DRAFT

Houston Area HIV Services Ryan White Planning Council

Affected Community Committee Meeting
12 noon, Tuesday, August 23, 2016
Meeting Location: Ryan White Office of Support
2223 W. Loop South, Room 532, Houston, TX 77027

AGENDA

I. Call to Order — Allen Murray and Tana Pradia, Co-Chairs
   - A. Welcome
   - B. Determine the person chairing the meeting
   - E. Moment of Reflection
   - F. Adoption of the Agenda
   - G. Approval of the Minutes

II. Public Comment
(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. **No one is required to give his or her name or HIV/AIDS status**. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV/AIDS status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person with HIV/AIDS", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing your self, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting.)

III. Old Business — Allen or Tana
   - A. Monthly Topics & Off Site Meeting Locations
   - B. 2016 Community Events: NOTE:
     1. HIV & Aging Symposium – NEED 8 or more volunteers
     2. Testing & Prevention- new date in January 2017
   - C. Greeters

IV. Training: Standards of Care, Why Should I Care? — Amber Harbolt, Health Planner, Office of Support

V. Announcements

VI. Optional: Members Meet with Committee Mentor — Cecilia Ross

VII. Adjourn

DRAFT

Houston Area HIV Services Ryan White Planning Council

Affected Community Committee Meeting
12 noon, Tuesday, July 26, 2016
Meeting Location: Bee Busy Wellness Center
8785 W. Bellfort, Houston, Texas 77031

MINUTES

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Tana Pradia, Co-Chair	Amber David	Adonis May, Bee Busy
Allen Murray, Co-Chair	Arlene Johnson, excused	Tori Williams, Office of Support
Curtis Bellard	Lionel Pennamon	
Ardry "Skeet" Boyle	Viviana Santibanez	
Herman Finley		
Rodney Mills		
Teresa Pruitt		
Cecilia Ross		
Johnetta Evans-Thomas		

Call to Order: Tana Pradia, Co-Chair of the Affected Community Committee called the meeting to order at 12:15 p.m. Because there were no visitors, Williams did not need to explain the purpose of the meeting. Pradia asked for a moment of reflection.

Adoption of the Agenda: ***<u>Motion #1</u>****: it was moved and seconded (Pruitt, Boyle) to adopt the agenda with the following changes: the training was moved to the end of the meeting since the speaker was running late and Item IV. Old Business, B. Event Coordination.* **Motion carried unanimously.**

Approval of the Minutes: ***<u>Motion #2</u>****: it was moved and seconded (Bellard, Pruitt) to approve the May 24, 2016 minutes.* **Motion carried. Abstention:** Finley.

Approval of the Minutes: ***<u>Motion #3</u>****: it was moved and seconded (Pruitt, Mills) to approve the June 15, 2016 minutes.* **Motion carried. Abstention:** Finley.

Public Comment: None.

Old Business: Members reviewed the list of monthly meeting topics, off-site meeting locations, 2016 Community Events, and the list of Greeters for 2016 Planning Council meetings.

Event Coordination: Williams pointed out that there seemed to be some confusion at the last event. Traditionally, the point person is the person who transports the materials and is in charge of event set up because they have been working closely with staff and are aware of any last minute changes. The point person who takes the materials home is the person in charge of take down. If there were problems, Georgette Monaghan would often step in and provide assistance with instructions or clarification. Williams suggested that Committee create a procedure so that all are clear in the future. ***<u>Motion #4:</u>*** *it was moved and seconded (Ross, Boyle) that the point person who arrives with the materials is the person in charge of*

set up and the point person who returns the materials to the Office of Support is the supervisor for cleanup. **Motion carried with unanimous approval.**

Training: Adonis May, Bee Busy Wellness Center, gave a verbal presentation on PrEP, see attached materials.

Election: Rodney Mills was voted by acclamation to be the 2016 Committee Vice Chair.

Adjourn: ***Motion #5:*** *it was moved and seconded (Boyle, Pruitt) to adjourn the meeting at 1:55 p.m.* **Motion carried with unanimous approval.**

Submitted by:		Approved by:	
Tori Williams, Director	Date	Committee Chair	Date

DRAFT

Schedule of Topics for
2016 Affected Community Committee Meetings

(revised 07-20-16)

Shaded areas indicate an off-site meeting location; black areas = meeting rooms not available

