

Evaluation Committee
2006-2007 Evaluation Committee Year-End Report
May 10, 2007

Drafted for the
Boston Part A (Title I) EMA
HIV/AIDS Health Services
Planning Council

Produced by



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Table of Contents

Committee Charge and Membership -----	3
A. Review of Reports -----	5
The review of the reports section includes Suffolk’s impression of the report data followed by The Evaluation Committee’s impressions of the report data based on its independent review of the reports.	
B. Committee Recommendations -----	7
This section includes recommendations to the Grantee and to Suffolk University based on its independent review of the reports.	
C. Recommendations for Additional Activities:-----	8
Included recommendations for new projects and other activities related to the Planning Council.	
D Review of Prior-Year Recommendations -----	9
This section lists prior recommendation with a response for each recommendation.	

*The Evaluation Committee of the Boston EMA HIV Health Services Planning Council
presents its 2006-2007 Year End Report*

Committee Charge

From the Bylaws of the Boston EMA Title I Planning Council, Section 6.4.4:

“The Evaluation Committee shall assess the efficiency of the administrative mechanism in rapidly allocating funds within the EMA and assess the impact of Title I funding and programs within the EMA. The Evaluation Committee shall summarize and inform the Planning Council on evaluation data; develop standards of care; make recommendations to the Planning Council on priority areas for evaluation and evaluation projects; and review evaluation projects purchased by the Planning Council.”

Committee Membership

Members

Freeda Rawson
Saliha Abdal-Khabir
Richard Berryman
Susan Goldin
John Powell
Shirley Royster
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Support Staff

Michael Hager, PCS
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The Executive Committee directed the Evaluation Committee to:

- review Outcome Measurement and Clinical Chart Review Reports
- recommend additional evaluation projects/questions based upon their results (to)
- help the Council evaluate the impact of Title I services
- review recommendations from last year's Committee Year End Report
- review Grantee's responses to Report recommendations
- review draft 2006 Comprehensive Plan and make recommendations
- review the Unmet Need Framework Report February 2006
- prepare/present Year End Report with recommendations for next year's Council

The 4 Reports to be reviewed in the current term were:

Report 1 - *Persevering in the Struggle against AIDS: a Comprehensive Plan*
Report 2 - *FY 05 Summary, Annual Outcomes Suffolk University, November 2006*
Report 3 - *FY 06 Mid-Year Outcomes Suffolk University, November 2006*
Report 4 - *SI Data Matching Project - ????*

Copies of these reports may also be obtained at the PCS Office. Additionally, the Committee was asked to develop recommendations for further evaluation projects.

II. Committee Evaluation Review Activities

A. Review of Reports

The Committee began meeting in October and met officially seven times during the Council term. Its activities are described in more detail below:

Report 1: *Persevering in the Struggle against AIDS: a Comprehensive Plan, 05 -08*

Background: The Comprehensive Plan is developed and maintained as one of the mandates of the CARE Act legislation for all EMAs. This is the third Plan developed for the Boston EMA, and updates the previous plans *Until There's a Cure* (1996) and *Entering the Third Decade of the HIV/AIDS Epidemic: Achievements and Challenges* (2001). The Plan was developed by the Boston AIDS Consortium, under contract with the Boston Public Health Commission, and was the result of the efforts of consumers, service providers, Planning Council members, and members of the affected community.

The purpose of the Plan is to provide the EMA with a framework to guide the Planning Council through the next three to five years of the epidemic. It reviews the state of the current system of care, the needs of the system, the goals for improving the system and ensuring quality services, and the plan for monitoring progress to improve both the service delivery system and the planning process, which are detailed in the report.

Report 2: *FY 05 Summary, Annual Outcomes Suffolk University, November 2006*

Background:

Since 1996, Suffolk University's Center for Public Management (CPM) has evaluated the delivery of Ryan White Title I services in the Boston EMA. CPM is responsible for collecting individual client outcomes data every six months from service providers and reporting annually to the Boston Public Health Commission (BPHC). During FY05, 8,677 outcome reports were collected from 52 different providers which represented 4,197 unduplicated clients across 12 different service areas. These clients comprise 94% of the total 7,032 unduplicated clients who utilized Ryan White Title I services in FY05.

This report presents FY05 year-end (reporting period September 2005 – February 2006) health and quality of life outcomes data for seven study groups – which are detailed in Figure 1 below – and compares them to FY04 outcomes data.

