

LEO Process Evaluation Monitoring System: Application and Benefits for HE/RR Programs

Kevin D. Sitter¹, Phillip E. Morris¹, David S. Webb¹, Valorie L. Eckert¹,
Deanna L. Sykes¹, & Christopher S. Krawczyk²

¹ California Department of Public Health, Office of AIDS

² California Department of Public Health, Maternal, Child and Adolescent
Health Program



Groups that benefit from LEO



- **Local and state grant managers:** a means to monitor programs.
- **Community planners:** data to develop and evaluate the HIV Prevention Plan.
- **Providers:** a system to monitor and provide quality assurance.
- **The CDC:** collects and reports required data variables.
- **Policy makers:** supplies good data for decision making.
- **Clients:** anonymous tracking of trends and services.

Provide Local and State Grant
Managers With Means to Monitor
Programs.



Clearly define target populations and funds associated with each

Master Intervention Summary

Intervention ID: 1
 Contract Year: 07-65039 Fiscal Year: 08-09
 Intervention Type: ILI
 Name: CRCS Screening

Add Targets and Goals

Target Population:

Primary	Secondary	Cofactors	Secondary Cofactors
<input type="radio"/> MSM <input type="radio"/> Transgender <input type="radio"/> IDU <input type="radio"/> Heterosexual <input type="radio"/> HIV+	<input type="radio"/> None <input type="radio"/> MSM <input type="radio"/> IDU <input type="radio"/> HIV+	Race: <input type="text" value="Not targeted by race"/> Gender: <input type="text" value="Not targeted by gender"/> Age Group: <input type="text" value="Not targeted by age"/>	<input type="checkbox"/> None <input type="checkbox"/> Sex worker <input type="checkbox"/> Homeless <input type="checkbox"/> Incarcerated <input type="checkbox"/> Migrant workers <input type="checkbox"/> Non-IDU substance user <input type="checkbox"/> MSM sex partner <input type="checkbox"/> IDU sex partners <input type="checkbox"/> HIV+ sex partner <input type="checkbox"/> Non-gay identified <input type="checkbox"/> Non-identified risk

OA/LHJ Goal	OA/LHJ Objective	LHJ/CBO Goal	LHJ/CBO Objective	# to be reached	Dollars Allocated
<input type="text"/>	\$ <input type="text"/>				

Save Target

Cancel Target

Clearly define target populations and funds associated with each

Target Populations

Target Population 1							
	Primary	Secondary	Cofactors	Secondary Cofactors	# To Be Reached Dollars Allocated	OA/LHJ	LHJ/CBO
Remove	MSM	None	Not targeted by Race Not targeted by Gender Not targeted by Age	None	150 \$3,000	- Goal - 1A	- Goal - 1A
Edit						- Objective - 1A	- Objective - 1A
Target Population 2							
	Primary	Secondary	Cofactors	Secondary Cofactors	# To Be Reached Dollars Allocated	OA/LHJ	LHJ/CBO
Remove	IDU	None	Not targeted by Race Not targeted by Gender Not targeted by Age	None	100 \$5,000	- Goal - 1B	- Goal - 1B
Edit						- Objective - 1B	- Objective - 1B

Add a Target Population

Monitoring prevention activities from SOW and contracts

INTERVENTION PROGRESS REPORT:

- Tracks encounters provided to target population
- Tracks encounters provided to non-target population
- Tallies # of target and non-target populations reporting various cofactors

INTERVENTION COMPLETION REPORT:

- Calculates average and medium # of sessions attended
- Computes % that attended minimum # of sessions (66%)
- Computes % that attended greater than minimum # of sessions

Intervention Progress Report

(Table 1)

Table 1: Are you meeting your Target Population Goal(s)?

Target Population	Total to be reached	Unique TP clients seen	% of Target	Encounters	Minimum Encounters	Maximum Encounters
Transgender--HIV+-- Not targeted by race-- Transgender: male to female--Not targeted by age--Sex worker, Non-IDU substance user, MSM sex partner	20	27	135.00 %	46	1	4
Total of All Target Populations	20	27	135.00 %	46		

Intervention Progress Report

(Table 2)

Table 2: Are you targeting precisely? What percentage of clients seen were not part of your Target Population(s)?

