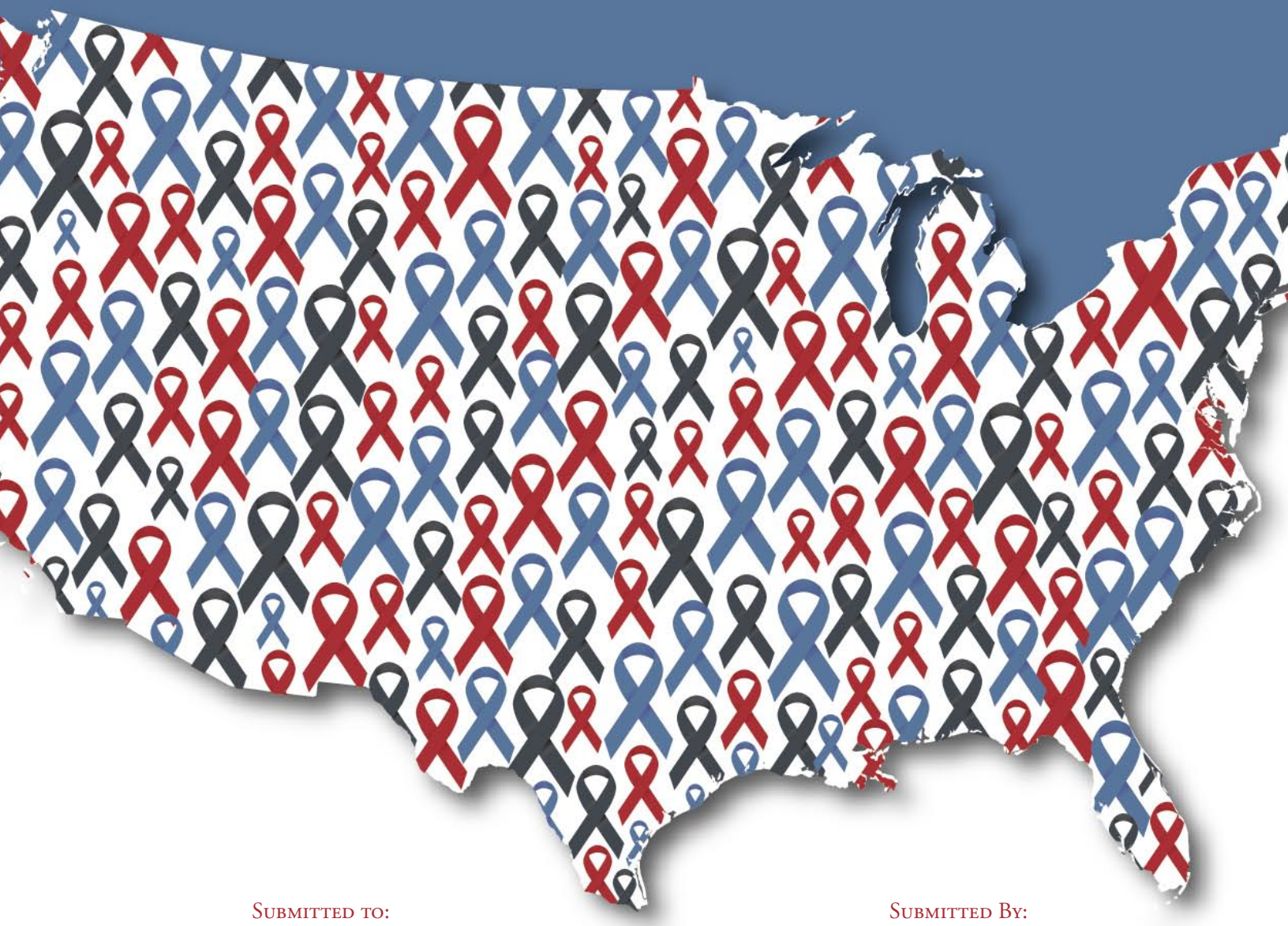
Secretary's Minority AIDS Initiative Fund

Care and Prevention in the United States (CAPUS) Demonstration Project: PS12-1210

Formative Evaluation Report



Submitted to:
U.S. Department of Health and Human Services
Office on HIV/AIDS and Infectious Disease Policy

Submitted By:
Global Evaluation & Applied Research Solutions (GEARS), Inc.
Contract Number: HRSP233201200C38C

"The United States will become a place where new HIV infections are rare and when they do occur, every person regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination."

The Vision of the National HIV/AIDS Strategy
The White House, 2010

Table of Contents

Tables

Figures

Appendices

Executive Summary

Thirty-three years after the first HIV/AIDS case was reported in the United States, HIV continues to be a serious epidemic in the United States, with more than 1.1 million people living with HIV, and almost 1 in 6 (16%) unaware of their infection. Despite marked reductions in HIV transmissions, racial/ethnic disparities prominently define the epidemic. By race, African Americans/Blacks (44%) face the highest burden of HIV, followed by Latinos (16%), accounting for all new HIV infections among all ethnic groups in the U.S. in 2009. In particular, young African-American/Black men who have sex with men (MSM) are most seriously affected by HIV (CDC, 2013a, CDC, 2013b).

The Centers for Disease Control and Prevention's (CDC) surveillance data regarding HIV and AIDS in the United States also indicate a significant and disproportionate impact of HIV on the Southern United States. Half of all new infections in the United States are in the South, although the region has only a little more than a third of the country's population (CDC, 2013a). Factors contributing to observed disparities in HIV incidence and mortality include the following: high levels of poverty, a shortage of health care, a lack of HIV testing and education, HIV-related stigma, high rates of sexually transmitted diseases (STDs), location of health care services in relation to where those affected by HIV live, housing, incarceration, lack of trust in the government and health care system, and discrimination against MSM among racial and ethnic minorities (CDC, 2014).

To align the distribution of resources with populations most severely affected by HIV/AIDS and reduce HIV-related disparities, the U.S. Department of Health and Human Services (HHS) Secretary's Minority AIDS Initiative Fund (SMAIF) funded the Care and Prevention in the United States Demonstration Project (CAPUS). The CAPUS Demonstration Project is a competitive program limited to those states that carry relatively higher HIV/AIDS burden (Georgia, Illinois, Louisiana, Mississippi, Missouri, North Carolina, Tennessee, and Virginia). It aims to reduce HIV/AIDS-related morbidity and mortality among racial and ethnic minorities.

The Project implements several of the actions recommended in the National HIV/AIDS Strategy (NHAS), including the following: expanding access to effective prevention services; expanding prevention with HIV-positive individuals; facilitating linkages to care; maintaining people living with HIV in care; promoting a holistic approach to health; and promoting public health approaches to HIV prevention and care.

The Demonstration Project also embodies the 2010 NHAS recommendation for coordinated efforts among several Federal agencies by developing interagency partnerships among several HHS divisions and offices, such as the Office on HIV/AIDS and Infectious Disease Policy, Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration, Office of Minority Health, Office on Women's Health, and the CDC to oversee the development, implementation, and evaluation of the CAPUS Project.

Evaluation Approach: To document the experiences of the eight state health departments funded under CAPUS, SMAIF commissioned a broader evaluation effort, including this formative evaluation that is carried out by Global Evaluation & Applied Research Solutions

(GEARS), Inc. The formative evaluation was specifically designed to:

- Examine how the interagency partnership created to oversee the development and implementation of CAPUS was formed, its functions, and its level of partnership.
- Identify and understand the resources committed to CAPUS grantees' projects.
- Assess the readiness of funded grantees to implement and evaluate the 3-year project activities.
- Document the nature and scope of system, policy, structural, and technological changes grantees made to accommodate the implementation of project activities.

The formative evaluation employed multiple data collection strategies, including document review, semi-structured telephone interviews with 16 interagency partners, and semi-structured, in-person interviews with eight funded grantees. Thematic analysis was then applied to identify, summarize, analyze, and report patterns (themes) within the formative evaluation data (Braun & Clarke, 2006).

KEY FINDINGS

The findings from this evaluation are intended to serve as a baseline for benchmarking the level of interagency partnership engagement needed to oversee 1) the development and implementation of CAPUS and 2) the resources (financial, technical, human) available to the funded health departments to implement the 3-year project at the time of the formative evaluation. The evaluation findings are also intended to strengthen CAPUS Project implementation by providing insights on efforts to improve the interagency partnership process and the design of the funded eight projects.

Part I: Level of Federal Interagency Partnership Overseeing the Development and Implementation of the CAPUS Demonstration Project

- The Federal interagency partnership was formed by six HHS agencies. Members of the partnership served in a variety of positions within their agencies' divisions or branches that support HIV/AIDS prevention and care activities. As members of the interagency partnership, they served as Senior Advisory Committee members and CAPUS Project Officers. The majority of the respondents were from CDC, and the next-largest group was from HRSA.
- Partners have an understanding of the concept of interagency partnership workings. Collectively, respondents defined interagency partnership as: (1) working together to support the development and implementation of a project, (2) collaborating around a shared vision, and (3) partnering on performing tasks.
- All respondents stated that their agencies provided staff time and expertise to support the activities of the partnership that was created to oversee the development, implementation, and evaluation of the project. Two respondents indicated that their agencies provided financial resources to support CAPUS site visits designed to monitor implementation of project activities.
- Partnership members draw on each other's expertise to provide technical assistance to grantees to design project activities that are aligned with NHAS goals. The level of interagency partnership is currently at a "coordination" level.

- Respondents stated that they benefited as individuals by having a better understanding of the nation's HIV prevention and intervention strategies and interagency partnership workings.
- Respondents indicated lack of communication regarding partnership activities to be the biggest challenge at the initial phase of the interagency partnership. They indicated that partnership challenges were overcome as partners worked together and their partnership matured over time. Partners felt comfortable sharing their experiences with each other and providing information on partnership tasks.
- Overall, respondents deem the partnership successful, and the challenges identified are not uncommon for a large partnership of this kind. The challenges can serve as lessons learned for future interagency collaboration.

Part II: Readiness of Funded Grantees to Develop, Implement, and Evaluate the CAPUS Demonstration Project

- Grantees' initial CAPUS planning activities began with key department staff from HIV surveillance, prevention, and care programs. Later, external partners provided input to grantees' proposals or feedback to already-developed proposals or work plans.
- Grantees built on existing HIV programs or implemented HIV activities in their strategic plan but were unable to implement due to financial constraints with CAPUS funding.
- Grantees' project objectives are aligned with the 2010 NHAS objectives and focused on the following: HIV testing; linkage to, retaining in, and re-engagement with care those diagnosed with HIV; and addressing social, economic and structural barriers.
- Grantees provided training, technical assistance, and funding to local partners to strengthen coordinated local HIV programming capacity in their states.
- Approval of grantees' work plans, and release of project funding by respective states once work plans were approved, took more time than anticipated. Grantees might need additional time to implement project activities as described in their work plans and to achieve their stated objectives.
- HIV prevention and care managers have learned to leverage resources (experienced staff; equipment such as hardware/software, databases, and testing kits; and testing facilities) from other HIV programs to build a seamless system to identify newly HIV-infected individuals and link them to and retain them in care, and re-engage those who dropped out of care.
- Only two grantees made internal structural changes to implement project activities. One grantee has purchased the fourth-generation HIV testing technology to expand testing while another was able to add new staff (epidemiologist and other staff) to implement CAPUS activities.
- Grantees identified the following successes: work plan approval, establishing contractual agreements with partners, implementing social media campaigns, and leveraging resources from multiple funded programs to support their project.
- Grantees identified the following challenges: lack of state policies that facilitate data sharing across organizations, delays in conducting project monitoring activities with long distance state partners, Federal partners' range of knowledge about state health systems and infrastructures, and lack of community-based agencies with organizational capacity to implement activities.
- All but one grantee have many of the resources needed to implement CAPUS Project activities. According to grantees, some of these resources were in place prior to CAPUS and expanded through CAPUS funding, while others were new resources put in place as a result of CAPUS.

LIMITATIONS

Some of the characteristics of the design of the formative evaluation that could have influenced the interpretation, transferability, and utility of the findings include:

- ***Use of in-person and telephone interviews as the primary data sources.*** Since the information gathered is highly dependent on the interviewers' skills, the collected data could easily be influenced by the interviewers' biases.
- ***Logistical constraints.*** Changes in travel arrangements due to inclement weather, holidays, and bereavement was taxing for in-person interview participants as well as the interview team, possibly hindering participation to the full extent. This also created delays in conducting site visits, which placed pressure on data analysis and report writing at the end.
- ***Insufficient time.*** While the concept mapping of findings was extremely helpful to bring together critical themes, there was insufficient time for fully developed follow-up interviews using individual concept maps, which can help facilitate further discussion with interagency partnership members and CAPUS grantees.
- ***Small sample size.*** The evaluation also gathered information from 23 participants (16 for interagency partnership members and 8 CAPUS grantees) that might minimize the transferability of the findings and conclusions to other situations.
- ***Finding interpretations.*** The findings of the evaluation are limited to the context of the interagency partners and funded state health departments (i.e., particulars of the geographic areas of the state health departments and their partners implementing projects activities).

CONCLUSIONS AND RECOMMENDATIONS

The results of this formative evaluation indicate that the level of interagency Federal partnership focuses on coordinating resources (i.e., staff time, expertise, and finance) to oversee the planning, implementation, and evaluation of grantees. Partners were aware of the partnership purpose and the partnership development process, able to identify partnership successes and challenges, and able to articulate key elements of a successful partnership based on their experiences. All but one grantee have in place most of the resources needed to implement and evaluate their respective CAPUS Project activities.

