

Agenda Item VIII

PLANNING AND EVALUATION COMMITTEE STATUS OF COMPREHENSIVE PLAN GOALS AND OBJECTIVES

Background

The adopted 2005 Comprehensive Plan includes goals and objectives. The Care Council is required to monitor the status of those objectives to determine accomplishments and note barriers. The Planning and Evaluation committee conducts the review semi-annually. A copy of the goals and objectives are attached.

Action Required

Review status of goals and objectives, note accomplishments and items requiring attention.

GOAL 1: ENSURE THAT PEOPLE WITH HIV ACHIEVE AND MAINTAIN OPTIMAL HEALTH AND WELL BEING.

Objective 1(A): Each county will have access to a minimum of one HIV-qualified primary care provider.

	Task Required to Accomplish Objective	Person Responsible	Target Date
Task 1	Survey public providers of primary care every six months to determine if standard is met.	Health Services Advisory Committee	April , annually

Objective 1(B): Providers will be knowledgeable about funding sources for health care and pharmaceuticals including anti-retroviral therapy, and will enroll clients in appropriate programs as soon as possible after obtaining the client’s informed consent.

	Task Required to Accomplish Objective	Person Responsible	Target Date
Task 1	Monitor impact of Medicare Part D on access to health care and medications, co-payments and out-of-pocket requirements on clients.	Health Services Advisory Committee	Ongoing
Task 2	Monitor changes in compassionate use programs from pharmaceutical companies for impact on clients.	Health Services Advisory Committee	Ongoing
Task 3	Inform clients of clinical trial opportunities.	Primary care providers	Ongoing
Task 4	Monitor AIDS Insurance Continuation Program (AICP) wait lists and Ryan White funded- Insurance Services Program utilization.	Health Service Advisory Committee	Ongoing

Objective 1(C): Providers will develop ways to enhance adherence among clients in order to contribute to improved health outcomes.

	Task Required to Accomplish Objective	Person Responsible	Target Date
Task 1	Utilize results of MAI capacity building project to determine best practices for enhancing adherence among underserved populations.	Grantee	March, 2006
Task 2	Develop and implement pilot program to compare health outcomes among underserved populations utilizing new approaches.	Grantee	February, 2007

Objective 1(D): Providers who initiate an anti-retroviral regimen in pregnant women will coordinate all services required for the successful completion of anti-retroviral therapy, during pregnancy, during the labor and delivery period, and during the newborn period. Providers of prenatal and maternal/fetal care will develop plans with neonatal/child health care providers to assure anti-retroviral therapy for the newborns.

	Task Required to Accomplish Objective	Person Responsible	Target Date
Task 1	Monitor Title I and II funded programs serving pregnant women to determine that currently accepted PHS guidelines are being followed.	Grantee	Ongoing
Task 2	Determine what activities are being undertaken by AETC with regard to HIV training to obstetrical practices.	Health Services Committee	June, 2006
Task 3	Explore the extent to which hospitals and OB providers follow accepted treatment protocols.	Perinatal Task Force	Ongoing

GOAL 2: IMPROVE ACCESS TO CARE FOR PLWAH.

Objective 2(A): All contracted providers will initiate and ensure culturally focused and linguistically appropriate interventions and treatment.

	Task Required to Accomplish Objective	Person Responsible	Target Date
Task 1	Conduct an assessment of cultural competence among providers as part of MAI capacity building project.	MAI Capacity Development Contractor	February, 2006
Task 2	Report findings to Care Council and RPARC.	Grantee/MAI Capacity Development Contractor	March, 2006
Task 3	RPARC to recommend resources to be devoted to cultural competency activities.	RPARC	May, 2006
Task 4	RFA to address cultural competency activities to be developed as determined with Care Council input.	Grantee/Care Council	July, 2006
Task 5	Cultural competency activities implemented.	Contracted provider	March, 2007

Objective 2(B): Methods for identifying, enrolling and maintaining difficult to serve populations in primary care will be explored.

	Task Required to Accomplish Objective	Person Responsible	Target Date
Task 1	Utilize results of MAI project to determine which subpopulations require focus.	MAI Capacity Development Contractor	February, 2006
Task 2	Conduct review of best practices to determine possible program designs that assist underserved populations with retention in care.	Planning and Evaluation Committee/Minority Advocacy Committee	July, 2006

Task 3	Client grievances will be investigated by Grantee in accordance with adopted policies.	Grantee	Ongoing
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Objective 2(C): Update estimates of the number of individuals aware of their status but not in care, on an annual basis.

	Task Required to Accomplish Objective	Person Responsible	Target Date
Task 1	Work with the state to further refine unmet need estimate methodology.	Planning and Evaluation Committee	Ongoing
Task 2	Conduct annual demographics and epidemiology report including trends and cumulative living cases.	Planning and Evaluation Committee	Annually

Objective 2(D): Determine service needs and barriers of individuals who are aware of their status but are not in care.

	Task Required to Accomplish Objective	Person Responsible	Target Date
Task 1	Develop methodology and data collection instruments to determine the needs of individuals aware of their status but not in care and the barriers to care.	Planning and Evaluation Committee	February, 2006
Task 2	Implement methodology and review findings on a quarterly basis.	Planning and Evaluation	Quarterly, Ongoing

GOAL 3: ENSURE THAT HIV CARE AND SUPPORT SERVICES ARE HIGH QUALITY.

Objective 3(A): Establish and enhance performance-based standards and outcome measures for all funded services.

