

**Houston Area HIV Services Ryan White Planning Council**  
**Office of Support**  
**2223 West Loop South, Suite 240, Houston, Texas 77027**  
**832 927-7926 telephone; 713 572-3740 fax**  
[www.rwpchouston.org](http://www.rwpchouston.org)

**Memorandum**

To: Members, Affected Community Committee:  
Veronica Ardoin, Co-Chair *Ashley Barnes*  
Rodney Mills, Co-Chair *Ardry "Skeet" Boyle*  
Rosalind Belcher *Herman Finley*  
Enrique Chavez *Darryl McNeil*  
Tony Crawford *Cecilia Oshingbade*  
Johnny Deal *Lionel Pennamon*  
Ronnie Galley *Josefina "Josie" Rodriguez Jimenez*  
Gregory Hamilton *Edward Tate*  
Arlene Johnson *Kent Tillison*  
Holly McLean  
Allen Murray  
John Poole

Cc: Tana Pradia  
Amber Harbolt  
Carin Martin

From: Tori Williams, Director, Ryan White Office of Support

Date: Tuesday, August 17, 2020

Re: August Meeting Notice

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Please note the following meeting information:

**Affected Community Committee Meeting**  
**Training: *Emergency Preparedness Bingo & Standards of Care/Performance Measures***  
**12 noon, Monday, August 24, 2020**

Join Zoom Meeting by clicking on:

<https://us02web.zoom.us/j/86220229423?pwd=MzZxMDNaWXNBTVCQ0diYjd3d2ZzUT09>

Meeting ID: 862 2022 9423

Password: 066714

Or call: 346 248 7799

It is important that you contact Rod to RSVP, even if you cannot attend. She can be reached at: [Rodriga.Avila@cjo.hctx.net](mailto:Rodriga.Avila@cjo.hctx.net) or by telephone at 832 927-7926.

We look forward to seeing you next week.

## Houston Area HIV Services Ryan White Planning Council

### Affected Community Committee Meeting

12 noon, Monday, August 24, 2020

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## AGENDA

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- I. Call to Order Veronica Ardoin and  
Rodney Mills, Co-Chairs
- A. Welcome
  - B. Adoption of the Agenda
  - C. Approve 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 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 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 living person with HIV", 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 yourself, 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. Member Check-In Veronica Ardoin and  
Rodney Mills, Co-Chairs
- IV. Training: Emergency Preparedness Bingo Tori William
- V. Training: Standards of Care and Performance Measures Tori Williams
- VI. Announcements
- VII. Adjourn
- VIII. Optional: Members meet with committee mentor Johnny Deal

## Houston Area HIV Services Ryan White Planning Council

### Affected Community Committee Meeting

12:00 pm, Monday, July 20, 2020

Meeting Location: Zoom teleconference

### MINUTES

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Rodney Mills, Co-Chair	Gregory Hamilton, excused	Tana Pradia, RWPC Chair
Veronica Ardoin, Co-Chair	Arlene Johnson, excused	Reachelian Ellison, TRG
Tony Crawford	John Poole	
Johnny Deal	Darryl McNeil	<i>Office of Support</i>
Ronnie Galley	Lionel Pennamon, excused	Tori Williams
Holly McLean	Herman Finley	Diane Beck
Ardry "Skeet" Boyle	Edward Tate	Rod Avila
Ashley Barnes	Kent Tillison	
Josie Rodriguez Jimenez	Enrique Chavez	
Cecilia Oshingbade	Rosalind Belcher, excused	
	Allen Murray	

**Call to Order:** Rodney Mills called the meeting to order at 12:07 p.m. and then asked for a moment of reflection.

**Adoption of the Agenda:** ***Motion #1:*** *it was moved and seconded (Oshingbade, Crawford) to adopt the agenda. Motion carried unanimously.*

**Approval of the Minutes:** ***Motion #2:*** *it was moved and seconded (Boyle, Deal) to approve the June 22, 2020 minutes. Motion carried. Abstentions: Oshingbade*

**Public Comment:** None.

**Training: COVID-19 and Sex Jeopardy:** Diane Beck presented information about COVID-19 and committee members participated in Jeopardy activity.