Confirmed	Month 2016	Topic	Speaker/Facilitator	Meeting Location
✓	12 noon, Tues. February 23	• Purpose of the Council and Public Hearings • Participation in Health Fairs • Why meetings are held off-site	Tori Williams	Office of Support
✓	12 noon, Tues. March 17	Joint meeting of the Affected Community, Priority & Allocations and Quality Improvement Committees	Committee Co-Chairs	Office of Support
✓	12 noon, Tues. March 22	***Training for Consumers:*** The RW How To Best Meet the Need Process - Part 1	Tori Williams	Office of Support
✓	1:30 - 4 p.m., Thurs. April 14	How To Best Meet the Need Training – Part 2	Planning Council Chairs	Office of Support
✓	10:30 a.m. – 4 p.m. Tues. April 26 &/or Wed. April 27	How To Best Meet the Need Workgroups	Quality Improvement Committee	Office of Support
✓	12 noon, Tues. May 24	HIV and the Asian Community	Peta-gay Ledbetter, PhD	Hope Clinic 7001 Corporate Dr., #120 Houston, Tx 77036 713 773-0803
✓	6:30 – 8:00 p.m. WEDNESDAY June 15	HIV and the Heterosexual Community Advisory Board (CAB)	Amana Turner	Change Happens 3353 Elgin St. Houston, TX 77004
✓	12 noon, Tues. July 26	PrEP	Adonis May	Bee Busy Wellness Center 8785 West Bellfort Ave. Houston, TX 77031
✓	12 noon, Tues. August 23	***Training for Consumers:*** Standards of Care, Why Should I Care?	Amber Harbolt, Health Planner, Office of Support	Office of Support
✓	12 noon, Tues. Sept. 20	Standards of Care and Performance Measures **Consumer Only** Workgroup	Carin Martin, Manager Ryan White Grant Administration	Office of Support
TENTATIVE	12 noon, Tues. October 25	HIV and the Rural Community	????	Access Health
TENTATIVE	12 noon, Tues. November 22	HIV and Substance Abuse	Pennye Rhodes, PA St. Hope Foundation	St. Hope Foundation, **Conroe**

Possible Topics:

Community Involvement in HIV Clinical Research Trials - Morénike Giwa

Medication Updates – Shital Patel, MD or Ben Barnett, MD OR invite all drug reps. Include info on getting Rx's FDA approved, change to generic status – how does this impact ADAP pricing?

Affected Community Committee
2016 Community Events (as of 08/15/16)

Point Person (PP): Committee member who picks up display materials and makes sure they are returned to the Office of Support.

Day, date, times	Event	Location	Participants
Sunday, March 6 1pm-Walk	AIDS Foundation Houston (AFH) AIDS Walk	Houston Park Downtown-1100 Bagby Street, 77002	Allen Murray will distribute Project LEAP flyers.
Friday, May 6 6 – 9 pm Contact: H.Finley/J. Humphreys	Houston Splash 2016	Double Tree Hotel – Galleria	Allen, Teresa, Curtis, Arlene, Cecilia **PP: Teresa ; back up Skeet**
Saturday, June 25 Noon – 7:00 pm	Pride Festival	Downtown near City Hall	Shift 1 (11:30 am-2 pm) : **PP Curtis,** Peta Tana, **,** Johnetta Shift 2 (2-4:30 pm) John L, Ruth, Teresa, Allen Shift 3 (4:30-7 pm): **PP Teresa,** John L.,Tracy, Rodney **To be Assigned:** Steven V, Carol, Arlene
Friday, September 16	HIV and Aging Symposium	Montrose Center	**Need 8+ volunteers** Tana, Allen, Curtis, Cecilia, Teresa, Rodney, **PP: Skeet**
Sunday, September 18, 2016	MISS UTOPIA	The Crowne Plaza (Brookhollow) 12801 Northwest Freeway Houston, TX 77040	**Need 3 volunteers** Carol, Peta, Skeet, Tana, Cecilia **PP:__Peta, Curtis, Skeet_**
Tuesday, September 27 Contact: Herman Finley	Gay Men's Health Summit New Name: Live Out Loud	Hiram Clarke Multi Service Center 810 W. Fuqua St., 77045 MAYBE MOVED TO UNITED WAY	Teresa (PP), Curtis, Allen, Cecilia, Arlene
October	Road 2 Success		
Tuesday, December 1	World AIDS Day Events		Most committee members attend events
January 2017	Road 2 Success		
NEW DATE: Saturday, January 21 2017 8:00 a.m. – 2:30 p.m.	HIV Testing and Prevention: Tools for Your Practice	Marriott Hotel- Medical Center 6580 Fannin St. Houston, TX 77030 (713) 796-0080	**CONFIRM IF AVAILABLE FOR NEW DATE:** Curtis, Cecilia, Teresa, Rodney, Isis, Allen, Tracy, Tana

Greeters for 2016 Council Meetings

(Revised: 08-15-16)

Meeting Dates (**Please arrive at 11:45 a.m.** Unless otherwise noted, the meetings are held at 2223 W. Loop South)	Greeter #1 External Member	Greeter #2	Greeter #3
Thurs. March 10	Viviana Santibanez	Teresa Pruitt	Arlene Johnson
Thurs. April 14	Johnetta Evans Thomas	Gene Ethridge	Allen Murray
Thurs. May 12	Lionel Pennamon	Gene Ethridge	Teresa Pruitt
Thurs. June 9 **Off-Site Location:**	Johnetta Evans Thomas	Allen Murray	Teresa Pruitt
Thurs. July 14	Ruth Atkinson	Teresa Pruitt	Tana Pradia
Thurs. August 11	Tana Pradia	Teresa Pruitt	Skeet Boyle
Thurs. September 8	Teresa Pruitt	Arlene Johnson	Viviana Santibanez
Thurs. October 13	Teresa Pruitt	Curtis Bellard	Isis Torrente
Thurs. November 10 External Committee Member Appreciation			
Thurs. December 8			

Consumer Training on Standards of Care

Affected Community Committee Meeting
August 23, 2016

General Standard 3.2: "Agency has Policy and Procedure regarding client Confidentiality [...] Providers must implement mechanisms to ensure protection of clients' confidentiality in all processes throughout the agency."

