



**LAFRANCE ASSOCIATES**

**Evaluation of AIDS Partnership California's  
Prevention with Positive People of Color Initiative**

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**Prepared for the AIDS Partnership California  
by LaFrance Associates, LLC  
October 8, 2004**

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## Chapter 1: Introduction

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During the 1990s, HIV and AIDS infection rates began to decline among some groups, but continued to climb among communities of color. To address this crisis, in 2000 Northern California Grantmakers (NCG) founded the AIDS Partnership California (APC): a statewide public/private collaboration jointly funded by foundations, corporate philanthropy, and the California State Office of AIDS (OA).

Later that same year, APC launched its *Prevention with Positive People of Color Initiative*. This Initiative exemplified a new HIV prevention strategy emerging within the field. Until that time, prevention had centered on at-risk populations not already infected; but new thinking in the field began to emerge in the late 1990s which focused on preventing HIV-positive people from transmitting the virus to others. This constituted a “system shift” in HIV prevention strategy which the OA sought to promote. In launching its Initiative, APC took the lead in helping the OA to facilitate this shift by first funding formative research and model programs. After effective program elements had been identified, APC refocused its efforts on **service delivery grants**, **system integration grants**, and **technical assistance (TA)**. These grantmaking activities were designed to increase the capacity and effectiveness of community-based organizations (CBOs) in providing HIV prevention services to HIV-positive people of color.

### Research Questions Guiding the Evaluation

In September 2002, APC contracted with LFA (LaFrance Associates, LLC) to assess the process and outcomes of the Prevention with Positives (PwP) initiative. To assess process, we look at how the implementation unfolded at the level of the Initiative overall, and also how implementation manifested at the level of each type of grant (Service Delivery, System Integration, and Technical Assistance). Our examination of implementation includes barriers and challenges, and how implementation unfolded relative to original plans. The outcome assessment is guided by the following research questions:

1. How has the delivery of prevention services to HIV-positive people of color changed for providers as a result of funding received through the Initiative?
2. In what ways have systems of prevention and care for HIV-positive people of color become more integrated for the providers receiving funding through the Initiative?
3. What impact has technical assistance had on the capacity of organizations to deliver prevention services to HIV-positive people of color?

The analyses guided by these three outcome questions focus on the level of the grantee organization, or on the CBO receiving TA. But we look beyond the organization level to also ask a more fundamental question assessing APC's grantmaking itself: What is the value added by the APC grantmaking model? In other words, in what ways did the model of strategic and "hands-on" grantmaking support APC's goals of influencing the system shift to a new model for HIV prevention programs?

## **Preview of Findings**

This evaluation found that, overall, the Initiative was successful. It did not unfold exactly as planned, but APC was able to make adjustments in accordance with the overall goals and objectives of the Initiative. Service Delivery grantees saw enhancements in services to clients; System Integration grantees made progress in integrating prevention and care services in their local health jurisdictions; and the CBOs receiving Technical Assistance saw increased capacity that resulted in an enhanced ability to fund Prevention with Positives (PwP) programs, improved outreach to people of color, and enhanced service delivery. In addition, we found that APC's grantmaking model supported the goals of accelerating and guiding the system shift to PwP.

## **Methods**

In order to address the evaluation research questions, LFA employed a case study approach involving key informant interviews with organizational representatives at various time points to assess process and outcome measures. The focus of our process evaluation work included an assessment of issues such as the request for proposals (RFP) process, the proposal review and grantee selection process, and other internal processes undertaken by APC. The focus of the outcomes evaluation work included examining increases in organizational/systems capacity to provide prevention services to positive people of color, and impacts of the grant on the funded agencies, their clients, and their service area as a whole. The following is an overview of the methods used:

Project Component	Tasks
<b>Process Evaluation</b>	Conducted baseline and follow-up key informant interviews with the Director of APC
	Conducted a baseline focus group with The Advisory Committee of AIDS Partnership California and follow-up key informant interviews with two key Advisory Committee members
<b>System Integration Grants</b>	Conducted baseline and follow-up key informant interviews with each System Integration grantee
<b>Service Delivery Grants</b>	Conducted baseline and follow-up key informant interviews with each Service Delivery grantee
<b>Technical Assistance</b>	Conducted follow-up key informant interviews with one informant (e.g., Executive Director or Program Director) at each organization funded with a technical assistance grant.
	Conducted key informant interviews with organizations that elected not to complete their technical assistance projects.
	Conducted one key informant interview with the Coordinator of Technical Assistance at CompassPoint Non Profit Services, the organization providing TA.

## Organization of the Report

This assessment looks at three levels of analysis: the Initiative, the CBO (grantee or TA recipient), and the APC grantmaking model. Chapter 2 focuses on process at the level of the Initiative: its design, evolution, and implementation. Chapters 3 through 6 examine the three types of grants made during this phase of the PwP Initiative. Chapter 3 looks at process and outcomes for Service Delivery; Chapter 4 looks at process and outcomes for System Integration. The next two chapters examine the Technical Assistance aspect of the Initiative: Chapter 5 assesses process and Chapter 6 assesses outcomes. Chapter 7 takes a step back and examines the issue of how the APC grantmaking model itself supported the strategic goals of the PwP Initiative.

## **Chapter 2: Design, Evolution, and Implementation of the Initiative**

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This chapter is the first of several process evaluation chapters; here we examine the Initiative-level process. The chapter is organized as follows: first we provide context by exploring the origins of both AIDS Partnership California (APC) and the Prevention with Positives (PwP) Initiative, and also by discussing the design and evolution of the Initiative. Next we turn toward implementation, focusing on the request for proposals (RFP) process, convenings among the grantees, and challenges that APC faced during implementation. Finally, we compare APC's actual grantmaking activities to its original plan.

### **Origins of AIDS Partnership California and the Prevention with Positive People of Color Initiative**

The origins of the PwP Initiative are closely intertwined with those of APC, so the Initiative's story is best told as part of the story of APC's formation. In essence, both APC and the Initiative grew out of a recognition that Prevention with Positives offered a new direction in HIV prevention strategy, and thus a new way for funders to participate in slowing the spread of AIDS.

During the late 1990s, anti-retroviral therapy changed the landscape for the funding of HIV/AIDS programs. AIDS was no longer a death sentence – instead it was a chronic disease to be managed with medication. Once AIDS became seen as a manageable chronic disease, it lost its urgency. In addition, foundations tend to want to fund cutting-edge issues, and HIV/AIDS had been in our midst long enough to no longer seem cutting-edge. At the same time, past policy successes meant that a rich array of HIV/AIDS services was already in existence. For all of these reasons, foundations perceived HIV/AIDS as an issue “already taken care of.” In accordance with this general trend away from the funding of HIV/AIDS programs, in 1998 Northern California Grantmakers' (NCG) AIDS Task Force (ATF) decided to disband in 2001.<sup>1</sup>

But while the changes in the epidemic contributed to declining interest among funders, they simultaneously led to new thinking about HIV prevention strategy. Because people with AIDS were living longer, healthier lives, an increasing number of HIV-positive people were sexually active. This change in how the disease unfolded at an individual level sparked a parallel change in HIV prevention strategy. The focus began to broaden from its exclusive attention on at-risk

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<sup>1</sup> The ATF still had several years' worth of funding to distribute and grants to administer.

negatives to include strategies aimed at those with the virus, lowering the probability that they would transmit it to others.

As this new thinking was beginning to take hold at the California State Office of AIDS (OA), Dr. John Mortimer (APC's current Director) was consulting with OA, while simultaneously serving part-time as the Executive Director of ATF. Because of his role at OA, John had ready access to information about the direction that State funding might take in the future, and was aware that OA was in the early stages of a shift in its approach to HIV prevention. He was also aware that the State had a new interest in funding innovative grantmaking. The dual role John played allowed him to develop ideas for how Northern California Grantmakers (NCG) could capitalize on trends at the State level to continue its involvement with HIV/AIDS issues.

John saw that the emergence of a new HIV prevention strategy offered funders a chance to do cutting-edge grantmaking by participating in, and helping to promote, this system shift. In a departure from the type of funding that ATF had previously done, NCG envisioned a funding strategy that would focus on strategic issues, expand Statewide, and get government funding. Acting on this vision, the ATF was reinvented in 2000 as AIDS Partnership California: a public/private collaboration jointly funded by foundations, corporate philanthropy, and the OA. APC formed primarily in response to the opportunity that the PwP strategy offered NCG to stay involved in the field of HIV/AIDS, and to engage in strategic grantmaking: grantmaking that could influence the evolution of HIV prevention strategy.<sup>2</sup> John put it this way:

APC saw that a system change was underway – that PwP was the future of HIV/AIDS strategy. We wanted to get in on the ground floor, and influence the way that this strategy unfolded.

Later in 2000, APC launched the *Prevention with Positive People of Color Initiative*. APC focused its PwP grantmaking specifically on people of color because of the fact that during the 1990s, the epidemic began to disproportionately affect communities of color; as infection rates were dropping among Whites, they were continuing to climb for African-Americans, Latinos, and Asian and Pacific Islanders. Prevention needs were, therefore, most urgent among these communities.

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<sup>2</sup> Not all of APC's grantmaking has focused on PwP, but during the first two years, a majority of its grants were awarded in this area.

## **Design and Evolution of the Prevention with Positive People of Color Initiative**

In launching the PwP Initiative, APC took the lead in helping OA to facilitate the shift in prevention strategy by first funding formative research and model programs. In its initial round of grantmaking, APC prioritized learning about the HIV prevention needs among positive people of color, awarding grants to eight ethnic minority CBOs to conduct formative research regarding the prevention needs of people of color living with HIV, with three CBOs developing model programs based on their research findings.

This initial stage of grantmaking allowed APC to understand what the needs in the field were. Once APC had a more thorough understanding of what made PwP programs effective, it was ready to formulate a new grantmaking approach. Its new approach included three types of grants: Service Delivery, System Integration, and Technical Assistance (each explained below).

- **Service Delivery Grants** were designed to assist CBOs in enhancing delivery of their prevention services to HIV-positive people of color. These grants augmented the funds already awarded by the Local Health Jurisdictions (LHJ) (award amounts are 10% of LHJ funds, with a minimum of \$10,000 and maximum of \$20,000). Also included in these awards are funds for technical assistance, and funds to strengthen the CBO's overall capacity to provide services. Grants were awarded to AIDS Project Los Angeles, Los Angeles Shanti Foundation, and Vista Community Clinic of San Diego County.
- **System Integration Grants** funded demonstration projects to integrate PwP services for people of color with HIV-related care and treatment services on a county or regional level. Grants were awarded to Continuum Day Services in San Francisco, Los Angeles Shanti Foundation, and San Diego County Health and Human Services.
- **Technical Assistance.** APC contracted with CompassPoint Nonprofit Services to provide pro bono technical assistance to ten CBOs considering, planning to offer, or currently offering PwP services to their clients.

These three types of grantmaking have several characteristics in common. First, APC has a very “hands-on” relationship with its grantees. As John puts it: “APC does not just hand over the money and then move on....” Instead, APC concentrates on technical assistance and capacity-building, and also funds demonstration projects, supplementing with smaller grants along the way. The focus on TA is especially significant, since it is through actually assisting CBOs that APC can influence the way that PwP strategies actually get played out at the level of service delivery.

Second, APC facilitates information-sharing in two ways: by convening grantees (allowing them to construct a knowledge-sharing network), and also by compiling the knowledge created by grantee projects, and then disseminating this information about best practices within the field of CBOs, government, and private funders. Both of these methods for information-sharing accelerate the spread of PwP practices throughout the field of AIDS service organizations, while at the same time helping to ensure that these practices are effective.

By providing to grantees such extensive practical guidance, and also the opportunities for knowledge-sharing, the PwP Initiative has the potential to have a profound effect on the way that the PwP actually unfolds on the ground.

### **Overall Initiative Implementation: Service Delivery, System Integration, and Technical Assistance**

Having discussed the origins, design, and evolution of the PwP Initiative, we now turn our attention to actual Initiative implementation. We focus, of course, on Service Delivery, System Integration, and Technical Assistance. We examine the RFP process for each, and the convenings of Service Delivery and System Integration grantees. Following that, we discuss the challenges to Initiative implementation posed by unexpected California HIV policy changes.

#### ***Getting the Word Out: The RFP Processes***

##### **System Integration Grants**

APC developed a Systems Integration Grant Funding Announcement and Request for Proposals released in August 2002. APC distributed the RFP to 860 organizations (including community-based nonprofits and local health jurisdictions) and individuals (including Community Planning Group Co-Chairs) in addition to posting the announcement and RFP on the [www.aidspartnershipca.org](http://www.aidspartnershipca.org) web site. The RFP specified the purpose of the grants is to support projects “which identify and demonstrate effective methods for integrating prevention for positive people of color services with HIV care and treatment services across multiple providers.”

To solicit applicants for these grants, APC sent out an RFP to those on their mailing list. They used this RFP to let bidders know that there would be a conference call in September facilitated by APC staff. Conference call participants would be able to get their questions answered not only about the application itself, but also about PwP itself. PwP as an HIV prevention strategy was so

new that CBO staff knew little about what PwP programs would look like, and how they might integrate care and prevention.

From the perspective of funded grantees, APC's RFP and bidders' process were well designed and executed. One grantee described the application process as "Very user friendly" and said that APC staff were "Very accessible for answering questions." Another grantee reports that the application process, "Wasn't troublesome at all. It was straightforward."

### **Service Delivery Grants**

APC developed a Service Delivery Grant Funding Announcement and Request for Proposals released August 19, 2002. APC distributed the Service Delivery Grant RFP to 860 organizations (including community-based nonprofits and local health jurisdictions) and individuals (including Community Planning Group Co-Chairs) in addition to posting the announcement and RFP on the [www.aidspartnershipca.org](http://www.aidspartnershipca.org) web site.

In an effort to respond to potential applicants' questions about the RFP in particular and the APC initiative in general, APC held three in-person and one teleconference bidders' workshops. APC held multiple bidders' conferences to provide access to information to potential grantees in various geographic regions of California.

Grantees report that the Service Delivery Grant application process was "easy and clear." They found the bidders' conferences as helpful because they were able to ask questions and get helpful answers: "We were able to get one-on-one with (APC staff) and ongoing support."

### **Technical Assistance**

CompassPoint launched the program through a mailing to 900 service providers and Local Health Jurisdictions. Recipients heard about the TA opportunity in a variety of ways. Most did not hear about it first through this mailing; however, the mailing appears to have generated a "buzz" about the program because many organizations heard about it through word of mouth. Exhibit 2-1 below shows the variety of ways that CBOs found out about the program.

