

**Houston Area HIV Services Ryan White Planning Council**  
**Quality Improvement Committee**  
**2:00 p.m., Tuesday, February 18, 2020**  
**Meeting Location: 2223 W. Loop South, Room 416, Houston, Texas 77027**

**Agenda**

\* = Handout to be distributed at the meeting

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- I. Call to Order Denis Kelly and  
Pete Rodriguez, Co-Chairs
- A. Welcoming Remarks and Moment of Reflection
- B. Introductions
- C. Adoption of Agenda
- D. Approval of Minutes
- E. Nuts, Bolts, Petty Cash and Open Meetings Act Training Tori Williams
- F. 2020 Meeting Day and Time – see calendar Tori Williams
- II. Public Comments and Announcements
- (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 person living 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 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. All information from the public must be provided in this portion of the meeting.)
- III. Committee Orientation
- A. Review Committee Description
- B. Conflict of Interest and Voting Policy
- C. Approve 2020 Committee Goals
- D. Review the Timeline of Critical 2020 Council Activities
- IV. Training in How to Read Reports from the Administrative Agents
- A. Part A (updated documents to be provided at the meeting) Carin Martin
1. Service Utilization Report – Part A & MAI, dated 11/11/19
2. Procurement Report – Part A & MAI, dated 11/04/19
- B. Part B and State Services (SS) Patrick Martin
1. 2020 Schedule of Reports
2. How to Read TRG Reports 2020
3. Procurement Reports Part B & SS – dated 01/21/20 & 01/24/20
4. Service Utilization Report SS – dated 01/08/20
5. Health Insurance Program Reports – dated 01/08/20 & 02/05/20
- C. Criteria for FY 2019 Service Categories – March Joint meeting Tori Williams
- V. Reports from the Administrative Agents
- A. Part B/SS Annual Consumer Involvement Report\* Reachelian Ellison
- B. Part B/SS FY19 Chart Reviews Tiffany Shepherd
- C. Part A: Clinical Quality Management Committee Qtrly. Report Heather Keizman

VI. New Business  
A. Elect a Committee Vice Chair

VII. Announcements

VIII. Adjourn

Optional: New members meet with committee mentor

Crystal Starr

# Houston Area HIV Services Ryan White Planning Council

## Quality Improvement Committee

2:00 p.m., Tuesday, November 19, 2019

Meeting location: 2223 W. Loop South, Room 416; Houston, Texas 77027

### Minutes

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#### MEMBERS PRESENT

Denis Kelly, Co-Chair  
Tony Crawford  
Ronnie Galley  
Gregory Hamilton  
Daphne L. Jones  
Pete Rodriguez  
Crystal Starr, via phone  
Kevin Aloysius  
Ashley Barnes, via phone  
Daniel Impastato  
Edward Tate  
Kent Tillison

#### MEMBERS ABSENT

Rosalind Belcher  
Ahmier Gibson  
Tom Lindstrom  
John Poole  
Carol Suazo  
Ma'Janae Chambers  
Billy Ray Grant, Jr  
Marcey Macias, excused  
Deondre Moore  
Cecilia Oshingbade  
Tracy Sandles, excused  
Gloria Sierra, excused  
Donte Smith  
Deborah Somoye

#### OTHERS PRESENT

Brian Rosemond, DSHS  
Julie Saber, DSHS  
Patrick Martin, TRG  
Carin Martin, RWGA  
Samantha Bowen, RWGA  
Tori Williams, Ofc of Support  
Diane Beck, Ofc of Support

**Call to Order:** Denis Kelly, Co-Chair, called the meeting to order at 2:06 p.m. and asked for a moment of reflection.

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

**Approval of the Minutes:** **Motion #2:** *it was moved and seconded (Galley, Tillison) to approve the October 15, 2019 committee meeting minutes. Motion carried.* Abstentions: Rodriguez.

**Public Comment:** None.

#### **Reports from the Administrative Agents**

Ryan White Part A and MAI: Martin presented the following attached reports, adding that staff has been working on the End the Epidemic grant application so she will forward updated reports to the Office of Support for distribution to the committee soon:

- FY 2019 Service Utilization, dated 09/06/19
- FY 2019 RW Part A and MAI Procurement Report, dated 08/22/19

#### **Telehealth vs Telemedicine:**

Brian Rosemond, DSHS Care Services Group Nurse Consultant, presented the attached PowerPoint. He said that the California Telehealth Resource Center has a lot of good information and resources available. He will provide a definition of telehealth and telemedicine to be forwarded to the Planning Council.

**Motion #3:** *it was moved and seconded (Hamilton, Tillison) to support the idea of telehealth and telemedicine and start by implementing the model. Motion carried.* Abstentions: Aloysius.



Scribe: D. Beck

JA = Just arrived at meeting  
 LR = Left room temporarily  
 LM = Left the meeting  
 C = Chaired the meeting

**2019 Quality Assurance Meeting Voting Record for Meeting Date 11/19/19**

MEMBERS:	Motion #1 Agenda				Motion #2 Minutes				Motion #3 Support the concept of TeleHealth and TeleMedicine			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Denis Kelly, Co-Chair				C				C				C
Gloria Sierra, Co-Chair	X											
Rosalind Belcher	X											
Tony Crawford		X				X				X		
Ronnie Galley		X				X				X		
Ahmier Gibson	X											
Gregory Hamilton		X				X				X		
Daphne L. Jones	X				X					X		
Tom Lindstrom	X											
John Poole	X											
Pete Rodriguez		X						X		X		
Crystal Starr		X				X				X		
Carol Suazo	X											
Kevin Aloysius		X				X						X
Ashley Barnes		X				X				X		
Ma'Janae Chambers	X											
Billy Ray Grant, Jr	X											
Daniel Impastato		X				X				X		
Marcely Macias	X				X					X		
Deondre Moore	X											
Cecilia Oshingbade	X											
Tracy Sandles	X											
Donte Smith	X											
Deborah Somoye	X											
Edward Tate		X				X				X		
Kent Tillison		X				X				X		

## **Nuts and Bolts for New Members**

Staff will mail meeting packets a week in advance; if they do not arrive in a timely manner, please contact Rod in the Office of Support. In the meantime, most reminder emails will include an electronic copy of the meeting packet.

The meeting packet will have the date, time and room number of the meeting; this information is also posted on signs on the first and second floor the day of the meeting.

Sign in upon arrival and use the extra agendas on the sign in table if you didn't bring your packet.

Only Council/committee members sit at the table since they are the voting members; staff and other non-voting members sit in the audience.

The only members who can vote on the minutes are the ones who were present at the meeting. If you were absent at the meeting, please abstain from voting.

Due to County budgeting policy, there will be no petty cash reimbursements in March and possibly April so give your receipts to Rod, but be prepared to receive a reimbursement check in late April.

Be careful about stating personal health information in meetings as all meetings are tape recorded and, due to the Open Meetings Act, are considered public record. Anyone can ask to listen to the recordings, including members of the media.

**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

**MEMORANDUM**

To: Members, Ryan White Planning Council  
Affiliate Members, Ryan White Committees

Copy: Carin Martin

From: Tori Williams, Director, Office of Support

Date: January 23, 2020

Re: End of Year Petty Cash Procedures

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The fiscal year for Ryan White Part A funding ends on February 29, 2020. Due to procedures in the Harris County Auditor's Office, it is important that all volunteers are aware of the following end-of-year procedures:

- 1.) Council and Affiliate Committee members must turn in all requests for petty cash reimbursements **at or before 2 p.m. on Friday, February 14, 2020.**
- 2.) Requests for petty cash reimbursements for childcare, food and/or transportation to meetings before March 1, 2020 **will not be reimbursed at all if they are turned in after March 31, 2020.**
- 3.) The Office of Support may not have access to petty cash funds between March 1 and May 31, 2020. This means that volunteers should give Rod the usual reimbursement request forms for transportation, food and childcare expenses incurred after March 1, 2020 but the Office may not be able to reimburse volunteers for these expenses until mid to late May 2020.

We apologize for this significant inconvenience. Please call Tori Williams at the number listed above if you have questions or concerns about how these procedures will affect you personally.

(OVER FOR TIMELINE)

**March 1**

**2019**.....

Beginning of  
fiscal year 2019

**Feb 14**

**2020**.....

Turn in all  
receipts

**Feb 29**

**2020**.....

End of fiscal  
year 2019. No  
money available  
to write checks until  
possibly the end of  
May

**March 31**

**2020**

Turn in all remaining receipts  
for fiscal year 2019 or you  
will not be reimbursed for  
those expenses incurred between  
March 1, 2019 and Feb. 29, 2020



**Houston Area HIV Services Ryan White Planning Council**  
**Office of Support**  
2223 West Loop South, Suite 240, Houston, Texas 77027  
713 572-3724 telephone; 713 572-3740 fax  
[www.rwpchouston.org](http://www.rwpchouston.org)

## **Memorandum**

To: Members, Houston Ryan White Planning Council  
Affiliate Members, Ryan White Committees

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

Date: February 6, 2020

Re: Open Meetings Act Training

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Please note that all Council members, and Affiliate Committee members, are required to take the Open Meetings Act training at least once in their lifetime. If you have never taken the training, or if you do not have a certificate of completion on file in our office, you must take the training and submit the certificate to the Office of Support before March 31, 2020. The training takes 60 minutes and can be accessed through the following link (if you have difficulty with the link, copy and paste it into Google and it should lead you to the correct area of the Attorney General's website):

<https://www.texasattorneygeneral.gov/og/oma-training>

If you do not have high-speed internet access, you are welcome to view the video in the Office of Support. We will make the training available in suite 240 after the Council adjourns on Thursday, March 12<sup>th</sup> and popcorn will be provided. Or, you can contact Diane Beck and make an appointment to see it on one of the computers in our office.

Upon completion of training, you will be provided with a code that is used to print a certificate of completion. Using the code, you may obtain the certificate from the Attorney General's Office in the following ways:

Print it from the Attorney General web link at:

[https://www.texasattorneygeneral.gov/forms/openrec/og\\_certificates.php](https://www.texasattorneygeneral.gov/forms/openrec/og_certificates.php)

Or, call the Office of Support with the validation code and the staff will print it for you.

We appreciate your attention to this important requirement. Do not hesitate to call our office if you have questions.

**Houston Area HIV Services Ryan White Planning Council**  
**Office of Support**  
2223 West Loop South, Suite 240, Houston, Texas 77027  
713 572-3724 telephone; 713 572-3740 fax  
[www.rwpchouston.org](http://www.rwpchouston.org)

## **Memorandum**

To: Volunteers, Houston Ryan White Program

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

Date: September 27, 2017

Re: Open Meetings Act Training

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As a follow up to Orientation, please note that all Council and Affiliate committee members are required to take the Open Meetings Act training at least once in their life time. If you have never taken the training, or if you do not have a certificate of completion on file in our office, you must take the training and submit the certificate to the Office of Support before November 15, 2017. The training takes 60 minutes and can be accessed through the following link:

<https://www.texasattorneygeneral.gov/og/oma-training>

If you do not have high-speed internet access, you are welcome to view the video in the Office of Support. You can contact Diane Beck at the telephone number listed above and make an appointment to see it on one of the computers in our office.

Upon completion of training, you will be provided with a code that is used to print a certificate of completion. Using the code, you may obtain the certificate from the Attorney General's Office in the following ways:

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[https://www.texasattorneygeneral.gov/forms/openrec/og\\_certificates.php](https://www.texasattorneygeneral.gov/forms/openrec/og_certificates.php)

Or, call the Office of Support with the validation code and the staff will print it for you.

We appreciate your attention to this important requirement. Do not hesitate to call our office if you have questions.

Steering = ○  
 Council = □  
 Tues. Q1 Mtg = X  
 2020

**JANUARY**

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

**FEBRUARY**

S	M	T	W	T	F	S
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9	10	11	12	13	14	15
16	17	X	19	20	21	22
23	24	25	26	27	28	29

**MARCH**

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	X	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

**APRIL**

No Mtg

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	X	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

**MAY**

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	X	20	21	22	23
24	25	26	27	28	29	30
31						

**JUNE**

S	M	T	W	T	F	S
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7	8	9	10	11	12	13
14	15	X	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

**JULY**

No Mtg

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	X	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

**AUGUST**

HRSA Conf.

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	X	19	20	21	22
23	24	25	26	27	28	29
30	31					

**SEPTEMBER**

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	X	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

**OCTOBER**

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	X	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

**NOVEMBER**

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	X	18	19	20	21
22	23	24	25	26	27	28
29	30					

**DECEMBER**

No Mtg

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	X	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Jan 01: New Years Day	Jan 20: M L King Day	Feb 14: Valentine's Day	Feb 17: Presidents' Day
Apr 10: Good Friday	Apr 12: Easter	May 10: Mother's Day	May 25: Memorial Day
Jun 21: Father's Day	Jul 04: Independence Day	Sep 07: Labor Day	Oct 12: Columbus Day
Oct 31: Halloween	Nov 11: Veterans Day	Nov 26: Thanksgiving Day	Dec 25: Christmas

# 2020 Ryan White Planning Council Committee Schedule - DRAFT

(as of 01/24/20)

## AFFECTED COMMUNITY

Meetings are on the second Mondays following Council starting at 12 noon.

February 24	July 20
<b>March 17*</b>	August 24
March 23	September 21
April no meeting	October 19
<b>May 25 - Holiday</b>	November 23
June 22	December no mtg

## COMPREHENSIVE HIV PLANNING

Meetings are on the second Thursdays starting at 2:00 pm:

February 13	August 13
March 12	September 10
April 9	October 8
May 14	November 12
June 11	December 10
July 9	

## OPERATIONS

Meetings are on the Tuesdays following Council starting at 11:30 am:

February 18	August 18
March 17	September 15
April 14	October 13
May 19	November 17
June 16	December no mtg
July 14	

## PLANNING COUNCIL

Meetings are the second Thursday of the month starting at 12 noon:

February 13	<b>Aug. 13 – HRSA</b>
March 12	September 10
April 9	October 8
May 14	November 12
June 11	December 10
July 9	

## PRIORITY & ALLOCATIONS

Meetings are on the fourth Thursday of the month at 12 pm:

February 27	July 23
<b>March 17*</b>	August 27
March 26	September 24
April 23	October 22
May 28	November no mtg
June 25	December no mtg

## QUALITY IMPROVEMENT

Meetings are on the Tuesdays following Council starting at 2:00 pm:

February 18	August 18
<b>March 17*</b>	September 15
April 14	October 13
May 19	November 17
June 16	December no mtg
July 14	

## STEERING

Meetings are on the first Thursday of the month starting at 12 noon:

February 6	August 6
March 5	September 3
April 2	October 1
May 7	November 5
June 4	December 3
July 2	

**\*Joint meeting of the Affected Community, Priority and Allocations and Quality Improvement Committees.**

**\*\* Time to be announced**

***BOLD = Special meeting date, time or place***

# Houston Area HIV Services Ryan White Planning Council

## Standing Committee Structure

(Reviewed 01-14-20)

### 1. **Affected Community Committee**

This committee is designed to acknowledge the collective importance of consumer participation in Planning Council (PC) strategic activities and provide consumer education on HIV-related matters. The committee will serve as a place where consumers can safely and in an environment of trust discuss PC work plans and activities. This committee will verify consumer participation on each of the standing committees of the PC, with the exception of the Steering Committee (the Chair of the Affected Community Committee will represent the committee on the Steering Committee).