**Updates on Planning Council Activities:** Williams reviewed the attached schedule of meetings related to 2020 Council activities.

**Announcements:** Rodriguez announced that that Project Good Hope is accepting new members, which can assist with housing and employment. Will send a flyer for with more details.

**Adjourn:** ***Motion #3:*** *it was moved and seconded (McLean, Oshingbade) to adjourn the meeting at 1:01 p.m. Motion carried unanimously.*

Submitted by:

Approved by:

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Tori Williams, Director

Date

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Committee Chair

Date

# Training on Standards of Care



**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!

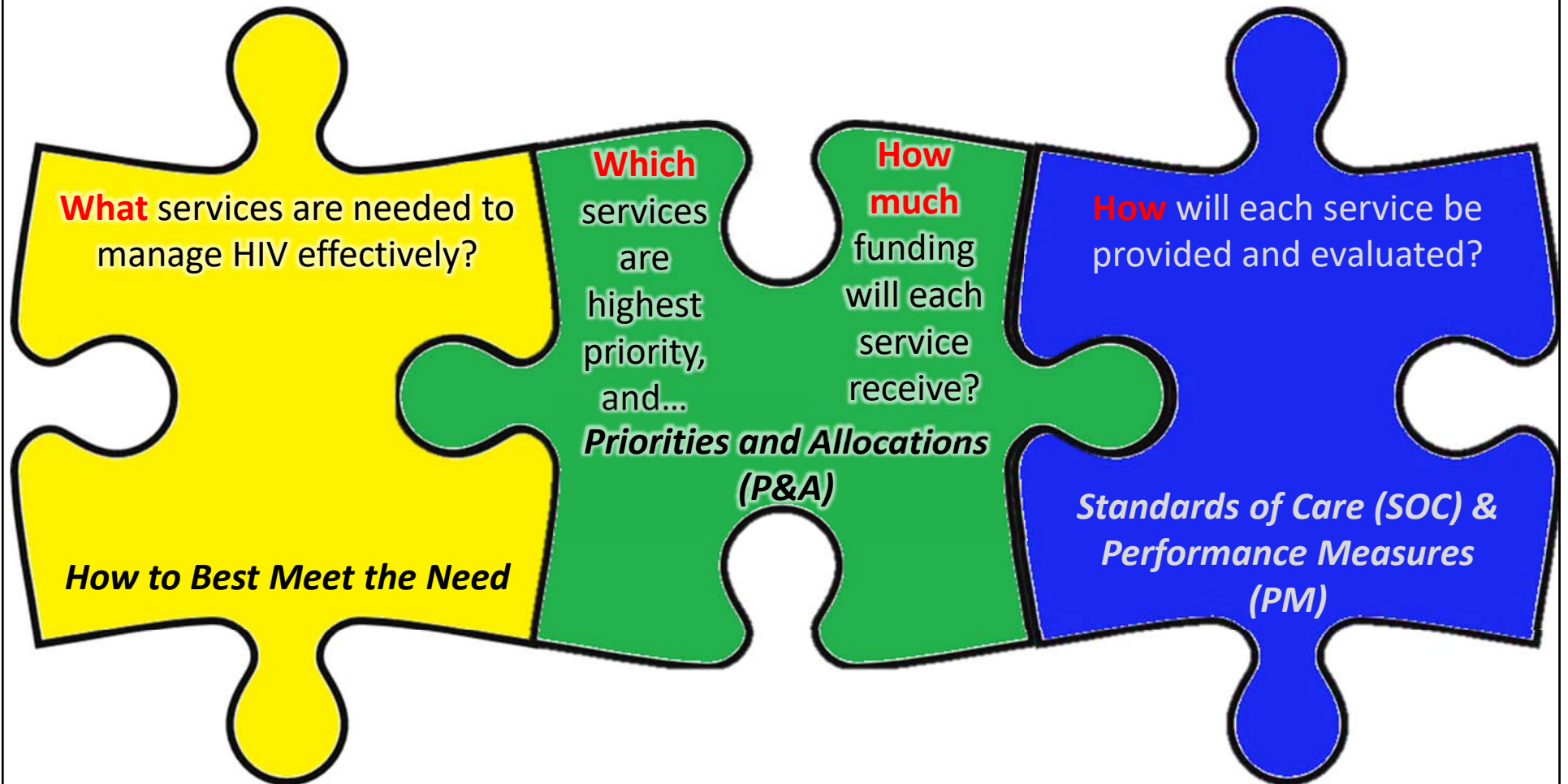
**Primary Medical Care 1.1:** “Medical care for [PLWH] shall be provided by MD, NP, CNS or PA licensed in the State of Texas and has at least two years paid experience in HIV/AIDS care including fellowship.”