Unique Client Non-Target	Total Unique Client (TP and Non-TP)	% of All Clients Served Not in TP(s)	# Total Encounters with non-TP Clients	Average # of Sessions per non-TP Client	Minimum # of Encounters per Non-TP Client	Maximum # of Encounters per Non-TP Client
18	45	28.1%	19	1.0555555555555555 6	1	2

Intervention Progress Report

(Table 3)

Table 3: What secondary cofactors were seen within the clients served in this intervention?

Secondary Cofactor	# (%) seen in Target Population(s) who report this secondary co-factor		# (%) seen in non-target population who report this secondary co-factor		# (%) of all Clients in Intervention who report this secondary cofactor	
Sex Worker	27	100.0%	8	44.4%	35	77.8%
Homeless	1	3.7%	0	0.0%	1	2.2%
Incarcerated	4	14.8%	2	11.1%	6	13.3%
Non-IDU Substance User	24	88.9%	7	38.9%	31	68.9%
MSM Partner	0	0.0%	0	0.0%	0	0.0%
IDU Sex Partner	0	0.0%	1	5.6%	1	2.2%
HIV-Positive Sex Partner	2	7.4%	1	5.6%	3	6.7%
Non-gay Identified	0	0.0%	0	0.0%	0	0.0%
Non-Identified Risk	0	0.0%	0	0.0%	0	0.0%

Intervention Progress Report

(Table 3)

Table 3: What secondary cofactors were seen within the clients served in this intervention?

Secondary Cofactor	# (%) seen in Target Population(s) who report this secondary co-factor		# (%) seen in non-target population who report this secondary co-factor		# (%) of all Clients in Intervention who report this secondary cofactor	
Sex Worker	27	100.0%	8	44.4%	35	77.8%
Homeless	1	3.7%	0	0.0%	1	2.2%
Incarcerated	4	14.8%	2	11.1%	6	13.3%
Non-IDU Substance User	24	88.9%	7	38.9%	31	68.9%
MSM Partner	0	0.0%	0	0.0%	0	0.0%
IDU Sex Partner	0	0.0%	1	5.6%	1	2.2%
HIV-Positive Sex Partner	2	7.4%	1	5.6%	3	6.7%
Non-gay Identified	0	0.0%	0	0.0%	0	0.0%
Non-Identified Risk	0	0.0%	0	0.0%	0	0.0%

Intervention completion report

Intervention					Client Encounter Attendance			
#	Name	Type	Unique Clients	Min # of encounters	Average	Median	Attended > 2/3rds of MIN (%)	Attended at least MIN (%)
1	Holistic Health Recovery Program	Group	149	10	3.53	3	0.18	0.054
Intervention					Client Encounter Attendance			
#	Name	Type	Unique Clients	Min # of encounters	Average	Median	Attended > 2/3rds of MIN (%)	Attended at least MIN (%)
2	Youth Blast	Group	31	3	2.87	3	0.97	0.9

Supply Community Planners the
Tools to Assess Their Programs.



Data for resource inventory, needs assessment, and gap analysis

- Simple SAS code can retrieve lists of interventions, target populations served, cofactors and other pertinent data for planning purposes.

