



# **A Multi-Site Implementation Evaluation of the Sacramento County HIV/AIDS Education and Prevention Program**

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## A. Introduction

Seven community-based organizations (CBOs) are funded by the Sacramento County HIV/AIDS Education and Prevention Program to provide HIV prevention services within Sacramento county. CBO funding levels range from \$36,000 to \$157,000. Clients include injection drug users and/or substance abusers, gay and bisexual men, high-risk partners (women and incarcerated), and high-risk youth. Service strategies include HIV prevention and risk-reduction skills-building workshops, AIDS 101 presentations, street outreach, and community awareness events. Service priorities of the seven CBOs are:

- substance abuse prevention among youth and young adults of color in South Sacramento;
- HIV-related services to the gay and lesbian population throughout Sacramento County;
- substance abuse treatment and HIV related services for incarcerated and out-of-custody women, including those with a history of injections drug use (IDU);
- substance abuse treatment and HIV related services for incarcerated and out-of-custody men, including those with a history of IDU;
- HIV prevention and skills building workshops to African American women in the Del Paso Heights area;
- reducing HIV risk behavior among IDU, MSM, and other high-risk populations throughout Sacramento and Yolo County; and
- substance abuse treatment and HIV related services for Sacramento County's Latino population.

The evaluation was designed and conducted using a collaborative, participatory approach. PHI facilitated an Evaluation Task Force convened by the County consisting of CBO administrators, and county and state representatives. The primary responsibility of the task force was to provide guidance on the development and implementation of the evaluation (see Acknowledgements for listing of task force members). The task force met twice. During its first meeting, two potential evaluation approaches were compared and considered: (1) a technical assistance model, whereby PHI would provide each CBO with individualized technical assistance to develop the most efficient/effective means of evaluating their own unique program; and (2) a professional evaluator model, whereby PHI designs and implements a professional evaluation in collaboration with the task force. The task force recommended the professional evaluator model.

During its second meeting, the task force recommended to the County that an implementation evaluation be conducted, targeting the following key issues:

- scope of work (SOW) implementation
- client services;
- coordination of multiple funding streams;
- collection and use of data;
- collaboration and referrals;
- agency climate and strengths;
- personnel strengths; and
- county oversight.

Finally, task force members and county representatives worked with PHI in developing an efficient study design that would be feasible given the limited budget and study timeline, identifying key individuals to interview, and finalizing the interview and focus group protocols.

## **B. Methods**

### Data collection

Interview protocols were developed collaboratively with the task force. These protocols are located in Appendix A.

Twenty five semi-structured interviews were conducted with CBO service providers and administrators across the seven sites. Purposeful sampling (Patton, 1990) was used to identify individuals who were most knowledgeable about the HIV education and prevention activities within each CBO. Interview lengths ranged from 45 to 90 minutes. Three interviews were conducted by telephone, and all others were conducted in person. Prior to visiting the CBOs and conducting the interviews, PHI staff reviewed CBO work plans, data collection tools, and other relevant background materials. Interviews were audio-taped and transcribed, and then coded and analyzed using ATLAS.ti qualitative data analysis software. Selected quotations from CBO service providers and administrators are provided in Appendix B.

Program service activities were observed at six of the seven sites. Observed activities included two training workshops for incarcerated individuals, one training workshop for parolees, one youth group, and two community HIV 101 trainings.

Three Sacramento County HIV/AIDS Education and Prevention Program contract monitors also were interviewed. Contract monitors were queried about the CBO programs they oversee. Two monitors oversee two CBOs each and one oversees three CBOs. These in-depth interviews took from two to three hours each.

A community focus group was conducted in May, 2002. Six individuals, nominated by CBO and county personnel, participated in the one-hour discussion. Participants were involved in the HIV community but not directly associated with any of the funded CBOs. They were asked to share their perspectives on (1) the degree to which the present mix of HIV prevention services meets needs in Sacramento county; (2) client satisfaction and (3) CBO needs for support.

Additional observations included quarterly contractor meetings and Sacramento Alliance to Prevent AIDS (SAPA) meetings.

### Analysis Strategy

To identify patterns within and across sites, data were organized and summarized into three levels of analytic matrices using the approach developed by Miles & Huberman (1994). These matrices were structured according to the content categories identified by the evaluation task force (Scope of Work, Client Services, Coordination of Multiple Funding Streams, Collection and Use of Data, Collaboration and Referrals, Agency Climate and Strengths, Personnel Strengths, and County Oversight).

### *Site-Level Analyses*

Site-level matrices display information specific to each CBO. For each CBO, a series of eight matrices, one for each content category (e.g., SOW, client services, etc.), were generated. For example, for the Agency "A" the matrix for SOW displays success factors and challenges identified by its administrator, service providers and contract monitor. This level of analysis is useful for providing each site with site-specific feedback to guide program

implementation. The results of the site-level analyses will be provided in a separate report for use by County program contract monitors.

### *Cross-Site Analyses*

Cross-site matrices summarize information about content categories (e.g., SOW, client services, and so on), across all CBOs. For example, the cross-site matrix of success factors related to SOW lists five success factors (e.g., staff involved in development of SOW and HIV is a high priority within the agency) and indicates the number of sites where each factor was mentioned or observed. This level of analysis is useful for understanding which success factors and challenges within each content category are common across sites and which are unique to individual sites. Cross-site matrices are located in Appendix C.

### *Site-Ordered Meta Matrices*

The site-ordered meta matrices provide information about the degree of success experienced by each CBO for each content category. Sites are classified as “high,” “moderate,” or “low” based on their level of “success” relative to a content category. For example the meta-matrix related to SOW displays four sites with a “high” degree of success in this area (and lists the criteria used to classify the site as highly successful), one site experiencing “moderate” success and two sites which had “low” success. This level of analysis is useful for understanding the differences between sites in terms of their successes in each of the content categories. Site-ordered meta matrices are located in Appendix D.

## **C. Findings**

Findings are presented below organized by the seven primary evaluation questions developed by the Evaluation Task Force:

1. To what extent do programs follow their funded scope of work?
2. Do clients benefit from, and are clients satisfied with, the services provided?
3. How effectively are multiple funding streams coordinated?
4. Do programs effectively collaborate and refer across agencies?
5. Are data collected and used effectively for program improvement?
6. To what extent do agency climates support positive working environments?
7. What are the characteristics and support needs of effective service providers?

### **Question 1: To what extent do programs follow their funded scope of work?**

Each of the seven sites developed and committed to a detailed scope of work (SOW) as part of the funding process. Most but not all sites did appear to use this SOW in carrying out their funded work, and some to a large extent. SOW use was related to the process employed in its development.

Most program administrators use a collaborative process for developing their SOWs, which includes obtaining input from community members, service providers, and the County (see Table 1 below). For example, an administrator described one site’s collaborative development process:

*We sit down with our staff and say can we do this? What do you think this is going to take? Are we barking up the wrong tree? ... Our SOW comes from the bottom up. (administrator)*

When such a process is used, service providers were more likely to embrace the relevance and value of the SOW, and they were more likely to refer to the SOW to guide their own work. For those sites that took advantage of it, County assistance in crafting or redesigning their SOW was viewed positively.

