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[External Review of HRSA [Health Resources and Services Administration] AIDS Programs] [loose]

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Office of the Assistant Secretary
for Health
Washington DC 20201

Steve
Note Jo will
be setting up a
mtg

January 19, 1994

MEMORANDUM TO PATSY FLEMING
KRISTINE GEBBIE

SUBJECT: External Review of HRSA AIDS programs

Phil recently received a letter from Jeff Levi requesting a review of HRSA's AIDS programming. Phil is inclined to go along with such a process and we had discussed a "CDC like" review as an option with both of you a while ago.

The attached package reflects Steve Bowen's draft reply to Jeff but it also outlines the considerable amount of study and public consultation already initiated or conducted on the Ryan White titles. The details of the actual studies of Ryan White commissioned under the 1% PHS evaluation authority are also attached as requested from Melanie Timberlake in OHPE. I discussed these with Phil briefly. I wonder if you could both review these and let us get together shortly to discuss what has already been done and the possible need for an alternative approach at HRSA in view of this set of activities. It would be important not to undermine current processes of consultation with the involved communities in whatever review we propose.

I discussed these issues with Jeff who agrees with the approach. I told him we'd be back with him in a couple of weeks.

I also discussed the idea briefly with Dr. Sumaya who will be starting February 8 and he is supportive in principle. He will be in Washington several times before he starts and I will try to coordinate our meeting with him. Thanks for your help.

Jo Ivey Boufford, M.D.
Principal Deputy Assistant
Secretary for Health

cc: Philip Lee
Ciro Sumaya

JAN - 5 1993

NOTE TO JO BOUFFORD

Through: Brian Biles BB/mt

Subject: Additional HRSA Study Related to the Ryan White Care Act

Attached is material on one additional study related to the Ryan White Care Act which I received from HRSA today. This material was not included with the package submitted yesterday.

Melanie Timberlake

Melanie Timberlake

FY 1993 HRSA EVALUATION STUDY

Enrolling Minorities, Women and Children/Adolescents in NIH AIDS Clinical Trials: Models and Practices (HRSA 92-147)

Cost : $178,212
Dates: September 1993 - September 1994

In 1992, the Health Resources and Services Administration (HRSA) and the National Institutes of Health (NIH) undertook a collaborative effort to facilitate broader access to HIV clinical trials for people of color, women, adolescents and children. An intra-agency agreement laid the basis for joint planning and analyses between the Bureau of Primary Health Care/HRSA and the Clinical Research Management Branch, National Institute of Allergy and Infectious Diseases/NIH.

Five grantees were funded by the Bureau of Primary Health Care/ HRSA to participate in a 1-year clinical trials demonstration project. Three additional grantees were added in January 1993. The goal of this initiative is to increase access to appropriate NIAID funded clinical trials for the HIV infected, targeting minorities, women, and children/adolescents.

This evaluation will be Phase II of a two part study. (Phase I, which began in December 1992, was conducted to describe the HIV/AIDS health-related activities provided by the grantees prior to implementation of the clinical trials.) Phase II is designed to describe experiences of HRSA grantees in the clinical trials, and to identify the most successful approaches to overcoming barriers to access. In addition, the study will determine from the providers, administrator and consumer perspectives, the current understanding of the role of research in the primary care setting.

ATTACHMENT A

ARTICLE I - DESCRIPTION AND SCOPE OF WORK

A. Description

The purpose of this study is to assess which activities resulted in increased enrollment of underserved minorities, women, and children/adolescents into NIH supported HIV/AIDS clinical trials, monitor outcomes of these activities and identify which are most successful in achieving their goals. Barriers to the integration of HIV/AIDS clinical trials will be identified and solutions discussed.

In addition, this study will also determine from the providers, administrator and consumer perspectives, the current understanding of the role of research in the primary care setting.

In the conduct of this study, the contractor will work with NIH to identify AIDS Clinical Trials Groupings (ACTG) recruitment and research statistics which are relevant to this undertaking. In addition, the contractor will work with community based health facilities and pediatric demonstration projects to monitor numbers of successful referrals to NIH supported research projects or ACTGs. This study is intended to be the first in a series of studies to assess the overall impacts of these interventions on the dependent variable - increased enrollment. This will be a descriptive study, not a study involving major scale development and multivariable analysis.

To obtain the required information, the contractor will perform in-depth site visits to the selected Ryan White Title III grantees. During the site visits, the contractor will conduct unstructured interviews with key personnel to identify process issues which helped or hindered this effort and with clients to identify factors that they feel helped or hindered their enrollment in clinical trials. Case studies of 8 (eight) community based health facilities and clinical trials which have implemented, or are in the later stages of implementing, programs to increase the enrollment of minorities, women and children into clinical trials will be conducted.

Scope of Work for HRSA 92-147

In performing this study, the contractor shall specifically:

1. Meet with the Project Officer

Meet with the Project Officer and Co-Project Officer during the first week of the contract in order to identify and clarify issues relating to the work to be performed. The meeting will be held at a location designated by the Project Officer.

2. Submit Monthly Progress Reports

Submit monthly progress reports to the project officer detailing activities completed to date, preliminary findings, planned activities and issues affecting the conduct of the evaluation and, at a minimum, include the following information:

a. A summary of total number of person-days expended for this effort by each person. The summary should reflect totals for the current month and cumulative months to date.

b. Description of progress, observations and significant findings to date.

c. Brief narrative of any problems interfering with the progress of the evaluation and the proposed solution(s).

d. A status report on funds available, showing expenditures for the month and cumulatively for the projects to be submitted with the contractor's voucher.

3. Prepare a Revised Workplan

The work plan as developed in the Technical Proposal shall be revised in accordance with discussions with the Project Officer and Co-Project Officer. The contractor also shall consult with Jean McGuire, the contractor for Phase I, in the development of the revised work plan and implementation of the evaluation study. The workplan shall include, but not be limited to the following:

a. A proposed list of questions to be addressed, which shall include:

- What was the process of collaboration between the grantees and the ACTG or Comprehensive Programs for Community Research in AIDS (CPCRA)? Who was involved? What was their role?

- Did the enrollment of the targeted populations in NIH-supported clinical trials increase? What factors contributed to this?

- What individual, organizational and environmental factors affected the enrollment of the target populations in the NIH-supported clinical trials? From whose perspective? primary care provider? consumer? ACTG representative?

- What contemporaneous events or activities occurred that may have affected the number of women, minorities and children/ adolescents enrolled in clinical trials?

- Which activities proved to be effective and cost-effective?

- Which activities could be replicated in other settings?

- What support was provided to facilitate patient's continuous participation in the clinical trials? In primary care services being delivered under Title III(b)?

- What organizational models of HIV care delivery were effective in enrolling the target population in clinical trials?

- What differences exist between trial activities, i.e., relative safety/toxicity of the trials? What primary care burden if any, was created by the trials? What were the differences if any, in the burden borne by the patient?

The contractor may suggest additional questions for the site visit protocol.

b. A proposed protocol that will be followed on the eight site visits, including interview guides appropriate for the various classes of respondents. These classes shall include but not be limited to the following: clinical administrator, medical director, and consumer representative at the Title III (b) sites; ACTG/CPCRA administrator at the research institution, and the NIH AIDS clinical trial coordinator.

   Off-site interviews should include relevant government officials, representatives of organizations with which the site has linkages, and key representatives of the area's primary care, AIDS and clinical trials networks, as appropriate.

c. A proposed analysis plan.

d. A draft outline for the final report.

e. A detailed schedule for completing work under the contract.

4. Pilot Test Site Protocol Instrument

4.1 Following approval of the protocol by the Project Officer, the Contractor shall pilot test the protocol at two program sites.

4.2 The pilot sites shall be selected by the Project and Co-Project Officer, in consultation with appropriate Departmental staff.

4.3 Prepare a brief written summary of the pilot test results.

4.4 Conduct an oral briefing for Project Officers. The briefing shall include (a) substantive findings from the initial visits; (b) experiences with the methodology; and (c) recommendations for modifying the methodology.

4.5 Finalize the site visit protocol incorporating needed changes, as requested, by the Project Officers.

5. Conduct Site Visits

Following Project Officer's approval of any change in the protocol, conduct the remaining site visits and prepare a written report on each site.

6. Prepare a draft final report and a draft executive summary.

The final report shall include, but not be limited to:

- Purpose and methodology of study
- Methodology, including copies of the site visit protocol
- Findings of the study
- Recommendations
- Copies of each of the case studies (site visit reports)

7. Meet with the Project Officer to discuss the draft documents.

8. Conduct a preliminary oral briefing designed not to exceed 30 minutes of presentation. Provide at this session, all charts, slides and/or other materials proposed for use in the final briefing.

9. Conduct a final oral briefing for a larger group of HRSA staff and others.

10. Prepare a final report and a final executive summary, revised to incorporate comments from the briefings, as indicated by the Project Officer.

11. Prepare a draft manuscript for a journal article based on findings of the study.

FY 1993 HRSA EVALUATION STUDY

Integration of HIV/AIDS Related Services and Primary Health Care in Ryan White Title III Funded Programs (HRSA 93-103)

Cost : $129,975
Dates: August 1993 - August 1994

The purpose of this study is to identify and to assess changes in C/MHC organization, HIV/AIDS-related services provided, need and demand for these services, utilization, and different models of service delivery in response to the HIV/AIDS epidemic and receipt of Title III funds.

Information generated from this evaluation will be used by BPHC to answer outcome questions on the target population and to identify delivery systems, services and organizational structures - key elements essential to an integrated primary care service model for HIV care in C/MHCs. This information will also assist BPHC to develop policies and to effectively focus resources in the delivery of health care to medically underserved persons with HIV/AIDS, specifically in high risk groups. In addition, the evaluation will result in recommendations that can help Federal, State, and local governments to develop strategies to improve coordination among the various HIV/AIDS programs.

Scope of Work for HRSA 93-103

In performing this study, the contractor shall specifically:

1. Meet with the Project Officer

   Meet with the Project Officer and Co-Project Officer during the first week of the contract in order to identify and clarify issues relating to the work to be performed. The meeting will be held at a location so designated by the Project Officer.

2. Submit Monthly Progress Reports

   Submit monthly progress reports to the project officer detailing activities completed to date, preliminary findings, planned activities and issues affecting the conduct of the evaluation and, at a minimum, include the following information:

   a. A summary of total number of person-days expended for this effort by each person. The summary should reflect totals for the current month and cumulative months to date.

   b. Description of progress, observations and significant findings to date.

   c. Brief narrative of any problems interfering with the progress of the evaluation and the proposed solution(s).

   d. A status report on funds available, showing expenditures for the month and cumulatively for the project to be submitted with the contractor's voucher.

3. Prepare a Revised Workplan

   The workplan shall include, but not be limited to the following:

   a. A proposed list of questions to be addressed, which shall include:

      - To what extent are services being provided by Title III grantees as legislated by the Ryan White C.A.R.E. Act including substance abuse, mental health, tuberculosis, sexually transmitted diseases, and case management services?

- What barriers exist to the provision of these services?
- From whose perspective (provider? client?) are barriers being perceived?
- What steps have been taken to overcome these barriers?
- Are services/providers needs different for women? children? minorities? Why or why not?
- What additional training is needed for providers?
- What services have been added since the advent of Ryan White, Title III funding?
- What efforts are expended by the grantee to insure that the medically disadvantaged have access into their systems of care?
- What additional services have been identified to address special needs of target populations, i.e., women, children/adolescents, minorities?
- To what extent has the grantee forged relationship with other providers of HIV/AIDS related services in the community?
- As patients with AIDS require more complex health care, what is the ability of grantees to link patients with specialists in the community?
- What is in place or should be in place for pregnant women with AIDS?
- If a grantee could provide additional health services, what would they provide? How would they decide what additional services to provide?
- If a grantee used to offer health services that are no longer available, why were the services stopped?

The contractor may suggest additional questions.

b. A proposed protocol that will be followed on the eight site visits, including interview guides appropriate for the various classes of respondents. These classes shall include the executive director, the clinical director, finance director, and AIDS program coordinator.

Off-site interviews shall include relevant government officials, representatives of organizations with which the site has linkages, and key representatives of the area's primary care and AIDS networks.

NOTE: The site visit protocol **shall not** involve any data collection activities that would require clearance by the Office of Management and Budget.

c. A protocol and draft structured interview guide(s) for conducting approximately 50 telephone interviews.

d. A plan for obtaining grantees recommendations on questions to be addressed in the study.

e. Proposed criteria for selecting the grantees/individuals for the telephone interviews.

f. Proposed criteria for selecting C/MHCs for site visits. Project Officer will make final determination.

g. A proposed analysis plan.

h. A draft outline for the final report.

i. A detailed scheduled for completing work under the contract.

4. Meet with the Project Officer to discuss the workplan and confirm arrangements for soliciting grantees' suggestions.

5. Obtain grantees' suggestions and prepare a written summary.

6. Meet with the Project Officer to discuss the grantees' suggestions and determine the nature of any changes to the workplan.