When providing consumer education, the committee should not use pharmaceutical representatives to present educational information. Once a year, the committee may host a presentation where all HIV/AIDS-related drug representatives are invited.

The committee will consist of HIV+ individuals, their caregivers (friends or family members) and others. All members of the PC who self-disclose as HIV+ are requested to be a member of the Affected Community Committee; however membership on a committee for HIV+ individuals will not be restricted to the Affected Community Committee.

### 2. **Comprehensive HIV Planning Committee**

This committee is responsible for developing the Comprehensive Needs Assessment, Comprehensive Plan (including the Continuum of Care), and making recommendations regarding special topics (such as non-Ryan White Program services related to the Continuum of Care). The committee must benefit from affiliate membership and expertise.

### 3. **Operations Committee**

This committee combines four areas where compliance with Planning Council operations is the focus. The committee develops and facilitates the management of Planning Council operating procedures, guidelines, and inquiries into members' compliance with these procedures and guidelines. It also implements the Open Nominations Process, which requires a continuous focus on recruitment and orientation. This committee is also the place where the Planning Council self-evaluations are initiated and conducted.

This committee will not benefit from affiliate member participation except where resolve of grievances are concerned.

### 4. **Priority and Allocations Committee**

This committee gives attention to the comprehensive process of establishing priorities and allocations for each Planning Council year. Membership on this committee does include affiliate members and must be guided by skills appropriate to priority setting and allocations, not by interests in priority setting and allocations. All Ryan White Planning Council committees, but especially this committee, regularly review and monitor member participation in upholding the Conflict of Interest standards.

## **5. Quality Improvement Committee**

This committee will be given the responsibility of assessing and ensuring continuous quality improvement within Ryan White funded services. This committee is also the place where definitions and recommendations on “how to best meet the need” are made. Standards of Care and Performance Measures/Outcome Evaluation, which must be looked at within each year and monitored from this committee. Whenever possible, this committee should collaborate with the other Ryan White planning groups, especially within the service categories that are also funded by the other Ryan White Parts, to create shared Standards of Care.

In addition to these responsibilities, this committee is also designed to implement the Planning Council’s third legislative requirement, assessing the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, or assessing how well the grantee manages to get funds to providers. This means reviewing how quickly contracts with service providers are signed and how long the grantee takes to pay these providers. It also means reviewing whether the funds are used to pay only for services that were identified as priorities by the Planning Council and whether all the funds are spent. This Committee may benefit from the utilization of affiliate members.

## **Ryan White Definition of Conflict of Interest**

“Conflict of Interest” (COI) is defined as an actual or perceived interest by a Ryan White Planning Council member in an action which results or has the appearance of resulting in personal, organizational, or professional gain. COI does not refer to persons living with HIV disease (PLWH) whose sole relationship to a Ryan White Part A or B or State Services funded provider is as a client receiving services. The potential for conflict of interest is present in all Ryan White processes: needs assessment, priority setting, comprehensive planning, allocation of funds and evaluation.

# HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

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EST. JUL 15, 1998

REV JANUARY 1, 2020

POLICY No. 600.01

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## QUORUM, VOTING, PROXIES, ATTENDANCE

### 1 **PURPOSE**

2  
3 This policy establishes the guidelines as to what legally constitutes a Houston Area HIV Health  
4 Services (Ryan White) Planning Council meeting. In addition, the policy will define and establish  
5 how voting is done, what constitutes a roll call vote and who monitors that process. This policy  
6 will define attendance, and the process by which a member can be removed from the council.  
7

### 8 **AUTHORITY**

9  
10 The adoption of the Houston Area HIV Health Services (Ryan White) Planning Council Bylaws  
11 Rev. 01/18 Article VI; (Sections 6.01-6.04).  
12

### 13 **PROCESS**

#### 14 **QUORUM:**

15  
16 A majority of the members of the Council are required to constitute a quorum. A minimum of one  
17 (1) self-identified HIV+ member must also be present to constitute a quorum. If quorum is not  
18 met, the Council Chair, in consultation with the Office of Support staff, will determine when to  
19 dismiss those present. To constitute a Standing Committee quorum, at least two (2) committee  
20 members and a Chair must be present; one of these must be a self-identified HIV positive member.  
21

#### 22 **VOTING:**

23 Each council member will have only one vote on any regular business matter coming before the  
24 Council. A simple majority of members present and voting will be required to pass any matter  
25 coming before the Council except for that of proposed Bylaws changes. Proposed changes to the  
26 Bylaws will be submitted in written form for review to the full Council at least fifteen (15) days  
27 prior to voting and will require a two-thirds (2/3) majority for passage. The Chair of the Council  
28 will not vote except in the event of a tie. The Chairs of the Standing Committees shall not vote at  
29 Committee meetings except in the event of a tie. In a case where standing committees have co-  
30 chairs, only one of them may vote at Steering. The Chair of the Council is an ex-officio member of  
31 all committees (standing, subcommittee, and work groups). Ex-officio means that he/she is  
32 welcome to attend and is allowed to be a part of committee discussion. He/she is not allowed to  
33 vote. In the absence of the Chair of the Council, the next officer may assume the ex-officio role  
34 with committees. In an effort to manage agency influence over a single committee or workgroup,  
35 only one voting member (Council or Affiliate) per agency will be permitted to vote on Ryan White  
36 Planning Council committees and workgroups. If there is an unresolved tie vote and the Chair of  
37 the Committee works for the same agency as another committee member, then the information  
38 will be forwarded to the Steering Committee for resolution.  
39

#### 40 **ALTERNATE PARTICIPATION:**

41 During committee meetings any HIV+ full council member may serve as an alternate on a  
42 committee for any absent HIV+ committee member. The Chair of the Committee will



43 communicate to the rest of the committee that the alternate HIV+ person is there to conduct  
44 business. Alternates have full voting privileges. This rule is not applicable in full council meetings.

45

46 **CONFLICT OF INTEREST AND VOTING AMONG AFFILIATE MEMBERS:**

47 Affiliate members must declare a conflict of interest.

48

49 The number of affiliate members on a committee (not a subcommittee or work group) should not  
50 equal or exceed the number of council members on that committee.

51

52 **ROLL CALL VOTE:**

53 When a roll call vote is taken, the Secretary will call the roll call vote, noting voting, and will  
54 announce the results of the roll call vote. The Secretary will monitor voting for possible conflicts  
55 of interest (RWPC Policy No. 800.01). The Secretary will process inquiries into votes made in  
56 conflict of interest.

57

58 **ATTENDANCE:**

59 Council members are required to attend meetings of the Houston Area HIV Health Services (Ryan  
60 White) Planning Council. Affiliate Committee members are required to attend meetings of the  
61 committee to which they are assigned. The Secretary shall cause attendance records to be  
62 maintained and shall regularly provide such records to the Chair of the Operations Committee. The  
63 Operations Committee will review attendance records quarterly.

64

65 If a Council or affiliate committee member has 4 absences (excused or unexcused) from Council  
66 meetings or 4 absences from committee meetings within a calendar year or fails to perform the  
67 duties of a Council member described herein without just cause, that member will be subject to  
68 removal. In order to avoid such action, the following will occur: Step 1: Office of Support staff  
69 will contact the member by telephone to check on their status. Step 2: If the member continues to  
70 miss meetings, the Chair of the Planning Council will formally notify the member in writing to  
71 remind them of Council policies regarding attendance and to give the member an opportunity to  
72 request assignment to another committee. If assignment to another committee is requested, the  
73 Chair of the newly selected committee and the Planning Council Chair must approve the change.  
74 Step 3: If the Council member continues to miss meetings, the CEO will be informed of the  
75 situation and the steps taken by the Council to address the situation. If an affiliate committee  
76 member continues to miss meetings, the Chair of the Council will be informed of the situation and  
77 the steps taken by the Council to address the situation. Step 4: The CEO has the sole authority to  
78 terminate a Council member and will notify said member in writing, if that is their decision. The  
79 CEO or the Chair of the Planning Council has the authority to terminate an affiliate committee  
80 member and will notify said member in writing, if that is their decision.

81

82 If for two consecutive months the Office of Support is unable to make contact with a Council or a  
83 affiliate committee member by telephone and receives returned email and/or mail sent to that  
84 member, staff will send a certified letter requesting the member to contact the Office of Support  
85 by telephone or in writing to update their contact information. If the member does not respond to  
86 the certified letter within 30 days, or if the certified letter is returned to the Office of Support, the  
87 Operations Committee will be notified at their next regularly scheduled meeting. At the request  
88 of the Operations Committee, the Chair of the Planning Council and the CEO will be informed of  
89 the situation and the steps taken by the Council to address the situation. As stated above, the CEO  
90 has the sole authority to terminate a Council member and will notify said member in writing, if  
91 that is his/her decision. The CEO or the Chair of the Planning Council has the authority to terminate  
92 an affiliate committee member and will notify said member in writing, if that is his/her decision.

93

94 Reasons for absences that would be used to determine reassignment or dismissal include: 1)  
95 sickness; 2) work related conflicts (in or out of town and vacations), and 3) unforeseeable  
96 circumstances. Any Planning Council member who is unable to attend a Planning Council meeting  
97 or standing committee meeting must notify the Office of Support prior to such meeting. The Office  
98 of Support staff will document why a member is absent.  
99

100 **PROXIES:**

101 There will be no voting by proxy.

**2020 Quarterly Report**  
**Quality Improvement Committee**  
(April 2019)

**Status of Committee Goals and Responsibilities (\*means mandated by HRSA)**

1. Conduct the “How to Best Meet the Needs” (HTBMN) process, with particular attention to the continuum of care with respect to HRSA identified core services.
2. Develop a process for including consumer input that is proactive and consumer friendly for the Standards of Care and Performance Measures review process.
3. Continue to improve the information, processes and reporting (within the committee and also thru collaboration with other Planning Council committees) needed to:
  - a. Identify “The Un-met Need”;
  - b. Determine “How to Best Meet the Needs”;
  - c. \*Strengthen and improve the description and measurement of medical and health related outcomes.
4. \*Identify and review the required information, processes and reporting needed to assess the “Efficiency of the Administrative Mechanism”. Focus on the status of specific actions and related time-framed based information concerning the efficiency of the administrative mechanism operation in the areas of:
  - a. Planning fund use (meeting RWPC identified needs, services and priorities);
  - b. Allocating funds (reporting the existence/use of contract solicitation, contract award and contract monitoring processes including any time-frame related activity);
  - c. Distributing funds (reporting contract/service/re-imbursalment expenditures and status, as well as, reporting contract/service utilization information).
5. Annually, review the status of committee activities identified in the current Comprehensive Plan.

**Status of Tasks on the Timeline:**

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Committee Chairperson

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Date

**DRAFT**

Houston Area HIV Services Ryan White Planning Council

**Timeline of Critical 2020 Council Activities**

(Revised 01-28-20)

A square around an item indicates an item of particular importance or something out of the ordinary regarding the date, time or meeting location. The following meetings are subject to change. Please call the Office of Support to confirm a particular meeting time, date and/or location: 832 927-7926.

**General Information:** The following is a list of significant activities regarding the 2020 Houston Ryan White Planning Council. Consumers, providers and members of the general public are encouraged to attend and provide public comment at any of the meetings described below. For more information on Planning Council processes or to receive monthly calendars and/or review meeting agendas and support documents, please contact the Office of Support at 832 927-7926 or visit our website at: [www.rwpchouston.org](http://www.rwpchouston.org).

**Routinely, the Steering Committee meets monthly at 12 noon on the first Thursday of the month. The Council meets monthly at 12 noon on the second Thursday of the month.**

- Thurs. Jan. 23 Council Orientation. 2020 Committee meeting dates will be established at this meeting.
- Thurs. Feb. 6 12 noon. First Steering Committee meeting for the 2020 planning year.
- Mon. Feb. 10 10:00 am. Orientation for new 2020 Affiliate Committee Members.
- Thurs. Feb. 13 12 noon. First Council meeting for the 2020 planning year.
- Mon. Feb. 17 5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. The Council is currently funding, or recommending funding, for 17 of the 28 allowable HRSA service categories. The Idea Form is used to ask the Council to make a change to a funded service or reconsider funding a service that is not currently being funded in the Greater Houston area with Ryan White Part A, Part B or State Services dollars. The form requires documentation for why dollars should be used to fund a particular service and why it is not a duplication of a service already being offered through another funding source. Anyone can submit a Idea Form. Please contact the Office of Support at 832 927-7926 to request a copy of the required forms
- Thurs. Feb. 27 12 noon. Priority & Allocations Committee meets to approve the **policy on allocating FY 2020 unspent funds, FY 2021 priority setting process** and more.
- March Date and time TBD. EIIHA Workgroup meeting.
- Friday, March 13 5 pm Deadline for submitting a Project LEAP application form. See April 1 for description of Project LEAP. Call 832 927-7926 for an application form.
- March 17 2:00 pm. Joint meeting of the Quality Improvement, Priority & Allocations and Affected Community Committees to determine the criteria to be used to select the **FY 2021 service categories** for Part A, Part B and *State Services* funding.
- Mon. March 23 12 noon. **Consumer Training** on the How to Best Meet the Need process.
- Wed. April 1 **Project LEAP** classes begin. Project LEAP is a free 17-week training course for individuals living with and affected by HIV to gain the knowledge and skills they need to help plan HIV prevention and care services in the Houston Area. To apply, call 832 927-7926.
- Thurs. April 2 12 noon. Steering Committee meets.

(Continued)

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Houston Area HIV Services Ryan White Planning Council

**Timeline of Critical 2020 Council Activities**

(Revised 01-28-20)

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Thurs. April 9

12 noon. Planning Council meets.

1:30 – 4:30 pm.

**Council and Community Training for the How to Best Meet the Need process.** Those encouraged to attend are community members as well as individuals from the Quality Improvement, Priority & Allocations and Affected Community Committees. Call 832 927-7926 for confirmation and additional information.

Mon. April 13

10 am – 5 pm, Special workgroup meetings. Topics to be announced. **Room 416**

Tues. April 21

**Room 416**

10:30 am. **How To Best Meet the Need Workgroup #1** at which the following services for FY 2021 will be reviewed:

- Ambulatory/Outpatient Medical Care (including Emergency Financial Assistance, Local Pharmacy Assistance, Medical Case Management, Outreach and Service Linkage – Adult and Rural)
- Ambulatory/Outpatient Medical Care (including Medical Case Management and Service Linkage – Pediatric)
- Referral for Health Care and Support Services
- Clinical Case Management
- Non-Medical Case Management (Service Linkage at Testing Sites)
- Vision Care

1:30 pm. **How To Best Meet the Need Workgroup #2** at which the following services for FY 2021 will be reviewed:

- Health Insurance Premium & Co-pay Assistance
- Medical Nutritional Therapy (including Nutritional Supplements)
- Mental Health
- Substance Abuse Treatment/Counseling
- Non-Medical Case Management (Substance Use)
- Oral Health – Untargeted & Rural

Call 832 927-7926 for confirmation and to receive meeting packets.