"Mrs. Cranley! You need to sign this HIPAA privacy form before the doctor can look at those warts on your stomach!"

All our nurses now have degrees...unfortunately nurse Pilbright's is in the expressive arts!

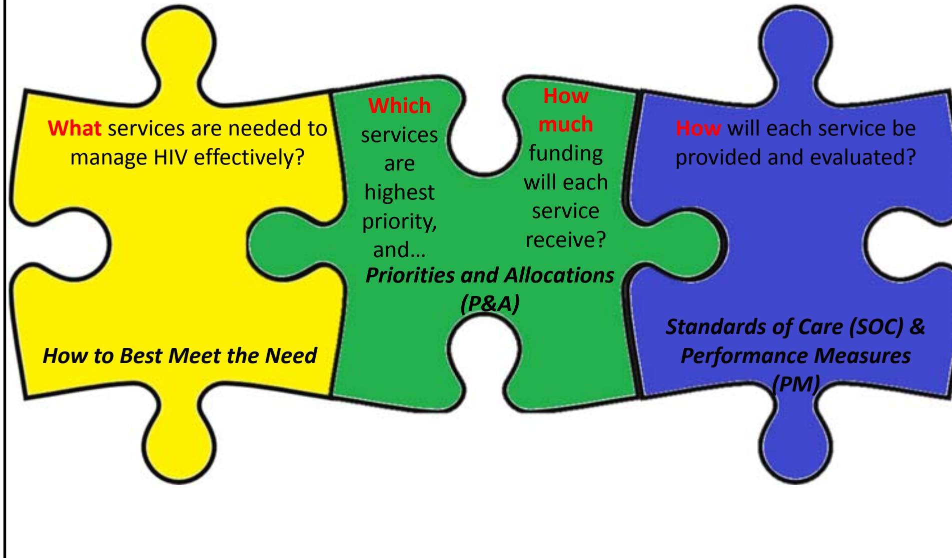
Primary Medical Care 1.1: "Medical care for HIV infected persons shall be provided by MD, NP, CNS or PA licensed in the State of Texas and has at least two years paid experience in HIV/AIDS care including fellowship."

Oral Health 2.8: "Oral hygiene instructions (OHI) should be provided annually to each client."

To help emphasize good oral hygiene in kids, Dr. Remford installed a dental floss zipline in his office.

2

Components of the Process



Houston Has Standards!

If you were planning on buying a car, what are some basic features you would expect to "come standard" with a good quality car?

- A working engine
- Steering wheel
- Brakes
- Seatbelts
- Air conditioner – A must-have in Houston!

Just as you would expect basic features to "come standard" when buying a car, you can also expect basic levels of quality to "come standard" with HIV care services in Houston. We call these Standards of Care (SOC).

Official Definitions

- Standard of Care (SOC)

A *statement* of the minimal acceptable levels of quality in HIV service delivery by Ryan White funded providers in a local jurisdiction.

- Performance Measure (PM)

A *measurement* of the impact of HIV care, treatment, and support services provided by Ryan White funded providers in a local jurisdiction.

A Little Background on SOC…

- First developed in 1999 as a way to monitor provider contracts
- Every year since, workgroups are held to review the Standards with the community that include physicians, nurses, case managers, administrators, and consumers
- Based on
    1. Accepted industry guidelines
    2. On-site program monitoring results, and
    3. Provider and consumer input
- Apply to services funded by Ryan White Parts A and B, and State Services.
- Maintained by the Administrative Agents (AAs)
    - RW/A = Ryan White Grant Administration
    - RW/B and State Services = The HIV Resource Group

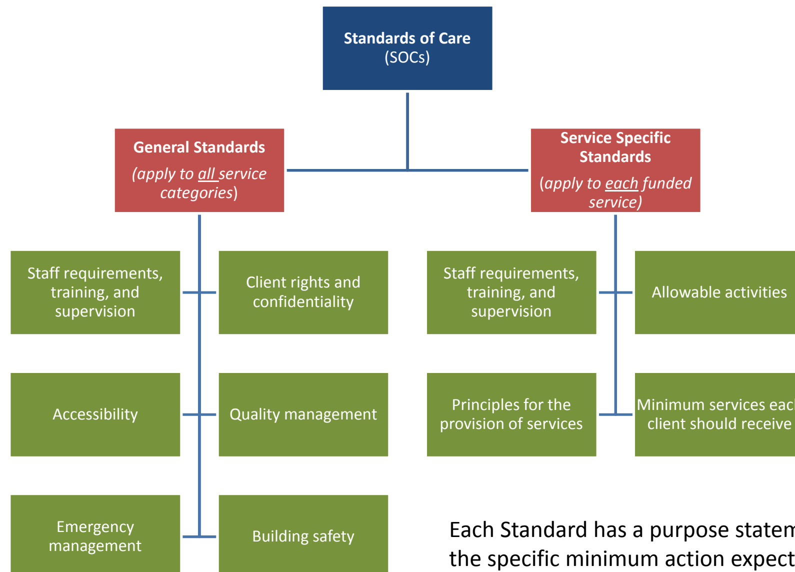
What SOC Are

- A way of letting providers and consumers know what constitutes quality care and services for PLWHA
- A tool for making sure Ryan White-funded services are delivered according to minimum industry standards and guidelines
- One of many data sources for measuring how well Ryan White-funded services are meeting overall community goals

