

Early Intervention Services	Pg
<p>Service Category Definition – State Services Included is the definition from last year. The service definition is currently being updated and will be provided at the workgroup meeting</p>	1
<p>PowerPoint: 2022 EIS Chart Review Update, TRG Due to a new modified monitoring process 2020 was the last monitoring year. These update slides are included since most information can't be updated at this time.</p>	5
<p>Early Intervention Services Chart Review - The Resource Group, 2019</p>	7

2022-2023 Service Category Definition - DSHS State Services

Local Service Category:	Early Intervention Services – Incarcerated
Amount Available:	To be determined
Unit Cost	
Budget Requirements or Restrictions (TRG Only):	Maximum 10% of budget for Administrative Cost. No direct medical costs may be billed to this grant.
DSHS Service Category Definition:	<p>Support of Early Intervention Services (EIS) that include identification of individuals at points of entry and access to services and provision of:</p> <ul style="list-style-type: none"> • HIV Testing and Targeted counseling • Referral services • Linkage to care • Health education and literacy training that enable PLWHs to navigate the HIV system of care <p>These services must focus on expanding key points of entry and documented tracking of referrals.</p> <p>Counseling, testing, and referral activities are designed to bring people living with HIV into Outpatient Ambulatory Medical Care. The goal of EIS is to decrease the number of underserved individuals with HIV/AIDS by increasing access to care. EIS also provides the added benefit of educating and motivating PLWHs on the importance and benefits of getting into care.</p> <p>Limitations: Funds can only be used for HIV testing where existing federal, state, and local funds are not adequate <i>and</i> funds will supplement, not supplant, existing funds for testing. Funds cannot be used to purchase at-home testing kits.</p>
Local Service Category Definition:	This service includes the connection of incarcerated in the Harris County Jail into medical care, the coordination of their medical care while incarcerated, and the transition of their care from Harris County Jail to the community. Services must include: assessment of the PLWH, provision of education regarding disease and treatment, education and skills building to increase PLWH's health literacy, completion of THMP/ADAP application and submission via ARIES upload process, care coordination with medical resources within the jail, care coordination with service providers outside the jail, and discharge planning.
Target Population (age, gender, geographic, race, ethnicity, etc.):	People living with HIV (PLWHs) incarcerated in The Harris County Jail.
Services to be Provided:	Services include but are not limited to CPCDMS registration/update, assessment, provision of education, coordination of medical care services provided while incarcerated, medication regimen transition, multidisciplinary team review, discharge planning, and referral to community resources.

2022-2023 Service Category Definition - DSHS State Services

	<p>EIS for the Incarcerated is provided at Harris County Jail. HCJ's population includes both individuals who are actively progressing through the criminal justice system (toward a determination of guilt or innocence), individuals who are serving that sentence in HCJ, and individuals who are awaiting transfer to Texas Department of Criminal Justice (TDCJ). The complexity of this population has proven a challenge in service delivery. Some individuals in HCJ have a firm release date. Others may attend and be released directly from court.</p> <p>Therefore, EIS for the Incarcerated has been designed to consider the uncertain nature of length of stay in the service delivery. Three tiers of service provision have been designated. They are:</p> <ul style="list-style-type: none"> • Tier 0: The individuals in this tier do not stay in HCJ long enough to receive a clinical appointment while incarcerated. The use of zero for this tier's designation reinforces the understanding that the interaction with funded staff will be minimal. The length of stay in this tier is traditionally less than 14 days. • Tier 1: The individuals in this tier stay in HCJ long enough to receive a clinical appointment while incarcerated. This clinical appointment triggers the ability of staff to conduct multiple interactions to assure that certain benchmarks of service provision should be met. The length of stay in this tier is traditionally 15-30 days. • Tier 2: The individuals in this tier remain in HCJ long enough to get additional interactions and potentially multiple clinical appointments. The length of stay in this tier is traditionally 30 or more days. <p>Service provision builds on the activities of the previous tier if the individual remains in HCJ. Each tier helps the staff to focus interactions to address the highest priority needs of the individual. Each interaction is conducted as if it is the only opportunity to conduct the intervention with the individual.</p>
Service Unit Definition(s) (TRG Only):	One unit of service is defined as 15 minutes of direct PLWH services or coordination of care on behalf of PLWH.
Financial Eligibility:	Due to incarceration, no income or residency documentation is required.
Eligibility for Service:	People living with HIV incarcerated in the Harris County Jail.
Agency Requirements (TRG Only):	As applicable, the agency's facility(s) shall be appropriately licensed or certified as required by Texas Department of State Health Services, for the provision of HIV Early Intervention Services, including phlebotomy services.

