

CHAPTER 8: EVALUATION AND MONITORING

This chapter describes the evaluation plan for each type of required evaluation as described by the CDC's Evaluation Guidance (June 2001) and the reporting of core HIV prevention indicators as described in Program Announcement 04012. This plan will be revised as needed to meet CDC's new evaluation guidance which is expected to be released late in 2009. This chapter also describes the evaluation plan for each type of required evaluation of care and support services, as proscribed by the Health Resources and Services Administration (HRSA; for Ryan White Parts B and D), Housing and Urban Development (HUD; for HOPWA), and the Minority AIDS Initiative.

Prevention's Evaluation Goals, Activities and Timelines

Evaluation Goals

1. To evaluate the HIV prevention community planning process.
2. To design and evaluate intervention plans.
3. To monitor and evaluate the implementation of HIV prevention programs.
4. To evaluate linkages with the comprehensive HIV prevention plan and the application for funding.
5. To monitor outcomes.
6. To generate and monitor baseline and target measures for indicators related to Community Planning, Evaluation and HE/RR interventions.

Activities for Meeting Evaluation Guidance Requirements

Below is a table listing each major evaluation goal with a description of activities to be completed yearly.

Evaluating the HIV Prevention Community Planning Process
Activities: <ol style="list-style-type: none">1) Collect evaluation surveys after each HPC meeting2) Conduct exit interviews with departing HPC members3) Conduct Community Planning Membership survey4) Complete Membership Grid5) Analyze survey data and report findings to HPC members
Designing and Evaluating Intervention Plans
Activities: <ol style="list-style-type: none">1) Provide training and technical assistance on the definitions for target populations, intervention types, and the intervention data collection forms to contractors and local health dept. staff.2) Contractors and Local Health Department (LHD) staff will submit the intervention forms for review.3) Compile information on intervention forms to send to CDC with funding application4) Evaluate intervention plans for core set of data elements including approximate number and characteristics of people to be reached, categorized by type of intervention, sufficiency of evidence basis, and sufficiency of service plan for implementation.5) Provide feedback, training, and assistance on an ongoing basis to improve quality of intervention plans.

<p>Monitoring and Evaluating Implementation of HIV Prevention Programs</p> <p>Activities:</p> <ol style="list-style-type: none"> 1) Continue to train and provide TA to DHEC regional staff and contractors in PEMS. 2) Collect process monitoring information from HIV prevention contractors and LHD staff. Data collected will comply with CDC's new evaluation guidance. 3) Compare process monitoring data collected to the intervention plans. 4) Identify areas for improvement. 5) Provide feedback and technical assistance to contractors and LHD staff on data collection issues. 6) Provide information to the HPC for decision-making. 7) Report evaluation data in progress reports.
<p>Evaluating Linkages Between Comprehensive HIV Prevention Plan, CDC Funding Application, and Resource Allocation</p> <p>Activities:</p> <ol style="list-style-type: none"> 1) Revise HIV Community Resource Assessment (CRA) process and tools. 2) Conduct CRA survey based on HPC requirements and CDC guidelines. 3) Provide summary process monitoring data on priority interventions with priority populations to compare linkages in the plan. 4) HPC makes recommendations for improvements/changes.
<p>Monitoring Outcomes</p> <p>Activities:</p> <ol style="list-style-type: none"> 1) When applicable, collaborate with contractors and LHD staff to determine behavioral and other outcome data to be collected. 2) Finalize data collection instruments and process. 3) Implement outcome monitoring process with providers. 4) Conduct quarterly data analysis, provide feedback to providers. 5) Analyze annual outcome monitoring data and write results. 6) Disseminate data to providers, HPC, CDC and others. 7) Increase the capacity of contractors and LHD staff to plan and conduct outcome monitoring projects.
<p>Generating and Monitoring Baseline and Target Measures for Indicators related to Community Planning, Evaluation and HE/RR Interventions</p> <p>Activities:</p> <ol style="list-style-type: none"> 1) Assess the quality of data collection systems used to calculate performance indicators. 2) Monitor and reassess baseline and target measures as necessary.