**Table 1. Cross Site Matrix of Success Factors Related to Use of Scope of Work**

Success Factor	Sites Where Mentioned or Observed
• Service providers refer to SOW to align their own work with SOW (6)	A,B,D,E,F,G
• Community input obtained prior to developing SOW (5)	A,D,E,F,G
• Staff involved in development of SOW (5)	A,D,E,F,G
• HIV prevention is high priority within agency (4)	A,E,F,G
• County worked with program in significantly redesigning SOW (2)	B,D

While a SOW provided a path for agency work, it typically did not constrain the work of service providers. Service providers and administrators often described working to meet the needs of their clients, and after the fact finding a way to mesh those activities with their SOW. This appeared to be within the spirit of the SOW, but not necessarily consistent with all specific details. However, some sites were less aware of and committed to the SOW than others:

*Our approach to the clients is very pragmatic: "What do you need? What can we get you?" And it's absent funding considerations. (administrator)*

One challenge reported at all sites related to the level of funding available to implement the SOW. Both administrators and service providers consistently reported that funding was insufficient to support full implementation of the SOW that had been committed to.

Yet, overall, four of the seven sites appeared to achieve high levels of success in following their funded SOW, while one showed only moderate success and two low levels of success. The distinguishing factor between the sites that showed high versus low or moderate levels of success was clearly identified as the process used in its development: those sites that sought community input and developed their SOW as a collaborative process with their service providers were those where the SOW was most genuinely embraced and used to guide day to day activities (see Table 2.)

**Table 2. Meta-Matrix for Success Factors Related to Use of Scope of Work****HIGH SUCCESS**

Site	Success Factors	Challenges
A	<ul style="list-style-type: none"> <li>SOW developed as a collaborative process involving community, service providers, and administrators</li> <li>staff have copies of SOW, can recall its content, and refer to it when doing own work</li> </ul>	<ul style="list-style-type: none"> <li>insufficient funds to implement SOW</li> </ul>
E	<ul style="list-style-type: none"> <li>SOW is a team product</li> <li>SOW used to prevent "drifting"</li> </ul>	<ul style="list-style-type: none"> <li>needs of population take precedence over need to satisfy SOW</li> <li>not all staff were familiar with SOW</li> </ul>
F	<ul style="list-style-type: none"> <li>SOW and proposal developed with assistance of grant writer</li> </ul>	<ul style="list-style-type: none"> <li>administrator is also a service provider: very familiar with SOW</li> <li>need more funding to open more doors for clients</li> </ul>
G	<ul style="list-style-type: none"> <li>SOW is a team product</li> </ul>	<ul style="list-style-type: none"> <li>need more money to pay staff a competitive salary</li> </ul>

**MODERATE SUCCESS**

Site	Success Factors	Challenges
B	<ul style="list-style-type: none"> <li>SOW revised with help of County</li> <li>new staff help write reports, so become familiar with SOW</li> </ul>	<ul style="list-style-type: none"> <li>previous staff wrote SOW; no current staff involved in the process</li> <li>adjustments had to be made due to staff turnover</li> <li>funding insufficient to pay health educator; must supplement with other agency funds</li> </ul>

**LOW SUCCESS**

Site	Success Factors	Challenges
D	<ul style="list-style-type: none"> <li>administrator is also service provider, familiar with SOW</li> <li>SOW developed with help of County</li> </ul>	<ul style="list-style-type: none"> <li>needs of population take precedence over need to carry out SOW</li> <li>target population is growing but funding level is not; can't serve population adequately</li> </ul>
C	<ul style="list-style-type: none"> <li>administrator wrote SOW</li> </ul>	<ul style="list-style-type: none"> <li>staff hadn't seen and weren't familiar with SOW</li> <li>staff were confused as to who was doing the HIV work – neither was doing it.</li> <li>need more money; not enough time, too few staff</li> </ul>

**Question 2: Do clients benefit from, and are clients satisfied with, the services provided?**

Service providers and administrators at all sites report that clients are satisfied with services and benefit in multiple ways from them. A primary basis for determining client satisfaction rested on the fact that clients would seek out agency services, would return repeatedly for services, would request additional or expanded services, and would bring friends:

*They either love us or they don't come. I mean we go to people and we go to communities but nobody has to work with us. ... virtually everyone who works with us feels that they benefit. It's a good deal. (administrator)*

Reported client benefits were tied directly to the types of services provided by the agency: clients learned how to reduce their HIV risk behaviors; they got off probation; they got off substances; they received job training; they gained interpersonal skills; they got tested; they got referred to other agencies, as needed. They benefited from the support of a nonjudgmental, compassionate peer, who could serve as an advocate and positive example. This personal connection was reported to be a key element for all clients: the gay teen at risk of suicide; the

incarcerated individual; the sex worker; the IV drug user. Agencies share a similar goal – improving the health and well being of their clients and, by extension, the community. While CBOs have high expectations for the outcomes of some *types* of their services (e.g., following participation in a workshop, clients will have learned the skills necessary to protect themselves from HIV), most have realistic expectations about the degree to which the clients themselves will change. As one provider said:

*We don't get wins. We don't get victories. Very few people get absolutely clean and sober and get jobs... They continue to struggle with the stuff all their life but they do it with possibly more respect and feeling better about themselves and possibly with better quality of health and life because of our intervention. (administrator)*

In addition to these consistent descriptions of client satisfaction and positive benefits, many challenges and much frustration related to unmet needs were also reported (see Table 3). It was not unusual for a service provider to list ways in which their clients benefited, take a deep breath, and then list needs their clients had which were still unmet. These needs included: residential and emergency housing, food, transportation, needle exchange, childcare, detox services, AOD, medical services, prenatal care, mental health services for adults and children, parole education, and legal support. (For more information about client needs, see section of the report titled, *Information Supplemental to the Evaluation Questions: Unmet Client Needs.*) For many of the service providers, addressing the holistic needs of their clients was a powerful calling, leading to substantial discomfort to the extent that critical needs were not able to be met through available services and referrals.

**Table 3. Cross Site Matrix of Challenges Factors Related to Client Services**

Challenges	Sites Where Mentioned or Observed
• Client needs are multidimensional and extensive (7)	A,B,C,D,E,F,G
• Full extent of client needs not known (7)	A,B,C,D,E,F,G
• Limitation of services allowed in the current SOW (7)	A,B,C,D,E,F,G
• Insufficient funding (7)	A,B,C,D,E,F,G
• Providers need training on population-specific HIV prevention and treatment strategies (7)	A,B,C,D,E,F,G
• Current level of interagency collaboration insufficient to meet client needs (5)	A,B,C,D,F
• Non-program community partners difficult to work with (4)	A,B,C,D
• Target population is difficult to access and serve (4)	B,C,D,E
• Satisfied clients demand additional services (3)	A,B,C

Although these CBOs serve very different populations, the challenges they face are similar. Clients can be difficult to access, their known needs are extensive, and the full extent of their needs is unknown. When working with clients, service providers are constrained by limited funding and frustrated by less than optimal interagency collaboration.



