

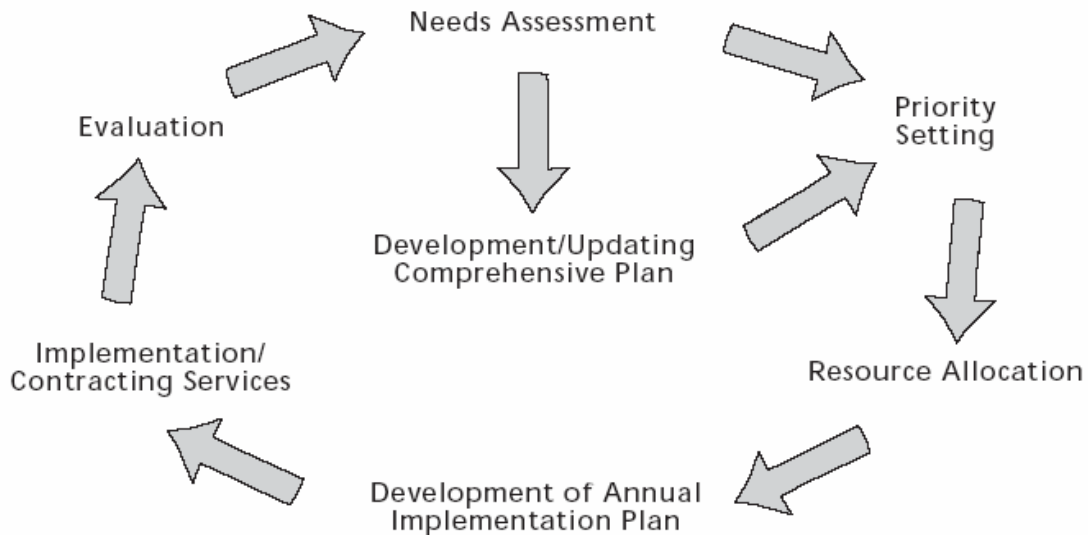
Part IV

How Do We Monitor Our Progress?

Plans for Implementation, Monitoring, and Evaluation

This Comprehensive Health Plan is one part of a continuous process involving needs assessment, priority setting, resource allocation, implementation, and evaluation. This process is depicted in **Figure HH** below from the HRSA HIV/AIDS Bureau Title I Manual.¹ As shown in this figure, monitoring and evaluating progress of the Plan must be completed as part of the annual priority setting/resource allocation process.

Figure HH: HRSA/HAB Expectations for Title I Services



¹ HRSA. HAB. *Ryan White CARE Act Title I Manual - Section VII Program Guidance*. 2001. Page 4.

1. Implementation of the Newark EMA Comprehensive Health Plan

Principles. The following principles guide implementation, monitoring and evaluation of the Newark EMA HIV Comprehensive Health Plan.

- All activities should be incorporated within existing the Title I structure and mechanisms.
- Consistent with the Council's overall philosophy, Council committees should be delegated with the task of completing appropriate activities within the Plan. The Council will have overall be responsibility for the Plan and its implementation.
- The Plan is a living document which should be reviewed and updated as needed.
- Progress reports should be a regular part of scheduled Council and committee meetings.

Structure and mechanisms. Comprehensive planning, monitoring and evaluation must take into account the existing planning structures to best facilitate completion of goals.² Players include the Planning Council, all Council committees including ad hoc committees and Priority Setting Committee, the Council's Executive Committee, and the Grantee.

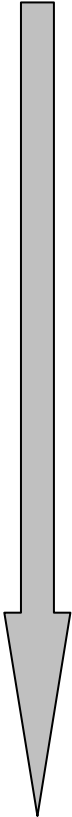
The Newark EMA Council and Grantee engage in specific, activities ongoing throughout the year to plan, implement, and evaluate Title I services. This process, activities and annual timeline are depicted in **Figure xx** below in relative chronological order. The Comprehensive Plan has incorporated this timeline into its activities.

Council and committees. The Council has a number of standing and ad hoc committees which are charged with performing specific functions for the EMA throughout the year. These committees are listed below. These committees should also be charged with completing relevant activities of the Plan.

Newark EMA Health Services Planning Council Committees		
Standing Committees (regular meetings)	Ad Hoc Committees (regular meetings)	Standing Committees (meetings as needed)
Executive Care and Treatment Infected/Affected Priority Setting Substance Abuse	Gay Men's Latino/a Women's Youth	By-Laws Grievance Nominations Personnel

² Ryan White Planning Council of the Dallas, Texas, Area Office of Support. 2006. This section contains information from a presentation by this Council.