2022-2023 Service Category Definition - DSHS State Services

	Agency/staff will establish memoranda of understanding (MOUs) with key points of entry into care to facilitate access to care for those who are identified by testing in HCJ. Agency must execute Memoranda of Understanding with Ryan White funded Outpatient Ambulatory Medical Care providers. The Administrative Agency must be notified in writing if any OAMC providers refuse to execute an MOU.
Staff Requirements:	Not Applicable.
Special Requirements (TRG Only):	Must comply with the Houston EMA/HSDA Standards of Care. The agency must comply with the DSHS Early Intervention Services Standards of Care and the Houston HSDA Early Intervention Services for the Incarcerated Standards of Care . The agency must have policies and procedures in place that comply with the standards <i>prior</i> to delivery of the service.

FY 2023 RWPC “How to Best Meet the Need” Decision Process

Step in Process: Council		Date: 06/09/2022
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Steering Committee		Date: 06/02/2022
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Quality Improvement Committee		Date: 05/03/2022
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: HTBMTN Workgroup #3		Date: 04/20/2022
Recommendations:	Financial Eligibility:	
1.		
2.		
3.		

Modified Monitoring Process

Effective March 13, 2020 TRG enacted emergency response procedures due to COVID-19 pandemic. All monitoring was deferred/suspended in 2020 per DSHS and HRSA guidance.

In 2020, DSHS launched a burden reduction plan to reduce administrative burden by 50% for AA's and Subrecipients.

- This model requires subrecipient monitoring every other year (even years only).
- Per DSHS guidance, TRG is not required to complete monitoring in odd years
- In 2020, subrecipients that didn't have the ability to complete a remote review, were exempted from the 2020 Standards of Care chart review monitoring due to the COVID-19 State of Emergency.

2022 Monitoring

This year all subrecipients will be monitored, remotely if possible and in-person if necessary.

The monitoring period will cover calendar year 2021



Special chart review process is being evaluated for the RW Planning Council process during the "odd" years DSHS is not requiring monitoring (requires DSHS approval)

Early Intervention Services (EIS)

NOT REVIEWED IN 2020

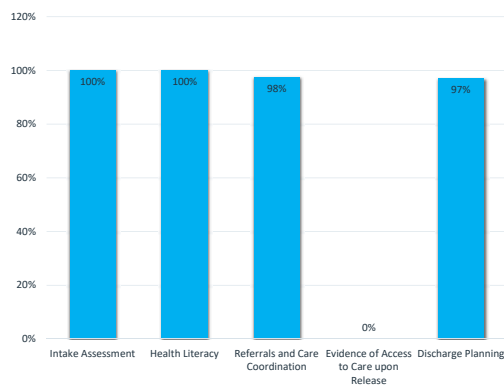
Description of Services

Early Intervention Services-Incarceration (EIS) includes the connection of incarcerated in the Harris County Jail into medical care, the coordination of their medical care while incarcerated, and the transition of their care from Harris County Jail to the community.

Services must include: assessment of the client, provision of client education regarding disease and treatment, education and skills building to increase client's health literacy, establishment of THMP/ADAP post-release eligibility (as applicable), care coordination with medical resources within the jail, care coordination with service providers outside the jail, and discharge planning.

EIS

Not reviewed since 2019





EARLY INTERVENTION SERVICES - INCARCERATED
2019 CHART REVIEW REPORT

PREFACE

DSHS Monitoring Requirements

The Texas Department of State Health Services (DSHS) contracts with The Houston Regional HIV/AIDS Resource Group, Inc. (TRG) to ensure that Ryan White Part B and State of Texas HIV Services funding is utilized to provide in accordance to negotiated Priorities and Allocations for the designated Health Service Delivery Area (HSDA). In Houston, the HSDA is a ten-county area including the following counties: Austin, Chambers, Colorado, Fort Bend, Harris, Liberty, Montgomery, Walker, Waller, and Wharton. As part of its General Provisions for Grant Agreements, DSHS also requires that TRG ensures that all Subgrantees comply with statutes and rules, perform client financial assessments, and delivery service in a manner consistent with established protocols and standards.

As part of those requirements, TRG is required to perform annual quality compliance reviews on all Subgrantees. Quality Compliance Reviews focus on issues of administrative, clinical, data management, fiscal, programmatic, and quality management nature. Administrative review examines Subgrantee operating systems including, but not limited to, non-discrimination, personnel management and Board of Directors. Clinical review includes review of clinical service provision in the framework of established protocols, procedures, standards and guidelines. Data management review examines the Subgrantee's collection of required data elements, service encounter data, and supporting documentation. Fiscal review examines the documentation to support billed units as well as the Subgrantee's fiscal management and control systems. Programmatic review examines non-clinical service provision in the framework of established protocols, procedures, standards and guidelines. Quality management review ensures that each Subgrantee has systems in place to address the mandate for a continuous quality management program.

QM Component of Monitoring

As a result of quality compliance reviews, the Subgrantee receives a list of findings that must be address. The Subgrantee is required to submit an improvement plan to bring each finding into compliance. This plan is monitored as part of the Subgrantee's overall quality management monitoring. Additional follow-up reviews may occur (depending on the nature of the finding) to ensure that the improvement plan is being effectively implemented.