### Additional Quotations on Unmet Client Needs

Throughout the interviews the topic of unmet client needs consistently emerged as highly important. Three categories of unmet needs were most frequently described: (1) needle exchange services, (2) additional or more appropriate options for medical care, and (3) housing services. Illustrative quotations related to these needs follow:

#### *Needle Exchange*

- *We're not equipped to do drug counseling or needle exchange. We can't meet the needs of those clients who need those services. So we would refer them perhaps to different places one for counseling and one for needle exchange.*
- *Our clients need needle exchange or a place to get clean needles.*
- *Syringe exchange. I mean talk about the emperors new clothes; the level of denial in a community that cannot provide syringe exchange serve to their injecting population is unbelievable. It's a political issue. The people on the County Board of Supervisors won't vote for various personal reasons or political ones when they don't want to be seen as too liberal or encouraging criminals when the reality is there is a bookcase full of professional studies and research on the effectiveness of syringe exchange.*
- *I'd like the existing needle exchange program, SANE, to receive support from the County Board of Supervisors to continue their work and I'd like to be able to offer syringe exchange out of our vehicles as we're out doing risk reduction.*

#### *Medical Services*

- *If you want something really instructive just go and sit in the waiting room of the primary health clinic that's right around the corner. Just sit there for a half hour and observe and you'll begin to understand what the barriers are. And if you really want to work it sit there and imagine you're a single mother with three small children and it took you 2 hrs to get there on the bus.*
- *There's nothing wrong with the health department, it's just the clinic is overloaded. The waiting room is like bedlam and sometimes you get there and you're told that they don't even do that on that day. We know how to optimize the clients' likelihood of actually getting what they need by advising them of which places are the most conducive, where they're not going to be mistreated, where there's a shorter line.*
- *I never realized how hard it was for kids to get the services. one of our girls was having a miscarriage and I drove her to the doctor. but the doctor referred her to another clinic and the clinic referred her somewhere else, all the while she was having a miscarriage. They gave her the run around and I couldn't help but think what would have happened to her if I wasn't there to help her. This girl could have bled to death.*
- *We need help with our clients' medical needs, especially for those that have HIVCARES, they attend to positive people, the most people are white American people. When I refer positive clients to CARES they do not want to go. It is not a place where they feel comfortable.*

#### *Housing*

- *We need more places to refer people for housing. Housing is a big issue.*
- *I see my girls at midnight - they're crying, they're done. They want to go to detox; they're so tired. If I can catch them when they're vulnerable I can get them engaged, but there's*

*nothing open at that hour. That's the frustrating part. My wish list, is we get one of these huge houses that are all boarded up doing nothing, throw some bunk beds in a couple of rooms, and give them that chance. If they only last for a week, they lasted a week. They got that seed, they'll be back. That's how recovery works.*

### Focus Group Perspectives

Participants in the community focus group felt that, on the whole, service providers are very well connected with their clients. They understand their clients' needs, are committed to meeting those needs, and have positive relationships with clients. They did perceive a need, however, for additional training for service providers – to provide essential basic skills for novices and to renew the skills of seasoned service providers.

Focus group participants felt that the current constellation of HIV/AIDS prevention services did not adequately address the specific needs of older populations, nor of Asian Pacific Islanders. The problem of insufficient housing was discussed as well.

### **Question 3: How effectively are multiple funding streams coordinated?**

Overall, the existence of and need to coordinate multiple funding streams appear to be well accepted by administrators and service providers. The presence or constraints of multiple funding streams do not appear to impede the work of service providers, and clients are unaware of the structures which support the services they receive.

*When we're out, it's gathering people and talking - it's the education and prevention and outreach. When we're testing, it's testing. The presence of multiple funding streams does not inhibit my work. I think the hardest part would be to decide when it went from education and prevention to outreach and testing. Funding streams is not in my mind when I'm working. (service provider)*

Yet some administrators report significant challenges in managing multi-funded staff and coordinating the paperwork. They find that they must creatively, yet appropriately, retrofit service provider work to the parameters of funding streams. They are obligated to coordinate multiple data collection requirements, to prepare multiple reports, and to remain ready to apply for additional funds at a moments notice when opportunities arise (see Table 4).

*In theory the strength is that what one doesn't fund somebody else does. I can't say much positive about that. There are just too many negatives. There are so many add-ons for reporting requirements that it gets absolutely insane. (administrator)*

Interestingly, these challenges were rarely described as burdens. Evidently the funding provided by multiple sources overrides the burdens imposed by acceptance of the funds. A few administrators wished for training or support in project management but overt complaints about the logistics of handling multiple funding streams were rare.

**Table 4. Cross Site Matrix of Challenges Related to Multiple Funding Streams**

Challenges	Sites Where Mentioned or Observed
• Service providers not attentive to source of funds (5)	A,B,C,D,E
• Providers serve clients as needed rather than as per SOW (5)	A,D,E,F,G
• Multiple small grants more difficult to manage than single large one (3)	A,D,G
• Data collection complicated by multiple forms (1)	A
• Management of service providers complicated (1)	A

**Question 4: Do programs effectively collaborate and refer across agencies?**

Collaboration here refers to general collaboration and referrals between agencies in terms of meeting client needs. It does not refer to a fiscal relationship between programs.

Two topics tended to provoke emotion during interviews. Discussions about clients and their needs frequently evoked a tone of passion and commitment. Service providers and administrators feel very strongly about helping their clients. In contrast, discussions about interagency collaboration and the process of referring clients to other agencies made some interviewees wiggle in their seats, look out the window, and cross tightly their arms.

The degree to which programs collaborated and made interagency referrals varied considerably across sites. Four programs were very well connected and cross-referred clients on a daily basis. Several programs felt that multiple programs within their own agencies were sufficient to meet most client needs. One program administrator preferred her agency to function as independently as possible.

Most service providers and administrators believe that clients benefit from referrals and that, in general, everyone benefits from interagency collaboration:

*If you can't collaborate with other agencies you have no business being in social services. Because nobody is Wal-Mart. Nobody has it all. You can't take care of everything that your clients needs. You have to be able to get them stuff from other places. (administrator)*

Certain conditions appear to be necessary, however, before collaboration is embraced and a client referred to another agency. One service provider describes it as "an act of trust to refer a client to another agency." A service provider must be confident that the services provided will be appropriate for her client, trust that her client will be treated with respect and professionalism, and believe that her client's needs will be met.

A related challenge reported across most sites was competition between agencies for funding. Although one administrator said that there were "plenty of clients for everyone," another captured a common sentiment with her comment: "If there are very limited funding dollars and people are scrambling for funds, that can get kinda ugly." Agencies that served very unique populations or communities were confident because they knew they occupied a unique service niche. For others, the concept of turf or territoriality was an unspoken reality.

Service providers and administrators in several agencies described the frustration of making appointments for their clients at other agencies and then learning that their clients had been no

shows. When this occurs, the reputation of the referring agency is tarnished and other agencies become reluctant to accept referrals from them. This situation is common enough that service providers often go the extra step and personally escort their clients to their appointments at other agencies.

Overall, four of the seven sites appeared to have high levels of success in collaborating with other programs, and only one site had low levels of success (see Table 5). The most common factor associated with successful collaboration and referrals was the belief that clients truly benefit from the services they can receive from a coordinated constellation of agencies. Even agencies that offered a broad range of programs recognized that sometimes clients required services that were better provided by other agencies. The presence of personal relationships with providers in other agencies and the absence of “turf” conflicts also helped. Participation in SAPA was associated with higher levels of collaboration as well. The degree to which the administrator supports collaboration was another key distinguishing factor between agencies with high versus low levels of success in collaboration.

### Focus Group Perspective

Not surprisingly, the focus group discussion about collaboration was animated. Participants agreed that collaboration between agencies could be strengthened. They felt the reluctance to collaborate or refer clients to other agencies may be based in the belief of some service providers and administrators that “only WE do it well.” Because client well-being is the first and foremost concern, service providers are reluctant to refer clients to agencies employing service providers they perceive as less qualified or capable in addressing client needs. Focus group participants also felt that clients were aware of the distrust between agencies.

Territoriality or turf was another factor contributing to the lack of collaboration. Focus group participants suggested that there be clear boundaries between agency objectives and populations, and that these objectives should be complimentary, explicitly requiring collaboration and coordination with other agencies. When CBOs occupy a clearly unique niche, the concern about “turf” is minimized.

