

San Antonio Area HIV/AIDS Health Services Planning Council

2008 -2009

Assessment of the Administrative Agency Mechanism

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Introduction

The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) and the Division of Services Systems (DSS) mandates in the Ryan White HIV/AIDS Program Part A Manual that the chief elected official in each Transitional Grant Area (TGA) is expected to disburse Part A funds quickly and efficiently to the areas of greatest need. The legislation requires the Region 8 San Antonio Area HIV Health Services Planning Council (Planning Body or PC) to assess the efficiency of the administrative mechanism in the rapid allocation of funds to areas of greatest need. At its own discretion, the Planning Body may assess the effectiveness, either directly or through contractual arrangements, of the administrative mechanism of its Administrative Agency (AA).

In November, 2007, the Bexar County Judge, HRSA, and the Texas Department of State Health Services (DSHS) determined that it would be in the best interests of Region 8 that Ryan White programs be placed with a new AA, the Bexar County Department of Community Investment (DCI). That transition occurred and was effective April 1, 2008. As these AA assessments are conducted annually for the fiscal year March 1 through February 28, this means that for the fiscal year of this evaluation, March 1, 2008 through February 28, 2009, Alamo Area Council of Governments (AACOG) was the AA for the first month of March, and DCI was the AA for the remaining eleven months of the fiscal year. DCI inherited an extremely unstable infrastructure and numerous documented issues and concerns from HRSA and DSHS prior to the transition from AACOG. Additionally, the 2007 -2008 Assessment of the Administrative Mechanism (AACOG as the AA) exhibited in detail ten (10) Findings needing corrective action, and fourteen (14) Recommendations to correct the Findings. The Findings were so pervasive throughout the entire structure and operations of the former AA, that an assessment of the one month that AACOG remained the AA during this evaluation period would be a futile search for any meaningful progress. Consequently, this assessment will focus on the eleven months in which DCI was the AA; thus, any use of the term "AA" will refer only to DCI.

Generally, an assessment of the administrative mechanism conducted by the Planning Body assesses the *efficiency* of the AA. In this assessment, program and fiscal monitoring are related functions. Program monitoring by the AA involves assessing the quality and quantity of the services being provided by a particular contractor, which might include reviewing program reports, making site visits, and/or conducting client satisfaction surveys. Fiscal monitoring by the AA involves assessing how quickly and efficiently contractors use Ryan White funds. This type of monitoring includes review and assessment of monthly expenditure patterns for groups of services providers, as well as processes to ensure adherence to Federal, State, and local rules and guidelines on the uses of Ryan White funds. Planning Bodies should request that the AA provide them with aggregate summary reports of the information collected during site visits, as well as other pertinent data to ensure service goals and health outcomes are being met.

Scope of Work

The Executive Committee of the Planning Body is charged with oversight of the Assessment of the Administrative Agency Mechanism. Through the Bexar County Purchasing Department, a Request for Quotes (RFQ) was issued May 7, 2009 to solicit responses from individuals or consulting agencies to conduct the assessment. PROVADO THE GROUP, INC, (Provado) was selected and contracted to conduct and produce the assessment.

At the beginning of the assessment activity, Provado met with the following to build buy-in and local understanding in the development of the process to evaluate the AA:

- Planning Council Members;
- Awarded Service Providers; and
- Administrative Agency.

Provado was charged with focusing on the following main objectives:

- Produce a report that is both scientifically based and practical in presentation (methodology is relatively sound and clear, while the presentation and conclusion and recommendations are coherent and easy to understand);
- Involve the Executive Committee in the development of the process;
- Focus on documenting the procedure as well as proposing an action plan in order to develop a guideline for future efficiency assessments;
- Review the previous year's Assessment of the Administrative Mechanism recommendations and how the overall process was improved;
- Determine if any identified findings from the 2007-2008 Assessment of the Administrative Mechanism were addressed;
- Target the following areas for the 2008-2009 Assessment of the Administrative Mechanism:
 - Planning Council's request for data for use in planning
 - Expenditure reporting
 - Fiscal Monitoring/Reimbursement
 - Training and Technical Assistance
 - Relationship between the Planning Council and the AA

Additionally, the assessment was to be developed utilizing the Sample Process and Form for Assessment of the Administrative Mechanism from the Ryan White HIV/AIDS Program Part A Manual, and any other guidance provided by the Executive Committee.