7. Revise the workplan, as indicated.

8. Pilot Test Structured Interview Guide

8.1 Following approval of the interview guide by the Project Officer, pilot test the guide at no more than eight program sites.

8.2 The pilot sites shall be selected by the Project Officer and Co-Project Officer, in consultation with appropriate Departmental staff.

8.3 Analyze pilot test results and prepare brief written summary.

8.4 Conduct an oral briefing for Project Officer on the pilot test results including findings and effectiveness of the guide.

8.5 Revise the guide, as needed, based on changes requested by the Project Officer.

9. Prepare draft OMB clearance package of telephone interview guide.

10. Meet with Project Officer to discuss comments on the draft.

11. Revise the draft OMB clearance package as indicated by the Project Officer.

12. Finalize OMB clearance package and submit to OMB for approval.

13. Pilot Test Site Protocol Instrument

13.1 Following approval of the protocol by the Project Officer, the Contractor shall pilot test the protocol instrument at no more than two program sites.

13.2 The pilot sites shall be selected by the Project Officer and Co-Project Officer, in consultation with appropriate Departmental staff.

13.3 Prepare a brief written summary of the pilot test results.

13.4 Conduct an oral briefing for Project Officers. The briefing shall include (a) substantive findings from the initial visits; (b) experiences with the methodology; and (c) recommendations for modifying the methodology.

13.5 Finalize the site visit protocol incorporating needed changes, as requested, by the Project Officers.

14. Conduct Site Visits

Following Project Officer's approval of any change in the protocol, conduct the remaining site visits and prepare a written report on each site.

15. Develop, with the Project Officer, a list of respondents for the telephone interviews.

16. Conduct the telephone interviews, using the approved OMB document.

17. Prepare a draft final report and a draft executive summary.

The final report shall include, but not be limited to:

- Purpose and methodology of study
- Methodology, including copies of the site visit protocol and telephone interview guide
- Findings of the study
- Recommendations
- Copies of each of the case studies (site visit reports)

18. Meet with the Project Officer to discuss the draft documents.

19. Conduct a preliminary oral briefing designed to exceed 30 minutes of presentation. Provide at this session, all charts, slides and/or other materials proposed for use in the final briefing.

20. Conduct a final oral briefing for a larger group of HRSA staff and others.

21. Prepare a final report and a final executive summary, revised to incorporate comments from the briefings, as indicated by the project officer.

22. Prepare a draft manuscript.

FY 1993 HRSA EVALUATION STUDY

Use of Existing Data Sets to Analyze Changes in Hospital Utilization in Title I Cities by Patients with HIV/AIDS (HRSA 93-140)

Cost : $24,865
Dates: May 1993 - March 1994

This study will be conducted in 44 cities that are, or are likely to be, funded under Title I of the Ryan White CARE Act. The contractor will use existing hospital census data to assemble a database on 44 cities for the years 1988 and 1991. The database will contain at least the following information: inpatient utilization, discharge disposition, patient characteristics, and case management. The database will be capable of querying/ presenting the above variables separately for patients with an AIDS diagnoses and other HIV patients, and together for all people with HIV. The contractor also will perform at least the following analyses on each of the above variables; a) annual numbers, b) percent change between the years 1988 and 1991, c) weighted means by AIDS/HIV admissions, and d) rates of change among hospitals.

Scope of Work for HRSA 93-140

In performance of this contract, the contractor will perform the following tasks:

Task 1: Meet at HRSA headquarters with the Project Officer, OSE liaison, and key HRSA staff. At this meeting, the contractor and HRSA staff will discuss the contractor's draft design and baseline analyses for the evaluation to be conducted by the contractor.

Task 2: Based upon discussions in Task 1, the contractor will revise the draft design of the evaluation study and submit the revision for review by the Project Officer.

Task 3: Extract from and finalize population census information on counties to be included for each of the 44 cities.

Task 4: Determine state and county coding requirements to separately analyze each of these counties from the databases on people with AIDS and on others with HIV (OHIV).

Task 5: After completion of the above tasks, write programs to extract matched hospital sets (143 hospitals) from each city for each of the 1988 and 1991 AIDS/OHIV databases and add codes to each hospital (1-44) to identify the Title I city in which the hospital is located.

Task 6: Match hospitals in Title I cities that responded in both years. Build database consisting of these hospitals.

Task 7: Run extensive examinations to clean any variables which will be used for the HRSA task order that were not used for any Robert Wood Johnson Foundation's requirements tasks to date. This will entail cross tabulations, plots, and statistical comparisons. Present results based on "cleaned" data to Project Officer.

Task 8: Conduct all appropriate analyses and selections for each of the 44 cities in each of the two years. (88 separate selections). Analyses will be conducted for inpatient utilization, discharge disposition, patient characteristics, and case management practices. Identify any data limitations based on the number of city-specific respondents to specific data section. Resolve confidentiality issues.

Task 9: Meet with Project Officer and OSE liaison to review findings and interpret analyses.

Task 10: Prepare draft written report and charts in accordance with requested data on 44 cities by aggregate 1988 and 1991 data for AIDS and OHIV inpatient populations. The report will include highlights of the data as it relates to the study design.

Task 11: Prepare final written report and charts in accordance with requested data on 44 cities by aggregate 1988 and 1991 data for AIDS and OHIV inpatient populations.

FY 1993 HRSA EVALUATION STUDY

Changes in the Provision of Services for Drug Using/Recovering Women with HIV in Ryan White Title I Cities (HRSA 93-141)

Cost : $151,131
Dates: May 1993 - March 1994

The objective for the first year of this study is to design a methodology for a three-year prospective study to evaluate whether Ryan White CARE Act Title I funds are significantly improving access to comprehensive primary care and to related support services for injection drug-using/recovering women. These women make up the majority of women diagnosed with HIV disease. Data will be collected in four Title I cities during years two and three of the study. These data will be analyzed in year four.

This study will examine the kinds of services added/improved as a result of infusion of Title I funds into programs that do serve or could serve these women. The study findings will be used (1) to evaluate the impact of CARE Act funds on the availability of HIV-related services to this population and (2) to determine whether linkages between drug treatment and primary care are being accomplished. Joint funding will be actively and immediately sought for this project beyond the first year.

Scope of Work for HRSA 93-141

This study is being carried out through seven purchase orders.

HRSA 93-141A - University of Colorado Health Science Center
93-141B - Personalized Nursing Corporation
93-141C - Robert Baxter
93-141D - The Measurement Group
93-141E - Washington University School of Medicine
93-141F - Yale University School of Medicine
93-141G - Desire Narcotic Rehabilitation Center

We will be glad to supply individual scopes of work if desired.

FY 1993 HRSA EVALUATION STUDY

Evaluating How the Needs of Women with HIV are Being Addressed in the Title I Planning Process (HRSA 93-142)

Cost : $112,956
Dates: January 1993 - January 1994

The purpose of this process evaluation, conducted in four cities, is to evaluate whether and how the needs of women with HIV are being addressed in the planning process for allocation of Title I funds in those cities. It is intended to elucidate: 1) the extent to which women with HIV infection are represented and participate in the planning process; 2) how the need for expanded/improved services to this group was identified in the planning process and those services put in place or 3) how they were not identified or implemented and why. While this specific study will focus on the needs of women, it will potentially provide us with a framework and a tested methodology for evaluating how well the particular needs of other special populations (e.g., gay men of color, Hispanics, African Americans, drug using men, children, adolescents) are being attended to in the planning process for both Titles I and Title II of the Care Act and on whether the planning process--including public hearings, needs assessments, planning councils, and consortia--for CARE Act funding allocation is working as intended to provide a voice for traditionally voiceless constituencies. This study would provide a tested methodology for studying this issue as it regards other population groups and for looking at general issues as regards the planning process.

Scope of Work for HRSA 93-142

This study is being carried out through five purchase orders using four contractors.

HRSA 93-142A - Center for Women Policy Studies
93-142B - Blanca Ortiz-Torres
93-142C - Darlene Shelton
93-142D - Dooley Worth
93-142E - Center for Women Policy Studies

We will be glad to supply individual scopes of work if desired.

FY 1993 HRSA EVALUATION STUDY

Identification and Description of HIV-Related Service Delivery Systems in Rural Areas (HRSA 93-147)

Cost : $41,502
Dates: February 1993 - January 1994

The purpose of this study is to identify and describe systems of HIV care in rural areas. The study will describe HIV-related services available in different rural areas, characterize how those services are being integrated into existing systems, identify where they are being created separately, and describe the barriers to HIV-related services in rural areas. It will include a description of outreach efforts being conducted to bring rural residents who are HIV-positive into the systems of care, along with a description of the unique characteristics of each system. The project will involve case studies of rural areas that differ according to such variables as population density, percentage of minorities, known cases of HIV/AIDS, quality and comprehensiveness of Medicaid coverage including financial eligibility, and transportation.

Scope of Work for HRSA 93-147

In performance of this contract, the contractor specifically shall:

1. Meet with the Project Officer as well as staff from the Office of Rural Health Policy and the Office of Science and Epidemiology within 4 weeks after the effective date of contract (EDOC) to (a) discuss the contractor's work plan, (b) clarify the study's goals, objectives, evaluation questions, and methodologies, and (c) review expectations of performance under the purchase order.

2. Conduct a literature review on the organization and delivery of medical care and social services for people in rural areas, with particular emphasis on service delivery models that have applicability to people with HIV/AIDS.

3. Review Title II grant applications and final reports of HIV Services Planning Program recipients[1] to identify (a) key indicators that can be used to define different types of rural HIV service environments, (b) alternative models of HIV service delivery that exist in these rural environments, and (c) potential indicators for assessing the effectiveness of the different HIV service delivery models.

4. Meet with the Project Officer as well as staff from the Office of Rural Health Policy and the Office of Science and Epidemiology to discuss the findings from Tasks 2 and 3 and to develop a draft agenda for *two* regional meetings with selected AIDS program staff from the Mountain and South Atlantic Census Divisions. Submit a preliminary written summary of the findings from Tasks 2 and 3 and a proposed timetable for completion of all tasks.

5. Assist the Project Officer in convening *two* meetings with selected State AIDS program staff--one in the Mountain Census Division and one in the South Atlantic Census Division. The purpose of these meetings will be to discuss the findings from Tasks 2 and 3 and to review and comment upon the contractor's

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[1]HRSA's HIV Services Planning Program awarded one-year grants to help low and moderate incidence States and communities plan systems of HIV care.

recommendations with respect to (a) the criteria that should be used to select a case study site within each type of rural environment, (b) the kinds of individuals and organizations that should be visited and the questions that should be asked, (c) the information that should be included in a cross-site analysis, and (d) methods of disseminating study findings.

6. Submit, for Project Officer approval, a final written summary of the findings from Tasks 2 and 3 and a site visit protocol that includes (a) an explanation of the study's purpose and evaluation questions, (b) criteria for selecting case study sites, (c) procedures for scheduling the site visits, (d) a listing of the kinds of individuals and organizations that will be visited and the documents that will be reviewed, (e) a Discussion Guide that summarizes the priority questions to be addressed, (f) a proposed timetable for the site visits, and (g) a plan for cross-site analysis.

7. Conduct pilot case studies in *two* states: one in the Mountain Census Division and one in the South Atlantic Census Division.

8. Submit, for Project Officer approval, a written report that summarizes (a) how HIV-related services are being organized and delivered at each study site; (b) the extent to which these services are integrated into existing health and human service delivery systems; (c) the approaches that are being used to make special populations, such as women and racial and ethnic minorities, aware of these services; (d) the factors that have facilitated or impeded the development of a continuum of HIV care; (e) the estimated number of HIV-positive people receiving care (if this information is available); and (f) indicators that can be used to assess the effectiveness of rural HIV service delivery systems in future evaluation efforts. The report also should specify changes that need to be made in the site visit protocol and Discussion Guide before additional sites are visited.

FY 1993 HRSA EVALUATION STUDY

Quality Assurance Procedures for the Uniform Reporting System for Titles I and II of the Ryan White CARE Act (HRSA 93-151)

Cost : $231,664
Dates: June 1993 - May 1994

This project will evaluate two aspects of the Uniform Reporting System (URS) for Titles I and II of the Ryan White CARE Act. The two components of the project are:

1. evaluation of the quality assurance procedures applied to the collection, analysis, and reporting of Uniform Reporting System (URS) data by service providers, grantees, and BHRD; and

2. evaluation of the impact of the URS on the organization and delivery of Ryan White CARE Act programs.

Scope of Work for HRSA 93-151

In performance of this delivery order, the contractor shall specifically carry out the tasks listed below:

Task 1: Meet with HRSA project officer and other key staff to discuss the scope of the project. At this meeting, the contractor's proposed workplan will also be discussed and clarified, with attention given to identification and scheduling of activities.

