clients. • To train all physicians and nurses from the Early Intervention Clinic in the use of the fax-in modules for medical outcomes. • To submit abstracts for presentation at the International AIDS Conference in Vancouver in July 1996.
University of Texas Health Science Center at San Antonio (San Antonio, Texas)	<ul style="list-style-type: none"> • To continue to assess the needs of women, children and families living with HIV/AIDS in South Texas. • To expand assessment to other organizations in the South Texas HIV/AIDS health delivery system. • To continue cross-training of project staff and develop appropriate curricula to satisfy training needs in the urban and rural delivery systems. • To disseminate findings at the local and state levels. • To develop a comprehensive evaluation model for project processes and individual components. 	<ul style="list-style-type: none"> • To continue the development and expansion of capacity and family-centered models of care within the Family Preservation Council (FPC) agencies and the South Texas health care system. • To implement short-term measures of family and children's progress/adaptation. • To repeat assessment of the functioning of infected and affected children. • To complete the second level of organizational needs assessments. • To train TDPRS staff, foster parents and volunteers, and other caregivers in the target area. • To disseminate project findings through position papers, publications, and conferences.
University of Vermont & State Agricultural College (Burlington, Vermont)	<ul style="list-style-type: none"> • To further implement Clinic II. • To establish and open Clinic Site III. • To input all data from Years I and II into computer program. • To begin Primary Care Provider education in Clinic Sites I and II. 	<ul style="list-style-type: none"> • To continue work of Clinic I. • To open Clinic II. • To open Clinic III and train the nurse practitioner. • To enter Year I data into computerized data base. • To begin analysis of data.

SPNS Project	General Programmatic Goals	Specific Objectives
University of Washington (Seattle, Washington)	<ul style="list-style-type: none"> • To enhance the delivery of psychiatric services to patients in two residential care facilities and two hospital-based AIDS units. • To increase the knowledge and perceived ability of providers at the participating four agencies regarding HIV-associated delirium versus other neuropsychiatric illnesses. • To increase knowledge and perceived ability of families to identify and access treatment for HIV/AIDS associated delirium and other neuropsychiatric illnesses. • To produce training video geared towards educating providers, patients, and families on HIV/AIDS related delirium. 	<ul style="list-style-type: none"> • To offer admission consultation and psychiatric screening to all patients admitted to the four participating agencies. • To provide site specific monthly training sessions for providers on neuropsychiatric illnesses associated with HIV/AIDS with an emphasis on delirium, at the four participating agencies. • To provide bi-monthly family educational sessions at each of the four participating agencies for family members of patients with delirium or other neuropsychiatric illnesses.
Visiting Nurse Association of Los Angeles (Los Angeles, California)	<ul style="list-style-type: none"> • To demonstrate appropriate utilization of hospice services at end stage of HIV/AIDS disease and improvement in quality of life. • To capture cost for entire end-stage home care for HIV/AIDS patients. • To educate physicians on care choices at end-stage of HIV/AIDS disease. 	<ul style="list-style-type: none"> • To provide psychosocial counseling to patients and families at end-stage. • To monitor patient needs during end-stage. • To provide feedback/education to physicians routinely. This will enable patient's choices to be part of care decisions. • To develop computer-based cost of care system. • To disseminate physician training program on end-stage HIV/AIDS care.

SPNS Project	General Programmatic Goals	Specific Objectives
<p>Washington University (St. Louis, Missouri)</p>	<ul style="list-style-type: none"> • To continue the implementation of the Special Care Center. • To establish a peer education/support program. • To facilitate an integrated community outreach program targeting women who are lost to follow-up, are HIV-positive but not yet in care, and/or are at risk for being infected. • To develop an effective system for identifying and following women with HIV in the southern Illinois area, using local resources. • To build provider capacity in the service area regarding the identification, counseling, and treatment of women with or at risk for HIV infection, with special emphasis on reduction of vertical transmission. 	<ul style="list-style-type: none"> • Based upon the analysis of the client expectations survey, to create/select a relevant patient satisfaction survey and have a minimum of 75 clients complete it by Summer 1996. • To track all pregnant women enrolled in the Center, and their neonates, using local and national measurements. • To create, implement, and evaluate educational programs and tools to assist women in making informed reproductive decisions. Provide education to all women of childbearing age who are enrolled in the Center. • To select and train a pool of consumers to serve as peer education/support staff. • To work with community members in arriving at a community diagnosis and plan for conducting outreach to women with or at risk for HIV.
<p>Well-Being Institute (Detroit, Michigan)</p>	<ul style="list-style-type: none"> • To assist substance abusing women with HIV to overcome their access barriers and enroll in primary care services (including substance abuse treatment, when desired). • To assist substance abusing women with HIV to remain active with their primary care providers. • To recruit five substance abusing women per month who are not known to be HIV-positive and provide pre- and post-test counseling services to these women. • To develop eight ethnographic interview transcripts per month re: identification and explication of not-yet-understood access barriers to receipt of primary health care for women substance abusers with HIV. 	<ul style="list-style-type: none"> • To provide services to 32 women at any one time in a six month period. • To enroll or reactivate all clients in primary care services (including substance abuse treatment if desired). • To provide intensive advocacy, nursing, counseling and needs assessment, transportation, and child care to facilitate participation, and retention, in primary health care for HIV disease. • To use street outreach to recruit five substance abusing women per month who are severely disaffiliated and who have “fallen between the cracks” of the health delivery system, and provide HIV testing and counseling.