Wed. April 22

**Room 416**

3:00 pm – 5:00 pm. **How To Best Meet the Need Workgroup #3** at which the following services will be reviewed:

- Early Intervention Services
- Home & Community-based Health Services (Adult Day Treatment)
- Hospice
- Linguistic Services
- Transportation (van-based - Untargeted & Rural)

Call 832 927-7926 for confirmation and additional information.

Thurs. April 23

12 noon. Priority & Allocations Committee meets to allocate **Part A unspent funds.**

Mon. May 4

5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See February 17 for a description of this process.) Please contact the Office of Support at 832 927-7926 to request a copy of the required forms.

*(Continued)*

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Houston Area HIV Services Ryan White Planning Council

**Timeline of Critical 2020 Council Activities**

(Revised 01-28-20)

A square around an item indicates an item of particular importance or something out of the ordinary regarding the date, time or meeting location. The following meetings are subject to change. Please call the Office of Support to confirm a particular meeting time, date and/or location: 832 927-7926.

- Tues. May 19 11 am. **How to Best Meet the Need Workgroup** meets for recommendations on the **Blue Book**. The Operations Committee reviews the FY 2021 Council Support Budget.
- Tues. May 19 2:00 pm. Quality Improvement Committee meets to approve the **FY 2021 How to Best Meet the Need results** and review **subcategory allocation requests**. Draft copies are forwarded to the Priority & Allocations Committee.
- Tues. May 26 7:00 pm., Public Hearing on the **FY 2021 How To Best Meet the Need results**.
- Wed. May 27 Time TBD. Special Quality Improvement Committee meeting to review public comments regarding **FY 2021 How To Best Meet the Need results**.
- Thurs. May 28 12 noon. Priority & Allocations Committee meets to recommend the **FY 2021 service priorities** for Ryan White Parts A and B and *State Services* funding.
- Thurs. June 4 12 noon. Steering Committee meets to approve the **FY 2021 How to Best Meet the Need results**.
- Thurs. June 11 12 noon. Council approves the **FY 2021 How to Best Meet the Need results**. **Project LEAP students present the results of their special projects to the Council, hence the meeting may be at an off-site location.**
- Week of June 15-19 Dates and times TBD. Special Priority & Allocations Committee meetings to draft the **FY 2021 allocations for RW Part A and B and State Services funding**.
- Tues. June 16 2:00 pm. Quality Improvement Committee reviews the results of the Assessment of the Administrative Mechanism and hosts Standards of Care training.
- Thurs. June 25 12 noon. Priority & Allocations Committee meets to approve the **FY 2021 allocations for RW Part A and B and State Services funding**.
- Mon. June 29 7 pm. Public Hearing on the **FY 2021 service priorities and allocations**.
- Tues. June 30 Time TBD. Special meeting of the Priority & Allocations Committee to review public comments regarding the **FY 2021 service priorities and allocations**.
- July/Aug. Workgroup meets to complete the proposed **FY 2021 EIIHA Plan**.
- Thurs. July 2 12 noon. Steering Committee approves the **FY 2021 service priorities and allocations**.
- Thurs. July 9 12 noon. Council approves the **FY 2021 service priorities and allocations**.
- Thurs. July 23 12 noon. If necessary, the Priority & Allocations Committee meets to address problems Council sends back regarding the **FY 2021 priority & allocations**. They also allocate **FY 2020 carryover funds**. **(Allocate even though dollar amount will not be avail. until Aug.)**

(continued)

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Houston Area HIV Services Ryan White Planning Council

**Timeline of Critical 2020 Council Activities**

(Revised 01-28-20)

A square around an item indicates an item of particular importance or something out of the ordinary regarding the date, time or meeting location. The following meetings are subject to change. Please call the Office of Support to confirm a particular meeting time, date and/or location: 832 927-7926.

- Thurs. Aug. 6 12 noon. ALL ITEMS MUST BE REVIEWED BEFORE BEING SENT TO COUNCIL – THIS STEERING COMMITTEE MEETING IS THE **LAST CHANCE TO APPROVE ANYTHING NEEDED FOR THE FY 2021 GRANT**. (Mail out date for the August Steering Committee meeting is July 30, 2020.)
- Aug. 11 – 14 2020 National Ryan White Conference, Washington DC.
- Mon. Aug. 24 12 noon. **Consumer Training** on Standards of Care and Performance Measures.
- Fri. Sept. 4 5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See February 17 for a description of this process.) Please contact the Office of Support at 832 927-7926 to request a copy of the required forms.
- Tues. Sept. 15 2:00 pm. Joint meeting of the Quality Improvement, Priority & Allocations and all Committees to review data reports and make suggested changes.
- Mon. Sept. 21 12 noon. **Consumer-Only Workgroup** meeting to review FY 2021 Standards of Care and Performance Measures.
- Tues. Oct. 13 12 noon. Review and possibly update the Memorandum of Understanding between all Part A stakeholders and the Letter of Agreement between Part B stakeholders.
- October or November Date & time TBD. Community Workgroup meeting to review **FY 2021 Standards of Care & Performance Measures** for all service categories.
- Thurs. Oct. 22 12 noon. Priority & Allocations Committee meets to allocate FY 2021 unspent funds.
- November Date & time TBD. Review the evaluation of 2020 Project LEAP. Operations Committee also hosts a How to Best Meet the Need Workgroup to make recommendations on 2020 Project LEAP.
- Tues. Nov. 10 9:30 am. Commissioners Court to receive the World AIDS Day Resolution.
- Thurs. Nov. 12 12 noon. Council recognizes all Affiliate committee members.
- Tues. Dec. 1 **World AIDS Day.**
- Thurs. Dec. 10 12 noon. Election of Officers for the 2021 Ryan White Planning Council.

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
<b>1</b>	<b>Outpatient/Ambulatory Primary Care</b>	<b>9,783,470</b>	<b>0</b>	<b>100,096</b>	<b>0</b>	<b>0</b>	<b>9,883,566</b>	<b>44.79%</b>	<b>9,883,566</b>	<b>0</b>		<b>5,648,146</b>	<b>57%</b>	<b>58%</b>
1.a	Primary Care - Public Clinic (a)	3,591,064	0	0	0	0	3,591,064	16.27%	3,591,064	0	3/1/2019	\$1,935,432	54%	58%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	940,447	0	25,032	0	0	965,479	4.38%	965,479	0	3/1/2019	\$769,058	80%	58%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	786,424	0	25,032	0	0	811,456	3.68%	811,456	0	3/1/2019	\$725,521	89%	58%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,023,797	0	25,032	0	0	1,048,829	4.75%	1,048,829	0	3/1/2019	\$421,679	40%	58%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,149,761	0	0	0	0	1,149,761	5.21%	1,149,761	0	3/1/2019	\$603,684	53%	58%
1.f	Primary Care - Women at Public Clinic (a)	1,874,540	0	0	0	0	1,874,540	8.50%	1,874,540	0	3/1/2019	\$954,208	51%	58%
1.g	Primary Care - Pediatric (a.1)	15,437	0	0	0	0	15,437	0.07%	15,437	0	3/1/2019	\$5,400	35%	58%
1.h	Vision	402,000	0	25,000	0	0	427,000	1.94%	427,000	0	3/1/2019	\$233,165	55%	58%
<b>2</b>	<b>Medical Case Management</b>	<b>2,535,802</b>	<b>0</b>	<b>50,000</b>	<b>-120,000</b>	<b>0</b>	<b>2,465,802</b>	<b>11.17%</b>	<b>2,465,802</b>	<b>0</b>		<b>930,490</b>	<b>38%</b>	<b>58%</b>
2.a	Clinical Case Management	488,656	0	0	0	0	488,656	2.21%	488,656	0	3/1/2019	\$281,067	58%	58%
2.b	Med CM - Public Clinic (a)	482,722	0	0	0	0	482,722	2.19%	482,722	0	3/1/2019	\$101,116	21%	58%
2.c	Med CM - Targeted to AA (a) (e)	321,070	0	16,666	0	0	337,736	1.53%	337,736	0	3/1/2019	\$163,381	48%	58%
2.d	Med CM - Targeted to H/L (a) (e)	321,072	0	16,666	0	0	337,738	1.53%	337,738	0	3/1/2019	\$57,710	17%	58%
2.e	Med CM - Targeted to W/MSM (a) (e)	107,247	0	16,668	0	0	123,915	0.56%	123,915	0	3/1/2019	\$56,504	46%	58%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0	-60,000	0	288,760	1.31%	288,760	0	3/1/2019	\$131,293	45%	58%
2.g	Med CM - Women at Public Clinic (a)	180,311	0	0	0	0	180,311	0.82%	180,311	0	3/1/2019	\$55,872	31%	58%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	0	0	-60,000	0	100,051	0.45%	100,051	0	3/1/2019	\$20,562	21%	58%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0	0	80,025	0.36%	80,025	0	3/1/2019	\$43,727	55%	58%
2.j	Med CM - Targeted to Youth	45,888	0	0	0	0	45,888	0.21%	45,888	0	3/1/2019	\$19,260	42%	58%
<b>3</b>	<b>Local Pharmacy Assistance Program (a) (e)</b>	<b>2,657,166</b>	<b>500,000</b>	<b>125,126</b>	<b>0</b>	<b>0</b>	<b>3,282,292</b>	<b>14.88%</b>	<b>3,282,292</b>	<b>0</b>		<b>\$926,350</b>	<b>28%</b>	<b>58%</b>
<b>4</b>	<b>Oral Health</b>	<b>166,404</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>166,404</b>	<b>0.75%</b>	<b>166,404</b>	<b>0</b>		<b>97,050</b>	<b>58%</b>	<b>58%</b>
4.a	Oral Health - Untargeted (c)	0	0	0	0	0	0	0.00%	0	0	N/A	\$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404	0	0	0	0	166,404	0.75%	166,404	0	3/1/2019	\$97,050	58%	58%
<b>5</b>	<b>Mental Health Services (c)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>		<b>\$0</b>	<b>0%</b>	<b>0%</b>
<b>6</b>	<b>Health Insurance (c)</b>	<b>1,173,070</b>	<b>166,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,339,070</b>	<b>6.07%</b>	<b>1,339,239</b>	<b>-169</b>		<b>\$752,954</b>	<b>56%</b>	<b>58%</b>
<b>7</b>	<b>Home and Community-Based Services (c)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>		<b>\$0</b>	<b>0%</b>	<b>0%</b>
<b>8</b>	<b>Substance Abuse Services - Outpatient</b>	<b>45,677</b>	<b>0</b>	<b>0</b>	<b>-10,000</b>	<b>0</b>	<b>35,677</b>	<b>0.16%</b>	<b>35,677</b>	<b>0</b>		<b>\$15,306</b>	<b>43%</b>	<b>58%</b>
<b>9</b>	<b>Early Intervention Services (c)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>		<b>\$0</b>	<b>0%</b>	<b>0%</b>
<b>10</b>	<b>Medical Nutritional Therapy (supplements)</b>	<b>341,395</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>341,395</b>	<b>1.55%</b>	<b>341,395</b>	<b>0</b>		<b>\$191,208</b>	<b>56%</b>	<b>58%</b>
<b>11</b>	<b>Hospice Services</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>		<b>\$0</b>	<b>0%</b>	<b>0%</b>
<b>12</b>	<b>Outreach Services</b>	<b>420,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>420,000</b>	<b>1.90%</b>	<b>420,000</b>	<b>0</b>		<b>\$145,782</b>	<b>35%</b>	<b>58%</b>
<b>13</b>	<b>Emergency Financial Assistance</b>	<b>450,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>450,000</b>	<b>2.04%</b>	<b>450,000</b>	<b>0</b>		<b>\$202,793</b>	<b>45%</b>	<b>58%</b>
<b>14</b>	<b>Referral for Health Care and Support Services (c)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>		<b>\$0</b>	<b>0%</b>	<b>0%</b>
<b>15</b>	<b>Non-Medical Case Management</b>	<b>1,231,002</b>	<b>0</b>	<b>100,000</b>	<b>-25,000</b>	<b>0</b>	<b>1,306,002</b>	<b>5.92%</b>	<b>1,306,002</b>	<b>0</b>		<b>865,013</b>	<b>66%</b>	<b>58%</b>
15.a	Service Linkage targeted to Youth	110,793	0	0	-10,000	0	100,793	0.46%	100,793	0	3/1/2019	\$64,719	64%	58%
15.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0	0	-15,000	0	85,000	0.39%	85,000	0	3/1/2019	\$61,703	73%	58%
15.c	Service Linkage at Public Clinic (a)	427,000	0	0	0	0	427,000	1.94%	427,000	0	3/1/2019	\$271,213	64%	58%
15.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209	0	100,000	0	0	693,209	3.14%	693,209	0	3/1/2019	\$467,379	67%	58%
<b>16</b>	<b>Medical Transportation</b>	<b>424,911</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>424,911</b>	<b>1.93%</b>	<b>424,911</b>	<b>0</b>		<b>204,636</b>	<b>48%</b>	<b>58%</b>
16.a	Medical Transportation services targeted to Urban	252,680	0	0	0	0	252,680	1.15%	252,680	0	3/1/2019	\$170,378	67%	58%
16.b	Medical Transportation services targeted to Rural	97,185	0	0	0	0	97,185	0.44%	97,185	0	3/1/2019	\$34,258	35%	58%
16.c	Transportation vouchers (bus passes & gas cards)	75,046	0	0	0	0	75,046	0.34%	75,046	0	3/1/2019	\$0	0%	0%
<b>17</b>	<b>Linguistic Services (c)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>		<b>\$0</b>	<b>0%</b>	<b>0%</b>
<b>BE327516</b>	<b>Total Service Dollars</b>	<b>19,228,897</b>	<b>666,000</b>	<b>375,222</b>	<b>-155,000</b>	<b>0</b>	<b>20,115,119</b>	<b>89.26%</b>	<b>20,115,288</b>	<b>-169</b>		<b>9,979,729</b>	<b>50%</b>	<b>58%</b>
<b>BE327517</b>	<b>Grant Administration</b>	<b>1,675,047</b>	<b>119,600</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,794,647</b>	<b>8.13%</b>	<b>1,794,647</b>	<b>0</b>		<b>627,328</b>	<b>35%</b>	<b>58%</b>
<b>PC</b>	<b>HCPHES/RWGA Section</b>	<b>1,183,084</b>	<b>119,600</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,302,684</b>	<b>5.90%</b>	<b>1,302,684</b>	<b>0</b>		<b>\$462,731</b>	<b>36%</b>	<b>58%</b>
	<b>RWPC Support*</b>	<b>491,963</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>491,963</b>	<b>2.23%</b>	<b>491,963</b>	<b>0</b>		<b>164,598</b>	<b>33%</b>	<b>58%</b>