Task 2: Based on the meeting in Task 1, submit a revised workplan which should include a timeline for completion of tasks under various segments of the project. These segments include but are not limited to the identification and evaluation of three national data sets similar to URS for developing standards for quality of URS data; development of necessary protocols and application of these standards to URS pilot test data which will involve site visits; development of data quality standards for use in a nationwide URS on an ongoing basis; and development of necessary manuals for use by providers and grantees and HRSA for data quality checks.

Task 3: Identify three national data sets similar to URS which can be used to help develop preliminary standards to evaluate the quality of nationwide URS data (e.g., with respect to the accuracy, completeness, consistency and unduplication etc.), internally and externally, at all levels through which data are transmitted (e.g., at the provider, consortium, grantee and grantor level) when collecting, processing and/or analyzing the data.

Task 4: Meet with HRSA project officer to discuss the data sets identified in Task 3.

Task 5: Identify additional national data sets as per project officer instructions and/or finalize the list of data sets to be used to develop preliminary standards to evaluate the quality of nationwide URS data.

Task 6: Develop a draft protocol to examine the standards used to evaluate the quality of national data sets as finalized in Task 5.

Task 7: Meet with the project officer and other key staff to discuss the draft protocol developed in Task 6.

Task 8: Finalize the protocol developed in Task 6.

Task 9: In accordance with protocol developed in Task 8, examine the standards applied in national data sets (as finalized in Task 5), to evaluate the quality of these national data.

Task 10: Using the results of data quality evaluation in Task 9, develop standards expected of nationwide URS data to evaluate the quality of data.

Task 11: Prepare and submit a draft report describing expected standards in Task 10.

Task 12: Meet with the project officer and other key staff to discuss the draft report including the expected standards submitted in Task 11.

Task 13: Finalize the standards expected of nationwide URS data to evaluate the quality of data and submit the final report describing these expected standards to the project officer.

Task 14: Develop and submit a draft protocol which (i) describes criteria for selecting pilot test sites for participation in this project, (ii) proposes pilot test sites for participation in this project, (iii) proposes the use of one or more existing interview instruments and/or develops one or more new interview instruments for use in pilot test site visits, (iv) proposes information/data and methodology to obtain these information/data (from both pilot test sites and HRSA) which will enable application of standards developed in Task 13 to the pilot URS data as well as the determination of the feasibility of the quantitative evaluation of the accuracy of URS data, and (v) proposes analytical methodology to apply the final expected standards developed in Task 13 for nationwide URS data to the URS pilot test data to evaluate the quality of these data as well as methodology to determine the feasibility of the quantitative evaluation of the accuracy of URS data.

Task 15: Meet with the project officer and key staff to discuss the draft protocol submitted in Task 14.

Task 16: Finalize the draft protocol submitted in Task 14 and discussed in Task 15 with the project officer.

Task 17: In accordance with the protocol finalized in Task 16, (i) conduct site visits to the selected/pilot test sites to conduct interviews, and (ii) secure and/or extract necessary information and/or data from HRSA as well as the selected pilot test sites to apply the final expected standards developed in Task 13 to the URS pilot test data both before and after the extension of the pilot tests and to determine the feasibility of the quantitative evaluation of the accuracy of data.

Task 18: Conduct necessary analyses in accordance with the protocol developed in Task 16 to apply the standards developed in Task 13 to the pilot test data obtained in Task 17 and to determine the feasibility of the quantitative evaluation of the accuracy of data.

Task 19: Prepare and submit a draft report (i) describing the results of the analyses conducted in Task 18 and (ii) proposing the refined standards which can be applied to the nationwide URS data on an ongoing basis.

Task 20: Meet with the project officer and other key staff to discuss the report submitted in Task 19.

Task 21: Finalize the report submitted in Task 19 as per discussions in Task 20 as well as the standards proposed to be applied to the nationwide URS data on an ongoing basis to evaluate the quality of data.

Task 22: Based on the standards finalized in Task 21, develop and submit a draft manual for providers, consortia and grantees describing the required and recommended quality assurance procedures to be followed by them during ongoing collection, processing, and analysis of aggregate and client level URS data.

Task 23: Meet with the project officer and other key staff to discuss the manual submitted in Task 22.

Task 24: Finalize the manual discussed in Task 23.

Task 25: Based on the standards finalized in Task 21, develop and submit a draft manual describing the required and recommended quality assurance procedures, and accompanying schedule, to be followed by HRSA during processing and analysis of aggregate and client level URS data.

Task 26: Meet with the project officer and other key staff to discuss the draft manual submitted in Task 25.

Task 27: Finalize the manual discussed in Task 26.

and draft executive summary

Task 28: Prepare and submit a final draft project report/to the project officer.

Task 29: Conduct a final oral briefing with the project officer and other key staff to present the draft report developed in Task 28.

and executive summary

Task 30: Finalize the report/developed in Task 28.

FY 1993 HRSA EVALUATION STUDY

Impact of CARE Act on Capacity Building in Community-Based Agencies Serving Hispanic Populations (HRSA 93-153)

Cost : $49,998
Dates: April 1993 - March 1994

The purpose of this one-year study will be to evaluate whether and how CARE Act Title I funding has helped to expand and enhance the HIV service delivery capacity in community-based agencies serving Hispanic populations. This study would look at two eligible metropolitan areas (EMAs) funded under Title I and study agencies serving, or with a stated desire to serve, Hispanic populations. The methodology developed should be applicable to the study of capacity building not only in organizations serving these populations, but in organizations serving other unserved/underserved populations, e.g., women, drug users, gay men of color, Native American Indians, African-Americans. The study methodology could become a part of HRSA's ongoing monitoring of both Title I and Title II programs. It also could serve as a useful tool for State and local governments, planning council, and consortia in the areas of needs assessment, program planning/development, and monitoring. In addition, the study will produce useful information on the two EMAs studied and on the specific needs of agencies serving Hispanics,

Scope of Work for HRSA 93-153

This study is being carried out through two purchase orders.

HRSA 93-153A - National Coalition of Hispanic Health and Human Services Organizations

HRSA 93-153B - Dr. Hortensia Amaro

1. Work with the Project Officer and the contractor selected to develop the study methodology to choose two study sites, based on a brief analysis of existing data regarding HIV service needs among Hispanics and service capacity among CBOs serving Hispanic populations.

2. Convene a small (2 to 3 person) advisory group to make recommendations on protocol issues, including indicators to measure the impact of CARE Act funding on capacity building and interview questions.

3. Use the Hispanic Health Link computer network to solicit wider response from the field to recommended indicators and interview questions.

4. Working with both the Project Officer and the other contractor, develop a draft instrument to be used for semi-structured telephone and/or in person interviews with a sample of agencies and individuals. **The work shall be carried out in such a way that the same instrument will not be used to interview more than nine individuals.**

5. Using the Hispanic Health Link network and established relationships with CBOs serving Hispanic populations, develop a list of the specific organizations and staff members to be interviewed in each city.

6. Make the necessary contacts with these organizations and individuals and develop a schedule for data collection in each city.

7. Pilot test the data collection instrument.

8. Perform the data collection activities, using the finalized instrument.

9. During the data collection phase, confer at least bi-weekly with the other contractor to discuss any methodological issues that may arise.

10. Working with the other contractor, prepare two brief progress reports for submission to the Project Officer during the data collection phase.

11. Working with the other contractor, analyze the data collected and prepare a report of findings for submission to the Project Officer. This report should also include a description of the methodology used and of any problems/issues encountered in implementing it.

1. Work with the Project Officer and the contractor selected to collect study data to choose two study sites, based on a brief analysis of existing data regarding HIV service needs among Hispanics and service capacity among CBOs serving Hispanic populations.

2. Develop a sampling plan for collecting data from a representative group of agencies serving Hispanic populations in these EMAs and from particular staff categories within them.

3. Develop working definitions of "agency serving Hispanic populations" and "capacity building" to be used for the study.

4. Develop a plan for piloting the instruments to be used.

5. Develop indicators for measuring the impact of CARE Act funding on capacity building using the findings of this data analysis and the recommendations of a small advisory group convened by the other contractor.

6. Based on these indicators and working with both the Project Officer and the other contractor, develop a draft instrument to be used for semi-structured telephone and/or in person interviews with a sample of agencies and individuals.

7. Analysze data from the pilot and revise the instrument accordingly.

8. During the data collection phase, confer at least bi-weekly with the other contractor to discuss any methodological issues that may arise.

9. Make at least one site visit to each of the EMAs being studied during the data collection phase.

10. Working with the other contractor, prepare two brief progress reports for submission to the Project Officer during the data collection phase.

11. Working with the other contractor, analyze the data collected and prepare a report of findings for submission to the Project Officer. This report should also include a description of the methodology used and of any problems/issues encountered in implementing it.

FY 1993 HRSA EVALUATION STUDY

Field Test and Assessment of Data Systems for Reporting Activities Under the Ryan White CARE Act Titles I and II Grant Program - Part III.A (HRSA 93-157)

Cost : $137,315
Dates: July 1993 - February 1994

Starting in the Fall of 1992, HRSA began a field test of the Uniform Reporting System (URS) client centered data collection and reporting. HRSA extended the duration of the field tests for selected test sites to September 30, 1993. This contract will provide for four primary activities associated with the conduct and analysis of the extended pilot tests as listed below:

A. develop evaluation instruments for use during the extended period and provide instruction to the pilot test sites on their use

B. enable HRSA to prepare an evaluation report which will review the results of the pilot tests and discuss the implications these results have on the design and content of the URS,

C. distribute the above evaluation report to the Ryan White grantees and providers

D. conduct a meeting of all the pilot test site grantees for participation in review and finalization of the evaluation report described in B above.

Scope of Work for HRSA 93-157

In performance of this delivery order, the contractor shall specifically carry out the tasks listed below:

Task 1: Prepare 2-3 supplementary evaluation instruments for use during the extended period of the pilot tests as per instructions received from HRSA project officer. Provide on-site instructions to the pilot test grantees and providers in use of these instruments.

Task 2: Assist HRSA in preparation of a draft field test evaluation report describing what has been learned about each of the evaluation questions addressed in the pilot tests and what are the resulting implications for the structure and content of the URS. Specifically, the contractor will write executive summary as well as four chapters titled "Field Test Sites", "Availability, Usefulness, and Quality of URS Data", "Confidentiality and Data Security", and "Suggested Modifications to the Uniform Reporting System". The contractor will also collaborate with HRSA in writing the section titled "Cost of Implementing and Operating the URS" and write the section "Review of Technical Approaches" for the chapter titled "URS Operation". The contractor will put together chapters written by HRSA as well as the contractor. The contractor will also assist HRSA in evaluating grantee final reports and entering and analyzing data and other information collected during the pilot tests.

Task 3: Revise the draft evaluation report as per Task 2 and copy, mail/distribute this report to the pilot test grantees/providers. In addition to this report, prepare, produce, and mail/distribute additional pre-meeting (see Task 4) material as necessary prior to the pilot test grantee meeting (Task 4).

Task 4: Assist HRSA in planning for a meeting of all the pilot test site grantees and providers to discuss the evaluation report as per Task 2. The contractor will not be responsible for logistics of organizing this meeting. However, they will participate in all six sessions of this meeting as well as take lead roles in three of these six sessions. They will also prepare summaries of all the six meeting sessions.

Task 5: Prepare final evaluation report, produce, mail/distribute to Ryan White Titles I and II grantees and providers as instructed by HRSA.

HRSA EVALUATION STUDIES RELATED TO THE RYAN WHITE CARE ACT

FY 1992

HRSA 92-123	Consortium Approaches to the Delivery of HIV-Related Services Under the Ryan White CARE Act
HRSA 92-126	Field Test and Assessment of Data Systems for Reporting Activities Under the Ryan White CARE Act Titles I and II Grant Programs - Part III
HRSA 92-131	Assessment of Community HIV/AIDS Services in Metropolitan Areas Expecting to Receive Initial Ryan White Title I Funding in FY 1992

FY 1993

HRSA 93-103	Integration of HIV/AIDS Related Services and Primary Health Care in Ryan White Title III Funded Programs
HRSA 93-140	Use of Existing Data Sets to Analyze Changes in Hospital Utilization in Title I Cities by Patients with HIV/AIDS
HRSA 93-141	Changes in the Provision of Services for Drug Using/Recovering Women with HIV in Ryan White Title I Cities
HRSA 93-142	Evaluating How the Needs of Women with HIV are Being Addressed in the Title I Planning Process
HRSA 93-147	Identification and Description of HIV-Related Service Delivery Systems in Rural Areas
HRSA 93-151	Quality Assurance Procedures for the Uniform Reporting System for Titles I and II of the Ryan White CARE Act
HRSA 93-153	Impact of CARE Act on Capacity Building in Community-Based Agencies Serving Hispanic Populations
HRSA 93-157	Field Test and Assessment of Data Systems for Reporting Activities Under the Ryan White CARE Act Titles I and II Grant Program - Part III.A

FY 1992 HRSA EVALUATION STUDY

Consortium Approaches to the Delivery of HIV-Related Services Under the Ryan White CARE Act (HRSA 92-123)

Cost : $14,133
Dates: February - May 1992

The passage of the Ryan White CARE Act of 1990 fostered a nationwide network of more than 200 HIV care consortia that are charged with developing coordinated systems of care for people with HIV and AIDS. The consortia receive CARE Act funding through their State Departments of Health to: 1) assess the service needs of different populations with HIV; 2) develop a plan for meeting these needs through a "comprehensive continuum" of outpatient medical and support services; and 3) promote the coordination and integration of community resources. To increase understanding of the early development and functioning of HIV care consortia, and to assess their progress in meeting CARE Act objectives, BHRD staff planned and conducted case studies of regionally-based consortia in six States.