Finally, participants commented positively on the value of the Sacramento Alliance to Prevent AIDS (SAPA) in promoting collegial relationships between agencies. Administrators of funded agencies are required to attend SAPA meetings and encouraged to bring service providers as well. Members and those in attendance at the SAPA and SAPA subcommittee meetings work together to address community HIV/AIDS prevention needs.

**Table 5. Meta-Matrix for Success Factors Related to Interagency Collaboration and Referral****HIGH SUCCESS**

Site	Success Factors	Challenges
<b>A</b>	<ul style="list-style-type: none"> <li>agency culture embraces value and need for collaboration</li> <li>high level of collaboration and referring</li> <li>participates in SAPA</li> </ul>	<ul style="list-style-type: none"> <li>wants County assistance in developing collaborative relationships</li> </ul>
<b>E</b>	<ul style="list-style-type: none"> <li>long history of collaboration</li> <li>agency culture embraces value of collaboration</li> <li>staff think of selves as "experts in finding resources" for clients</li> <li>staff have personal relationships with staff in other agencies</li> <li>referrals are made to many agencies and resources</li> <li>participates in SAPA</li> </ul>	<ul style="list-style-type: none"> <li>clients sometimes late or no shows at other agencies, so those agencies refused future referrals</li> </ul>
<b>F</b>	<ul style="list-style-type: none"> <li>collaborates with multiple agencies as part of service provided to clients</li> <li>services not duplicated with collaborating agencies, so no turf conflicts</li> <li>shared funding with one agency works well</li> <li>participates in SAPA</li> </ul>	<ul style="list-style-type: none"> <li>strong personalities in different agencies clash</li> <li>communicating with agencies is challenging</li> <li>politics complicate relationships</li> </ul>
<b>G</b>	<ul style="list-style-type: none"> <li>collaborates with multiple agencies as part of service provided to clients</li> <li>recognizes that partnerships enhance services for clients</li> <li>participates in SAPA</li> </ul>	<ul style="list-style-type: none"> <li>other agencies don't refer as often as they should</li> <li>competition between agencies due to limited available funding</li> </ul>

**MODERATE SUCCESS**

Site	Success Factors	Challenges
<b>D</b>	<ul style="list-style-type: none"> <li>seeking collaboration with national and some local organizations to obtain resources and support</li> <li>eager to increase collaborative activities</li> <li>participates in SAPA</li> </ul>	<ul style="list-style-type: none"> <li>target population is unique; they don't feel comfortable using agencies or clinics that aren't familiar with their special needs</li> </ul>
<b>B</b>	<ul style="list-style-type: none"> <li>works with testing van</li> <li>currently working to increase collaboration with local churches</li> </ul>	<ul style="list-style-type: none"> <li>refers clients as needed but only able to remember Planned Parenthood</li> <li>paucity of medical clinics to refer clients to</li> <li>difficult to establish collaborative relationships with other programs</li> </ul>

**LOW SUCCESS**

Site	Success Factors	Challenges
<b>C</b>	works well with police department service providers refer clients to agencies for multiple types of services	<ul style="list-style-type: none"> <li>agency culture is anti-collaboration</li> <li>staff indicate that HIV positive clients are referred out, but couldn't remember specifics</li> </ul>

**Question 5: Are data collected and used effectively for program improvement?**

Data collection<sup>1</sup> is widely perceived as “annoying” but is usually well tolerated by service providers. Most administrators and service providers claimed to understand the need for data collection and its value for both program improvement and accountability, and many were able to provide examples of data use:

*When we passed out the pretest we were surprised that kids already knew so much. But they still won't talk out loud about it. That's what we're trying to help.* (service provider)

When the providers had responsibility for tabulating data or writing reports, their appreciation of the value of data appeared to increase. Programs that hand tallied data were as likely to use data for program improvement as those that entered the data onto a computer.

*Tallying information for the reports gives us information. Shows us how many materials we used and a variety of education we provided. And the activities. Lets us know if we are reaching our objectives.* (service provider)

One site had instituted an automated data collection system and a few had worked on their forms to make data collection less burdensome.

Several challenges appeared to constrain the effectiveness of data use. Programs typically do not possess the expertise to develop well-crafted forms and surveys. In particular KABB (knowledge, attitude, beliefs, and behaviors) surveys were poorly constructed. Further, service providers do not use uniform procedures for administering the KABB surveys. Members of the study team observed:

- pretests being completed by group process;
- pretests completed by clients who said they had completed the same survey before;
- pretests being completed *following* the presentation; and
- the struggles of non-readers.

As a result, the information obtained from KABB surveys at some CBOs is not likely to be a valid measure of client status.

Another challenge noted at several sites was client resistance to providing data. The typical client is usually engaging in a behavior which is illegal or viewed by some in society as inappropriate or immoral. It is not surprising that clients would be highly protective of their own privacy. Service providers are protective of their clients' privacy as well. One service provider said that he encourages clients to make up an identify – just to be sure to use that same identify during subsequent contacts. It is likely that many clients forget their made-up identify and create

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<sup>1</sup> Subsequent to completion of the interviews, the *Evaluating Local Implementation* (ELI) web-based data collection system was implemented by the State of California, Health and Human Services Agency, Department of Health Services. Depending upon the service provided, CBOs are now required to complete the following forms: (1) Outreach Short Form, (2) Outreach Check List, (3) Group Check Sheet, (4) Health Communication/Public Information, (5) Individual Level Intervention, and (6) Prevention Case Management. Additional forms which are optional are the Outreach Long form and the Group Self Administered Questionnaire. In some cases, these forms will replace existing forms; in other cases, they must be completed in addition to existing forms. The presence of these new forms is likely to have an impact on attitudes about data collection in the coming year. This section of the report pertains to data collection and use prior to the onset of the ELI data system.

a new one each time. Service providers working in Latino and African American populations said that their clients, in particular, were reluctant to talk about risk behaviors related to HIV prevention or to complete the forms and surveys. Obtaining data is most challenging during outreach. Incarcerated clients and those in group presentations appear to be more amenable to filling out forms and surveys.

**Table 6. Meta-Matrix for Success Factors Related to Effective Collection and Use of Data**

**HIGH SUCCESS**

Site	Success Factors	Challenges
A	<ul style="list-style-type: none"> <li>process of data collection recently upgraded</li> <li>staff understand need for and accept data collection requirements</li> <li>used for program improvement</li> </ul>	<ul style="list-style-type: none"> <li>clients reluctant to provide data</li> <li>staff training is needed</li> <li>staff collect data but don't see reports</li> </ul>
F	<ul style="list-style-type: none"> <li>understands need for and value of collecting data</li> <li>data used to constantly improve presentation skills</li> <li>hand-tallying data works fine because of small numbers of participants</li> </ul>	<ul style="list-style-type: none"> <li>some specific data required is perceived as unnecessary and redundant</li> </ul>