**Exhibit 2-1:  
Marketing of Technical Assistance Opportunity**

<b>How CBO Heard about TA Opportunity</b>	<b>Number of CBOs</b>
Got the flyer in the mail	1
CBO told about program by its funder	2
Another CBO passed along the flyer	2
A Local Health Jurisdiction passed along the information	1
CBO told about program by CompassPoint consultant	1
CBO told about program by CDC Program Officer	1
CBO told about program by a consultant (other than CompassPoint)	1
Found it on the internet	1
<b>TOTAL</b>	<b>10</b>

Organizations were eligible for TA if the CBO had a 501(c)(3) status and was based in California.

In addition, the CBO needed to be either:

- Currently offering a PwP program targeting people of color; or
- Currently considering launching a PwP program targeting people of color.

Organizations were asked to complete an application and participate in a readiness assessment over the phone. Eighteen CBOs completed the application, and each underwent a readiness assessment carried out by a CompassPoint consultant. This assessment was designed to discover whether CompassPoint would be able to effectively meet the needs of the CBO. Key informants at CBOs reported that the process of applying for TA went very well – most said that it was “very,” “extremely,” or “super” easy. One informant said that it was “too easy to be true.” Another pointed out that the application would never have gotten done if it had not been so easy – it took a half hour. Exhibit 2-2 below summarizes the feedback from the CBOs.

**Exhibit 2-2:  
Descriptions of Application Process**

<b>Descriptions of Application Process</b>	<b>Number of CBOs Describing the Application Process this Way*</b>
Easy / Simple / Uncomplicated	8
Reasonable	3
User-Friendly	2
Straightforward	1
Friendly / Helpful Staff	1

\*Total is greater than 10 because key informants could give more than one answer.

**Assessment of the RFP Processes**

By distributing the funding announcements and RFPs and applications to such a large number of organizations and individuals in California, APC and CompassPoint clearly made significant good-faith efforts to inform the community about the availability of funding for systems integration and service delivery grants. Moreover, APC took exceptional strides to ensure that

any interested applicant had an opportunity to receive answers to their questions and receive guidance in the application process. CompassPoint clearly upheld these standards as well.

### ***Grantee Convenings***

An important aspect of administering the Service Delivery and the System Integration grants was the convening of the grantees. This was done for the purpose of knowledge-sharing and joint problem-solving. Grantee groups met separately, with the Service Delivery grantees meeting once during the spring of 2003, and the System Integration grantees meeting once during the fall of 2003.

These convenings were helpful in several ways. First, in preparing to present information, the presenter invariably comes to understand it better him or herself. This means that within a friendly forum, a CBO has the opportunity to gain a deeper understanding about what they do, and to polish a presentation. In presenting later to funders, the public sector, peers, or clients, a presenter has a better idea of what information is most important to get across, and also how best to convey this information. This practice, then, may help them to secure future funding.

Also, these convenings allow CBOs to hear what others are doing, get ideas about how to transfer other program elements to their own settings, and get feedback from their peers on what they are doing. John heard from several grantees that:

CBOs feel they are “pioneers together,” and that it is an extremely helpful practice of the Initiative to bring the grantees together to share solutions and ideas.

This grantee agreed, saying that:

Grantee meetings are very helpful. [It is] always good to be with thoughtful peers with a focused topic: people engaging in similar work and similar thinking.

### ***Challenges for the Implementation of the Initiative***

APC encountered two major challenges in implementing its PwP Initiative. First, APC had designed its Service Delivery grants to augment State funding<sup>3</sup> for PwP, but changes in the State

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<sup>3</sup> In using the term “State funding,” we refer to State and Federal funds that are distributed by local health jurisdictions.

timeline for making these funds available meant that few CBOs actually *had* the expected State funding. Second, CompassPoint could not begin TA with three CBOs that had been promised TA, because APC was not awarded the State grant that funded it during its second year. We discuss these two challenges below.

### **The Policy Timeline and its Implications for the Service Delivery Grants**

In 2000, a Committee of the California HIV Services Planning Group formed to look at care and prevention integration. This Committee developed the directive that local health jurisdictions (LHJs) had to use 25-50% of funding on PwP services. In November of 2000, the California State Office of AIDS announced their intention to act on the CDC's PwP focus, indicating that by spring 2001 a policy would likely be in place. However, the State Office of AIDS experienced ongoing delays in putting the policy together, explained in part because the "newness" of PwP meant there were few people familiar with preparing policies and guidelines for implementation. At the same time, at the LHJ level, there was no new money for PwP, which meant that existing funds would have to be redirected to meet new policy guidelines. In the face of this reality, the State Office of AIDS realized it was incumbent upon them to assist the LHJs with guidelines for adjusting existing funding.

In the end, the State gave much more latitude to the percent of money that LHJs had to allocate to PwP services; instead of 25-50%, the policy was written that 5-20% of funds had to be used for PwP services. In addition, exceptions were made for counties with few or no cases of HIV, and the policy was implemented unevenly; some counties were given extensions of six months to one year.

APC, however, was still faced with the challenge of staying in sync with the State-level policy changes. APC launched its grantmaking processes for Service Delivery and System Integration grants under the assumption that the State would follow through with its original policy of requiring 25-50% of LHJ funding. Additionally, the APC grants were planned under the assumption that the State money would be available for implementing PwP services, i.e., that the policy would move forward much more quickly than it actually did. Therefore, while APC was assuming that virtually all eligible CBOs would have had funding from the State to develop and implement PwP programs, they ended up having to build on programs that had already been

funded with other prior funding sources. Ultimately, APC made fewer service delivery grants than originally anticipated (as explained below).

### **Losing State Funding for Technical Assistance**

APC awarded a two-year contract to CompassPoint to give TA to CBOs to design, implement or enhance PwP programs. APC funded this contract through a State grant, but had to reapply for the second year of funding. APC expected to be awarded this grant in the second year also, but the grant went to AIDS Project Los Angeles (APLA). When APC received notice that the state funding would not be granted in the second year, CompassPoint still had three CBOs in the pipeline to receive TA. These three CBOs were “transferred” to APLA. In addition, APC gave a grant of \$30,000 in private funds to APLA, to use in providing TA at the individual organizational level or through group trainings.

### ***APC’s Actual Grantmaking Compared to the Original Plan***

Due to various challenges that APC encountered during the implementation of its Initiative, the number of CBOs that were awarded grants or received TA varied from the number originally expected. These differences are explained below.

### **System Integration Grants**

APC expected to award two Systems Integration Grants when they issued the RFP in the fall of 2002. However, they received three high quality proposals—one each from Continuum HIV Day Services, Los Angeles Shanti Foundation, and San Diego County Health and Human Services—that fit well into the intent of the grants. APC decided, in the spirit of flexibility and focus on the overall purpose of the Initiative, to fund all three of these proposals.

### **Service Delivery Grants**

APC planned to make 10-12 service delivery grants through two rounds of grantmaking. In the first round, APC received very little response, with six organizations submitting applications. The most significant factor explaining the discrepancy between APC’s expectations and CBO’s response was the delay in public funding for PwP.

The intent of the APC Initiative was to augment the public dollars with private grant dollars, and therefore APC instituted a policy that the augmentation funds would equal 10% of the organization's budget for PwP services. APC also developed the guideline that the minimum Augmentation Grant Award would be \$10,000 and the maximum would be \$20,000. Thus, an organization applying for an Augmentation Grant of \$10,000 would have to already have \$100,000 for PwP services in place. As discussed above, the delay in implementing the State policy meant that CBOs did not receive their PwP funding in time, and therefore APC would fund organizations that already had received PwP funding from other sources.

Of the six applications that APC received in the first round of grantmaking, three received funding: AIDS Project Los Angeles, Los Angeles Shanti Foundation, and Vista Community Clinic. As stipulated in the RFP, each of the organizations received an Augmentation Grant, in addition to a Technical Assistance Grant and Capacity-Building Assistance Grant as part of the overall Service Delivery Grant.

### **Technical Assistance**

The original grant called for APC to ensure that fifteen organizations receive one-on-one TA, and/or participated in trainings. Out of eighteen applicants, fifteen CBOs were assessed to be good candidates for TA. Of the three that were not, one lost funding for PwP, the second decided that they didn't need the help, and the third decided that the TA was not appropriate for them. Two agencies began the TA but chose not to complete; one withdrew because its PwP program no longer had the capacity to focus on people of color; the other because the organization found it to be "too basic." Three organizations were slated to begin the TA when APC lost State funding; these three were transferred to AIDS Project Los Angeles (APLA), the organization that won the TA contract in the second year. Out of the original eighteen applicants, then, ten organizations completed TA with CompassPoint. Ten CBOs completed one-on-one TA, and 34 additional organizations participated in trainings or workshops provided by John Mortimer (of APC), Cianna Stewart (of CompassPoint), or APLA. The original goal was thus exceeded by 29 CBOs.

### **Conclusion**

In the implementation of the HIV Prevention with Positive People of Color Initiative, APC demonstrated the ability to be both strategic and responsive in its grantmaking. The Initiative was designed strategically: to get in on the ground floor of a systems change and to facilitate

community-based organizations' adjustment to this change. However, the systems change for which the Initiative was designed took longer to unfold than had been expected, and as a result APC had to make course adjustments to their grantmaking plans. APC also changed course after finding out that the TA grant would not be funded for a second year; in this case, they transferred the last three CBOs to APLA, and at the same time granted them \$30,000 in private funds to enable them to give TA to these organizations. Although APC was disappointed when the funding for TA was not renewed, its primary interest was in supplementing State efforts to promote PwP, not in competing against other organizations. In the words of John: "Where the State money went, our money should go."

One criticism that perhaps could be made of APC was that its HIV Prevention with Positive People of Color Initiative was too closely linked to the policy shift anticipated at the Federal and State levels. However, this criticism would be unfair. As a private grantmaking collaborative, APC can be as nimble as necessary to adjust its course as public policy unfolds, and they exercised this privilege in implementing the Initiative without losing focus on the original Initiative purpose.

## **Chapter 3: Service Delivery Grants: Profiles, Process, and Outcomes**

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This chapter provides a description of the process and outcomes evaluation findings for Service Delivery grants made as a part of this Initiative. Brief case study descriptions of each funded project with their current status comprises the process-focused evaluation, in addition to the barriers to project implementation are included at the end of the case-study narratives. This chapter concludes with a summary of the outcomes achieved as a result of the Service Delivery grants.

**AIDS Project Los Angeles: The POWER (Positive Wellness & Renewal) Program** provides individual and group level education and support to people living with HIV and their partners. Wellness Case Managers and Health Promotion Specialists help clients manage life and HIV more effectively by addressing relationship issues, substance use, individual sexual expression, adherence to HIV medications, and other health and wellness issues.

**Program Goal:**

The POWER Program provides individual and group level education and support to people living with HIV and their partners.

The program seeks to reduce HIV transmission from HIV-positive people of color by reducing risk behaviors and increasing disclosure of serostatus to partners and treatment adherence. The target population is persons diagnosed with HIV infection for more than two years and living in AIDS Project Los Angeles' (APLA) service area. Intervention strategies encompass individual, group, and community levels, and include risk and needs assessment, development of individualized prevention and case management plans, multiple session risk reduction counseling, coordination and linkage to mental health and substance abuse treatment, social and medical services, as well as support groups, workshop series, and community forums.

Prevention services have been an important component of APLA's mission since it was founded in 1982 as a hotline dispersing information, referrals, and support to callers. APLA implemented the POWER program which has the goals of preventing the spread of HIV by people living with the infection, delaying the onset of symptomatic HIV disease, and improving the client's health status. The program is comprised of a Prevention Case Management component and a Prevention Health Advocacy component.

## APLA Capacity-Building Project

APLA proposed to use its AIDS Partnership California (APC) funding to increase its data collection and analysis capacity. The desired outcome of this capacity building is the establishment of more systematic program-level data collection systems that would be integrated into the agency-wide database. At the time of funding, the POWER program was evaluated via case notes. Development of a new evaluation system would ultimately enable staff to measure the impact of the program on specific groups and to modify programs based on available evaluation data.

In addition, APLA desired to engage communities of color in APLA's prevention services. They proposed to use part of their funds to hire an additional part-time Health Promotion Specialist with the primary goal of engaging communities of color in APLA's prevention and advocacy efforts. The staff member would develop and deliver community- and group-level intervention (workshops, psycho-educational groups), as well as engage in one-on-one individual support.

<p style="text-align: center;"><b>APLA</b></p> <p><b>Use of Capacity-Building Funding:</b></p> <ul style="list-style-type: none"><li>• Increase data collection and analysis capacity and develop more systematic data collection systems</li><li>• Engage communities of color in APLA's prevention services</li></ul> <p><b>Use of Technical Assistance Funding:</b></p> <ul style="list-style-type: none"><li>• Conduct focus groups with at-risk people of color to inform future programming</li></ul>
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### *Project Status:*

- ***Increase data collection and analysis capacity and develop more systematic data collection systems:*** APLA hired a consultant to work with the program to integrate evaluation tools into the computerized systems so that data can be evaluated at an aggregate level more efficiently.
- ***Engage communities of color in APLA's prevention services:*** APLA hired a staff member who was a person of color and has strong ties to the community. The new staff member collaborated with a number of other local organizations in organizing social and community events to increase the participation of people of color in APLA's services.

## APLA Technical Assistance Project

APLA proposed to use its technical assistance funding to develop, implement and analyze findings from a series of formative focus groups with target group members consisting of people

of color. APLA previously had conducted focus groups with clients but not with this specific target population. The intended demographic of the focus groups is people of color within the behavioral risk groups targeted by the program including: African American, Latino-English-speaking, Latino-Spanish-speaking, and Asian/Pacific Islander HIV-positive men who have sex with men, men who have sex with men and women, women at sexual risk, and monolingual Spanish-speaking men and women at sexual risk. The purpose of the focus groups is to inform future programming for Prevention with Positives (PwP) clients within the organization.

***Project Status:***

- ***Conduct focus groups with at-risk people of color to inform future programming:***  
APLA completed the focus groups and will use the findings to enhance and augment program design and service delivery to improve access for persons of color and to implement interventions that address their overarching concerns and issues.