Listed below are the most notable deductions that can be gleaned from the data gathered to support interagency partners and grantees as they moved through the implementation phase of CAPUS.

- Developing a partnership guiding document with clearly stated goals, objective of the partnership, and roles and responsibilities of partners.
- Providing technical assistance on how partnerships are implemented and managed so that interagency members know what to expect and how to maximize their partnership efforts.
- Assigning partners to serve in the partnership from initiation to completion so members can build their team and be productive, rather than playing "catch up" to stay abreast of what is happening.
- Providing peer-to-peer/grantee-to-grantee technical assistance so that funded health departments can provide technical support to each other when interagency partners' technical assistance contributions are limited due to limited exposure to the functions of state health departments.

- Supporting states' efforts as they push for data-sharing policies and practices among HIV surveillance, prevention, and care service providers.
- Supporting IT infrastructure and data management capacities of grantees so state departments have functioning surveillance and data systems that support the implementation of project activities.
- Supporting grantees as they explore ways to implement all planned project activities beyond the project life cycle.
- Supporting the development of state efforts to develop HIV billing policy to directly support those who would be transferred to Medicaid from Ryan White services after full implementation of the Affordable Care Act.
- Supporting grantees to implement CAPUS-related HIV testing and case management services through existing HIV testing networks as they continue to build the capacity of local community-based agencies to test for HIV and provide case management services to link, retain, and re-engage those affected with HIV to HIV prevention and care.

Introduction

The Care and Prevention in the United States (CAPUS) Demonstration Project

BACKGROUND

This report summarizes the findings of the formative evaluation of the level of interagency partnership overseeing the planning, implementation, and evaluation of the Care and Prevention of HIV in the United States (CAPUS) Demonstration Project and funded grantees' readiness to develop, implement, and evaluate their respective CAPUS Projects. The project is funded by the Secretary's Minority AIDS Initiative Fund (SMAIF), which is administered by the U.S. Department of Health and Human Services (HHS) Office on HIV/AIDS and Infectious Disease Policy (OHAIDP). Led by the Centers for Disease Control and Prevention (CDC), CAPUS is a 3-year cross-agency demonstration project designed to reduce HIV-related morbidity, mortality, and health disparities among racial and ethnic minorities through the following primary goals:

- Increase the proportion of racial and ethnic minorities who have diagnosed HIV infection by expanding and improving HIV testing capacity.
- Optimize linkage to, retention in, and re-engagement with care and prevention services for newly diagnosed and previously diagnosed racial and ethnic minorities with HIV.

These goals are to be achieved by addressing social, economic, clinical, and structural factors influencing HIV health outcomes.

CAPUS is designed to be implemented in two phases. The first phase is a 6-month planning phase during which health departments partnered with local and Federal agencies to review project designs and finalize project work plans. The second phase is an early stage of implementation and evaluation wherein health departments implement and evaluate their demonstration projects.

CDC works closely with the OHAIDP at the Office of the Assistant Secretary for Health, Office of Minority Health (OMH), Office on Women's Health (OWH), the Health Resources and Services Administration (HRSA)—both the HIV/AIDS Bureau (HAB) and the Bureau of Primary Health Care (BPHC)—and the Substance Abuse and Mental Health Services Administration (SAMHSA) through a Federal partnership created to oversee the development, implementation, and evaluation of CAPUS. The project funded eight states with a high burden of HIV among African-American and Latino communities.

This project directly supports the National HIV/AIDS Strategy (NHAS) goals by improving program planning and implementation to:

1. Reduce new HIV infections.
2. Increase access to care and improve health outcomes for people living with HIV.
3. Reduce HIV-related disparities and health inequalities.
4. Achieve a more coordinated national response to the HIV epidemic in the United States.

EVALUATION DESIGN

Global Evaluation & Applied Research Solutions (GEARS), Inc. was contracted to conduct a formative evaluation of the level of interagency partnership that was created to oversee the planning, implementation, and evaluation of the eight SMAIF funded CAPUS Demonstration Projects and the readiness of grantees to implement and evaluate CAPUS activities and objectives. The evaluation was conducted from September 2012 to March 2014 and was designed to answer the following two overarching questions:

1. What is the level of interagency partnership supporting the development and implementation of the CAPUS Demonstration Project?
2. What is the capacity of funded grantees to develop, implement, and evaluate the CAPUS Demonstration Project?

METHODS

Participants

The evaluation participants include staff from six HHS agencies that formed the interagency partnership and key staff of the eight funded state health departments.

Data Source

The formative evaluation utilized the following data sources in consultation with OHAIDP and CDC to gather the following information for the evaluation:

- *Document Review:* GEARS reviewed relevant background documents to describe (1) the level of interagency partnership created to provide technical assistance and guidance to CAPUS grantees and (2) grantees' resources that are in-place to implement and evaluate CAPUS as designed. The document review was undertaken to guide the development of the key-informant interview guide, used to gather information from interagency partners, and an in-person interview guide, meant to describe the resources available to implement and evaluate CAPUS Project activities and structural, policy, technological, and other relevant changes made to accommodate the implementation of CAPUS. An Archival Data Abstraction Guide was developed in consultation with OHAIDP to review the following documents:
  - The NHAS.
  - The NHAS Federal Implementation Plan.
  - The SMAIF Care and Prevention in the United States Demonstration Project funding opportunity announcement (FOA).
  - Proposals of the eight funded grantees (Georgia, Illinois, Louisiana, Mississippi, Missouri, North Carolina, Tennessee, and Virginia).
  - Original and revised project work plans of grantees.
  - Grantees' PowerPoint presentations from the CAPUS kickoff meeting in November 2012.
  - Documents related to issues and trends pertaining to scientific, programmatic, and policy development in HIV.

- *Key Informant Telephone Interview:* A key-informant interview guide with semi-structured, open-ended questions was developed to guide data collection from interagency partners. The interview guide consisted of an introduction, key questions, probing questions to clarify responses, partnership facilitating and hindering factors, level of interagency partnership, and

closing questions to have a clear picture of how the interagency partnership was formed. The interview guide (Appendix A) took an average of 60 minutes to implement. The questions collected information on Federal partners' perceptions about the topics below:
  - Purpose of the Interagency Partnership.
  - Interagency Partnership Development Process.
  - Nature and Level of the Interagency Partnership.
  - Benefits of Participation in the Interagency Partnership.
  - Successes and Challenges of the Interagency Partnership.
  - Key Elements of a Successful Partnership.
  - Recommendations to Improve the Interagency Partnership.

- ***In-Person Interview:*** An in-person interview protocol with semi-structured, open-ended questions was developed to guide the discussion with CAPUS grantees. The interview protocol (Appendix B) was designed to be conducted for a period up to 3 hours and included a script that explained the purpose of the formative evaluation, the purpose of the interview, and a series of questions and probes. The interview questions explored the following topics:
  - CAPUS Project Planning Process.
  - Available Resources to Implement CAPUS Project Activities.
  - Unique Features of CAPUS Grantees' Projects.
  - Organizational Changes to Implement CAPUS.
  - Most Important Implementation Success of Grantees' Project Implementation.
  - Challenges Encountered During Early Project Implementation.
  - Effect of Operating Environment on Grantees' Projects.
  - CAPUS Projects' Influence on Future HIV Programming.
  - Grantees Readiness to Implement and Evaluate CAPUS Activities.

Data Storage and Management

At the end of each telephone and in-person interview, a digital recording of the conversation was downloaded and saved on GEARS' secure server. The telephone interviews were transcribed in house while in-person interviews were transcribed by a transcribing agency. The transcripts were then converted into raw data matrices under each interview question. The Microsoft Word files containing abstracted data, telephone and in-person interview raw data matrices, interviewers and note takers' notes were saved on a password-protected computer using a file-naming scheme. All hard copies of formative evaluation documents with identifiers and interviewers and note takers' handwritten notes are kept in locked filing cabinet. Access to all files is restricted to GEARS staff members working on this project. Evaluation documents and data will be destroyed after the evaluation is complete following Federal and state guidelines.

Data Analysis

Thematic analysis was used to analyze text data from interviews and document reviews through inductive process. During analysis, two coders reviewed the data as a whole and coded words and phrases using pre-set codes guided by interview questions. The pre-set codes were developed to organize the data and create basic structure for the coding scheme. The coded data were then sorted by question in order to group common themes. When possible, qualitative data were tabulated to identify the most frequently stated responses. Unique themes, concepts, and quotations that illustrate findings were also noted. A third coder then reviewed all coded

themes and categories to identify and reconcile differences between the other coders. Coders met on a regular basis to discuss coding differences and to reach consensus. The following questions are from the data analysis and synthesis:

- What level of partnership emerged from the Federal interagency partnership?
- What were the resources put in place by CAPUS grantees to implement and evaluate CAPUS project activities at the early implementation phase?
- What structural, system, policy and technological changes do grantees have to make in order to implement CAPUS project activities?
- What challenges were encountered by partners while participating in the Federal partnership?
- What challenges were encountered by grantees while developing their respective CAPUS projects and during the early implementation of CAPUS project activities?
- What additional resources/technical assistance would CAPUS grantees need to meet their CAPUS project objectives?

GEARS used the Framework Approach (Pope, Ziebland, & Mays, 2000) to code and identify pre-determined themes and analyze and synthesize the data.

- All textual data were read and words and sentences related to each evaluation question were coded and extracted.
- Recurring themes were generated and given descriptive labels to examine and reference the textual data.
- Thematic frameworks were used to systematically annotate the textual data, which were sorted with short descriptions.
- The textual data were then arranged according to thematic frameworks to which they relate. Each thematic framework was then charted with entries from document review and telephone and in-person interview participants. Charting was then used to summarize and organize the textual data in a format that was easier to read and understand.
- Critical themes/categories that emerged from all data sources were then triangulated and organized in data matrices to identify connections between themes/categories and interpret connections to answer evaluation questions and provide a foundation for the conclusions and recommendations. When possible, qualitative data were tabulated to identify most frequently stated responses. Unique themes, concepts, and quotations that illustrate finds were also noted.

The findings of the formative evaluation are presented in two parts. Part I provides findings related to the level of Federal interagency partnership. Part II provides findings related to the capacity of funded grantees to develop and implement project activities and evaluation of CAPUS objectives. Conclusions of the evaluation follow the presentation of findings.

Part 1: Formative Evaluation of Federal Interagency Partnership

This section presents findings that assist in answering the question: *What is the level of interagency partnership supporting the development and implementation of the CAPUS Demonstration Project?* Findings provide Federal partners' perceptions of the purpose of the interagency partnership, the process of partnership formation, the level of interagency partnership, successes and challenges of the partnership, and recommendations to improve Federal interagency partnership process and workings.

METHODS

The GEARS evaluation team reviewed the Funding Opportunity Announcement (FOA) - PS12-1210 "Secretary's Minority AIDS Initiative Funding for Care and Prevention in the United States (CAPUS) Demonstration Project" to identify roles and responsibilities of the interagency partners. The team also reviewed the NHAS to gather information on its goals and objectives.

Key-informant telephone interviews were also conducted by two trained GEARS evaluation team members, both of whom received project-specific training in the purpose of the evaluation, procedures on contacting respondents, the data collection instrument, and addressing questions from respondents about the evaluation. The interviewers were responsible for conducting the interview, probing for clarification, monitoring interview flow and time, and taking notes of key responses during the interview to clarify responses. The interviews were audio-recorded to fill in information gaps. The audio recordings were destroyed once information from the notes and audio were merged and transferred to a raw data matrix. This procedure was communicated to participants during the process of obtaining consent.

The key-informant interview focused on gathering respondents' perception of the interagency partnership formation and the level of interagency partnership that oversees the development and implementation of the project. The telephone interviews were conducted with 16 partners between August and November 2013. Thematic analysis was used to code, summarize, and synthesize evaluation data.

KEY FINDINGS

Description of Respondents

Purposeful sampling was used by OHAIDP to identify 16 respondents for the key-informant interview. Collectively, respondents represented six HHS agencies and consisted of senior Federal partners (OHAIDP, OWH, OMH, HRSA HAB and BPHC, and SAMHSA) that serve on a CAPUS senior Federal partnership committee (Table 1). The respondents also consisted of representatives of multiple branches in CDC's Division of HIV/AIDS Prevention and project officers from HRSA, assigned by their respective agencies to serve as members of site teams to provide technical assistance and guidance to grantees.

Each key informant was contacted by email and telephone by an interviewer to describe the intent of the telephone interview, discuss the process to obtain verbal consent, and schedule a time to conduct the interview. The majority of the respondents were from CDC, and the next-largest group was from HRSA.

Table 1. Participating Agencies and Number of Participants Per Agency

Agencies Represented in Interviews	Number of Participants Interviewed Per Agency
Centers for Disease Control and Prevention	8
Health Resources and Services Administration	4
Office of HIV/AIDS and Infectious Disease Policy	1
Office of Minority Health	1
Office on Women's Health	1
Substance Abuse and Mental Health Services Administration	1

Purpose of the Interagency Partnership

Three critical themes were explored while collecting information about the purpose of the interagency partnership: respondents' perceived definition of interagency partnership, their understanding of the purpose/goals of the partnership, and their understanding of how NHAS goals relate to the partnership.

- *Perceived Definition of Interagency Partnership*: Interviewees were asked to describe or define interagency partnership as a general concept. All interviewees reported a common concept about interagency partnership, which is that a partnership is an entity that works together for a common goal. Several terms and phrases were used repeatedly, such as "collaboration," "success of a project," "common goal," "common project," and "working together." Collectively, their definitions and descriptions of a partnership identified activities that they perceived as germane to their concept of an interagency partnership. These stated definition are:
  1. Working together to support the development and implementation of a project.
  2. Collaborating around a shared vision.
  3. Partnering on performing tasks.