Description of Evaluation Activities by Evaluation Goal

(1). *HIV Prevention Community Planning Process.* Process data will be collected annually using the latest CDC Community Planning Membership (CPM) survey. The Membership Grid is completed using the data from the CPM survey. Data from the survey will identify possible gaps in membership representation based on the Epi Profile. Additionally, the 52 attributes will be analyzed individually and grouped by objective to determine percent agreement based on valid responses. Each indicator must receive a rating of least 85 percent agreement in order for the

attribute to be considered met. Survey data will also be analyzed by years of HPC membership (i.e. Evaluation question: Are members with less than 2 years of service less informed about the HPC process than members with 2 or more years?) and by other variables as requested by the HPC. Results from the CPM survey will be shared with HPC members annually to enhance the planning process.

Other evaluation activities will include the collection of evaluation forms after each HPC meeting and sharing the results with members at the next meeting. This allows for a timely response by the HPC Co-Chairs and/or by the HPC Executive Committee to concerns or issues raised by members. Exit interviews with departing members will be conducted by the Chair of the Membership Committee and a community representative. This process helps to inform the orientation process for new members and to clarify the role of HPC members based on their expertise and or representativeness.

(2). *Designing and Evaluating Intervention Plans.* DHEC requires staff in the local public health regions (health educators and social workers) and HIV Prevention contractors to submit annual intervention planning worksheets that reflect number of priority populations to be reached with priority interventions in a calendar year. Regional HIV epi-summaries are provided to assist in determining where the most recent HIV infections are diagnosed and which risk factors are associated with these infections for a specific geographic area.

Staff in the STD/HIV Division review plans and provide feedback regarding the number of persons to be reached in each priority population, the appropriateness of interventions with the priority populations and methods to evaluate the interventions. Intervention plans are entered into PEMS for all users by the state's PEMS implementation coordinator. Quarterly Narrative Reports (QNR) are tailored to reflect the finalized plan for each regional health educator and social worker and prevention contractors and are used to compare completed activities reported in this document to PEMS reports. Data from all plans are compiled and sorted by priority populations and intervention types. This information is shared with the HPC and is used as a basis for planning and allocation of resources by SCDHEC for the upcoming fiscal year.

(3). *Monitoring and Evaluating the Implementation of HIV Prevention Programs.* All HIV prevention providers must conduct process monitoring. Several systems have been in place to monitor the implementation of programs in South Carolina. Below is a summary description of SC current data collection system by each program component.

- a) *Counseling, Testing and Referral Services (CTRS)* data for conventional HIV tests are collected by utilizing the S.C. DHEC Laboratory Request Form. Data on individuals tested in local health departments are keyed into a computer file at the Bureau of Laboratories (BOL) and confidentially stored. The DHEC BOL conducts all HIV testing for the STD/HIV program. In addition to conventional HIV testing services, all HIV prevention contractors and select local health departments utilize rapid test technology for the delivery of CTRS.

In May 2009, all health departments and prevention contractors were required to begin using the scannable CDC HIV Test Form to collect required CTRS data on persons testing, regardless of test technology. The Division is working to incorporate scanning

technology to ease the burden of data collection. The forms will be sent to the Division on a monthly basis for scanning. Once the data is scanned it will be encrypted and sent to CDC via the secure data network (SDN).

- b) *Partner Services (PS)* information is collected utilizing the CDC Interview Record form. All forms are sent to the STD/HIV Division on a monthly basis and entered in STD*MIS and the electronic HIV/AIDS Reporting System (e-HARS) for data maintenance and reporting. It is anticipated that a newer version of STD*MIS will include the required PS variables and that an import function in PEMS will allow the data to be transferred electronically.
- c) *Prevention for Positives* process data is collected through CTRS, PS, CRCS and through other health education/risk reduction interventions.
- d) *Health Education/Risk Reduction Services (ILI, CRCS, GLI, and Outreach)* are primarily provided by Health Educators and Social Workers in six of the eight public health regions and 12 HIV prevention contract agencies. Regional staff and contractors are required to enter completed HE/RR interventions into PEMS on a monthly basis. Data entered into PEMS includes demographic information including age, race, ethnicity, gender, and risk behavior on persons served, recruitment source of persons served, intervention activities completed, and when applicable, referral information. DHEC also requires regional staff and contractors to complete Quarterly Narrative Reports (QNR) that reflect activities completed through the end of the quarter. Data from QNR are compared to PEMS reports to assess completeness of interventions and progress towards reaching annual deliverables. Data results/analysis are provided to contractors and LHD quarterly to provide feedback and to CDC as required.
- e) *Health Communication/Public Information* data are collected in two ways. The DHEC AIDS/STD Hotline staff utilizes an *ACCESS database* to capture information from callers who speak to a staff person. After-hours calls are forwarded to CDC-INFO, a toll-free service providing information on a variety of health topics including HIV. An analysis is made of the data collected from calls answered by a staff person. Data collected include demographics, risk information if provided, type of information requested, and referral source to the hotline, (e.g. telephone directory listing, health department staff, etc.) Public information activities provided by contractors/regional staff are reported through PEMS.