**Los Angeles Shanti Foundation: Love Positive** is an intensive 20-hour weekend intervention followed by a series of nine weekly support groups. The intervention emphasizes the power that individuals have in influencing the circumstances and conditions

<p><b>Program Goal:</b></p> <p>Love Positive is designed to assist HIV-positive persons in reducing transmission and risk behaviors, while enhancing health and sustaining acceptable quality of life.</p>
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of their lives and in creating lifestyles for clients to draw pride, confidence, support, and strength. The program aims to assist HIV-positive persons in reducing transmission and risk behaviors, while enhancing health and sustaining acceptable quality of life. The program is offered in English (Love Positive) and Spanish (Amando Positivamente), and for heterosexual men and women.

Love Positive addresses HIV transmission and behavior change within the context of a broad intervention that emphasizes concepts of overall healthy living, identifying and sustaining long-term relationships, finding supportive social environments, and taking responsibility for one's physical, emotional, and spiritual well-being. The program responds to a broad range of risk factors among both short and long-term HIV-diagnosed individuals, including loneliness and isolation, perceived less importance of self-care and self-protection, weak or absent community norms and partner norms for safer practices, gaps in communication skills with usual and casual partners, less perceived self-efficacy for condom use and other protected behaviors, and perceived

power disadvantage in casual or ongoing relationships. The intervention seeks to reduce HIV infection by significantly expanding the number of seropositive men and women living with HIV who feel positive about themselves, their future, and their ability to find and sustain a long-term relationship.

### **LA Shanti Capacity-Building Project**

LA Shanti chose to utilize their capacity building funding in the areas of board development, fund development and financial management. Their plan was to hire consultants to assist them in all of these endeavors, including developing a board recruitment action plan, getting assistance in fundraising, and hiring a financial consultant to conduct a thorough financial assessment and provide guidance on future financial management.

#### ***Project Status:***

- ***Increase capacity to deliver prevention services through board development, fund development and financial management.*** LA

Shanti hired consultants to assist them in all three areas of capacity building. A consultant assisted LA Shanti in developing a board recruitment plan to target board members of color. Another consultant was contracted to assist in writing grants, and to do research on additional potential private funding sources. Finally, a third consultant was engaged to do a third-party analysis of all financial management processes to assist in the consolidation of reporting to a variety of funding sources.

<b>LA Shanti</b>
<b>Use of Capacity- Building Funding:</b>
<ul style="list-style-type: none"><li>• Increase program capacity through board development, fund development, and financial management</li></ul>
<b>Use of Technical Assistance Funding:</b>
<ul style="list-style-type: none"><li>• Develop plans for expansion of programming</li><li>• Develop new evaluation protocols and instruments</li></ul>

### **LA Shanti Technical Assistance Project**

LA Shanti proposed to use their technical assistance funding for two distinct projects. First, they desired to improve their evaluation system design and proposed to get assistance in developing evaluation protocols and instruments as well as assistance in securing evaluation software to track achievement of project goals. Second, the agency proposed to get assistance in developing a new curricula and an intervention and project design for prevention programs targeting communities of color.

**Project Status:**

- **Develop plans for expansion of programming.** LA Shanti hired a consultant experienced in intervention and project design to write new curricula for the Love Positive program. The new curricula include programming designed to further engage and retain clients in LA Shanti’s programs.
- **Develop new evaluation protocols.** LA Shanti hired a consultant to assist in the development of new evaluation forms as well as to do analysis of the data collected from those forms and to assist in developing evaluation reports.

**Program Goal:**  
To prevent the transmission of HIV from HIV-positive individuals to other through a non-traditional focus on providing support and education to individuals already infected with HIV living in North San Diego County.

**Vista Community Clinic (VCC)** is a private, nonprofit health care center. It was founded in 1972 to serve people who experience social, cultural or economic barriers to health care. The clinic's Health Promotion Center has numerous programs that provide information, assistance with skills building and service referrals to those at risk for HIV infection. To reduce the transmission of HIV, project staff provide individual and group outreach services, educational presentations, and intensive prevention case management. Additionally, outreach staff work to identify those in the community who may already be infected and assist in assessment of HIV-related needs and referrals to services that will meet those needs. The goal of Primary Prevention for Positives (P3) Program at VCC is to prevent the transmission of HIV from HIV-positive individuals to others. HIV prevention efforts are shifted from the traditional focus on increasing education and awareness to HIV-negative persons to providing support and education to individuals who are HIV-positive. Prevention services target HIV-positive individuals residing in North San Diego County. Services include outreach, prevention case management, educational workshops and social marketing events.

**VCC Capacity-Building Project**

The goal of VCC’s capacity-building project is to strengthen VCC’s capacity to better provide prevention services for HIV-positive Latinos in north San Diego County. In order to achieve this goal, VCC proposed to get technical assistance in several different areas

**Vista Community Clinic**  
**Use of Capacity- Building Funding:**

- Strategic plan development
- Increase grantwriting/ fundraising capacity
- Staff training

**Use of Technical Assistance Funding:**

- Develop supplemental program curricula
- Develop an evaluation design

including: developing a strategic plan for the program, improving their grantwriting techniques, provide training for staff and volunteers on how to identify and implement fundraising activities, providing training for staff on how to effectively administer the program, and staff participation in other educational conferences, workshops and trainings.

***Project Status:***

- ***Increase VCC's capacity to better provide prevention services through strategic plan development, increased internal fundraising capacity and staff training.*** VCC hired a consultant to develop strategic plan that addressed the need for collaboration between outreach/prevention staff and clinical staff as well as the need to increase prevention skills for medical providers. VCC also received technical assistance on grantwriting techniques for staff and fundraising activities for volunteers and staff. Staff and volunteers also received trainings and attended workshops on a variety of PwP issues.

**VCC Technical Assistance Project**

With the help of their technical assistance funds, VCC aimed to increase their ability to provide P3 services for HIV-positive Latinos in North San Diego County. VCC proposed using their technical assistance funds to develop supplemental curricula for their existing program. In particular, VCC desired to develop culturally and linguistically appropriate supplemental curricula for their target population. VCC also wanted to develop new client retention strategies. In addition to the new curricula, VCC desired to use their technical assistance funds to develop a new evaluation design for the program.

***Project Status:***

- ***Develop supplemental program curricula:*** VCC hired a consultant to develop new curricula for their target population. In particular, the new curricula focused on nutrition, exercise, legal issues, and social activities/outings.
- ***Develop a new evaluation design:*** VCC hired a consultant to develop evaluation instruments, a database, and to provide trainings to staff on data collection, entry, analysis and report writing.

## Barriers to Implementing PwP Programming

APC's augmentation and technical assistance funding were designed to assist grantees in improving their capacity to provide PwP programming. Despite this level of assistance, it is expected that grantees would still experience some challenges in implementing these services within their organizations.

Grantees reported similar challenges in the implementation of their PwP programming. Most commonly, **reaching positive clients of color in the community** was a large barrier to providing services. In particular, non-English speaking clients required a more intense and directed level of outreach. Grantees used a variety of tactics to reach these clients, including hiring staff of the same demographic as their target population.

Another barrier to implementing PwP services, was **educating the staff of the entire organization of the importance of the PwP program within the organization** as well as the importance of cross-program collaboration and referrals. Grantees created opportunities for cross-program training. Staff of prevention programs and staff of treatment and care programs were educated on the importance of their respective services and the need for full-spectrum client care, thereby increasing the effectiveness of each type of program.

## Service Delivery Grant Outcomes

The purpose of the service delivery grants is to enhance the delivery of prevention for positive people of color services by augmenting funds awarded by the local health jurisdiction, providing technical assistance services, and strengthening the organization's overall capacity to provide services. Grantees reported the following outcomes within their organizations as a result of their APC grants.

*"One of the things I really like about this augmentation grant is that it allowed us to supplement a program and do something we might not have been able to do otherwise. It was well-timed for us."*

**Service Delivery Grantee**

### *Creation of New Opportunities for Grantees*

An important outcome of the Service Delivery Grants is that they enabled grantees to start implement new projects and policies within their agencies including:

## The Development and Implementation of a New Project

One grantee reported that the funding allowed his organization to develop and implement a project that might not have otherwise gotten off the ground. Receipt of the grant was a springboard for this type of programming in the organization.

*“The mission of our organization is moved forward by our PWP program.”*

**Service Delivery Grantee**

## The Ability to Include Clients in Planning and Implementation Processes

Grantees reported that through this funding process, clients were included in planning and implementation processes and continue to play a role in the refinement of service delivery.

### *Enhancement of Service Delivery*

The Service Delivery grants also provided grantees to improve and enhance their existing prevention services. Grantees reported the following enhancements to service:

- **Increased Outreach Activities and Client Participation**

Grantees described an increase in outreach activities with an emphasis on bringing in previously underserved clients of color. As a result of the outreach activities grantees experienced an increase in the number of target population clients participating in their programs.

*In their grant report, APLA reported a 56% increase in participation of people of color in the program from 2002 to 2003.*

- **Better Understanding of Client Needs**

Through focus groups, workshops, and community events sponsored by the augmentation funding, grantees gained new understandings about how better to reach and serve PwP clients.

- **Education and Training for Staff across Programs**

The augmentation and technical assistance funding provided myriad opportunities for staff of all programs in grantees' organizations to participate in education and training on PwP services. Grantees believe that this cross-program training increased the level of effectiveness of the organization as a whole and helped staff better serve their clients.

- **Integration of Treatment and Care with Prevention Services**

All of the grantees reported that this funding created an opportunity for better integration of PwP services with other programs within the rest of the organization. Many reported that cross-training between programs (prevention and care and treatment programs) took place at their organization and staff are better able to understand the work of other programs and make better referrals across the organization.

## **Summary**

The Service Delivery grants funded by APC made a significant impact on the development of prevention for positive people of color programming for the funded agencies. Grantees reported (both prior to implementation of their PwP program and during their grant period) experienced several obstacles to successful implementation of their PwP programming. Their Service Delivery funding helped to address many of those barriers specifically. In addition, the funded programs experienced many positive outcomes, ranging from the development of new PwP services to the enhancement of service delivery within existing PwP programs. The outcomes are all consistent with the intent of the Service Delivery grants.

## **Chapter 4: System Integration Grants: Profiles, Process, and Outcomes**

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This chapter provides a description of the process and outcomes evaluation findings for System Integration grants made as a part of this Initiative. Brief case study descriptions of each funded project with their current status comprises the process-focused evaluation, in addition to the barriers to project implementation are included at the end of the case-study narratives. This chapter concludes with a summary of the outcomes achieved as a result of the System Integration grants.

### **Continuum HIV Day Services**

#### ***Organization Overview***

The mission of Continuum is to empower and dignify the lives of under-served people with HIV/AIDS by providing innovative health and human services that prevent institutionalization, minimize harm, establish relationships and facilitate community. Continuum has extensive experience in providing prevention and care services for inmates and ex-offenders and in collaborating with partner agencies to build multi-disciplinary programs for populations that are deemed hard to reach. Continuum has provided adult day health care services including nursing, substance use counseling, physical and occupational therapy, mental health counseling and recreational activities to people with HIV and AIDS since 1990. In recent years, Continuum has expanded beyond the provision of adult day health care and included services such as mobile primary care, case management programs for HIV-positive inmates who are being released from State prisons and County jails.

#### ***Continuum's System Integration Project***

The focus of Continuum's system integration project was in the Tenderloin neighborhood of San Francisco. The neighborhood is the city's "red light" district and is a focal point for drug sales and drug use. Many ex-offenders come first to the neighborhood when they are released from jail as it offers many options for low-cost housing. Continuum saw there was a significant need for better-integrated prevention and care services in the Tenderloin, and

<p style="text-align: center;"><b>Continuum</b></p> <p style="text-align: center;"><b>Goal of System Integration Project:</b></p> <p>Identify the key elements of a more effective and comprehensive prevention system which integrates HIV prevention into routine delivery of health and social services in the Tenderloin for HIV-positive people of color recently released from jail or prison.</p>
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particularly for ex-offenders. The Tenderloin has the second highest concentration of AIDS cases in the city, and many of these cases are among ex-offenders.

Continuum identified several obstacles to integrating care and prevention services for ex-offenders and to better serving this population. More than a dozen agencies serve a significant number of HIV-positive ex-offenders of color in the Tenderloin. Multiple, non-integrated databases have been created to track clients. And many clients are not only ex-offenders but repeat offenders, meaning that any attempt to provide more cohesive services for this population must also include working with jail and prison systems. Given this, the goal of Continuum's system integration project is to identify the key elements of a more effective and comprehensive prevention system which integrates HIV prevention into routine delivery of health and social services in the Tenderloin for HIV-positive people of color recently released from jail or prison.

Because Continuum has experience in directly providing integrated prevention and care services for inmates and ex-offenders, and also in bringing together large groups of potential collaborators to design and execute highly effective programs for Tenderloin residents with HIV/AIDS, it felt poised to play the lead role in system integration for the neighborhood. To accomplish its system integration goal, Continuum proposed to convene a planning group of service providers in the Tenderloin to study prevention and care service integration issues for HIV-positive inmates and ex-offenders of color. With the assistance of the planning group, Continuum proposed to research and describe best practices according to the literature, conduct resource mapping, determine gaps in prevention and care services, study methods for better integrating current and proposed prevention and care services, and produce a report that will include recommendations and best practices.

***Project Status:***

Continuum convened a planning group of Tenderloin service providers. The planning group discussed existing gaps in prevention and care services in the service area and studied methods for integrating current and proposed prevention and care services in the Tenderloin. To assist in completing the rest of their system integration activities, Continuum contracted with an independent consultant. The independent consultant completed the following activities: conducted a literature review, facilitated meetings with providers, gathered data on practices and

gaps in the services system, created a services protocol, facilitated a provider planning group, and analyzed and presented findings.

## **Los Angeles Shanti Foundation**

### ***Organization Overview***

LA Shanti provides direct support and intervention to reach men and women of all ethnicities impacted by HIV and AIDS in Los Angeles County, and develops specific responses to the individual behavioral needs of their target population. LA Shanti offers support groups, prevention programs, community education programs, one-on-one peer support, weekend seminars, monthly forums, and volunteer trainings. Services are directed toward underserved communities including women, people of color, young people, and gay and bisexual men.

### ***LA Shanti's System Integration Project***

The overall goal of the project is to increase the health status of African American and Hispanic men and women in Los Angeles County by increasing the educational level and understanding of HIV/AIDS, and improving access to HIV/AIDS prevention, medical and substance use treatment services. LA Shanti planned to accomplish this through their systems integration grant by developing a formal system that integrates three participating organizations' structures, to facilitate a client's transition from one service to the next.