What SOC Aren't

- A way to evaluate how a specific Ryan White-funded agency conducts business *(Agency monitoring is done by the AAs)*
- A way to decide which agency in Houston gets Ryan White money *(RFPs and agency contracts are coordinated by the AAs)*
- Guidelines for HIV services provided by *non*-Ryan White-funded agencies

Organization of the SOCs



Each Standard has a purpose statement, the specific minimum action expected, and a way to measure it.

GENERAL STANDARDS

	Standard	Measure
1.0	**Staff Requirements**	
1.1	Staff Screening (Pre-Employment) Staff providing services to clients shall be screened for appropriateness by provider agency as follows: • Personal/Professional references • Personal interview • Written application Criminal background checks, if required by Agency Policy, must be conducted prior to employment and thereafter for all staff and/or volunteers per Agency policy.	• Review of Agency's Policies and Procedures Manual indicates compliance • Review of personnel and/or volunteer files indicates compliance
1.2	Initial Training: Staff/Volunteers Initial training includes eight (8) hours HIV/AIDS basics, safety issues (fire & emergency preparedness, hazard communication, infection control, universal precautions), confidentiality issues, role of staff/volunteers, agency-specific information (e.g. Drug Free Workplace policy). Initial training must be completed within 60 days of hire.	• Documentation of all training in personnel file. • Specific training requirements are specified in Agency Policy and Procedure • Materials for staff training and continuing education are on file • Staff interviews indicate compliance
1.3	Staff Performance Evaluation Agency will perform annual staff performance evaluation.	• Completed annual performance evaluation kept in employee's file • Signed and dated by employee and supervisor (includes electronic signature)
1.4	Cultural and HIV Mental Health Co-morbidity Competence Training/Staff and Volunteers All staff must receive four (4) hours of cultural competency training and an additional one (1) hour of HIV/Mental Health co-morbidity sensitivity training annually. All new employees must complete these within ninety (90) days of hire.	• Documentation of training is maintained by the agency in the personnel file
1.5	Staff education on eligibility determination and fee schedule Agency must provide training on agency's policies and procedures for eligibility determination and sliding fee	Documentation of training in employee's record

Primary Medical Care

The 2006 CARE Act defines Primary Medical Services as the "provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, nurse specialist, nurse practitioner or other health care professional who is certified in their jurisdiction to prescribe Antiretroviral (ARV) therapy in an outpatient setting….. Services include diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history tasking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions and referral to and provisions of specialty care".

The RW Part A primary care visit consist of a client examination by a qualified Medical Doctor, Nurse Practitioner, Clinical Nurse Specialist and/or Physician Assistant and includes all ancillary services such as eligibility screening, patient medication/treatment education, adherence education, counseling and support; medication access/linkage; and as clinically indicated, OB/GYN specialty procedures, nutritional counseling, routine laboratory and radiology. All primary care services must be provided in accordance with the current U.S. Department of Health and Human Services guidelines

1.0	**Medical Care for persons with HIV disease should reflect competence and experience in both primary care and therapeutics known to be effective in the treatment of HIV infection and is consistent with the most current published U.S. Public Health Service treatment guidelines**	
1.1	Minimum Qualifications Medical care for HIV infected persons shall be provided by MD, NP, CNS or PA licensed in the State of Texas and has at least two years paid experience in HIV/AIDS care including fellowship.	• Credentials on file
1.2	Licensing, Knowledge, Skills and Experience • All staff maintain current organizational licensure (and/or applicable certification) and professional licensure • The agency must keep professional licensure of all staff providing clinical services including physicians, nurses, social workers, etc. • Supervising/attending physicians of the practice show continuous professional development through the following HRSA recommendations for HIV-qualified physicians (www.hivma.org): • Clinical management of at least 25 HIV-infected patients within the last year • Maintain a minimum of 15 hours of HIV-specific CME	• Documentation in personnel record

Organization of the PMs

All Performance Measures (PMs) are service-specific

- Each PM is a system-wide measure that helps evaluate the impact of HIV services on the health status of the people living with HIV/AIDS in the Houston area.
- PMs are based on current U.S. Department of Health and Human Services (HHS) Guidelines for HIV/AIDS health care and community input.
- In general, PMs assess the percentage of consumers who, following receipt of a specific service:
  1. Entered into and/or were retained in HIV medical care
  2. Experienced improvement in HIV health indicators like CD4 counts and viral load suppression
  3. Received recommended medical, oral, and optical screening, care, and follow-up
  4. Were screened for and received mental health or substance abuse services if needed
  5. Obtained housing if homeless or unstably housed
  6. Secured 3rd party health care coverage (insurance) if uninsured, and/or
  7. Completed SSI disability, insurance, public benefits and income-related cases resulting in access to or continued access to benefits (legal services only)

Ryan White Part A
HIV Performance Measures
FY 2014 Report

Primary Medical Care
All Providers

For FY 2014 (3/1/2014 to 2/28/2015), 7,024 clients utilized Part A primary medical care.

