



Making TA and Training Work for You:
Meeting the Needs of the Grantees and the Project Officers
December 9, 2009

National Minority AIDS Council





Introduction

National Minority AIDS Council's mission statement

Develop leadership within communities of color to address the challenges of HIV/AIDS.

The NMAC Technical Assistance and Training Treatment Division

Melanie Graham, MSW Program Manager

Role: Manages programmatic implementations and designs and oversee the day to day activities

Kim Johnson, MD Division Director

Role: Oversees all federal cooperative agreements and technical assistance, training and treatment programming at NMAC. Serve as principle investigator for NMAC



NMAC's response to recruitment and retention

- NMAC has been fighting HIV/AIDS for the past 22 years.
- NMAC belongs to the community of color and is the sole national organization founded specifically to unite African American, Latino, Asian Pacific Islander and Native American leaders in the fight against HIV/AIDS.
- Since 1989, we have helped build the capacity of *thousands* of HIV prevention AND treatment CBOs, HDs and CPGs.
- We are committed to innovation!



Approaches to TA

- Our program curriculum is written from an adult learning perspective in the effort to further engage and process training topic components, goals, and objectives.
- NMAC provides TA in the form of a group level regional training. The trainings are hosted over a period of two days.
30 people per training, two people/organization and scholarships provided to up to 15 people
- Our target audience is Ryan White funded organizations serving racial ethnic minorities within rural areas that are characteristically hard to reach and at high risk of HIV/AIDS infection.
- Target audience participants are program managers, frontline staff including case managers, outreach workers and senior management.



Description of the training modules

- **Recruiting and Retaining the Hard to Reach and High Risk**

Identifies common barriers and highlights some recruitment strategies for high risk clients

- **Recruiting and Retaining the Multiply Diagnosed**

Some key topic areas are: effective psychosocial interventions and treatment options and building multi-disciplinary teams

- **Recruiting and Retaining in Rural Settings**

Special emphasis on rural populations and the associated challenges

Issues such as access to care, poverty, stigma, confidentiality and limited availability of ancillary and subspecialty providers are addressed



Description of the training modules

- **Client Centered Approach through Motivational Interviewing**

Captures the very essence of counseling as a tool that guides individuals to help them deal with their inner struggles

Aimed at 'preparing people for change' by counselor's engagement in a conversation with a client in order to help them transform their lives by using collaboration, evocation and empowerment.



Description of the training modules

- **Social Marketing**

Looks at the existing relationships between barriers to care, identifying stigma and how it affects different special populations

Examines ways in which social marketing can be used to address barriers to care

focus is to increase the utilization of social marketing techniques to build the capacity of providers and clients in order to better address stigma and consequently effect positive change in both providers and HIV clients.



Description of the training modules

- **Community Partnerships; Building Partnerships, Discovering Skills, Strength & Services**

Based on the premise that understanding the capacity of communities we serve enhances our effectiveness in service delivery

Discusses new ways community assessments can be conducted by focusing on its strengths rather than the traditional focus on weaknesses

Increases participants' ability to understand, strengthen and use community capacity, partnerships and networks to better serve people in prioritized population



Description of the training modules

○ **Community Mapping**

Discusses the importance of community mapping as a planning and evaluation tool usable in geographically challenging rural and urban areas where it is difficult to plan and deliver HIV/AIDS education, prevention and treatment services

Highlights the core components of community mapping and shows how to gather information critical to HIV/AIDS service delivery planning and implementation; and discusses ways in which community mapping improves prevention and treatment services are discussed



Recruitment and Retention into to Care project goal

Improve access, quality of care, and coordination of health care services for people living with HIV/AIDS who are multiply diagnosed, located in rural areas and or racial and ethnic minorities.



Recruitment and Retention into to Care project outcomes

1. Organizations will demonstrate an increased knowledge, skills and abilities to recruit and retain into HIV care people living with HIV/AIDS who are multiply diagnosed located in rural areas and or racial and ethnic minorities
2. Targeted organizations will report an increase on their capacity to provide access to health care by increase recruitment of people living with HIV/AIDS who are multiply diagnosed, located in rural areas and or racial or ethnic minorities



Recruitment and Retention into to Care project outcomes CONTINUED

3. Targeted organizations will report a decrease in health disparities by increase retention of people living with HIV/AIDS who are multiply diagnosed, located in rural areas and or racial or ethnic minorities
4. Targeted organization will report improvement in their local public health and health care systems for people living with HIV/AIDS who are multiply diagnosed, located in rural areas and or racial or ethnic minorities



Challenges and opportunities

- **The Challenge**

Diverse experience and background of the participants

- **NMAC's Response**

1. Post training topics on-line
2. Create more descriptive training modules reflective of target audience
3. Hosted regional stakeholder calls to gauge organization interest and feedback on the RRIC training components
This was done to expand and provoke interest and garner buy-in



Accomplishments in Year 1

What we have heard and read from training participants

“... hoping to learn and expand our services in our medical facility by sharing and connecting with others that have similar issues pertaining to keeping high acuity clients in service; understanding and sharing information with other agencies is a great opportunity to help link community services and learn what new referral or agency programs are working” **Michael Zippwald**



Accomplishments in Year 1

What we have heard and read from training participants

“Much of our current service delivery is off the street, and we would really benefit by learning new tools and skill sets to assist us in creating linkages and collaboration...” **Demetrius Johnson**



Accomplishments in Year 1

Year one trainings

- Memphis, Tennessee with 30 participants
- Los Angeles, California with 19 participants

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- Total 49 participants



Accomplishments in Year 1

- **Training Curricula**

Continuously revised each year to ensure the need of the service providers are met

Accessible on-site and also through the on-line management system where participants can comment, make suggestions, post their best practices and continue social networking

- **Meaning to the project**

The training curricula has served as a learning tool and ignited further discussion on social barriers, potential barriers and current interventions and experiences in addressing identified treatment and care barriers



Future endeavors for this project

1. NMAC hopes that all the outcomes are achieved and with every program year the training material enhances to enable further effectiveness and progress in serving the hard to reach, high risk populations
2. NMAC further hopes grantee organizations will develop responsive models to enhance outreach and keep people engaged into care



Year 2 sites

1. Newark, NJ
May 5-7th, 2010
Serving PHS Region 2- New Jersey, New York, Puerto Rico, and the Virgin Islands
2. Austin, TX
July 28-30th, 2010
Serving PHS Region 6- Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Visit www.nmac.org for more details and an application