**MODERATE SUCCESS**

Site	Success Factors	Challenges
E	<ul style="list-style-type: none"> <li>Staff understand need for and accept data collection requirements</li> <li>staff will use reports and data to inform decisions</li> </ul>	<ul style="list-style-type: none"> <li>staff inconsistent in data collection</li> <li>clients reluctant to provide data</li> </ul>
G	<ul style="list-style-type: none"> <li>staff understand need for and accept data collection requirements</li> <li>data entry computerized and reports automatically generated</li> <li>adm uses data to track client services, progress toward program objectives, when writing grants</li> <li>adm uses comments on surveys used to improve services</li> <li>survey form shortened recently based on staff suggestions</li> </ul>	<ul style="list-style-type: none"> <li>clients reluctant to provide data</li> <li>staff don't see reports or use data</li> </ul>
C	<ul style="list-style-type: none"> <li>staff understand need for and accept data collection requirements</li> <li>staff familiar with different forms required for different funding sources</li> <li>data entered on computer and reports automatically generated</li> <li>client feedback used to modify services</li> </ul>	<ul style="list-style-type: none"> <li>clients reluctant to provide data</li> <li>staff find paperwork cumbersome and complicated</li> <li>staff don't see reports</li> </ul>
B	<ul style="list-style-type: none"> <li>staff understand need for and accept data collection requirements</li> <li>uses information on KABB survey</li> <li>data hand tallied and kept in binder</li> <li>data used to modify activities, when writing other grant applications</li> <li>staff provided with emailed reports on regular basis</li> </ul>	<ul style="list-style-type: none"> <li>want to computerize</li> </ul>

**LOW SUCCESS**

Site	Success Factors	Challenges
D	<ul style="list-style-type: none"> <li>forms available in two languages</li> <li>data are used by administrators for program improvement and support</li> </ul>	<ul style="list-style-type: none"> <li>many clients reluctant or unable to provide data</li> <li>staff understand need for and value of data but it is very difficult to overcome client resistance and inability to provide good data</li> </ul>

Overall, two of the seven sites reported high levels of success collecting data of good quality and in using that data for program monitoring and improvement (see Table 6). One of these agencies serves incarcerated clients while the other has improved their ability to collect data from reluctant clients by using an automated process. In the latter, service providers and clients alike are intrigued by the innovative method of collecting data; in the former, data are collected consistently by a single service provider from a captive audience. Four CBOs had moderate success in collecting data; their staff are willing to comply with the requirement to collect data and because reports are shared with service providers, they understand the importance and value of the data. Culturally-based client resistance to sharing personal information, and client difficulty in reading and completing forms and surveys, distinguished the low performing CBO from those performing at moderate or high levels in this area.

**Question 6: To what extent do agency climates support positive working environments?**

*We run like a Cadillac with Volkswagen mileage. We are an agency that is important in the community we work in. We are professionals in what we do. It's loose but it's not loose. It's like a family-owned business. We are not like a big conglomerate. We all know each other. The staff come from all walks of life. They have "been there done that." (service provider)*

Agency climate is an overarching concept that encompasses many of the other categories in this report. Climate is, after all, largely influenced by personnel characteristics, the SOW and process used in constructing it, logistical and practical constraints placed by multiple funding streams and concurrent data collection requirements, and so on. For purposes of this evaluation, we asked about agency climate in terms of the working environment.

Most individuals begin working with a program because they have a personal connection to the community and are highly motivated to help other members of their own "tribe". As one provider who had been 12 years clean and sober said: "I sat in the chair, came out of chair, and now am giving it back to the community." They are proud that their agency is client-focused. Always, clients come first. They are proud to be part of a community-based, grassroots organization working to better the lives of their neighbors, peers and community.

Over time individuals associated with a program become like a family or a team, united in their commitment and passion to serve their clients. Service providers tend to accept each others foibles without judgment, just as they do for the clients they serve. They support one another because so many have overcome or continue to struggle with the same issues as their clients. This doesn't mean that there aren't conflicts and clashes between them, there are. Managing the strong personalities of the service providers is not a small task for administrators. Usually the working climate is described as warm and friendly, but it takes attention and time to maintain this climate.

Perhaps the largest factor negatively affecting agency climate is staff turnover. For many reasons, a high rate of staff turnover is a reality in most of the agencies. When service providers leave for better paying, more prestigious jobs, it is considered an agency triumph. These individuals have acquired job skills that have helped them move up and on. Others leave because of struggles with health (many service providers are infected with Hepatitis C or HIV) or addiction. It is also not unusual for a service provider to make a lateral shift to another program in another agency. Turnover is complicated by a revolving door of volunteers as well. Most



volunteers remain with CBOs for shorter periods of time than staff. One administrator estimated that the average volunteer stays with his agency only 7 or 8 months. During this short time, volunteers must be trained and managed, a considerable investment considering the few hours a week they typically work with the agency.

**Table 7. Meta-Matrix for Success Factors Related to Agency Climate**

**HIGH SUCCESS**

Site	Success Factors	Challenges
<b>A</b>	<ul style="list-style-type: none"> <li>client driven</li> <li>staff committed and connected to population</li> <li>staff excited about innovative nature of work</li> <li>staff have strong personalities and are independent workers</li> <li>staff and adm relationships positive</li> <li>staff trust adms</li> <li>adms empower staff to think freshly about work</li> <li>friendly working environment</li> </ul>	<ul style="list-style-type: none"> <li>adms need support in organizational management</li> <li>staff have strong personalities and are independent workers</li> <li>preventing personality conflicts among staff requires vigilance</li> </ul>
<b>E</b>	<ul style="list-style-type: none"> <li>client driven</li> <li>climate is very positive working environment</li> <li>staff work as cohesive team</li> <li>staff have strong personalities and are independent workers</li> <li>training for staff is sought and valued</li> <li>staff highly motivated and committed</li> <li>proud of importance of work</li> <li>agency philosophy embraces nonjudgment for both clients and staff.</li> </ul>	<ul style="list-style-type: none"> <li>management of multiple programs</li> <li>preventing burnout</li> <li>moderate staff turnover but stabilizing leadership provided by administrators minimizes disruption</li> </ul>
<b>F</b>	<ul style="list-style-type: none"> <li>client driven</li> <li>staff committed and connected to population</li> <li>mostly a one-person program, so personality conflicts not a problem</li> <li>HIV program separate from other agency programs, yet work cooperatively to meet client needs (one-stop shop)</li> </ul>	<ul style="list-style-type: none"> <li>staff could benefit from additional training</li> </ul>

**MODERATE SUCCESS**

Site	Success Factors	Challenges
<b>G</b>	<ul style="list-style-type: none"> <li>client driven</li> <li>staff committed and connected to population</li> <li>presence of multi-disciplinary staff team enhances ability to serve client</li> </ul>	<ul style="list-style-type: none"> <li>recent staff turnover at both service provider and adm levels</li> <li>low pay for personnel</li> <li>managing staff</li> </ul>
<b>D</b>	<ul style="list-style-type: none"> <li>client driven</li> <li>staff exceptionally conscientious and dedicated</li> <li>administrators are motivated to move this agency forward</li> </ul>	<ul style="list-style-type: none"> <li>staff are volunteers with limited time</li> </ul>
<b>C</b>	<ul style="list-style-type: none"> <li>client driven and community based</li> <li>adm open to challenges and change</li> <li>staff work collegially</li> <li>family-type environment</li> </ul>	<ul style="list-style-type: none"> <li>clientele are considered greatest challenge</li> <li>frequent and recent staff turnover</li> <li>finding staff with commitment and passion</li> </ul>
<b>B</b>	<ul style="list-style-type: none"> <li>grassroots organization – community based</li> <li>staff, who are all new to the program, are committed and connected to population</li> <li>positive agency climate</li> </ul>	<ul style="list-style-type: none"> <li>agency focus is broad based; HIV is small part of overall agency mission</li> <li>recent staff turnover at both service provider and adm levels</li> </ul>

Overall, three sites appeared to show high levels of success in creating positive agency climates, and four sites moderate levels of success. Recent staff turnover is the distinguishing characteristic between highly vs. moderately successful agencies in terms of their current climates (see Table 7).