Primary Care	FY 2013	FY 2014	Change
100% of Ryan White Part A program-funded outpatient/ambulatory care organizations in the system/network will have a waiting time of 15 or fewer business days for a Ryan White Part A program-eligible patient to receive an appointment to enroll in outpatient/ambulatory medical care	Data is not available at this time		
90% of clients with HIV infection will have two or more medical visits, at least 90 days apart, in an HIV care setting in the measurement year	4,200 (78.9%)	4,106 (74.9%)	-4.0%
Percentage of clients with a diagnosis of HIV who did not have a medical visit in the last six months of the measurement year	1,313 (24.7%)	1,566 (28.6%)	3.9%
Percentage of clients with a diagnosis of HIV who had at least one medical visit in each six-month period of the 24-month measurement period with a minimum of 60 days between medical visits	2,379 (27.0%)		

CD-4 Count and Viral Suppression	FY 2013	FY 2014	Change
75% of clients for whom there is lab data in the CPCDMS will show improved or maintained CD-4 counts over time	5,100 (91.9%)	5,321 (92.2%)	0.3%
Percentage of clients who have a CD-4 < 200 within the first 90 days of initial enrollment in primary medical care	294 (23.1%)	272 (20.0%)	-3.1%
Percentage of clients for whom there is lab data in the CPCDMS who are virally suppressed (< 200)	3,846 (75.5%)	4,058 (79.8%)	4.3%
Percentage of clients aged six months and older with a diagnosis of HIV/AIDS, with at least two CD-4 cell counts or percentages performed during the measurement year at least three months apart	3,996 (75.1%)	4,104 (74.9%)	0.2%
Percentage of clients with a diagnosis of HIV/AIDS with a viral load test performed at least every six months during the measurement year	2,586 (56.7%)	2,639 (58.4%)	1.7%

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Take-Home Messages

- Standards of Care set the minimum acceptable levels of *quality* of HIV care, treatment, and support services provided to PLWHA by Ryan White funded providers
- Performance Measures provide a way to evaluate the system-wide impact of HIV services on the health status of the people living with HIV/AIDS in the Houston area.
- SOCs and PMs do *not* evaluate a specific individual provider or agency, nor do they determine which provider/agency receives Ryan White funds
- Consumers have an important role in the SOC/PM process. They review the standards and make recommendation for improvements, and they serve as a voice of the consumer in defining quality of HIV care.

Why does any of this matter in the real world?

Example: Linkage to Care

<u>Standard of Care:</u>
What is the general Standard of Care for linking clients into care?
General Standard 4.11 (Accessibility – Linkage Into Core Services): Agency staff will provide out-of-care clients with individualized information and referral to connect them into ambulatory outpatient medical care and other core medical services.

How will the Administrative Agent know this Standard has been met?
- Documentation of client referral is present in client record
- Review of agency’s policies & procedures’ manual indicates compliance

Why does any of this matter in the real world?

Example: Linkage to Care

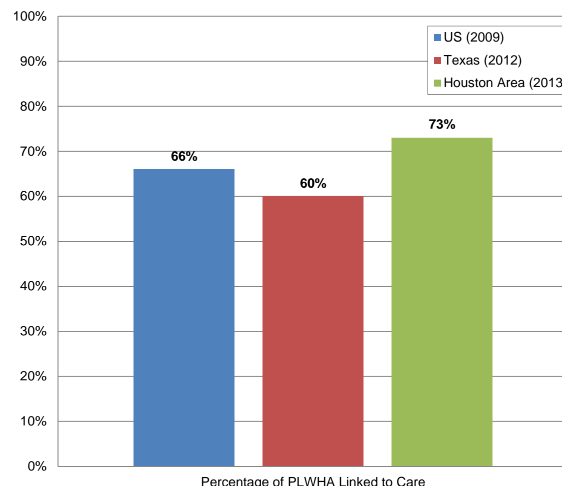
Performance Measure:
How will the Administrative Agent measure whether efforts to link clients into care have been effective?

Non-Medical Case Management / Service Linkage
All Providers:

1. A minimum of 70% of clients will utilize Part A/B/C/D primary care two or more times at least three months apart after accessing non-medical case management (service linkage)
2. Measure the number of days between first ever service linkage visit and first ever primary medical care visit
3. Assess the percentage of newly-enrolled clients who had a medical visit in each of the four-month periods of the year

Why does any of this matter in the real world?

Establishing SOCs and monitoring PMs help ensure that people living with HIV/AIDS in the Houston Area can expect and receive high quality life-sustaining HIV care and treatment services.