Data Collection Process

In the initial meeting described above, Provado assured the Planning Council's Executive Committee that each issue bulleted above would be addressed in the methodology design. Further, Provado assured that all elements of the design would be openly discussed with the Executive Committee to ensure compliance with any additional requirements desired by the Committee.

In the initial meeting, Provado further ensured the Committee that the Sample Process and Form for Assessment of the Administrative Agency Mechanism would serve as the overarching guidance for methodology design. Specifically, the methodology would:

- Review the Part A legislative mandate;
- Present a methodology in writing which includes a work plan with corresponding timelines;
- Determine the key questions that need to be asked in order to answer the key question – "Did the grantee efficiently and rapidly disburse funds to the areas of greatest need?"
- Beyond the guidance of the sample questions in the Sample Process and Form, Provado would determine if there are additional questions the Committee would like to include;
- Develop survey instruments approved by the Executive Committee to obtain feedback from Planning Council members, the administrative agency, and service providers;

- Collect and analyze information and data utilizing the survey instruments; and
- Prepare a report that summarizes the findings from each group, and make recommendations for improving the administrative mechanism.

Provado utilized the following program design to complete the stated scope of work, divided into three components:

1. Documentation Review/Analysis
2. Data Collection/Analysis
3. Production of Final Report

Component 1: Documentation Review/Analysis

The documentation review process scientifically mirrored a literature review process. Similar to a literature review, Provado read, analyzed and critically reviewed a comprehensive array of key documents relevant to planning and administrative activities. The purpose of this in-depth document review was to gain a full understanding of area planning and implementation activities. The initial documents requested adhered to the recommended documents listed in the Sample Process and Form for Assessment of the Administrative Mechanism from the Ryan White HIV/AIDS Program Part A Manual. Additional documents were requested, based on the critical review of the initial documents, which in many instances clearly exhibited a need for a deeper analysis regarding some issues.

Component 2: Data Collection/Analysis

The data collection process was completed through a HRSA recommended collection method. The primary data collection method involved the utilization of Survey Tools, Key Informant Interviews, and Focus Groups.

The data collection process utilized survey instruments and adhered to the survey questions recommended in the Sample Process and Form for Assessment of the Administrative Mechanism from the Ryan White HIV/AIDS Program Part A Manual, as well as additional questions recommended by the Executive Committee. Three survey instruments were constructed: one for Service Providers; one for Planning Council members; and, one for the Administrative Agency. All survey instruments were approved by the Executive Committee. The survey instruments consisted of sections relevant to a comprehensive evaluation of the AA's functions and mechanisms:

- The Request for Proposals (RFP) process;
- Funding Awards;
- Subcontractor Relationships;
- Programmatic Monitoring;
- Training and Technical Assistance;
- Planning Activities;
- Distribution of Funds
- Fairness and Effectiveness of the RFP process; and
- Relationship between the AA and Planning Council.

Surveys were conducted and collected via Survey Monkey, an online survey collection and analysis platform. Survey Monkey's program features organized, sorted, and analyzed data, which Provado utilized to identify additional areas needing more in-depth analysis.

Additionally, Provado utilized Key Informant Interviews for AA staff, both front-line and executive staff. The interview scripts incorporated the functions and mechanisms described in the bullets above.

Finally, Provado facilitated two Focus Groups: one for service providers, and one for the Planning Body. The focus group scripts also incorporated the functions and mechanisms described in the bullets above.

Provado utilized the following procedures for Consent, Confidentiality, and Data Safety:

- Recruitment and Informed Consent – A copy of informed consent with Provado contact information was given to participants. Facilitators reviewed the project with participants, read through the consent form, and answered any questions of the participants. Potential liabilities and benefits of the project were explained to participants and participants were reminded that at any time they could discontinue participation in the project without prejudice. One copy of the consent was signed by the Facilitator and the participant. The participant's signature was reflected by the participant entering the date of participation, ensuring anonymity and assisting in confidentiality.
- Data and Safety Plan – All records and data provided by participants were maintained with strict confidentiality. The Evaluator/Analyst was instructed to exclude references to names/agencies/other entities in all notes and summaries. All documentation related to the project was surrendered to the Planning Council upon completion of the contracted scope of work.