Figure II: Newark EMA HIV Health Services Council Planning Year - Chronology for Annual Needs Assessment, Comprehensive Plan, Priority Setting, Resource Allocation and Contracting for Services



January-June	#1	Conduct/update Needs Assessment
		Complete activities in Comprehensive Plan (ongoing)
June-July/ August	#2	Review data from needs assessment, updates to Comprehensive Plan, service utilization, other sources. Make conclusions regarding impact of data on services and continuum of care. Identify changes needed.
August – September	#3	Set Priorities for Services for coming FY
	#4	Allocate resources to these service priorities.
	#5	Prepare annual Service Priorities and Resource Allocations Report for coming FY
	#6	(Grantee) Prepare annual Implementation Plan for upcoming FY Title I application based on Council priorities and resource allocations.
October – December	#7	Evaluate results of services in meeting needs and filling service gaps
	#8	Assess progress on Comprehensive Plan. Update if needed.
	#9	Prepare annual Action Plan (Monitoring and Evaluation Plan) for coming year based on current/updated Comprehensive Plan. Include staff and committee assignments.
	#10	Meet with all committees and develop workplan for coming year.
	#11	(Grantee) Issue RFP for Title I services based on Council Priorities/Resource Allocations and the Implementation Plan submitted with Title I grant application. (Grantee contracts for services in February-March upon receipt of Title I award).
	#12	Identify issues to be addressed in Needs Assessment and Comprehensive Plan for the coming year.

Plan as a Living Document. Although multiple stakeholders were involved in the creation of the Comprehensive Health Plan document, the document should be continually reviewed and updated. Updates can occur in response to external or unforeseen changes, such as changes in the EMA's epidemic, requirements of HRSA/HAB (e.g., RWCA Reauthorization or annual Title I grant application), and changes in state and local laws and regulations. Updates can also occur in response to findings of the Council and committees as they implement activities.

The Council should review external changes as they occur, assess their impact on the plan, and make revisions as needed. Committees should review their action steps on a monthly basis

and be able to make recommendations for changes based on the feasibility of implementation, changes in legislation, or changes in the community.

Progress reports should be a regular part of scheduled Council and committee meetings, following a mechanism established by the Council. Council staff should assure that such reports are given.

2. HRSA/HAB Expectations for Monitoring and Evaluation³

The monitoring and evaluation plan should describe a process for tracking changes in a variety of areas including the epidemic itself and the community's service needs, provider capacity and resources, as well as legislative, regulatory, and/or treatment guidelines.

HRSA/HAB also recommends that, "The monitoring and evaluation plan should also provide mechanisms to monitor grantee systems and to evaluate program effectiveness and quality of care. The comprehensive plan should include specific guidelines for evaluating the decision-making process, the comprehensive plan itself, and the quality, costs, and effectiveness of services being considered. The plan should also specify processes, activities, and responsibilities for monitoring contracts with service providers."

Monitoring and evaluation of these issues has been addressed by the Council and Grantee in previous plans, and therefore are not included in this Plan. Through well-established mechanisms, the Grantee provides relevant reports to the Council and the Council assesses the Grantee's administrative mechanism including contracting during the program year.

Note: The Monitoring and Evaluation Plan may also include a self-assessment of the Council's comprehensive planning process, using the Self-Assessment Module (SAM) on comprehensive planning, developed by HRSA/HAB, to review past planning activities and improve future planning. The SAM provides activities to guide planning council members through the components of the comprehensive plan and assist them in developing a comprehensive planning process. For further information on comprehensive planning, see the HAB website at <http://hab.hrsa.gov>. The "Tools for Grantees" section includes materials on comprehensive planning. Many EMAs also have websites that may include copies of the most current comprehensive plan for the area.

This chapter does not address self-assessment. The Council may want to review this tool and decide whether to conduct such an assessment.

³ HRSA/HAB. *Ryan White CARE Act Title I Manual – Section VII Program Guidance*. 2001. Page 74.

3. Newark EMA Monitoring and Evaluation Plan

The goal of the Comprehensive Health Plan is to make the goals, objectives and tasks as easy as possible to complete. It is task oriented. Each activity and objective is designed to ensure that the relevant goal is met within the three year period.

- The completed Comprehensive Plan contains five goals divided into multiple objectives and action steps within each objective.
- Each action step is assigned to a specific group – a Council committee or the Grantee.
- Each action step has a specific and measurable timeline, reporting interval and outcome.

The goal of the **Monitoring and Evaluation Plan** is to ensure that each of the activities and objectives are being met throughout the year. With each separate entity working toward completion of Comprehensive Plan action steps, how does the Council ensure that the overarching goals of the Comprehensive Plan are being met? The following plan will provide these assurances and provide community accountability as well.