#### **LA Shanti**

#### **Goal of System Integration Project:**

Develop formal systems to be integrated into three participating organizations' structures to facilitate a client's transition from service to service.

LA Shanti, the Rand Schrader Health and Research Center, and Van Ness Recovery House are the three participating organizations part in this project. The project intends to serve men and women living with HIV in LA County. The purpose is to create a demonstration project that will illustrate effective methods of strengthening the vital and necessary linkages between care and prevention providers, while simultaneously creating innovative and practical methods for client referrals and for delivering HIV prevention messages to positive people of color.

To achieve this goal, LA Shanti proposed to conduct the following activities:

- Convene the three participating organizations to assess the implementation of service and referral protocols and progress towards service integration on a bi-monthly basis;
- Coordinate and link system integration activities with other similar agencies in Los Angeles;
- Establish protocols for coordination of services, referrals, confidentiality, and release of information between prospective providers;
- Develop common quality satisfaction forms and referral reporting forms for use across organizations;
- Design a system for referral between agencies that allows for tracking of successful referrals and satisfaction with quality of service;
- Collaboratively develop a joint comprehensive intake process to be used by all three organizations; and
- Evaluate the effectiveness of the proposed integration approach in achieving proposed outcomes.

The three participating organizations proposed to join services providing a triad of services to address the full set of needs their clients have and facilitate access while ensuring a continuum of care for a population that has traditionally been underserved. This approach was developed in hopes that collaboration would offer better and more complete services for HIV-infected individuals served by participating organizations and will take advantage of the multiple opportunities for intervention by adding a prevention component into the care and treatment system.

***Project Status:***

LA Shanti played the lead coordination role among the three participating organizations involved in this system integration project. As such, they created a memorandum of understanding with all three participating organizations and convened the three organizations to assess the implementation of service and referral protocols. The three organizations met on a regular basis to assess the progress towards service integration and coordinate activities. LA Shanti also involved other services providers within the service area in the system integration activities. Protocols for coordination of services and referrals were developed with the feedback and input

of all collaborating partners. In addition, training manuals were developed for each agency, outlining the procedures that apply to them. In-service and staff trainings took place at each agency to train staff on the various components of the system integration plan, including how to use the new protocols, and overviews of new policies and procedures related to inter-agency referrals and collaboration. The development of a joint intake process proved too challenging to implement, and instead the agencies agreed upon a set of basic information to be collected by each agency during the referral process.

## **The San Diego Office of AIDS Coordination**

### ***Organization Overview***

Since 1987, the County of San Diego Office of AIDS Coordination (OAC) has provided various HIV/AIDS services directly and through contracted providers in San Diego County. Services include the HIV Counseling and Testing program and HIV Education and Prevention services. The OAC has developed and implemented a system of HIV care, treatment, and prevention services among multiple providers that serve people of color in San Diego County.

### ***San Diego OAC's System Integration Project***

San Diego OAC proposed a system integration project to develop a service continuum to link prevention with counseling and testing, medical care, treatment adherence counseling, and other supportive services in the county. The goal of the model is to assess prevention needs of both HIV-positive and negative individuals in all affected communities, with particular emphasis on communities of color that have been disproportionately impacted by the epidemic. The intended outcomes for this project are to cross-train care and treatment, counseling and testing, and prevention providers so that providers are educated in the basic messages of each discipline, to conduct an assessment of publicly funded HIV counseling and testing services to assess for concentrations and gaps, and finally to research and further develop a coordinated services model for prevention for positives specific to people of color that may be replicated by other regions within or outside of San Diego.

#### **San Diego County Office of AIDS Coordination**

##### **Goal of System Integration Project:**

Develop a service continuum that links prevention services with counseling and testing services, medical care, treatment adherence counseling, and other supportive services in the county.

The San Diego system integration project has the following goals:

- To raise awareness and increase communication among HIV prevention, HIV care and treatment and HIV counseling and testing providers about the current services, key program messages, and multicultural practices of each program;
- Construct a coordinated services model that targets people of color and previously unreached populations; and
- Form a plan for the development of a coordinated services center with HIV prevention services co-located with HIV counseling and testing and HIV case and treatment services.

The three goals fit into an overall model developed by OAC to serve people of color with HIV. The model of coordinated services would build upon the existing and planned services and activities. This model uses counseling and testing as a core activity, which serves as a bridge between prevention programs and care and treatment. The model would utilize a “Coordinated Services Drop-in Center” as a point of “one-stop shopping” that offers a comprehensive range of services such as counseling and testing, early intervention, primary care, case management, mental health counseling, and treatment adherence counseling. Additionally, core services would include on-site prevention activities for both HIV-positive and seronegative persons.

OAC proposed this project as the next logical step in the development of their HIV/AIDS programming to respond to the needs of HIV-positive persons at risk for HIV infection in a manner that integrates multiple resources and respects cultural diversity of the targeted populations. The OAC hopes to move San Diego HIV/AIDS providers to a system where there is no “wrong door” for any client entering the system, whether the individual is at risk for HIV infection or is living with HIV/AIDS. The proposed plan would formalize new activities that had not been previously implemented by OAC.

These activities represent an effort to close the gaps in access and services created by the realities of separate funding streams. First, a joint training for all HIV prevention, care and treatment, and counseling and testing providers would be developed to increase understanding and awareness of prevention providers and care and treatment providers about the services and current practices of each program. The purpose of the training would be to close the knowledge gap that exists between the two health care divisions. Second, the OAC identified a need to do an assessment of

all HIV counseling and testing services available in the county to draw a more accurate picture of the resources available for people of color and other underserved populations, and to assure there are linkages between counseling and testing programs and prevention and treatment programs. Third, the project will include development of a feasibility study to examine what specific costs and resources are required to develop and maintain coordinated service centers that integrate all components of HIV prevention and treatment. The OAC hopes that the Coordinated Services Model they are proposing has the potential for serving as a trend for coordinated services throughout the State.

***Project Status:***

The OAC developed a grant management team to oversee the coordination of their system integration activities. The OAC hired a consulting firm, who made up part of the management team, to conduct many of the activities outlined in their system integration grant. The consultant assisted in developing a needs assessment tool to establish what training was needed in the service area to assist in integrating prevention services with care services. The consultant conducted key informant interviews and analyzed and compiled the information in order to direct the curriculum development and implementation activities. The OAC ran into barriers when completing its third phase of the project: assessing all HIV counseling and testing services available in the county. Because of confidentiality issues with testing services, it became impossible to gather the relevant data needed to complete this phase. Instead, the OAC developed a lessons learned document to provide information to other jurisdictions who might try to implement the same project. The OAC was able to complete the third component of the project; they conducted a feasibility study and developed a plan for implementation of a coordinated services model in the county.

**Barriers to Implementing System Integration Projects**

The implementation of a system integration project was a large undertaking for these grantees. It required an enormous amount of coordination and activity at a system level. In order to successfully implement their projects, the grantees were required to play an integral role in the shaping of the system of care in their local jurisdiction. Grantees experienced several challenges in playing that role.

In particular, **coordination and availability among other organizations in the system** to participate in the project was a barrier to system integration. Simply finding time to meet was the most common issue encountered among grantees. Getting providers to participate was challenging given the pressure for providers to offer increased services using limited resources. Meetings were often delayed because of the demands on providers' time and therefore the implementation projects often took longer than originally expected.

Another obstacle to system integration was the difficulty in **negotiating the different bureaucracies and policies and procedures of participating organizations within the local system of care**. In order for the system of care to be integrated in grantees' local jurisdiction, providers needed to link services – this process is both complicated and cumbersome and, again, takes much longer than expected.

### ***System Integration Grant Outcomes***

The purpose of the system integration grants is to support demonstration projects that integrate prevention for positive people of color services with HIV-related care and treatment services on a county or regional level in order to create an integrated system of care so clients can seamlessly access a full range of needed services. Grantees reported the following outcomes within their system of care (including their organization, other organizations in the community, and the system as a whole) as a result of their AIDS Partnership California (APC) grant.

*“This grant is pretty unique. It was open for us to create what was useful for us at a local level.”*

**System Integration Grantee**

### ***Creation of Leadership Opportunities for Grantees***

The system integration grants created leadership opportunities for grantees; it put the grantees in a leadership position with respect to planning and integrating activities in their local health jurisdictions. This led to an increased profile for the organization among other service providers and among clients.

*“The prevention and care providers are connecting more. Where the system used to be so decentralized – people are learning more about other parts of HIV services.”*

**System Integration Grantee**

### ***Improved System of Care for Clients***

With increased communication among service providers and newly identified opportunities for collaboration, grantees report that the system of care for clients has improved. Service providers now have information and referral systems that support a whole system of care for clients. Grantees, as well as other organizations within the local health jurisdiction, increased their awareness of local resources, and are taking advantage of opportunities to deliver services in a more comprehensive manner across the jurisdiction.

*“Prevention for positives in care settings is now a standard of care that needs to be adopted as a whole in the setting. There is a changing perspective, changing behavior, changing of how clients are treated in care settings.”*

**System Integration Grantee**

### ***Integration of Prevention and Care Services***

Grantees reported that prevention case management has been integrated into other care and treatment programs within their agencies. They also report seeing this change occur at other agencies in their service delivery area. Staff of care and treatment services are aware of the importance of Prevention with Positives (PwP) services and are taking advantage of opportunities to provide prevention services within the care and treatment environment and/or make referrals to prevention programs.

### ***Establishment of a Starting Point for Future Work***

Grantees perceive this project to be the foundation for future work in their organization and among other organizations in their jurisdiction. The grant has provided a starting point for continuing to improve and expand services.

### **Summary**

The System Integration grants funded by APC made a significant contribution to the integration of prevention services within the service delivery areas of the funded agencies. The funded programs were able to make considerable headway in their service delivery areas in creating a system of care that encompasses both treatment and care as well as prevention services for HIV-positive individuals. The agencies also experienced many positive outcomes, ranging from an increase in leadership opportunities for the agencies themselves to an improvement in the system of care for clients. The outcomes are all consistent with the intent of the System Integration grants and are initial steps in what is always a long process of change at the systems level.

## **Chapter 5: Technical Assistance: Process Assessment**

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### **Introduction**

As part of the Prevention with Positives (PwP) initiative, AIDS Partnership California (APC) funded CompassPoint Nonprofit Services (CPNPS) to provide technical assistance to ten community-based organizations (CBOs). In August of 2002, APC awarded CompassPoint a two-year, \$250,000 contract to provide technical assistance (TA) to CBOs in the area of PwP programs for people of color. In this chapter, we address the following research questions:

- Did the partnership between APC and CompassPoint function effectively?
- How satisfied were CBOs with the TA they got and with CompassPoint consultants?

Our assessment focuses on:

- Background on CompassPoint's TA
- TA service offerings
- CompassPoint's partnership with APC, and funding from the State
- Satisfaction of CBOs with their TA and consultants

### **About Technical Assistance and CompassPoint**

The TA component of the Initiative was a key part of APC's efforts. At the time when APC contracted with CompassPoint, the California State Office of AIDS (OA) had recently announced that Local Health Jurisdictions would be mandated to use 25% of their HIV education and prevention funds for PwP efforts. The goal of the TA, then, was to assist organizations in assessing and improving their ability to effectively provide these services. To provide this assistance CompassPoint offered consulting, training and coaching to help organizations supply prevention services for HIV-positive people of color. CompassPoint has provided consulting and training to nonprofit organizations for almost 30 years, and has a great deal of experience delivering high quality TA to a large number of AIDS Service Organizations and minority CBOs.

For the APC-sponsored TA effort, CompassPoint assembled a diverse project team of consultants and trainers based in both Northern and Southern California. These qualified professionals were

experienced in the areas of program development and organizational development as well as the specific issues of HIV prevention for people of color.

### **Technical Assistance Service Offerings**

The TA engagement with the client lasted for six months, and the actual content of the TA was different for each CBO. As pointed out above, the PwP programs for people of color can be at various “stages of development:” recipients can have programs in place, programs can be at the conceptual stage, or they can even be “pre-concept.” This means that there was no “one-size fits all” TA – instead, CBOs had access to a range of services. CompassPoint let prospective recipients know that this range included:

- **Assessment:** deciding if providing a PwP program is appropriate at a given organization
- **Financial Management:** learning how to create a realistic budget for a program within the scope of current funding or re-thinking a budget for a program expansion
- **Planning:** Determining how to integrate a PwP program into the CBOs current organizational structure or modifying the way in which a current program is integrated
- **Information Technology:** Developing or changing the ways technology helps to efficiently track the CBOs clients and interventions or coaching staff in database design
- **Managing People:** Writing appropriate job descriptions for PwP staff or helping to improve client retention in an existing program
- **Strengthening Existing PwP Programs:** Helping to develop ways to increase client recruitment efforts or reviewing other PwP models for possible use at the CBO
- **Evaluation:** Creating or modifying objectives for the CBO’s program and determining ways to measure its success in meeting objectives

### **Partnership of CompassPoint with APC, and Funding for Technical Assistance**

CompassPoint has an excellent working relationship with APC. CompassPoint has done several projects with APC in the past, and the Director of TA let us know in a key informant interview that he “can’t say enough good things about APC, NCG, John [Mortimer] and Irma [Moreno].”

APC received funding from the State to provide TA to CBOs considering, planning, or implementing PwP programs for people of color. This funding was to last for one year, but APC planned to compete for it again the following year. Working under the assumption that there was

a strong likelihood the State would renew the TA funding, APC awarded CompassPoint a two-year contract. Unfortunately, however, APC did not win the grant the following year. As a result, some of the CBOs that were slated to receive TA did not benefit from CompassPoint's services.

### Satisfaction of CBOs with their Technical Assistance

The key informant interview included a short survey used to gauge client satisfaction. Overall, satisfaction with the consultants and with the TA they provided was extremely high. Survey results are presented in Exhibits 5-1 and 5-2 below.