FY 2018 Ryan White Part A and MAI Service Utilization Report

RW PART A SUR- 2nd Quarter (6/1-8/31)																		
Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Outpatient/Ambulatory Primary Care (excluding Vision)	6,467	4,210	71%	27%	1%	41%	15%	3%	41%	0%	0%	4%	24%	27%	14%	28%	2%
1.a	Primary Care - Public Clinic (a)	2,350	2,098	68%	31%	1%	47%	10%	2%	41%	0%	0%	2%	15%	26%	16%	37%	4%
1.b	Primary Care - CBO Targeted to AA (a)	1,060	611	62%	35%	4%	100%	0%	0%	0%	0%	0%	6%	39%	28%	11%	14%	1%
1.c	Primary Care - CBO Targeted to Hispanic (a)	960	737	82%	16%	1%	0%	0%	0%	100%	0%	1%	8%	30%	31%	13%	18%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	391	87%	13%	1%	0%	85%	15%	0%	0%	1%	4%	28%	21%	18%	27%	2%
1.e	Primary Care - CBO Targeted to Rural (a)	400	413	69%	30%	1%	42%	25%	1%	31%	0%	0%	7%	31%	27%	12%	21%	1%
1.f	Primary Care - Women at Public Clinic (a)	1,000	656	0%	100%	0%	58%	7%	2%	33%	0%	0%	1%	11%	29%	19%	35%	5%
1.g	Primary Care - Pediatric (a)	7	4	100%	0%	0%	25%	0%	0%	75%	25%	25%	50%	0%	0%	0%	0%	0%
1.h	Vision	1,600	747	73%	25%	1%	48%	12%	3%	37%	0%	0%	4%	23%	23%	14%	31%	5%
2	Medical Case Management (f)	3,075	2,287															
2.a	Clinical Case Management	600	494	77%	20%	2%	53%	15%	2%	31%	0%	1%	3%	29%	24%	9%	30%	4%
2.b	Med CM - Targeted to Public Clinic (a)	280	279	95%	4%	1%	67%	8%	2%	23%	0%	0%	1%	31%	22%	13%	30%	3%
2.c	Med CM - Targeted to AA (a)	550	536	66%	31%	2%	100%	0%	0%	0%	0%	0%	6%	36%	26%	11%	18%	2%
2.d	Med CM - Targeted to H/L(a)	550	180	79%	18%	3%	0%	0%	0%	100%	0%	1%	8%	28%	36%	7%	18%	1%
2.e	Med CM - Targeted to White and/or MSM (a)	260	187	83%	16%	1%	0%	92%	8%	0%	0%	0%	2%	22%	18%	20%	35%	4%
2.f	Med CM - Targeted to Rural (a)	150	327	68%	31%	0%	47%	29%	3%	20%	0%	0%	5%	26%	19%	11%	34%	4%
2.g	Med CM - Targeted to Women at Public Clinic (a)	240	116	0%	100%	0%	71%	8%	3%	19%	0%	0%	0%	12%	30%	17%	37%	3%
2.h	Med CM - Targeted to Pedi (a)	125	56	59%	41%	0%	70%	5%	2%	23%	55%	34%	11%	0%	0%	0%	0%	0%
2.i	Med CM - Targeted to Veterans	200	108	94%	6%	0%	71%	20%	1%	7%	0%	0%	0%	0%	5%	3%	61%	31%
2.j	Med CM - Targeted to Youth	120	4	75%	25%	0%	50%	25%	0%	25%	0%	0%	100%	0%	0%	0%	0%	0%
3	Local Drug Reimbursement Program (a)	2,845	2,149	74%	23%	3%	46%	15%	2%	37%	0%	0%	4%	25%	27%	16%	26%	2%
4	Oral Health	200	162	67%	33%	0%	44%	33%	2%	21%	0%	0%	4%	17%	28%	12%	33%	5%
4.a	Oral Health - Untargeted (d)	NA	NA															
4.b	Oral Health - Rural Target	200	162	67%	33%	0%	44%	33%	2%	21%	0%	0%	4%	17%	28%	12%	33%	5%
5	Mental Health Services (d)	NA	NA															
6	Health Insurance	1,700	1,101	78%	21%	1%	44%	26%	3%	27%	0%	0%	1%	14%	17%	14%	44%	10%
7	Home and Community Based Services (d)	NA	NA															
8	Substance Abuse Treatment - Outpatient	40	8	88%	13%	0%	25%	38%	13%	25%	0%	0%	0%	13%	38%	38%	13%	0%
9	Early Medical Intervention Services (d)	NA	NA															
10	Medical Nutritional Therapy/Nutritional Supplements	650	289	78%	21%	0%	35%	26%	3%	36%	0%	0%	1%	10%	14%	15%	49%	11%
11	Hospice Services (d)	NA	NA															
12	Outreach	700	180	76%	22%	2%	59%	8%	1%	32%	0%	1%	8%	26%	22%	14%	27%	2%
13	Non-Medical Case Management	7,045	2,854															
13.a	Service Linkage Targeted to Youth	320	74	78%	20%	1%	53%	4%	3%	41%	0%	19%	81%	0%	0%	0%	0%	0%
13.b	Service Linkage at Testing Sites	260	47	77%	23%	0%	53%	11%	6%	30%	0%	0%	0%	47%	28%	6%	11%	9%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	1,489	66%	33%	1%	62%	10%	2%	27%	0%	0%	0%	16%	25%	14%	40%	4%
13.d	Service Linkage at CBO Primary Care Programs (a)	2,765	1,244	72%	26%	2%	50%	14%	2%	35%	1%	1%	6%	27%	26%	10%	25%	3%
14	Transportation	2,850	962															
14.a	Transportation Services - Urban	170	252	66%	33%	1%	61%	10%	3%	26%	0%	1%	3%	31%	23%	14%	25%	3%
14.b	Transportation Services - Rural	130	64	75%	23%	2%	39%	39%	2%	20%	0%	0%	3%	16%	22%	9%	47%	3%
14.c	Transportation vouchering	2,550	646															
15	Linguistic Services (d)	NA	NA															
16	Emergency Financial Assistance (e)	NA	150	75%	23%	3%	46%	7%	2%	45%	0%	1%	3%	24%	31%	13%	26%	2%
17	Referral for Health Care - Non Core Service (d)	NA	NA															
<b>Net unduplicated clients served - all categories*</b>		<b>12,941</b>	<b>8,782</b>	<b>73%</b>	<b>26%</b>	<b>1%</b>	<b>49%</b>	<b>15%</b>	<b>2%</b>	<b>33%</b>	<b>0%</b>	<b>1%</b>	<b>4%</b>	<b>22%</b>	<b>24%</b>	<b>13%</b>	<b>32%</b>	<b>4%</b>
<b>Living AIDS cases + estimated Living HIV non-AIDS (from FY 18 App) (b)</b>		<b>NA</b>	<b>28,225</b>	<b>60%</b>	<b>21%</b>		<b>39%</b>	<b>18%</b>	<b>3%</b>	<b>20%</b>	<b>0%</b>	<b>5%</b>	<b>15%</b>	<b>22%</b>	<b>25%</b>	<b>15%</b>		

FY 2018 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report - 2nd Quarter (06/01 - 08/31)																		
Priority	Service Category MAI unduplicated served includes clients also served under Part A	Goal	Unduplicated MAI Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
	<b>Outpatient/Ambulatory Primary Care (excluding Vision)</b>																	
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,060	808	71%	27%	3%	100%	0%	0%	0%	0%	0%	7%	39%	25%	10%	17%	1%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	492	84%	14%	1%	0%	0%	0%	100%	0%	1%	7%	27%	35%	13%	16%	1%
2	<b>Medical Case Management (f)</b>																	
2.c	Med CM - Targeted to AA (a)	1,060	443	62%	36%	2%	52%	14%	4%	30%	0%	2%	4%	40%	26%	12%	13%	2%
2.d	Med CM - Targeted to H/L(a)	960	238	82%	12%	6%	45%	15%	3%	36%	0%	6%	9%	30%	33%	6%	15%	0%
RW Part A New Client Service Utilization Report - 1st Quarter (03/01-05/31)																		
Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months (3/1/18 - 2/28/19)																		
Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Primary Medical Care	2,100	446	72%	26%	2%	52%	12%	3%	33%	0%	2%	11%	31%	27%	12%	2%	15%
2	LPAP	1,200	99	62%	36%	2%	52%	14%	4%	30%	0%	2%	4%	40%	26%	12%	2%	13%
3.a	Clinical Case Management	400	33	82%	12%	6%	45%	15%	3%	36%	0%	6%	9%	30%	33%	6%	0%	15%
3.b-3.h	Medical Case Management	1,600	270	71%	27%	1%	61%	11%	2%	26%	1%	3%	6%	33%	26%	13%	1%	17%
3.i	Medical Case Management - Targeted to Veterans	60	15	100%	0%	0%	60%	33%	7%	0%	0%	0%	0%	0%	13%	0%	40%	47%
4	Oral Health	40	7	57%	43%	0%	43%	29%	0%	29%	0%	0%	14%	29%	14%	0%	14%	29%
12.a. 12.c. 12.d.	Non-Medical Case Management (Service Linkage)	3,700	559	70%	29%	1%	55%	15%	2%	28%	0%	2%	7%	24%	26%	12%	27%	3%
12.b	Service Linkage at Testing Sites	260	36	83%	17%	0%	50%	11%	6%	33%	0%	0%	19%	39%	19%	6%	11%	6%
<b>Footnotes:</b>																		
(a)	Bundled Category																	
(b)	Age groups 13-19 and 20-24 combined together; Age groups 55-64 and 65+ combined together																	
(d)	Funded by Part B and/or State Services																	
(e)	Total MCM served does not include Clinical Case Management																	
(f)	CBO Pcare targeted to AA (1.b) and HL (1.c) goals represent combined Part A and MAI clients served																	



## 2020 TRG RWPC REPORT DUE

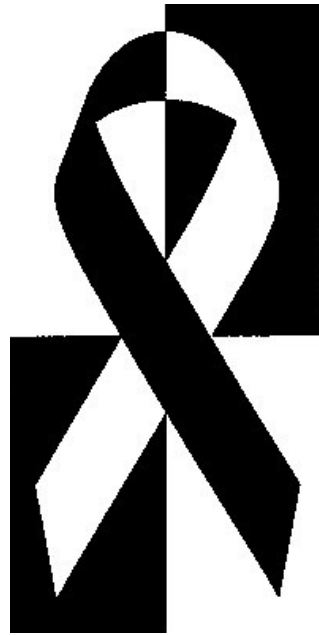
STATE SERVICES CONTRACT YEARS	RYAN WHITE PART B CONTRACT YEARS
Year 1: 9/1/19 - 8/31/20	Year 1: 4/1/19 - 3/31/20
Year 2: 9/1/20 - 8/31/21	Year 2: 4/1/20 - 3/31/21

ANNUAL REPORTS	
2019 CONSUMER INVOLVEMENT REPORT <i>(DELIVERED TO QI COMMITTEE)</i>  February 2020	2019 CHART REVIEW REPORTS <i>(DELIVERED TO QI COMMITTEE)</i>  February 2020

**All Monthly & Quarterly Reports delivered on a one-month delay to allow the finalization of data.**

QUARTERLY REPORTS <i>(DELIVERED TO QI COMMITTEE)</i>			
STATE SERVICES SERVICE UTILIZATION REPORTS		RYAN WHITE PART B SERVICE UTILIZATION REPORTS	
MONTHS COVERED	REPORT DUE	MONTHS COVERED	MONTH DUE
September – November	January	April – June	August
September – February	April	April – September	November
September – May	July	April – December	February
September – August	October	April – March	May

MONTHLY REPORTS	
PROCUREMENT REPORTS <i>(DELIVERED TO QI COMMITTEE)</i>	HEALTH INSURANCE ASSISTANCE REPORTS <i>(DELIVERED TO QI COMMITTEE)</i>



THE HOUSTON REGIONAL HIV/AIDS  
RESOURCE GROUP, INC.

HOW TO READ  
TRG REPORTS  
2020

## 2020 TRG RWPC REPORT DUE

STATE SERVICES CONTRACT YEARS	RYAN WHITE PART B CONTRACT YEARS
Year 1: 9/1/19 - 8/31/20	Year 1: 4/1/19 - 3/31/20
Year 2: 9/1/20 - 8/31/21	Year 2: 4/1/20 - 3/31/21

ANNUAL REPORTS	
2019 CONSUMER INVOLVEMENT REPORT <i>(DELIVERED TO QI COMMITTEE)</i>  February 2020	2019 CHART REVIEW REPORTS <i>(DELIVERED TO QI COMMITTEE)</i>  February 2020

**All Monthly & Quarterly Reports delivered on a one-month delay to allow the finalization of data.**

QUARTERLY REPORTS <i>(DELIVERED TO QI COMMITTEE)</i>			
STATE SERVICES SERVICE UTILIZATION REPORTS		RYAN WHITE PART B SERVICE UTILIZATION REPORTS	
MONTHS COVERED	REPORT DUE	MONTHS COVERED	MONTH DUE
September – November	January	April – June	August
September – February	April	April – September	November
September – May	July	April – December	February
September – August	October	April – March	May

MONTHLY REPORTS	
PROCUREMENT REPORTS <i>(DELIVERED TO QI COMMITTEE)</i>	HEALTH INSURANCE ASSISTANCE REPORTS <i>(DELIVERED TO QI COMMITTEE)</i>

Quarterly Service Utilization Reports

Purpose:

Provide quarterly updates on the number of people living with HIV (PLWH) who are access services by service category.

**2018-2019 Ryan White Part B Service Utilization Report**

**4/1/2018 - 3/31/2019 Houston HSDA (4816)**

**3rd Quarter - 4/1/2018 to 12/31/2018**

Revised 2/21/2019

C.

D.

B.

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Health Insurance Premiums & Cost Sharing Assistance	1,250	3	100.00%	0.00%	0.00%	0.00%	75.00%	25.00%	0.00%	0.00%	0.00%	0.00%	8.82%	8.82%	23.53%	11.76%	44.12%	2.94%
Home & Community Based Health Services	30	34	70.59%	26.47%	0.00%	2.94%	58.82%	8.82%	32.35%	0.00%	0.00%	0.00%	0.00%	66.67%	0.00%	33.33%	0.00%	0.00%
Oral Health Care	3,100	856	72.90%	25.93%	0.00%	1.17%	49.65%	17.06%	31.43%	1.87%	0.00%	0.12%	1.75%	14.84%	18.69%	13.79%	43.46%	7.36%
Unduplicated Clients Served By RW Part B Funds:	NA	893	81.16%	17.47%	0.00%	1.37%	61.16%	16.96%	21.26%	0.62%	0.00%	0.11%	2.02%	14.78%	18.81%	13.77%	43.34%	7.17%

E.

COMMENT: The delay in Data Upload from CPCDMS into ARIES is the reason for the discrepancy in the HIP/HIA YTD Total. Please see HINS Report for review on HIP/HIA totals.

Items of Note:

A. Header – this tells you three things:

1. Which grant is being reported (either Ryan White Part B or State Services),
2. What grant year is being reported, and
3. What timeframe is being reported (the quarter and the dates of the quarter).