- Every year, Council staff will prepare a draft Annual Monitoring and Evaluation Plan for that year which contains the objectives, activities, outcomes, interim and final due dates, and entities responsible for completion. A sample plan for Goal 1 is attached.
- The assignments (tasks, outcomes and deadlines) will be reviewed with each Council committee. Each committee will develop an outline or workplan for the coming year incorporating the information. The same process will occur with the Grantee or Grantee designee. Council staff will finalize the Monitoring and Evaluation Plan accordingly.
- The individual committees and Grantee will complete the tasks in the Plan and will be responsible for ongoing review of progress, problems/issues, and any changes needed.
- Council staff will monitor completion of the tasks throughout the year and record results in the Monitoring and Evaluation Plan.
- The Council's Executive Committee will receive a monthly report on the status of all action steps.
- The full Council will receive a quarterly/semi-annual status report on the action steps. The report will include any issues encountered and recommendations for modification to the Plan. The full Council must approve any recommendations from the committee level regarding changes to the Comprehensive Plan.
- The Council will review and revise the document on an annual basis as needed to ensure goals are being met and goals continue to be relevant.
- Revisions will be included in the Annual Action Plan for the coming year.

Report of accomplishments. The Council should include a report of the results and accomplishments of the Plan in its Priority Setting and Resource Allocation report for the coming fiscal year and in the Title I grant application.

Table 19: Sample Monitoring and Evaluation Plan for Goal 1.

2007 MONITORING AND EVALUATION PLAN

Goals, Objectives, Action Steps	Resp. Entity	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Outcome	Due
Goal 1: Gather Information About HIV/AIDS Epidemic															
Objective 1A: Annual epidemiological profile of PLWHA.	Council, Grantee.								Due					Report, figures, tables	May 2007
1A-1. Get data from NJDHSS DHAS as of 12/31 (6/30 if unavailable).	Council staff								Due					NJDHSS data	Same
1A-2. Prepare analysis of trends for HIV/AIDS, gender, race/ethnicity, age, exposure category. Make conclusions for Council, Priority Cmte.	Council staff								Due					Report. Presentation.	Same
Objective 1B: Annual epidemiological profile of newly diagnosed.	Council									Due				Report, figures, tables	June 2007
1B-1. Special data request to NJDHSS/DHAS for newly diagnosed PLWHA in past calendar year + HIV Rapid Test results for EMA.	Council						Due							Request NJDHSS data	March 2007 (When avail.)
1B-2. Survey RTI (ER) providers in NEMA.	Council						Due							Brief report or table.	Same
1B-3. Prepare analysis of data + comparison to PLWHA. Identify changes & emerging populations, geographical areas.	Council									Due				Report	June 2007
Objective 1C: Impact of Epi data on services, allocations.	Council										Due			Report	July 2007
1C-1. Summarize. Report to Council, Priority Setting Committee	Council										Due			Report. PP. Handout	July 2007
Objective 1D: Decision & components of needs assessment.	Council, committees.		Due											Research agenda.	Nov. 2006
1D-1. Review epi data, service utilization, needs assessments, state & federal policy & program changes & EMA needs.	Council, committees	Due												Agenda item. Meeting notes	Sept-Oct 2006
1D-2. Recommendations for study to Council.	Committees		Due											Outline/rept.	Nov. 2006
Objective 1E: Scope of upcoming needs assessment.	Council			Due										Meeting minutes	Dec. 2006

Table 19: Sample Monitoring and Evaluation Plan for Goal 1.

2007 MONITORING AND EVALUATION PLAN															
Goals, Objectives, Action Steps	Resp. Entity	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Outcome	Due
Goal 1: Gather Information About HIV/AIDS Epidemic															
1E-1. Decision by Council re upcoming research agenda.	Council.			Due										Meeting minutes.	Dec. 2006
1E-2. Workplan/research outline for Council, committees	Council staff.			Due										Agendas for meetings	Dec. 2006
Objective 1F: Complete annual needs assessment.	Council											Due		Report	July-Aug 2007
1F-1. Workplan and timeline	Council, staff					Due								Report	Feb 2007
1F-2. Needs assessment work-surveys, focus groups, interviews. Work by committees.	Council staff, committees									Due				Reports.	Feb-June 2007
1F-3. Reports of findings, progress.	Council staff, committees									Due				Reports, PP, handouts	Feb-June 2007
1F-4. Draft and final reports	Council, staff											Due		Report	July-Aug 2007
Objective 1G: Continue SCSN development; coordinate in NEMA.	Council and Grantee													Meeting notes, rpts	Ongoing
1G-1. Attend meetings. Assess statewide needs. Provide data.	Council and Grantee													Meeting notes.	Ongoing.