- *Perceived Purpose/Goals of the Interagency Partnership:* Respondents were asked about their understanding of the purpose of the partnership. With the exception of two respondents, all expressed familiarity with the purpose of the partnership as stated in the FOA. Respondents described the purpose of the partnership in terms of collaboration among agencies, with all agencies providing oversight and support to the development, implementation, and evaluation of the CAPUS. Examination of responses pertaining to the partnership goal revealed that partners identified two overarching types of activities: providing support to CAPUS grantees and partner agencies working collaboratively on development and

implementation tasks. Table 2 below presents the activities that comprise the two overarching activities.

Table 2. Activities Related to the Goal of the Partnership

Support for CAPUS Grantees	Development and Implementation of Interagency Partnership Tasks
Provide oversight and technical assistance to grantees during the implementation and evaluation of their respective projects.	Develop funding announcement.
Ensure development of a sound work plan among CAPUS grantees that addresses the priorities of NHAS: HIV testing and provision of continuum of care to those diagnosed with HIV.	Learn about sister agencies' work around HIV/AIDS.
Coordinate and support CAPUS grantees to better leverage existing resources.	Maintain a common vision around addressing HIV prevention.
Allocate CAPUS funding towards areas that traditionally have not been addressed.	Maintain communication about progress on activities (e.g., policy decisions and operational issues).
Provide expertise to CAPUS grantees to implement care and prevention activities among minority communities.	Engage in strategic thinking about the CAPUS Project design and implementation.

- ***Partners' Understanding of the National HIV/AIDS Strategy and Its Priorities:*** Respondents were also asked to describe their understanding of the NHAS and its priorities. All respondents expressed an understanding of the priorities and articulated the goals. All respondents agreed that not only the partnership activities align with the priorities of the NHAS, but that of grantees as well. As one respondent indicated, inviting the Federal partners to the partnership was one way to ensure that the major tenants of CAPUS with respect to HIV diagnosis, linkage to care, and retention in and re-engagement with care are addressed as highlighted in the NHAS. Table 3 provides a snapshot of the relationship between NHAS goals and respondents' understanding of NHAS priorities.

Table 3. Relationship Between NHAS Goals and Respondents' Understanding of NHAS Priorities	
NHAS Goals	**Respondents' Understanding of NHAS Priorities**
Reduce new HIV infections.	• Reducing new infections each year. • Increasing awareness of infections.
Increase access to care and improving health outcomes for people living with HIV (PLWH).	• Increasing the linkage to care and retention for individuals diagnosed with HIV. • Coordinating across prevention and care in order to get people into high quality care.
Reduce HIV-related disparities and health inequalities.	• Reducing health disparities. • Focusing resources on impacted populations and communities to increase the number of people who know their status.
Achieve a more coordinated national response to the HIV epidemic in the United States.	• Coordinate across prevention and care in order to get people into high quality care.

Interagency Partnership Development Process

In order to answer the overarching evaluation question, it was important to understand the process under which the Federal partnership came into existence. Respondents were asked to describe from their perspective how the Federal interagency partnership was formed. Slightly different details were provided by each respondent; however, there was general agreement on the overall inception of the partnership. Most indicated that the Federal interagency partnership was put together by OHAIDP in response to the call by NHAS for continued coordination of HIV/AIDS prevention and care services to serve those with a high burden of the disease. The respondents perceived the formation process as an effort to "better leverage resources in any particular jurisdiction [funded state health departments] so that money can be more efficiently spent in order to address…issues that have impact on the epidemic [HIV/AIDS]."

When asked how partners were recruited to the partnership, many stated that OHAIDP requested their participation either through their agency leadership or directly to individuals based on their current position and/or expertise with HIV/AIDS. Respondents were also probed to provide information on how long they had been with the Federal partnership, and if they joined the partnership with prior experience working in interagency partnerships. Of those who responded to this question, nine respondents were involved in the partnership since the beginning, and three of them had been with the partnership for a year or less. Only two interviewees indicated "no prior experience" before their involvement with the CAPUS Federal interagency partnership. The respondents' answers indicate that the partnership consisted of members with prior knowledge and experience in interagency workings.

Nature and Level of the Interagency Partnership

Four themes/categories were explored in collecting information about the nature and level of interagency partnership: the role of partners, the perceived resources committed to the partnership by partnering agencies, level of partner involvement, and level of interagency partnership.

- *Partners' Roles in the Interagency Partnership:* When respondents were asked to describe the role they played in the Federal partnership during the planning and early implementation of CAPUS, performance around two activities was prominent: providing assistance with the development of the FOA, and reviewing grantee work plans for those grantees for which they provide oversight. To gain further understanding about all activities and tasks in which partners were involved, respondents were asked to describe activities in which they had been engaged. All activities mentioned by interviewees are listed in Table 4. As can be deduced from the Table, the majority of the respondents indicated that they have been involved in developing the FOA, followed by reviewing grantees' work plans—an indication that the interagency partnership tasks at the time of the formative evaluation evolved around those two activities.

Table 4. Partner Activities and Number of Times Mentioned by Interviewees

Partner Activities	Number of Times Mentioned by Interviewees
Participated in telephone meetings	4
Developed the FOA	10
Reviewed grantee applications	4
Attended site visits	2
Reviewed grantee work plans	9
Attended in-person meetings	2

- *Perceived Resources Committed by Partnering Agencies:* When asked if their agency contributed any resources to the partnership, all but one respondent stated that their agency contributed resources to support the ongoing activities of the partnership. The resources indicated are divided into three categories: financial resources, subject matter expertise, and staff time. Staff time was the prominent response among the respondents. When asked to specify the number of people from their agencies, including themselves, who participated in the interagency partnership at any point, all but one interviewee provided an estimate of the number of staff involved in the development phase of the partnership. That number ranged from 3 to 45 staff, depending on the type of activity being carried out by the interagency partnership. According to this respondent, writing the FOA, for example, required as many as 45 participants, while a project oversight conference call required participation of only 15 members.

- *Level of Partner Involvement:* Respondents were asked to describe their agencies' involvement in the partnership as it related to factors such as information sharing and leveraging and sharing of resources (i.e., staff time and expertise, finances) to support the development, implementation, and evaluation of CAPUS. Some of the respondents described the level of their involvement in the partnership primarily by listing activities that have been performed by specific agencies or by the partnership as a whole. For example, they reported that partners participated on monthly conference calls, engaged in email exchanges, and attended face-to-face meetings. Other responses focused on activities in which they were involved (e.g., development of FOA, review of grantees' work plans, and participation in site visits to monitor early implementation of project activities). Few respondents differentiated the level of involvement by the various agencies represented in the partnership. For these respondents, CDC seemed to have more staff and resources invested in the partnership tasks compared to others. This is no surprise given CDC's responsibility to lead the development, implementation, and evaluation of the project, including being a fiscal conduit to award funding to grantees.

- *Level of Interagency Partnership:* GEARS used Cheminais' (2009) five levels of multi-agency partnership ladder to assess the level of interagency partnership. Cheminais' concept of partnership is "the coming together of two or more agencies to achieve something." Cheminais' ladder explains the various levels—defined by the roles and responsibilities of partner agencies and the type and extent of resources committed by these agencies as the collective group moves forward to achieve a common goal. Starting with the most basic level, the partnership level could take the form of coexistence, cooperation, coordination, collaboration, and co-ownership. Table 5 shows each level and its definition.

Table 5. Cheminais' Five Levels of Multi-Agency Partnership and Definition

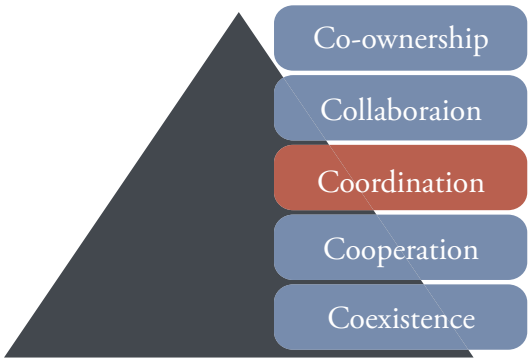
Coexistence	Clarity between practitioners from different agencies as to who does what and with whom.
Cooperation	Practitioners from different agencies sharing information and recognizing the mutual benefits and value of partnership working; that is, pooling the collective knowledge, skills, and achievements available.
Coordination	Partners planning together; sharing some roles and responsibilities, resources and risk-taking; the need to adjust and make some changes to improve services, thus avoiding overlap.
Collaboration	Longer-term commitments between partners, with organizational changes that bring shared leadership, control, resources and risk-taking. Partners from different agencies agree to work together on strategies or projects, each contributing to achieving shared goals.
Co-ownership	Practitioners from different agencies commit themselves to achieving a common vision, making significant changes in what they do and how they do it.

The interagency partners are currently contributing staff time and expertise, and they share the planning and execution of interagency tasks to maximize coordination of HIV/AIDS services by the eight state health departments and local agencies during the 3-year life cycle of the project.

The partnership was formed to oversee the planning and implementation of the project to minimize overlap of HIV services at the local level without making any significant policy, infrastructure, and other related changes in the six HHS agencies that formed the partnership.

Based on the information gathered from respondents at the time of the telephone interview, the partnership was functioning at the coordination level of Cheminais' continuum partnership ladder (Figure 1). Agencies that formed the interagency partnership were coordinating their staff time/expertise, for the most part, to guide the development, implementation, and evaluation of the grantee project they were assigned to oversee. The partners draw on each other's expertise, as appropriate, to consult and provide technical assistance to grantees so grantees are able to coordinate and leverage the use of Federal funding and other local HIV resources.

Figure 1: Cheminais' Partnership Continuum



The next levels of partnership, collaboration and co-ownership require partnerships of Federal agencies commitment that goes beyond committing staff time and expertise. They require longer term commitment that continues after the life of a project and organizational changes that reflect integrated and shared leadership in addressing a common cause (e.g., addressing HIV/AIDS). Given the purpose of the interagency partnership, the higher levels of partnership—cooperation and coexistence—are not needed to support the functions of the current Federal partnership.

Benefits of Participation in the Interagency Partnership

To examine the benefits of participation in the interagency partnership, respondents were asked to share the ways in which their involvement in the interagency partnership influenced the work they do in their respective agencies. Almost all respondents described the influence the partnership had on them as individual partners rather than their agencies. There were four key influences most noted by respondents:

- Gained a better understanding of other agencies' efforts to address HIV/AIDS and the priorities of the NHAS goals.
- Obtained a platform to share their HIV/AIDS expertise to guide the development, implementation, and evaluation of the project.
- Expanded HIV/AIDS resources, especially HIV/AIDS expertise, available to them as they carry out tasks in their own agencies.
- Increased their knowledge about interagency partnership work.

As one respondent stated, "First and foremost, I am vastly much more informed of what is going on at our sister agencies…I am much more knowledgeable…about how the nation is addressing HIV." Many respondents shared similar responses regarding the role of each participating agency in HIV/AIDS and the national response to HIV prevention and care. A few others mentioned that they are now aware of the key contributors in the different agencies in the HIV/AIDS field.

This knowledge, according to these respondents, gives them the opportunity to reach out to these seasoned experts with specific questions, as opposed to relying on other sources (such as the Internet) when seeking particular information on HIV/AIDS.

As another respondent indicated, participants are also getting more conscious of what it takes to actualize a solid partnership, including resources required to guide partnership to coordination, collaboration, and integration.

Successes and Challenges of the Interagency Partnership

Respondents were asked about the successes and challenges they have experienced while participating in the partnership. Factors that contributed to successes and challenges as perceived by respondents are described below.

- ***Successes:*** When respondents were asked to describe the successes of the interagency partnership up to the time of the telephone interview, the following specific successes were noted:
  - Working together to develop the FOA helped interagency partners know each other better, understand how individuals function in the partnership, and improve the communication between partners that strengthened the interagency partnership and its future work.
  - The technical support provided by partners to grantees during the review of the work plans and site visits helped funded state health departments improve the coordination of HIV/AIDS services and improve the quality of CAPUS-related activities.
  - Federal partners' feeling of being appreciated by their peers for their contribution of technical expertise increased partners' sense of being valued, which resulted in increased commitment to the partnership workings.

For many of the respondents, the Federal interagency partnership was "one of the most successful interagency collaborations" in which they had been involved.

- ***Challenges:*** Respondents were also asked about the challenges they faced while participating in the partnership and whether they had overcome those challenges. Many of the respondents indicated lack of clear communication to be a prominent challenge at the initial stages of the partnership. Other challenges noted pertained to the following issues and activities:
  - Lack of shared partnership goals and a clearly defined partnership infrastructure.
    - Programmatic differences of agencies hindered the creation of a common partnership goal that was needed in moving forward on interagency activities. At times, partners seemed to work independently on some tasks, which contributed to limited information flow about ongoing tasks within and across agencies.
  - Development of concrete action items with defined timelines, clearly articulated roles and responsibilities of partners and expected outcomes.
    - There was no clear understanding of partnership roles and responsibilities which resulted in heavy workloads for a few partners.
    - A lack of defined roles and responsibilities also resulted in "less productive" use of expertise among partner agencies.
    - Agency specific turf/territory issues minimized the involvement of partners in the partnership workings.
  - Time constraints posed limited contribution/participation in partnership.

- Attention of partners to the priorities of their agency limited meaningful participation in the partnership and also limited contributions to help move activities forward.

– Playing "catch up."
  - Individuals who joined the partnership after it was formed spent some time playing "catch up" on activities rather than providing meaningful input to advance partnership activities.