SOC/PM Exercise

Practice with Standards of Care

1. If you wanted to know how quality is defined for <u>all</u> services provided through Ryan White, which type of Standard of Care would you review:
   a. General Standards
   b. Service Specific Standards

Go to the General Standard called <u>4.0 Accessibility</u>.

2. What is the minimum definition of quality for "Cultural Competence?"

3. How does someone know if this minimum standard is met by the agency/provider--what documents are looked at?

Go to the Service Specific Standards for <u>Non-Medical Case Management Services (Service Linkage Worker)</u>.

4. How long does a Service Linkage Worker have to transfer a Not-in-Care and Newly Diagnosed Client into HIV primary care?
   a. 90 days
   b. 120 days
   c. Unlimited

SOC/PM Exercise

Practice with Performance Measures

1. <u>True/False</u>. There are no general Performance Measures. Performance Measures are specific to each service funded through Ryan White.

Go to the Performance Measures for <u>Medical Nutritional Supplements</u>.

2. Ideally, what percentage of clients should have improved or maintained CD-4 counts over time after receiving Medical Nutrition Supplements?
   a. 75%
   b. 80%
   c. 85%
   d. 90%

Go to the Performance Measures for <u>Primary Medical Care</u>.

3. Name 3 Clinical Chart Review Measures.

2015-2016 Houston Eligible Metropolitan Area: Ryan White CARE Act Part A/B
Standards of Care For HIV Services
Ryan White Grant Administration Section
Harris County Public Health and Environmental Services (HCPHES)

SOC Training Exercise

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SOC Training Exercise

GENERAL STANDARDS

	Standard	Measure
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1.2	<u>Initial Training: Staff/Volunteers</u> Initial training includes eight (8) hours HIV/AIDS basics, safety issues (fire & emergency preparedness, hazard communication, infection control, universal precautions), confidentiality issues, role of staff/volunteers, agency-specific information (e.g. Drug Free Workplace policy). Initial training must be completed within 60 days of hire.	• Documentation of all training in personnel file. • Specific training requirements are specified in Agency Policy and Procedure • Materials for staff training and continuing education are on file • Staff interviews indicate compliance
1.3	<u>Staff Performance Evaluation</u> Agency will perform annual staff performance evaluation.	• Completed annual performance evaluation kept in employee's file • Signed and dated by employee and supervisor (includes electronic signature)
1.4	<u>Cultural and HIV Mental Health Co-morbidity Competence Training/Staff and Volunteers</u> All staff tenured 0 – 5 year with their current employer must receive four (4) hours of cultural competency training and an additional one (1) hour of HIV/Mental Health co-morbidity sensitivity training annually. All new employees must complete these within ninety (90) days of hire.	• Documentation of training is maintained by the agency in the personnel file

SOC Training Exercise

	least annually. Agency may also maintain a visible suggestion box for clients' inputs. Analysis and use of results must be documented. Agency must maintain a file of materials documenting Consumer Advisory Board (CAB) membership and meeting materials (applicable only if agency has a CAB). • Agencies that serve an average of 100 or more unduplicated clients monthly under combined RW/A, MAI, RW/B and SS funding must implement a CAB. The CAB must meet regularly (at least 4 times per year) at a time and location conducive to consumer participation to gather, support and encourage client feedback, address issues which impact client satisfaction with services and provide Agency with recommendations to improve service delivery, including accessibility and retention in care.	• Documentation of existence and appropriateness of a suggestion box or other client input mechanism • Documentation of content, use, and confidentiality of a client satisfaction survey or focus groups conducted annually • Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section A: Access to Care #1
3.9	<u>Patient Safety (Core Services Only)</u> Agency shall establish mechanisms to implement National Patient Safety Goals (NPSG) modeled after the current Joint Commission accreditation *for Ambulatory Care* (www.jointcommission.org) to ensure patients' safety. The NPSG to be addressed include the following as applicable: • "Improve the accuracy of patient identification • Improve the safety of using medications • Reduce the risk of healthcare-associated infections • Accurately and completely reconcile medications across the continuum of care • Universal Protocol for preventing Wrong Site, Wrong Procedure and Wrong Person Surgery" (www.jointcommission.org)	• Review of Agency's Policies and Procedures Manual indicates compliance
3.10	<u>Client Records</u> Provider shall maintain all client records.	• Review of agency's policy and procedure for records administration indicates compliance
4.0	**Accessibility**	
4.1	<u>Cultural Competence</u> Agency demonstrates a commitment to provision of services that are culturally sensitive and language competent for Limited English Proficient (LEP) individuals.	• Agency has procedures for obtaining translation services • Client satisfaction survey indicates compliance