(4). *Evaluating Linkages Between the Comprehensive HIV Prevention Plan and Application for Funding.* Until revised, DHEC will continue to use the process outlined in Chapter 5 of the Evaluation Guidance (Volume 2 Supplemental Handbook) for conducting this evaluation activity. Data sources include the Comprehensive HIV Prevention Plan, intervention planning worksheet, PEMS reports, QNRs, and budgets from HIV prevention providers, information from the CTRS and PS data collection systems, and interviews with health department staff and providers. Results of this process are included in the CDC application and shared with HPC members during regularly scheduled meetings.

(5). *Outcome Monitoring and Outcome Evaluation.* In the previous plan, it was noted that DHEC would begin conducting outcome monitoring projects with local prevention contractors. However, due to staff shortages and other resource limitations, outcome monitoring and evaluation was put on hold. DHEC will be looking for guidance from CDC regarding expectations for outcome monitoring and evaluation when the need arises.

(6). *Generate and Monitor Baseline and Target Measures for Indicators Related to Community Planning, Evaluation and HE/RR interventions.* Working with the STD/HIV Division Director, the evaluation staff will monitor the data systems used to collect core HIV prevention indicators as outlined in Program Announcement 04012.

The following data sources will be used to collect the current set of required Community Planning, Evaluation and HE/RR data elements for each performance indicator. CDC is reviewing a proposed set of revised Performance Indicators with the expectation that jurisdictions will begin measuring new indicators in 2010. New data collection sources will be identified once the final list of performance indicators is provided.

COMMUNITY PLANNING	
Indicator	Data Collection Source
E.1	Community Planning Membership Survey
E.2	Community Planning Membership Survey
E.3	CTRS and PS Data Systems, HE/RR planning worksheets, PEMS, QNR, and Program Budgets
E.4	CTRS and PS Data Systems, HE/RR planning worksheets, PEMS, QNR, and Program Budgets
EVALUATION	
Indicator	Data Collection Source
F.1	PEMS and QNR
HEALTH EDUCATION/RISK REDUCTION	
Indicator	Data Collection Source
H.1	PEMS and QNR
H.2	Intervention planning forms, PEMS, and QNR
H.3	PEMS and QNR
I.1	PEMS and QNR
I.2	PEMS and QNR

PEMS will be the primary data collection system to monitor these key performance indicators. However, reports compiled in PEMS do not provide all the information to complete data needed for reporting on performance indicators. Until PEMS reporting is fully functional, the Division will continue to use QNR to collect the required data elements.

Summary of SC DHEC Ryan White Evaluation

Monitoring/ Evaluation Mission: To administer the HIV Care and Treatment services as authorized by the Ryan White HIV/AIDS Treatment Modernization Act (2006):

SC DHEC's role in Public Health administration is to ensure and demonstrate the SC HIV Care System's client-centered approach to effectively managing HIV AIDS as a *chronic* disease. Thus, DHEC applies Health Information Technology as a mechanism to ensure *all* of the following aspects of service: 1) access to and retention in quality care; 2) access and adherence to effective treatment 3) access to a variety of care providers in a coordinated network. Equally important, DHEC serves to ensure fiscal and scope of service accountability for service organizations, funded for Ryan White Part B, Part D and Housing Opportunities for People with AIDS (HOPWA) services.

The SC Ryan White and HOPWA Care Continuum is an ever-active matrix of service provision, data collection and funding sources. HIV service organizations provide service with funding from sources ranging from major HIV Federal Grants to local foundations, *all* with reporting requirements that change as frequently as quarterly. Support for HIV Care and Treatment Information Management often requires evaluation tools, database components and technical assistance strategies to be re-engineered for grantor requirements, while providers are actively *in-use* collecting and reporting data.