**Exhibit 5-1:  
Satisfaction with Technical Assistance**

<b>How satisfied are you with... (n = 10)</b>	<b>Very Dissatisfied</b>	<b>Dissatisfied</b>	<b>Satisfied</b>	<b>Very Satisfied</b>
Achievement of project objectives.			40%	60%
Work products and documentation.			60%	40%
The extent to which CompassPoint contributed to organizational capacity (i.e., skills, knowledge, systems, aspirations).		10%	60%	30%
Project completion within the mutually agreed upon timeframe.		10%	40%	50%

**Exhibit 5-2:  
Satisfaction with CompassPoint Consultant**

<b>How satisfied are you with the consultant's... (n = 9)*</b>	<b>Very Dissatisfied</b>	<b>Dissatisfied</b>	<b>Satisfied</b>	<b>Very Satisfied</b>
Communication skills.		11%	11%	78%
Knowledge and expertise.			33%	67%
Understanding of your organization's needs.		11%	11%	78%
Responsiveness / follow through.			22%	78%

\*One key informant did not feel qualified to answer these questions as the person who had had primary contact with the CompassPoint consultant was no longer with the organization. The key informant knew about the TA in general, but not about the consultant in particular.

In addition, when asked how likely the key informant was to use CompassPoint's services in the future, nine out of ten said "very likely" (the most positive response) and one said "likely."

Another indicator of the satisfaction of TA recipients with CompassPoint's services is the enthusiasm with which many of them spontaneously complimented their consultants:

I thought [the consultant] did a great job.... [The consultant] didn't come in with his own agenda, but instead was non-judgmental and supportive.

[The consultant] was outstanding – very flexible.... [...] He was better [at what we did] than we were.

I can say [the consultant] was an excellent professional. He was just great.

I got way more than I expected in terms of time, effort, training, feedback, meeting facilitation – a lot, a lot, a lot. [...] When you're pleased with the product, you're pleased with the product.

During the interview, we also asked some questions that allowed us to get more specific about satisfaction levels. The interview protocol contained the following items:

- Did technical assistance fall short in any way of your goals for it? If yes, in what ways?
- Is there something that you would have liked CompassPoint to do differently?
- What were the most effective aspects of the technical assistance you received? The least effective aspects?

Below we discuss how key informants responded to these items.

### ***Effective Aspects of Technical Assistance***

Most of the answers to client satisfaction questions reinforced the conclusion that CBOs were very happy with the TA that they received. For seven out of the ten CBOs, when key informants answered the first two questions above, they either said “no” and “nothing,” or else they spoke about the way that lack of funding for PwP programs can limit the effectiveness of TA.

In the outcome evaluation we will more fully address the issue of the effectiveness of TA. Therefore, in this section we will not go into detail regarding what we heard throughout the interviews regarding the TA's effectiveness. However, to give voice to what the TA recipients told us when we asked them what the most effective aspects of TA were, we summarize their answers in a the following table:

**Exhibit 5-3:  
Most Effective Aspects of Technical Assistance**

<b>What Key Informants Highlighted as the “Most Effective Aspects” of Technical Assistance</b>	<b>Number of Key Informants Highlighting this Aspect</b>
Training	3
Consensus-Building	2
Articulating Goals for PwP Programs	2
Back-and-Forth of Ideas	1
Creating Forms	1
Getting the Organization to Focus on PwP	1
TOTAL	10

Despite high satisfaction levels, several key informants reported on areas of improvement for the TA, and we discuss these below.

*Areas of Improvement for Technical Assistance*

When asked about what they found to be least effective, or what they would have liked CompassPoint to do differently, key informants had two types of comments. They commented on CompassPoint’s TA directly, but also pointed to factors outside of CompassPoint’s control – in particular, the lack of funding for PwP programs. We will first discuss the critiques of the TA itself, and then turn to the feedback that while TA gave CBOs a *vision* of how to move forward with PwP, constrained resources meant that this vision may not become a reality.

One key informant who had a direct critique of the provision of TA had an issue with the “style” of the consultant. He talked about the fact that the consultant appeared to not have much patience with the pace of the CBO staff. To the informant, it appeared that the consultant felt that the CBO should be run like a private-sector company, and was frustrated that it did not.

The other two direct critiques of CompassPoint focused on substance rather than style and, interestingly, the two critiques were almost direct opposites of one another. One informant wished that more time could be spent on the big picture, and less on “nuts and bolts.” The other was concerned that the consultant spent too much time on a strategic vision that the CBO did not have the capacity to fulfill, and too little on “what needs to be done right now.”

The key informant who wanted less time spent on nuts and bolts said that the least effective aspect of the TA was:

The attempts to formulate [program integration] into practical protocols [to help case managers serve clients across programs]. I don't think time allowed us to do a good job of that in that limited time span. It would have taken a lot more time to bring it down to programmatic, nitty-gritty level. [That was] more like implementation, [and] I'm not sure if it was a realistic goal to set for such a short time-span.

The key informant concerned about too much effort spent on a strategic vision had this to say:

They told me that I needed to increase my capacity in having more staff working with this population and basically they were just working at the clinic side – so they proposed for us to work full-time in providing services. But at that time it was not feasible for the clinics to focus solely on those services because they also offer other services to the community. So basically we kept doing the same thing, the only thing that was changed was that we started developing a support group through the Prevention for Positives program. [...] A lot of time in this field the only thing you are doing is what you are able to do – you have to work with what you have. [...] [T]he goal of working full-time on this program could not have physically happened because of lack of resources. [...] I think we needed to shift the focus onto the things that are going on right now, rather than just focusing on the future.

In both cases, it appears that the consultant was less sensitive to what the client wanted than s/he could have been. In all three cases, however, the ways in which TA fell short do not appear to have been deal-breakers, given that all the clients said that they would use CompassPoint's services again.

Other critiques focused on funding constraints rather than the quality of CompassPoint's TA. Four key informants, when asked about how TA fell short of expectations or what they would have liked to be different, raised the issue of a conflict between the vision for PwP and the reality of constrained resources. Each one said essentially the same thing: TA shows the CBO a vision of how it can develop or further enhance PwP programs, but then there may not be funding available to take the next step and actually *implement* this vision. Here's what these informants had to say about needing additional funding for change:

We did enhance the desire of our staff to pursue multiple things but then you run up against resources: how you get the funding to do it all and all the steps that take hours and hours and dollars and dollars to get to. But the foundation is now there and we pursue as many opportunities as we can. What came out of the TA is we have one million dollars worth of PwP programming we'd like to do now and we have only one hundred thousand dollars.

Well I hate to say it, but I don't think [that service delivery has been enhanced] in any way because no real funding has been able to be acquired for that program.

I think the only thing that I would add is that ... I would have preferred somebody to come to the table with funding options to maintain the TA.

I don't think the TA fell short other than the fact that it would have been nice if we had money to support this work internally. This is what needs to happen, but they can't do it; we have to do it. We have to find that space to make that shift and figure out who can we charge the time to make that integration. I would like to let funders know that they need to fund the internal shift that happens in an agency for staff to do the work internally in leadership. You see that time is already spoken for.... Nowhere on my time sheet does it say "hours for paradigm shift."

It is clear from these statements that the TA inspires CBOs to plan, develop, and implement programs. It has the consequence of increasing demand for funds, and may ultimately play a role in influencing the direction of foundations that fund in the area of HIV/AIDS.

### **Reaching Additional CBOs**

While this evaluation is of the Technical Assistance (TA) that CompassPoint gave to individual organizations, other TA activities of APC and CompassPoint deserve mention. When APC received the information that it would not be funded for a second year of TA, it asked CompassPoint to finish up with the CBOs with which it was currently engaged. The new State grantee was AIDS Project Los Angeles (APLA), to which APC granted \$30,000: private funding that would have gone to CompassPoint had APC been granted State funds. APC transferred this funding to APLA because, in the words of Dr. John Mortimer: "Where the State money went, our money should go." APLA used this money to conduct two group trainings, and one of these trainings was offered in Spanish. These two trainings reached twenty-four CBOs.

In addition, John and Cianna Stewart (a CompassPoint consultant) conducted one PwP workshop at a CAPS conference. At this workshop there were ten CBOs serving people of color.

Therefore, in addition to the individualized long-term TA that ten CBOs got from CompassPoint, APC, CompassPoint, and APLA (using APC funding) reached an additional 34 organizations through PwP trainings and workshops.

### **Conclusion: Summary of Process Evaluation Findings**

The assessment of the process shows that it went relatively smoothly. Major findings of this assessment are presented below:

- CompassPoint recruited applicants by getting the word out to 900 CBOs, Local Health Jurisdictions, and Funders on their mailing list. TA recipients reported getting the information about the TA opportunity in a variety of ways, so both the mailings and “word of mouth” functioned to let CBOs know about the TA.
- The application process was extremely user-friendly and took hardly any time. The fact that the process was not time-consuming was a major asset, since busy CBO staff have little time to spend on a time-consuming application.
- Ten CBOs completed TA with CompassPoint, and all ten TA recipients gave high satisfaction scores to their TA experience.
- The original contract with CompassPoint was for two years, but this two-year time period assumed that APC would be able to renew State funding after the first year. However, during the second year APLA received the technical assistance grant from the State. This meant that three of the CBOs slated to receive TA could not work with CompassPoint.
- In addition to the organizations that received individualized TA from CompassPoint, 34 other organizations received training from APC, CompassPoint, and APLA (with APC funding).

## Chapter 6: Technical Assistance: Outcomes Assessment

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### Introduction

In this chapter, we address the following research questions:

- Did technical assistance (TA) meet community-based organizations' (CBO) needs?
- How did TA increase the capacity of CBOs in the area of Prevention with Positives (PwP)?
- What impact has TA had on the capacity of organizations to deliver prevention services to HIV-positive people of color?

Our assessment focuses on:

- The TA needs of CBOs
- How TA addressed the needs of CBOs
- TA and the improvement of service delivery

### General and Specific Technical Assistance Needs of CBOs

The needs and challenges of TA recipients were varied, reflecting different populations served, different combinations of HIV prevention with a range of other services, and different “stages of development” with reference to PwP programs. The needs of the CBOs, categorized by type of need, can be summarized in the following table:

**Exhibit 6-1:  
Technical Assistance Needs Identified by TA Recipients**

<b>Category of TA Needs</b>	<b>Number of CBOs</b>	<b>In the Words of TA Recipients:</b>
Integrating Programs and Services	4	"The fragmentation of HIV services within our agency."
		"We were trying to integrate our prison and jail programs as much as possible."
		"The key issues for us were trying to find a way of beginning the cultural shift of integrating everything we have...we have prevention services, medical services, a whole array of health promotion services and social services."
		"To move from one modality to the other. We have group intervention and prevention case management at the same time...so how to integrate it with our case management on the whole."
Enhancing Outreach Strategies	3	"We were looking for ways to identify positives given that we provide outreach services and we don't screen for that."
		"It was specific to individuals of color – recruitment, maintenance, how to market – every identifier and intervention that was reasonable to be met in our area to encourage African Americans to attend classes."
		"How to identify community leaders and once you have identified them, making sure the information you are going to bring to them is appropriate for the population."
Training Staff	3	"Group facilitation skills were needed...assessment of what staff's training needs were." -
		"Some of my staff definitely had limited training with facilitation."
		"Because of Prevention for Positives' impact across the board, it required a more intense training of the staff."
Creating Materials for Grantwriting	2	"Funding and trying to put it down in a written form that could meet criteria for grants. We wanted to figure out how to find grants for the work that we're doing."
		"Challenges were the future problems and concerns about what we would do to sustain the program when funds were cut."
Building Evaluation Capacity	2	"We wanted to establish a set of outcome evaluations for the program."
		"We [requested] program evaluation tools."
Program Planning	1	"We needed a strategy and some kind of guidance and development of this [PwP] program."

No matter what their specific needs, however, most of the CBOs have a more general need in common which deserves special mention. This need lies at a level of abstraction above those listed in the table; a need that can be classified as: "general guidance for Prevention with Positives (PwP) program planning and development." As noted in the TA needs table, one CBO did actually need CompassPoint to help design a program where none had existed before. But other informants who used the same type of language (e.g. "we needed to do some serious program planning") in fact meant something more abstract. These abstract statements about program planning and development are pointed instead to the **important role that CompassPoint played in actually defining PwP.**

Therefore, before going into detail about how CompassPoint fulfilled the more specific needs of CBOs through their TA, we will explore the significance of the CBOs' need for a definition of PwP. Following our discussion of the need for a definition of PwP, we will turn toward the ways in which TA addressed the more specific needs of TA recipients.

### ***General Guidance for Prevention with Positives Program Development***

During a key informant interview, the TA Coordinator at CompassPoint was asked what the main benefits were to TA recipients. He framed the issue this way:

Some of [the benefit of TA to CBOs] was educational, it helped them to understand what PwP is.... The State has never really issued a definition. They may be doing prevention case management, but not call it PwP, but it actually is PwP. It's just that they don't know how to talk about it that way. [...] A lot of it was also trying to figure out program design – figuring out if they're doing a version of PwP – do they want to expand or change it.

In these early stages of a system change, there are no proven models available to program planners, no established set of “best practices” yet to share:

We were walking in unfamiliar territory. I wanted to make sure that things were properly done.

When the State told me we needed to create a PwP program in six months, I didn't even know what a PwP program was about because there were no models to follow.

Two key informants spoke of needing definitions and roadmaps:

We were looking for: 1) what is prevention for positives, and 2) does that look different from what we're already doing and if so, how can we incorporate it.

...I was just trying to find some kind of map that I can follow to try to find out what a Prevention with Positives program is about and that was helpful for me to find out what are the different program components, what I should be doing, etc.

Broad policy and strategy changes often begin with theory – but the change does not truly take place until it has been implemented “on the ground.” In the case of HIV prevention strategy, the “ground” is located at the interface between HIV/AIDS service providers and their clients.

Translating theory into practice, then, means giving these CBOs the definitions, models, maps, and concrete practices that they can actually use to create programs and elaborate on existing ones. During this early stage, when there is little concrete information easily available to CBOs on how to implement a strategy, firms providing TA play a pivotal role in institutionalizing change. One key informant expressed the value of TA eloquently:

[TA] helped with demystification – just to have someone come in and say, “Hey this is what it is and this is how to move further in this direction.” It helped in taking people’s fear out and giving them concrete ways to move forward.

CompassPoint played a crucial role for these CBOs in defining and clarifying PwP as an HIV prevention strategy. Much of this “education,” however, actually manifested itself in the particulars of the TA experience, and it is to these particulars – the addressing of specific TA needs – that we now turn.

### **How Technical Assistance Addressed the Needs of CBOs**

In the preceding section we presented a table summarizing the specific TA needs of CBOs, and we also discussed in more detail the abstract need of a roadmap with respect to PwP. In this section we will discuss the ways that CompassPoint actually *addressed* the needs of CBOs. In Exhibit 6-2, we outline CBO needs and how these needs were addressed. Instead of organizing these by needs category, this time we organize them by CBO – this is due to the fact that TA was tailored to the specific needs and situations of each CBO.