**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.

# Components of the Process





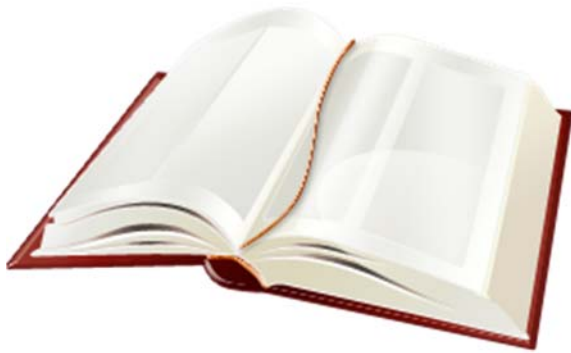
# Houston Has Standards!

*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

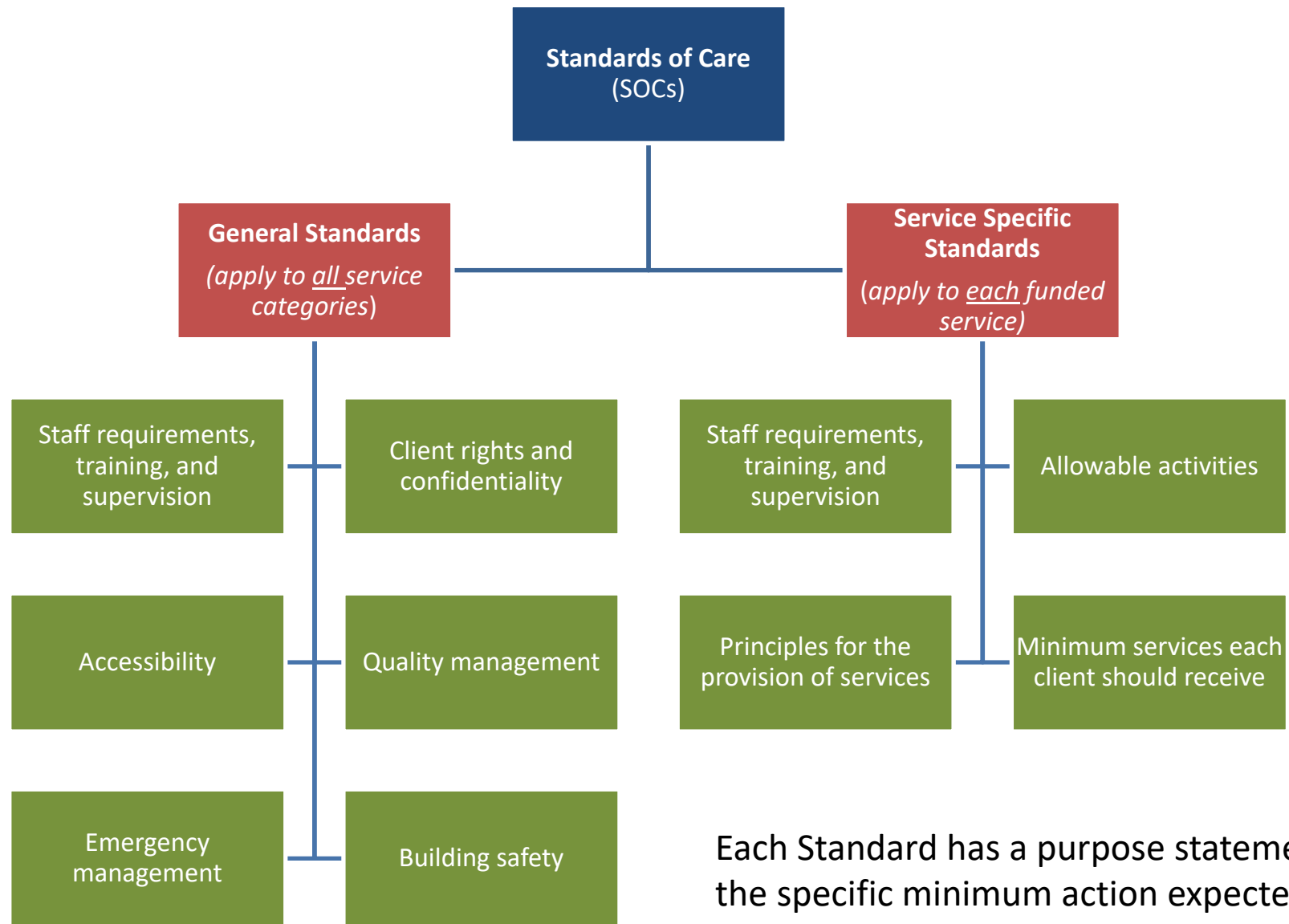
- A way of letting providers and consumers know what constitutes quality care and services for PLWH
- A tool for making sure Ryan White-funded services are delivered according to minimum industry standards and guidelines
- One of many data sources for measuring how well Ryan White-funded services are 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	<b>Staff Requirements</b>	
1.1	<p><u>Staff Screening (Pre-Employment)</u>            Staff providing services to clients shall be screened for appropriateness by provider agency as follows:</p> <ul style="list-style-type: none"> <li>• Personal/Professional references</li> <li>• Personal interview</li> <li>• Written application</li> </ul> <p>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.</p>	<ul style="list-style-type: none"> <li>• Review of Agency’s Policies and Procedures Manual indicates compliance</li> <li>• Review of personnel and/or volunteer files indicates compliance</li> </ul>
1.2	<p><u>Initial Training: Staff/Volunteers</u>            Initial training includes eight (8) hours HIV/AIDS basics, safety issues (fire &amp; 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.</p>	<ul style="list-style-type: none"> <li>• Documentation of all training in personnel file.</li> <li>• Specific training requirements are specified in Agency Policy and Procedure</li> <li>• Materials for staff training and continuing education are on file</li> <li>• Staff interviews indicate compliance</li> </ul>
1.3	<p><u>Staff Performance Evaluation</u>            Agency will perform annual staff performance evaluation.</p>	<ul style="list-style-type: none"> <li>• Completed annual performance evaluation kept in employee’s file</li> <li>• Signed and dated by employee and supervisor (includes electronic signature)</li> </ul>
1.4	<p><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.</p>	<ul style="list-style-type: none"> <li>• Documentation of training is maintained by the agency in the personnel file</li> </ul>