Component 3: Production of Final Report

This last component included the 2008-2009 Draft Report of the Administrative Mechanism which was presented to the Executive Committee of the Planning Council for review and revision. Once all recommended revisions were incorporated into the Draft Report, the 2008-2009 Final Report of the Administrative Mechanism was presented to the entire Planning Body.

Limitations & Analysis Summary

Limitations

1. Respondents to the surveys were not selected on a random basis. Announcements for the online surveys were emailed to the Administrative Agency, Planning Council, and Provider lists provided to the consultants by the Planning Council Liaison at Bexar County.
2. In following the recommended Sample Process and Form for Assessment of the Administrative Mechanism from the Ryan White HIV/AIDS Program Part A Manual, Provado could not, with any degree of complete validity, answer the question central to that guidance, "regarding the efficient and rapid disbursement of funds to the areas of greatest need".
 - a. *The transfer of program administration from AACOG to DCI was based on a Memorandum of Understanding (MOU) dictated by HRSA and the DSHS. This MOU specified that DCI had to abide by the RFP process initiated by AACOG and were bound to use existing service providers until those provider contracts expired. The expiration of those contracts with service providers will not occur until after the time period being assessed, March 1, 2008 through February 28, 2009.*

Comprehensive Respondent Overview

The Respondent Overview provides a description of the population of respondents for all data collection activities. Focus groups, key informant interviews, and three (3) surveys were utilized to target three distinct subgroups within the sample: Administrative Agency, Planning Body, and Service Providers. The total number of participants who completed a key informant interview or participated in a focus group was 17, of which 35% (6) represented the Administrative Agency, 41% (7) represented the Planning Body, and 24% (4) represented the Service Providers. The total number of participant who completed the survey was 28, of which 36% (10) represented the Administrative Agency, 32% (9) represented the Planning Body, and 32% (9) represented the Service Providers.

The following tables exhibit the further breakdown within each of the three (3) subgroups from the survey data collected. *Note – the Planning Council was not broken down, as all respondents were active members during the assessment time period.*

Table. Administrative Agency – Position Level

Position Level	Number of Respondents	Percentage of Respondents
Executive	1	10%
Programmatic	3	30%
Fiscal	1	10%
Administrative	5	50%

Table. Service Providers - Agency

Provider	Number of Respondents	Percentage of Respondents
Alamo Area Resource Center	1	11.1%
B.E.A.T. AIDS, Inc.	3	33.3%
El Centro Del Barrio	1	11.1%
Mujeres Unidas Centra el SIDA	1	11.1%
San Antonio AIDS Foundation	1	11.1%
University Health System FFACTS	1	11.1%
United Medical Center – Eagle Pass	1	11.1%
Victoria City/County Health Department	0	0%

Table. Service Providers – Position Level

Position Level	Number of Respondents	Percentage of Respondents
Executive	5	55.6%
Program Director	2	22.2%
Programmatic	0	0%
Fiscal	2	22.2%

Analysis Summaries

1. Documentation Review:

Not only were all source documents requested by Provado provided in a very timely manner, the documents were presented in an extraordinarily organized manner with accompanying explanations of the content of each document set. This greatly enhanced the review process and was a vast improvement over the deficient source document issues noted in the 2007-2008 Administrative Agency Assessment. As evidenced in the bulleted comments of the source document analysis in Attachment A, remarkable progress appears to have been achieved in the first year of DCI as AA. Provado did not depend solely on a source document to verify the progress or accomplishment achieved. Utilizing the literature review model in its methodology, some source documents were compared to other relevant source documents to further substantiate the progress. That stated, Provado did note some continuing issues/concerns that will be addressed in the Findings and Recommendations section.

