

First Year Report for 1994-1995

SPNS Cooperative Agreement Steering
Committee

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG



This Presentation Developed By

- ◆ Staff from The Measurement Group--
PROTOTYPES Evaluation & Dissemination
Center at The Measurement Group
 - George J. Huba, Ph.D.
 - Lisa A. Melchior, Ph.D.
 - Lara L. Luenebrink
 - Alyssa L. Leong
- ◆ Cooperative Agreement Projects



SPNS Cooperative Agreements

- ◆ Health Resources and Services Administration (HRSA)
- ◆ Bureau of Health Resources Development (BHRD)
- ◆ Office of Science and Epidemiology (OSE)
- ◆ Special Projects of National Significance (SPNS) Branch



Goals of the SPNS Cooperative Agreements

- ◆ Provide a comprehensive primary care service delivery or specialized medical care system
- ◆ Reduction of cultural, linguistic, and/or organizational barriers to care
- ◆ Provide training for increasing, improving, or updating knowledge about HIV infection and its treatment in rural, correctional, or mental health settings



Cooperative Agreement Steering Committee (1 of 3)

- ◆ AIDS Healthcare Foundation (Craig E. Thompson, J.D., M.B.A.)
- ◆ Center for Women Policy Studies (Leslie R. Wolfe, Ph.D.)
- ◆ East Boston Neighborhood Health Center (Judy Steinberg, M.D.)
- ◆ Emory University (Robin Y. Swift, M.P.H.)
- ◆ Fortune Society (Tracey Gallagher)
- ◆ Haitian Community AIDS Outreach Project/Center for Community Health, Education, and Research (Eustache Jean-Louis, M.D.)
- ◆ Health Initiatives for Youth (Ron Henderson)
- ◆ Health Resources and Services Administration (Katherine Marconi, Ph.D.)
- ◆ Hektoen Institute for Medical Research/Cook County HIV Primary Care Center (Mary Driscoll, R.N., M.P.H.)
- ◆ Indiana Community AIDS Action Network (Paul Chase, J.D.)



Cooperative Agreement Steering Committee (2 of 3)

- ◆ Interamerican College of Physicians and Surgeons (George Falus, Ph.D.)
- ◆ Johns Hopkins University School of Medicine (John G. Bartlett, M.D.)
- ◆ Larkin Street Services (Anne B. Stanton, M.S.W., C.S.W.)
- ◆ Michigan Protection and Advocacy Service (Jay Kaplan, J.D.)
- ◆ Missouri Department of Health (Lawrence P. Thomas, M.S.W.)
- ◆ New York State Department of Health/Health Research (Humberto Cruz)
- ◆ Outreach, Inc. (Sandra S. McDonald)
- ◆ PROTOTYPES (Vivian B. Brown, Ph.D.)
- ◆ SUNY Health Science Center at Brooklyn (Jill Rips, M.A., M.Phil.)
- ◆ The Measurement Group--PROTOTYPES Evaluation & Dissemination Center (George J. Huba, Ph.D.)



Cooperative Agreement Steering Committee (3 of 3)

- ◆ University of Colorado Health Sciences Center (Donna Anderson, Ph.D., M.P.H.)
- ◆ University of Mississippi Medical Center (Harold M. Henderson, M.D.)
- ◆ University of Nevada School of Medicine (Trudy A. Larson, M.D.)
- ◆ University of Texas Health Science Center, San Antonio (Victor F. German, M.D., Ph.D.)
- ◆ University of Vermont & State Agricultural College (Christopher J. Grace, M.D.)
- ◆ University of Washington (Karina K. Uldall, M.D.)
- ◆ Visiting Nurse Association of Los Angeles (David A. Cherin, M.S.W.)
- ◆ Washington University (Karen Meredith, M.P.H., R.N.)
- ◆ Well-Being Institute (Geoffrey Smereck, J.D.)



Purpose of the Report

- ◆ To present first-year achievements of the 28 projects represented in the SPNS Cooperative Agreement Steering Committee
- ◆ To present second-year goals of the projects
- ◆ To present the joint accomplishments of the Steering Committee



First-Year Achievements

The Collective Experience of the
Cooperative Agreements

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG



Network Development

- ◆ Projects seeking to change the general service networks in their area for specific target groups of persons with HIV formed Community Advisory Groups or Steering Committees of consumers and providers.
- ◆ Boards were formed in Chicago, metropolitan District of Columbia, and South Texas. Other structures were explored in Brooklyn, Kansas City, New York, San Francisco, and St. Louis.