Among the factors that differentiate the 27 projects and their second-year goals and objectives are the following:

- While most projects have successfully overcome start-up issues, several are still at varying stages of program development, staff recruitment, and patient-client identification. These issues must be resolved before they begin operating at full capacity.
- Two of the projects are funded for only two years, and thus their second year goals and objectives include necessary dissemination functions.
- Several of the projects considered their first year of operations to be “pilot tests” and are modifying their programs slightly in light of the first-year experience to make them more effective.
- A significant issue in the second-year goals and objectives is that many of the projects refined and enhanced their original plans based on the programmatic and evaluation support input they received during the first year of the cooperative agreements from Steering Committee and EDC guidance.
- A number of the projects have specifically adjusted their goals and objectives to meet the collective aims of the Work Groups in which they participate.
- Many of the second-year goals and objectives reflect the continuing collaborative work started during the first year of the Steering Committee.

B. Steering Committee Plans for the Second Year

The Steering Committee intends to hold four meetings during the second year. The meetings are scheduled to be held on January 18-19 in Atlanta, Georgia, on April 11-12 in the District of Columbia, on June 27-28 in Chicago, Illinois, and on September 26-27 in the District of Columbia.

The Steering Committee identified three large-scale objectives for the second year of the project:

- to evaluate a set of common objectives among relatively comparable projects and collection of a common data set to make it possible to evaluate the common objectives;
- to share expertise among projects; and

- to report and disseminate the successes and experiences of the projects.

These objectives are discussed in more detail below.

1. Evaluation of Common Objectives and Collection of a Common Data Set

During the second year of the cooperative agreements, the Steering Committee intends to facilitate the implementation of methods of data collection and assessment within the member projects so as to evaluate common objectives that have been stated and negotiated during the first year. During the second grant year, the project representatives will collectively undertake the following steps:

- Implement core data collection modules within appropriate projects.
- Submit data as they are collected to the data repository at the Evaluation and Dissemination Center.
- Examine analyses of the common data set that are prepared by the Evaluation and Dissemination Center at the Steering Committee meetings.
- Suggest additional data collection modules, analyses, and reports to the Evaluation and Dissemination Center through the Steering Committee meetings.

2. Sharing Expertise Among Projects

In order to share expertise among the project representatives during the second year, the Steering Committee has made the following suggestions:

- At each of the Steering Committee meetings, it is recommended that "local" projects schedule site visits and training sessions. This recommendation is a follow-up to the successful experience the Steering Committee had during the June 1995 meeting in Los Angeles when a local project (PROTOTYPES) provided site visits and two local projects (PROTOTYPES, Health Initiatives for Youth) provided training to the Steering Committee members. For the January 1995 meeting, the project at Outreach, Inc. will sponsor a facility tour and Emory University will provide a program overview and technical assistance.
- Each Steering Committee meeting should permit at least a full day for Work Group meetings.

- At selected Steering Committee meetings, time for a poster session should be provided so that all projects might highlight some aspect of their work. This suggestion is a follow-up to the successful poster session held at the September 1995 Steering Committee meeting.
- Ask projects whose funding terminates at the end of Year II to provide training on their findings and expertise to the other projects during this grant year.
- Further develop an active archiving and action learning process so that the results of individual projects continue to inform and enhance the progress of other projects.

3. Reporting-Dissemination Objectives

In order to report on the progress of the individual projects and the overall Steering Committee, the Steering Committee has made the following recommendations:

- This report should be prepared for the first year and that similar reports be developed for subsequent years.
- Specialized data-based reports should be prepared from the common data set and issued after consideration by the Steering Committee.
- Individual projects should be encouraged to issue reports on the success of their programs as soon as sufficient data are available to support such a conclusion.
- The Evaluation and Dissemination Center should develop a series of faxed reports to share the successes of the projects.
- The Steering Committee should regularly consider additional reports at each of its meetings during the second project year.