States were selected for participation in the case studies based on such factors as the number of AIDS cases per 100,000 population and geographic distribution. The selection of the specific HIV care consortium to be visited in each State was done in consultation with the Department of Health Official who coordinates the State's CARE Act grant. Interviews were scheduled with officers and members of each consortium who were representative of different counties, people with HIV/AIDS, different types of health and social service providers, case managers, and the business, educational, and religious communities. A discussion guide was used, which contained questions on: 1) the membership and organization of the consortium; 2) communication and decision-making processes; 3) fund-raising strategies; 4) plans for evaluating the performance of the consortium and its subcontractors; 5) relationships with state and local government and other community-based coalitions; and 6) the perceived impact of the consortium on service delivery.

The study found that the challenges facing consortia include: selection of members who are "substantially representative" of people living with HIV/AIDS and their service populations; definition of consortium purpose and member responsibilities; development of leadership cadres; and delineation of fair and objective procedures for assessing service needs, allocating Title II funds, and evaluating the quality and appropriateness of services.

Scope of Work for HRSA 92-123

The contractor will work with staff in BHRD's Office of Science and Epidemiology and the Division of HIV Services to perform the following activities:

Task 1

1) Assist with the development of a case study design and site selection strategy.

2) Assist with the preparation of a "discussion guide" which outlines the issues to be discussed with interviewees at each site and the documents to be reviewed.

3) Assist with the development of an analysis plan.

4) Assist with the scheduling of the site visits.

5) Assist with interviewing and data collection at case study sites.

6) Assist with the analysis of case study evidence and the preparation of individual and cross-case evaluations.

Task 2

1) Research and collect relevant bibliographic references on access to care and health services delivery issues for women, ethnic minorities, and other "underserved" populations with HIV infection.

2) Provide advice and consultation on health care issues and concerns of women, ethnic minorities, and other "underserved" populations with HIV infection.

3) Identify key consultants on HIV care access issues.

4) Assist in planning and conducting consultant work groups on access issues related to HIV/AIDS services.

Task 3

1) Assist the Planning and Technical Assistance Branch of BHRD's Division of HIV Services in preparing a report to the U.S. Congress that analyzes how expeditiously Title I and Title II grantees used CARE Act funds during Fiscal Year 1991.

2) Provide input and recommendations to the Public Health Services Women and AIDS Study Group regarding the survey instrument that will be used in an HIV Evolution Research Study of the natural history of HIV disease in women and their utilization of health and support services.

FY 1992 HRSA EVALUATION STUDY

Field Test and Assessment of Data Systems for Reporting Activities Under the Ryan White CARE Act Titles I and II Grant Programs - Part III, (HRSA 92-126)

Cost : $463,034*
Dates: July 1992 - April 1993

The purpose of this delivery order was to field test the Uniform Reporting System (URS) developed under Parts I and II of the Ryan White Evaluation Design contract. The field tests evaluated anonymous client level data collected with the URS and associated uniform data set support systems. This project also assessed the impact on grantees of implementing the URS in terms of differential cost and burden. Conducted on selected sites receiving funds under Titles I and II, the field tests evaluated the following four aspects of the URS and its supporting systems: data elements and structure of the URS; data systems software and technology; training materials; and uniform record management protocol.

This study is being continued under HRSA 93-157.

*Includes $233,698 in program funds

Scope of Work for HRSA 92-126

In performance of this delivery order, the contractor shall specifically carry out the tasks listed below:

Task 1: Meet with the Project Officer and other key staff, at the HRSA office, to review expectations of performance under this delivery order and discuss the contractor's project workplan. Necessary revisions of the workplan will be identified, agreed upon, and included in a brief report summarizing the meeting.

Task 2: Submit brief monthly progress reports to the project officer.

Task 3: Submit a revised workplan that includes a time line for the project that considers what must take place before the field tests of the URS are conducted. The workplan should include activities and scheduling for: a) the final development of the HRSA record number, b) the development of a data linkage/unduplication strategy, c) the development of any necessary TA/training facilities (telephone TA, electronic bulletin board, URS training materials, data system training materials, etc.), d) a data reporting strategy, e) the development and testing of the URMP, f) a HRSA data feedback and reporting strategy, g) and any other foreseeable parts of the URS that must be completed before the start of field tests.

Task 4: Arrange two consulting contracts. The first will be with an authority in the field of computer/data security to examine the data security issues surrounding the collection of client data. The second will be with a company with expertise in data linkage issues, specifically those pertaining to linking data and producing unduplicated client level reports.

Task 5: Develop a list of evaluation objectives, a set of evaluation indicators, and a data collection strategy for use in evaluating the results of the field tests.

Task 6: Assist HRSA in selecting 6 to 9 field test sites and scheduling the field tests appropriate for testing specific technologies supporting the URS. (HRSA will apply the selection criteria, obtain all necessary information to make site selections, select sites, and secure a written participation agreement with each site).

Task 7: Develop protocols for each field test described in Attachment H. Meet with the Project Officer to discuss and revise the protocols as necessary.

Task 8: Produce, directly or through contractor purchase orders, drafts of the following supporting materials:

- •URS Users Manual
- •Confidentiality/Data Security Guidance
- •Data Systems Users Manuals
  - COMPIS
  - DC ARMS
  - Tool Box
- •Data Analysis Guidance

Task 9: Conduct field tests (6 to 9).

Task 10: Design, develop, test, and install the URMP on the equipment designated by HRSA at the Parklawn Building in Rockville, Maryland.

Task 11: Analyze the results and prepare reports on each field test.

Task 12: Brief the Project Officer and other key staff on the field test results.

Task 13: Revise the URS manuals and guidance as necessary, based on the field test results.

Task 14: Modify data systems and other supporting material as necessary, based on the field test results.

Task 15: Submit a draft OMB clearance package on the URS for HRSA comment.

Task 16: After consultation with HRSA staff, prepare a final OMB clearance package for the URS.

Task 17: Prepare a draft project report that includes the analyses conducted in Task 11.

Task 18: Consult with the Project Officer and other key staff on the draft project report and revise as necessary.

Task 19: Prepare and present a formal briefing on the methods and results of the field tests at the Parklawn Building in Rockville, Maryland.

Task 20: Prepare a final project report including the analyses conducted in Task 11.

FY 1992 HRSA EVALUATION STUDY

Assessment of Community HIV/AIDS Services in Metropolitan Areas Expecting to Receive Initial Ryan White Title I Funding in FY 1992 (HRSA 92-131)

Cost : $65,037*
Dates: February 1992 - January 1994

This evaluation project represents the first phase of a longitudinal study of changes in the organization of HIV/AIDS care services, and in access to these services in Ryan White CARE Act Title I cities. In this phase, current systems of delivering HIV/AIDS services will be measured in two cities (Baltimore and Oakland) before the cities receive Title I funds, in order to establish pre-Ryan White baseline information. Later evaluation projects in 1993 and 1994 will collect similar information on additional cities, to document changes in HIV/AIDS services as Ryan White funding becomes available. The study will address:

- The organization of HIV/AIDS services before Ryan White Title I funds are distributed. Services are defined as ambulatory and outpatient health and support services, e.g., comprehensive medical treatment, case management, community-based and transitional services, hospice and home health care.

- The identification of major funding sources for the agencies that are providing HIV/AIDS services. Examples of funding sources are private insurers, government programs, and foundation grants.

- The organization of planning councils and other interagency groups representing providers and people living with AIDS in the metropolitan areas, including the political processes which characterize the development and enforcement of AIDS care policies and the distribution of funds.

- The perceptions of people with HIV disease of area HIV-related services, and the cultural, social, or economic barriers which may inhibit their access.

The assessment will be completed through analysis of health provider surveys, individual and group interviews, focus groups with persons with AIDS (PWAs), and review of local HIV/AIDS planning council policies and funding decisions.

*FY 1992 funds - $48,514
FY 1993 funds - $16,523

Scope of Work for HRSA 92-131

This study is being carried out through five purchase orders:

HRSA 92-131 - Thomas Rundall
92-131A - Tony Whitehead
92-131B - Johns Hopkins University
92-131C - LTG Associates, Inc.
92-131D - Mary Carpenter

We will be glad to supply individual scopes of work if desired.

JAN - 4 1994

NOTE TO JO BOUFFORD

Through: Brian Biles

Subject: HRSA Studies Related to the Ryan White Care Act

Attached, as requested, are materials on 11 evaluations related to the Ryan White Care Act. For each project there is a brief summary and, with the exception of those few studies carried out through purchase orders, more detailed scopes of work.

My apologies for the delay--with the holidays, HRSA needed a few extra days to assemble the information.

Let me know if you need more information.

Melanie Timberlake

Melanie Timberlake

K Acton

management concern re programme to lower but unclear demo

TO: Deputy Assistant Secretary for Health (Management Operations)

SUBJECT: FY 1993 Ryan White Comprehensive AIDS Title I Supplementary Awards Review

FROM: Acting Chief, Grants Policy Branch, ORM/OM
Acting Deputy Director, National AIDS Program Office, OASH

PURPOSE

This responds to your request that we conduct an assessment of the application and award processes for the Fiscal Year (FY) 1993 Title I Supplemental Ryan White funds. This memorandum transmits the findings of our review as well as recommendations for process improvements.

DRAFT

DISCUSSION

The review team collected and studied both documentary and verbal information provided by program staff of the Division of HIV Services (DHS), Bureau of Health Resources Development, HRSA and the servicing office of grants management. This included program legislation, application instructions for Title I supplementary awards, program briefing materials on the methodology for awarding FY 1993 funds, guidance to applicants, applications submitted by seven representative cities which respectively scored at the low, high and mid-range of all applicants, instructions provided to the independent reviewers of the applications, reviewer comments on the representative applications, and associated summary statements.

In addition, we conducted several discussions with program staff and grants management officials. These discussions were aimed at providing both a broad overview of the processes involved in this application cycle and to address questions from the review team. The grants management files for the FY 1992 and FY 1993 New York City (NYC) Supplemental awards were also specifically reviewed.

1. Program Purpose and Funding

The purpose of the Title I Ryan White Funds (P.L. 101-381) is to provide emergency assistance to eligible metropolitan areas (EMAs) that are disproportionately affected by the HIV epidemic.

Eligible grantees are metropolitan areas reporting a total of more than 2000 cases of AIDS to the CDC by March 31 of the most recent fiscal year, i.e., March 31, 1992 for FY 1993 funding. The statute also allows for the establishment of eligibility according to the per capita cumulative incidence of AIDS within a geopolitical area (not less than 0.0025).

By statute, fifty percent of the funds are provided to the EMAs on a formula basis, that formula being set forth within the statute. The other fifty percent is provided through supplemental funds awarded competitively, with the principal evaluative criteria established in the statute.

For the FY 1993 cycle, approximately $91 million in formula funds and $91 million in supplemental funds was awarded. Awards were made to 18 EMAs that had previously received supplemental funds and to 7 EMAs that were eligible for and applying for funds for the first time.

2. Legislation Pertaining to Supplemental Grants

The statute provides five criteria for considering and assessing competitive supplemental applications. The statute specifies that supplemental grants shall be awarded to EMAs whose application:

- contains a report concerning the dissemination of emergency relief funds and a plan for utilization of such funds;
- demonstrates the severe need in such area for the supplemental assistance;
- demonstrates the existing commitment of local resources of the area, both financial and in-kind, to combating the HIV epidemic;
- demonstrates the ability of the area to utilize such supplemental financial resources in a manner that is immediately responsive and cost effective; and,
- demonstrates that resources will be allocated in accordance with the local demographic incidence of AIDS including appropriate allocations for services for infants, children, women, and families with HIV disease.

The statute does not preclude the establishment of additional criteria.

FINDINGS AND CONCLUSIONS

1. The Objective Review Process

The review team found that the objective review process for the awarding of the supplemental grants was generally conducted in accordance with Public Health Service policy. Notable features within this process included:

- Application evaluation criteria was developed predominantly based upon the previously enumerated statutory requirements. Categories and points scores in each were:
  - FY 1992 program accomplishments (15 points)
  - Fiscal management (15 points) and program administration (10 points)
  - Comprehensive Needs Assessment and the role of primary care in the continuum of care (25 points)
  - Description of the priority-setting/decisionmaking process and FY 1993 Implementation Plans (25 points)
  - Other program information (Planning Council membership and coordination with other HIV services) (10 points)

- Input was sought by program staff and obtained from identified applicants, grantees, advocacy groups, national health organizations, providers, and persons with AIDS. This process is conducted on an annual basis in the development of program guidance and application procedures.