Facilities-Services Development

- ◆ “Storefront” community facilities for persons with HIV opened in Atlanta, Boston, Detroit, Los Angeles, and New York
- ◆ Medical clinics were opened-enhanced in Boston, Brattleboro, Los Angeles, Reno, and St. Louis
- ◆ A prison-based program opened in New York
- ◆ “Late-stage” facilities were opened in Los Angeles and San Francisco



Innovative Training

- ◆ 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) and in California, the District of Columbia, Georgia, Maryland, Mississippi, Missouri, New York, Texas, Vermont, Virginia, Washington, and West Virginia
- ◆ Legal rights workshops were held in Indiana and Michigan



Costs and Benefits of Treatment Models

- ◆ Costs and benefits of various treatment programs were studied in Baltimore, Boston, Los Angeles, New York, Reno, San Francisco, and Vermont
- ◆ 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



First-Year Achievements

Cooperative Agreement Steering
Committee

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG



Five Work Groups Were Formed

- ◆ Capitated Care (5 projects)
- ◆ Comprehensive Healthcare (3 projects)
- ◆ Community-Based Organizations (6 projects)
- ◆ Infrastructure-Advocacy (7 projects)
- ◆ Training (6 projects)



Development of Common Objectives

- ◆ Work Groups determined shared objectives
- ◆ Work Groups discussed perspectives on effective program elements and developed consensus
- ◆ Work Groups discussed their outcome objectives
- ◆ Work Groups determined how individual project strengths might be contrasted
- ◆ Deliberations of the Work Groups were synthesized to develop overall standards



Sharing Project Expertise, Methods, and Resources (1 of 2)

- ◆ Capitated Care projects gave a training on the financing of HIV/AIDS services under managed care
- ◆ A poster session permitted individual projects to share their first-year experiences and techniques
- ◆ Three projects conducted a training on providing services in culturally-sensitive, culturally-relevant, and culturally-appropriate ways



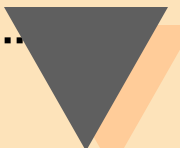
Sharing Project Expertise, Methods, and Resources (2 of 2)

- ◆ Steering Committee meetings included project summaries of progress to date
- ◆ Federal briefings on available resources were given at each meeting
- ◆ A formal mechanism was developed at the Steering Committee meetings and through the EDC to distribute the more than 200 documents offered by projects to one another




Development of Common Evaluation Methods & Protocols

- ◆ The Steering Committee adopted a modular evaluation design suggested by the Evaluation and Dissemination Center
- ◆ The modular evaluation strategy has projects with similar program elements collecting data using identical procedures
- ◆ Data are received using fax-in and database formats that permit very current and up-to-date management information to be available




Governance Structure and Major Committee Decisions (1 of 4)

- ◆ The primary committee structure of the Steering Committee would be the Work Groups
- ◆ Work Group membership would be fluid
- ◆ Work Group meetings would be part of each Steering Committee meeting
- ◆ A common dataset would be developed
- ◆ Decisions about the use of the common dataset would be made by the entire Steering Committee



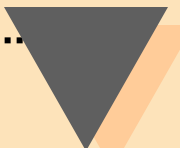
Governance Structure and Major Committee Decisions (2 of 4)

- ◆ 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 member projects would be supported in using a wide variety of approaches to evaluation and program development



Governance Structure and Major Committee Decisions (3 of 4)

- ◆ The Steering Committee would increasingly use its meeting time during the second year to learn more about the member projects
- ◆ 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



Governance Structure and Major Committee Decisions (4 of 4)

- ◆ Both quantitative and qualitative approaches to program evaluation would be endorsed and encouraged
- ◆ The projects developed timely and effective ways of communicating with one another through conference calls, subcommittee meetings, faxes, and e-mail
 - Communication was encouraged both among project directors and line and other staff



Evaluation Conference to Share Expertise & Perspectives (1 of 3)

- ◆ Two hour long poster sessions highlighted first-year results from the projects
 - 40 posters were presented
 - 17 of the cooperative agreement projects presented posters
 - 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



Evaluation Conference to Share Expertise & Perspectives (2 of 3)