SOC Training Exercise

		• Policies and procedures demonstrate commitment to the community and culture of the clients • Availability of interpretive services, bilingual staff, and staff trained in cultural competence • Agency has vital documents including, but not limited to applications, consents, complaint forms, and notices of rights translated in client record
4.2	<u>Client Education</u> Agency demonstrates capacity for client education and provision of information on community resources	• Availability of the blue book and other educational materials • Documentation of educational needs assessment and client education in clients' records
4.3	<u>Special Service Needs</u> Agency demonstrates a commitment to assisting individuals with special needs	• Agency compliance with the Americans with Disabilities Act (ADA). • Review of Policies and Procedures indicates compliance • Environmental Review shows a facility that is handicapped accessible
4.4	<u>Provision of Services for low-Income Individuals</u> Agency must ensure that facility is handicap accessible and is also accessible by public transportation (if in area served by METRO). Agency must have policies and procedures in place that ensures access to transportation services if facility is not accessible by public transportation. Agency should not have policies that dictate a dress code or conduct that may act as barrier to care for low income individuals.	• Facility is accessible by public transportation • Review of Agency's Policies and Procedures Manual indicates compliance • Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section A: Access to Care #4
4.5	<u>Proof of HIV Diagnosis</u> Documentation of the client's HIV status is obtained at or prior to the initiation of services or registration services.	• Documentation in client record as per RWGA site visit guidelines or TRG Policy SG-03

SOC Training Exercise

Non-Medical Case Management Services (Service Linkage Worker)

Non-medical case management services (Service Linkage Worker (SLW) is co-located in ambulatory/outpatient medical care centers. HRSA defines Non-Medical case management services as the "provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services" and does not include coordination and follow-up of medical treatment. The Ryan White Part A/B SLW provides services to clients who do not require intensive case management services and these include the provision of information, referrals and assistance with linkage to medical, mental health, substance abuse and psychosocial services as needed; advocating on behalf of clients to decrease service gaps and remove barriers to services helping clients to develop and utilize independent living skills and strategies.

1.0	Staff Requirements	
1.1	Minimum Qualifications Service Linkage Worker – unlicensed community case manager Service linkage workers must have a bachelor's degree from an accredited college or university with a major in social or behavioral sciences. Documented paid work experience in providing client services to PLWHA may be substituted for the bachelor's degree requirement on a 1:1 basis (1 year of documented paid experience may be substituted for 1 year of college). Service linkage workers must have a minimum of 1 year paid work experience with PLWHA. Bilingual (English/Spanish) targeted service linkage workers must have written and verbal fluency in English and Spanish. Agency will provide Service Linkage Worker a written job description upon hiring.	• A file will be maintained on service linkage worker. Supportive documentation of credentials and job description are maintained by the agency and in each service linkage worker's file. Documentation may include, but is not limited to, transcripts, diplomas, certifications and/or licensure.
2.0	Timeliness of Services/Documentation	
2.1	Client Eligibility – Service Linkage targeted to Not-in-Care and Newly Diagnosed (COH Only) In addition to general eligibility criteria individuals must meet the following in order to be eligible for non-medical case management services: • HIV+ and not receiving outpatient HIV primary medical care services within the previous 180 days as documented by the CPCDMS, or	• Documentation of HIV+ status, residence, identification and income in the client record • Documentation of "not in care" status through the CPCDMS

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	• Newly diagnosed (within the last six (6) months) and not currently receiving outpatient HIV primary medical care services as documented by the CPCDMS, or • Newly diagnosed (within the last six (6) months) and not currently receiving case management services as documented by the CPCDMS	
2.2	Service Linkage Worker Assessment Assessment begins at intake. The service linkage worker will provide client and, if appropriate, his/her personal support system information regarding the range of services offered by the case management program during intake/assessment. The service linkage worker will complete RWGA -approved brief assessment tool within five (5) working days, on all clients to identify those who need comprehensive assessment. Clients with mental health, substance abuse and/or housings issues should receive comprehensive assessment. Clients needing comprehensive assessment should be referred to a licensed case manager. **Low-need, non-primary care clients who have only an intermittent need for information about services may receive brief SLW services without being placed on open status.**	• Documentation in client record on the brief assessment form, signed and dated • A completed DSHS checklist for screening of suspected sexual child abuse and reporting is evident in case management records, when appropriate
2.3	Service Linkage Worker Reassessment Clients on **open status** will be reassessed at six (6) month intervals following the initial assessment. A RWGA/ TRG-approved reassessment form as applicable must be utilized.	• Documentation in RWGA approved client reassessment form or agency's equivalent form, signed and dated
2.4	Transfer of Not-in-Care and Newly Diagnosed Clients (COH Only) Service linkage workers targeting their services to Not-in-Care and newly diagnosed clients will work with clients for a maximum of 90 days. Clients must be transferred to a Ryan White-funded primary medical care, clinical case management or medical case management program, or a private (non-Ryan White funded) physician within 90 days of the initiation of services.	• Documentation in client record and in the CPCDMS

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Harris County

HCPHES

Public Health & Environmental Services

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FY 2014 PERFORMANCE MEASURES HIGHLIGHTS

RYAN WHITE GRANT ADMINISTRATION

HARRIS COUNTY

PUBLIC HEALTH & ENVIRONMENTAL SERVICES

(HCPHES)

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2223 West Loop South. Houston, Texas 77027

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Ryan White Part A
HIV Performance Measures
FY 2014 Report

Medical Nutritional Supplements

CD-4 Count and Viral Suppression	FY 2013	FY 2014	Change
90% of clients will show improved or maintained CD-4 counts over time	440 (91.1%)	426 (93.4%)	**2.3%**
Percentage of clients for whom there is lab data in the CPCDMS who are virally suppressed (<200)	404 (76.5%)	395 (80.1%)	**3.6%**

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Ryan White Part A
HIV Performance Measures
FY 2014 Report

Primary Medical Care
All Providers

For FY 2014 (3/1/2014 to 2/28/2015), 7,024 clients utilized Part A primary medical care.