- Written application guidance and instructions were available and actively distributed to all eligible applicants. The materials clearly delineated the evaluation criteria (with respective point values assigned to each) and other requirements for EMAs to develop their supplemental applications.

- Technical assistance was offered and provided to all applicants to answer specific questions and provide specific guidance on application development. Program staff assured that all grantees received consistent information and assistance in two ways. First, staff met on a regular, often daily, basis to exchange information on concerns and questions which had been raised. This allowed staff to coordinate rapid verbal responses to issues and questions. Second, DHS aggregated questions and their associated answers from applicants into a single source document. This document containing the collected questions and answers was provided to all applicants.

- The review and scoring of the applications was conducted by an objective-review committee comprised of two panels of experts in the field of HIV care, each considering their own assigned applications. Great care was taken to ensure that panelists did not have conflicts of interest with regard to the applications which they were assigned to evaluate. Reviewers were provided extensive guidance and instruction on their roles and responsibilities in the process. They were also provided thorough guidance on assigning points scores along the scale of the total possible points within each of the criteria categories.

Based on the review of the selected applications, reviewer comments on the merits of the respective applications, and summary statements on the panel's assessment of the strengths and weaknesses of the respective application, the review team concludes that the panels consistently reviewed each application against the announced evaluation criteria. We found no instances which suggested that panelists judged an application against factors other than the evaluation criteria.

The statements of individual reviewers and the summary statements appeared to even-handedly reflect the overall strengths and weakness of each applicant. In accordance with instructions provided to the review panels, applications were judged only against the review criteria and not against each other. Comments which could be attributable to the application of extraneous criteria were absent. As such, we conclude that applications received a fair review and total score reflective of the strengths/weaknesses in the application as assessed by the objective review panels.

2. Distribution of Awarded Funds

We have also reviewed the methodology whereby the scores received by each applicant are translated into award amounts. We were advised that in the calculation of the distribution of funds the following constraints applied:

- By statute, the process must allocate among EMAs with approved applications exactly the amount of funds available.

- The process utilizes each EMA's Title I formula grant amount as a base, in recognition of the substantial differences in scale of need among the EMAs.

- Applicants achieving the median score would receive an award approximately equivalent to their formula amount. Amounts higher or lower than the formula amounts are determined by the technical scores given to the application by the objective review committee.

- There must be a logical distribution of award values. The application with the higher score must also receive a higher percentage of its base formula grant amount.

For FY 1993, the value range of awards was somewhat different from what would have been anticipated from FY 1993 formula target figures and as compared against past year's awards. This "spread", however, is warranted both from process and mathematical points of view. Although the technical mathematical rationale is complex, walking through the calculation process and underlying constraints and reasoning provides ample support for the approach.

Since, for the first time, two independent panels reviewed different sets of applications, it was possible that one of the panels might generally assign scores higher or lower than the other panel. To assure that no application would be placed at a disadvantage because of the random split of applications between panels, the technical scores from the panels were normalized. The normalization mechanism equilibrated scoring by the panels.

Next, an equation was constructed using the constraints listed, carefully taking into account score patterns. In previous fiscal years, the amount of the awards had been calculated based upon a logarithmic equation. The form of equation was dictated because the technical scores tended to disperse toward the higher end of the total number of possible points.

In FY 1993 an exponential equation was utilized. The use of this type of equation rather than the logarithmic equation was dictated by the nature of the review scores. The scores in FY 1993 tended to be dispersed toward the lower end of the total number of possible points.

The nature of the objective review process and the distributive constraints above requires that the specific equation be determined post-scoring. The distribution of the value of awards is sensitive to the clustering of the outcomes of the objective reviews.

The use of an unsuitable equation would likely result in patently inequitable distributions of funds. For example, suppose that a logarithmic equation had been chosen and announced and that the normalized scores tended to disperse at the low end. In such a case, those receiving scores at the high end would receive disproportionately large awards and those at the low end extremely small awards. The reverse situation is also true. As the dispersion of the scores cannot be predicted, selection of the type of equation to apply must occur after action in the objective review process, in order to avoid inequitable and anomalous awards.

The review team concluded that the administrative and mathematical approaches used to distribute the grant funds was, given the constraints, a logical and reasonable one to ensure an equitable distribution of the supplemental funds.

3. New York City EMA Application

After studying the overall process for reviewing and awarding supplemental funds, the review team concludes that the New York City (NYC) application was treated in the same manner as any other received. NYC received the same application information instructions and guidance regarding the application process as well as the evaluation criteria against which the application would be scored. NYC was afforded full opportunity to receive technical assistance and to make their concerns known to program officials.

There is no evidence that NYC's application received anything but a fair review, as evaluated in accordance with the review criteria. The objective review score reflected the objective review panel's conclusion that NYC's application did not demonstrate that it could efficiently and effectively utilize the supplemental funds in accordance with the objectives of the statute. Large amounts of unexpended funds from FY 1992 (over $15 million), the late awarding of contracts in FY 1992, and unclear linkages between the needs of the sub-populations in the locality and the priorities for services to be provided were two significant factors which resulted in the low score. This score was translated into the amount of the award consistent with the methodology outlined previously. Based on our review, we found the objective review panel's comments and assessments to be grounded in comparisons of rating criteria against documentation in the application.

Recommendations

During the course of the review the review team noted a number of items which we believe would be useful to address to improve the overall administration of the program. Specifically:

- In view of the limited funding available for distribution to the EMAs, PHS may wish to consider presenting a legislative proposal to amend the method of Title I funding to provide all funds on a formula basis, a formula which is based principally, if not exclusively, upon the epidemiology of the epidemic. While the goal of attempting to provide funds through a competitive process to areas which can immediately use them is laudable, it may not be practicable as the need of each eligible locality continues to grow and the patterns of the epidemic change. As the Act expires in FY 1995, a legislative proposal which advances this approach would be in order.

- Program staff and grants management staff need to improve their coordination efforts in the post-award administration of these grants. We were advised, for example, that grants management staff did not routinely receive site visit reports or, in certain instances, were not even aware that a site visit was planned or conducted. Project officers need to have a better understanding of the role of the grants management staff as the business management officials on the grants.

- A requirement for a local needs assessment received much emphasis in the FY 1993 process. The orchestration of the development of the needs assessment protocol to generate local EMA information to be included in each application is pivotal to the success of the next application cycle. DHS should assure that proper technical assistance is made available to all eligible applicants in a timely manner. We understand that DHS has recognized this and has contracted with the Sheridan Group to aid in the provision of technical assistance.

- Although applicants for the supplemental awards were encouraged to explain the complexities involved in providing a comprehensive HIV program in their locality, we believe that this issue should be addressed as a separate, ratable evaluation criterion in the objective review process. We were advised that this is being considered as part of the FY 1994 supplemental award process.

- Application instructions for the FY 1993 supplemental award indicated that scores assigned by reviewers would significantly affect the level of the grant award. It would be useful to applicants to receive expanded information on the rationale for the methodology for translating applicant scoring into award amounts (this issue was raised in your April 8 memorandum to the Associate Administrator for operations and Management, HRSA). The methodology chosen is complex and rooted in difficult mathematical concepts which are further fixed by distributive constraints. Providing a thorough discussion for applicants could help to improve understanding.

Please let us know should you wish to further discuss any of these issues.

Stuart J. Feldsott
Acting Chief, Grants Policy Branch
ORM/OM/PHS

Arthur J. Lawrence, Ph.D.
Acting Director
National AIDS Program Office

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Health Resources and
Services Administration
Rockville MD 20857

DEC 27 1993

NOTE TO PHIL LEE AND KRISTINE GEBBIE

Through: Acting Administrator 12/24/93

Subject: Letter From Mr. Jeffrey Levi

Attached is a letter to Mr. Jeffrey Levi of the AIDS Action Foundation for Dr. Lee's signature. Mr. Levi wrote requesting an "External Review" of the Ryan White CARE Act and related HRSA HIV/AIDS programs. We do not feel that any further reviews are necessary at this time because of the extensive process for obtaining grantee and HIV community input as part of the HRSA and HRSA AIDS Advisory Committee, Subcommittee on Ryan White Future Program Directions and Reauthorization process already in place for the reauthorization of the Ryan White CARE Act. We have outlined this process in our response to Mr. Levi.

Levi reply currently in OASH Clearance see T63804 copy attached

I would like to share with you additional specific information regarding the activities which HRSA has planned and undertaken in preparation for reauthorization of the Ryan White CARE Act.

Attached are the following documents:

- Tab A - A list of the HRSA Ryan White Workgroup Proposed Time Line and Meeting schedule for preparation of the Legislative proposal (A-19) due to your office in March 1994;

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- Tab C - a list of reports and recommendations. We will be happy to provide these upon request and as they become available.

Should you wish additional information or to discuss this further, please let me know.

Pearl Katz
for G. Stephen Bowen, M.D., M.P.H.
Associate Administrator for AIDS

Attachments

T9476
TRACER

DRAFT

CURRENTLY
in CLEARANCE
with CASH

Mr. Jeffrey Levi
Director of Public Policy
and Program Development
AIDS Action Foundation
1875 Connecticut Avenue, N.W.
Washington, D.C. 20009

Dear Mr. Levi:

Thank you for your letter of December 9 in which you propose the conduct of an "external review" of Ryan White CARE Act programs and related Health Resources and Services Administration (HRSA) HIV/AIDS programs.

I have carefully reviewed your proposal with HRSA officials. It is our judgment that many of the objectives stated in your proposed study can be accomplished by two processes in which HRSA is currently engaged to prepare legislative proposals for the reauthorization of the Ryan White CARE Act. In addition, several evaluation studies currently funded by HRSA and the Kaiser Family Foundation address some of the issues you mentioned.

HRSA has established a process through the HRSA AIDS Advisory Committee, Subcommittee on Ryan White Future Program Directions and Reauthorization, to accomplish the following:

- Analyze reauthorization and future program directions and recommendations currently being formulated by various national organizations and constituencies;

- Assess the potential impact of the President's Health Care Reform proposal on a reauthorized Ryan White CARE Act;

- Identify broad issues and title-specific and program-specific issues related to the Ryan White CARE Act reauthorization and implementation;

- Convene a public meeting to receive input from people with HIV, providers and numerous national organizations for enhancing the Ryan White services under reauthorization; and

- Develop a set of recommendations incorporating input from the public meeting to be presented to the HRSA Administrator.

This phase of the Subcommittee's work should be completed by late February.

In addition, during the summer and fall of 1993 HRSA, in collaboration with its grantees and national organizations, providers, people with HIV/AIDS, and representatives of State and local governments, planning councils and consortia, carried out 11 formal meetings with over 961 participants.

The purpose of these meetings has been to:

- Identify and discuss key issues regarding implementation of the Ryan White CARE Act;

- Identify issues and develop recommendations that need to be considered during reauthorization of the Ryan White CARE Act; and

- Develop recommendations for administrative policies that are responsive to experiences in implementation of the Ryan White CARE Act and will also increase both the number of people in care as well as the diversity and representativeness of people participating in the community-based planning process.

Summary reports from these meetings are in preparation or are available by calling the HRSA AIDS Program Office on (301) 443-4588.

HRSA legislative proposals will be prepared on the basis of these meetings and recommendations from the HRSA AIDS Advisory Committee. These proposals will be completed by the end of March 1994 to fit into the Public Health Service's and Department's planning process. The process culminates in the sending of legislative proposals to Congress in the Spring of 1995.

We feel that it would be preferable to wait to complete these two processes, on which significant progress has already been made, before considering embarking on an additional process that may duplicate much of the previous work. We would be pleased to share with you and other organizations the following reports and recommendations when they become available:

- Report of the December 15, 1993, Public Meeting of the HRSA AIDS Advisory Committee, Subcommittee on Ryan White Future Program Directions and Reauthorization;

- Recommendations of the HRSA AIDS Advisory Committee regarding future program directions and reauthorization of the Ryan White CARE Act; and

- Reports of the Ryan White Titles I, II, III(b), IV grantee and constituent meetings and issues raised for reauthorization.

I want to express my appreciation for your strong and continuing support for our program efforts. I look forward to additional discussion on this subject as we evaluate recommendations coming from HRSA and the HRSA AIDS Advisory Committee. I invite your thorough review of these proposals and welcome any recommendations your organization wishes to make.