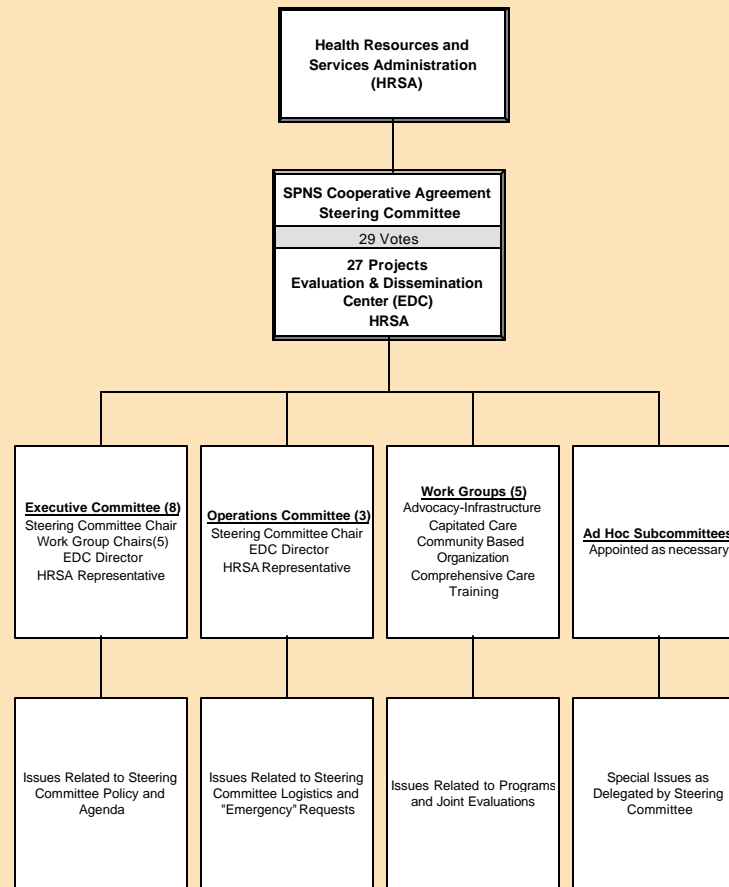
- ◆ There were 18 break-out sessions, with one to five speakers in each session with topics of
 - selecting instruments
 - using qualitative data sources
 - employing appropriate statistical tests
 - assessing underserved and minority populations in appropriate ways
 - presenting results to scientists and policy makers
- ◆ The importance of including consumers and other stakeholders was emphasized



Evaluation Conference to Share Expertise & Perspectives (3 of 3)

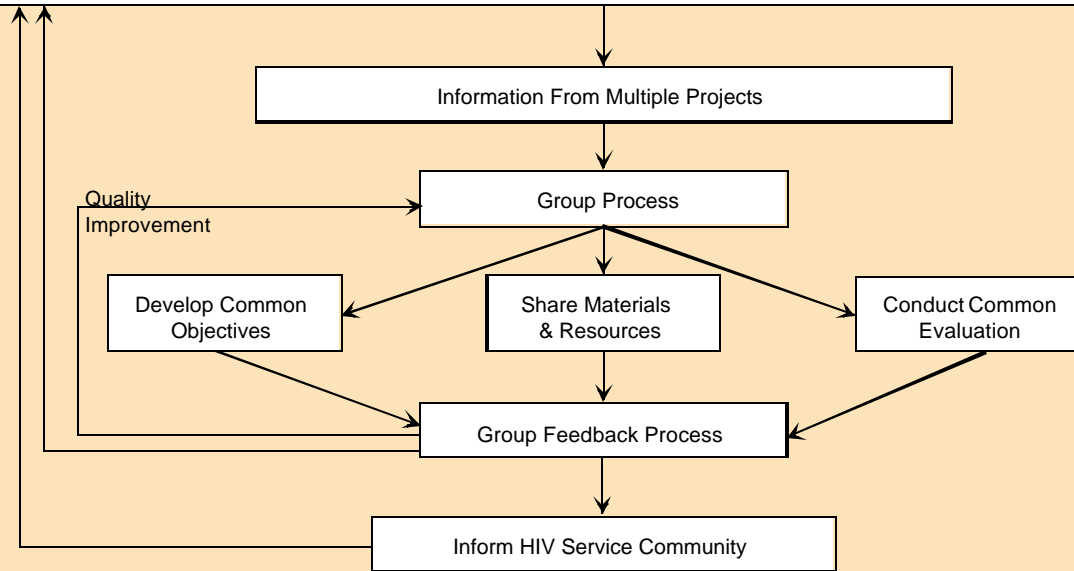
- ◆ A major theme throughout the conference was the synergy of quantitative and qualitative evaluation methods

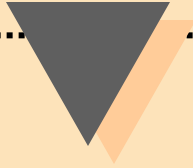
Organizational Structure of the Steering Committee



How the Committee Works on Objectives

<p>AIDS Healthcare Foundation Center for Women Policy Studies East Boston Neighborhood Health Center Emory University Fortune Society Haitian Community AIDS Outreach Project Health Initiatives for Youth Health Resources and Services Administration Hektoen Institute/Cook County Indiana Community AIDS Action Network</p>	<p>Interamerican College of Physician & Surgeons Johns Hopkins University School of Medicine Larkin Street Services Michigan Protection and Advocacy Service Missouri Department of Health New York State Department of Health/Health Research Outreach, Inc. PROTOTYPES SUNY-Health Science Center at Brooklyn The Measurement Group-PROTOTYPES Evaluation & Dissemination Center</p>	<p>University of Colorado Health Sciences Center University of Mississippi Medical Center University of Nevada School of Medicine University of Texas Health Science Center at San Antonio University of Vermont & State Agricultural College University of Washington Visiting Nurse Association of Los Angeles Washington University Well-Being Institute</p>
--	--	---