General Impressions:

Presented by Suffolk to the Council on December 14, 2006

Summary Findings from the reports indicated that:

- Consistent with findings in previous years, overall health outcome scores are higher than quality of life outcome scores.
- While health outcome scores remained relatively constant, quality of life outcome scores showed a notable decline in FY05 as compared to FY04.

- With the exception of level of side effects from medications, all other quality of life measures showed some degree of decline among both on-going and new clients compared to FY04.
- Ability to Adhere to Medical Therapies declined for both on-going and new clients.

Future Research Questions:

- Are specific demographic groups, providers or service areas that have reported lower scores for the “ability to maintain medical care” outcome and/or the “ability to adhere to medical therapies” outcome and subsequently have contributed to the overall decline in FY05 compared to FY04.
- Is there a relationship between the “ability to adhere to medical therapies” outcome and the “level of side effects from medications” outcome?

Committee’s Impressions: The Committee made the following observations regarding the Outcomes reports:

- The studies suggest a strong correlation between health, substance abuse and housing.
- Housing categories are broad and are not broken down into more specific subcategories, i.e. long-term transitional programs vs. permanent housing, marginal housing situations (staying with family members). Data is missing for those not housed and not in care.
- The data does not indicate which service providers have the best or worst health and quality of life outcomes.
- Some demographic categories (i.e. age) are very broad in range and do not provide information on how services can be targeted to vulnerable populations.
- There are no outcome measures for income/finance, education, which are highly correlated with quality of life and mental health.

Report 3: <i>FY 06 Mid-Year Outcomes Suffolk University, November 2006</i>
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Background:

Suffolk University in conjunction with the Boston Public Health Commission (BPHC) has been assessing the impact of Ryan White Title I services on people living with HIV/AIDS (PLWH) in the Boston EMA since 1996. Suffolk University’s Center for Public Management (CPM) collects individual client outcomes data every six months from service providers and reports the results annually to BPHC. This report evaluates mid-year FY06 outcome reports for 5,729 unduplicated clients. Fifty-three (53) providers submitted outcome measurement reports representing 12 different service areas (case management, client advocacy, dental, drug reimbursement, food services/meals, housing, mental health, peer support, primary medical care, substance abuse, transportation and Minority AIDS Initiative, or MAI).

Results are broken down among four study groups: on-going clients, new clients, on-going MAI clients and new MAI clients.

General Impressions:

Comparing client outcomes in Mid-Year FY05 to Mid-Year FY06:

- There were no statistically significant changes in medical outcomes (CD-4 counts and Viral Loads) within the study groups.
- There were no statistically significant changes in average health and quality of life outcomes within the study groups.
- As noted below, there were several statistically significant changes in individual health and quality of life outcomes within the study groups.

On-going Clients

- Health outcomes scores remained constant with the exception of the ability to maintain medical care which increased from 83 to 88.
- Quality of life outcomes scores increased in two areas: ability to maintain housing (68 to 74) and level of criminal behavior (74 to 86). The only quality of life outcome to decrease significantly was level of crisis intervention (75 to 65).

New Clients

- Health outcomes remained constant with the exception of the ability to adhere to medical therapies which decreased from **80** to **71**.
- Quality of life outcomes remained constant with the exception of the ability to maintain housing which increased from **34** to **57**.

On-going MAI Clients

- Health outcomes remained constant with the exception of knowledge about HIV/AIDS & other support services which decreased from **84** to **70** and ability to maintain medical care which increased from **82** to **90**.
- Quality of life outcomes remained constant with the exception of network of support which increased from **73** to **84** and level of side effects which decreased from **80** to **70**.

New MAI Clients

- Statistical tests were not conducted because the individual outcomes selected were inconsistent across reporting periods and the sample size was insufficient.

In preparation of the FY06 Mid-Year Report, the FY05 Annual Outcomes Report was reviewed to determine whether or not there were significant differences between the two reports.

Comparing the aggregate data (Appendix A) in the FY06 Mid-Year Report with the FY05 Annual Outcomes Report the notable differences are:

- The percentage of clients reported to be in excellent status for ability to maintain medical care increased from 54% in Year-End FY05 to 68% in Mid-Year FY06.
- The percentage of clients reported to be in excellent status for ability to maintain housing increased from 45% in Year-End FY05 to 53% in Mid-Year FY06.

Committee's General Impressions:

This was the first year the committee reviewed this report. The Committee's impressions were aligned with the general impressions reported by Suffolk University within the study.