– Resources to support some partnership activities.
  - Lack of resources, specifically funding to conduct all site visits on time.

Communication and maturation were the two factors identified as helping to overcome challenges.

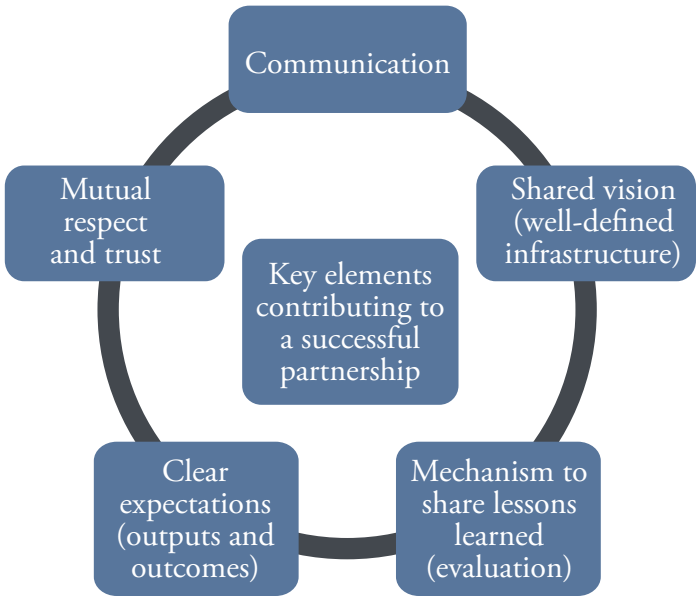
As respondents were discussing communication, they also described the importance of listening to one another and willingness to share expertise and information on partnership activities to be the necessary elements of a well-functioning partnership. As many of the respondents indicated, communication between partners was improving as members continued to work as a team for a longer period of time. One respondent said the longer partners were working together, the more their relationships matured, with every agency providing information on what was taking place and what was going to happen. This gave partners ample opportunity to provide feedback. Although it took some getting used to having to consult with so many agencies on an ongoing work, as one of the respondents explained, the partners were able to learn about the various agencies represented in the partnership (including their own), and also learn from each other. This resulted in improved work quality.

Key Elements of a Successful Partnership

In addition to the successes and challenges shared, respondents were asked to describe the key elements of a successful partnership from their perspective. Collectively, respondents identified five elements for a successful partnership: communication, mutual respect, clear expectations, a shared vision, and mechanisms in place to share lessons learned. Each element is shown in Figure 2.

Figure 2. Interviewees' Perceptions of Key Elements of a Successful Partnership

- **Communication** pertains to a clearly structured information flow (e.g., agenda, meetings, minutes) so that all partners are kept abreast of all activities.
- **Mutual respect** encompasses partners having an understanding of differences in agency culture, acknowledging those differences, and forming a plan to work together.
- **Clear expectations** refer to having a concisely and unambiguously stated purpose of



the partnership, with defined tasks and realistic time frames. It would also be expected that the partnership have clearly stated roles and responsibilities of partners in order to establish accountability.

- Having a **shared vision** means that partners who have been selected to participate in the partnership share its vision and goals, as well as experiences and skill sets that contribute effectively to achieve the goals of the partnership. Also, partners having a shared vision would be able to contribute sufficient ongoing resources (e.g., expertise, time, money) and allow capacity building opportunities (e.g., subgroups, forums, management teams) to ensure a solid partnership.
- **Mechanisms in place to share lessons learned** means creating a system to monitor and evaluate the partnership to learn from mistakes and share best practices with others interested in creating similar partnerships.

Recommendations to Improve the Interagency Partnership

When asked how to improve the interagency partnership, respondents shared several ideas. Strong communication, including a streamlined and constant information flow between all participants, was prevalent in responses regarding how the partnership could be improved. Other recommendations included the need to ensure that partners have a common understanding of the purpose of the partnership, including clearly defined roles and responsibilities.

Overall, respondents indicated that the partnership has been successful thus far and that it is not uncommon to have challenges and misunderstandings when individuals work as a team. From their perspective, such challenges can serve as lessons learned and could be used to improve partnership workings. Generally, the respondents indicated that the partnership has been able to perform its tasks and will continue to improve over time.

Part II: Formative Evaluation of the Capus Demonstration Project

This section presents findings that assist in answering the question: W*hat is the capacity of funded grantees to develop, implement, and evaluate the CAPUS Demonstration Project?* The findings show the understanding of grantees' readiness to implement the 3-year CAPUS Demonstration Project by exploring their work plan development process, financial, human, and infrastructural resources at their disposal and the successes and challenges they encountered during project development and early implementation phases of the project.

METHODS

The GEARS evaluation team reviewed:

- The Funding Opportunity Announcement (FOA) - PS12-1210 "Secretary's Minority AIDS Initiative Funding for Care and Prevention in the United States (CAPUS)" to identify goals and objectives of allowed project activities.
- The NHAS to gather information on its goals and objectives.
- Grantees' proposals, initial and final work plans, and PowerPoint presentations from the CAPUS kickoff meeting to abstract information on individual grantee goals, objectives, proposed activities, committed resources to implement activities, and approaches of funded projects and timelines.

An in-person interview protocol with semi-structured, open-ended questions was also developed to guide the discussion with grantees. Prior to the interviews, GEARS conducted a web presentation on the purpose of the formative evaluation, how the formative evaluation data will be collected, and how the data would be utilized. The presentation was conducted 2 months prior to the first interview and afforded grantees time to ask questions about the evaluation and their participation.

The interview protocol was designed to be conducted for a period of up to 3 hours at each grantee site and included a script that explained the purpose of the formative evaluation, the purpose of the interview, and a series of questions and probes. After obtaining an Institutional Review Board approval to conduct the in-person interview, each grantee was sent an introductory email requesting their participation by site-visit coordinators. After grantees consented to be part of the evaluation, a formal letter of invitation was emailed to grantees indicating the date and time for the interview. The interview questions were then sent to each grantee to provide them with ample time to prepare for the discussion and clarify any questions they may need clarified. In-person interviews were carried out during a site-visit between January and February 2014.

Two GEARS staff participated in each of the in-person interviews, with one leading the discussion and the other taking notes. Discussions were recorded using a digital device after receiving consent from grantees. One grantee submitted a written response to the questions and the discussion focused on clarifying those responses and in-depth exploration of some site-specific activities. Thematic analysis was also used to code, summarize, and synthesize evaluation findings of the data abstraction and in-person interview with grantees.

KEY FINDINGS

Description of Grantees

In-person interview participants were identified by CDC and were contacted by GEARS first by email and later by telephone for participation. During the interactions, interviewers described the purpose of the interview, the interview consent process, and then arranged a mutually convenient time to conduct the interview.

In-person interview participants represented eight health departments in Table 6. Those who participated in the interview were project directors or designees who directly oversee and/or implement project activities in their states. They have firsthand knowledge of how their projects were developed and know what resources were available to implement these activities.

Table 6. List of Participating Grantees and Designated Agency Department

State	State Health Department
Georgia	Georgia Department of Public Health Division of Health Protection
Illinois	Illinois Department of Public Health HIV/AIDS Section
Louisiana	Louisiana State Department of Health and Hospitals Louisiana OPH STD/HIV Program
Mississippi	Mississippi State Department of Health STD/HIV Office
Missouri	Missouri Department of Health and Senior Services Community and Public Health
North Carolina	North Carolina Department of Health and Human Services Communicable Disease Branch
Tennessee	Tennessee Department of Health HIV Prevention HIV/STD Program
Virginia	Virginia Department of Health HIV Prevention Services

CAPUS Project Planning Process

During the in-person interview, all grantees were asked to describe their planning process when developing their responses/proposals to the CAPUS funding announcement. All grantees started their planning "as an internal process" where "key individuals" from surveillance, HIV prevention, and HIV care were pulled together and "started looking through" the funding announcement and "identifying" activities that could potentially be proposed. Many of the grantees reviewed what they were doing currently to test for HIV and link, retain, and re-engage those with HIV in care. Activities identified for inclusion in the project focused on those that would complement or enhance, close gaps in current grantee activities, and those that had been identified in grantees' strategic plans but were set aside due to lack of resources.

As one grantee indicated, involving multiple internal partners within a state health department (i.e., HIV prevention, HIV care, surveillance, etc.) in proposal and work plan development was a new practice for many of the grantees, as these programs worked in silos before the CAPUS funding opportunity announcement.

External stakeholders with "long-standing" working relationships on the other hand were engaged by many of the grantees to provide feedback on work plans during the planning process or after work plans were already developed. Three out of the eight grantees, however, presented the intent of the announcement to their external stakeholders to solicit information or garner their support before putting together their proposals or work plans. For example, one grantee initiated the planning process by holding three "listening sessions," which involved disseminating the FOA to members of an HIV planning council and community-based agencies that perform HIV-related work in their state, and then holding three conference calls to gather ideas prior to responding to the FOA. For these grantees, involving external partners was important "to get community buy-in for the CAPUS Project" and "to design interventions" that "show impacts on reduction of social determinants that cause barriers to client linkage, engagement, and retention into care services." All but one grantee indicated that the turnaround time to submit the grant application was short. Most noted that, if they were given more time and a clear guidance on how and when to involve external partners in the planning process, they would have sought a thorough participation of external partners to plan and develop their respective project proposals.

External stakeholders that provided input or ideas for proposal development or reflect on developed proposals and work plans represented diverse backgrounds. They ranged from those who provide services to individuals living with HIV to members of the target communities, including African-American and Latino MSM. Table 7 presents components of the CAPUS grantees project planning process and the stakeholders involved.

Table 7. Components of Grantees' CAPUS Project Planning Process

Stakeholders Who Participated in Proposal or Work Plan Development
• Government office (Medicaid) • Community-based organizations (CBOs) • University staff • HIV planning councils/advisory groups • Target communities (e.g., African American and Latino MSM) • Stakeholders who worked very closely with minority HIV positive community (e.g., physicians, HIV prevention providers, HIV service providers)
Stakeholders' Role in Proposal and Work Plan Development
• Provided input on already-developed proposals and work plans • Provided ideas for proposal development
Type of Engagement With External Partners
• One-on-one personal communication • Meetings (e.g., statewide meetings; HIV Planning Council Meeting) • Listening session

Available Resources to Implement Project Activities as Planned

Textual data from grantees' work plans and in-person interviews were triangulated to examine resources that were available to grantees to help determine their readiness to implement planned activities at the early implementation phase of the project.

All but one grantee have many of the resources needed to implement project activities. During the in-person interview, grantees noted that some of these resources were in place prior to CAPUS and expanded through the project, while others were new resources put in place as a result of the project. Below is list of components for which resources were available to grantees at the time of the in-person interview:

- ***Surveillance- and data system-related resources:*** In addition to their own infectious disease surveillance systems, grantees have the Enhanced HIV/AIDS Reporting System (eHARS) provided by CDC to collect, manage, and report data on all persons reported to have an HIV diagnosis. Some grantees have Ryan White CAREWare or a similar system to track HIV service usage and identify those linked to and dropped out of care and those with "treatment adherence" issues. CAREWare is provided by HRSA to document core HIV medical services and support services. At the time of the interview, all grantees had an electronic or manual lab reporting system that provides diagnostic information of those with HIV. All but one grantee also had:
  - "Data security protocol and a confidentiality policy" to guide data sharing within and across agencies to protect patients' health information.
  - Shared epidemiologists to analyze data and generate epidemiologic data and information technology support to maintain data systems and develop new systems as needed.
- ***HIV testing resources:*** At the time of the interview, seven of the grantees had the necessary resources to carry out CAPUS-related HIV testing activities. They had a signed contractual agreement or were in the process of finalizing one with their implementing partners. Many of the grantees also had their HIV testing training and capacity building plans, including HIV testing kits, at their disposal. Two grantees had access to fourth-generation HIV testing technology to enhance testing. One grantee was still looking for a local community-based partner to provide CAPUS-related HIV testing for its target populations. However, that grantee provides HIV testing services through a chain of local health departments throughout the state. Another grantee partnered with a pharmacy to provide HIV testing for target populations.
- ***Resources to provide linkage to, retention in, and re-engagement in care:*** Six of the eight grantees have indicated putting contractual agreements in place with partners (e.g., clinics and community-based agencies) to provide case management and peer/system navigation services to link, retain in, and re-engage clients with HIV care. Two grantees were waiting on contracts to be signed by their states to provide linkage and retention services. Three grantees have hired care coordinators at the state level to monitor and support CAPUS-related case management services in the field. One grantee is enhancing data connectivity for field staff by putting "a high speed portal connection" to enter data in its case management system in a hospital setting. Another grantee has trained medical case managers working in rural regions to serve newly diagnosed individuals while another has created a consortium of community-based agencies to facilitate linkage, retention, and re-engagement information sharing with the state health department. One grantee has partnered with a local community college to provide a training program that equates to 20 college credits for peer navigators

toward an associate's degree in community health work. These peer navigators are expected to be part of the effort to establish a statewide peer navigation system that would help those with HIV stay connected with HIV care.