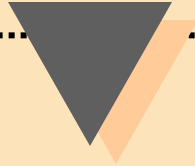




First-Year Achievements

Member Projects

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG



AIDS Healthcare Foundation

Los Angeles, California

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG




AIDS Healthcare Foundation

- ◆ Studied ways of providing high quality, comprehensive HIV/AIDS care under a capitated reimbursement system in Los Angeles County
- ◆ Implemented 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



AIDS Healthcare Foundation

- ◆ Executed a “fully at risk” capitated care contract to provide a continuum of medical services at five hospital-based clinics
- ◆ Current enrollment of more than 250 members
- ◆ Installed utilization software package
- ◆ Established a Quality Improvement Council
- ◆ Signed collaborative agreements with a large, independent hospital-based HIV/AIDS provider and a case management organization



AIDS Healthcare Foundation Year II Goals

- ◆ 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



Center for Women Policy Studies

District of Columbia

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG



Center for Women Policy Studies

- ◆ Sponsored information sharing meetings for service providers and women with HIV/AIDS
- ◆ Identified Medicaid and Case Management as top priority policy issues for women with HIV
- ◆ 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



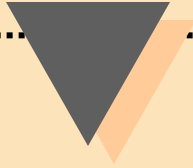
Center for Women Policy Studies

- ◆ Established a Steering Committee of researchers, policy analysts, service providers, CBOs, and women with HIV
- ◆ Convened Medicaid Policy and Guardianship Working Groups
- ◆ Conducted focus groups of women with HIV
- ◆ Conducted needs assessments to identify barriers for service providers
- ◆ Held information sharing meetings



Center for Women Policy Studies Year II Goals

- ◆ To bring together women with HIV, providers, and advocates
- ◆ To continue the assessment of barriers and problems within the HIV/AIDS care system
- ◆ To continue evaluation of the Collaborative
- ◆ To offer cross training to local providers
- ◆ To develop a public education campaign
- ◆ To collect or develop and disseminate minimum standards of care for women with HIV/AIDS



East Boston Neighborhood Health Center

East Boston, Massachusetts

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG



East Boston Neighborhood Health Center

- ◆ 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
- ◆ Implemented a managed care inpatient unit and health center-wide systems to support capitated managed care



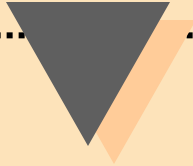
East Boston Neighborhood Health Center

- ◆ Implemented patient intake and service utilization forms
- ◆ Implemented a quarterly follow-up form to capture patient outcomes
- ◆ Implemented forms to track hospitalization, outside service utilization and disenrollment
- ◆ Performed chart reviews to input baseline data
- ◆ Hired a nurse practitioner, defined providers' roles and improved team communication



East Boston Neighborhood Health Center, Year II Goals

- ◆ To further development of patient database
- ◆ To further development of systems for tracking monthly MIS data
- ◆ To develop a system to track outside service utilization in a more comprehensive way
- ◆ To analyze monthly service utilization and costs
- ◆ To develop written policies, procedures, and standards of care
- ◆ To further develop comprehensive services



Emory University

Atlanta, Georgia

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG



Emory University

- ◆ Established a project planning group that meets monthly and 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)



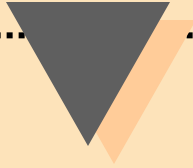
Emory University

- ◆ 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



Emory University Year II Goals

- ◆ 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



Fortune Society

New York, New York

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG



Fortune Society

- ◆ 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 from prison
- ◆ Provided case management, counseling and supportive services to help overcome linguistic and cultural barriers to clients accessing services



Fortune Society

- ◆ 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



Fortune Society Year II Goals

- ◆ 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 and providing post-release counseling and intensive case management



Haitian Community AIDS Outreach Project/Center for Community Health, Education, and Research

Dorchester, Massachusetts

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG



Haitian Community AIDS Outreach Project/CCHER

- ◆ 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



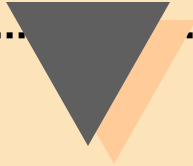
Haitian Community AIDS Outreach Project/CCHER

- ◆ Developed a relevant psychosocial educational curriculum from “square one”
- ◆ Conducted relevant training of case managers to become partners in this new program
- ◆ Developed new forms for case management and counselors