B. Recommendations Based on Review of the Reports

Based on review of the reports, the Evaluation Committee would like to present the following recommendations to the Grantee for consideration for next year's ongoing analytical work (as resources permit):

Report 1 Recommendations

Persevering in the Struggle against AIDS: a Comprehensive Plan, Boston AIDS Consortium

The Committee found the Comprehensive Plan to be thorough and well-written and has no recommendations.

Report 2 Recommendations

FY 05 Summary, Annual Outcomes Suffolk University, November 2006

The Committee recommends the following regarding future Outcome reports:

- Compare health outcomes for permanently housed and non-permanently housed groups and monitor their changes over time, i.e. in a special report.
- Further break down housing categories into more specific subcategories that are more informative.
- In the future, the Committee would like to see trainings conducted to educate Title I providers on the 'best practices' utilized by those providers identified as having the best outcomes within each service category (because different service categories cannot be compared.):
- Step 1: Identify providers that consistently show highest health/quality of life outcome scores.
- Step 2: Conduct examination of provider practices and methodologies (within each service category) to identify the factors and practices that contribute to better outcome scores.
- Step 3: Conduct provider trainings on "best practice" methodologies.
- Break down large demographic categories into more specific subcategories and run a multivariate analysis to see which major subgroups and combinations of risk factors have the poorest health outcomes so that services can be better targeted for those subgroups.
- Add outcome measurement indicators for Income/Finances, Education, and Vocation, since they are highly correlated with quality of life and mental health.
- Furthermore, the Committee also recommends a Consumer Outcomes Measurement Survey to complement the provider surveys, further described in Section D of this report.
- The Committee also presents to the Planning Council the following recommendation based on the Outcomes study results regarding future funding in the Boston EMA: that funding should be increased for housing and substance abuse services in the Boston EMA based on indications of strong correlations between health, housing and substance abuse suggested by the Outcomes report.

Report 3 Recommendations

FY 06 Mid-Year Outcomes Suffolk University, November

- Members recommended that demographics be included in the report.
- Members recommended that the limitations be stated clearly, including mentioning them in the executive summary section. Members recognized that the findings in the report can be inferred as conclusive findings, and it should be emphasized that there are strong limitations to the outcomes findings. For example, in this report, it should be made clear that just because the score on ability to maintain housing has increased, this does not mean that a housing problem does not exist.
- Members recommended adding 1-2 consumer-directed questions about the services they are receiving. (Members mentioned their interest in consumer involvement; they recognize the financial constraints, but they recommended doing a consumer-based report when financially able.)
- Members recommended that we evaluate services, based on the emphasis on core medical services.
- Members recommended making the data and reports more available to providers and agencies.

C. Recommendations for Additional Activities:

1. Consumer Outcomes Measurement Survey

In reviewing the Suffolk Outcomes Measurement reports, the Committee noted that the outcome measurement surveys are filled out by providers based on their assessments, without assurance of input or verification from consumers. The Committee felt that consumer input is necessary but lacking, which raises questions on the accuracy of the surveys in assessing actual consumer status for a number of health and quality of life outcome measures.

To address this issue, the Committee recommends the following:

- Boston Public Health Commission and Suffolk University, with input from the Title I Evaluation Committee and from consumers, should design a consumer version of the standard assessment form that will complement the provider forms, but be completed by consumers. The surveys would be designed for the purpose of verifying the provider assessments of clients. A random sample of consumers would be selected to complete these forms, which would be matched with the provider surveys using their unidentifiable, non-duplicated client codes. If the sampled consumer self-assessments correspond with the provider assessments within a reasonable degree, this can verify that the provider completed survey approach is reasonably accurate, and can be continued as is.
- However, if consumer and provider surveys do not correspond, then the provider-completed survey approach needs to be reconsidered. The Evaluation Committee suggests that Boston Public Health Commission and Suffolk University, with input from the Title I Evaluation Committee and from consumers, should design a new survey tool to be completed by consumers for the purpose of supplementing the

provider forms with additional information directly from consumers on how services are benefiting them (rather than for the purpose of validating the provider forms). These forms would also mirror the provider forms, but would not be for a random sample of consumers, but rather a standard requirement for all consumers receiving services from Title I providers. They would be completed by consumers every six months, just like the provider surveys.

2. Voices of Experience

The Committee noted that the last Voices of Experience study published findings from 2003. The Committee would like to recommend to the Planning Council and to the Grantee to explore the possibility of a new Voices of Experience study for next year's term, given available resources for the EMA, as the study provides a very unique type of information that is not provided by any of the other current evaluation studies.