**Question 7: What are the characteristics and support needs of effective service providers?**

Service providers were asked to describe their own strengths and those of other service providers in their organization. In most cases service providers represent the community they serve; they share with their clients similar challenges, culture and language. In many cases, service providers described themselves as having “walked the walk” and are pleased to have the opportunity to “give back to their community.” One service provider said she tells her clients:

*I was here 15 years ago. I was doing exactly what you're doing. I was turning tricks. I was living in that motel. The next trick was my room, the next trick was my food, the next trick was my dope...probably in backwards order. They begin to know that we're gonna tell them the truth and attempt to give them the resources to make changes if they're willing to make the changes.*

As shown in Table 8, their strengths as service providers include motivation, dedication, approachability, flexibility, and compassion. They are passionate about helping the population they serve.

*If they took our funding away today I would figure out some way to stay out there.*  
(service provider)

Service providers were also asked to describe an “ideal” service provider. Not surprisingly, the descriptors they used to describe themselves and their colleagues were the same as those they used to describe the “ideal” service provider. In other words, staff perceive themselves and their colleagues as “ideal.”

It is very interesting to note that knowledge about current HIV/AIDS information (e.g., AIDS 101) was not mentioned by any service providers when describing either their own strengths or those of an ideal service provider.

Administrators understand the commitment of their service providers and admire their ability to connect in a meaningful way with clients. They, however, feel that staff and volunteers need booster training about current HIV/AIDS information. Observations made by the evaluation team of services provided were consistent with the administrators’ perspectives. Service providers were sometimes stymied by questions asked by their clients or answered such questions incorrectly (e.g., Where did HIV come from? Could you get HIV from touching a stair railing if it had dried blood on it?) .

Administrators also believe that providers could benefit from more training and support in the area of work skills. Time management and priority setting were mentioned as areas of need (see Table 9). Because of the nature of the work, services are often provided outside the walls of the agency. Once service providers have been trained, they work independently and without

direct supervision. Sending providers out to serve clients requires faith on the part of the administrators. As administrators said:

*Staff need more follow up and direction. The flipside of the acceptance is perhaps not enough focus on results. It's a tricky balance. As an administrator you have to say, I want to support you but I also need to see results from you. (administrator)*

*Staff need help in how they spend their time and what their strategies are. It's a tough call when to sit down with somebody and question them and when to let them go and try to work it out. It's a management issue. (administrator)*

*Some need to be micromanaged and I hate to do that. I'm not a micromanager. I like to say, this is your job, this is what you need to do, do it. Some can't do what they say they can do. It is the thing I hate most about this job – managing. (administrator)*

Generally service provider group presentation skills were reported to be strong, and their rapport and ability to connect with participants excellent. When evaluators observed presentations made in group settings, service providers displayed excellent abilities to engage reluctant participants, to use humor to make a point, and to make the material personally relevant. This was not true across the board, however. During one presentation, incorrect facts were presented and lack of behavior management skills created group tension. Several group participants became unruly bordering on aggression and one female participant left the room in tears.

**Table 8. Cross Site Matrix of Characteristics of Effective Service Providers**

Characteristics of Effective Service Providers	Sites Where Mentioned or Observed
• Client focused – puts needs of clients before all else (7)	A,B,C,D,E,F,G
• “Walked the walk” –similar challenges, culture, language as clients (7)	A,B,C,D,E,F,G
• Work hard – put in extra effort to serve clients (7)	A,B,C,D,E,F,G
• Flexible – able to change with agency (7)	A,B,C,D,E,F,G
• Dedicated – not in it for the money (7)	A,B,C,D,E,F,G
• Independent worker (7)	A,B,C,D,E,F,G
• Nonjudgmental of clients- compassionate (7)	A,B,C,D,E,F,G
• Motivated – want to give back to community (7)	A,B,C,D,E,F,G
• Committed to serving clients - “big heart” (7)	A,B,C,D,E,F,G
• Passionate – enthusiastic (7)	A,B,C,D,E,F,G
• Approachable – easy to talk to (7)	A,B,C,D,E,F,G
• Ability to develop positive relationships with clients (7)	A,B,C,D,E,F,G
• Understand need to collect data (7)	A,B,C,D,E,F,G
• Group presentation skills (5)	A,D,E,F,G
• Nonjudgmental of other SPs - accepting other staff's past problems (4)	A,E,F,G
• Creative (2)	F,G
• Hopeful - belief in potential to turn negatives into positives (1)	E
• Patient with slow rate of change in clients (1)	E
• Protective of agency reputation (1)	E

**Table 9. Cross Site Matrix of Challenges and Support Needs of Service Providers**

<b>Challenges and Support Needs Service of Service Providers</b>	<b>Sites Where Mentioned or Observed</b>
• More training needed about latest HIV/AIDS prevention and treatment options (7)	A,B,C,D,E,F,G
• Juggling multiple responsibilities within agency (7)	A,B,C,D,E,F,G
• Networking opportunities with other agency service providers (6)	A,B,D,E,F,G
• Insufficient training may put service providers at risk of providing misinformation or alienating clients (4)	B,C,D,F
• Skills needed in organizing and prioritizing workload (4)	A,C,D,E
• May hold outside jobs (3)	A,B,E
• Training on techniques that facilitate behavior change in clients (3)	B,C,D

### Focus Group Perspective

Training bubbled to the top as a priority need during the focus group as well. To some degree, SAPA was felt to provide a forum for keeping service providers informed. Service providers need to attend these meetings on a regular basis, however, for the meetings to be effective. Traditional trainings were viewed as essential for providing service providers with necessary knowledge and skills. Both seasoned and novice service providers could benefit from training on up-to-date prevention and treatment strategies (e.g., AIDS 101) and training aimed at developing client-focused intervention and motivation skills. Participation in training was also viewed as an effective mechanism for helping build positive relationships between agency staff.

### **Question 8. What are the characteristics and support needs of effective administrators?**

Administrators in these programs must serve dual roles. On the one hand, they must possess traditional management skills, monitor multiple programs simultaneously and be on the constant look out for new funding. On the other hand, they oversee the work of a cadre of employees and volunteers, some of whom they describe as difficult to manage due to their independent and passionate natures. One administrator described his staff as having “the emotional development of 15-year olds in the bodies of 50-year olds.” Service providers look to their administrators for a type of support that administrators in more traditional settings do not have to provide. These CBO administrators must warmly yet authoritatively guide employees who may be emotionally, socially and/or physically challenged. It is a big job; many administrators spoke of these types of management challenges.

Overall, staff were well satisfied with their administrators. Their descriptions of their current administrator and an “ideal” administrator were highly similar. A few instances of administrator – staff mismatch were noted, but these were described in a positive tone without undercurrent of dissatisfaction. Most service providers valued their independence and their ability to serve clients in the best manner possible. This often required providing services beyond the scope of work. Administrator support of the service providers’ independence and drive to help clients was described as essential to staff work satisfaction.

*The administrators here are supportive and willing to help me. We go over my plans and they give me positive and constructive feedback. I’ve never been in this kind of setting before. They’re very helpful and answer my questions, tell me about the politics and so forth. (service provider)*

While it was not viewed as essential that administrators have “walked the walk,” there was consistent agreement that they must have a strong commitment to the population served by the organization and should “really care” about their service providers (see Table 10.) Service providers are often personally challenged by the same issues as their clients; they need special support from their administrators. When service providers described the ideal administrator, they placed a high importance on the presence of interpersonal skills. They wanted an administrator who was approachable, understanding and supportive.