- ***Resources to address social and structural barriers:*** All grantees have put in place resources to address specific social and structural barriers (if not all) that keep racial communities away from HIV prevention care services. Resources in-place included:
  - Contractual agreements, staff, or partnerships to support individuals with HIV diagnosis by linking and engaging them in HIV care that included a creation of statewide peer navigation system.
  - A partnership with a youth center that provides other medical services and vocational/General Education Development trainings and a pharmacy chain to bring HIV testing closer to targeted communities.
  - Workshops/trainings (e.g., "Undoing Racism," cultural competency) to understand how social barriers, structural barriers, and racism influence access to HIV testing and care services to build service providers' preparedness to offer culturally sensitive services and non-discriminating care environments for MSM, transgender populations, and racial minorities.
  - A geo-mapping system to identify areas burdened with HIV to bring HIV testing services closer to these communities.
  - One grantee has a plan to implement a social networking strategy—a peer recruitment strategy that identifies high-risk individuals and provides them with information on HIV testing and counseling services, and then refers them to services.
  - Transitional housing service for newly released HIV-positive individuals to help them stabilize their lives and link with HIV care services.
  - Public service announcements (PSAs) and other campaigns (e.g., Greater Than AIDS and Testing Makes Us Stronger) by two grantees to minimize stigma attached to seeking HIV testing and care services.
- ***Resources to strengthen community-based partners:*** Except for one grantee, all are in the process of funding—at least 25% of the CAPUS grant—to community-based partners to provide HIV testing and linkage to, retention in, and re-engagement with care services. The funded state health departments also have trainings, technical assistance, and mentorship services to strengthen community-based agencies' capacity to outreach and provide HIV testing and linkage to, retention in, and re-engagement with care services.

As grantees were describing resources that were in place for CAPUS activities, they also shared what they were engaged in during the early project implementation phase of CAPUS. With the CAPUS funding, many of the grantees have:

- Initiated activities to enhance their existing surveillance and other data systems that capture data on HIV testing, HIV care services provided, and those linked to, retained in, and re-engaged with care. Groundwork to collect HIV lab data electronically has started. A few grantees have data-sharing agreements with their external partners, and one is working with legislators to pass legislation that would allow a health department to share HIV surveillance data with HIV care providers.
- Hired staff or contractors to implement CAPUS activities.
- Signed contractual agreements with partners to provide HIV testing, case management, and peer/system navigation services to link to, retain in, and re-engage with care those diagnosed with HIV.

- Obtained or created access to fourth-generation HIV testing technology to expand HIV testing.
- Provided training on HIV testing, social networking strategy, and correction navigations to disease intervention specialists and community-based agencies that provide HIV testing and case management services.

All CAPUS grantees shared with interviewers that their project goals and objectives are aligned with NHAS goals and objectives. Project activities are designed to help meet project-specific objectives and contribute to NHAS goals to increase HIV testing, decrease the number of individuals who do not know their HIV status, and increase the number of individuals with HIV who are linked to, retained in, and re-engaged with HIV care (for a comprehensive list of grantees' project activities, see Appendix C).

Grantees also stated that implementation of CAPUS activities have started later than their planned start dates. As the collective responses from the grantees indicate, activities proposed to address social and structural barriers to HIV services needed revisions before work plans got provisional approvals so that funds could be released. As one grantee pointed out, they were asked to provide "more information" on planned activities, describe expected "results" from those activities, and present clearly stated "evaluation strategies" to measure expected outcomes from these interventions.

Some grantees also postponed implementation of CAPUS activities because of "delays" in "release of funding by state offices" once funds were received. This further slowed "contract signing with a partner" and "hiring staff" for the CAPUS Project. Two of the grantees also indicated that a lack of individuals with the necessary training and experience, especially those with skills in epidemiology, data system programming, data analysis, and information technology contributed to slow or delayed implementation of CAPUS Project activities, even after monies were released by respective funded states. Since the first year of CAPUS was largely spent on work plan development and approval processes, all grantees plan to request a no-cost extension at the end of the grant period to implement all planned CAPUS activities.

Unique Features of CAPUS Grantees' Project

During interviews, grantees were asked how CAPUS differed from other HIV projects they have been implementing and to identify one unique feature of their CAPUS Project. For the most part, grantees are building on HIV prevention and care activities they already have or planned to carry out but could not due to limited financial resources while ensuring that there are no overlaps between CAPUS and other HIV prevention and care activities. Three grantees that are implementing HRSA's Special Projects of National Significance activities also have used CAPUS resources to hire additional staff to provide navigation and support services to link to, retain in, and re-engage with care minority communities diagnosed with HIV. Seven grantees use CAPUS resources to pay for shared staff as epidemiologists, data analysts, IT programmers, and program coordinators with other already existing state HIV programs.

Activities that were identified by grantees as unique to their CAPUS Projects included:

- Collecting and entering HIV testing data in an outpatient clinic setting.
- Developing and implementing a resources hub to provide HIV information and resources to the general public and information on how to treat HIV patients for primary care providers.

- HIV data-sharing agreements and protocols that were put in place with Medicaid and other external partners.
- Using geo-mapping to identify geographic areas and populations with high HIV burden.
- Partnering with a pharmacy chain to provide HIV testing.
- Being proactive in putting sustainability plans to retain CAPUS activities beyond the demonstration period.
- Working with legislators to identify and earmark non-traditional funding sources to implement HIV prevention and care services for minority communities (e.g., Red Ribbon Lottery Act and African-American AIDS Response Act).

Organizational Changes to Implement CAPUS

Grantees were asked to describe internal changes (structures, policies/procedures and processes) state health departments have to make to accommodate implementation of CAPUS activities. Only two grantees made significant internal structural changes to implement project activities. One grantee has purchased the fourth-generation HIV testing technology to expand testing, while another was able to add new staff (epidemiologist and other staff) to implement CAPUS activities. For many, however, CAPUS has provided an opportunity to expand HIV programming (i.e., surveillance, data systems, etc.) by creating a "feedback loop" that would allow review of surveillance or surveillance-related data (e.g., laboratory data) to identify persons with HIV who need linkage to, retention in, and re-engagement with care.

Most Important Successes of Grantees' Project Implementation

All grantees were asked to describe one important implementation success of their CAPUS Project. Examples of successes shared by grantees included the following:

- Development and approval of a CAPUS work plan.
- Identification of new community-based HIV testing site—a grantee stated that "their [grantee] furthest along project activity was testing." By the time of the interview, this grantee had identified its new HIV testing site and held its first HIV testing event.
- A PSA that was successfully launched that addressed stigma and increased access to HIV testing and care services. As the grantee explained it, their campaign was a success "because we had bus ads, we had billboards, radio spots and things like that… it was refreshing they'd [the target audiences] say, 'oh, okay, I saw the ad… or I heard it on the radio' … So people saw and heard, which was great."
- Use of correctional navigators to assist people who have recently been released from jail or prison be linked to, retained in, and re-engaged with care upon release.
- Use of surveillance information to coordinate CAPUS activities with Program Coordination Service Integration (PCSI) projects (projects funded by CDC to make possible collaboration and service integration activities among HIV programs).
- Execution of agency contracts. According to this grantee, execution of agency contracts with partnering agencies took a long time and having a signed contract was a success. As the grantee explained, "The bidding process for the CAPUS Express Testing was finalized in October 2014 and the contract with Washington University was signed in January 2014. Bidding for Retention to Care, Lost to Care and Peer Navigation services was completed in December 2013."
- Leveraging of resources from multiple funded programs. HIV Prevention and care managers learned how to use multiple resources supported by other funding sources to build a seamless system to identify newly infected individuals and link them to and retain them in care,

and re-engaging those who dropped out of care. The resources include experienced staff, equipment (hardware/software, databases and testing kits), testing facilities, and funding from different sources.

- Engaging the faith-based community, HIV positive persons, and African-American communities to provide input into social marketing campaign. According to one grantee, "the involvement and commitment of the faith community in the African-American communities in [names of two cities] is important for the Social Marketing Campaign. We have been able to engage the AA Muslim community in [name of city]."

Challenges Encountered During Early Stages of Implementation

All grantees were asked to describe their challenges during the planning and early implementation of the CAPUS Project. These challenges pertained to their work plans and communications with Federal partners, data management, and timely implementation of project activities. The specific challenges identified by grantees include:

- ***Long work plan approving process:*** Although some grantees were able to hire staff or complete their hiring process, the long time it took to revise and approve work plans, along with the delay in releasing CAPUS funding once the monies reached the health departments, slowed down the hiring of "individuals until…[program implementers] had funding for positions," and therefore slowed the implementation of CAPUS activities.
- ***Receipt of mixed messages about community engagement during the revision of grantees' work plan:*** Many grantees expressed receiving inconsistent messages on how and when to involve community partners in the development of work plans. They further explained how activities that were to be implemented by partners were delayed due to the lengthy process it took to approve work plans. Grantees did not want to begin implementing activities that may be changed.
- ***Limited exposure of health department workings by some interagency partners:*** All grantees stated that some Federal partners seemed to have limited knowledge of how health departments are structured and function (e.g., how long states take to approve hiring and put in place contractual agreements).
- ***Anticipated challenge meeting CAPUS activities as planned:*** Almost all grantees anticipate challenges meeting their projected numbers without having a "no-cost extension" to accommodate for implementation time lost during the long work plan approval process. Few grantees also indicated their challenges communicating with CDC regarding a no-cost extension. "It's been a challenge in communicating with CDC that we—all eight states—might need a no-cost extension past the end of the grant period and…we have to spend all of year one money and all of year two money in year two…but that might not be feasible."
- ***Data issues:*** Lab reports submitted to health departments have missing/omitted data, and incoming lab reports at times are "handwritten," which affects the completeness and quality of the HIV surveillance data. Lab reports are also sent to health departments through mail, which affects the timeliness of data for decision-making or support project activities.
- ***Data sharing:*** Inability to share HIV data with HIV care providers due to lack of data-sharing policies
- ***Lack of dedicated access to IT and data programming expertise:*** Five grantees experienced delays in initiating or completing CAPUS activities that required IT expertise (e.g., creating electronic lab data reporting system, launching resource hub, etc.) since staff with these expertise are shared internally, and submitted CAPUS requests wait in queues for their turn,

or grantees have not been able to fill these positions due to lack of local applicants with needed expertise.

- ***Funding restriction:*** There was restriction on CAPUS funding to serve young MSM who have confirmed HIV negative status despite the fact that "high risk negative men are by definition men who are the partners of positive men."
- ***Long distance partner:*** Two grantees have to drive an average of 4 hours to reach their partner agencies. The long distance impacted the frequency of meetings, provision of ongoing technical assistance, and monitoring implementation of CAPUS activities.
- ***Lack of capacity:*** Lack of community-based agencies with trained staff and program structures to provide HIV testing and case management services to link to, retain in, and re-engage those with HIV to care services.

Effect of Operating Environment on Grantees' Projects

Grantees were asked how the internal environment in which they operate impacts implementation of project activities. Three of the grantees indicated that the mission of their agency supported NHAS goals, and another two stated that "supportive leadership makes implementation of CAPUS activities easier." One grantee explained how the director of his office included "reducing health disparities" as one of the pillars of the department's strategic plan. Another grantee indicated that receiving "…an email from the Director asking did I know about this funding opportunity [CAPUS]. And thankfully I did and was working on it. He comes with a lot of experience. He definitely was not a hard sell at all. That's a good thing."

One grantee also explained how CAPUS has created a new work culture in funded health departments. Different divisions (e.g., surveillance, HIV prevention and care) that traditionally work in silos when developing grant proposals or designing new projects are now talking to each other and coordinating their responses to HIV/AIDS to minimize service overlaps and duplications.

Some grantees also reported a less than favorable environment with respect to state policy. For example, one grantee said, "politics in public health can be a huge roadblock...the politics related to this legislative change [ability of the health department to share HIV surveillance data with a patient's health care provider] was interesting for us to go through because now that we are a separate agency and report directly to the governor, everything we do in terms of introducing legislation, since we're executive branch, has to be approved by the governor and his staff."

Although the proposed legislation was supported by the governor in the end, the grantee and those who support the legislative change needed to invest more time and resources to bring the legislation to the legislative body. "According to the grantee, if the bill becomes law, HIV surveillance data could be shared with a patient's health provider to develop and provide a range of interventions within the legal framework the law would establish," creating easy access to HIV and care services to those with HIV.

Another grantee shared the challenges a health department faces when hiring new staff. According to the grantee, "there's a bunch of paperwork" and "…the whole idea, you know, in the South that you want to keep government small… They don't want us to have a big government with lots of employees. So they have to approve any new position that gets created

and so we filled that form out in October and it took until April for them to say it was okay to spend it."

CAPUS Projects' Influence on Future Changes Impacting HIV Programming

When grantees were asked if they intend to make additional changes, some indicated policy updates and development of new policies to continue activities initiated through CAPUS funding. Some of the policy updates that are being considered include:

- Updating HIV testing algorithm to accommodate fourth-generation testing and expanded testing activities. Once the expanded HIV testing policy is updated and executed, testing staff will link "preliminary positives" to HIV care without waiting for confirmatory tests.
- Creating policies for linkage to care and peer navigation services for those grantees who never implemented these activities before.
- Developing common key variables to merge statewide prevention and care database to create a data system to report status of HIV care of those individuals diagnosed with HIV.
- Reaching trained technical staff (epidemiologists, IT specialist, data base programmers, etc.) to support implementation of project activities.
- Creating a state data-sharing policy to share HIV surveillance data between state health departments and primary care providers. This is expected to build a robust and complete continuum of care information system.
- Developing an HIV billing policy to guarantee continuity of care for those transferring to Medicaid from Ryan White services.

Grantees' Readiness to Implement and Evaluate CAPUS Activities

In order to assess grantees' readiness or determine if they have the capacity to implement CAPUS-related project activities, GEARS developed an assessment readiness checklist that captured grantees' achievements pre-award, planning, and post-award tasks. Table 8 below identifies these tasks in each category, ranging from identifying service gaps from existing strategic plans or consulting with internal and external partners to gathering information on service needs to shape CAPUS Project activities.