B. Revision Date – this tells you the last time that the report has updated.

C. Service Categories being reported

D. The Unduplicated Clients (UDC)

1. Goal shows the number of PLWH that have been targeted to be served in the contract year by all funded agencies.
2. Year-To-Date (YTD) number of PLWH who have been served and the progress toward achieving the goal based on the contract year.

E. Comments – This is where TRG will provide any notes that will help explain the information in the report.

Monthly Procurement Reports

Purpose:

Provide monthly updates on spending by service category.

**The Houston Regional HIV/AIDS Resource Group, Inc.**  
**FY 1819 Ryan White Part B**  
**Procurement Report**  
**April 1, 2018 - March 31, 2019**

**A.**



**C.**

**B.**

Reflects spending through December 2018

**E.**

**F.**

**G.**

Spending Target: 75%

Revised 2/19/2019

Priority	<b>D.</b> Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Oral Health Care	\$2,085,565	62%	\$0	\$2,085,565	62%	4/1/2018	\$1,333,620	64%
7	Health Insurance Premiums and Cost Sharing (1)	\$726,885	22%	\$0	\$726,885	22%	4/1/2018	\$393,976	54%
9	Home and Community Based Health Services (2)	\$202,315	6%	\$325,806	\$528,121	16%	4/1/2018	\$103,920	51%
	Unallocated funds approved by RWPC for Health Insurance	\$325,806	10%	-\$325,806	\$0	0%	4/1/2018	\$0	0%
<b>Total Houston HSDA</b>		<b>3,340,571</b>	<b>100%</b>	<b>\$0</b>	<b>\$3,340,571</b>	<b>100%</b>		<b>1,831,516</b>	<b>55%</b>

**J.**

Note: Spending variances of 10% will be addressed:

1 HIP - Funded by Part A, B and State Services. Provider spends grant funds by ending dates Part A- 2/28; B-3/31; SS-8/31. Agency usually expends all funds.

**H.**

**I.**

Items of Note:

A. Header – this tells you three things:

1. Which grant is being reported (either Ryan White Part B or State Services),
2. What grant year is being reported, and

B. What timeframe is being reported (the quarter and the dates of the quarter).

C. Revision Date – this tells you the last time that the report has updated.

D. Service Categories being reported

E. Original Allocation from the P&A Process

F. Amendment – Tracks any change in the allocation.



- G. Contractual Amount – the amount of money that has been contracted to service providers.
- H. Expended YTD – the amount of money that has been spend year-to-date based on the contract year.
- I. Percentage YTD – the percentage of money that has been spent based on the contract year. (TRG considers +/- 10% to be on target for spending.)
- J. Comments – This is where TRG will provide any notes that will help explain the information in the report.

Quarterly Service Utilization Reports

Purpose:

Provide quarterly updates on the number of people living with HIV (PLWH) who are access services by service category.

**Houston Ryan White Health Insurance Assistance Service Utilization Report**



<b>A</b> Period Reported:		09/01/2018-12/31/2018				
<b>B.</b> Revised:		2/4/2019				
<b>C.</b>	Request by Type	Number of Requests (UOS)	Assisted	Number of Clients (UDC)	NOT Assisted	Number of Clients (UDC)
				Number of Requests (UOS)	Dollar Amount of Requests	
	Medical Co-Payment	785	\$72,937.77	509		0
	Medical Deductible	70	\$23,424.75	50		0
	Medical Premium	2447	\$984,144.70	686		0
	Pharmacy Co-Payment	1345	\$135,910.80	651		0
	APTC Tax Liability	0	\$0.00	0		0
	Out of Network Out of Pocket	0	\$0.00	0		0
	ACA Premium Subsidy Repayment	9	\$1,042.00	8	NA	NA
<b>G</b>	Totals:	4656	\$1,215,376.02	1904	0	\$0.00

Comments: This report represents services **D.** under all gr **E.** **F.**

Items of Note:

- A. Period Reported – What timeframe is being reported.
- B. Revision Date – this tells you the last time that the report has updated.
- C. Type of Request – tells you the sub-services that was provided
- D. The number of the request that received service.
- E. The amount spent to provide the service.
- F. The number of unduplicated people living with HIV that have received service.
- G. Comments – This is where TRG will provide any notes that will help explain the information in the report.

**The Houston Regional HIV/AIDS Resource Group, Inc.**  
**FY 1920 Ryan White Part B**  
**Procurement Report**  
**April 1, 2019 - March 31, 2020**



Reflects spending through December 2019

Spending Target: 75%

Revised 1/21/20

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
4	Oral Health Care	\$2,186,905	65%	\$31,973	\$2,218,878	\$0	\$2,218,878	4/1/2019	\$1,466,884	66%
5	Health Insurance Premiums and Cost Sharing	\$1,040,351	31%	\$0	\$1,040,351	\$0	\$1,040,351	4/1/2019	\$882,871	85%
8	Home and Community Based Health Services (1)	\$113,315	3%	\$0	\$113,315	\$0	\$113,315	4/1/2019	\$109,360	97%
	Increased RWB Award added to OHS per Increase Scenario*	\$0	0%	-\$31,973	\$0					
<b>Total Houston HSDA</b>		3,340,571	100%	0	3,372,544	\$0	\$3,372,544		2,459,115	73%

Note: Spending variances of 10% of target will be addressed:

-1 HCB - Variance reports have been sent out to Agency for explanation of spending.

**The Houston Regional HIV/AIDS Resource Group, Inc.**  
**FY 1920 DSHS State Services**  
**Procurement Report**  
**September 1, 2019- August 31, 2020**



Chart reflects spending through December 2019

Spending Target: 33.33%

Revised 1/24/2020

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing (1)	\$864,506	52%	\$0	\$864,506	\$0	\$864,506	9/1/2019	\$0	0%
6	Mental Health Services (2)	\$300,000	18%	\$0	\$300,000	\$0	\$300,000	9/1/2019	\$39,680	13%
7	EIS - Incarcerated	\$175,000	10%	\$0	\$175,000	\$0	\$175,000	9/1/2019	\$56,038	32%
11	Hospice	\$259,832	16%		\$259,832	\$0	\$259,832	9/1/2019	\$100,100	39%
15	Linguistic Services (3)	\$68,000	4%		\$68,000	\$0	\$68,000	9/1/2019	\$13,050	19%
	Increased award amount -Approved by RWPC for Health Insurance (a)	\$0	0%	-\$142,285						
<b>Total Houston HSDA</b>		<b>1,667,338</b>	<b>100%</b>	<b>-\$142,285</b>	<b>\$1,667,338</b>	<b>\$0</b>	<b>\$1,667,338</b>		<b>208,868</b>	<b>13%</b>

Note

- (1) HIP- Funded by Part A, B and State Services/. Provider spends grant funds by ending dates Part A -2/28; B-3/31;SS-8/31
- (2) Mental Health reporting is one month behind and services are under utilized.
- (3) Linguistic reporting is one month behind, receipt of billing from vendor is often delayed.

**2018 - 2019 DSHS State Services Service Utilization Report**  
**9/1/2018 thru 11/30/2019 Houston HSDA**  
**1st Quarter**

Revised 1/8/2020

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Early Intervention Services	871	821	82.95%	15.05%	0.00%	2.00%	68.81%	15.71%	14.00%	1.48%	0.00%	0.73%	6.33%	32.76%	23.75%	23.14%	12.30%	0.99%
Health Insurance Premiums	1,600	2,505	80.23%	19.13%	0.04%	0.60%	46.00%	25.15%	26.10%	2.75%	0.00%	0.30%	2.55%	18.08%	19.68%	27.10%	23.83%	8.46%
Hospice	38	39	76.93%	23.07%	0.00%	0.00%	53.85%	35.90%	10.25%	0.00%	0.00%	0.00%	2.56%	2.56%	20.51%	17.94%	41.02%	15.41%
Linguistic Services	150	58	50.50%	48.00%	0.00%	1.50%	53.44%	5.17%	6.89%	34.50%	0.00%	0.00%	5.17%	18.96%	31.03%	32.75%	8.62%	3.47%
Mental Health Services	325	233	86.27%	10.72%	0.00%	3.01%	36.48%	40.34%	21.04%	2.14%	0.00%	0.00%	0.42%	20.60%	21.03%	28.75%	24.05%	5.15%
Unduplicated Clients Served By State Services Funds	NA	3,656	75.37%	23.12%	0.01%	1.50%	51.71%	24.46%	15.66%	8.17%	0.00%	0.21%	3.41%	18.59%	23.20%	25.94%	21.95%	6.70%

# Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2019-11/30/19

Revised: 1/8/2020

Request by Type	Assisted			NOT Assisted		
	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	465	\$36,071.23	309			0
Medical Deductible	92	\$13,848.58	79			0
Medical Premium	1636	\$613,128.73	603			0
Pharmacy Co-Payment	3007	\$116,605.56	502			0
APTC Tax Liability	0	\$0.00	0			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	7	\$511.02	8	NA	NA	NA
Totals:	5207	\$779,143.08	1501	0	\$0.00	

Comments: This report represents services provided under all grants.

# Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2019-12/31/19

Revised: 2/5/2020

Request by Type	Assisted			NOT Assisted		
	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	508	\$41,139.51	328			0
Medical Deductible	108	\$16,737.88	93			0
Medical Premium	2275	\$845,874.98	688			0
Pharmacy Co-Payment	3985	\$146,357.14	552			0
APTC Tax Liability	0	\$0.00	0			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	7	\$511.02	8	NA	NA	NA
Totals:	6883	\$1,049,598.49	1669	0	\$0.00	

Comments: This report represents services provided under all grants.



**THE RESOURCE GROUP**  
**2019 CHART REVIEW**  
**COMBINED PACKET**



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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%
	<b>789</b>	<b>100%</b>
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%
	<b>789</b>	<b>100%</b>
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%
	<b>760</b>	<b>100%</b>

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%
	<b>672</b>	<b>100%</b>
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%
	<b>672</b>	<b>100%</b>
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%
	<b>677</b>	<b>100%</b>

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	<b>100%</b>	<b>0%</b>	-

**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	<b>100%</b>	<b>7%</b>	-

**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	<b>100%</b>	<b>0%</b>	<b>92.5%</b>

**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	<b>97.5%</b>	<b>2.5%</b>	-

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	<b>9%</b>	<b>91%</b>	<b>20%</b>

**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	<b>97%</b>	<b>3%</b>	<b>7.5%</b>

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	<b>0%</b>	<b>100%</b>	<b>2.5%</b>

## 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).



HOME & COMMUNITY-BASED HEALTH SERVICES  
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 Home and Community-Based Health Services in the Houston HSDA.

## INTRODUCTION

### Description of Service

Home and Community-based Health Services (facility-based) is defined as a day treatment program that includes Physician ordered therapeutic nursing, supportive and/or compensatory health services based on a written plan of care established by an interdisciplinary care team that includes appropriate healthcare professionals and paraprofessionals. Services include skilled nursing, nutritional counseling, evaluations and education, and additional therapeutic services and activities. **Skilled Nursing:** Services to include medication administration, medication supervision, medication ordering, filling pill box, wound dressing changes, straight catheter insertion, education of family/significant others in patient care techniques, ongoing monitoring of patients' physical condition and communication with attending physicians (s), personal care, and diagnostics testing. **Other Therapeutic Services:** Services to include recreational activities (fine/gross motor skills and cognitive development), replacement of durable medical equipment, information referral, peer support, and transportation. **Nutrition:** Services to include evaluation and counseling, supplemental nutrition, and daily nutritious meals. **Education:** Services to include instructional workshops of HIV related topics and life skills. *Inpatient hospitals services, nursing home and other long-term care facilities are NOT included.*

### Tool Development

The TRG Home and Community Based Services Review tool is based upon the established local and DSHS standards of care.

### Chart Review Process

All charts were reviewed by Bachelors-degree registered nurse experienced in treatment, management, and clinical operations in HIV of over 10 years. 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 38 who accessed home and community-based Health Services in the measurement year. The records of 23 clients were reviewed for the annual review process. The demographic makeup of the provider was used as a key to file sample pull.

### DEMOGRAPHICS HOME AND COMMUNITY BASED SERVICES

#### 2018 Annual

**Total UDC: 38    Total New: 2**

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	3	7.89%
25 - 44 years	13	34.21%
45 - 64 years	21	55.26%
65 years or older	1	2.63%
Unknown	0	0.00%
		<b>38</b>
		<b>100%</b>
Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	10	26.32%
Male	27	71.05%
Transgender FTM	0	0.00%
Transgender MTF	1	2.63%
Unknown	0	0.00%
		<b>38</b>
		<b>100%</b>
Race/Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	4	10.53%
Black	21	55.26%
Hispanic	13	34.21%
Asian	0	0.00%
Hawaiian/Pacific Islander	0	0.00%
Indian/Alaskan Native	0	0.00%
Unknown	0	0.00%
		<b>38</b>
		<b>100%</b>

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

#### 2019 Annual

**Total UDC: 27    Total New: Unk**

Age	Number of Clients	% of Total
Client's age as of the end of the reporting period		
Less than 2 years	0	0.0%
02 - 12 years	0	0.0%
13 - 24 years	1	3.7%
25 - 44 years	0	0.0%
45 - 64 years	23	85.2%
65 years or older	3	11.1%
Unknown	0	0.00%
		<b>27</b>
		<b>100%</b>
Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	5	18.5%
Male	22	81.5%
Transgender FTM	0	0.0%
Transgender MTF	0	0.0%
Unknown	0	0.0%
		<b>27</b>
		<b>100%</b>
Race/Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	11	40.7%
Black	16	59.3%
Hispanic	4*	14.8%
Asian	0	0.00%
Hawaiian/Pacific Islander	0	0.00%
Indian/Alaskan Native	0	0.00%
Unknown	0	0.00%
		<b>27</b>
		<b>100%</b>

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



## RESULTS OF REVIEW- 2018

### Initial Assessment

Percentage of clients who have documentation that the client was contacted within one (1) business day of referral to Home and Community-Based Health Services.

	Yes	No	N/A
Number of client records that showed evidence of the measure	1	1	21
Number of client records that were reviewed.	2	2	23
Rate	<b>50%</b>	<b>50%</b>	<b>91%</b>

Percentage of clients who have documentation that services were initiated at the time specified by the primary medical care provider, or within two (2) business days, whichever is earlier.

	Yes	No	N/A
Number of client records that showed evidence of the measure	16	2	5
Number of client records that were reviewed.	18	18	23
Rate	<b>89%</b>	<b>11%</b>	<b>22%</b>

Percentage of clients who have documentation that a needs assessment was completed in the client's primary record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	18	2	3
Number of client records that were reviewed.	20	20	23
Rate	<b>90%</b>	<b>10%</b>	<b>13%</b>

Percentage of clients who have documentation in the client's primary record of a comprehensive evaluation of client's health, psychosocial status, functional status, and home environment, as completed by the home and community-based health agency provider.