**Exhibit 6-2:  
Technical Assistance Needs for Each CBO, and How CompassPoint Addressed Needs**

<b>CBO Need for TA</b>	<b>How the Need was Addressed</b>
<ul style="list-style-type: none"> <li>• Integration of HIV Services throughout the Agency</li> </ul>	<ul style="list-style-type: none"> <li>• Reorganization of organizational structure so that there is now one HIV Coordinator to oversee all HIV services</li> </ul>
<ul style="list-style-type: none"> <li>• Evaluation Tools</li> </ul>	<ul style="list-style-type: none"> <li>• Consultant created tools</li> </ul>
<ul style="list-style-type: none"> <li>• Revision of Prevention Model</li> <li>• Program Integration</li> <li>• Assessment of Staff Training Needs</li> </ul>	<ul style="list-style-type: none"> <li>• Extensive program planning</li> <li>• Consensus building to make staff for the different programs feel like part of one organization</li> </ul>
<ul style="list-style-type: none"> <li>• Development of Better Outreach to HIV-Positives</li> </ul>	<ul style="list-style-type: none"> <li>• Training which gave insight into daily lives of those living with HIV</li> </ul>
<ul style="list-style-type: none"> <li>• Integration of PwP into Existing Prevention Services</li> <li>• Development of Better Outreach to Clients of Color</li> <li>• Setting up an Evaluation System</li> </ul>	<ul style="list-style-type: none"> <li>• Building staff capacity so that they can tailor prevention case management to those who are HIV-negative or HIV-positive</li> <li>• Building the outreach program to reach community leaders in communities of color, and to bring them information that is appropriate to their population</li> <li>• Setting up CBO to identify outcome objectives</li> </ul>
<ul style="list-style-type: none"> <li>• Write-up of Program Elements (to use in grantwriting)</li> </ul>	<ul style="list-style-type: none"> <li>• Assistance in writing up program descriptions in an organized way that would appeal to funders</li> </ul>
<ul style="list-style-type: none"> <li>• Program Integration</li> </ul>	<ul style="list-style-type: none"> <li>• Training to staff and the streamlining of forms and processes gave the CBO the “push” necessary to integrate programs</li> </ul>
<ul style="list-style-type: none"> <li>• Development of Better Outreach to Clients of Color</li> </ul>	<ul style="list-style-type: none"> <li>• Assistance in establishing relationships with leaders in African-American community; developing a brochure with information tailored to African-Americans; accessing meeting places African-Americans more likely to attend</li> </ul>
<ul style="list-style-type: none"> <li>• Needs Assessment for Potential Clients</li> <li>• Program Design and Development</li> </ul>	<ul style="list-style-type: none"> <li>• Imparting a strategy for PwP</li> <li>• Guidance in program development</li> </ul>
<ul style="list-style-type: none"> <li>• Feedback on Existing Programs</li> <li>• Enhancement of Provider Skills</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback; facilitating meetings</li> <li>• Provider training</li> </ul>

While it is useful to see TA needs broken out by CBO, to organize our discussion of TA we return to the categories of needs outlined above:

- Integrating Programs and Services
- Building Evaluation Capacity
- Enhancing Outreach Strategies
- Creating Materials for Grantwriting
- Training Staff
- Program Planning

In the following sections, we assess how CompassPoint consultants met the needs of CBOs, and in doing so, increased their organizational capacity in each of the areas listed above.

### ***Program and Service Integration***

Four CBOs needed assistance with integrating programs and services. For two CBOs, integration meant integrating different programs; for one it meant integrating prevention services for negatives and positives; for one it meant both. All four CBOs were pleased with the technical assistance they received and felt that their efforts at integration had paid off:

We were trying to integrate our prison and jail programs as much as possible, but it was quite a difficult thing because they are funded differently and there are different contractual requirements. We were trying to eliminate those barriers. We got quite a bit ahead in that I think. It was pretty much what we had hoped to get. I found the assessment helpful and the implementation as well.

[The consulting] met identified needs in terms of ways to integrate services that might be at one clinic and not at another. ... [W]e were able to reorganize our HIV department; ... we now have an HIV coordinator who oversees all of our HIV services and we didn't have that before.

I would say that the staff is now fully capacitated and it did allow us to be able to move from one modality to the other. We do have a group intervention and Prevention Case Management at the same time and it is integrated with our case management as a whole.

The key issues for us were trying to find a way of beginning the cultural shift of integrating everything we have. We have prevention services, medical services, a whole array of health promotion and social services. We wanted to move health promotion services in with social services and have this become a value of the whole agency. Health promotion with the lens of tying positives into social services and the challenge with this is having staff make that shift. [...] The [consulting was] useful and helped build momentum for the shift.

In the task of integrating programs and services that had previously been separate, the real issue at hand is a system shift in “the way we do things around here.” Two of the four CBOs noted this:

It was much more of a political and cultural shift when [CompassPoint] came in.

It was kind of a culture shift for our program.

When a system shift is what needs to take place, the fundamental need is for consensus-building among the staff: to get everyone on the same page, and to gain buy-in for new practices. Key informants emphasized the fact that CompassPoint consultants were skilled at building consensus:

... [T]he challenge with this is having staff make that shift. Many times it's more effective to bring an outside person in to promote change rather than an internal person. [...] A key thing was having an outside individual that spoke from a much more global perspective. ... [T]hat helped us know this was an okay shift and that it was working. It gave people faith.

[The consultant] basically understood the goals that we had set and worked on those with all our staff so there were no surprises. [...] [The most effective aspect of the TA was] [t]he consensus-building that happened among our staff so that people really felt that they belonged to one organization and were serving one client population.

Building a consensus around the shift was a central concern for the consultants, since key informants often spoke of the way that the TA entailed getting the entire organization on board.

A TA recipient described the process this way:

[The most effective aspect of the TA were] the focus groups. [The consultant] was very adamant about having a cross-section of individuals who work with our patient population to be part of our focus group including pharmacy technicians, secretaries, etc. [...] These people on the front lines brought new-found information to us.

## **Building Evaluation Capacity**

Building evaluation capacity can be extremely useful to a CBO; it can both help a CBO to determine what is working well and what needs to be improved, and also provide information which is useful in applying for grants or reporting to funders. In their interviews, two of the key informants spoke of needing assistance in building evaluation capacity:

We wanted to establish a set of outcome evaluations for the program.

We [requested] program evaluation tools.

While only two CBOs had asked for assistance in this area, CompassPoint consultants added evaluation capacity to their TA plans at one additional CBO. Three CBOs actually received evaluation capacity-building assistance:

We set up the process...they helped us set up to be ready to now develop program outcomes...our program is set up to be evaluated.

The evaluation piece that he helped create helped us evaluate our program.

[The consultant]...create[d] the objectives and d[id] the write up, the outline of what the program would look like and then how to evaluate the program.

### ***Enhancing Outreach Strategies***

Three CBOs requested TA in the area of outreach. Two CBOs wanted to improve their outreach to people of color; one CBO was interested in improving outreach to people who were HIV-positive. The two CBOs who got assistance in reaching people of color told us about the specific tactics that CompassPoint had helped them with:

It helped us focus on what was needed and helped us build the program to really reach minorities, such as how to identify community leaders and once you have identified them making sure the information you are going to bring to them is appropriate for the population.

It was specific to individuals of color – recruitment, maintenance, how to market – every identifier/intervention that was reasonable to be met in our area to encourage African Americans to attend classes. [...] Some of the goals were hooking up with other leaders in the African American community, accessing potentially other places to meet that were more readily available that African Americans might attend, developing a brochure for information specifically to African American.

Another CBO decided to focus on outreach to positives. The CompassPoint consultant assisted with this in three ways. The first two pertained to marketing their outreach to positives and to facilitating disclosure of serostatus:

The consultant also talked about ways we could address our current outreach practices to tweak it to make it show that we were outreaching to people who were positive as well as the

general population. And then also talking about ways to have people self-disclose without having to put them on the spot.

What this key informant found to be most valuable, however, was the training the consultant gave to the outreach staff.

The training was wonderful. He opened up some eyes in just how people with HIV live day-to-day and then put that into the context of them sitting in one of our outreach sessions or one of our outreach workers meeting them in the streets. And just looking inside that window it helped our outreach workers better address how to do outreach. For example, he used jellybeans to represent the medication people with HIV are on and just keeping track of when to take each one was really eye opening.

### **Creating Materials for Grantwriting**

Two CBOs were interested in how TA could help them in securing funding in the future:

[We wanted help with] [f]unding and trying to put it down in a written form that could meet criteria for grants. We wanted to figure out how to find grants for the work that we're doing.

Our challenges were the future problems and concerns about what we would do to sustain the program when funds were cut.

Both of these CBOs found the TA useful in this area.

We reference [the consultant's program documentation] for grants and in providing information to people.

The Executive Director would tell you that she has used the write-up for all the grants she's applied for.

### ***Training Staff***

Three CBOs articulated staff training as an initial need. However, CompassPoint consultants often conduct trainings part of their TA, and they actually did trainings at four CBOs. The four informants who discussed them in their interviews let us know that the staff found them to be very useful. As discussed above, the CBO that was interested in improving its outreach to positives found the training “wonderful” and “eye-opening.” And when asked what aspect of the TA was the most effective, this informant said that:

The game [with the jellybeans played during the training] was one. The way in which [the consultant] engaged the outreach workers' minds, rather than having them come up with the answers that they thought he wanted to hear.

Another informant told us:

We requested help with program design and assessment of what staff's training needs were. Some of those training needs were met by CompassPoint, [and] the consultant helped direct us to where staff could get additional help. [...]

This CBO must have found the CompassPoint trainings to be effective, since this informant offered the following:

We get CompassPoint's training schedule and systematically meet with our staff and see what their needs are and then see if CompassPoint's trainings would address those needs.

A third CBO that had gotten training as part of its TA had been interested in what the key informant called a "cultural shift:" making a shift from programs and services in their separate silos to "integrating everything we have." TA for this CBO consisted of training and streamlining the forms and processes that connected different services. The Key Informant said:

The pieces [training and streamlining] that we had were both useful and helped build momentum for the shift. Both were equally effective....

At a fourth CBO, the staff did not have specified ideas of what it was they needed, and the consultant elicited information to understand better where CompassPoint could be most useful.

The Key Informant told us that:

[The consultant] definitely offered trainings in areas where he had specific expertise and then he asked us: "In general what do you want to learn about?"

The staff at this CBO found the experience with the training to be very valuable:

Some of my staff definitely had limited training with facilitation so that was great to get some of those people in the training because that's what Tim [the consultant] does, he is great with facilitation. The feedback from my staff was that he was always really good and they all just really liked him. [...] We did some larger trainings that I think were really great.

### ***Program Planning***

One organization had received a directive from “the State and County ...to create a PwP program in six months.” But, as the key informant continued:

I didn't even know what a PwP program was because there were none in [my] county and no models to follow.

For this CBO, TA involved:

[N]ot only program design and development, but also ... needs assessment for the population and it was a really, really much bigger process.

Because of the fact that this CBO was “starting from scratch,” and because of resource and time constraints, new programs were planned but not implemented during the timeframe of the TA engagement. This meant that there were ways in which this CBO could have been helped further, given more time and resources:

It would have been helpful if after the consulting we had 6 months of program implementation and then a follow-up meeting with the consultants and explored more issues with program development. Instead of just, “This is what you need to do and this is what needs to happen in two years.” There wasn't a lot of feedback once we got started. You often don't know how people are going to react until you do it and we didn't address any issues that arose after we started.

Even so, this key informant said that the TA “met my expectations:”

As the director of the program, I needed to do certain things and find out what the challenges were and what we could do to solve the challenges. A lot of times you just need to get your feet wet a little bit before you can learn what needs to be changed. And what we could do to solve the challenges.

### ***How did CompassPoint do in Addressing CBO Needs?***

The TA that CompassPoint gave to the CBOs matched, for the most part, the needs that they came to CompassPoint with. In addition, key informants found the TA to be useful, and to address their needs. While key informants did not use the words “increased organizational capacity,” this was in fact a result of the Technical Assistance for all of the CBOs.

### **Technical Assistance and the Improvement of Service Delivery**

One of the most important questions that we can ask about the effectiveness of technical assistance is whether it enhances service delivery. This is because even though the intermediate goal of TA is increased organizational capacity, an important long-term goal is a translation of this increased capacity into a better and more effective service experience for the CBOs’ clients. Therefore, in this section we discuss what key informants had to say when they were asked the following question during their interviews:

- In what ways, if any, is your organization’s PwP program better able to deliver services as a result of the technical assistance?

Answers to this question broke down into the following categories:

**Exhibit 6-3:  
How Key Informants Saw Improved Service Delivery**

<b>Types of Answers to Question Regarding Better Service Delivery Resulting from Technical Assistance</b>	<b>Number of CBOs in This Category</b>
Program and service integration resulted in a more seamless, comprehensive experience for the client	3
Improved staff group facilitation skills	1
Improved client outreach*	2
No improvement in service delivery	3
Key Informant did not have sufficient information to answer this question	1
<b>TOTAL</b>	<b>10</b>

\*We identify three CBOs for which TA improved client outreach. However, only two of them mentioned this when asked about improved service delivery.

As the table above demonstrates, for four CBOs, TA resulted in improved service delivery (program integration; new support group; improved group facilitation skills). The table also shows that two key informants reported improved client outreach.<sup>4</sup> While this is an *outcome* of TA, and certainly demonstrates enhanced organizational capacity, it does not qualify as a service

<sup>4</sup> There are actually three organizations who report improvements in outreach; one of them did not report this, however, as part of service delivery improvements.

delivery improvement, since outreach is in the “pre-service delivery phase” of a provider-client relationship. In addition, there are three CBOs for which the client reported no improvement. For these three CBOs, the lack of improvement stemmed from two reasons: for one CBO, the TA began after the PwP program had ended; for the other two, at that time funding was insufficient to implement most or all of CompassPoint’s recommendations. Lastly, one key informant did not have the knowledge necessary to answer the question. Below we discuss improved service delivery outcomes.