Intervention Name	Intervention #	Type of Intervention	Local Health Jurisdiction	Agency Name
GLI, Cara a Cara (multi)	12	Group	LHJ	Agency Name
GLI, Healthy Relationships (single)	16	Group	LHJ	Agency Name
GLI, Magnetic Couples (multi)	6	Group	LHJ	Agency Name
GLI, Many Men Many Voices	18	Group	LHJ	Agency Name
GLI, Negativo Vivo	9	Group	LHJ	Agency Name
GLI, Positiva Activa y Viva, (single)	3	Group	LHJ	Agency Name
GLI, Positive Living (multi)	6	Group	LHJ	Agency Name
GLI, Psychotherapy Group (multi)	8	Group	LHJ	Agency Name
GLI, Sexual Health Group (multi)	7	Group	LHJ	Agency Name
GLI, SISTAH/Comadres (multi)	13	Group	LHJ	Agency Name
GLI, Yo Peeps (multi)	3	Group	LHJ	Agency Name
HAWK HIV & Methamphetamine Group	1	Group	LHJ	Agency Name

Assists in evaluating plan: Did programs serve the prioritized populations and interventions

- From the intervention progress report:
 - How many services are reaching the target populations?
 - What other populations are being seen (may reveal emerging populations).
- From the intervention completion report:
 - Which interventions are being successful implemented, and for which populations.

Ensure Providers Have an
Optimized System for Doing Their
Job.



Emerging needs from identifying populations and co-factors

Intervention Progress

Secondary Cofactor	# (%) seen in Target Population(s) who report this secondary co-factor		# (%) seen in non-target population who report this secondary co-factor		# (%) of all Clients in Intervention who report this secondary cofactor	
Homeless	45	49.5%	31	81.6%	76	58.9%
Incarcerated	24	26.4%	20	52.6%	44	34.1%
Non-IDU Substance User	22	24.2%	2	5.3%	24	18.6%
MSM Partner	3	3.3%	3	7.9%	6	4.7%
IDU Sex Partner	52	57.1%	11	28.9%	63	48.8%
HIV-Positive Sex Partner	31	34.1%	1	2.6%	32	24.8%
Non-gay Identified	0	0.0%	0	0.0%	0	0.0%
Non-Identified Risk	0	0.0%	4	10.5%	4	3.1%

Quality assurance of staff efficiency

Total # of Encounters	261
Total # of Unique Client	115

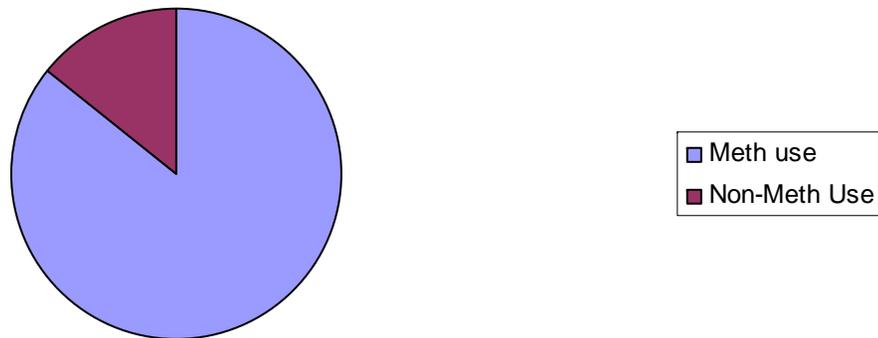
TESTING REFERRALS	ENCOUNTERS		UNIQUE CLIENTS	
	Count (#)	Percent (%)	Count (#)	Percent (%)
Tested a Encounter (OAID # Reported)	3	1.15%	3	2.61%
Tested at Encounter (No OAID #)	0	0.00%	0	0.00%
Referred To Testing	38	14.56%	24	20.87%
Delined/Refused Testing	14	5.36%	6	5.22%
No Testing Referrals	206	78.93%	82	71.30%
No Data				
TOTALS	261		115	



Demonstration of capacity in seeking additional resources

- Data can easily be extracted into EXCEL and used to illustrate points for reports and grant applications.