2. Survey Data Collected:

a. Service Provider Survey:

A significant amount of the interaction between the AA and the service providers is based on the RFP process. As no competitive RFP process had been conducted, participants could not credibly respond to questions regarding that process. Timely reimbursement to service providers received a less than acceptable response: 33.3% responded “Yes”; 55.6% responded “No”; and 11.1% responded “Don’t Know”. Agencies receiving fiscal and programmatic monitoring visits showed excellent improvement; 88.9% of participants responded “Yes” to having received a monitoring visit. All aspects of Quality Management remain a poorly evaluated component of the AA mechanism.

b. Planning Body Survey:

The most remarkable and improved response from Planning Body survey participants related to the overarching question of whether the relationship between the AA and the Planning Body was professional, cooperative and productive: 88.9% responded “Yes”; 0% responded “No”; and 11.1% responded “Don’t Know”. Planning Body survey questions regarding the issues of whether requests for data were responded to (55.6% responded “Yes”), the reliability and accuracy of data (22.2% responded “Yes”), and whether requested follow-up data was provided (66.7% responded “Yes”), exhibited much improved responses. Due to the limitation previously cited in this Assessment noting that a competitive RFP process had not been conducted, a number of survey questions could not be responded to with any degree of credibility.

c. AA Survey:

Of primary concern throughout this survey group are the high percentages (ranging from 50% through 88%) of participant responses of “Don’t Know” to questions throughout the entire survey. This provided a strong indication that AA internal communication is poor. AA responses exhibited a recognition of subcontractor relationship issues: contracts not being completed in a timely manner and untimely reimbursement of subcontractors. Participants gave a low rating to Planning Body requests for data being clearly stated and understandable (10% - “Yes”). The AA response to whether its relationship to the Planning Body is professional, cooperative and productive (80% - “Yes”), was only slightly lower than the Planning Body’s response to the same question.

3. Key Informant Interviews (KI)/Focus Groups (FG):
 - a. Service Provider FG:

Issues appeared to center on a lack of understanding as to what roles the AA and its individual staff play in the AA's interaction with service providers. Confused lines of communication lead to numerous misunderstandings. There appeared to be a noticeable *disconnect* between what source documents evidenced in the way of AA progress and service providers' perception of that progress.
 - b. Planning Body FG:

Again, issues appeared to center on the same lack of understanding about the individual roles of AA staff as well as ineffective lines of communication. The disconnect regarding AA progress was not as evident in the Planning Body focus group responses.
 - c. AA Key Informants Interviews:

A balanced combination of on-line staff, middle management and senior management was represented in the KIs. It appeared quite evident that *effective communication, guidance and supervision, and team integration concepts* were the critical mechanism components needing attention. A particularly illustrative response "we are silo-ed" seems to describe the issues best. Provado would note that it is not uncommon for an organization that has inherited a number of major challenges, whose staff is new to the mission, and at the same time must continue to be an important component in ensuring that current services are being continued without interruption, cannot "do it all" in its first year of operation. Additionally, issues related to reallocation, technical assistance and training, the reallocation process, and Quality Management were evident. The Findings and Recommendations section will present suggestions that may alleviate these structural issues.

4. Progress towards Recommendations in the 2007-2008 Assessment of Administrative Mechanism:

The 2007-2008 Assessment was conducted on the AA, AACOG, who was the appointed AA during the time period assessed. The 2007-2008 Assessment contained ten (10) findings and fourteen (14) recommendations. This belated Assessment was conducted during June/July 2009 and only presented to the Planning Body July 23, 2009, at which time the Assessment was accepted and approved by vote of the Planning Body. The Assessment was then forwarded to the former AA (AACOG), which has thirty (30) days to respond with a Plan of Corrective Actions. Provado submits that though a detailed summation of AA progress could be included in this assessment, derived from the assessment's methodology, without AACOG's Plan of Corrective Actions a fair and equitable evaluation of progress should not be attempted without a review of that Plan. A preliminary and very generalized summary would *indicate* progress for DCI in the following areas:

 - The AA is exhibiting a sincere effort to effectively fulfill the role of AA;
 - Programmatic and fiscal monitoring has improved;
 - Technical assistance and training for service providers and the Planning Body has improved; and,
 - The relationship between the AA and the Planning Body has improved.