Primary Care	FY 2013	FY 2014	Change
100% of Ryan White Part A program-funded outpatient/ambulatory care organizations in the system/network will have a waiting time of 15 or fewer business days for a Ryan White Part A program-eligible patient to receive an appointment to enroll in outpatient/ambulatory medical care	Data is not available at this time		
90% of clients with HIV infection will have two or more medical visits, at least 90 days apart, in an HIV care setting in the measurement year	4,200 (78.9%)	4,106 (74.9%)	**-4.0%**
Percentage of clients with a diagnosis of HIV who did not have a medical visit in the last six months of the measurement year	1,313 (24.7%)	1,566 (28.6%)	**3.9%**
Percentage of clients with a diagnosis of HIV who had at least one medical visit in each six-month period of the 24-month measurement period with a minimum of 60 days between medical visits	2,379 (27.0%)		

CD-4 Count and Viral Suppression	FY 2013	FY 2014	Change
75% of clients for whom there is lab data in the CPCDMS will show improved or maintained CD-4 counts over time	5,100 (91.9%)	5,321 (92.2%)	**0.3%**
Percentage of clients who have a CD-4 < 200 within the first 90 days of initial enrollment in primary medical care	294 (23.1%)	272 (20.0%)	**-3.1%**
Percentage of clients for whom there is lab data in the CPCDMS who are virally suppressed (< 200)	3,846 (75.5%)	4,058 (79.8%)	**4.3%**
Percentage of clients aged six months and older with a diagnosis of HIV/AIDS, with at least two CD-4 cell counts or percentages performed during the measurement year at least three months apart	3,996 (75.1%)	4,104 (74.9%)	**0.2%**
Percentage of clients with a diagnosis of HIV/AIDS with a viral load test performed at least every six months during the measurement year	2,586 (56.7%)	2,639 (58.4%)	**1.7%**

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Screening	FY 2013	FY 2014	Change
Percentage of clients for whom Hepatitis C (HCV) screening was performed at least once since the diagnosis of HIV infection	5,007 (74.4%)	5,152 (73.3%)	**-1.1%**
Percentage of clients with HIV infection who received an oral exam by a dentist at least once during the measurement year	1,926 (28.6%)	1,983 (28.2%)	**-0.4%**
Percentage of clients with a diagnosis of HIV who had a test for syphilis performed within the measurement year	5,694 (84.6%)	6,029 (85.9%)	**1.3%**
Percentage of clients with HIV infection who have been screened for Hepatitis B virus infection status ever	4,548 (67.5%)	5,111 (72.8%)	**5.3%**

Clinical Chart Review Measures	FY 2013
Percentage of clients with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year	95.9%
Percentage of clients with a diagnosis of HIV/AIDS, who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis	98.7%
Percentage of clients with a diagnosis of HIV who had an HIV drug resistance test performed before initiation of HIV antiretroviral therapy if therapy started during the measurement year	66.7%
Percentage of clients seen for a visit between October 1 and March 31 who received an influenza immunization or who reported previous receipt of an influenza immunization	62.3%
Percentage of clients with a diagnosis of HIV who were prescribed HIV antiretroviral therapy and who had a fasting lipid panel during the measurement year	92.3%
Percentage of clients with a diagnosis of HIV/AIDS, for whom there was documentation that a TB screening test was performed and results interpreted (for tuberculin skin tests) at least once since the diagnosis of HIV infection	62.0%
Percentage of female clients with a diagnosis of HIV who have a pap screening in the measurement year	61.2%
Percentage of clients with a diagnosis of HIV at risk for sexually transmitted infections who had a test for gonorrhea and chlamydia within the measurement year	62.4%
Percentage of clients with HIV infection who completed the vaccination series for Hepatitis B	50.3%
Percentage of clients with HIV infection who received HIV risk counseling within the measurement year	82.8%
Percentage of clients with HIV infection who ever received pneumococcal vaccine	84.7%
Percentage of clients screened for mental health and follow up plan documented (measure to screen for clinical depression will be included in FY 15/16)	81.9% (90% follow-up)
Percentage of clients who were screened for tobacco use at least one during the two-year measurement period and who received cessation counseling intervention if identified as a tobacco user	99.7%
Percentage of clients with a diagnosis of HIV who have been screened for substance abuse	97.6%

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Clinical Chart Review Measures	FY 2013
(alcohol and drugs) in the measurement year	
Percentage of pregnant women with HIV infection who are prescribed antiretroviral therapy	100.0%

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