### **Program and Service Integration Outcomes**

We addressed program and service integration above in the discussion of how TA met CBO needs; in this section we address how TA that was focused on integration actually translated into enhanced service delivery. As reported above, four CBOs found TA in the area of integration to be useful. However, only three key informants from these four CBOs, in answering the question about improved service delivery, reported on ways that changes in integration brought about improved client services.<sup>5</sup>

One key informant spoke about the way integrating programs and services had allowed the CBO to be more flexible at the point of service:

The client’s needs are better met because our programs aren’t as separate as they once were. It’s more client-centered. We’re more flexible and ready to respond to the clients’ needs in the moment.

In other words, before integration, the transition from one service to another within this one organization would be clumsier and take more time; it would involve more work on the part of both CBO staff and clients. After integration, it was much easier for a client to get multiple needs met. This means not only less time and effort for service providers and clients, but it probably also means that clients actually use more services. One-stop-shop experiences make it easier and more user-friendly for clients to use service offerings:

So we could say [to the client]: “your needs are going to be met regardless of which program you’re in.”

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<sup>5</sup> The key informant for the fourth CBO reported on improved organizational efficiency (a streamlined organizational structure in which there is one HIV Coordinator for all HIV services), but did not argue that this meant better service delivery from the client’s point of view.

For another CBO, service integration meant integrating prevention into other services that were offered there. For this CBO, the value of the TA was to create materials that allowed providers to easily offer prevention services to anyone who dropped in, rather than only to the at-risk HIV-negative population:

One of the other pieces that [CompassPoint] helped us with, was how do we take all of our forms and processes and integrate them so they become seamless. It took months of work but it is happening now. So if someone comes into our drop-in center ... now everyone that comes in is given an individual risk assessment whether they are positive or negative. It reflects our underlying value of prevention being integrated with services.

A third CBO wanted to create a system in which providers would be able to easily offer prevention for negatives or for positives – responding to the situation as required, instead of seeing prevention as something offered to negatives only:

I would say the staff is now fully capacitated and it did allow us to be able to move from one modality to the other. We do have group intervention and prevention case management at the same time and it is integrated with our case management as a whole.

For these three CBOs who achieved greater program and service integration, this organizational capacity-building improved service delivery, consolidating services and making it easier for front-line providers to offer the client what s/he needs.

### ***Improved Support Group Facilitation***

One CBO had support groups for individuals who are HIV-positive, but, according to the key informant, the staff there

“definitely had limited training with [support group] facilitation.”

TA helped to increase staff capacity with facilitation:

We ... did some facilitation trainings that were really small and targeted to my staff and that was a positive thing.

This training results in service delivery improvements because, by improving the expertise of the staff, training also results in a better experience for the clients.

### **Conclusion: Summary of the Outcome Evaluation Findings**

CompassPoint TA enhanced organizational capacity for each CBO in several areas. In addition, for four organizations, increased organizational capacity translated into improved service delivery. These results are summarized in Exhibit 6-4 below:

**Exhibit 6-4:  
Technical Assistance Addressing Needs, Increasing Organizational Capacity, and  
Improving Service Delivery**

<b>Area of Need TA Addressed</b>	<b>Number of CBOs for which:</b>	
	<b>TA Increased Organizational Capacity in this Area</b>	<b>Enhanced Capacity Translated into Improved Service Delivery</b>
Integrating Programs and Services	4	3
Training Staff	3	1
Enhancing Outreach Strategies	3	0
Building Evaluation Capacity	3	0
Creating Materials for Grantwriting	2	0
Program Planning	1	0

We also present an overview of how organizational capacity was increased for the ten CBOs, and how service delivery was improved for four of these. This overview is found in Exhibit 6-5 below:

**Exhibit 6-5:  
Summary of How Technical Assistance Enhanced Organizational Capacity and Service Delivery**

<b>Area of Need TA Addressed</b>	<b>How Organizational Capacity was Increased</b>	<b>How Service Delivery was Improved</b>	<b>Reasons that Increased Capacity did not Translate into Improved Service Delivery</b>
Integrating Programs and Services	Consensus was built within organization for “cultural shift” to integration of all services.	Anyone coming into the drop-in center gets an individual risk assessment, whether they are positive or negative.	The departmental reorganization resulted in increased efficiency, but TA recipient did not report that this reorganization made a difference that was felt directly at the level of CBO-client interface.
	Staff were trained to easily meet client’s prevention needs, whether clients were HIV-negative or positive.	Clients face a less fragmented system; all case managers handle either serostatus.	
	Certain bureaucratic barriers separating jail and prison programs were overcome, allowing case managers to better address client needs regardless of what program they were in.	Change in program design meant that staff could be more flexible in responding to clients’ needs, whatever those clients’ needs were at the moment.	
	HIV department reorganized so that there is one HIV Coordinator overseeing all HIV services.	NA	
Training Staff	Training built staff capacity in group facilitation.	Clients attending support groups had a better experience in the group.	For two clients, training was in the service of other ends (outreach, service integration). For one, staff training was aimed at a variety of needs, complementing program design; TA recipient did not report that training led to enhanced service delivery.
	Training helped the staff with outreach to those who are HIV-positive by giving them insight into what it is like to live with HIV.	NA	
	Staff training assisted in building the consensus for a cultural shift.	NA	
	Training enhanced various types of staff capacity (TA recipient did not specify).	NA	

**Exhibit 6-5:  
Summary of How Technical Assistance Enhanced Organizational Capacity and Service Delivery**

<b>Area of Need TA Addressed</b>	<b>How Organizational Capacity was Increased</b>	<b>How Service Delivery was Improved</b>	<b>Reasons that Increased Capacity did not Translate into Improved Service Delivery</b>
Enhancing Outreach Strategies	Outreach to people of color was improved: community leaders to assist in outreach were identified; outreach materials tailored to audience.	NA	Outreach strategies were successfully enhanced; however, the purpose of outreach is to bring more clients in – it is “pre-service delivery.”
	Outreach to people of color was improved: community leaders to assist in outreach were identified; meeting places were found that increased the likelihood that African-Americans would attend meetings; brochures were developed targeted to African-Americans.	NA	
	Outreach to positives was improved: current outreach adjusted to appeal to positives instead of negatives only; new practices encouraging supportive self-disclosure were learned.	NA	
Building Evaluation Capacity	The consultant helped the CBO define outcome objectives and set up an evaluation process.	NA	Program evaluation can enhance service delivery down the road by giving feedback to the CBO regarding the client experience; however, not enough time had elapsed with the TA recipients for this result to manifest.
	The consultant helped the CBO set up an evaluation process which was used to actually do some evaluation.	NA	
	The consultant helped the CBO define outcome objectives, and created protocols to assist in later program evaluation.	NA	
Creating Materials for Grantwriting	Program documentation written up by the consultant is referenced in fundraising efforts.	NA	Raising funds is crucial to increasing capacity by developing or improving programs down the road, but fundraising does not directly translate into enhanced service delivery.
	Program documentation written up by the consultant is referenced in fundraising efforts.	NA	
Program Planning	The consultant assisted the CBO with developing plans to implement a PwP support group.	NA	Client was very pleased with the program plans but program capacity was not sufficient to implement; in addition, this CBO had no PwP programs when TA began and more time needed to elapse to get a program in place.

## **Chapter 7: Assessment of the AIDS Partnership California Grantmaking Model**

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So far we have addressed the process of designing and implementing the Initiative, and process and outcomes for how the Initiative unfolded for Service Delivery and System Integration grants, and for Technical Assistance (TA). But AIDS Partnership California's (APC) goals go beyond creating change within individual programs or community-based organizations (CBOs); the grantmaking is in the broader service of creating system-level change. At this point we turn to the assessment of the overall APC grantmaking model itself. It is important to include this in the evaluation because it addresses a fundamental question about the Prevention with Positives (PwP) Initiative: how did APC use its grantmaking model to support and guide strategic change in the field of HIV prevention?

To answer this question first in a general way: APC's grantmaking model supported and guided strategic change through coordinating its grantmaking activities with the State. Below we will discuss what makes this overall strategy particularly effective, and following that we will describe the particular ways in which APC put this strategy into practice:

- Using State funds for innovative grantmaking;
- Augmenting existing State funding<sup>6</sup> for PwP;
- Propagating PwP knowledge through disseminating information about best practices and through technical assistance; and
- Bringing State officials into the APC decision-making process.

### **Why Coordination with the State is a Powerful Way to Support and Guide Strategic Change**

As discussed in Chapter 2, the Initiative was designed to coordinate APC grants with the State's promotion of PwP – in particular its mandate calling for the allocation of a certain percentage of Local Health Jurisdiction (LHJ) Education and Prevention funds to PwP programs. This Initiative design represents a larger strategic approach of anticipating the direction of system

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<sup>6</sup> In using the term "State funding," we refer to State and Federal funds that are distributed by local health jurisdictions.

change within the field of HIV/AIDS, and using APC resources to both accelerate the change and influence the way that the change unfolds. In this section we discuss what makes this approach so effective. By coordinating with the State, APC aligns its resources and actions with the resources and policies of the most powerful statewide system-level actor.

The power of the State lies in its ability to allocate resources to particular types of programs. In doing this, it creates the structure within which others must operate: the constraints, opportunities, and incentives that guide program design and development. In the case of the State's PwP mandate, the Office of AIDS (OA) laid the groundwork for system-level change in two ways. Its mandate translated into an instruction to service providers within a local health jurisdiction to implement PwP programs; at that same time, the mandate made funds available to CBOs adopting this new program model. The statewide "push" of instructions combined with the "pull" of financial resources provides a powerful impetus for system change.

The State mandated the general direction of change. However, due to the newness of the prevention model, there was little expertise available to create guidelines for actually implementing PwP at the CBO level. Therefore, the State did not provide guidance for the specific form of new HIV prevention interventions. This lack of specificity in the context of the powerful impetus for system change created a strategic opportunity which APC capitalized on. First, APC aligned its resources with State goals, thus leveraging State resources to accelerate the system change. Second, APC took a leadership role in facilitating the emergence of specific forms of PwP programs. APC was able to influence how the change actually unfolded on the ground – how PwP programs get implemented in practice.

Below we discuss the specific ways in which APC coordinated with the State, and how each of these components of APC's grantmaking model supported the overall strategy embodied in the PwP Initiative.

### **Using State Funds for Innovative Grantmaking**

One aspect of APC's coordination with the State is the fact that it manages a pooled fund which includes dollars not only from private foundations and corporate philanthropy, but also from the State. APC can allocate its own grants from the State to more innovative PwP programs than would be the case if the funds were not funneled through APC. An advisory committee member

pointed out that “public funds can be prohibitive – private funds can provide organizations with more freedom to grow and take risks.” The advisory committee member who is from the State Office of AIDS agrees that “We [at APC] are funding innovative projects.” He further pointed out that APC has the flexibility to “change [its grantmaking] based on identified needs, and also to change at a pace that’s faster than the pace for traditional State funding mechanisms.”

The pooling of public and private funds is, then, a way that APC was able to align its resources with those of the State in order to facilitate the system change that the State had identified as a strategic goal for HIV prevention.

### **Augmenting Existing State Funding**

APC aligned its resources with those of the State in another way: by awarding “augmentation grants” as part of its Service Delivery grantmaking. These grants were designed to augment public funding which a CBO had already obtained (State and Federal funds distributed by local health jurisdictions). APC augmented such State grants by at least 10%, with a minimum grant of \$10,000 and a maximum grant of \$20,000. Augmentation grants were only one component of the Service Delivery grants; these awards also included funds for technical assistance and capacity-building components. Because the awarding of Service Delivery grants depended on pre-existing State funding, the entire amount of the grant can be seen as a way to augment the State resources already deployed. By awarding the grants in this way, APC created additional capacity within those CBOs which were pushing forward the new HIV prevention strategy.

### **Propagation of HIV Prevention Intervention Practices within a System**

As we emphasized earlier, the lack of guidance from the State on how to actually implement PwP programs created a strategic opportunity for APC. CBOs, as we made clear in Chapter 2, were navigating new territory, and spoke of needing roadmaps to help them with program development. APC filled this role, first funding the needed formative research to determine effective program models, and then working to propagate knowledge about best practices through the system. In this way, APC’s grantmaking model supported its goal of getting in on the ground floor of a system change and influencing the direction that it took. Dr. John Mortimer puts it this way: “These examples of ... convening organizations and disseminating knowledge demonstrate the way that APC has been doing more than a foundation would typically do ... to make an

impact on the system as a whole.” Below we briefly discuss three ways in which APC’s grantmaking activities propagated knowledge on PwP: technical assistance, dissemination of best practice documents, presenting information at trainings and conferences, convening grantees, and supporting system integration.

### ***Technical Assistance***

One of the most effective ways to propagate a given set of organizational (or program) practices within a field is to send like-minded consultants to a number of different organizations within that field. APC did exactly that by including TA in its grantmaking activities. As part of the PwP Initiative, APC funded 6-month technical assistance (TA) engagements for ten organizations – engagements designed to assist CBOs with planning, enhancing, or implementing PwP outreach or programs. In addition to this TA grantmaking, APC included TA components in their Service Delivery awards. As we discussed in Chapter 6, during the early stages of a system change, the provision of TA plays a pivotal role in promoting change within the CBOs where the paradigm shift actually gets institutionalized.

### ***Dissemination of Formative Research Findings and Findings on Best Practices***

The advantage of TA is that it can provide the on-site engagement of a consultant actively working with CBO staff to integrate new program practices. However, this is an extremely labor-intensive process, which means that reaching one CBO is actually quite costly. The dissemination of knowledge, while less intensive and so not guaranteed to induce change, is a far less costly way to expose CBOs to HIV prevention strategies. Such exposure may lead, down the road, to the adoption of the promoted prevention interventions. In any case, the dissemination of knowledge is a necessary precondition for such adoption. In addition, because the cost of knowledge-sharing is so low, a much larger number of CBOs can be reached, thus laying the groundwork for rapid propagation of practices within the field.

APC is committed to knowledge dissemination, publishing monographs and reports containing information on how to implement effective PwP programs. In the first stage of its PwP Initiative, APC funded formative research at eight CBOs, and widely publicized the research findings to help educate CBOs and LHJs about what is needed in developing PwP programs for people of color. In 2002 APC redesigned its website, making it more useful to CBOs searching for information on PwP, and posting formative research findings there. APC distributed

postcards announcing the new website to 1700 CBOs, LHJs, individuals and funders. In addition, early in 2002, the California State Office of AIDS (OA) disseminated a summary of APC's formative research findings in each of California's LHJs.