Sincerely yours,

Philip R. Lee, M.D.
Assistant Secretary for Health

AIDS Action foundation

December 9, 1993

Philip R. Lee, M.D.
Assistant Secretary for Health
716G Hubert Humphrey Building
200 Independence Ave., S.W.
Washington, DC 20201

Dear Dr. Lee:

This is to follow up on our conversation last week at the IOM regarding an "external review" of Ryan White CARE Act programs (and related AIDS programs, e.g., ETCs, pediatric demonstration programs) at HRSA. Well in advance of reauthorization of the CARE Act in 1995, it is critical that we take a step back and systematically examine whether these programs have been working as the legislation intended and whether the design of the program is still appropriate to how the epidemic has evolved in the last five years. The success of the CDC's external review process -- though not simple and not inexpensive -- is a good model for asking fundamental questions and articulating major changes in the light of a changed epidemic. What was missing in the CDC's process (which consisted of five review panels looking at different CDC programs) was bringing those five reports together to make a coherent set of overarching recommendations to the CDC about HIV prevention.

I have attempted to outline both the substance of what is needed in an "external review" of HRSA HIV/AIDS-related programs and a possible process for undertaking it. It is certainly just a first cut -- but I hope it can start us down the road of accomplishing this important task.

1875
Connecticut Ave NW
Suite 700
Washington DC
20009
Fax 202 986 1345
Tel 202 986 1300

THE KEY QUESTIONS:

What was the intent of the Ryan White CARE Act of 1990 and has implementation of programs authorized in Titles I, II, IIIB, and IV (including, now, the pediatric demonstration programs) been consistent with legislative intent?

There has been significant revisionism about what the original intent of the legislation was -- even by some who claim to have been present at the creation -- that makes a return to the intent important. Among the issues that would be addressed include:

- What is the intent language in the CARE Act and in the Conference Report?
- What types of services have been provided under each of the HRSA-related titles?

- What populations are being served?
- What process has been followed to design programs and allocate resources -- by HRSA, by the states, by the localities?
- How well have the CARE Act programs been administered (at the federal, state, and local levels)? What would be the criteria for a well-administered program?
- Have resources been equitably distributed among the titles (the difference in funding levels among programs, the difference in formulas among and within programs, etc.)?
- Have each of the programs successfully delivered the services intended? What are the criteria for successfully delivered services?
- What reforms are needed to bring these programs more in line with legislative intent?

How has the context of the HIV/AIDS epidemic changed in the last five years and what impact do changes in the epidemic and in the health care environment have on programs and services funded through the CARE Act?

This poses the question of whether structural changes are needed in Ryan White programs to reflect changes in the epidemic and changes in the health care system. Some examples of the issues here include:

- changes in the epidemiology of HIV/AIDS (increases in substance abusers and minority populations) and the geography (multiple communities with different populations and different care infrastructures)
- changes in the nature of care needed (have medical interventions changed? what impact, if any, does this have on the kinds of services needed?)
- changes in the capacity of the general health care system to absorb HIV services (vs. creating a separate HIV/AIDS infrastructure)
- the likelihood of a reformed health care system that alters access to and reimbursement for primary care services, prescription drugs, home care, drug treatment, etc.

What changes are needed in HRSA HIV/AIDS programs authorized by the CARE Act, and what changes can be addressed legislatively upon reauthorization in 1995 and administratively within HRSA?

This would address specific recommendations for legislative and administrative reform.

THE EXTERNAL REVIEW PROCESS:

The external review process would be a time consuming activity. If the CDC model is used as an example, those participating would have to commit to at least two or three days a month over a four- to six-month period.

A Core Review Committee of no more than 30 people would be established to define the external review process and make final recommendations to the Administrator of HRSA. It would include: members of the HRSA AIDS Advisory Council; grantees from Title I, II, IIIB, and IV programs (their national representatives, e.g., NASTAD, as well as actual grant

recipients); community representatives (those not receiving direct funding, including people living with HIV); academics (especially those who have done some evaluations); and care providers. Outside expertise could be brought in on an as-needed basis (e.g., epidemiologists) as consultants. HRSA and PHS staff could serve ex-officio. Committee members could chair/facilitate meetings, or outside consultants could be used.

This Core Committee would be divided up into subcommittees to evaluate specific Title I, II, IIIB, and IV programs as well as other HRSA HIV/AIDS programs (e.g., the Education and Training Centers).

The steps in this process might include:

1. The Core Committee would determine overarching questions to be addressed in the review process, the nature of the process, and specific outcome or process criteria to be used in reviewing programs.

2. Subcommittees -- led by Core Committee members but with additional members with appropriate expertise -- would review each of the programs (Titles I, II, IIIB, IV/pediatric demos; ETCs). This process would be based on program staff reviews, independent evaluations, interviews with participants in the programs (consumers, administrators, and providers), and selected site visits.

3. The Core Committee would integrate these subcommittee reports into a general HRSA HIV/AIDS program review.

4. The Core Committee would address questions about the changing context of the epidemic and the changing health care context.

5. The Core Committee, probably through a drafting subcommittee, would develop specific recommendations for legislative and administrative changes.

I hope you find these ideas useful as the PHS considers Ryan White reauthorization. I have had the great benefit of Pat Franks' thoughts and comments in preparing this, and I know both of us would be delighted to discuss this further with you or your staff at your convenience.

Sincerely,

Jeffrey Levi
Director of Public Policy and Program Development

cc: Patsy Fleming, Special Assistant to the Secretary

AIDS Action foundation

Address Correction Requested

1875
Connecticut Ave NW
Suite 700
Washington DC
20009

Philip R. Lee, M.D.
Assistant Secretary for Health
716G Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

12/23/93

HRSA Ryan White Re-authorization Workgroup

Revised Proposed Time Line

Internal Workgroup meeting	August 11, 1993
Internal Workgroup meeting	September 13, 1993
Internal Workgroup meeting	September 23, 1993
Internal Workgroup meeting (CF L)	September 30, 1993
HRSA AIDS Advisory Committee (HAAC)*	October 5-6, 1993
Internal Workgroup meeting (CF 14-08)	October 8, 1993
Internal Workgroup meeting (CF 14-08)	October 15, 1993
Internal Workgroup meeting (CF J)	October 22 1993
Internal Workgroup meeting Canceled	October 29 1993
Internal Workgroup meeting (CF 14-08) Canceled	November 5, 1993
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Final Draft Policy Paper/Decision Memo	January 7, 1994
Draft A-19	February 15, 1994
Final A-19	March 1, 1994

Formal Meetings for Ryan White Reauthorization
and Future Program Directions

Name of Meeting	Dates	Number of Attendees
Title I	July 26 - 27, 1993	13
Title II	August 9 - 10, 1993	24
Title I, II	August 16 - 17, 1993	18
Persons Living with AIDS	July 19 - 21, 1993	12
National Organizations	September 10, 1993	15
National Grantee	November 15 - 16, 1993	297
Title IIIb Grantee Mtg.	August 16 - 18, 1993	300
Title IIIb Workgroup	November 19, 1993	40
National Pediatric/Family Projects and Title V Grantees	November 9 - 10, 1993	150
National Pediatric/Family Projects and Title V Workgroup	October 30, 1993	12
AETC Directors	December 17 - 18, 1993	80
TOTAL		**961**

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10. A-19 Legislative proposal.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Health Resources and
Services Administration
Rockville MD 20857

DEC 27 1993

NOTE TO PHIL LEE AND KRISTINE GEBBIE

Through: Acting Administrator 12/29/93

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Should you wish additional information or to discuss this further, please let me know.

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and Program Development
AIDS Action Foundation
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Sincerely yours,

Philip R. Lee, M.D.
Assistant Secretary for Health

HRSA EVALUATION STUDIES RELATED TO THE RYAN WHITE CARE ACT

FY 1992

HRSA 92-123	Consortium Approaches to the Delivery of HIV-Related Services Under the Ryan White CARE Act
HRSA 92-126	Field Test and Assessment of Data Systems for Reporting Activities Under the Ryan White CARE Act Titles I and II Grant Programs - Part III
HRSA 92-131	Assessment of Community HIV/AIDS Services in Metropolitan Areas Expecting to Receive Initial Ryan White Title I Funding in FY 1992

FY 1993

HRSA 93-103	Integration of HIV/AIDS Related Services and Primary Health Care in Ryan White Title III Funded Programs
HRSA 93-140	Use of Existing Data Sets to Analyze Changes in Hospital Utilization in Title I Cities by Patients with HIV/AIDS
HRSA 93-141	Changes in the Provision of Services for Drug Using/Recovering Women with HIV in Ryan White Title I Cities
HRSA 93-142	Evaluating How the Needs of Women with HIV are Being Addressed in the Title I Planning Process
HRSA 93-147	Identification and Description of HIV-Related Service Delivery Systems in Rural Areas
HRSA 93-151	Quality Assurance Procedures for the Uniform Reporting System for Titles I and II of the Ryan White CARE Act
HRSA 93-153	Impact of CARE Act on Capacity Building in Community-Based Agencies Serving Hispanic Populations
HRSA 93-157	Field Test and Assessment of Data Systems for Reporting Activities Under the Ryan White CARE Act Titles I and II Grant Program - Part III.A

FY 1992 HRSA EVALUATION STUDY

Consortium Approaches to the Delivery of HIV-Related Services Under the Ryan White CARE Act (HRSA 92-123)

Cost : $14,133
Dates: February - May 1992

The passage of the Ryan White CARE Act of 1990 fostered a nationwide network of more than 200 HIV care consortia that are charged with developing coordinated systems of care for people with HIV and AIDS. The consortia receive CARE Act funding through their State Departments of Health to: 1) assess the service needs of different populations with HIV; 2) develop a plan for meeting these needs through a "comprehensive continuum" of outpatient medical and support services; and 3) promote the coordination and integration of community resources. To increase understanding of the early development and functioning of HIV care consortia, and to assess their progress in meeting CARE Act objectives, BHRD staff planned and conducted case studies of regionally-based consortia in six States.

States were selected for participation in the case studies based on such factors as the number of AIDS cases per 100,000 population and geographic distribution. The selection of the specific HIV care consortium to be visited in each State was done in consultation with the Department of Health Official who coordinates the State's CARE Act grant. Interviews were scheduled with officers and members of each consortium who were representative of different counties, people with HIV/AIDS, different types of health and social service providers, case managers, and the business, educational, and religious communities. A discussion guide was used, which contained questions on: 1) the membership and organization of the consortium; 2) communication and decision-making processes; 3) fund-raising strategies; 4) plans for evaluating the performance of the consortium and its subcontractors; 5) relationships with state and local government and other community-based coalitions; and 6) the perceived impact of the consortium on service delivery.

The study found that the challenges facing consortia include: selection of members who are "substantially representative" of people living with HIV/AIDS and their service populations; definition of consortium purpose and member responsibilities; development of leadership cadres; and delineation of fair and objective procedures for assessing service needs, allocating Title II funds, and evaluating the quality and appropriateness of services.

Scope of Work for HRSA 92-123

The contractor will work with staff in BHRD's Office of Science and Epidemiology and the Division of HIV Services to perform the following activities:

Task 1

1) Assist with the development of a case study design and site selection strategy.

2) Assist with the preparation of a "discussion guide" which outlines the issues to be discussed with interviewees at each site and the documents to be reviewed.

3) Assist with the development of an analysis plan.

4) Assist with the scheduling of the site visits.

5) Assist with interviewing and data collection at case study sites.

6) Assist with the analysis of case study evidence and the preparation of individual and cross-case evaluations.

Task 2

1) Research and collect relevant bibliographic references on access to care and health services delivery issues for women, ethnic minorities, and other "underserved" populations with HIV infection.

2) Provide advice and consultation on health care issues and concerns of women, ethnic minorities, and other "underserved" populations with HIV infection.

3) Identify key consultants on HIV care access issues.

4) Assist in planning and conducting consultant work groups on access issues related to HIV/AIDS services.

Task 3

1) Assist the Planning and Technical Assistance Branch of BHRD's Division of HIV Services in preparing a report to the U.S. Congress that analyzes how expeditiously Title I and Title II grantees used CARE Act funds during Fiscal Year 1991.

2) Provide input and recommendations to the Public Health Services Women and AIDS Study Group regarding the survey instrument that will be used in an HIV Evolution Research Study of the natural history of HIV disease in women and their utilization of health and support services.

FY 1992 HRSA EVALUATION STUDY

Field Test and Assessment of Data Systems for Reporting Activities Under the Ryan White CARE Act Titles I and II Grant Programs - Part III, (HRSA 92-126)

Cost : $463,034*
Dates: July 1992 - April 1993

The purpose of this delivery order was to field test the Uniform Reporting System (URS) developed under Parts I and II of the Ryan White Evaluation Design contract. The field tests evaluated anonymous client level data collected with the URS and associated uniform data set support systems. This project also assessed the impact on grantees of implementing the URS in terms of differential cost and burden. Conducted on selected sites receiving funds under Titles I and II, the field tests evaluated the following four aspects of the URS and its supporting systems: data elements and structure of the URS; data systems software and technology; training materials; and uniform record management protocol.

This study is being continued under HRSA 93-157.