**Table 10. Cross Site Matrix of Characteristics of Effective Administrators**

Characteristics of Effective Administrators	Sites Where Mentioned or Observed
• Commitment to population served (7)	A,B,C,D,E,F,G
• Supportive of staff personal challenges (7)	A,G,C,D,E,F,G
• Often worked up the ranks to earn position as administrator (6)	A,B,C,D,F,G
• Positive relationship with staff (6)	A,B,D,E,F,G
• Training or experience as administrator (4)	A,E,F,G
• Flexibility regarding staff special needs (4)	A,E,F,G
• Supportive of staff professional skills, allow staff creative freedom (3)	A,E,G
• Ability to provide appropriate positive or constructive feedback to staff (3)	A,E,G
• Accessible to staff for personal and professional support (3)	A,E,G
• Not afraid of challenges and change (2)	A,E

Service providers did not seem aware that, in addition to being pleasant to work with, their administrators might need some traditional administrative skills such as project management, budgeting, and other technical skills. The need for these skills was not overlooked by the administrators themselves, however, and several administrators requested support and training on program and agency management issues. Table 11 provides a listing of the challenges mentioned that administrators face.

**Table 11. Cross Site Matrix of Challenges and Support Needs of Administrators**

Challenges and Support Needs Service of Administrators	Sites Where Mentioned or Observed
• Managing and supporting diverse staff (7)	A,B,C,D,E,F,G
• Recruitment of staff and volunteers (7)	A,B,C,D,E,F,G
• Retention of staff and volunteers (7)	A,B,C,D,E,F,G
• Training staff and volunteers (7)	A,B,C,D,E,F,G
• Managing complex programs and projects (7)	A,B,C,D,E,F,G
• Functioning under constraints of small budget (5)	A,B,C,D,E,
• Maintaining positive relationships with service providers (4)	B,C,D,E
• Distributing staff time appropriately across multiple funding streams (4)	A,C,D,E
• Time and task management (3)	A,C,D
• Being everything to everyone (2)	E,G
• Functioning proactively rather than reactively (1)	A

### Focus Group Perspective

Focus group participants mentioned the need for training for administrators as well. In particular, training on effective grant writing was mentioned.

**Question 9: How is the County oversight and support perceived by programs?**

Program service providers and administrators were unanimous in their strong appreciation of the relationships they have with County contract monitors and administrators. For example:

*We are so lucky here. We are so lucky here. We are blessed!* (service provider)

*I love those guys. We have a very good working relationship. I am always comfortable.* (administrator)

Some examples of descriptors used in regards to County staff are displayed in Table 12.

**Table 12. Descriptors of County staff by service providers and administrators**

Descriptors Mentioned		
supportive	always answers questions	helpful
responsive	great	could not be better
accessible	fair	hard working
intelligent	knowledgeable	easy to work with
understanding	motivated	exemplary
open to new ideas	committed	personable

Program staff were asked their opinions about the value of the various meetings and trainings that they are required by the County to attend. While the need for additional training and support was frequently voiced by respondents, disappointment was also expressed that past offerings have been lacking.

Administrators (and the few service providers who have attended quarterly meetings) generally did not find these quarterly meetings useful. They felt it wasn't a good use of their time to hear nominal updates or reports that could be provided in a memo format. A more productive use of this time, several suggested, would be to allow meeting participants to develop personal and professional relationships, solicit in depth guidance from their peers about challenges they face, and share expertise.

Several administrators spoke favorably about the SAPA meetings, with one administrator mentioning that he likes SAPA because he learns about other agencies he can make referrals to. The few service providers who had attended SAPA meetings found the meetings very helpful. Not many people could comment on the SAPA subcommittees because they hadn't attended any, but those who had were positive.

The County HIV/AIDS Education and Prevention Program provides multiple opportunities for CBO administrators and service providers throughout the year. These include workshops, conferences, community forums and informational updates (e.g., presentations, lectures and printed information). According to County staff, few administrators or service providers from E&P funded agencies attend these training opportunities. For example, over NNN participants from around the state attended the 2001 Spring AIDS Conference, which was held in Sacramento, yet only three were from County HIV/AIDS E & P funded agencies.

Administrators and service providers were not asked how many trainings they had attended over the past year. This would have been a good question to ask. Several reported that the

information provided during trainings was not relevant to the unique needs of their clients. Service providers tended to be reluctant to attend a training session that may not provide them with practical or important information. They worry that time spent in training takes away from time that can be spent with clients. Only a few interviewees indicated that they had found previous trainings helpful.

Table 13 summarizes success factors and challenges related to oversight and support by the County. All agencies are considered to be experiencing “high success” in this area. Relationships between CBO staff and County staff are excellent and suggestions for improvement were offered with a sense of hopefulness.

**Table 13: Meta-Matrix for Success Factors of Effective Oversight and Support by County Staff**  
**HIGH SUCCESS (ALL SITES)**

Site	Success Factors	Challenges
<b>A</b>	<ul style="list-style-type: none"> <li>• excellent relationships reported</li> <li>• County helps CBO meet needs of community</li> <li>• meetings with CM very helpful</li> <li>• CM very supportive</li> <li>• Can call anytime for anything</li> <li>• County responsive to requests for help</li> <li>• understand reports are structured to provide info to OA; format is ok</li> </ul>	<ul style="list-style-type: none"> <li>• reports burdensome when CBO is behind on data entry</li> <li>• reports don't help with internal program monitoring</li> <li>• quarterly meetings for adms not helpful (suggests meetings be conducted in a “interactive social venue” to encourage idea exchange and networking)</li> <li>• SPs need help in networking with SPs in other agencies</li> </ul>
<b>E</b>	<ul style="list-style-type: none"> <li>• excellent relationships reported</li> <li>• County request for ideas from CBO is appreciated</li> <li>• County understands the target population and provides population-specific guidance</li> <li>• County staff bright, hard working, great, motivated, committed, really good, quite exemplary</li> <li>• can call anytime for anything, always available</li> <li>• County responsive to requests for help</li> <li>• County wants CBO to be successful</li> <li>• CM helps with everything, even preparing incentive materials</li> <li>• “They get it”</li> <li>• enforces the SOW and keeps CBO on track</li> <li>• very understanding</li> <li>• County reports are reasonable</li> </ul>	<ul style="list-style-type: none"> <li>• changing data collection forms is frustrating</li> </ul>
<b>F</b>	<ul style="list-style-type: none"> <li>• excellent relationships reported</li> <li>• CM goes above and beyond call to provide help</li> <li>• County willing and open to suggestions</li> <li>• feel comfortable with County staff</li> <li>• County reports are reasonable</li> </ul>	<ul style="list-style-type: none"> <li>• requirement to have multiple objectives is more burdensome than requirement to write report</li> <li>• reports archived, not distributed</li> </ul>
<b>G</b>	<ul style="list-style-type: none"> <li>• excellent relationships reported</li> <li>• responsive: telephone calls are always promptly returned</li> <li>• likes that County adm answers her own telephone and is so accessible</li> </ul>	<ul style="list-style-type: none"> <li>• reports could be longer; would like to provide more information than requested by County</li> <li>• quarterly meetings for adms not helpful (suggests alternative format to better “capture power of all agencies sitting at the table”..</li> <li>• Would like County assistance in developing relationships among other subcontractors</li> </ul>
<b>D</b>	<ul style="list-style-type: none"> <li>• County staff helped with development of SOW</li> <li>• no complaints about reports; used to doing them</li> </ul>	<ul style="list-style-type: none"> <li>• adm uses reports for program monitoring and improvement</li> <li>• meetings helpful</li> </ul>
<b>C</b>	<ul style="list-style-type: none"> <li>• excellent relationships reported</li> <li>• County responsive to questions and needs</li> </ul>	<ul style="list-style-type: none"> <li>• meetings are a waste of time</li> <li>• SPs do not see reports</li> </ul>