Note the following attachments contain the detailed responses and data collected from all collection methods used during this assessment:

- Attachment A – Detailed Documentation Review
- Attachment B – All Survey Data
- Attachment C – All Facilitator Notes/Summaries from KI & FGs

Findings

Finding #1 – (Overarching) – The triangular relationship between the AA, Planning Body and Providers is being negatively impacted by the lack of an effective and efficient communication system being implemented within the AA. This was a clear and consistent theme across all targeted groups (AA, PC and Providers) and was scored as “Unacceptable”.

Finding #1A – Internally within the AA, Provado discovered an extremely “isolated” environment with an ineffective internal communication system.

Note – Provado included this as a sub-finding because it directly impacts the overarching finding above. Without an effective and efficient internal communication system, the AA cannot expect communication to improve at all points of the triangular relationship cited above.

Coupled with Finding #1, the data analysis reflected an often confused, unclear, misunderstood and fractured internal operating structure within the AA. Staff expressed little knowledge of what their counterparts within the AA were responsible for, and expressed a strong desire for guidance, supervision and training from supervisors. To compound these concerns, in most cases the on-line staff is young and new to the field of HIV/AIDS.

This is all relevant to the overarching Finding #1, for if the AA’s staff, both individually and collectively, cannot communicate effectively and knowledgeably to all points of the triangular relationship – confusion and misunderstanding will undoubtedly occur.

Supporting Qualitative Data:

- Biggest challenge: “Constant, consistent communication with staff and the Planning Body.” (AA Quote, interview)
- An individual has responsibility without authority. (Facilitator Note, AA interview)
- Individual receives no supervision. (Facilitator Note, AA interview)
- Position Barriers: “Lack of guidance, direction and support.” (AA Quote, interview)
- “Silo-ed in what we do.” (AA Quote, interview)
- “People are not knowledgeable about what I do.” (AA Quote, interview)
- “There is a lot of tentativeness with senior staff.” (AA Quote, interview)
- “There is a lack of motivation for many staff – morale is a problem.” (AA Quote, interview)
- Position Barrier: “Management has lots of experience, but limited leadership is being shown.” (AA Quote, interview)
- Position Barrier: “Lack of commitment from the team – lack of structure.” (AA Quote, interview)
- “Needs to be a connection between all moving parts.” (AA Quote, interview)
- One stated there was no opportunity to train staff while dealing with tensions among senior staff. (Facilitator Note, AA Interview)

- “Chain of command not consistent with answers to resolution of issues or problems.” (Provider Quote, survey)
- “I’m in a total fog about who does what.” (Service Provider Quote, FG)
- “I believe the issue is continued staff attrition, vacancies, and getting staff trained.” (Service Provider Quote, FG)
- “Communication gets dropped within the AA.” (Service Provider Quote, FG)
- “A clearer definition of what AA staff do.” (Service Provider Quote, FG)
- Participants indicated they had little or no contact with either planner. (Facilitator Note, PC FG)

Source Document Review

- The source documentation review supports the finding that an ineffective communication system is currently in place. The source documentation review illustrated vast improvements in the AA documentation of activities from the 2007-2008 AA Assessment. Individual staff appeared to be responding to their individual roles and responsibilities and effectively documenting those activities. Provado scored the overall documentation as “acceptable”. However, a clear understanding of how each individual’s roles, responsibilities, and activities impact the larger AA system is absent (as illustrated in the comments above), thus creating a disconnect within the communication internally and with the community at large through the Planning Body and Service Providers.

Provado reports that while the communication system is operating below expectation, the individual staff appears to be making great individual strides towards fulfilling the AA’s responsibilities to the community. Consequently, the following question did arise as Provado considered appropriate recommendation(s):

“Being aware of the lengthy history of Region 8 issues with AAs, do the targeted groups (the AA, the Planning Body, or Service Provider(s)) really know:

- *how an effective AA is supposed to operate;*
- *where the defined boundaries are between the three entities; and*
- *how an effective communication system operates?”*

Recommendation #1:

Note: Provado recognizes that it would be inappropriate for Provado to provide specific recommendations regarding staffing and staffing structure, though Provado will submit that there is ample opportunity to improve a communication system, said staffing and staffing structure. Therefore, Provado offers the following “big picture” guidance and suggestions.