3. Committee's Involvement in the Evaluation Process

- Members recommended that they provide suggestions on future report topics following Suffolk's fall presentation on the Annual Outcomes Report.
- Members also questioned the purpose of this year's Evaluation Project. They wanted to know if this would help providers provide better care. Members noted that this report is based off of data crunching and that a qualitative report may be more useful. For example, the research questions could be posed to providers for input.

D Review of Prior-Year Recommendations

In April 2007, the Evaluation and the Grantee met to review responses and implementations from Prior-Year Evaluation Committee Reports. This meeting allowed the feedback loop to be closed and for committee members who sat on the committee in the prior year to see the recommendations enacted. The results of the meeting are summarized below.

Evaluation Committee Year-End Report 2005 – Implemented Recommendations

- A detailed written description of how outcome scores are calculated is now included in all reports on outcomes data.
- A historical summary of Outcomes Data (number of outcomes reports, clients, and providers) collected is provided in outcomes reports.
- A table that includes the total number of sites in each service category, the total number of clients served per category, and the total number of reports submitted per category is included in outcomes reports.
- A table of the overall health and quality of life outcomes at the end of the reporting period as well as the score for each outcome measure is included in outcomes reports.
- Graphs which show the changes in Outcomes scores over time for individual outcome measure (ex. CD4 Count, Ability to Advocate) for both the MAI cohort and the overall cohort is included in outcomes reports.
- A process was undertaken to review the outcome measurement form in order to reduce the number of measures and foster consistency in data collection.

- A report was completed (and presented to the Planning Council) to examine change in outcomes in core services (compared to non-core services).
- A report was completed (and presented to the Planning Council) to examine how utilization of different service category combinations impacted client outcomes.
- The special reports include demographic analyses.
- The special reports done in FY05 and FY06 focus on the Cohort group, and include demographic analyses.
- The FY05 special report, Service Utilization, used multivariate analysis to examine the differences (service utilization, demographic, etc.) among those who had improved scores over time vs. those who did not.

Evaluation Committee Year-End Report 2006 – Response to Recommendations

Recommendation 1: Compare health outcomes for permanently housed and non-permanently housed groups and monitor their changes over time, i.e. in a special report.

Response: We will consider this recommendation for future reports.

Recommendation 2: Further break down housing categories into more specific subcategories that are more informative.

Response: The new outcome tool has been slightly revised in an attempt to make the categories clearer and more relevant.

Recommendation 3: Conduct trainings to educate Title I providers on the ‘best practices’ utilized by those providers identified as having the best outcomes within each service category (because different service categories cannot be compared).

Response: During regular site visits with funded agencies, BPHC staff discusses best practices and encourage agencies to communicate with one another. Additionally, by ensuring compliance with standards of care, BPHC identifies strengths and weaknesses in agency practices. Another method of sharing best practices is through the biannual clinical chart reviews conducted by JSI. After conducting chart reviews, JSI presents to each agency and offers technical assistance to any agency that would like it.

With regards to using outcomes to highlight best practices, agencies vary in their service offerings, size, etc., so it is difficult to take practices from one agency and apply to a very different agency based on outcomes. Additionally, the information captured in the outcomes only addresses programs and clients that receive Title I funding, so using outcomes to look at best practices would miss large portions of the agency and client population.

Recommendation 4: Add outcome measurement indicators for Income/Finances, Education, and Vocation, since they are highly correlated with quality of life and mental health.

Response: After weighing potential measures, it seemed too challenging to define and collect data for these indicators. Instead, providers gave input on and approved the use of other measures (e.g., level of self sufficiency) that capture related information.

Recommendation 5: Implement a Consumer Outcomes Measurement Survey to complement the provider surveys.

Response: Agencies are encouraged to have various venues for consumer feedback (e.g., CABs, satisfaction surveys, etc.). BPHC may consider VOE or something similar in the future, based on availability of funding.

Recommendation 6: Conduct trainings for clinical staff in Title I agencies on the ‘best practices’ of those clinics identified as having the best chart review results (from JSI) to ensure that all clinics utilize the most effective treatment options available.

Response: After conducting chart reviews, JSI always presents to each agency and offers technical assistance (based on their knowledge and experience with other agencies) to any agency that would like it.

Recommendation 7: Explore the possibility of conducting a new Voices of Experience study, given available resources for the EMA, as the study provides a very unique type of information that is not provided by any of the other current evaluation studies.

Response: We agree on the importance of a consumer study. Based on future funding and support from other funders, we will revisit this recommendation in the future

Evaluation Products FY06