	Yes	No	N/A
Number of client records that showed evidence of the measure	18	2	3
Number of client records that were reviewed.	20	20	23
Rate	<b>90%</b>	<b>10%</b>	<b>13%</b>

### Implementation of Care Plan

Percentage of clients who have documentation of a care plan completed based on the primary medical care provider's order as indicated in the client's primary

	Yes	No	N/A
Number of client records that showed evidence of the measure	18	4	1
Number of client records that were reviewed.	22	22	23
Rate	<b>82%</b>	<b>18%</b>	<b>4%</b>

Percentage of clients who have documentation that care plan has been reviewed and/or updated as necessary based on changes in the client's situation at least every sixty (60) calendar days as evidenced in the client's primary record

	Yes	No	N/A
Number of client records that showed evidence of the measure	0	23	-
Number of client records that were reviewed.	23	23	-
Rate	<b>0%</b>	<b>100%</b>	-

**Provision of Service**

Percentage of clients who documentation of ongoing communication with the primary medical care provider and care coordination team as indicated in the client's primary record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	18	3	2
Number of client records that were reviewed.	21	21	23
Rate	<b>86%</b>	<b>14%</b>	<b>9%</b>

Percentage of client records show documentation in the primary care record from the home and community-based provider on progress throughout the course of treatment, including evidence that the client is not in need of acute care.

	Yes	No	N/A
Number of client records that showed evidence of the measure	20	2	1
Number of client records that were reviewed.	22	22	23
Rate	<b>91%</b>	<b>9%</b>	<b>4%</b>

**Coordination of Services**

Percentage of clients who show a referral to an appropriate service provider as indicated in the client's primary record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	0	1	22
Number of client records that were reviewed.	1	1	23
Rate	<b>0%</b>	<b>100%</b>	<b>96%</b>

Percentage of clients who show a referral follow-up to an appropriate service provider as indicated in the client's primary record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	0	1	22
Number of client records that were reviewed.	1	1	23
Rate	<b>0%</b>	<b>100%</b>	<b>96%</b>

**Documentation**

Percentage of clients who have documentation that progress notes have been kept in the client's primary record and written the day that services were rendered.

	Yes	No	N/A
Number of client records that showed evidence of the measure	20	2	1
Number of client records that were reviewed.	22	22	23
Rate	<b>91%</b>	<b>9%</b>	<b>4%</b>

Percentage of clients who have documentation that progress notes have been kept in the client's primary record and written the day that services were rendered

	Yes	No	N/A
Number of client records that showed evidence of the measure	20	2	1
Number of client records that were reviewed.	22	22	23
Rate	<b>91%</b>	<b>9%</b>	<b>4%</b>

**Transfer/Discharge**

Percentage of clients who document a transfer plan developed, as applicable, with referral to an appropriate service provider agency as indicated in the client's primary record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	0	1	22
Number of client records that were reviewed.	1	1	23
Rate	<b>0%</b>	<b>100%</b>	<b>96%</b>

Percentage of clients who have documentation of discharge plan developed with client, as applicable, as indicated in the agency as indicated in the client's primary record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	10	2	11
Number of client records that were reviewed.	12	12	23
Rate	<b>83%</b>	<b>17%</b>	<b>48%</b>

**CONCLUSIONS**

Overall, quality of services provided meets or exceeds minimum thresholds. Of the client records 90% had a needs assessment and comprehensive assessment. Care planning was documented in 82% of the files reviewed and 86% documented coordination with the primary care provider. A change in the review tool, resulted in no assessment of comorbidities this review period.



HOSPICE SERVICES  
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 the area of the 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 one Subgrantee to provide hospice services in the Houston HSDA.



## INTRODUCTION

### Description of Service

Hospice services encompass palliative care for terminally ill clients and support services for clients and their families. Services are provided by a licensed nurse and/or physical therapist. Additionally, unlicensed personnel may deliver services under the delegation of a licensed nurse or physical therapist, to a client or a client's family as part of a coordinated program. A physician must certify that a patient is terminal, defined under Medicaid hospice regulations as having a life expectancy of 6 months or less.

Services must include but are not limited to medical and nursing care, palliative care, and psychosocial support for the patient, as well as a mechanism for bereavement referral for surviving family members. Counseling services provided in the context of hospice care must be consistent with the (Ryan White) definition of mental health counseling. Palliative therapies must be consistent with those covered under respective State Medicaid Program.

### Tool Development

The TRG Hospice Review tool is based upon the established local and DSHS standards of care.

### Chart Review Process

All charts were reviewed by Bachelors-degree registered nurse experienced in treatment, management, and clinical operations in HIV of over 10 years. 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

File sample was selected from a population of 46 (CPCDMS) who accessed hospice services in the measurement year. The records of 39 clients were reviewed, representing 85% of the unduplicated population. The demographic makeup of the provider was used as a key to file sample pull.

### Demographics- Hospice

<b>2018 Annual</b>
--------------------

**Total UDC: 46**

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	1	2.17%
25 - 44 years	14	30.43%
45 - 64 years	28	60.87%
65 years or older	3	6.52%
Unknown	0	0.00%
	<b>46</b>	<b>100.00%</b>
Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	8	17.39%
Male	37	80.43%
Transgender FTM	0	0.00%
Transgender MTF	1	2.17%
Unknown	0	0.00%
	<b>46</b>	<b>100.00%</b>
Race/ Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	19	41.30%
Black	27	58.70%
Hispanic	11*	23.91%
Asian	0	0.00%
Hawaiian/Pacific Islander	0	0.00%
Indian/Alaskan Native	0	0.00%
Unknown	0	0.00%
	<b>46</b>	<b>100.00%</b>

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

<b>2019 Annual</b>
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**Total UDC: 28**

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	0	0.00%
25 - 44 years	5	17.86%
45 - 64 years	18	64.29%
65 years or older	5	17.86%
Unknown	0	0.00%
	<b>28</b>	<b>100.00%</b>
Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	8	28.6%
Male	20	71.4%
Transgender FTM	0	0.00%
Transgender MTF	0	0.00%
Unknown	0	0.00%
	<b>28</b>	<b>100.00%</b>
Race/ Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	15	41.30%
Black	13	58.70%
Hispanic	4*	23.91%
Asian	0	0.00%
Hawaiian/Pacific Islander	0	0.00%
Indian/Alaskan Native	0	0.00%
Unknown	0	0.00%
	<b>28</b>	<b>100.00%</b>

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



## RESULTS OF REVIEW-2018

**ADMISSION ORDERS AND ASSESSMENT**

Percentage of client records that document attending physician certification of client's terminal illness.

	Yes	No	N/A
Client records that evidenced a Hospice Certificate Letter.	38	1	-
Clients in hospice services that were reviewed.	39	39	-
Rate	<b>97%</b>	<b>3%</b>	-

Percentage of client records that have admission orders

	Yes	No	N/A
Client records that showed evidence of an admission order.	39	0	-
Clients in hospice services that were reviewed.	39	39	-
Rate	<b>100%</b>	<b>0%</b>	-

Percentage of client records that have all scheduled and PRN medications, including dosage and frequency

	Yes	No	N/A
Client records that evidenced all medication orders	39	0	-
Clients in hospice services that were reviewed.	39	39	-
Rate	<b>100%</b>	<b>0%</b>	-

**CARE PLAN AND UPDATES DOCUMENTATION**

Percentage of client records that have a completed initial plan of care within 7 days of admission.

	Yes	No	N/A
Client records that evidence a completed initial plan of care within 7 days of admission	39	0	-
Clients in hospice services that were reviewed.	39	39	-
Rate	<b>100%</b>	<b>0%</b>	-

Percentage of client records that have a completed plan of care reviewed and/or updated at least monthly.

	Yes	No	N/A
Client records that evidenced a completed plan of care that was updated at least monthly.	12	0	27
Clients in hospice services that were reviewed.	12	39	39
Rate	<b>100%</b>	<b>0%</b>	<b>69%</b>

Percentage of client records that document palliative therapy as ordered by the referring provider

	Yes	No	N/A
Client records that showed evidence of palliative therapy as ordered.	33	3	3
Clients in hospice services that were reviewed.	36	36	39
Rate	<b>92%</b>	<b>8%</b>	<b>8%</b>

**SERVICES**

Percentage of client records that had bereavement counseling offered to family members upon admission to Hospice services

	Yes	No	N/A
Client records that showed evidence of bereavement counseling	3	27	9
Clients in oral health services that were reviewed.	30	30	39

	Rate	<b>10%</b>	<b>90%</b>	<b>23%</b>
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## Percentage of client records that had dietary counseling

	Yes	No	N/A
Number of client records that evidenced dietary counseling	0	1	38
Clients in oral health services that were reviewed.	1	1	39
	Rate	<b>0%</b>	<b>100%</b>
		<b>97%</b>	

## Percentage of client records that had spiritual counseling

	Yes	No	N/A
Client records that evidenced spiritual counseling.	36	2	1
Clients in oral health services that were reviewed.	38	38	39
	Rate	<b>95%</b>	<b>5%</b>
		<b>3%</b>	

## Percentage of client records that had mental health counseling offered to family members upon admission

	Yes	No	N/A
Number of client records that evidence mental health counseling offered	0	0	39
Clients in oral health services that were reviewed.	39	39	39
	Rate	<b>0%</b>	<b>0%</b>
		<b>100%</b>	

**DISCHARGE**

Percentage of client records that evidence all refusals of attending physician referrals by hospice providers with evidence indicating an allowable reason for the refusal

	Yes	No	N/A
Client records that evidenced appropriate refusal	6	0	33
Clients in hospice services that were reviewed.	6	39	39
	Rate	<b>100%</b>	<b>0%</b>
		<b>85%</b>	

## Percentage of client records that showed completed discharge documentation

	Yes	No	N/A
Client records that evidenced completed discharge documentation.	39	0	-
Clients in hospice services that were reviewed.	39	38	-
	Rate	<b>100%</b>	<b>0%</b>
		<b>-</b>	

**CONCLUSION**

The review showed that Hospice Care continue to be delivered at a high standard. Seven of the thirteen Standard of Care data elements were scored at 100% compliance, including care plan, health assessment and discharge. Dietary and mental health counseling referrals to family members were below the threshold of 50% at 0% for each. These indicators are new to the review tool and will be documented in the future.



**MENTAL HEALTH SERVICES  
2019 CHART REVIEW**

## 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 the area of the 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 two Subgrantees to provide hospice services in the Houston HSDA.

## INTRODUCTION

### Description of Service

Mental Health Services are treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. **Individual Therapy/counseling** is defined as 1:1 or family-based crisis intervention and/or mental health therapy provided by a licensed mental health practitioner to an eligible HIV positive or HIV/AIDS affected individual. **Support Groups** are defined as professionally led (licensed therapists or counselor) groups that comprise HIV positive individuals, family members, or significant others for the purpose of providing emotional support directly related to the stress of caring for an HIV positive person.

### Tool Development

The TRG Mental Health Services Tool is based upon established local standards of care.

### Chart Review Process

All charts were reviewed by Bachelors-degree registered nurse experienced in treatment, management, and clinical operations in HIV care of over 10 years. 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, the file sample was created from a provider population of 216 who accessed mental health services in the measurement. The records of 51 clients were reviewed, representing 24% of the unduplicated population. The demographic makeup of the providers was used as a key to file sample pull.

*NOTES: DSHS modified their review process to exclude indicators that were <51% in last years this year. As a result, only one (1) indicator was reviewed in 2018. The results listed below are from 2017, with the exception of the one (1) indicator reviewed.*

### Demographics- Mental Health

**2018 Annual**

**Total UDC: 216**

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	4	1.85%
25 - 44 years	73	33.80%
45 - 64 years	127	58.80%
65 years or older	12	5.55%
Unknown	0	0.00%
	<b>216</b>	<b>100%</b>
Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	20	9.26%
Male	196	90.74%
Transgender FTM	0	0.00%
Transgender MTF	5*	2.31%
Unknown	0	0.00%
	<b>216</b>	<b>100%</b>
Race/Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	138	63.89%
Black	73	33.80%
Hispanic	38*	17.59%
Asian	2	0.93%
Hawaiian/Pacific Islander	0	0.00%
Indian/Alaskan Native	1	0.46%
Unknown	2	0.93%
	<b>216</b>	<b>100%</b>

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

**2019 Annual**

**Total UDC: 282**

Age	Number of Clients	% of Total
Client's age as of the end of the reporting period		
Less than 2 years	0	0.0%
02 - 12 years	0	0.0%
13 - 24 years	9	3.2%
25 - 44 years	139	49.2%
45 - 64 years	119	42.2%
65 years or older	15	5.3%
Unknown	0	0.0%
	<b>282</b>	<b>100%</b>
Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	42	14.9%
Male	240	85.1%
Transgender FTM	0	0.00%
Transgender MTF	9*	3.19%
Unknown	0	0.00%
	<b>282</b>	<b>100%</b>
Race/Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	160	56.7%
Black	115	40.8%
Hispanic	66*	23.4%
Asian	0	0.0%
Hawaiian/Pacific Islander	1	0.35%
Indian/Alaskan Native	2	0.70%
Multi/Unknown	4	1.4%
	<b>282</b>	<b>100%</b>

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





**RESULTS OF REVIEW-2018**Psychosocial Assessment

Psychosocial Assessment completed no later than third counseling session.

	Yes	No	N/A
Clients with psychosocial assessment completed no later than the 3 <sup>rd</sup> appt.	59	-	-
Client records reviewed that included in this measure.	59	-	-
Rate	<b>100%</b>	-	-

Psychosocial Assessment: Required Elements

Psychosocial Assessment included assessment of all elements in the Mental Health Standards.

	Yes	No	N/A
Clients with assessment completed no later than the 3 <sup>rd</sup> appt.	59	-	-
Client records reviewed that included in this measure.	59	-	-
Rate	<b>100%</b>	-	-

Treatment Plan**(NEW 2018)** Documentation of detailed treatment plan and services provided within client's primary record.

	Yes	No	N/A
Treatment plan and services detailed in client record.	38	12	1
Client records reviewed that included in this measure.	50	50	51
Rate	<b>76%</b>	<b>24%</b>	2%

Treatment Plan completed no later than third counseling session.

	Yes	No	N/A
Clients with treatment plans completed no later than the 3 <sup>rd</sup> counseling session.	52	-	7
Client records reviewed that included in this measure.	52	-	59
Rate	<b>100%</b>	-	12%

Treatment Plan: Signed by Therapist

Treatment Plan was signed by the mental health professional who rendered service.

	Yes	No	N/A
Clients with treatment plans signed by the mental health professional rendering service.	52	-	7
Client records reviewed that included in this measure.	52	-	59
Rate	<b>100%</b>	-	12%

Treatment Plan: Reviewed/Modified

Treatment Plan was reviewed and/modified at least every ninety (90) days.

	Yes	No	N/A
Clients with treatment plans reviewed/modified every 90 days.	50	2	7
Client records reviewed that included in this measure.	52	52	59
Rate	<b>96%</b>	<b>4%</b>	12%

Services Provided: Required Elements

Treatment included counseling covering all elements outlined in the Mental Health Standards.

	Yes	No	N/A
Clients who received counseling covering all elements.	59	-	-
Client records reviewed that included in this measure.	59	-	-
Rate	<b>100%</b>	-	-

Services Provided: Psychiatric Evaluation

Treatment included psychiatric evaluation was conducted/referral completed if needed.