Table 8. Implementation Readiness of CAPUS Grantees

No.	Pre-Award Tasks
1.	Identified racial/ethnic minority population that CAPUS will target.
2.	Identified localities where racial/ethnic populations with high HIV burden reside.
3.	Developed relevant local partnerships to support the development and implementation of CAPUS activities.
4.	Assessed feasibility of conducting CAPUS Project activities in targeted communities.
5.	Assessed availability of sufficient funds or resources to implement CAPUS.

Table 8. Implementation Readiness of CAPUS Grantees	
No.	**Planning Tasks**
6.	Engaged community/partners in planning process.
7.	Defined the relationship between resources available and scope and size of CAPUS (clearly stated logic model).
8.	Recruited internal and external partners to implement CAPUS.
9.	Determined number of racial/minority members to serve with available resources.
10.	Epidemiological and behavioral surveillance; compilation of other health and demographic data relevant to HIV testing.
No.	**Post-Award Tasks**
11.	HIV testing capacity.
12.	Availability of navigation and other linkage, retention, and re-engagement services.
13.	Availability of services to address social/structural barriers to testing and HIV services.
14.	Ability to build capacity of community-based partners (funds, technical assistance/ training).
15.	Ability to evaluate major CAPUS activities (testing services and linkage to, retention in, and re-engagement with prevention and care services).

At the time of the in-person interviews, one grantee was still in the process of identifying a community-based partner to implement HIV testing in the target population, hire technical staff (epidemiologist and IT specialist) that support the use of existing surveillance and other data systems to support project activities.

Another grantee is also waiting to have access to technical staff (data system programming and IT) to merge existing data systems to easily identify individuals who are diagnosed with HIV and those who have dropped out of care, as well as creation of an "electronic lab reporting system" to facilitate timely access to HIV clinical data. Lastly, two grantees were still developing an evaluation plan to monitor and evaluate CAPUS activities related to addressing social and structural barriers.

With the exception of these few processes still in progress, all but one grantee have the majority of resources needed to implement and evaluate CAPUS-related activities. For the grantee without the needed resources, successful provision of HIV testing to target populations might mean housing HIV testing activities through its statewide network of existing local health departments where current non-CAPUS HIV testing happens. Further, that grantee needs to have access to contractual epidemiology and IT expertise to support the implementation of CAPUS activities until a long-term local solution is developed. Supporting this grantee and strengthening its epidemiologic and IT capacity not only supports implementation of CAPUS activities, but enhances the ability of the grantee to collect, store, manage, analyze, and report reliable HIV/AIDS surveillance data that would help craft needs based HIV prevention care services.

Overall Conclusions and Recommendations

PART I: FORMATIVE EVALUATION OF FEDERAL INTERAGENCY PARTNERSHIP

The interagency Federal partnership was designed to oversee the development, implementation, and evaluation of the CAPUS Demonstration Project that is led by the CDC Division of HIV/AIDS Prevention. The partnership consists of CDC, OHAIDP, OMH, OWH, HRSA's HAB and BPHC, and SAMHSA.

The formative evaluation of the partnership examined the level of interagency partnership (coexistence, cooperation, coordination, collaboration and co-ownership) at the development of the FOA, review of grantees work plans, and first site visit to monitor early implementation of grantees' projects. The findings from the evaluation are intended for OHAIDP's use to improve the functions of the interagency partnership and to inform the formation of future interagency partnerships.

The primary evaluation question was, *What is the level of Federal interagency partnership supporting the development and implementation of the CAPUS Demonstration Project?* As is demonstrated by the evaluation findings:

- The interagency partnership was formed by OHAIDP in response to the NHAS call for continued coordination of HIV/AIDS prevention, treatment, and care services to address the burden of HIV/AIDS in minority communities hard hit by HIV. The partnership was created to develop the CAPUS funding opportunity announcement, review grantees' proposals, provide technical assistance and guidance during the development and revision of grantees' work plans, and to monitor the implementation and evaluation of project activities from initiation to completion. The partnership is expected to function during the life cycle of the project (3 years). Based on the funding announcement, activities of the interagency partnership included provision of a "Federal support team" of scientists and program staff across Federal agencies and offices who serve as grantees' primary contacts to coordinate, facilitate, and/or provide specific technical assistance during the development and implementation of the project. Respondents' perception about the purpose of the interagency partnership aligns with the roles identified for the "Federal support team," demonstrating their understanding of the purpose of the partnership.
- Resources committed by partnering agencies—staff time and subject matter expertise—were coordinated to develop the CAPUS Project funding announcement; provide technical assistance and consultation as grantees revise their initial work plan to incorporate the feedback they received from the site team, and conduct the first site visit to monitor early project implementation. At the time of data collection for the formative evaluation, partners were poised to continue with their partnership to provide guidance to grantees during implementation and evaluation of CAPUS. When the level of commitment by the partners is mapped against Cheminais' continuum of partnership ladder, findings reflect that the partnership was at the "Coordination" level, a level that takes into account that

the partnership is formed to oversee CAPUS during the demonstration period, and that resource contribution of HHS agencies that form the interagency partnership is limited to subject matter expertise to oversee the development and implementation of the project.

- Several partnership successes were cited by respondents. They were the development of the CAPUS FOA, reviewing and improving the quality of CAPUS grantee work plans, and ongoing technical support provided to grantees to address early implementation of their projects. From their participation in the partnership, respondents have gained an in-depth understanding of HHS agencies' efforts to combat HIV in the United States, and they also have honed their knowledge and skills in partnership formation and workings.
- The findings also suggest that the partnership had its share of challenges, such as a lack of clearly stated partners' roles and responsibilities that encouraged partners to work independently, resulting in limited information flow and communication about ongoing tasks within and across agencies. This resulted in heavy workloads shouldered by some participants. Some partners joined the partnership at different times, which might have prevented their full contribution to the partnership tasks as they play "catch up" to stay abreast of all activities.

PART II: FORMATIVE EVALUATION OF THE CAPUS DEMONSTRATION PROJECT

The purpose of the formative evaluation of the CAPUS Project was to examine grantees' readiness to implement and evaluate project activities by understanding the resources they have in-place at the early stages of project implementation. The evaluation findings are intended to be used by OHAIDP and CDC, the lead agency, to improve grantees' capacities and resources to implement and evaluate the project.

The findings from the evaluation indicate that planning activities for the project started as a process with key internal participants from HIV surveillance, prevention, and care programs. Later, external partners were included to either propose CAPUS-specific activities or provide feedback to already developed work plans. During the planning process, grantees examined HIV prevention, treatment, and care services that exist in their jurisdiction and identified activities that would enhance and/or complement these services, or fill gaps in services as part of their project activities.

The examination of the project activities as stated in the approved work plans and interviews indicate an alignment between CAPUS and NHAS goals. The CAPUS goals focus on enhancing grantees' surveillance and data systems to identify those in need of HIV prevention, treatment, and care services, and to increase linkage to, retention in, and re-engagement with care for those living with HIV. The majority of the grantees are poised to provide HIV prevention and care services to minority populations targeted through CAPUS by:

- Enhancing their surveillance and data systems to identify those who are infected with HIV and are retained and dropped out of care.
- Expanding their HIV testing capacities.
- Building their navigation systems to increase engagement in HIV prevention, treatment, and care services.

- Addressing social and structural factors that prohibit project beneficiaries from accessing HIV services, especially HIV stigma and the cultural competency of service providers.

Many of the grantees provide technical support and financial resources to enhance the capacity of community-based organizations and local governmental agencies to provide HIV prevention, treatment, and care services. All these activities ultimately will decrease the number of HIV infections by decreasing the number of individuals with HIV who do not know their HIV status, and increase the number of those with HIV who are linked to, retained in, and re-engaged in care to suppress their HIV viral loads.

The development and implementation of the project has resulted in minor changes in grantees' agencies: changes in structures or systems (hiring of new staff, cross-program partnerships between HIV prevention, surveillance, and care services), changes in policies (updating HIV testing algorithms and developing polices for new services), and changes in technology (implementing fourth-generation HIV testing). The development and implementation of the "feedback loop" for CAPUS is also influencing how future HIV programming is conceived in the funded states, including the use of surveillance data to identify service gaps and develop needed services for those highly affected by HIV.

Once again, the primary formative evaluation question pertaining to the project was, *What is the capacity of funded grantees to develop, implement, and evaluate the CAPUS Demonstration Project?* The findings from the evaluation indicate that seven out of the eight grantees have the majority of the resources they needed to implement and evaluate project activities at the time of the in-person interview. Resources that grantees have in place at the time of in-person interview included:

- Surveillance- and data system-related resources to store, manage, and report data to support service provision and evaluation. The findings also indicated that two grantees were still in the process of filling vacant technical positions (e.g., epidemiologist, data analyst, and IT specialist).
- HIV testing resources, including testing kits, and fourth-generation testing technology to expand HIV testing to those with HIV who do not know their status. One grantee was in the process of identifying a community partner to carry out HIV testing in the target population.
- Training, technical assistance, and financial resources to strengthen community-based partners, and data systems and technical resources to monitor and evaluate major project activities.
- Navigation and case management resources to link, retain, and re-engage those diagnosed with HIV to prevention and care.
- Cultural competency and workshop trainings for service providers, and PSAs to address social and structural barriers that inhibit accessing HIV services.

All but one grantee have in place the majority of resources they need to implement project activities. The findings also indicate that not all grantees began implementation of their project, following the timelines they laid out in their work plans. Although different program components needed revisions, all grantees reported having to revise and strengthen activities related to the social and structural factors that inhibit HIV prevention, treatment, and care among the target population.

Successes grantees have made to date with the initial project implementation include work plan approval, signed contractual agreements with partners, and providing training and technical assistance to external partners involved in the implementation of project activities. A few grantees were also able to implement social media and/or marketing campaigns to address HIV stigma in the target population. As with any project, CAPUS encountered challenges. They included:

- Lack of state policies that facilitate data sharing across partners (such as primary care clinics and state labs).
- Limited knowledge among partners on how state health departments function, and contradicting information on how and when to involve community partners in the development of project work plans.
- Lack of community-based agencies with capacities needed to conduct HIV testing and case management services to link to, retain in, and re-engage with HIV care in the target population.
- Updating an HIV testing algorithm to accommodate fourth-generation testing and expanded testing activities. Once the expanded HIV testing policy is updated and executed, testing staff will link "preliminary positives" to HIV care without waiting for confirmatory tests.
- Developing an HIV billing policy to guarantee continuity of care for those transferring to Medicaid from Ryan White services due to the Affordable Care Act.
- Limited access to trained technical staff (e.g., epidemiologists, IT specialists, database programmers,) to support implementation of project activities.

LIMITATIONS

Apart from the challenges of holding together data capturing themes of depth, one challenge to this formative evaluation arose from using in-person and telephone interviews as the primary data sources. Such interviews are highly dependent on the interviewers' skills and could easily be influenced by the interviewers' biases.

In general, data collection from a range of varied stakeholders inevitably introduced certain logistical constraints. Changes in travel arrangements due to inclement weather, holidays, and bereavement was taxing for in-person interview participants as well as the interview team. While the concept mapping of evaluation findings was extremely helpful to bring together critical themes, there was insufficient time to implement fully developed follow-up interviews using individual concept maps as a guide for further discussion with interagency partnership members and CAPUS grantees. Delays in conducting site visits to gather the in-person interviews also placed pressure on data analysis and report writing at the end.

The evaluation also gathered information from 23 participants (16 Federal partners and 8 grantees) that might minimize the transferability of the findings and conclusions to other situations. The findings of the evaluation must be understood within the context of the interagency partners and particulars of the geographic areas of the state health departments and their partners implementing CAPUS Projects.

Overall, the greatest limitation of this evaluation is that no written account of an evaluation study would completely capture the firsthand accounts of interagency partners and the grantees. The findings of the evaluation, however, provide insight on the partnership level of

the interagency partnership workings and readiness of grantees to implement and evaluate project activities at the time of the formative evaluation. This insight could serve as a basis to improve the interagency partnership process and its function, as well as the readiness of grantees' to implement and evaluate CAPUS activities.

RECOMMENDATIONS

Since one purpose of the formative evaluation is to improve the interagency partnership functioning and improve the resources available to grantees to implement and evaluate coordinated HIV projects, GEARS offers the following recommendations. Moreover, these recommendations are offered in response to the challenges expressed by respondents and grantees participating in the evaluation.

Part I: Formative Evaluation of Federal Interagency Partnership

- ***Develop a partnership guiding document.*** The interagency partnership has both an objective component (agreements, accountability, and personnel) and also a subjective component (expectations, legitimacy, and trust) and most effective interagency partnerships combine both of these approaches to be effective (Gardner & Young, 2009). It is recommended that OHAIDP develop a document that guides the formation of Federal partnerships that include:
  - *Clearly stated goals and objectives of the partnership:* The guiding document should include clearly stated goals and objectives of the partnership. A purpose statement should be included to identify the agencies involved and the intentions/mandates of all involved parties. The guiding document will help Federal partners understand the purpose of the partnership and strive to achieve project goals. Clearly stated goals and objectives will also help OHAIDP to assess tangible benefits of partnerships.
  - *Clearly defined roles and responsibilities of partners:* The document should clearly state shared responsibilities and accountabilities of partners. This requires assembling team members to make sure that the partnership has the needed expertise with respect to HIV/AIDS prevention, treatment, and care services. Creating a working environment with clearly defined roles will help partners focus on tasks at hand, rather than clarifying their roles and responsibilities.
  - *Constant flow of information among interagency partners at all levels:* A clearly laid out information-sharing system results in information exchange between partners both horizontally and vertically. It is recommended that the guiding document also clearly lays out the type of information that should be shared, along with the frequency and method of information sharing (e.g., meetings, memorandum, minutes) to ensure that participants are engaged in the partnership. It should also be noted that such a document will require review and updating so that it reflects any changes that take place during the natural evolving process of the partnership. Having a constant flow of information will help new members understand previous partnership activities and expectations of present and future activities.
- ***Provide technical assistance on how partnerships are implemented.*** OHAIDP may want to consider providing trainings or ongoing technical assistance on the formation and function of interagency partnerships. Partners' understanding of how partnerships work and are managed will maximize collaborative efforts and minimize issues that arise from working together, such as agency turf issues.