*Includes $233,698 in program funds

Scope of Work for HRSA 92-126

In performance of this delivery order, the contractor shall specifically carry out the tasks listed below:

Task 1: Meet with the Project Officer and other key staff, at the HRSA office, to review expectations of performance under this delivery order and discuss the contractor's project workplan. Necessary revisions of the workplan will be identified, agreed upon, and included in a brief report summarizing the meeting.

Task 2: Submit brief monthly progress reports to the project officer.

Task 3: Submit a revised workplan that includes a time line for the project that considers what must take place before the field tests of the URS are conducted. The workplan should include activities and scheduling for: a) the final development of the HRSA record number, b) the development of a data linkage/unduplication strategy, c) the development of any necessary TA/training facilities (telephone TA, electronic bulletin board, URS training materials, data system training materials, etc.), d) a data reporting strategy, e) the development and testing of the URMP, f) a HRSA data feedback and reporting strategy, g) and any other foreseeable parts of the URS that must be completed before the start of field tests.

Task 4: Arrange two consulting contracts. The first will be with an authority in the field of computer/data security to examine the data security issues surrounding the collection of client data. The second will be with a company with expertise in data linkage issues, specifically those pertaining to linking data and producing unduplicated client level reports.

Task 5: Develop a list of evaluation objectives, a set of evaluation indicators, and a data collection strategy for use in evaluating the results of the field tests.

Task 6: Assist HRSA in selecting 6 to 9 field test sites and scheduling the field tests appropriate for testing specific technologies supporting the URS. (HRSA will apply the selection criteria, obtain all necessary information to make site selections, select sites, and secure a written participation agreement with each site).

Task 7: Develop protocols for each field test described in Attachment H. Meet with the Project Officer to discuss and revise the protocols as necessary.

Task 8: Produce, directly or through contractor purchase orders, drafts of the following supporting materials:

- •URS Users Manual
- •Confidentiality/Data Security Guidance
- •Data Systems Users Manuals
  - COMPIS
  - DC ARMS
  - Tool Box
- •Data Analysis Guidance

Task 9: Conduct field tests (6 to 9).

Task 10: Design, develop, test, and install the URMP on the equipment designated by HRSA at the Parklawn Building in Rockville, Maryland.

Task 11: Analyze the results and prepare reports on each field test.

Task 12: Brief the Project Officer and other key staff on the field test results.

Task 13: Revise the URS manuals and guidance as necessary, based on the field test results.

Task 14: Modify data systems and other supporting material as necessary, based on the field test results.

Task 15: Submit a draft OMB clearance package on the URS for HRSA comment.

Task 16: After consultation with HRSA staff, prepare a final OMB clearance package for the URS.

Task 17: Prepare a draft project report that includes the analyses conducted in Task 11.

Task 18: Consult with the Project Officer and other key staff on the draft project report and revise as necessary.

Task 19: Prepare and present a formal briefing on the methods and results of the field tests at the Parklawn Building in Rockville, Maryland.

Task 20: Prepare a final project report including the analyses conducted in Task 11.

FY 1992 HRSA EVALUATION STUDY

Assessment of Community HIV/AIDS Services in Metropolitan Areas Expecting to Receive Initial Ryan White Title I Funding in FY 1992 (HRSA 92-131)

Cost : $65,037*
Dates: February 1992 - January 1994

This evaluation project represents the first phase of a longitudinal study of changes in the organization of HIV/AIDS care services, and in access to these services in Ryan White CARE Act Title I cities. In this phase, current systems of delivering HIV/AIDS services will be measured in two cities (Baltimore and Oakland) before the cities receive Title I funds, in order to establish pre-Ryan White baseline information. Later evaluation projects in 1993 and 1994 will collect similar information on additional cities, to document changes in HIV/AIDS services as Ryan White funding becomes available. The study will address:

- The organization of HIV/AIDS services before Ryan White Title I funds are distributed. Services are defined as ambulatory and outpatient health and support services, e.g., comprehensive medical treatment, case management, community-based and transitional services, hospice and home health care.

- The identification of major funding sources for the agencies that are providing HIV/AIDS services. Examples of funding sources are private insurers, government programs, and foundation grants.

- The organization of planning councils and other interagency groups representing providers and people living with AIDS in the metropolitan areas, including the political processes which characterize the development and enforcement of AIDS care policies and the distribution of funds.

- The perceptions of people with HIV disease of area HIV-related services, and the cultural, social, or economic barriers which may inhibit their access.

The assessment will be completed through analysis of health provider surveys, individual and group interviews, focus groups with persons with AIDS (PWAs), and review of local HIV/AIDS planning council policies and funding decisions.

*FY 1992 funds - $48,514
FY 1993 funds - $16,523

Scope of Work for HRSA 92-131

This study is being carried out through five purchase orders:

HRSA 92-131 - Thomas Rundall
92-131A - Tony Whitehead
92-131B - Johns Hopkins University
92-131C - LTG Associates, Inc.
92-131D - Mary Carpenter

We will be glad to supply individual scopes of work if desired.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Health Resources and
Services Administration
Rockville MD 20857

DEC 27 1993

NOTE TO PHIL LEE AND KRISTINE GEBBIE

Through: Acting Administrator 12/24/93

Subject: Letter From Mr. Jeffrey Levi

Attached is a letter to Mr. Jeffrey Levi of the AIDS Action Foundation for Dr. Lee's signature. Mr. Levi wrote requesting an "External Review" of the Ryan White CARE Act and related HRSA HIV/AIDS programs. We do not feel that any further reviews are necessary at this time because of the extensive process for obtaining grantee and HIV community input as part of the HRSA and HRSA AIDS Advisory Committee, Subcommittee on Ryan White Future Program Directions and Reauthorization process already in place for the reauthorization of the Ryan White CARE Act. We have outlined this process in our response to Mr. Levi.

Levi reply currently in OASH Clearance see T63804 copy attached

I would like to share with you additional specific information regarding the activities which HRSA has planned and undertaken in preparation for reauthorization of the Ryan White CARE Act.

Attached are the following documents:

- Tab A - A list of the HRSA Ryan White Workgroup Proposed Time Line and Meeting schedule for preparation of the Legislative proposal (A-19) due to your office in March 1994;

- Tab B - A list of 11 formal focus groups, workgroups, and national grantee meetings HRSA held in collaboration with national organizations, providers, people with HIV/AIDS, and representatives of State and local governments, planning councils and consortia; we will be happy to provide a list of meeting participants upon request ; and

- Tab C - a list of reports and recommendations. We will be happy to provide these upon request and as they become available.

Should you wish additional information or to discuss this further, please let me know.

Pearl Kritz
for G. Stephen Bowen, M.D., M.P.H.
Associate Administrator for AIDS

Attachments

L 9446
TRACER

DRAFT

CURRENTLY
IN CLEARANCE
· WITH CASH

Mr. Jeffrey Levi
Director of Public Policy
and Program Development
AIDS Action Foundation
1875 Connecticut Avenue, N.W.
Washington, D.C. 20009

Dear Mr. Levi:

Thank you for your letter of December 9 in which you propose the conduct of an "external review" of Ryan White CARE Act programs and related Health Resources and Services Administration (HRSA) HIV/AIDS programs.

I have carefully reviewed your proposal with HRSA officials. It is our judgment that many of the objectives stated in your proposed study can be accomplished by two processes in which HRSA is currently engaged to prepare legislative proposals for the reauthorization of the Ryan White CARE Act. In addition, several evaluation studies currently funded by HRSA and the Kaiser Family Foundation address some of the issues you mentioned.

HRSA has established a process through the HRSA AIDS Advisory Committee, Subcommittee on Ryan White Future Program Directions and Reauthorization, to accomplish the following:

- Analyze reauthorization and future program directions and recommendations currently being formulated by various national organizations and constituencies;

- Assess the potential impact of the President's Health Care Reform proposal on a reauthorized Ryan White CARE Act;

- Identify broad issues and title-specific and program-specific issues related to the Ryan White CARE Act reauthorization and implementation;

- Convene a public meeting to receive input from people with HIV, providers and numerous national organizations for enhancing the Ryan White services under reauthorization; and

- Develop a set of recommendations incorporating input from the public meeting to be presented to the HRSA Administrator.

This phase of the Subcommittee's work should be completed by late February.

In addition, during the summer and fall of 1993 HRSA, in collaboration with its grantees and national organizations, providers, people with HIV/AIDS, and representatives of State and local governments, planning councils and consortia, carried out 11 formal meetings with over 961 participants.

The purpose of these meetings has been to:

- Identify and discuss key issues regarding implementation of the Ryan White CARE Act;

- Identify issues and develop recommendations that need to be considered during reauthorization of the Ryan White CARE Act; and

- Develop recommendations for administrative policies that are responsive to experiences in implementation of the Ryan White CARE Act and will also increase both the number of people in care as well as the diversity and representativeness of people participating in the community-based planning process.

Summary reports from these meetings are in preparation or are available by calling the HRSA AIDS Program Office on (301) 443-4588.

HRSA legislative proposals will be prepared on the basis of these meetings and recommendations from the HRSA AIDS Advisory Committee. These proposals will be completed by the end of March 1994 to fit into the Public Health Service's and Department's planning process. The process culminates in the sending of legislative proposals to Congress in the Spring of 1995.

We feel that it would be preferable to wait to complete these two processes, on which significant progress has already been made, before considering embarking on an additional process that may duplicate much of the previous work. We would be pleased to share with you and other organizations the following reports and recommendations when they become available:

- Report of the December 15, 1993, Public Meeting of the HRSA AIDS Advisory Committee, Subcommittee on Ryan White Future Program Directions and Reauthorization;

- Recommendations of the HRSA AIDS Advisory Committee regarding future program directions and reauthorization of the Ryan White CARE Act; and

- Reports of the Ryan White Titles I, II, III(b), IV grantee and constituent meetings and issues raised for reauthorization.

I want to express my appreciation for your strong and continuing support for our program efforts. I look forward to additional discussion on this subject as we evaluate recommendations coming from HRSA and the HRSA AIDS Advisory Committee. I invite your thorough review of these proposals and welcome any recommendations your organization wishes to make.

Sincerely yours,

Philip R. Lee, M.D.
Assistant Secretary for Health

AIDS Action foundation

December 9, 1993

Philip R. Lee, M.D.
Assistant Secretary for Health
716G Hubert Humphrey Building
200 Independence Ave., S.W.
Washington, DC 20201

Dear Dr. Lee:

This is to follow up on our conversation last week at the IOM regarding an "external review" of Ryan White CARE Act programs (and related AIDS programs, e.g., ETCs, pediatric demonstration programs) at HRSA. Well in advance of reauthorization of the CARE Act in 1995, it is critical that we take a step back and systematically examine whether these programs have been working as the legislation intended and whether the design of the program is still appropriate to how the epidemic has evolved in the last five years. The success of the CDC's external review process -- though not simple and not inexpensive -- is a good model for asking fundamental questions and articulating major changes in the light of a changed epidemic. What was missing in the CDC's process (which consisted of five review panels looking at different CDC programs) was bringing those five reports together to make a coherent set of overarching recommendations to the CDC about HIV prevention.

I have attempted to outline both the substance of what is needed in an "external review" of HRSA HIV/AIDS-related programs and a possible process for undertaking it. It is certainly just a first cut -- but I hope it can start us down the road of accomplishing this important task.

1875 Connecticut Ave NW
Suite 700
Washington DC
20009
Fax 202 986 1345
Tel 202 986 1300

THE KEY QUESTIONS:

What was the intent of the Ryan White CARE Act of 1990 and has implementation of programs authorized in Titles I, II, IIIB, and IV (including, now, the pediatric demonstration programs) been consistent with legislative intent?

There has been significant revisionism about what the original intent of the legislation was -- even by some who claim to have been present at the creation -- that makes a return to the intent important. Among the issues that would be addressed include:

- What is the intent language in the CARE Act and in the Conference Report?
- What types of services have been provided under each of the HRSA-related titles?

- What populations are being served?
- What process has been followed to design programs and allocate resources -- by HRSA, by the states, by the localities?
- How well have the CARE Act programs been administered (at the federal, state, and local levels)? What would be the criteria for a well-administered program?
- Have resources been equitably distributed among the titles (the difference in funding levels among programs, the difference in formulas among and within programs, etc.)?
- Have each of the programs successfully delivered the services intended? What are the criteria for successfully delivered services?
- What reforms are needed to bring these programs more in line with legislative intent?

How has the context of the HIV/AIDS epidemic changed in the last five years and what impact do changes in the epidemic and in the health care environment have on programs and services funded through the CARE Act?

This poses the question of whether structural changes are needed in Ryan White programs to reflect changes in the epidemic and changes in the health care system. Some examples of the issues here include:

- changes in the epidemiology of HIV/AIDS (increases in substance abusers and minority populations) and the geography (multiple communities with different populations and different care infrastructures)
- changes in the nature of care needed (have medical interventions changed? what impact, if any, does this have on the kinds of services needed?)
- changes in the capacity of the general health care system to absorb HIV services (vs. creating a separate HIV/AIDS infrastructure)
- the likelihood of a reformed health care system that alters access to and reimbursement for primary care services, prescription drugs, home care, drug treatment, etc.