	Yes	No	N/A
Clients who psychiatric evaluation was conducted/referral completed if needed.	1	-	58
Client records reviewed that included in this measure.	59	-	59
Rate	<b>100%</b>	-	-

Services Provided: Psychiatric Medication

Treatment included psychotropic medication management services, if needed.

	Yes	No	N/A
Clients who documented psychotropic medication management service was provided if needed.	-	-	59
Client records reviewed that included in this measure.	59	-	59
Rate	<b>0%</b>	-	100%

Services Provided: Progress Notes

Progress notes completed for each counseling session and contained all elements outlined in the Mental Health Standards.

	Yes	No	N/A
Clients with progress notes complete and containing all elements.	59	-	-
Client records reviewed that included in this measure.	59	-	-
Rate	<b>100%</b>	-	-

Services Provided: Medical Care Coordination

Evidence that care was coordinated as appropriate across all medical care coordination team members.

	Yes	No	N/A
Clients with care coordinated across team.	59	-	-
Client records reviewed that included in this measure.	59	-	-
Rate	<b>100%</b>	-	-

Referrals: Referrals Made as Needed

Documentation that referrals were made as needed to specialized medical/mental health providers/services.

	Yes	No	N/A
Clients with referral needed and made.	27	-	32
Client records reviewed that included in this measure.	27	-	59
Rate	<b>100%</b>	-	-

Referrals: Referrals Outcome

Documentation is present in client’s record of the referral and the outcome of the referral.

	Yes	No	N/A
Clients with referral document with outcome of referral.	27	-	32
Client records reviewed that included in this measure.	27	-	59
Rate	<b>100%</b>	-	-

Discharge Planning

Documentation is present that discharge planning was completed with the client.

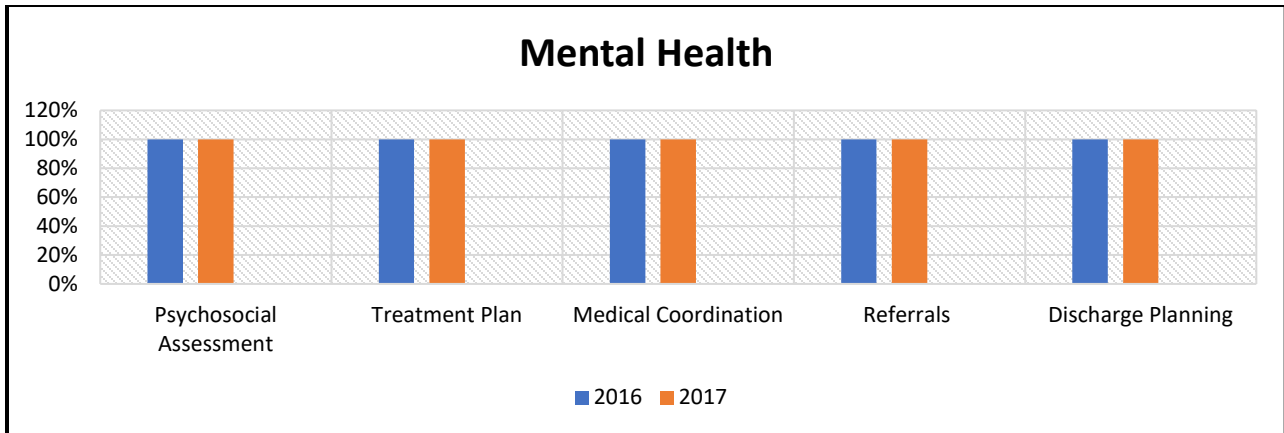
	Yes	No	N/A
Clients with documented discharge planning.	26	-	33
Client records reviewed that included in this measure.	26	-	59
Rate	<b>100%</b>	-	-

Discharge

Documentation is reason for discharge is located in the client’s record and is consistent with agency policies.

	Yes	No	N/A
Clients with documented reason for discharge.	23	-	36
Client records reviewed that included in this measure.	23	-	59
Rate	<b>100%</b>	-	-

**HISTORICAL DATA**



**CONCLUSION**

Quality of mental health services continues to excellent. All clients reviewed (100%) completed a psychosocial assessment no later than the third counseling session, all clients had a treatment plan and medical care coordination was appropriate across all medical care coordination team members. Eleven data elements were met at 100%.



ORAL HEALTH CARE SERVICES  
2019 CHART REVIEW

## 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 Subgrantee's 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 Subgrantee's. 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 the area of the 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 two Subgrantees to provide oral health care services in the Houston HSDA.

## INTRODUCTION

### Description of Service

Restorative dental services, oral surgery, root canal therapy, fixed and removable prosthodontics; periodontal services includes subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Oral medication (including pain control) for HIV patients 15 years old or older must be based on a comprehensive individual treatment plan. Prosthodontics services to individuals living with HIV including but not limited to examinations and diagnosis of need for dentures, crowns, bridgework and implants, diagnostic measurements, laboratory services, tooth extraction, relines and denture repairs.

Emergency procedures will be treated on a walk-in basis as availability and funding allows. Funded Oral Health Care providers are permitted to provide necessary emergency care regardless of a client's annual benefit balance. If a provider cannot provide adequate services for emergency care, the patient should be referred to a hospital emergency room.

### Tool Development

The TRG Oral Healthcare Review tool is based upon the established local and DSHS standards of care.

### Chart Review Process

All charts were reviewed by Bachelors-degree registered nurse experienced in treatment, management, and clinical operations in HIV care. 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

File sample was selected from a provider population of 3,597 clients who accessed oral healthcare services in the measurement year. The records of 119 clients were reviewed, representing 3.3% of the unduplicated population. The demographic makeup of the provider was used as a key to file sample pull.

### Demographics- Oral Healthcare Services

<b>2018 Annual</b>
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**Total UDC: 3416**

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	89	2.61%
25 - 44 years	1331	38.96%
45 - 64 years	1784	52.22%
65 years or older	212	6.21%
Unknown	0	0.00%
	<b>3416</b>	<b>100%</b>
Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	922	26.99%
Male	2494	73.00%
Transgender FTM	1*	0.02%
Transgender MTF	45*	1.31%
Unknown	0	0.00%
	<b>3416</b>	<b>100%</b>
Race/Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	1493	43.70%
Black	1845	54.01%
Hispanic	1045*	30.59%
Asian	39	1.14%
Hawaiian/Pacific Islander	2	0.05%
Indian/Alaskan Native	14	0.41%
Unknown	23	0.67%
	<b>3416</b>	<b>100%</b>

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

<b>2019 Annual</b>
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**Total UDC: 3597**

Age	Number of Clients	% of Total
Client's age as of the end of the reporting period		
Less than 2 years	0	0.0%
02 - 12 years	0	0.0%
13 - 24 years	101	2.8%
25 - 44 years	1450	40.3%
45 - 64 years	1781	49.5%
65 years or older	265	7.4%
Unknown	0	0.00%
	<b>3597</b>	<b>100%</b>
Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	978	27.2%
Male	2619	72.8%
Transgender FTM	2*	0.06%
Transgender MTF	43*	1.2%
Unknown	0	0.00%
	<b>3597</b>	<b>100%</b>
Race/Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	1591	44.2%
Black	1914	53.2%
Hispanic	1145*	31.8%
Asian	44	1.22%
Hawaiian/Pacific Islander	2	0.06%
Indian/Alaskan Native	15	0.42%
Multi/Unknown	31	0.86%
	<b>3597</b>	<b>100%</b>

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



## RESULTS OF REVIEW

### MEDICAL/DENTAL HISTORY/SCREENING

An initial or updated dental and medical history within the last year is documented in the client's oral healthcare record (HRSA HAB Measure)

	Yes	No	N/A
Number of client records that showed evidence of the measure	118	1	-
Clients records that were reviewed.	119	119	-
Rate	<b>99.2%</b>	<b>0.8%</b>	-

Periodontal Screening/Examination completed within the measurement year in the client's oral healthcare record (HRSA HAB Measure)

	Yes	No	N/A
Number of client records that showed evidence of the measure	95	16	8
Clients records that were reviewed.	111	111	119
Rate	<b>86%</b>	<b>14%</b>	<b>6.7%</b>

### LIMITED PHYSICAL EXAMINATION

Dental provider obtained an initial baseline blood pressure/pulse reading during the initial limited physical examination and is documented in the client's oral healthcare record. If not obtained, dental provider documented reason.

	Yes	No	N/A
Number of client records that showed evidence of the measure	118	1	-
Clients records that were reviewed.	119	119	-
Rate	<b>99.2%</b>	<b>0.8%</b>	-

### ORAL EXAMINATION

Oral examination conducted within the last year is documented in the client's oral healthcare record

	Yes	No	N/A
Number of client records that showed evidence of the measure	116	1	2
Clients records that were reviewed.	117	117	119
Rate	<b>99.1%</b>	<b>0.8%</b>	<b>1.7%</b>

### TREATMENT PLAN

Dental treatment plan to include specific diagnostic, preventive, and therapeutic was established or updated within the last year and signed by the oral healthcare professional providing the services (HRSA HAB Measure)

	Yes	No	N/A
Number of client records that showed evidence of the measure	104	13	2
Clients records that were reviewed.	117	117	119
Rate	<b>88.9%</b>	<b>11.1%</b>	<b>1.7%</b>

Phase 1 treatment plan to include prevention, maintenance and/or elimination of oral pathology resulting from dental caries or periodontal disease was established within one year of initial assessment and signed by the oral healthcare professional providing the services (HRSA HAB Measure)

	Yes	No	N/A
Number of client records that showed evidence of the measure	89	5	25
Clients records that were reviewed.	94	94	119
Rate	<b>94.7%</b>	<b>5.3%</b>	<b>21%</b>



**ORAL HEALTH EDUCATION**

Oral health education for oral hygiene instruction and smoking cessation (if applicable) conducted within the last year is documented in the patient's oral healthcare record (HRSA HAB Measure)

	Yes	No	N/A
Client records that showed evidence of an intraoral exam.	89	30	-
Clients in oral health services that were reviewed.	119	119	-
Rate	<b>74.8%</b>	<b>25.2%</b>	-

**REFERRALS**

Oral health care patients who have documented referrals have outcomes and/or follow-up documentation in the client's oral health care record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	-	1	118
Number of clients records that were reviewed.	1	1	119
Rate	<b>0%</b>	<b>100%</b>	<b>99.1%</b>

**MINIMUM DOCUMENTATION/SERVICES**

Oral Healthcare patients have evidence that an oral health care record for the patient was established.

	Yes	No	N/A
Number of client records that showed evidence of the measure	118	-	1
Number of clients records that were reviewed.	118	-	119
Rate	<b>100%</b>	-	<b>0.8%</b>

Oral health patients with documented evidence that oral health care services provided met the specific limitations or caps as set forth for the dollar amount and any additional limitations as set regionally for type of procedures, or combination of these.

	Yes	No	N/A
Number of client records that showed evidence of the measure	118	1	-
Number of clients records that were reviewed.	119	119	-
Rate	<b>99.1%</b>	<b>0.8%</b>	-

If the cost of dental care exceeded the annual maximum amount for Ryan White/State Services funding, reason is documented in the patient's oral health care record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	28	1	90
Number of clients records that were reviewed.	29	29	119
Rate	<b>96.6%</b>	<b>3.4%</b>	<b>75.6%</b>

**CONCLUSIONS**

The 2019 data shows a continuation of excellent oral healthcare services overall. All but one indicator was well above the established threshold for compliance with applicable guidelines and expectations. Phase 1 treatment plans and completed oral health examinations were well documented. Periodontal screening/ examination did increase from 50% to 86% this year. Oral instruction and smoking cessation is a fairly new data element starting in 2017, it was assessed at a compliance rate of 24% in 2017 (81%, 2018), and continues to show maintained compliance at 74.8% this year.



REFERRAL FOR HEALTH CARE SERVICES- ADAP  
2019 CHART REVIEW

## 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 Subgrantee's 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 Subgrantee's. 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 the area of the 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 five Subgrantees to provide referral for health care services in the Houston HSDA.

## INTRODUCTION

### Description of Service

Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. This service may include referrals to assist eligible clients to obtain access to other public or private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

*Benefits Counseling:* Services should facilitate a client's access to public/private health and disability benefits and programs. This service category works to maximize public funding by assisting clients in identifying all available health and disability benefits supported by funding streams other than RWHAP Part B and/or State Services funds.

*Health Care Services:* Clients should be provided assistance in accessing health insurance or Marketplace plans to assist with engagement in the health care system and HIV Continuum of Care, including medication payment plans or programs. Services focus on assisting client's entry into and movement through the care service delivery network such that RWHAP and/or State Services funds are payer of last resort.

### Tool Development

The DSHS Referral for Healthcare Review tool is based upon the established local and DSHS standards of care.

### Chart Review Process

All charts were reviewed by Masters-level Social Worker experienced in programmatic requirements and guidelines for the THMP program. The collected data for each site was recorded directly into a preformatted computerized spreadsheet. The data collected during this process is to be used for service improvement.

### File Sample Selection Process

File sample was selected from a provider population of 6,098 clients who accessed oral healthcare services in the measurement year. The records of 200 clients were reviewed, representing 3.3% of the unduplicated population. The demographic makeup of the provider was used as a key to file sample pull.

### Demographics- Referral for Healthcare Services-ADAP

<b>2019 Annual</b>
--------------------

**Total UDC: 6098**

Age	Number of Clients	% of Total
Client's age as of the end of the reporting period		
Less than 2 years		0.00%
02 - 12 years		0.00%
13 - 24 years	319	5.23%
25 - 44 years	3355	55.02%
45 - 64 years	2260	37.06%
65 years or older	164	2.69%
Unknown	0	0.00%
	<b>6098</b>	<b>100%</b>
Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	1433	23.50%
Male	4577	75.06%
Transgender FTM	1	0.02%
Transgender MTF	86	1.41%
Unknown	1	0.02%
	<b>6098</b>	<b>100%</b>
Race/Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	741	12.15%
Black	2758	45.23%
Hispanic	2468	40.47%
Asian	90	1.48%
Hawaiian/Pacific Islander	3	0.05%
Indian/Alaskan Native	10	0.16%
Unknown	28	0.46%
	<b>6098</b>	<b>100%</b>

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

<b>2020 Annual</b>
--------------------

**Total UDC:**

Age	Number of Clients	% of Total
Client's age as of the end of the reporting period		
Less than 2 years		
02 - 12 years		
13 - 24 years		
25 - 44 years		
45 - 64 years		
65 years or older		
Unknown		
		<b>100%</b>
Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female		
Male		
Transgender FTM		
Transgender MTF		
Unknown		
		<b>100%</b>
Race/Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White		
Black		
Hispanic		
Asian		
Hawaiian/Pacific Islander		
Indian/Alaskan Native		
Multi/Unknown		
		<b>100%</b>

**From 01/01/20 - 12/31/20**



## RESULTS OF REVIEW- BASELINE YEAR

### Benefits Counseling

Documented evidence of education provided on public and/or private benefit programs in the primary client record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	108	92	-
Number of client records that were reviewed.	200	200	-
Rate	<b>54%</b>	<b>46%</b>	-

Documented evidence of public and/or private benefit applications completed as appropriate within (14) business days of the eligibility determination date in the primary client record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	117	83	-
Number of client records that were reviewed.	200	200	-
Rate	<b>58.5%</b>	<b>41.5%</b>	-

### Health Care Services

Documented evidence of assistance provided to access health insurance or Marketplace plans in the primary client record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	118	82	-
Number of client records that were reviewed.	200	200	-
Rate	<b>59%</b>	<b>41%</b>	-

Documented evidence of a referral for other core or support services who have documented evidence of the education provided to the client on how to access these services in the primary client record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	9	83	108
Number of client records that were reviewed.	92	92	200
Rate	<b>10%</b>	<b>90%</b>	<b>54%</b>

Documented evidence of referrals provided to any core or support services that had follow-up documentation within (10) business days of the referral in the primary client record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	9	83	108
Number of client records that were reviewed.	92	92	200
Rate	<b>10%</b>	<b>90%</b>	<b>54%</b>

### ARIES Documentation

Documented evidence of ADAP application being uploaded onto ARIES within one (1) business day of completion.