- Minimize partner turnover. It is recommended that partners be assigned to a partnership for a long term. This would minimize time spent by partners "playing catch up" if they join partnership at a later date. The partnership could benefit from active participation of long-term partners.

Part II: Formative Evaluation of the CAPUS Demonstration Project

As a result of the formative evaluation findings, GEARS offers the following recommendations to support grantees as they move forward with implementation of the project.

- ***Support peer-to-peer/grantee-to-grantee technical assistance.*** Since many of the interagency partners do not seem to have adequate knowledge of the functions of state health departments, provide support for peer-to-peer technical assistance so grantees can identify state-related challenges that slow down the implementation of their CAPUS activities and cannot be addressed by technical support provided by interagency partners. This model not only creates a platform for grantees to learn from each other and find solutions for identified issues, but it also helps them streamline HIV/AIDS services in their respective health departments through cross-grantee learning and exchange of ideas to create a common framework for HIV programming.
- ***Support data-sharing policies and practices.*** As indicated in the interviews, many grantees are working to change policies and laws around data-sharing practices between service providers and surveillance, prevention, and care programs. GEARS recommends that OHAIDP consider ways in which it can support grantees' activities that allow data exchanges between different entities to facilitate timely identification and linkage of HIV diagnosed individuals to care.
- ***Support IT infrastructure and data management capacities of grantees.*** Grantees discussed challenges around IT infrastructure and data management. GEARS recommends that OHAIDP consider facilitating technical assistance support by the lead agency to improve the IT capacity and technical expertise of grantees. This will allow grantees to improve their ability to collect quality data that would provide accurate representation of HIV/AIDS in their jurisdictions and in the United States. The state health department that has the biggest challenge in identifying and hiring staff with technical expertise (epidemiology and IT) should receive the technical support it needs, since the intention of the CAPUS Project is to make resources available to those states with high HIV burden. The technical expertise will help that state health department capture an accurate HIV picture in the state and also design or coordinate HIV prevention and care services based on the needs of its communities.
- ***Support grantees as they explore ways to implement planned CAPUS activities within timeframe.*** Grantees discussed challenges of implementing planned activities within the timeline stated in their work plans due to delays in approving work plans, putting contractual agreements in place, and hiring staff to implement activities after work plans were approved. Allowing a no-cost extension to complete planned activities after the grant period is one way of supporting grantees.
- ***Support the development of HIV billing policy.*** Support state efforts to develop an HIV billing policy to guarantee continuity of care for those transferring to Medicaid from Ryan White services once the Affordable Care Act is in full effect.
- ***Support grantees to implement HIV testing and case management services through existing HIV testing networks.*** Support states to carry out CAPUS-related HIV testing and case management services as they continue to build the capacity of community-based agencies to test for HIV and to link, retain, and re-engage those diagnosed with HIV in care.

References

Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. doi:10.1191/1478088706qp063oa

Centers for Disease Control and Prevention (2013a). *HIV Surveillance Supplemental Report 2013 18*(No. 5): *Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas—2011*. Retrieved from http://www.cdc.gov/hiv/pdf/2011_Monitoring_HIV_Indicators_HSSR_FINAL.pdf

Centers for Disease Control and Prevention (2013b). *HIV Surveillance Report 2011: Diagnoses of HIV Infection in the United States and Dependent Areas, 2011*. Volume 23 Retrieved from http://www.cdc.gov/hiv/pdf/statistics_2011_HIV_Surveillance_Report_vol_23.pdf

Centers for Disease Control and Prevention (2014). *Today's HIV/AIDS Epidemic*. Retrieved from http://www.cdc.gov/nchhstp/newsroom/docs/hivfactsheets/todaysepidemic-508.pdf

Cheminais, R. (2009). The origin, concept and principles of multi-agency partnership working. In (R. Cheminais Ed.), *Effective multi-agency partnerships: Putting every child matters into practice* (pp. 1-23). London, England: Sage Publications

Gardner, S., & Young, N.K. (2009). A*n assessment of services partnerships affecting younger children*. Washington DC: Quality Improvement Center on Early Childhood. Retrieved from http://www.qic-ec.org/documents/research-and-findings/research-commissioned-papers/An-Assessment-of-Services-Partnerships-Affecting-Younger-Children.pdf

Pope C., Ziebland S., & Mays, N. (2000). Analysing qualitative data. *British Medical Journal*, 320, 114-116. doi:10.1136/bmj.320.7227.114

Appendix A

Interview Protocol for Telephone Interview With Interagency Partners	
Key Discussion Points	
Q1: Which agency do you represent in the interagency partnership?	
Participating agencies	• Description of agencies represented by partner. • Description of positions held by partner in their agencies.
Q2: When you hear the term "interagency partnership," what comes to your minds?	
Perceived understanding of interagency partnership	• Definition of interagency partnership.
Q3: Describe how the interagency partnership came about? **Q3.1: How did you get involved in the interagency partnership?**	
Formation of interagency partnership	• Description of the formation process of interagency partnership. • Description of involvement of partners in the interagency partnership.
Q4: How long have you been part of the interagency partnership?	
Length of participation in the partnership	• Length of participant's participation in the interagency partnership.
Q5: Based on your understanding, why was the interagency partnership formed?	
Purpose of interagency partnership	• Description of purpose/goals of interagency partnership.
Q6: What is your understanding of the priorities of the federal response to HIV/AIDS?	
Understanding of NHAS priorities/goals	• Description of understanding of NHAS goals/priorities.
Q7: What were the tasks/activities you were involved in?	
Role of partners	• Description of partners' roles/involvement in partnership.
Q8: From your perspective, were the partnership tasks aligned with the priorities of the National HIV/AIDS Strategy (NHAS)?	
Partnership tasks aligned with NHAS priorities	• Description of tasks/activities aligned with NHAS priorities/goals.
Q9: Besides allowing you to participate in the interagency partnership, what other support has been provided to the interagency partnership by your agency?	
Resources provided by agency to interagency partnership	• Description of support/resources provided by interagency partners to the partnership.

Interview Protocol for Telephone Interview With Interagency Partners	
Key Discussion Points	
Q10: From your perspective, how do you describe participants' involvement in the interagency partnership?	
Partners involvement in interagency partnership	• Description of partners' involvement in interagency partnership.
Q11: What has been one of the biggest challenges for the interagency partnership? Q11.1: How was this challenge overcome?	
Challenges of interagency partnership	• Description of challenges of interagency partnership. • Description of strategies to overcome challenges.
Q12: What has been one of the biggest successes for the interagency partnership?	
Successes of interagency partnership	• Description of interagency partnership.
Q13: In what ways do you think your involvement in the interagency partnership has influenced the work you do in your agency?	
Influence of interagency partnership involvement on partners agencies	• Description of influence of interagency partnership involvement on partners agencies.
Q14: Based on your experience with the CAPUS interagency partnership or other interagency partnerships you have been part of, what do you think are the key elements that make an interagency partnership function well?	
Key elements of interagency partnership	• Description of key elements of successful partnership.
Q15: Based on your involvement with the CAPUS interagency partnership, what would you suggest to improve the efficiency and effectiveness of the partnership?	
Recommendations to improve interagency partnership	• Description of factors that would improve interagency partnership.

Appendix B

Interview Protocol for In-Person Interview With CAPUS Grantees	
Key Discussion Points	
Q1: How is the CAPUS Project planned?	
CAPUS Project planning	Planning process: • Describe the planning process. • Participants in the planning process and their role. Planning activities: • Key activities for inclusion during CAPUS Project planning process. Organizational changes during planning: • Internal organizational changes or arrangements, if any, made during CAPUS Project planning. Impact on current HIV/AIDS programming: • Impact of CAPUS Project development on current HIV/AIDS programming supported by the health department.
Q2: How would CAPUS Project activities contribute to the overall NHAS/CAPUS goals?	
Contribution of CAPUS activities to NHAS/CAPUS goals	Identifying racial/ethnic minorities with HIV: • CAPUS Project activities: contribution to identifying racial/ethnic minorities infected with HIV. Reducing new HIV infection: • CAPUS Project activities: contribution to reducing new infections among racial/ethnic minorities. Improving access to HIV care: • CAPUS Project activities: contribution to improving access to care among racial/ethnic minorities. Improving health outcome: • CAPUS Project activities: contribution to improving health outcomes for racial/ethnic minorities living with HIV/AIDS.

Interview Protocol for In-Person Interview With CAPUS Grantees	
Key Discussion Points	
Combined:* **Q3: What resources are in place to implement CAPUS Project activities? **Q6: To what extent have grantees implemented CAPUS Project processes/activities as planned?**	
Available resources to implement CAPUS Project CAPUS Project activities successfully implemented	Surveillance related resources: • Description of surveillance-related resources grantee has in place for CAPUS Project implementation. • Reasons for gaps in resource availability. • Implication of gaps in available resources on CAPUS Project operations and performance. Implementation of planned surveillance process and activities: • Project processes, systems, and activities successfully implemented as planned. • Reasons for not implementing project processes, systems, and activities as planned. • Plan to address challenges. • Implication on CAPUS Project operations, performance and outcomes. Data systems (resources): • Description of data systems grantees have in place for CAPUS Project implementation (e.g., care and prevention data systems). • Reasons for gaps in resource availability. • Implication of gaps in available resources on CAPUS Project operations and performance. • Description of data systems relevant to CAPUS (surveillance data systems, prevention data systems, and care data systems). • Description of how information is captured, updated, processed, and shared. Implementation of planned data systems activities: • Information systems operating as planned, including capturing and generating required project data for reporting. • Ways grantee ensures quality of data to users. • Ways grantee ensures usefulness of data to users. • Implication on CAPUS Project operations, performance and outcomes.

Interview Protocol for In-Person Interview With CAPUS Grantees	
Key Discussion Points	
Available resources to implement CAPUS Project CAPUS Project activities successfully implemented	HIV testing resources: • Descriptions of resources to expand HIV testing to racial/ethnic minorities. • Reasons for gaps in resource availability. • Implication of gaps in available resources on CAPUS Project operations and performance. Implementation of planned HIV testing activities: • HIV testing activities successfully implemented as planned. • Reasons for not implementing HIV testing activities as planned. • Plan to address challenges. • Implication on CAPUS Project operations, performance and outcomes. HIV care resources (case management resources): • Description of available resources to improve linkage to care, retention in care, and re-engagement in care of HIV diagnosed racial/ethnic minorities to HIV care, treatment, and prevention. • Reasons for gaps in resource availability. • Implication of gaps in available resources on CAPUS Project operations and performance. Implementation of planned HIV care activities: • HIV care activities successfully implemented as planned. • Reasons for not implementing HIV care activities as planned. • Plan to address challenges. • Implication on CAPUS Project operations and performance. Social or structural resources: • Description of available resources to address social or structural factors that directly affect HIV testing, linkage to, retention in, and re-engagement • Gaps in available resources on CAPUS Project operations and performance. • Implication of gaps with care, treatment, and prevention among racial/ethnic minorities.

Interview Protocol for In-Person Interview With CAPUS Grantees	
Key Discussion Points	
Available resources to implement CAPUS Project CAPUS Project activities successfully implemented	Implementation of planned social or structural activities: • Social or structural activities successfully implemented as planned. • Reasons for not implementing social or structural activities as planned. • Plan to address challenges. • Implication on CAPUS Project operations and performance. Local partners/local resources: • Description of local partners (CBOs and non-CBOs) contracted to implement CAPUS Project activities. • Key roles of local Partners in implementing CAPUS Project activities. Implementation of local partners' contractual activities: • Local partners' contractual activities successfully implemented as planned. • Reasons for not implementing local partners' contractual activities as planned. • Plan to address challenges. • Implication on CAPUS Project operations and performance. Technical/capacity building resources: • Description of available capacity building resources for strengthening CBO partners. • Reasons for gaps in resource availability. • Implication of gaps in available resources on CAPUS Project operations and performance. • Challenges working with CBO and non-CBO partners. Implementation of technical/capacity building activities: • Capacity building activities successfully implemented as planned. • Reasons for not implementing capacity building activities as planned. • Plan to address challenges. • Implication on CAPUS Project operations and performance.