Haitian Community AIDS Outreach Project, Year II Goals

- ◆ To increase knowledge of how to prevent HIV transmission
- ◆ To increase compliance with treatment services
- ◆ To improve access to health and social services
- ◆ To increase satisfaction with case management services
- ◆ To understand the effect of participation in the psychosocial educational curriculum on access to and utilization of health and social services



Health Initiatives for Youth

San Francisco, California

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG



Health Initiatives for Youth

- ◆ Implemented a baseline needs assessment of services available for youth and provider needs
- ◆ Established a resource library to distribute information on youth, health, and HIV
- ◆ Provided a wide range of experiential, skills-building training and technical assistance for providers: in-house trainings; individual technical assistance sessions; financial assistance attend other organizations' trainings and conferences




Health Initiatives for Youth

- ◆ Conducted interviews and surveys of more than 250 providers and 70 youth in five counties
- ◆ Held 18 trainings and 33 technical assistance sessions with 850 youth and service providers
- ◆ Developed Bridges, a bimonthly newsletter for service providers on youth issues; distributed more than 1,300 copies nationwide
- ◆ Distributed more than 2,000 copies of the 1995 Adolescent Provider's Guide



Health Initiatives for Youth Year II Goals

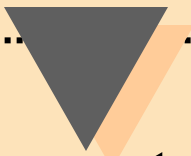
- ◆ To design and coordinate a “youth institute” within the National AIDS Update Conference
- ◆ To design and implement half-day experiential trainings on topics related to youth and HIV
- ◆ To produce four issues of Bridges, a newsletter for providers featuring in-depth articles and brief columns
- ◆ To produce the updated 1996 edition of the Adolescent Providers Guide



**Hektoen Institute for Medical
Research/Cook County HIV
Primary Care Center**

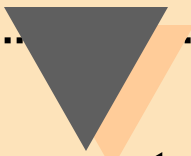
Chicago, Illinois

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG



Hektoen Institute/Cook County HIV Primary Care Center

- ◆ Developed an Advisory Council of providers, advocates, community agencies and consumers on maternal and child health
- ◆ Developed a County-wide implementation committee for the perinatal use of ZDV
- ◆ Conducted outreach to every maternity hospital and its obstetrics staff in Cook County
- ◆ Conducted a needs assessment of practices and knowledge about HIV
- ◆ Developed a Policy Statement about counseling and testing by consent



Hektoen Institute/Cook County HIV Primary Care Center

- ◆ Trained Chicago Department of Health clinic staff in HIV education and early identification
- ◆ Facilitated the adoption of policies and protocols for HIV counseling and testing by consent for pregnant women
- ◆ Developed a manual for providers issues related to pregnant women with HIV
- ◆ Provided training regarding counseling, testing by consent and perinatal transmission reduction



Hektoen Institute/Cook County HIV Primary Care Center Year II Goals

- ◆ To continue to provide education and training for OB/GYN and Family Planning Physicians
- ◆ To further develop the role of the MCH/HIV Advisory Council
- ◆ To develop a system of follow-up for pregnant women with HIV
- ◆ To further develop the Community Advocacy Group



**Indiana Community
AIDS Action Network**

Indianapolis, Indiana

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG



Indiana Community AIDS Action Network

- ◆ Developed a system to provide direct legal services across the state
- ◆ Established follow-up monitoring of legal referrals
- ◆ Created a mechanism to foster linkages between Indiana's HIV care and welfare systems
- ◆ Developed greater outreach strategies to increase service accessibility for African-Americans and men who have sex with men



Indiana Community AIDS Action Network

- ◆ Demonstrated an increase in HIV discrimination reporting by African-Americans from 8.8% to 18.9% of new cases
- ◆ Obtained an increase in HIV discrimination reporting by men who have sex with men from 54.9% to 69.8%
- ◆ Obtained an increase in direct legal service provision from 37.3% to 71.7% of new cases
- ◆ Settled a major ADA employment discrimination case involving wrongful termination
- ◆ Developed and coordinated a series of HIV sensitivity and resources trainings for county welfare agencies



Indiana Community AIDS Action Network Year II Goals


- ◆ To develop a more formalized attorney referral network to address consumers' legal needs beyond the life of the program
- ◆ To 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



**Interamerican College of
Physicians and Surgeons**

New York, New York

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG



Interamerican College of Physicians and Surgeons

- ◆ 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



Interamerican College of Physicians and Surgeons

- ◆ Achieved completion of more frequent, thorough risk assessments in the practices of 90% of trainees
- ◆ Demonstrated an increase of time 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