Proportion of MSM Served Who Report Methamphetamine Use



Allows for additional local questions

Master Intervention Summary

Intervention ID: 1
Contract Year: 07-65039 Fiscal Year: 08-09
Intervention Type: ILI
Name: CRCS Screening

Optional Client Questions

Remove	Question ID	Question
<input type="checkbox"/>	1	Most recent viral load: (a) undetectable; (b) detecatble -- 50,000; (c) >50,000
<input type="checkbox"/>	2	On HAART? Y = Yes; N = No

Type a new question here:

Save

Cancel

“Auto-fill” of data elements via client IDs

Client Information			
First Initial Last Name: <input type="text" value="m"/>	DOB: <input type="text" value="9/27/1957"/> <input type="checkbox"/> Birth Year Only: <input type="text" value=""/>	Residence ZIP Code: <input type="text" value="96543"/>	
<small>(mm/dd/yy)</small>		<small>(yyyy)</small>	
Mark if client lives outside CA <input type="checkbox"/>	Homeless: <input type="text" value="0-No"/>		
CA county of residence: <input type="text" value="2-Alpine"/>	Incarcerated in last 12 months: <input type="text" value="0-No"/>		
Gender Identity		Race/Ethnicity	
<input type="text" value="1-Male"/>		<input type="checkbox"/> Black/African American	
Specify other: <input type="text"/>		<input checked="" type="checkbox"/> American Indian/Alaska Native	
Pregnancy: <input type="text"/>		<input type="checkbox"/> Asian	
Prenatal Care: <input type="text"/>		<input type="checkbox"/> Native Hawaiian/Pacific Islander	
Gender at birth: <input type="text" value="1-Male"/>		<input type="checkbox"/> Hispanic/Latino(a)	
		<input checked="" type="checkbox"/> White	
		<input type="checkbox"/> Other race	
		Other race, specify: <input type="text"/>	
Sexual Orientation		<input type="checkbox"/> No Health Insurance Coverage	
<input type="text" value="3-Gay, lesbian, homosexual"/>		Health Insurance Coverage	
Other orientation, specify: <input type="text"/>		<input checked="" type="checkbox"/> Private	
		<input type="checkbox"/> Military	
		<input type="checkbox"/> Medi-Cal (Medicaid)	
		<input type="checkbox"/> Medicare	

Allows for better referral tracking

No referrals provided

Risk/Harm Reduction	Referral Outcome	Substance Use Services	Referral Outcome
<input type="checkbox"/> CRCS		<input type="checkbox"/> Alcohol/drug treatment	
<input type="checkbox"/> HIV education & prevention		<input type="checkbox"/> Harm reduction services	
<input type="checkbox"/> Follow-up HIV counseling		<input type="checkbox"/> Syringe exchange program	
<input type="checkbox"/> Prevention skill development			
<input checked="" type="checkbox"/> Prevention support group	Pending		
<input type="checkbox"/> Individual psychotherapy/counseling	Pending 1-Did not attend 2-Did attend 3-Lost to F/U 4-No F/U		

Other Referrals

	Referral Outcome	Positive Referrals	Referral Outcome
<input type="checkbox"/> Hepatitis testing/vaccination		<input type="checkbox"/> HIV medical care	
<input type="checkbox"/> STD testing & treatment		<input type="checkbox"/> HCV medical services	
<input type="checkbox"/> TB testing & treatment		<input type="checkbox"/> HIV case management	
<input type="checkbox"/> Reproductive health services			
<input type="checkbox"/> Non-HIV/HCV medical services			

Other referral, Specify:

Ensure the Ability to Successfully Report to the CDC



Able to report the source of the intervention

LEO Main > LEO Admin Menu > Intervention List > Edit Intervention LEO-B Staging DHSEXTRA\pmorris

Intervention is created successfully.

Edit Intervention: CRCS Screening

[Intervention](#) [Location](#) [Optional Questions](#)

Intervention Details

Intervention ID: 1
Status: Unreleased ▼
Contract Years: FY 08-09, 07-65039, OA , Office of AIDS ▼
Intervention Type: ILI ▼ Specify the number of sessions:
Intervention Name:
Total Allocation: \$ 0
Description:

Definition

DEBI

Scientifically based

Locally Developed

Data requirements and validations are built into LEO

Intervention & Encounter Summary	
Agency: Alpine (2)	
Intervention: CRCS Screening (08-09)	
Encounter ID: 87	
Client ID: 5709pem27a1	
<input type="button" value="Save & Next >>"/> <input type="button" value="Save"/> <input type="button" value="Cancel"/>	
Intervention	
Intervention name: CRCS Screening	Date: <input type="text"/> <small>(mm/dd/yy) *</small>
Location: <input type="text"/>	<input type="text"/> <input type="button" value="v"/> *
Time of encounter: <input type="text"/> (hh:mm) * <input type="text"/> <input type="button" value="v"/> *	Length of contact: <input type="text"/>
Type of intervention: ILI	

Respect the Needs of Clients



Able to track individual clients while keeping them anonymous.

- Agency generated client IDs that do not include identifying information such as names or Social Security #s.
- A five variable matching criteria distinguishes unique individuals fairly well:
 - 1st Initial of Last Name
 - DOB
 - Zip code of residence or hang out
 - Gender
 - Race

Build coordinated intervention plan for individuals

Client ID: 5709pem27al in Alpine is associated with client info below:

Encounter ID: 86 Client Info for '5709pem27al'

First Letter Last Name: m
DOB: 9/27/1957
Resident Zip Code: 96543
Gender Identity: Male
Race: American Indian/Alaska Native, White

Is this the right client?

Yes, proceed to CRCS Data Entry

No, try a different ID

Recent Encounters for '5709pem27al' in 'Prevention with Positives CRCS' FY 08-09

Encounter ID	Session Date	Provider
86	5/1/2009	Marquardt, Shane

Recent Encounters for '5709pem27al' in other interventions for agency 'Alpine'

Encounter ID	Session Date	Intervention Type	Intervention Name	Provider	Contract Year
87	4/1/2009 3:00:00 PM	ILI	CRCS Screening	Marquardt, Shane	08-09

Streamline services through referrals

Referrals			
Testing referral type: <input type="text"/>	OAID/Computer client number: <input type="text"/> <small>(XXX-XXXX-X or XXXXXXXX)</small>	Materials Distributed	
		<input type="checkbox"/> Male Condoms	<input checked="" type="checkbox"/> Referral List
		<input type="checkbox"/> Female Condoms	<input type="checkbox"/> Education Materials
		<input type="checkbox"/> Safer Sex Kits	<input type="checkbox"/> Role Model Stories
		<input type="checkbox"/> Bleach or Safer Injection Kits	<input type="checkbox"/> Needle Exchange
			<input type="checkbox"/> Incentive
			<input type="checkbox"/> Other
			<input type="checkbox"/> None
<input type="checkbox"/> No referrals provided			
Risk/Harm Reduction	Referral Outcome	Substance Use Services	Referral Outcome
<input type="checkbox"/> CRCS		<input type="checkbox"/> Alcohol/drug treatment	
<input type="checkbox"/> HIV education & prevention		<input type="checkbox"/> Harm reduction services	
<input type="checkbox"/> Follow-up HIV counseling		<input type="checkbox"/> Syringe exchange program	
<input type="checkbox"/> Prevention skill development			
<input type="checkbox"/> Prevention support group		Positive Referrals	Referral Outcome
<input type="checkbox"/> Individual psychotherapy/counseling		<input type="checkbox"/> HIV medical care	
		<input type="checkbox"/> HCV medical services	
		<input type="checkbox"/> HIV case management	
Other Referrals			
	Referral Outcome		Referral Outcome
<input type="checkbox"/> Hepatitis testing/vaccination		<input type="checkbox"/> Social Services	
<input type="checkbox"/> STD testing & treatment		<input type="checkbox"/> Other HIV testing	
<input type="checkbox"/> TB testing & treatment		<input type="checkbox"/> Perinatal care	
<input type="checkbox"/> Reproductive health services		<input type="checkbox"/> Other referral, specify	
<input type="checkbox"/> Non-HIV/HCV medical services		Other referral Specify: <input type="text"/>	

Thank You

Please direct any questions or comments to:

Phil Morris

email: Phillip.morris@cdph.ca.gov