Interview Protocol for In-Person Interview With CAPUS Grantees	
Key Discussion Points	
Available resources to implement CAPUS Project CAPUS Project activities successfully implemented	Monitoring and evaluation resources: • Description of available resources for monitoring and evaluation. • Reasons for gaps in resource availability. • Implication of gaps in available resources on CAPUS Project operations and performance. Implementation of monitoring and evaluation activities: • Monitoring and evaluation activities successfully implemented as planned. • Reasons for not implementing monitoring and evaluation activities as planned. • Plan to address challenges. • Implication on CAPUS Project operations and performance.
Q4: How does the CAPUS Project differ from other similarly funded projects?	
Unique feature of the CAPUS Project	Unique features of CAPUS: • Description of the difference between CAPUS Project activities from other similarly funded current HIV programs (CDC's flagship HIV prevention funding and HRSA's Ryan White Programs). • Difference in target population served. • Ways other funded Department programs' resources were leveraged to implement CAPUS Project activities.
Q5: What were the organizational, policy, and technological (structural and system) changes made to implement CAPUS Project activities?	
Organizational, structural, system, and policy changes planned as part of CAPUS Project activity (new, modified)	Organizational changes: • Organizational, structural or systems changes planned as part of grantee's CAPUS Project activities. • Reasons for making changes. • Organizational, structural or system changes already made. • Challenges in making organizational, structural or system changes. • Plans to address these challenges. Policy changes: • Policy changes planned as part of grantees' CAPUS Project activities. • Reasons for making changes. • Organizational, structural, or system changes already made. • Challenges in making organizational, structural, or system changes. • Plans to address these challenges.

Interview Protocol for In-Person Interview With CAPUS Grantees	
Key Discussion Points	
Organizational, structural, system, and policy changes planned as part of CAPUS Project activity (new, modified)	Technology changes: • Technologies (for example, HIV testing or information technology) changes planned as part of grantees' CAPUS Project activities. • Reasons for making changes. • Technical changes already made. • Challenges in changing technology. • Plans to address these challenges.
Q7: What challenges were encountered during the implementation of CAPUS Project activities?	
Implementation challenges	CAPUS implementation challenges: • Direction CAPUS Project activities are moving (e.g., towards meeting Project goals). • Description of CAPUS Project implementation challenges. • Description of concerns regarding meeting project goals and objectives. • Reasons for not meeting project goals and objectives.
Q8: What is the most important implementation success of the CAPUS Project so far?	
Implementation success	Implementation success: • Most important success of grantees' CAPUS Project implementation (e.g. stakeholder engagement, system and structural changes, reaching out to target populations).
Q9: How does the overall operating environment (organizational, political, fiscal, etc.) affect implementation of grantees' CAPUS Project?	
Effect of overall operating environment on CAPUS Project	Environment affecting CAPUS implementation: • Prevailing environment affecting implementation and results of CAPUS Project activities. (Please give examples.)
Q10: How would implementation of the CAPUS Project change future HIV programming in grantee's jurisdiction?	
CAPUS influence on future HIV programming in grantee's jurisdiction	Effect on future HIV/AIDS programming: • Ways in which CAPUS Project will change HIV/AIDS programming in grantee's jurisdiction.

Interview Protocol for In-Person Interview With CAPUS Grantees	
Key Discussion Points	
Q11: What are the anticipated successes/opportunities and challenges of grantees in meeting CAPUS Project goals and objectives?s	
Anticipated success and challenges	Anticipated CAPUS implementation success: • Anticipated successes and factors that will contribute to grantee's overall success in meeting CAPUS Project goals and objectives and thereby to the overall goals of CAPUS. Anticipated CAPUS implementation challenges: • Anticipated challenges and factors that will contribute to grantee's overall challenges in meeting CAPUS Project goals and objectives and thereby to the overall goals of CAPUS.

*Questions 3 and 6 were discussed together.

Appendix C

CAPUS Grantees Project Components and Activities	
Components	**Activities**
Use of surveillance data and data systems to improve care and prevention	• To improve clinical outcomes through the expansion of internal database interoperability and the creation of clinical alert systems; creating a surveillance system for acute/early infection; creating state, local, and facility-based care cascades to monitor outcomes and allocate resources; and addressing policy and legal barriers that prohibit sharing surveillance data with health care providers. • Proposed a bill to change the laws that prohibit providing essential client information back to the provider in order to provide optimal care to the patient. • Support the alignment of Provide Enterprise database for use by local health department to manage data regarding surveillance, prevention, and social services and state to integrate Ryan White, surveillance, prevention, and social service data for all HIV-infected persons throughout. • The Laboratory Information Management System (LIMS) will upgrade the statewide HIV laboratory surveillance system and develop a Medicaid data-sharing agreement to provide SHP with data on antiretroviral use, HIV-related medical visits, and updated client addresses throughout the state. • Provide staff with remote access to real time surveillance data to identify people living with HIV to provide them with the necessary services. • Provide surveillance data to the Health Models strategy to verify participant enrollment eligibility and monitor linkage and retention in care. • Support the grantee's efforts to make needed improvements by assessing and integrating its surveillance and other data systems that include CAREWare, Patient Reporting Investigation Surveillance Manager (PRISM), ApolloLIMS laboratory information management database, and eHARS. • Support the electronic importation of laboratory data (e.g., CD4 counts and viral loads) into eHARS. • Use laboratory data to provide the most recent locating information to disease intervention specialists (DIS), case managers, and peer navigators. • Surveillance system has been updated to include HIV/AIDS and syphilis reporting across the state. All lab reports are received in the surveillance system, so it has become a tool in which co-morbidities can be determined, interventions and

CAPUS Grantees Project Components and Activities	
Components	**Activities**
Use of surveillance data and data systems to improve care and prevention	partner tracing can be documented, and clients/partners can bebe located and referred. • Hire DIS Re-Engagement Case Managers to conduct re-engagement activities for persons who are not in care during the previous 1-year calendar period. • Identify persons living with HIV who have never been in care to successfully engage them with HIV medical care services. • Provide medical providers with a list of their in-care clients who do not achieve viral suppression. • Establish a care markers database that contains all available indicators of medical care for HIV-positive persons to include dates of HIV positive tests (including first and most recent), CD4 counts, viral loads, evidence of anti-retroviral therapy and medical visits. • Out-of-care lists will be developed and shared with medical providers and patient navigators, who will send feedback on updated data on linkage and re-engagement efforts for these clients.
Increase HIV testing, linkage to, retention in, and re-engagement with care, treatment, and prevention	• Create a comprehensive statewide online Resource Hub which will be Georgia's primary resource for HIV/STD/VH/TB information and services. • Coordinate and focus HIV/STD/VH/TB testing, linkage and prevention activities across five counties by using testing data and geospatial maps (i.e., zip codes) to identify persons newly diagnosed, and to share strategies to reach populations living in high prevalence areas. • Expand the availability of routine, opt-out HIV testing to four clinical sites in communities where African Americans and Latinos reside as well as six county jails. • Build a statewide culturally competent disease interventions specialists network in partnership with local health departments and community-based organizations. • Use the HIV testing strategy to increase access to no-cost rapid HIV testing among low-income, uninsured, racial and ethnic minorities in the highest prevalence areas of the state by identifying previously undiagnosed PLWH for linkage to care by executing routine opt-out HIV screening with at least two hospital emergency rooms where HIV testing has not been available. • Provide partner clinics with financial incentives for linking patients to care for the first time, returning patients to care, completing necessary lab work, attending primary care appointments, and achieving and maintaining viral suppression.

CAPUS Grantees Project Components and Activities	
Components	**Activities**
Increase HIV testing, linkage to, retention in, and re-engagement with care, treatment, and prevention	• To increase testing among African Americans, particularly MSM, grantee will fund one community-based organization (CBO) in two districts to provide free rapid HIV testing in non-traditional settings, including barbershops, health fairs, bars, homeless shelters, substance abuse treatment centers, and faith-based organizations. • Pilot a client-centered comprehensive case management approach in collaboration with Ryan White providers and CBOs in two districts. • Expand testing activities to four additional testing sites to help identify undiagnosed HIV-infected racial/ethnic minorities and refer them to linkage to care programs. • Provide express testing to African-American youth and provide referrals to extremely high-risk, HIV-uninfected individuals to appropriate high impact prevention programs provided in the same setting. • Use social network testing (an effective way of identifying undiagnosed HIV-infected persons) for African-American MSM and African-American women. • Procure fourth-generation lab equipment to increase the number of individuals tested, particularly in non-traditional testing sites. • The Safe Spaces intervention is central to the Communicable Disease Branch's capacity to deliver important HIV/AIDS information and services to MSM. • A clinic for minority men will offer a holistic approach, incorporating a wide breadth of services geared towards both MSM and heterosexual racial/ethnic minority men. • Add an additional State Bridge Counselor who will work exclusively with Department of Correction releases and with partners of the releasees to inform them of testing opportunities, provide prevention information, and link them into care if they are found to be HIV-positive as well. • Hire peer navigators to help racial/ethnic minority clients navigate the care and support system of the Regional Networks of Care. • Employ the Social Networking Strategy to engage African-American MSM. • Perform 35,000 additional HIV tests among Blacks and Latinos, ages 18–64 and living in targeted communities. • Implementation of a new rapid testing algorithm with two test sites to immediately identify and refer individuals with presumptive positive HIV diagnoses identified by any HIV testing program into HIV medical care.

CAPUS Grantees Project Components and Activities	
Components	**Activities**
Enhance patient navigation	• Coordinate a standardized statewide patient navigation system to improve care, retention, re-engagement and adherence, with particular emphasis on identified areas, where the disease burden is greatest among racial and ethnic minorities, especially African Americans. • Create a statewide peer navigation system, with activities that support the development of new peer navigation projects in regions that have not yet utilized peers as facilitators of linkage/re-engagement in care, clinical (i.e., anti-retroviral therapy adherence) educators, or outreach workers. • Provide a training program for peer navigators to acquire college credit toward an associate's degree in community health work. It will support the career development of HIV-infected persons which will, in turn, improve their long-term financial security, and strengthen the public health workforce. • Work with an academic institution and a rural CBO to develop a program to train PLWHA in a high HIV prevalence district to become peer navigators so they are able to assist clients with accessing HIV case management and transportation to medical care and other services. • Ensure that case managers and peers support client access to comprehensive care, including prevention education, psychosocial services (including mental health and substance abuse treatment), housing, and employment assistance. • Implement a navigation model that uses Corrections Navigators to provide navigation services to individuals upon release and immediately link them into medical care within their respective communities. • Contracts will be established with at least five HIV care sites throughout the Northern, Northwest, and Eastern regions to fund a Community Health Worker to provide patient navigation services, including linkage to, retention in, and re-engagement in care, prevention education, and medication assistance/adherence counseling.

CAPUS Grantees Project Components and Activities	
Components	**Activities**
Address social and structural factors directly affecting HIV testing, linkage to, retention in, and re-engagement with care, treatment, and prevention	• Coordinate linkage networks for two local health departments that foster collaboration between existing providers who offer mental health, substance abuse treatment and substance abuse prevention, as well as agencies who offer HIV testing, treatment, and care. • Develop a partnership program between local health department and a youth center to provide a safe space for youth who have been rejected by their families due to homophobia and transphobia, and immediate access to health care. • Implement cultural competency and workshops to: – Enable rural health providers who do not currently provide HIV care services to understand the basics of HIV patient care and treatment and mitigate cultural myths surrounding HIV stigma in the rural South. – Increase provider preparedness to offer culturally sensitive and comprehensive care, while providing care to racial/ethnic and sexual minority clients, and to promote provider mindfulness when discussing sexual matters, sexual orientation, and possible risks that patients may be experiencing. – Train providers to address social and structural barriers and their relationship to HIV testing and treatment. – Become aware of steps they can take to counter institutionalized racism and homo/transphobia through individual and organizational assessment, policy development, and quality assurance measures. • Develop a social marketing anti-stigma campaign with the African-American community and in partnership with Black churches that will include the development of flyers, educational materials, and referral cards for care teams (peer educators) to use during national days of recognition and outreach events. Also, work with faith communities to produce radio PSAs that support HIV testing, access to care, and re-engagement into care. • Launch a campaign on social networking sites and smartphone technology to address HIV testing and care in targeted messages to Black and Latino MSM. • Analyze HIV testing facilities' location and HIV disease burden data alongside social determinants of health datasets to improve understanding of target populations for use in planning HIV testing, linkage to care, and re-engagement in care activities. • Pilot a temporary housing program for HIV-positive individuals released from incarceration that will track clinical indicators along the continuum of care, as well as rates of recidivism, employment,

CAPUS Grantees Project Components and Activities	
Components	**Activities**
Address social and structural factors directly affecting HIV testing, linkage to, retention in, and re-engagement with care, treatment, and prevention	and housing status upon completion of a 6-month housing period. • Identify barriers involving housing or employment to receive active referrals to local agencies that specialize in providing assistance in these areas. • Implement tele-health intervention, a remote provider education initiative, intended to increase the clinical competency of clinics with low HIV patient populations to provide HIV-specific clinical support and care to HIV-positive individuals in rural areas and areas without sufficient HIV care providers. • Hire and train Linkage to Care Coordinators, who will provide navigation services to ensure that persons who are HIV-positive are linked to care. • Implement a strategy that will connect newly diagnosed persons to medical care and community-based support services such as housing and transportation assistance, provide treatment adherence services to PLWH who have had two viral load test results greater than 100,000 copies/ml within the last 12 months, and provide medical information and navigation services to individuals out of care to re-engage them in care.
Fund community-based organizations using a minimum 25% of award	• Allocate a minimum of 25 to 68% of its CAPUS budget to community-based organizations. • Funding is provided to CBOs via six local county health departments to implement • Fund CBOs to address a range of activities to include: – Developing peer support programs for persons living with HIV, partnering with faith-based organizations to develop and implement community-level HIV stigma-reducing plans, creating campaigns to address stigma for African-American MSM, and facilitating linkage to care and other services (i.e., housing, employment) for persons released from jail or prison. – Implemented interventions and administered minority clinic for men through an existing community clinic; Social Network Testing, community and pharmacy-based rapid HIV testing, comprehensive case management pilot, and prevention education.

Washington, DC Area | 301.429.5982
Atlanta Area | 404.328.9850
www.getingears.com