Interamerican College of Physicians and Surgeons Year II Goals

- ◆ 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



**Johns Hopkins University
School of Medicine**

Baltimore, Maryland

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG




Johns Hopkins University School of Medicine

- ◆ Facilitated 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 chronic care, subspecialty consults, cost of drugs
- ◆ Analyzed the impact of this type of program on other aspects of the mission of an academic center including teaching and research



Johns Hopkins University School of Medicine

- ◆ 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



Johns Hopkins University School of Medicine, Year II Goals

- ◆ To design a program for HIV care delivery that makes efficient use of resources
- ◆ 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



Larkin Street Services

San Francisco, California

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG



Larkin Street Services

- ◆ 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



Larkin Street Services

- ◆ Provided case management, housing, medical services and psychosocial support to twenty youth with symptomatic HIV disease or AIDS
- ◆ Implemented a specific nutrition program
- ◆ Collected preliminary data for enrolled youth
- ◆ Completed site search and acquisition
- ◆ Selected architect, initiated preliminary design process for new facility



Larkin Street Services Year II Goals

- ◆ 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



Michigan Protection and Advocacy Service

Lansing, Michigan

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG



Michigan Protection and Advocacy Service

- ◆ 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



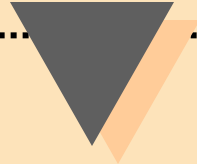
Michigan Protection and Advocacy Service

- ◆ 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



Michigan Protection and Advocacy Service, Year II Goals

- ◆ To match clients with 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



Missouri Department of Health

Jefferson City, Missouri

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG



Missouri Department of Health

- ◆ 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
- ◆ Developed initial program design and program elements
- ◆ Developed a cross-training program



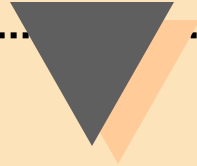
Missouri Department of Health

- ◆ Decided to evaluate program success based on quality of life experienced by clients
- ◆ Collected evaluation materials from each participant at each training session



Missouri Department of Health Year II Goals

- ◆ 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



New York State Department of Health/Health Resources

Albany, New York

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG



New York State Department of Health/Health Resources

- ◆ Developed systems-methods 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 in New York
- ◆ Awarded grants to provider and health service research groups for planning activities associated with the development of program models



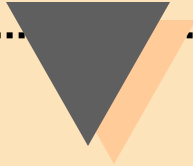
New York State Department of Health/Health Resources

- ◆ 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 cost and quality baselines
- ◆ Developed a relational database that represents several existing Medicaid databases
- ◆ Initiated the development of a clinical quality of care database



New York State Department of Health/Health Research Year II Goals

- ◆ To work with Planning Grantees in data collection and documents that will help guide the design of legal, administrative, and financial aspects of Special Needs Plans
- ◆ To collect and analyze cost and utilization data from the “Provider Cohort” study
- ◆ To initiate medical record reviews to collect data on disease stage
- ◆ To collect and analyze “Client Cohort Data”



Outreach, Inc.

Atlanta, Georgia

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG



Outreach, Inc.

- ◆ Selected site for the creation and implementation of satellite location, “Safe Place”
- ◆ Implemented satellite facility to provide full range of services to substance-abusing, adults with HIV



Outreach, Inc.

- ◆ Continued renovation of satellite facility
- ◆ Hired staff for the satellite facility
- ◆ Opened facility for “Safe Place” to provide services to substance-abusing, adults with HIV.
- ◆ Services include 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



Outreach, Inc. Year II Goals

- ◆ 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 the target population by training primary care health providers at two infectious disease clinics



**PROTOTYPES, A Center for
Innovation in Health, Mental
Health, and Social Services**

Culver City, California

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG



PROTOTYPES

- ◆ 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



PROTOTYPES

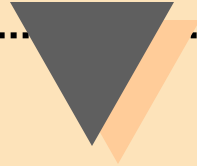
- ◆ Admitted 128 women to the program
- ◆ Provided 311 counseling sessions, 529 case management sessions, 257 sessions providing assistance with housing
- ◆ Most utilized service was the Necessities Canteen. Provided 247 sets of household/hygiene supplies to clients
- ◆ By the end of Year I, significant reduction in Structural Barriers (e.g. knowing where services are, waiting lists too long) but not Social Barriers (e.g. fear of losing child)



PROTOTYPES

Year II Goals

- ◆ 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



SUNY Health Science Center at Brooklyn

Brooklyn, New York

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG



SUNY Health Science Center at Brooklyn

- ◆ Assessed counseling and testing systems and availability of integrated GYN/HIV-related care, and perinatal ZDV treatment at targeted hospitals
- ◆ Continually restructured counseling and testing systems for prenatal service patients and implemented procedures for ensuring access to perinatal ZDV protocol
- ◆ Expanded/enhanced access to integrated GYN/HIV-related services in locations where women are already or are likely to receive care