What changes are needed in HRSA HIV/AIDS programs authorized by the CARE Act, and what changes can be addressed legislatively upon reauthorization in 1995 and administratively within HRSA?

This would address specific recommendations for legislative and administrative reform.

THE EXTERNAL REVIEW PROCESS:

The external review process would be a time consuming activity. If the CDC model is used as an example, those participating would have to commit to at least two or three days a month over a four- to six-month period.

A Core Review Committee of no more than 30 people would be established to define the external review process and make final recommendations to the Administrator of HRSA. It would include: members of the HRSA AIDS Advisory Council; grantees from Title I, II, IIIB, and IV programs (their national representatives, e.g., NASTAD, as well as actual grant

recipients); community representatives (those not receiving direct funding, including people living with HIV); academics (especially those who have done some evaluations); and care providers. Outside expertise could be brought in on an as-needed basis (e.g., epidemiologists) as consultants. HRSA and PHS staff could serve ex-officio. Committee members could chair/facilitate meetings, or outside consultants could be used.

This Core Committee would be divided up into subcommittees to evaluate specific Title I, II, IIIB, and IV programs as well as other HRSA HIV/AIDS programs (e.g., the Education and Training Centers).

The steps in this process might include:

1. The Core Committee would determine overarching questions to be addressed in the review process, the nature of the process, and specific outcome or process criteria to be used in reviewing programs.

2. Subcommittees -- led by Core Committee members but with additional members with appropriate expertise -- would review each of the programs (Titles I, II, IIIB, IV/pediatric demos; ETCs). This process would be based on program staff reviews, independent evaluations, interviews with participants in the programs (consumers, administrators, and providers), and selected site visits.

3. The Core Committee would integrate these subcommittee reports into a general HRSA HIV/AIDS program review.

4. The Core Committee would address questions about the changing context of the epidemic and the changing health care context.

5. The Core Committee, probably through a drafting subcommittee, would develop specific recommendations for legislative and administrative changes.

I hope you find these ideas useful as the PHS considers Ryan White reauthorization. I have had the great benefit of Pat Franks' thoughts and comments in preparing this, and I know both of us would be delighted to discuss this further with you or your staff at your convenience.

Sincerely,

Jeffrey Levi
Director of Public Policy and Program Development

cc: Patsy Fleming, Special Assistant to the Secretary

AIDS Action foundation

Address Correction Requested

1875
Connecticut Ave NW
Suite 700
Washington DC
20009

Philip R. Lee, M.D.
Assistant Secretary for Health
716G Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

12/23/93

HRSA Ryan White Re-authorization Workgroup

Revised Proposed Time Line

Internal Workgroup meeting	August 11, 1993
Internal Workgroup meeting	September 13, 1993
Internal Workgroup meeting	September 23, 1993
Internal Workgroup meeting (CF L)	September 30, 1993
HRSA AIDS Advisory Committee (HAAC)*	October 5-6, 1993
Internal Workgroup meeting (CF 14-08)	October 8, 1993
Internal Workgroup meeting (CF 14-08)	October 15, 1993
Internal Workgroup meeting (CF J)	October 22 1993
Internal Workgroup meeting Canceled	October 29 1993
Internal Workgroup meeting (CF 14-08) Canceled	November 5, 1993
Start Draft Policy Paper/Decision Memo Canceled (CF 14-08)	November 15, 1993
Draft Policy Program Section Papers due (CF 14-08)	November 30, 1993
Finish Draft Policy Paper/Decision Memo (CF 14-08)	December 15, 1993
Final Draft Policy Paper/Decision Memo	January 7, 1994
Draft A-19	February 15, 1994
Final A-19	March 1, 1994

Formal Meetings for Ryan White Reauthorization
and Future Program Directions

Name of Meeting	Dates	Number of Attendees
Title I	July 26 - 27, 1993	13
Title II	August 9 - 10, 1993	24
Title I, II	August 16 - 17, 1993	18
Persons Living with AIDS	July 19 - 21, 1993	12
National Organizations	September 10, 1993	15
National Grantee	November 15 - 16, 1993	297
Title IIIb Grantee Mtg.	August 16 - 18, 1993	300
Title IIIb Workgroup	November 19, 1993	40
National Pediatric/Family Projects and Title V Grantees	November 9 - 10, 1993	150
National Pediatric/Family Projects and Title V Workgroup	October 30, 1993	12
AETC Directors	December 17 - 18, 1993	80
TOTAL		**961**

Available (or soon to be available) HRSA Ryan White Reauthorization and Future Program Direction Reports

1. The Summary Report of the Ryan White Title I Constituency Discussion Group Meeting held July 9-10, 1993.

2. The Summary Report of the Persons Living with AIDS Community Discussion Group Meeting held July 19 - 20, 1993.

3. The Summary Report of the Ryan WHite Title II Constituency Discussion Group Meeting held August 9 - 10. 1993.

4. The Summary Report of the Ryan White Title I and Title II Coordination Discussion Group Meeting held August 16 - 17, 1993.

5. The Summary Report of the Ryan White Discussion Group with National Organizations held December 9, 1993.

6. The Summary Report of the Ryan WHite CARE Act Title IIIb Reauthorization Workgroup Meeting held November 19, 1993.

7. Report of the December 15, 1993 Public Meeting of the HRSA AIDS Advisory Committee, Subcommittee on Ryan White Future Program Directions and Reauthorization.

8. Recommendations of the HRSA AIDS Advisory Committee regarding future program directions and reauthorization of the Ryan White CARE Act.

9. Reports of the Ryan White Titles I, II, III(b), IV grantee and constituent meetings and issues raised for reauthorization.

10. A-19 Legislative proposal.

FAX copy already routed to Tim

Catholic Charities
ARCHDIOCESE OF SAN FRANCISCO
3180 18TH STREET, SAN FRANCISCO, CALIFORNIA 94110 FAX: (415) 863-5430 (415) 863-7443

June 9, 1994

814 Mission
San Francisco, Ca. 94103
(415) 281-1204

RECEIVED
JUN 15 1994

Kristine Gebbie
National AIDS Policy Coordinator
750 17th St., NW, Ste 1060
Washington, D.C.

Dear Ms. Gebbie,

It was a delight to have a chance to speak with you in San Mateo last Friday. Thank you for your continued advocacy for people with HIV.

As part of an agency that is the principle supplier of housing for people with HIV in Northern California, I would like to take this opportunity to remind you of two urgent needs that we discussed at that meeting.

Recipient agencies, and those groups who are interested in applying for funds from HUD's Housing Opportunities for People with AIDS (HOPWA) program need to be convened on a national level. Meetings similar to the ones that are currently called by the Health Resources and Services Administration (HRSA) for Ryan White Title I eligible metropolitan areas (ema's) would be excellent opportunities to network and share techniques and resources. Experience has shown that such meetings have proved most cost-effective and provide much needed technical assistance. Your office could provide much needed leadership in ensuring that such meetings occur.

Secondly, it is extremely important that the HOPWA program not be merged with a consolidated McKinney program effort at this time. Such consolidation will most likely result in the loss of the unique nature the HOPWA program has in creating community input and response to the needs of people with HIV. The oversight of local planning councils in collaboration with the (HRSA) Ryan White CARE program for support services would also be lost if HOPWA were to be consolidated with other, non-HIV-specific programs.

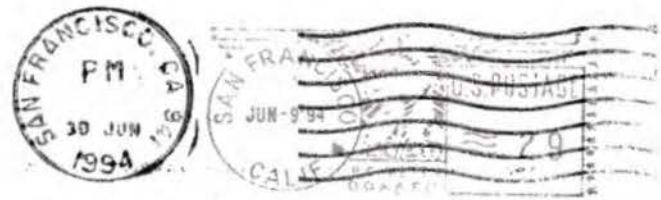
We have worked very hard over the past ten years to create an integrated network of services that are responsive and responsible to the community of the San Francisco EMA (Marin, San Mateo, and San Francisco Counties), please help us to retain, support, and build this network.

Please feel free to contact me for ways we can be of assistance. Thank you again for your generous time last week and your continued support of our work.

Sincerely,

Bob Nelson
Manager, Direct HIV Services

cc: Congresswoman Nancy Pelosi, Senators Dianne Feinstein and Barbara Boxer



Catholic Charities
SAN FRANCISCO COUNTY

Kristine Gebbie
National AIDS Policy Coordinator
750 17th St., NW, Ste 1060
Washington, DC 20503

AIDS/ARC Program

1019 ~~Market~~ Street, Suite ~~200;~~ San Francisco CA 94103

Mission 600

ASD
AIDS Services of Dallas
A Project of the PWA Coalition of Dallas, Inc

P.O. Box 4338
Dallas, TX 75208-0338
(214) 941-0523 Voice/TDD
FAX 214.941.5144
FAX 214.948.9540

FACSIMILE COVER SHEET

If you experience problems with this transmission or have any questions, please call AIDS Services of Dallas at (214) 941-0523.

CONFIDENTIALITY NOTICE

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FROM: AIDS Services of Dallas
Don Maison
Print Name

TO: Ms. Kristine Gebbie
Individual's Name
AIDS Policy Coordinator
Agency/Organization

FAX NUMBER: (202) 690-7054
Area Code Number

DATE: 7-28-93 TIME: 4:08 CT

NUMBER OF PAGES **INCLUDING** THIS FORM: 3

Memo:

• Housing
• Education
• Advocacy

An Equal Opportunity Employer
A Community Housing Development Organization

Form ASD-042 (Rev.6/93)

Art - could someone follow up w the 2 agencies to see if this is resolved/ resolvable? if not, why?

ASD
AIDS Services of Dallas
A Project of the PWA Coalition of Dallas, Inc.

P.O. Box 4338
Dallas, TX 75208-0338
(214) 941-0523 Voice/TDD
FAX (214) 941-8144
FAX (214) 948-9540

July 27, 1993

Mr. Keith Harlin
Grants Manager
Dallas County Welfare Department
2377 Stemmons Freeway, Suite 200
Dallas, TX 75207-2710

Dear Mr. Harlin:

This letter acknowledges your letter of July 22, 1993 citing a response from an individual with the Health Resources and Services Administration (HRSA), and your subsequent transmittal of that correspondence, and your demand for the revision of our sliding scale fee schedule. We have reviewed the letter from Ms. Libby Hartnett, Grants Management Specialist, and conclude that it states absolutely nothing concerning our rental schedule, which meets all requirements established by the Department of Housing and Urban Development (HUD) as established by the Texas Department of Housing and Community Affairs. The response wholly ignored the issues that I raised to her in my letter of June 11, 1993, which has not been acknowledged. We want no part of a systemic disempowerment of persons living with AIDS, and we will not make programmatic changes without further clarification from HRSA and HUD.

Once again we are torn between government bureaucrats pulling us in two directions. Our attempts to meet the growing need for housing with assisted living facilities and other programs that stress empowerment of people living with HIV/AIDS and their families are imperiled by a complete lack of coordination between HRSA and HUD government agencies. The failure of our community to engage in any serious long term strategies that would provide a framework and perspective for dealing with the many short-term challenges housing providers and developers face will bear fruit only in the collapse of community based service delivery.

• Housing
• Education
• Advocacy

I find it completely ironic that on the same day I received your letter mandating our transformation from an assisted living facility to a welfare motel, to have received a copy of HRSA's Technical Assistance Topic 4, *Housing and Residential Services for People With AIDS* (May 1993) disseminating information on HUD programs "intended as a primer for Ryan White CARE Act Title I and Title II grantees and their service providers" [1] in order to acquaint them with programs that they cannot possibly qualify for because of your conclusion based on Ms. Hartnett's letter.

Your posture on this issue directly impacts the development of our Shelter Plus Care/Hillcrest facility, our SPNS multi-family project, our HOPWA award and upcoming application, and our Section 8 set asides with the Dallas Housing Authority, not to mention the programmatic consequences that result. We are in suspense until this matter is resolved, once and for all.

The financial integrity of this agency and the responsibility we have toward individuals we presently serve is more important than risking additional entanglements with competing governmental entities that provide such mixed signals which threaten our mission and our fiscal viability. Unfortunately, the delays this situation will cause on these projects will impact people's lives - - but this appears to be just another tragedy in the history of AIDS in America, and AIDS in Dallas.

We appreciate the leadership and advocacy demonstrated by our Administrative Agent in this matter. We have grown accustomed to indifference.

Very truly yours,

Don Maison

DJM:m

c: Ms. Libbie Hartnett, HRSA
Mr. David Vos, HUD
Mr. Steven Young, HRSA
Ms. Eda Valero Figueria, HRSA
✓ Ms. Kristine Gebbie, AIDS Policy Coordinator

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1 Technical Assistance to Ryan White CARE Act Grantees, *Housing and Residential Services for People with AIDS/HIV,* May 1993, p 1.