- **“Buy-in” Meeting** – with the goal to produce cohesive “buy-in” into the organizational structure, position responsibilities, lines of supervision and authority, and the accountability of each position. As this process is completed, it should result in the following:
 - Organizational system that the entire management team supports
 - Clear and concise description of how each individual “fits” into the overall “big picture” of the AA.
 - Understandable explanation of staff assignments as they relate to AA activities and/or planning activities.
 - Clear and understandable lines of supervision and authority

- Concise roles and responsibilities for each position

Note – it is extremely important that the AA management consider the concerns of the Planning Body and community when conducting this meeting. The overarching goal is to improve the relationship between the AA, Planning Body and Providers through effective and efficient communication. It is also recommended that an objective outside facilitator be engaged to facilitate this process.

- **Roll Out Plan** – once the above is clearly defined and bought into by all members of management, a “role out” of the system must take place. The process should start internally with all AA staff and should include:
 - Presentation of newly revised duties and responsibilities, overall organizational chart and a clear explanation to how each position works within the overall AA.
 - Personnel “Team” Training on how to communicate *each* position’s roles, responsibilities, and duties to the Planning Body, Providers and the community at large.
 - Communication training – provided on three levels (AA, Planning Body and Providers) that provides clear explanations as to how the AA will communicate internally, as well to the PC, Providers and the community.
- Convene agency-wide meetings not less than on a monthly basis. These meetings should provide an opportunity for each key personnel to discuss current activities and outcomes happening within the AA and to ensure all AA staff remains current on organizational activities. This could include reports on activities such as the RFP process, data requests, monitoring summaries, current planning activities, etc...

Finding #2 – Related to Findings #1 and #1A, strong Policies, Procedures and Protocols should be in place to address **all** operations of the AA mechanism.

Supportive Data:

- “Since the RFP process is an AA responsibility, the Planning Council is not privy to the details of this process.” (AA Quote, Survey)
- “We are not sure how the lead agency decides an agency can receive additional funds in a category through request. Some requests are granted, some are not.” (Provider Quote, Survey)
- “Better policy/procedure needed.” (AA Quote, Interview)
- “To improve expediency and efficiency – policies and procedures are needed. Also, accountability and communication regarding operating procedures among AA/Providers/Planning Body.” (AA Quote, Interview)
- “Protocols used to be in place that set contingency thresholds – would like to see this again.” (Planning Body Quote, FG)
- For nearly every question asked in the AA survey, respondents answered with high percentages of “Don’t Know” (ranging from 50% through 88% responding “Don’t Know”. The majority of the questions related to the RFP process, funding, reallocations, and site monitoring. All AA staff should have at least a rudimentary understanding of the policies, procedures and protocols that guide these processes.

Recommendation #2 - All staff should have in their possession a comprehensive Policies, Procedures and Protocols Manual. Supervisors should document in-service staff training on each current policy and document staff training on revised or new policies. The Manual should be available to the Planning Body as well as Service Providers.

Finding #3 – Strong progress was achieved in monitoring of service providers. A policy and procedure, a tracking form and monitoring schedules were in place and had been adhered to. The AA and staff monitor are commended for achieving the development and implementation of these basic components of a comprehensive and consistent monitoring system. The AA should now build upon that basic structure for quality improvement. The monitoring tool should be improved and contain all elements necessary for a comprehensive review. Additionally, the data reflected that the monitoring position was dually responsible for routing contracts through “the system” as well as conducting all monitoring activities. As a result, the analysis reflects that this position only spends approximately 20-25% of its time conducting monitoring activities and the remainder of the position’s time on routing contracts as well as other assigned duties. Considering that there is one staff person allotted for all monitoring activities, this is scored as an unacceptable situation.