	<ul style="list-style-type: none"> <li>• easy to work with, fair</li> <li>• County understands the target population</li> <li>• County request for ideas from CBO is appreciated</li> </ul>	
<b>B</b>	<ul style="list-style-type: none"> <li>• excellent relationships reported</li> <li>• County staff close allies and supporters of this agency</li> <li>• comfortable calling with questions</li> <li>• very good leadership; helps us to stay on track</li> <li>• offers trainings, provides new information</li> <li>• fair</li> <li>• very supportive</li> <li>• helped mew staff with first report</li> <li>• reports occasionally used by adm to show evidence of need</li> <li>• SPs use reports to monitor program activities and resources</li> <li>• reporting requirements are fair</li> </ul>	<ul style="list-style-type: none"> <li>• would like place to report “true stories” about how lives of clients are improved</li> </ul>



## D. Recommendations

Recommendations are provided to improve the effectiveness of the Sacramento County HIV/AIDS Prevention Program. The commitment and dedication of the administrators and service providers in agencies funded by the County is evident. The following recommendations will build upon this commitment and enhance the skills already existing in this cadre of dedicated professionals.

### Collaboration

1. Provide regular opportunities for administrators to connect across programs. They have much they can teach one another. Administrators are already required to attend regularly-scheduled quarterly meetings, but the structure of these meetings could be modified to encourage the formation of collegial and trusting relationships. Most administrators are eager to share strategies for dealing with the common administrative challenges they all face. Several have unique talents they are willing to share with one another. For example, one has developed a system for managing and monitoring multiple programs. Another has developed a system for collecting client data using a palm pilot. Encourage administrators to share their own experiences and expertise by bringing them together to share perspectives on questions such as those listed below:

- What was the most frustrating personnel issue you had to deal with this past month? How did you resolve it?
- How are new service providers trained to collect data in your agency?
- Tell us about your most successful relationship with a community partner (a non-program such as a bar or beauty salon). What makes it successful? What are its challenges?
- Who are your most difficult-to-reach clients? What strategies have you used to successfully meet the needs of these clients?
- What new client needs have you recently learned about? What will you do about meeting those needs?
- How do you engage reluctant service providers in the process of developing the SOW?
- What strategies do you use for guiding service providers who consistently work outside the SOW?
- What works best in your agency in terms of retaining staff and volunteers (e.g., minimizing staff turnover)?

2. Provide regular opportunities for service providers to connect across programs. Service providers now have very little opportunity to interact with service providers from other agencies. They would benefit from opportunities to get to know each other, learn about their strengths and perspectives, and develop relationships. Once trust exists, referrals can be made with increased confidence that clients will be treated with skill, compassion and respect. Service providers are likely to benefit from swapping stories around topics such as those listed below:

- What was the most interesting question you received from a client this past month? How did you answer it?
- Describe a client you encountered this past month who needed a service that is not specified in your SOW. What did you do?

- Tell the story of a client who was well served by a constellation of programs. (Bring the client to the meeting, if you wish)
- What are the most frustrating aspects of splitting your time across multiple funding streams? How do you deal with this?
- Describe the last client you had who refused to complete the required forms. What did you do?
- How do you work with a client who fails to show up for appointments?
- What have been your biggest challenges in collecting data? How have you overcome those challenges?
- What is the most interesting thing you have learned from client responses on a KABB survey? What have been your biggest challenges related to the KABB survey?

3. Facilitate a process that encourages service providers to get together outside of regularly scheduled meetings. They could benefit by observing each others group presentations; they could benefit by shadowing each other during street outreach and on ride-a-longs. This is especially true for new service providers.

4. Provide an opportunity for administrators and service providers to meet with and develop relationships with service providers at Sacramento medical clinics (which offer services appropriate for CBO clients). A frequently expressed frustration was the perceived paucity of medical clinics and their overcrowded conditions. Service providers need to be more familiar with services available at existing medical clinics and trust that their clients' medical needs will be met with respect and skill.

### Training

5. Conduct a needs assessment to determine specific service provider and administrator training needs. Collect information on topics, times, and delivery modes. Determine reasons for low attendance at previously scheduled trainings.

6. Continue to provide new and current service providers with HIV/AIDS 101 training. Because of staff turnover and transience, HIV 101 trainings should be offered several times each year. Structure the trainings so to be informative to experienced as well as new service providers. For example, experienced service providers could be involved in delivering some aspects of the training. Work with CBOs to establish internal processes for ensuring that service providers are properly trained before meeting with clients.

### Resource Materials

7. Ensure that all CBO staff and administrators possess a copy of the HIV/AIDS Educator's Manual. This manual contains information that should be readily accessible for service providers during the course of their day-to-day work. Consider converting the Manual into a booklet form so it is easier for service providers to carry and refer to when answering questions in the field.

8. Disseminate written information to service providers about medical clinics to which they may refer their clients.

9. Disseminate information to service providers about housing options in the Sacramento area.

### Needle Exchange

10. Work with County Board of Supervisors to support SANE, the existing needle exchange program. The need for needle exchange was a high priority need identified by numerous agency personnel.

### Instrumentation

11. Adopt or develop a standard series of KABB questions, for all programs, and provide training on administration and use.

### Client Needs

12. Develop a plan for and implement an assessment of client needs relative to HIV/AIDS education and prevention. Client needs change over time. A client-based needs assessment should be conducted periodically to ensure that services are appropriately targeted. Several interviewees felt that client needs were not fully understood by their agencies.

13. Learn more about the issue of alignment between CBO SOWs and the range of services provided to the typical client (e.g., establish a committee to address this topic or conduct a forum, panel or topical-meeting).

14. Explore existing and needed community options related to the most frequently mentioned unmet client needs: needle exchange, medical services, and housing (e.g., establish a committee to address this topic or conduct a forum, panel or topical-meeting). Develop and implement a plan for the systematic collection and documentation of unmet client needs by CBO service providers.

### SOW

15. Programs should continue, and be reinforced for, their practice of developing their SOW in collaboration with the community, service providers, and the County.

16. In the event of staff turnover, County staff should continue their practice of meeting personally with new program personnel to review and discuss the SOW.

17. County should continue to support and encourage CBOs to write feasible SOWs. The number of client contacts and tasks should be commensurate with the anticipated budget. This will minimize the degree to which administrators and service providers are frustrated by a perceived mismatch between the budget and their SOW.

### RFP

18. When developing the next RFP, include components suggested by this evaluation such as:

- (1) guidelines for developing work plans that are "doable" (given the budget)
- (2) incentives for collaborating with other agencies
- (3) guidelines for staff salary levels (to reduce turnover)

### Implementation of Recommendations

19. Convene a meeting of the Evaluation Advisory Committee to review the findings of this report and provide guidance on implementation of its recommendations.

### **References**

Patton, M.Q. (1990) Qualitative evaluation and research methods. Newbury Park, CA: Sage.

Miles, M.B. & Huberman, A. M. (1994) Qualitative data analysis. Newbury Park, CA: Sage.