Scope of Funding

TRG contracts with one Subgrantee to provide Early Intervention Services in the Houston HSDA.

INTRODUCTION

Description of Service

Early Intervention Services-Incarceration (EIS) includes the connection of incarcerated in the Harris County Jail into medical care, the coordination of their medical care while incarcerated, and the transition of their care from Harris County Jail to the community. Services must include: assessment of the client, provision of client education regarding disease and treatment, education and skills building to increase client's health literacy, establishment of THMP/ADAP post-release eligibility (as applicable), care coordination with medical resources within the jail, care coordination with service providers outside the jail, and discharge planning.

Tool Development

The Early Intervention Services review tool is based upon the established local standards of care.

Chart Review Process

The collected data for each site was recorded directly into a preformatted computerized database. The data collected during this process is to be used for service improvement.

File Sample Selection Process

Using the ARIES database, a file sample was created from a provider population of 677 who accessed Early Intervention Services in the measurement year. The records of 40 clients were reviewed (representing 5.9% of the unduplicated population). The demographic makeup of the provider was used as a key to file sample pull.

Demographics-Early Intervention Services

2018 Annual

Total UDC: 789

Age	Number of Clients	% of Total
Client's age as of the end of the reporting period		
Less than 2 years	0	0.00%
02 - 12 years	0	0.00%
13 - 24 years	56	7.10%
25 - 44 years	449	56.90%
45 - 64 years	274	34.72%
65 years or older	10	1.27%
Unknown	0	0.00%
	789	100%
Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	122	15.46%
Male	651	82.50%
Transgender FTM	0	0.00%
Transgender MTF	16	2.03%
Unknown	0	0.00%
	789	100%
Race/ Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	223	28.26%
Black	557	70.60%
Hispanic	103*	13.05%
Asian	1	0.1%
Hawaiian/Pacific Islander	0	0.00%
Indian/Alaskan Native	2	0.25%
Unknown	7	0.89%
	760	100%

From 01/01/18 - 12/31/18

2019 Annual

Total UDC: 672

Age	Number of Clients	% of Total
Client's age as of the end of the reporting period		
Less than 2 years	0	0.00%
02 - 12 years	0	0.00%
13 - 24 years	41	6.10%
25 - 44 years	386	57.4%
45 - 64 years	237	35.2%
65 years or older	8	1.1%
Unknown	0	0.00%
	672	100%
Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	100	15%
Male	572	85%
Transgender FTM	0	0.00%
Transgender MTF	13	2%
Unknown	0	0.00%
	672	100%
Race/ Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	190	28%
Black	476	70%
Hispanic	93*	14%
Asian	0	0.0%
Hawaiian/Pacific Islander	0	0.0%
Indian/Alaskan Native	5	0.74%
Multi-Race	6	0.90%
	677	100%

From 01/01/19 - 12/31/19



RESULTS OF REVIEW

Intake Assessment

Percentage of clients who had a completed intake assessment present in the client record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	40	0	-
Number of client records that were reviewed.	40	40	-
Rate	100%	0%	-

Health Literacy and Education: Risk Assessment

Percentage of clients that had documentation of the client being assessed for risk and provided targeted health literacy and education in the client record (including receipt of a blue book).

	Yes	No	N/A
Number of client records that showed evidence of the measure	40	0	-
Number of client records that were reviewed.	40	30	-
Rate	100%	7%	-

Linkage: Newly Diagnosed

Percentage of newly diagnosed clients that initiate care through the EIS program

	Yes	No	N/A
Number of client records that showed evidence of the measure	3	0	37
Number of client records that were reviewed.	3	40	40
Rate	100%	0%	92.5%

Referral: Medical Care

Percentage of clients that accessed a referral to a primary care provider and/or essential service in the client record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	39	1	-
Number of client records that were reviewed.	40	40	-
Rate	97.5%	2.5%	-

Percentage of clients that had referral follow-up in the client record

	Yes	No	N/A
Number of client records that showed evidence of the measure	3	29	8
Number of client records that were reviewed.	32	32	40
Rate	9%	91%	20%

Discharge Planning

Percentage of clients who had a discharge plan present in the client record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	36	1	3
Number of client records that were reviewed.	37	37	40
Rate	97%	3%	7.5%

Percentage of clients who had documentation of access to medical care upon release in the client record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	0	39	1
Number of client records that were reviewed.	39	39	40
Rate	0%	100%	2.5%

CONCLUSIONS

Overall, quality of services is met. Through the chart review: 100% (40) of clients completed an intake assessment and 97% (36 of 37) developed a discharge plan, an increase of 14% from last year. Of the clients enrolled into the EIS program 100% of the newly diagnosed clients accessing care. Of the files reviewed 97.5% (39 of 40) documented an appropriate referral to medical care upon release and/or other appropriate referrals, however there was limited documentation of follow-up at 9% (3 of 32).