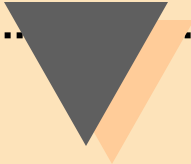
SUNY Health Science Center at Brooklyn

- ◆ Improved HIV counseling and testing rates among prenatal service patients due to staff training, clinician involvement, protocols reducing patient burden, and routinization of HIV counseling and testing as part of prenatal care.
- ◆ Decreased the number of HIV exposed and/or infected infants born at the three hospitals.
- ◆ Implemented nursing policy-procedures to ensure 24 hour access to ZDV in labor, delivery, pediatric units
- ◆ Expanded sites offering co-located HIV primary care with GYN care and HIV-pediatric care



SUNY Health Science Center at Brooklyn, Year II Goals


- ◆ To increase the availability of and competency in HIV counseling and testing among OB/GYNs
- ◆ To increase the rate of private patients delivering babies who have access to HIV counseling and testing during their prenatal phase
- ◆ To increase early identification of HIV-infected women during pregnancy and increase availability and use of the perinatal ZDV protocols



**The Measurement Group-
PROTOTYPES Evaluation and
Dissemination Center**


Culver City, California

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG



The Measurement Group- PROTOTYPES Evaluation and Dissemination Center

- ◆ Developed a management strategy for facilitating the activities of the Steering Committee
- ◆ Developed a cross-cutting evaluation strategy for the Work Groups and the Steering Committee
- ◆ Provided technical support on evaluation to individual grantees
- ◆ Planned evaluation technical assistance activities for the cooperative agreement projects



The Measurement Group- PROTOTYPES Evaluation and Dissemination Center

- ◆ Coordinated four Steering Committee meetings
- ◆ Provided management assistance
- ◆ Developed evaluation modules and plans
- ◆ Provided individual technical assistance on evaluation to cooperative agreement projects
- ◆ Advised HRSA on local evaluation plans of the 27 cooperative agreement projects
- ◆ Conducted an Evaluation Conference



The Measurement Group- PROTOTYPES EDC, Year II Goals

- ◆ To continue to facilitate the activities of the cooperative agreement projects
- ◆ To implement and manage a cross-cutting evaluation strategy
- ◆ To provide technical support on evaluation and dissemination
- ◆ To develop an overall dissemination strategy



University of Colorado Health Sciences Center

Denver, Colorado

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG



University of Colorado Health Sciences Center

- ◆ 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



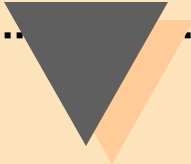
University of Colorado Health Sciences Center

- ◆ Held two meetings of advisory committee composed of staff and persons living with HIV
- ◆ Developed an 80-page Self-Study Module on HIV/AIDS Prevention, Early Intervention and Health Promotion
- ◆ Developed a case history methodology
- ◆ Developed plans for implementation of the project in the eight-state region
- ◆ Pilot test of training



University of Colorado Health Sciences Center Year II Goals


- ◆ 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



University of Mississippi Medical Center


Jackson, Mississippi

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG




University of Mississippi Medical Center

- ◆ 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



University of Mississippi Medical Center

- ◆ 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
- ◆ Purchased and installed software to support tracking of patient encounter data



University of Mississippi Medical Center, Year II Goals

- ◆ 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



**University of Nevada
School of Medicine**

Reno, Nevada

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG



University of Nevada School of Medicine

- ◆ 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



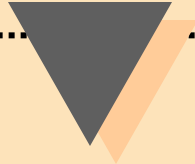
University of Nevada School of Medicine

- ◆ 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 with an emphasis on prevention
- ◆ Developed relationships with AIDS service providers through coalitions and outreach



University of Nevada School of Medicine, Year II Goals

- ◆ To continue refining clinic procedures including frequency and duration of visits, feedback to clients, and importance of 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



University of Texas Health Science Center at San Antonio

San Antonio, Texas

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG



University of Texas Health Science Center at San Antonio

- ◆ 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
- ◆ Cross-trained project staff
- ◆ Assessed training needs in the health and human services delivery system



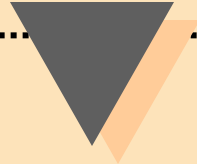
University of Texas Health Science Center at San Antonio

- ◆ Assessed capacity within the FPC agencies
- ◆ Conducted needs assessments
- ◆ Implemented health-seeking behaviors assessment of Mexican-American women living with HIV/AIDS
- ◆ Completed organizational needs assessments
- ◆ Completed assessments of infected-affected children
- ◆ Compiled existing curricula for caregivers and foster parents and staff
- ◆ Participated in training of foster parents and HIV/AIDS volunteers



