

## Notes

### Group Level Intervention (GLI) Conference Call

March 3, 2009  
10:00 a.m. to 11:30 p.m.

#### I. Introductions/roll call

**a. Contractor staff:** AIDS Arms-WiLLow; Austin Outreach-SISTA; BEAT AIDS-SISTA; HELP-Brother to Brother; Legacy Community Health-Healthy Relationships; UTSW-Healthy Relationships; STSARS-Safety Counts; Longview Wellness Center-PIP (HRH Men); Tarrant Co HD-Turning Point and Enhancing Motivation; Harris Co Public Health-Hot Healthy and Keeping it Up; AIDS Foundation Houston-VOICE/VOCES; Valley AIDS Council-V/V; United Way of Greater Fort Hood-V/V; UT Health Science Ctr San Antonio-PIP (Women's).

**b. DSHS staff:** Susan Dear-Call Facilitator; Jeff Wagers-Call Co-Facilitator; Latrice Miller, Data; Kathy Ladner, Intern; LaQueisa Wilson-Trainer; Amanda Reese-Consultant; Mary Chapman-McIntosh-Trainer; Dolores Alvarez- TPIT Manager; Liza Hinojosa-Lead Consultant; Gloria Salinas-Garcia, Region 8 consultant; Anita Montanez, Region 9-10 consultant.

#### II. Review of purpose of call

- a. Give agencies chance to offer each other peer-to-peer assistance
- b. Discussion topics should be GLI, not agency-specific
- c. Give DSHS an opportunity to disseminate information to contractors

#### III. Announcement about Quarterly Report changes: Susan Dear alerted the contractors that there will be changes in the quarterly report. Be sure to watch for an announcement about the updated report which will come to the contractors from DSHS Contract Management Unit sometime this month. The new report format will be posted on the DSHS HIV/STD website. See: <http://www.dshs.state.tx.us/hivstd/fieldops/ReportsForms.shtm>

- IV. Training on GLI Report Card:** Latrice Miller reviewed data input and the monthly reports for the GLI. The information she reviewed can be found at [http://www.dshs.state.tx.us/hivstd/fieldops/prevdata/EBI\\_Data\\_Submission\\_Form\\_Instructions.pdf](http://www.dshs.state.tx.us/hivstd/fieldops/prevdata/EBI_Data_Submission_Form_Instructions.pdf). Individual or agency-specific questions about data submission can be sent to Latrice Miller at [latrice.miller@dshs.state.tx.us](mailto:latrice.miller@dshs.state.tx.us), phone 512-533-3069.
- V. Announcement of Intern for Outcome Monitoring Needs Assessment:** Jeff Wagers introduced Kathy Ladner. She is an intern working on her Master's degree in Health Education at the University of Texas in Austin. Her project is to do an outcome monitoring needs assessment both with DSHS staff and with DSHS HIV/STD prevention contractors. The purpose is to determine gaps in knowledge and understanding about Outcome Monitoring, and to discover both the strengths and challenges of consistently doing Outcome Monitoring with our evidence-based interventions (but not Protocol-Based Counseling). She reviewed the parameters of her project and alerted contractors that she would be contacting some of them in March to do the needs assessment. Honest feedback was requested; the results and comments are not going to be connected with a specific person or agency.
- Jeff Wagers also made clarifications about Outcome Monitoring. Although some agencies are currently doing Outcome Monitoring and it may be in their contract, DSHS currently does not have standardized Outcome Monitoring state-wide. Once the needs assessment is completed, it will be determined the best way to approach outcome monitoring to make it standardized and useful.
- VI. Accessing funded GLI entity list, GLI link, Google Group:** Jeff Wagers reviewed additions to the website. There is a link posted on the HIV home page (<http://www.dshs.state.tx.us/hivstd/>) under Quality Assurance Standards for HIV Prevention Contractors. There is a brief description of Evidence-Based Interventions, and three links: interventions funded in Texas, quality assurance standards, and training requirements. Jeff also asked that persons who want to be added to the Google group need to contact him at [Jeffrey.wagers@dshs.state.tx.us](mailto:Jeffrey.wagers@dshs.state.tx.us) to be added to the group list. The group is a forum for contractors to address common issues for GLI.
- VI. Peer-to Peer session: Retention**
- a. Does keeping interventions fresh over time & many presentations effect your retention? What do you do?**

- b. Capacity Building Assistance & support, who has utilized DSHS? CBA? CRIS requests?, Client Satisfaction Surveys with persons in the intervention and persons who dropped out?**
- c. Taking the intervention to the client**
- e. Tailoring for success**

Jeff reviewed how to submit a CRIS request for technical assistance from CDC; the instructions are on the HIV/STD website. He and the consultants can also assist agencies with TA. Cora Giddens with UTSW mentioned that UTSW has a capacity building branch that provides TA for the following interventions: Healthy Relationships, Many Men Many Voices, Community PROMISE, NIA and CRCS.

Legacy Community Health Services mentioned that they are having success with working with their HIV+ clientele, but have a hard time keeping younger MSM in the intervention. Younger MSM were intimidated by older MSM, although the older more “nurturing” MSM helped with retention. This generated some discussion; it was suggested that working with MSM, especially younger MSM, be a subject of a future call.

Another comment was made that each group has its own social dynamic, and that it is hard to determine how the group will run prior to the start of the group. One agency commented that telling programs and persons from the beginning what is expected helps with their retention rate. Each group that has a different “flavor” keeps the groups lively, and some of the facilitators mentioned that they liked that.

Longview Wellness Center mentioned that they work with HRH males and have had success in working with the homeless.

Tarrant Co HD commented that they have good retention with women and IDUs; one reason is that they have the participants make a commitment to themselves to attend, and they get buy-in from the clients at the beginning.

UTHSCSA said that they were having success retaining women in a homeless shelter, and that men were requesting a group.

There was discussion on retention of clients and how tailoring helped. HELP in Fort Worth mentioned that changing the three sessions to 3 days instead of 3 sessions over 3 weeks helped with their retention. It was also beneficial to use graduates to recruit their friends to go to the intervention.

Tailoring requests can be made to substitute videos because some are outdated; however, the video must have the same intent as the original.

Tailoring intervention length and content can be beneficial for some target populations; agencies should submit a tailoring request to their consultant. The consultant and Jeff review the tailoring request and determine whether it is approved or denied.

It was also suggested that using a survey with those who dropped out would be as beneficial as those who stayed and graduated. This may garner useful information as to why retention is difficult. The survey does not have to be formal; it can be an informal conversation or phone call to participants who did not complete.

**VI. Peer-to Peer session: Retention**

**d. Retention rates, what is an average rate historically?**

**f. Use of tangible reinforcements**

These two topics were not discussed but could be on a future call.

**VII. Conclusion of call**

**a. Suggestions for future agenda items from Contractors:**

Working with MSM could be one topic based on today's discussion. Email Susan Dear ([susan.dear@dshs.state.tx.us](mailto:susan.dear@dshs.state.tx.us)) or Jeff Wagers ([Jeffrey.wagers@dshs.state.tx.us](mailto:Jeffrey.wagers@dshs.state.tx.us)) with suggestions of topics for future calls.

**b. Next call** will be in May or June 2009.

**c. Announcement of additions or deletions to GLI email list** should be sent to Susan Dear or Jeff Wagers to be updated.

**d. final roll call**