Supporting Data:

- Source Documents: exhibited the policy, forms, schedule and comprehensive evidence that all required components of a monitoring visit had been implemented and conducted, leading to complete disposition of the site visits.
- “Each visit is on a different service – no comprehensive monitoring visits on all services conducted.” (Service Provider Quote, FG)
- “Lack of knowledge about monitoring in general.” (Service Provider Quote, FG)
- One provider stated his agency has had intensive monitoring and follow-up. (Service Provider FG)
- Responding to the survey question “Did your organization receive a fiscal/programmatic monitoring visit between March 2008 and February 2009?”, 88.9% of participants responded “Yes”. (Service Provider Survey)

Recommendation #3 - The monitoring tool should be improved and contain all elements necessary for a comprehensive review. The development and implementation by the AA of a brief evaluation tool, completed by the provider following complete disposition of a site visit, would provide for identifying potential areas for quality improvement within the monitoring protocol itself.

Recommendation #4 – The monitoring personnel should spend the majority of his/her time conducting monitoring activities. *Note – this item should be strongly considered as a component of the corrective plan of action to Recommendation #1.*

Finding #4 – Planning Body data requests and the AA’s response to those requests have shown improvement, though there remains confusion on the part of the Planning Body regarding what data to request, as well as how to interpret it. The interaction between the Data Analyst and the Planning Body needs to be strengthened and more clearly defined. Additionally, there is reported internal lack of knowledge regarding data requests. AA staff report confusion, lack of clear understanding, and uncertainty with terminology regarding “how” to appropriately communicate the data request to the Data Analyst. The process overall was not formally well-defined, nor did the staff appear educated in data interpretation. This presents another opportunity for quality improvement.

Supporting Data:

- “Lack of clearly defined data requirements.” (AA Quote, FG)
- “Sometimes data requests were very vague. It is important that the planning council clearly understand what data they need and narrow their request down.” (AA Quote, FG)
- “Historically, this is the first time that data has ever been provided to the Planning Council, so there is uncertainty as to what the Planning Council wants or needs to make decisions.” (AA Quote, FG)

Recommendation #5 – The Planning Body should recruit a data expert for membership on the Body. This expert member would be capable of translating Planning Body data needs into the clear, concise language the Data Analyst needs to appropriately respond to the request. Provado is aware that a new policy regarding data requests from the Planning Body recently (summer 2009) became effective. As in implementing any new policy, this policy should be tested and evaluated by all parties for a period of six months to determine its effectiveness towards desired outcomes. Revisions to the policy should be made as evaluation and review indicate.

Recommendation #6 – The AA should complete an internal in-service training on data request and interpretation. Often times the interpretation is about being able to dissect and decipher the numbers into layman’s terms so that the volunteer Planning Body member or Service Provider can understand what the data is saying and how to effectively utilize it.

Finding #5 – Training/Technical Assistance (TA) is another area exhibiting marked improvement from the 2007-2008 Assessment (**88.9% of provider survey respondents had received training/TA throughout the 2008-2009 grant year**). Though again, there is opportunity for quality improvement.

Supporting Data:

- Document review: two large sets of training/TA events were provided and were fully complete as indicated by sign-in sheets, training/TA topics, content and materials for the trainings/TA, and attendee evaluations. Trainings/TA was provided to AA staff, Planning Body membership and leadership, and service providers.
- “Trainings about local processes and decisions would be helpful.” (Provider Quote, FG)
- Responding to the survey question: “What topic did your agency most need assistance with?” Participant responded:
 - “Data entry and submission of invoices.” (Provider Quote, FG)
 - Case Management and Budget training.” (Provider Quote, FG)
 - “ARIES, quality.” (Provider Quote, FG)
- Responding to the survey question: “On a scale of ‘1’ being the lowest, and ‘5’ being the highest, rate the overall quality of the training or TA received by your agency.” (Provider Survey)
 - 12.5% rated “1”;
 - 0% responded rated “2”;
 - 62.5% respondents rated “3”;
 - 25% respondents rated “4”;
 - 0% responded rated “5”.

Recommendation #7 – The AA should formally survey service providers and the Planning Body to determine training/TA needs and develop an annual schedule that describes the topic, the facilitator/trainer, and dates and times for the scheduled training/TA. Additionally, the AA monitoring staff should have strong input into training/TA topics. The input should come from

documented areas identified through field monitoring that agencies are struggling. All trainings/TA should provide an evaluation form for attendees to rate the training/TA, which can be used as a tool for the trainer/facilitator to improve the training/TA.