	Task Required to Accomplish Objective	Person Responsible	Target Date
Task 1	Review all performance standards and outcome measures.	QM Contractor	October, 2005
Task 2	Meet with providers to review proposed revisions to standards.	QM Contractor	October-December, 2005
Task 3	Finalize new standards and align with QM process.	QM Contractor	January-February, 2006
Task 4	Conduct quarterly reviews on QM data.	Grantee, Planning and Evaluation Committee	Quarterly, Ongoing

Objective 3(B): Evaluate minimum standards of care on an on-going basis and make revisions as needed.

Task 1	Develop service philosophies and definitions as part of the QM process.	QM Contractor	March, 2006
Task 2	Review minimum standards of care for all services and revise as needed to align with service philosophy and definition.	Health Services Advisory Committee, Planning and Evaluation Committee	April, 2006-September 2006
Task 3	Include revised standards into new contracts.	Grantee	October, 2006 and ongoing

Objective 3(C): The Grantee/Lead Agency will fully implement an information management system to allow for the tracking of quantitative and qualitative data.

	Task Required to Accomplish Objective	Person Responsible	Target Date
Task 1	Develop new methods for collecting and reporting data on service provision.	Grantee	September, 2005
Task 2	Train providers on new MIS system	Grantee	December, 2005
Task 2	Fully implement data collection system.	Grantee	March, 2006

Objective 3(D): Establish and implement a customer satisfaction program.

	Task Required to Accomplish Objective	Person Responsible	Target Date
Task 1	Conduct annual customer satisfaction surveys for all service providers.	Grantee/Providers	Annually
Task 2	Review data from satisfaction surveys to determine areas for improvement, both system-wide and as individual providers.	Grantee	Annually

Objective 3(E): Improve knowledge of capacity-building opportunities available to service providers on an on-going basis.

	Task Required to Accomplish Objective	Person Responsible	Target Date
Task 1	Develop information dissemination mechanism for providers to be aware of capacity building opportunities that exist in the community.	Grantee	December, 2006

GOAL 4: ENSURE THAT A CONTINUUM OF HIV-RELATED PSYCHO-SOCIAL AND SUPPORT SERVICES IS AVAILABLE THROUGHOUT THE TSA.

Objective 4(A): Expand coordination and linkages with non-Ryan White funded providers in accordance with HRSA objectives.

	Task Required to Accomplish Objective	Person Responsible	Target Date
Task 1	Provide letters of support and background information for agencies seeking funding to develop/expand these services.	Care Council Chair	Ongoing
Task 2	Coordinate with HOPWA needs assessment and planning efforts.	Care Council members, Planning and Evaluations Committee	October, 2005-September, 2007

Objective 4(B): Improve communication between Grantee/lead agency and service providers on an on-going basis.

	Task Required to Accomplish Objective	Person Responsible	Target Date
Task 1	Conduct quarterly meeting with providers	Grantee	Quarterly, Ongoing
Task 2	Conduct case manager training as funding permits.	Grantee	As funding permits

Objective 4(C): Encourage an environment that supports volunteerism and advocacy.

	Task Required to Accomplish Objective	Person Responsible	Target Date
Task 1	Contract for Care Council website that provides links for volunteer and advocacy opportunities.	Grantee	March, 2006
Task 2	Develop a mechanism for service providers and other community groups to notify clients of volunteer opportunities.	Membership Committee	September, 2006
Task 3	Designate a Care Council member to coordinate public information and advocacy.	Care Council	Annually

Objective 4(D): Improve education on the role of the Care Council and its committees on an on-going basis.

	Task Required to Accomplish Objective	Person Responsible	Target Date
Task 1	Determine training needs for Care Council and committee members.	Planning Council Support, Membership Committee	August, 2006
Task 2	Develop content and schedule of trainings.	Planning Council Support	January, 2007
Task 3	Conduct trainings.	Planning Council Support, Membership Committee, TA providers	January, 2006-Ongoing

GOAL 5: THE CARE COUNCIL WILL PROMOTE COORDINATION AND LINKAGES ACROSS RYAN WHITE TITLES, AND HIV AND SUBSTANCE ABUSE PREVENTION IN THE TSA.

Objective 5(A): The Care Council will coordinate with prevention providers to identify service gaps between HIV prevention providers and the care and treatment continuum on an ongoing basis.

	Task Required to Accomplish Objective	Person Responsible	Target Date
Task 1	The Care Council will assign participants to serve on FCPN and report back to the Care Council.	Care Council	Ongoing
Task 2	Local HIV/AIDS Prevention Coordinators (HAPCs) will participate on the Care Council and Planning and Evaluation Committees.	HAPCs, Care Council, Planning Council Support	Ongoing
Task 3	A report on testing and counseling sites will be provided to the Planning and Evaluation Committee annually.	HAPCs, Planning Council Support	June, Annually

Objective 5(B): The Care Council will coordinate with substance abuse prevention providers to identify issues related to the HIV care and treatment continuum on an ongoing basis.

	Task Required to Accomplish Objective	Person Responsible	Target Date
Task 1	Assure that substance abuse treatment providers are represented on the Care Council.	Planning Council Support	Ongoing
Task 2	Invite substance abuse treatment providers to participate in the Planning and Evaluation Committee.	Planning Council Support	Ongoing

Objective 5(C): The Care Council will coordinate with other Ryan White Titles on an ongoing basis.

	Task Required to Accomplish Objective	Person Responsible	Target Date
Task 1	Assure that Titles III and IV, and AETC are represented on the Care Council.	Planning Council Support	Ongoing
Task 2	Coordinate planning and needs assessment activities across titles.	Grantee, Planning Council Support	Ongoing