The range of client-centered services is documented thoroughly and reported in aggregate and/or client-level formats. For a description of Ryan White eligible services, review the following link; www.scdhec.gov/rwhopwata , then click "Technical Assistance for Ryan White Part B Service Providers". (Please note: Core Medical Services are 75% of Ryan White funding priority and Supportive Services represent 25%.)

The SC DHEC HIV Care and Treatment information model is the only one of its kind in the country as of 2009, in its provision of real-time access to AIDS Drug Assistance Program (ADAP) information to prescribers and care providers. Client-centered data sharing and migration strategies streamline documentation, facilitate automation and reduce duplication of effort. DHEC applies Health Information Technology to not only collect and report data, but also to ensure quality and access to provider-relevant information.

Required data is entered, stored and transported securely. DHEC and participating providers ensure security via policies set forth in the "SC DHEC Ryan White/HOPWA Security Procedures Summary" (2007). The scope of security procedures encompasses Federal, State and Industry security standards, adhering to the strictest set of requirements.

SC DHEC collects data in a customized database, *Provide Enterprise*, as its primary data storage and reporting mechanism for South Carolina HIV care and treatment reporting needs, including the Ryan White Part B, HOPWA and SC ADAP. In addition, contracted service providers enter data in other Electronic Health Records, billing and accounting databases. Data from these sources are increasingly migrated into *Provide Enterprise* and converted to provider relevant information and tools.

The SC ADAP uses *Provide Enterprise* as its principal intake and data sharing evaluation software, to facilitate access to client-centered, real-time information. This includes access to client enrollment status, service utilization and critical client-centered alerts to care providers. In *Provide Enterprise*, service providers collect a standardized set of service indicators to ensure continuity and accuracy of reporting.

As the designee for a Statewide Quality Initiative, DHEC collects client-level data from all parts of Ryan White care, including Parts B, C, and D. Each participating agency receives data-related technical assistance and quality planning assistance to achieve measurable public health goals and improve health outcomes.

DHEC Ryan White/HOPWA Program administrators monitor fiscal and service activities of contracted organizations via the following: 1) at least 1 annual site visit, 2) special-purpose meetings, and 3) fiscal and program data reports, including client-level data. Program and evaluation staff attends and/or hosts meetings routinely to communicate funder information and receive provider feedback. Meetings include but are not limited to: Ryan White Part B Peer Review and Case Management Workgroup, All-Parts Meetings, SC HIV Planning Council, and SC HIV/AIDS Care Crisis Task Force.

Contact Information

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Review the charts of links for evaluation schedules and formats for HOPWA, Ryan White Parts B and D service providers.

Evaluation, Monitoring and Reporting for HIV Care Programs in South Carolina

Funding Type	Funder	Funding Purpose	Requires Client Level Reporting?
<i>Ryan White Part B</i>	HRSA*	Access to Medical Care, Medical Case Management	2009
<i>Ryan White Part B ADAP earmark</i>	HRSA	Access to Anti-retroviral Medications	2010
<i>Ryan White Part C</i>	HRSA	Access to Primary Care	2009

<i>Ryan White Part D</i>	HRSA	Women and Youth Access to Medical Care, Medical Case Management	2009
<i>Minority AIDS Initiative (MAI)</i>	HRSA	Minority Access to and Retention in SC ADAP and other Health Care Services	2009
<i>HOPWA</i>	HUD**	Coordinated Housing and other services to prevent homelessness	Aggregate Sponsor and Project Report
<p>* Health Resources and Services Administration ** Housing and Urban Development</p> <p><i>7/20/09</i></p>			

Links and Resources

Visit the site below to access the resources noted in the following table:

[http:// www.scdhec.gov/rwhopwata](http://www.scdhec.gov/rwhopwata)

Resource Description	Location on Website	Location on Website	Location on Website
Schedule of Deliverables	See Ryan White Part B TA* for Service Providers		
Report Formats	See Ryan White Part B TA for Service Providers	See HOPWA TA for Service Providers	See MAI TA for Service Providers
Reporting TA	See Provide Enterprise TA		
Service Glossary of Indicators in PE	See Provide Enterprise TA – “Statewide List of Services”		
SC QM	See “SC Quality Management”		

*Technical Assistance