Finding #6 - Quality Management (QM) remains one of the most significant findings in this Assessment. The attrition rate of individuals employed as Quality Specialist for the AA is most concerning and scored as unacceptable. Without QM assistance and training from the AA, service providers expressed a nearly desperate need for QM guidance and the related development of Outcome Measures. Without service provider Outcome Measures readily available for review, the Planning Body is functioning without any indication of the quality of services being funded. Provado is aware that two Registered Nurses were retained by the AA in late 2008, and developed a QM Plan, with accompanying protocols. The viability and relevance of that Plan is unknown as to the degree of effectiveness it will produce for QM activities.

Supporting Data:

- When AA staff was asked the question, “What staff position has had the most turnover?”, 100% replied “QM”. (AA Key Informants)
- “QM staff attrition cannot/does not lead to good QA or TA.” (Service Provider Quote, FG)
- “We get no direction on how to measure quality.” (Service Provider Quote, FG)
- “No one even knows what quality is.” (Service Provider Quote, FG)
- Strong voices were heard that there was a lack of ability and clear understanding of “quality”. (Interviewer Notes)
- “Our agency just went ahead and did our own QM plan.” (Service Provider Quote, FG)

Recommendation #8 – In late July 2009, Provado was informed by the AA Program Manager that another Quality Management Specialist had been hired and was due to begin her duties soon. It is imperative that senior staff prioritize the individual’s orientation, review of the Plan cited above, and provide all necessary support for the individual to expediently develop QM and Outcome Measures components that will quickly be available to service providers in trainings and TA. Additionally, if the operating budget allows, Provado strongly recommends a quality management consultant be hired to assist in this area to ensure that development, guidance, and activities move through concept and are implemented as soon as possible.

Finding #7 – Fiscal reimbursement and reports have exhibited improvement. The turnaround time for a provider receiving reimbursement was 37 days with the previous AA; it is reported by the AA to now be 7-10 days with the current AA. Expenditure reports are being provided to the Planning Body at every meeting. There is a crucial question of whether the Planning Body members can interpret and understand the Expenditure Reports, which provides another area for quality improvement.

Supporting Documentation:

- There is no report that reflects reimbursement turnaround time. The average time is 3-7 days. (AA email, directly from DCI’s processing department)
- The PC receives a report from the AA, financial reports, and spend-down reports at every PC meeting. (Facilitator Notes, AA interview)
- “We receive reports; but we do not all know what they mean, or if they are accurate.” (PC Quote, FG)

Recommendation #9 – An in-service training should be conducted by the AA for the Planning Body to aid in fully comprehending all aspects of an Expenditure Report. Provado recognizes that not all people are excited or become engaged when presented with a spreadsheet full of numbers and the numbers’ relationship to each other. Full comprehension by all members of a document such as an expenditure spreadsheet is not realistic. Increasing the learning curve should be the goal.

The following items have been identified as processes or activities that could not be credibly or reliably addressed in this 2008-2009 Assessment. This is a direct result of the MOU that outlined the restrictions DCI must operate within for the remainder of the current funding cycle.

The RFP Process:

- For the reasons stated in this 2008-2009 assessment document, a full RFP competitive process was not conducted. Therefore, an assessment of this process could not be conducted by Provado. Senior staff stated that a full competitive RFP process was scheduled to begin in August, 2009.

Reallocation Process:

- Though some reallocation activity had been conducted during the time period for this 2008-2009 assessment, that process was not inclusive of all elements generally required for reallocation. This process assessment was limited by the MOU guiding the transition of the AAs and outlined specific restrictions regarding reallocations. Provado did conclude that DCI has successfully operated with the limitations of the MOU.

Contract Award and Funding Processes:

- These processes could not be fully assessed as there had been no contract award or funding distribution due to the lack of conducting a competitive RFP process.

Were funds awarded to target the greatest identified needs within the community?

- Provado’s summary notes from AA interviews reflect concerns that funds were not always targeting the greatest identified needs in the community. Again, the AA could not expand provider capacity due to the MOU previously cited.

Recommendation #10 – It is strongly recommended that the 2009-2010 Assessment of the Administrative Mechanism target the four (4) areas cited above to determine effective and efficient distribution of monies to the highest needs in the community.