## SERVICE SPECIFIC STANDARDS OF CARE

### Case Management (All Case Management Categories)

Case management services in HIV care facilitate client access to health care services, assist clients to navigate through the wide array of health care programs and ensure coordination of services to meet the unique needs of PLWHA. It also involves client assessment to determine client's needs and the development of individualized service plans in collaboration with the client to mitigate clients' needs. Ryan White Grant Administration funds three case management models i.e. one psychosocial and two clinical/medical models depending on the type of ambulatory service within which the case management service is located. The scope of these three case management models namely, Non-Medical, Clinical and Medical case management services are based on Ryan White HIV/AIDS Treatment Modernization Act of 2006 (HRSA)<sup>2</sup> definition for non-medical and medical case management services. Other resources utilized include the current *National Association of Social Workers (NASW) Standards for Social Work Case Management*<sup>3</sup>. Specific requirements for each of the models are discussed under each case management service category.

1.0	<b>Staff Training</b>	
1.1	<p><u>Required Meetings</u>  <u>Case Managers and Service Linkage Workers</u>            Case managers and Service Linkage Workers will attend on an annual basis a minimum of four (4) of the five (5) bi-monthly networking meetings facilitated by RWGA.            Case Managers and Service Linkage Workers will attend the “Joint Prevention and Care Coordination Meeting” held annually and facilitated by the RWGA and the City of Houston STD/HIV Bureau.</p> <p>Medical Case Management (MCM), Clinical Case Management (CCM) and Service Linkage Worker Supervisors will attend on an annual basis a minimum of five (5) of the six (6) bi-monthly Supervisor meetings facilitated by RWGA (in the event a MCM or CCM supervises SLW staff the MCM or CCM must attend the Supervisor meetings and may, as an option, attend the networking meetings)</p>	<ul style="list-style-type: none"> <li>Agency will maintain verification of attendance (RWGA will also maintain sign-in logs)</li> </ul>

<sup>2</sup> US Department of Health and Human Services, Health Resources and Services Administration HIV/AIDS Bureau (2009). Ryan White HIV/AIDS Treatment Modernization Act of 2006: Definitions for eligible services

<sup>3</sup> National Association of Social Workers (1992). NASW standards for social work case management. Retrieved 02/9/2009 from [www.socialworkers.org/practice/standards/sw\\_case\\_mgmt.asp](http://www.socialworkers.org/practice/standards/sw_case_mgmt.asp)

# 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 in the Houston area.
- PMs are based on current U.S. Department of Health and Human Services (HHS) Guidelines for HIV 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 3<sup>rd</sup> party health care coverage (insurance) if uninsured, and/or
  7. Other service-specific measures

Ryan White Part A  
HIV Performance Measures  
FY 2016 Report

**Clinical Case Management**  
All Providers

For FY 2016 (3/1/2016 to 2/28/2017), 1,406 clients utilized Part A clinical case management.

<b>HIV Performance Measures</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>Change</b>
A minimum of 75% of clients will utilize Part A/B/C/D primary care two or more times at least three months apart after accessing clinical case management	402 (39.5%)	685 (48.7%)	<b>9.2%</b>
Percentage of clinical case management clients who utilized mental health services	247 (24.3%)	360 (25.6%)	<b>1.3%</b>
75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)	382 (73.0%)	501 (69.0%)	<b>-4.0%</b>
Percentage of clients who were homeless or unstably housed	267 (26.2%)	322 (22.9%)	<b>-3.3%</b>

According to CPCDMS, 33 (2.4%) clients utilized primary care for the first time and 118 (8.4%) clients utilized mental health services for the first time after accessing clinical case management.

<b>Clinical Chart Review Measures</b>	<b>FY 2015</b>
Percentage of HIV-infected clinical case management clients who had a case management care plan developed and/or updated two or more times in the measurement year	80%
Percentage of clients identified with an active substance abuse condition receiving Ryan White funded substance abuse treatment*	0%

\*Data was not collected in FY 2015





# Take-Home Messages

- Standards of Care set the minimum acceptable levels of *quality* of HIV care, treatment, and support services provided to PLWH 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 in the Houston area.
- SOC 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.