University of Texas Health Science Center at San Antonio Year II Goals

- ◆ To continue to assess the needs of women, children and families living with HIV/AIDS
- ◆ To expand assessment to other organizations in the South Texas HIV/AIDS health 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 local and state levels
- ◆ To develop a comprehensive evaluation model



University of Vermont & State Agricultural College

Burlington, Vermont

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG



University of Vermont & State Agricultural College

- ◆ 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



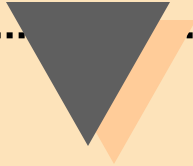
University of Vermont & State Agricultural College

- ◆ Hired and trained nurse practitioners at clinic sites I and II
- ◆ Developed data collection tools and 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



University of Vermont & State Agricultural College Year II Goals

- ◆ 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



University of Washington

Seattle, Washington

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG



University of Washington

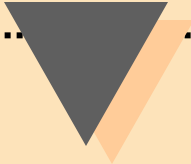
- ◆ Conducted chart reviews in two long-term care facilities to identify diagnosis, treatment, referral patterns and psychiatric morbidity
- ◆ Analyzed data for statewide hospital-based units regarding diagnosis, treatment, referral patterns and psychiatric morbidity
- ◆ Established baseline needs assessment of providers to determine training needs
- ◆ Began production of training video on HIV/AIDS related delirium



University of Washington

Year II Goals

- ◆ 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
- ◆ To increase knowledge and perceived ability of families to identify and access treatment for HIV/AIDS associated delirium
- ◆ To produce training video geared towards educating providers, patients, and families on HIV/AIDS related delirium



**Visiting Nurse Association
of Los Angeles**

Los Angeles, California

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG



Visiting Nurse Association of Los Angeles

- ◆ Trained staff (nurses and social workers) in home-skilled nursing and psycho-social needs for HIV/AIDS patients
- ◆ Implemented 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



Visiting Nurse Association of Los Angeles

- ◆ 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



Visiting Nurse Association of Los Angeles, Year II Goals

- ◆ 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



Washington University

St. Louis, Missouri

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG



Washington University

- ◆ 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



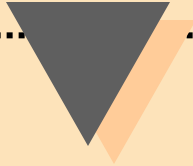
Washington University

- ◆ 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



Washington University Year II Goals

- ◆ To continue the Special Care Center
- ◆ To establish a peer education/support program
- ◆ To facilitate an integrated community outreach program targeting women who are not yet in care, and/or are at risk for being infected
- ◆ To develop an effective system for identifying and following women with HIV
- ◆ To build provider capacity in the service area in identification, counseling, and treatment



Well-Being Institute

Detroit, Michigan

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG



Well-Being Institute

- ◆ 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



Well-Being Institute

- ◆ Opened the program office in inner city Detroit and hired sixteen employees
- ◆ Established contracts with Detroit Receiving Hospital, Detroit LIGHT House Program, and Wayne State University
- ◆ Enrolled or reactivated 23 HIV-positive, substance abusing women in primary care
- ◆ Provided substantial HIV-related services for enrolled participants

A dark grey downward-pointing triangle and an orange downward-pointing triangle are positioned in the top right corner of the slide.

Well-Being Institute Year II Goals

- ◆ To assist substance abusing women with HIV to overcome their access barriers and enroll in primary care services
- ◆ 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



Second-Year Goals

Cooperative Agreement Steering
Committee

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG



Evaluation of Common Objectives and Collection of Common Data

- ◆ Implement core data collection modules within appropriate projects
- ◆ Submit data as they are collected to the data repository
- ◆ Examine analyses of the common data set that are prepared by the EDC
- ◆ Suggest additional data collection modules, analyses, and reports to the EDC



Sharing Expertise Among Projects (1 of 2)

- ◆ At each of the Steering Committee meetings, it is recommended that “local” projects schedule site visits and training sessions
- ◆ 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



Sharing Expertise Among Projects (2 of 2)

- ◆ 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



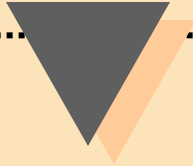
Reporting-Dissemination Objectives (1 of 2)

- ◆ This report should be prepared for the first year and similar reports should be developed for subsequent years
- ◆ Specialized data-based reports should be prepared from the common data set and issued
- ◆ Individual projects should be encouraged to issue reports on the success of their programs
- ◆ The EDC should develop a series of faxed reports to share the successes of the projects



Reporting-Dissemination Objectives (2 of 2)

- ◆ The Steering Committee should regularly consider additional reports at each of its meetings during the second project year



The End

Presentation Developed by
The Measurement Group
April 1996

Year I (1994-1995) SPNS Cooperative Agreement Report © by TMG