APC compiled its lessons learned and best practices from the formative research phase of the PwP Initiative, publishing them in a monograph entitled: *Completing the Circle: Designing HIV Prevention Programs for Persons of Color with HIV*. This is available both in a nicely produced hard copy version, as well as on APC's website, [www.aidspartnershipca.org](http://www.aidspartnershipca.org), where it is available as a free download.

### ***Presenting Information on PwP at Trainings and Conferences***

In addition to making available paper and virtual copies of information on PwP program models, APC has also ensured that the word has gotten out at conferences, summits, trainings, and workshops. Presentations have been made at multiple convenings by APC staff members and by staff from CBOs that received formative research and model program grants.

### ***Information-Sharing among Grantees at APC-Sponsored Convenings***

APC disseminates knowledge on PwP program intervention practices not only by making its publications available and by presenting at various convenings, but also by bringing grantees together for information-sharing. In these forums, grantee CBOs can share with one another how their programs have been unfolding. In a forum such as this, CBOs can learn new information about lessons learned by other CBOs, and what programs are being employed elsewhere. APC brought the three Service Delivery grantees together in the spring of 2003, and System Integration grantees together in the fall of 2003.

### ***System Integration Activities as a Way to Share Knowledge within a Local Health Jurisdiction***

Grantees who implemented system integration projects did so by integrating the system of care within a local health jurisdiction. This necessarily entailed activities that included other CBOs and organizations within the county. As other organizations joined with the grantee in its effort to integrate prevention and care services, they came to learn more about the PwP model.

Therefore the System Integration grants set into motion the propagation of knowledge about PwP within the three counties where the System Integration projects took place.

## **Bringing State Officials into APC**

Another important aspect of coordination is the fact that a representative of the State Office of AIDS was included on the APC advisory committee. The participation of a representative from OA gives APC the advantage of access to State policy-makers. As John put it: “When you pool public and private funds, you bring government personnel into the decision-making process, and that is definitely not typical.”

Bringing government personnel onto the advisory committee facilitates both coordination with the State, and also the sharing of knowledge with OA. In his key informant interview, the OA representative brought up the advantages of the State’s being in a partnership with private funders, saying that: “the efforts have produced very positive results.... [Through] being in contact with private donors, [I have] let them know how to access State funding.” At the same time, the OA official can transmit back to the State the information learned through APC research and experience. In praising APC staff for their “clear communications,” he said that: “they have served as a needed resource in terms of the work that they’re doing in the State. I’ve been able to access them easily to get help with what I need.”

Another advisory committee member also pointed out the advantages of working with a representative from the public sector: “The public/private aspect of this particular collaborative is appealing to me – you are actually helping to inform policy. You can notice trends and developments and can ... take notice and make change through policy.” Having consistent access to an OA official facilitates access to information needed to coordinate APC’s activities effectively with those of the State. In addition, it provides an efficient way to transmit information, research, and lessons learned from APC to the State.

## **Effectiveness of the APC Grantmaking Model**

From its founding, APC has sought to promote system-level change within the field of HIV prevention, and has understood its awards to CBOs as part of a larger system-level agenda. One advisory committee member said that the central question the committee asks itself is: “what can we do together as a group to move the field forward?” And another member pointed out that

“[APC grantmaking] is different because it is evaluative and capacity-building and technical assistance for grantees – not just funding for services.”

APC has sought to accelerate and influence the emergence and development of the PwP HIV prevention strategy. APC has targeted its efforts toward the field of HIV/AIDS within California: its goal has been not only to enhance the capacity of individual CBOs to offer PwP services to people of color, and to increase the integration between prevention and care at the local health jurisdiction level, but also to promote system-level change. To make a definitive conclusion about whether APC’s grantmaking activities have succeeded in these efforts is beyond the scope of this evaluation. Nevertheless, due to its unique combination of grantmaking strategies and activities, APC is well positioned to have the influence that it seeks.

## Chapter 8: Conclusion

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In this evaluation, we assessed the process and outcomes of the Prevention with Positive People of Color Initiative. The assessment addressed the process of implementation for the Initiative overall, and process and outcomes for each of the three types of grantmaking activity (Service Delivery, System Integration, and Technical Assistance). We also took a step back and addressed the question of how the AIDS Partnership California (APC) grantmaking model supported APC's goal of influencing the system shift to a new model for HIV prevention.

In this chapter we summarize the evaluation's process and outcome findings, and conclude with a discussion of the Initiative's success.

### Initiative-Level Process Findings

- **Request for Proposal Process:** APC and CompassPoint distributed a large number of funding announcements, request for proposals (RFP), and applications for pro bono Technical Assistance (TA). Both organizations provided a great deal of service to potential and actual applicants: for Service Delivery grants APC hosted bidder's conferences, for the System Integration grants APC hosted an informational conference call, and CompassPoint's application process was rated as very user-friendly by the TA recipients.
- **Grantee Convenings:** APC convened the Service Delivery grantees once, and the System Integration grantees once. Participants found these events to be extremely useful for joint problem-solving and for sharing information and knowledge.
- **Actual Implementation of the Initiative as Compared with the Original Plan:** APC expected to award two System Integration grants, six to twelve Service Delivery grants, and to provide TA to at least fifteen organizations. APC actually awarded three System Integration grants due to the fact that APC saw three excellent proposals. Only three Service Delivery Grants were awarded, due to the delays at the State level in putting into effect the mandate to allocate a certain percentage of Local Health Jurisdiction (LHJ) Education and Prevention Funds to Prevention with Positives (PwP). Because winning

these grants depended on pre-existing State funding, eligible applicants comprised only a small pool. And despite the fact that APC lost its funding for Technical Assistance in the second year, ten community-based organizations (CBO) completed one-on-one TA with CompassPoint, and 34 additional organizations participated in trainings or workshops provided by staff of APC, CompassPoint, or AIDS Project Los Angeles (APLA). The original goal was thus exceeded by 29 CBOs.

- **Overall Assessment:** APC faced a number of challenges in implementing the Initiative, most notably delays in implementation of the State PwP mandate. APC was flexible in responding to these changes in its environment, growing or shrinking the number of grantees and shifting funds to keep its grantmaking aligned with its goal of supporting the community-based organizations carrying out the system change.

### **Process Findings for Service Delivery and System Integration**

For both the Service Delivery and the System Integration grantees, we found that CBOs faced two challenges in their processes of implementing new programs:

- Reaching positive clients of color.
- Educating the entire organization of the importance of PwP within the organization.

### **Service Delivery Grant Outcomes**

- **Creation of New Opportunities for Grantees:** An important outcome of the Service Delivery Grants is that they enabled grantees to implement new projects and policies within their agencies including:
  - The development and implementation of a new project
  - The ability to include clients in planning and implementation processes
- **Enhancement of Service Delivery:** The Service Delivery grants also provided grantees the opportunity to improve and enhance their existing prevention services. Grantees reported the following enhancements to service:
  - Increased outreach activities and client participation

- Better understanding of client needs
- Education and training for staff across programs
- Integration of treatment and care with prevention services

## **System Integration Grant Outcomes**

- **The System Integration grants impacted service delivery on both agency and system-wide levels.** The grants helped to improve the capacity of grantees to provide services to their clients and contributed to the enhancement of the service delivery system – including collaboration between service providers and integration of prevention and treatment and care services. Specifically, grantees reported that the grants impacted them in the following ways:
  - Creation of Leadership Opportunities for Grantees
  - Improved System of Care for Clients
  - Integration of Prevention and Care Services

## **Technical Assistance Findings**

- **The partnership between APC and CompassPoint functioned effectively.** The two organizations had worked together on projects in the past, and by subcontracting out the TA portion of the PwP Initiative, APC could make good use of CompassPoint’s considerable expertise in the area of technical assistance to HIV/AIDS CBOs, and to organizations serving people of color. The non-renewal of the grant to APC from the State after one year meant a “bump in the road,” but the transition went as smoothly as could be expected. All CBOs who were receiving TA at that time got to finish up with CompassPoint. To aid new State grantee, AIDS Project Los Angeles, in giving TA to the CBOs still in the pipeline, APC granted them \$30,000 in private funding that would have gone to CompassPoint had APC had their contract with the State renewed.
- **The process for recruiting TA applicants was quite effective.** The original mailing appears to have generated a “buzz,” since most CBOs heard about the TA in ways other than being having gotten a mailing themselves. In addition, APC planned to give TA to about fifteen CBOs; enough CBOs applied for fifteen to “pass” the readiness assessment.

- **The application process went smoothly.** The application process was very easy and quick, involving a short written application and a quick phone interview. All of the key informants agreed in their positive assessments of this process. The fact that the process was not time-consuming turned out to be a major advantage; several key informants mentioned that if it had taken longer it never would have gotten done.
- **CBOs gave very high satisfaction ratings to both the TA as a whole, and to their individual consultants.** For every customer satisfaction survey item, between 89% and 100% of respondents were “satisfied” or “very satisfied” with both their individual consultants and with the consulting services they received.
- **TA met CBO needs.** The TA that CompassPoint gave to the CBOs quite closely matched the original needs and challenges with which the CBOs originally came to CompassPoint. Sometimes the consultants identified a need that a CBO had not earlier recognized, addressing a need that the CBO might not have originally known that it had. In addition, when key informants were asked whether the TA had met their expectations, seven of the CBOs said that their expectations had been met.
- **TA increased the capacity of CBOs in the area of PwP:**
  - Four CBOs achieved much greater integration of programs and services; “integration” here means either that CBOs made “front-end” client experience more seamless across programs or services, or that services for positives was better integrated within other services offered.
  - Three CBOs improved their outreach strategies; two improved outreach to people of color and one improved outreach to those who are HIV-positive.
  - Three CBOs built their evaluation capacity. For two CBOs, the TA included creating documentation that staff could use when applying for grants.
  - One CBO developed a plan to implement a PwP support group.

- For one CBO, staff were trained in group facilitation techniques, thus improving their ability to facilitate PwP support groups.
- **TA increased the capacity of organizations to deliver HIV prevention services to HIV-positive people of color.** For four CBOs, increased organizational capacity translated into an increased capacity to delivery HIV prevention services to HIV-positive people of color. This was the case for three of the CBOs that achieved better program and service integration; it was also the case for the CBO that received training for their staff in group facilitation. For the three CBOs that integrated their programs and services, clients faced a more uniform, seamless, and flexible system, where it was easier to get their needs met. For the CBO the received training on group facilitation, the clients attending support groups had a better experience in those groups.

### **Assessment of How APC’s Grantmaking Supported the Goals of the PwP Initiative**

In assessing APC’s approach to grantmaking, we sought to answer the question of how APC’s grantmaking activities contributed to the overarching goal of the PwP Initiative: to promote system change in the field of HIV prevention. We found that several aspects of APC’s grantmaking model contributed to its ability to accelerate change and to influence the way that the change unfolded:

- Coordinating its grantmaking strategy with the policies of the State, leveraging State resources to accelerate and influence change.
- Augmenting existing government funds for PwP, thus expanding the capacity of CBOs already implementing the change to PwP;
- Propagating PwP knowledge through disseminating information about best practices and through technical assistance; and
- Including a representative of the State Office of AIDS on the advisory committee, thus opening a consistent and easily accessible line of communication with the State.

What does this say about how successful the Initiative was overall? As we have emphasized throughout this report, APC’s overarching goal for the Initiative was to accelerate and influence the system change that was emerging in the field of HIV prevention. As John articulated this objective: “One of the things that makes this grantmaking unique is the extent to which it is truly

strategic; we try to anticipate issues as they are emerging, rather than respond to them after they have been around for a while. We want to influence, early on, how issues will be handled.”

While it is impossible to definitively conclude the degree to which APC accelerated and influenced the system change, it is clear that APC’s grantmaking had the capability to support this goal. As an advisory committee member said: “I think [the Initiative has been successful]. The overall intent was to anticipate what’s coming in terms of HIV/AIDS services and needs – it did that with the PwP Initiative, in seeding the development of alternatives, just before there was a policy shift at the State level.”

Another indication that APC facilitated system change was the fact that it helped guide CBO-level change that resulted in an entirely new approach to prevention. In discussing surprises APC had encountered during the course of the Initiative, John said that: “Many within APC had been concerned that CBOs would find it difficult to conceptualize PwP as a wholly new intervention – instead they might simply take their existing prevention programs (set up for negatives) and tweak them a bit for positives. But CBOs in fact have been willing to take an entirely fresh look at prevention, and begun working with their HIV-positive clients in a completely new way.”

Four years out from the launch of the PwP Initiative, there are numerous indications that the system change is well underway, with many CBOs becoming more familiar with this type of intervention, and being able easily to gain access to existing knowledge about PwP. The capacity building done with CBOs helped them in getting further funding from other sources. APLA, an APC grantee, is continuing to provide TA to CBOs.

A final way in which the Initiative can be deemed a success is the influence it had on APC itself: APC learned the value in staying “ahead of the curve” in HIV prevention strategy. Moving on from PwP, APC has engaged in shaping the field for the next wave of strategic change. Advisory Committee members, in follow-up interviews, focused on APC’s internal shift. One member appreciated the staff for facilitating this shift: “We have a wonderful staff ... if we realize we’ve done our job, they’re ready to wind things down [...] They’ll move forward when something has been accomplished.” Another member pointed to the fact that APC was taking a fresh look at where it could next have the most impact: “Through John’s leadership, ... [we have been] revisiting [the question of] why the group was brought together. The shift in State funding has

resulted in the need to ask that question again.” Another said: “The stakeholders, funders, government participants, are clarifying what we think the mission of APC is. We’ve done the futures paper,<sup>7</sup> and we chose three of them as places to focus our work for the next two years.”

AIDS Partnership California exercised strategic leadership in developing and launching the Prevention with Positive People of Color Initiative. APC masterfully leveraged its position within a private grantmaking institution as well as its public partnership with the State Office of AIDS to bridge the fault line created when new policy dictated a paradigm shift that community-based organizations needed resources and assistance to actualize. Moreover, APC responded with flexibility and grace, turning challenge into opportunity, by making adjustments to its grantmaking strategy when the timing of the policy rollout became delayed and then a moving target. System change is never an easy or quick process, yet with its Prevention with Positive People of Color Initiative, APC accelerated and facilitated this change in a way that is sure to have a lasting impact on HIV prevention strategy in California.

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<sup>7</sup> The “futures paper” refers to an APC monograph: *Questions at the Crossroads: Surviving the Third Decade of HIV in California*, which seeks to identify the future challenges HIV/AIDS will pose.