	Yes	No	N/A
Number of client records that showed evidence of the measure	95	62	43
Number of client records that were reviewed.	157	157	200
Rate	<b>60.5%</b>	<b>39.5%</b>	<b>21.5%</b>

Documented evidence of THMP being notified within three (3) business days of completed ADAP application upload into ARIES.

	Yes	No	N/A
Number of client records that showed evidence of the measure	104	53	43
Number of client records that were reviewed.	157	157	200
Rate	<b>66.2%</b>	<b>33.8%</b>	<b>21.5%</b>

Documented evidence of completed secondary review of ADAP application indicated before application submission to THMP.

	Yes	No	N/A
Number of client records that showed evidence of the measure	115	42	43
Number of client records that were reviewed.	157	157	200
Rate	<b>73.2%</b>	<b>26.8%</b>	<b>21.5%</b>

### **Case Closure Summary**

Documentation of case closure summary in client primary client record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	0	84	116
Number of client records that were reviewed.	84	84	200
Rate	<b>0%</b>	<b>100%</b>	<b>58%</b>

## **CONCLUSIONS**

The ADAP Enrollment Worker (AEW) program funded under the Referral for Healthcare service category is a new program. In 2019, there were 6098 unduplicated clients served, with 848 new clients. AEW workers provided assistance with 4035 applications, 1797 attestations, and 2446 recertifications during the calendar year. They also entered 18,928 service encounters! Review year 2019 was a baseline year to assess all Houston HSDA programs with a revised review tool. Six (6) of the ten (10) indicators reviewed were above the established threshold of 50%, however follow-up needs to occur with four (4) indicators below the threshold. Due to this program(s) being newly established, documentation of activities was inconsistent. Technical assistance was provided and outcomes for 2020 review should reflect training on documenting service activities.

<p><b>Service Category</b></p>	<p><b>Is this a core service?</b> If no, how does the service support access to core services &amp; support clients achieving improved outcomes?</p>	<p><b>How does this service assist individuals <i>not in care</i>* to access primary care?</b>   <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status-unaware and link them into care   <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months   <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.</p>	<p><b>Documentation of Need</b>                       (Sources of Data include: 2016 Needs Assessment, 2017-2021 Comp Plan, 2016 Outcome Measures, 2016 Chart Reviews, Special Studies and surveys, etc.)                       Which populations experience disproportionate need for and/or barriers to accessing this service?</p>	<p><b>Identify non-Ryan White Part A or Part B/ non-State Services Funding Sources</b>                       (i.e., Alternative Funding Sources)                       Is this service typically covered under a Qualified Health Plan (QHP)?</p>	<p><b>Justify the use of Ryan White Part A, Part B and State Services funds for this service.</b>   <b>Is this a duplicative service or activity?</b></p>	<p><b>Service Efficiency</b>                      Can we make this service more efficient? For:                      a) Clients                      b) Providers                      Can we bundle this service?                       Has a recent capacity issue been identified?</p>	<p><b>Recommendation(s)</b></p>
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**Part 1: Services offered by Ryan White Part A, Part B, and State Services in the Houston EMA/HSDA as of 03-19-19**

**Ambulatory/Outpatient Primary Medical Care (incl. Vision):**

<p><b>CBO, Adult – Part A, Including LPAP, MCM &amp; Svc Linkage</b> (Includes OB/GYN) <i>See below for Public Clinic, Rural, Pediatric, Vision</i></p>	<p><input checked="" type="checkbox"/> Yes ___ No</p>	<p><input type="checkbox"/> EIIHA  <input type="checkbox"/> Unmet Need  <input type="checkbox"/> Continuum of Care</p>		<p>Covered under QHP?  <input checked="" type="checkbox"/> Yes ___ No</p>			
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‡ Service Category for Part B/State Services only.



<p><b>Service Category</b></p>	<p><b>Is this a core service?</b> If no, how does the service support access to core services &amp; support clients achieving improved outcomes?</p>	<p><b>How does this service assist individuals <i>not in care</i>* to access primary care?</b>  *EIIHA: <i>Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status-unaware and link them into care  *Unmet Need: Individuals diagnosed with HIV but with no evidence of care for 12 months  *Continuum of Care: The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.</p>	<p><b>Documentation of Need</b>  (Sources of Data include: 2016 Needs Assessment, 2017-2021 Comp Plan, 2016 Outcome Measures, 2016 Chart Reviews, Special Studies and surveys, etc.)  Which populations experience disproportionate need for and/or barriers to accessing this service?</p>	<p><b>Identify non-Ryan White Part A or Part B/ non-State Services Funding Sources</b>  (i.e., Alternative Funding Sources)  Is this service typically covered under a Qualified Health Plan (QHP)?</p>	<p><b>Justify the use of Ryan White Part A, Part B and State Services funds for this service.</b>  <b>Is this a duplicative service or activity?</b></p>	<p><b>Service Efficiency</b> Can we make this service more efficient? For: a) Clients b) Providers Can we bundle this service?  Has a recent capacity issue been identified?</p>	<p><b>Recommendation(s)</b></p>
<p><b>Mental Health Services</b>† (Professional Counseling)</p> <p><b>Workgroup #2</b> <b>Motion:</b> (Boyle/Deal) Votes: Y=11; N=0; Abstentions=Andrews, Francis</p>	<p><input checked="" type="checkbox"/> Yes ___ No</p>	<p><input type="checkbox"/> EIIHA <input checked="" type="checkbox"/> Unmet Need <input checked="" type="checkbox"/> Continuum of Care</p> <p><u>Unmet Need:</u> Of 29% of 2016 Needs Assessment participants who reported falling out of care for &gt;12 months since first entering care, 9% reported mental health concerns caused the lapse. Over half (57%) of participants recorded having a current mental health condition diagnosis, and 65% reported experiencing at least one mental/emotional distress symptom in the past 12 months to such an extent that they desired professional help. Mental Health Services offers professional counseling for those with a mental health condition/concern, and, as a result, may help reduce lapses in HIV care. Mental</p>	<p><u>Need (2016):</u> Current # of living HIV cases in EMA: 28,225 (2017) Rank w/in 10 Core Services: #6</p> <p><u>Service Utilization (2018):</u> # clients served: 217 (28% decrease v. 2017)</p> <p><u>Chart Review (2018):</u> Of 24% of client charts reviewed, 100% had documentation of clients receiving mental health services receiving a comprehensive assessment, a psychosocial history, and a treatment plan.</p> <p><u>Disproportionate Need / Inaccessibility:</u> <i>Mental Health:</i> Higher need – White, unstably housed, MSM, recently released, transgender; Difficult access</p>	<p>RW Part D (targets WICY), Medicaid, Medicare, private providers, and self-pay</p> <p>Some services provided by MHMRA</p> <p>Covered under QHP? <input checked="" type="checkbox"/> Yes ___ No</p>	<p><b>Justify the use of funds:</b> This service category: - Is a HRSA-defined Core Medical Service - Is ranked as the #7 service need by PLWH - Facilitates national, state, and local goals related to retention in care and preventing unmet need - Addresses a system-level objective (#8) from the Comprehensive Plan and (as a result of the motion) addresses certain Special Populations named in the Plan</p> <p><b>Is this a duplicative service or activity?</b> - This service is funded locally by other public and private sources for (1) specific Special Populations (e.g., WICY),</p>	<p>Can we make this service more efficient? No</p> <p>Can we bundle this service? No</p> <p>Has a recent capacity issue been identified? No</p>	<p><b>Motion:</b> Accept the service definition with one change: allow 90 minutes for family/couples session, update the justification chart, and keep the financial eligibility the same: 300%.</p>

† Service Category for Part B/State Services only.



Harris County  
**Public Health**  
Building a Healthy Community

**Ryan White Part A**  
**Quality Management Program**  
**Clinical Quality Management Quarterly Report**

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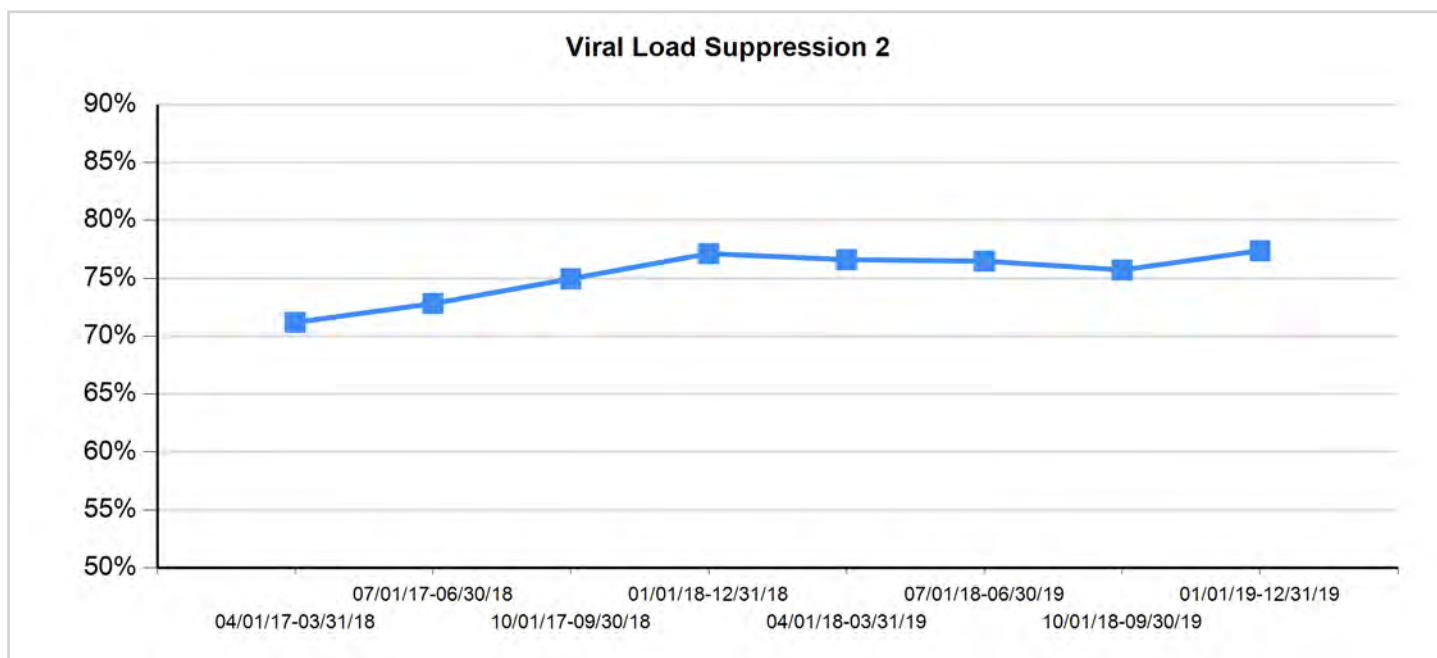
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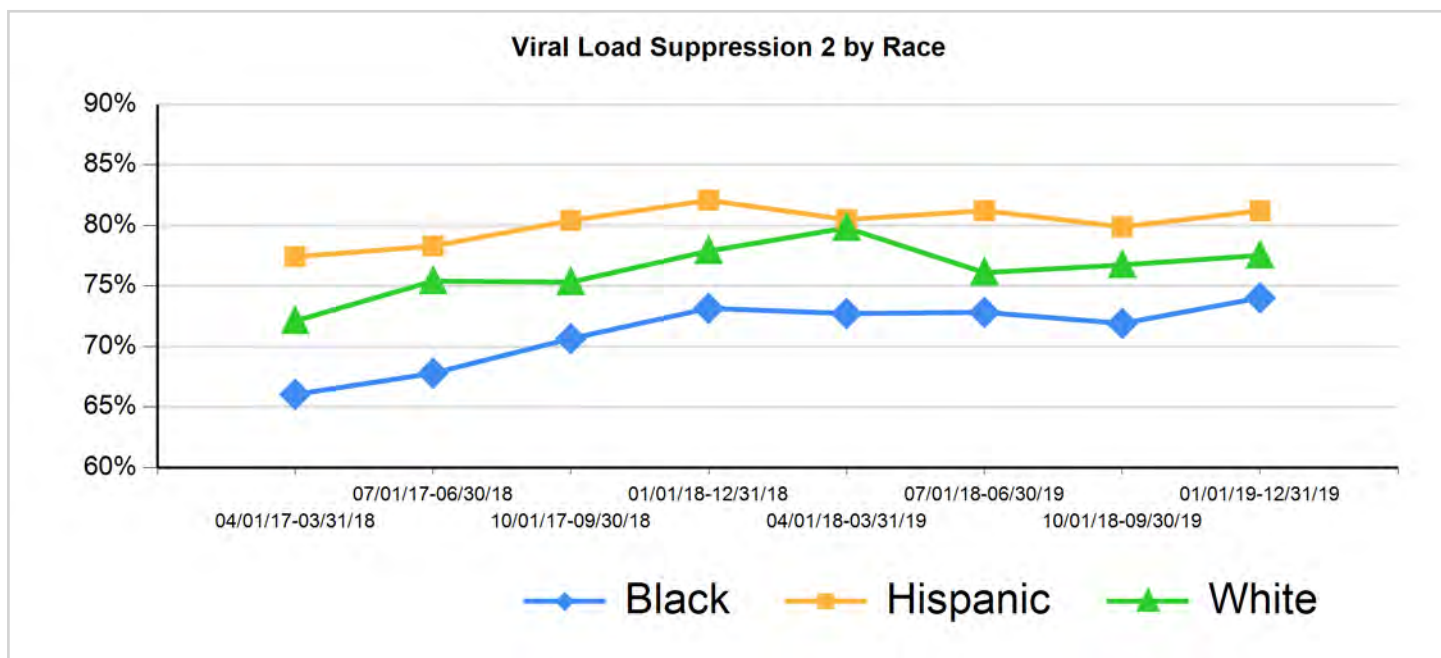
**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA  
Clinical Quality Management Committee Quarterly Report**

Last Quarter Start Date: 1/1/2019

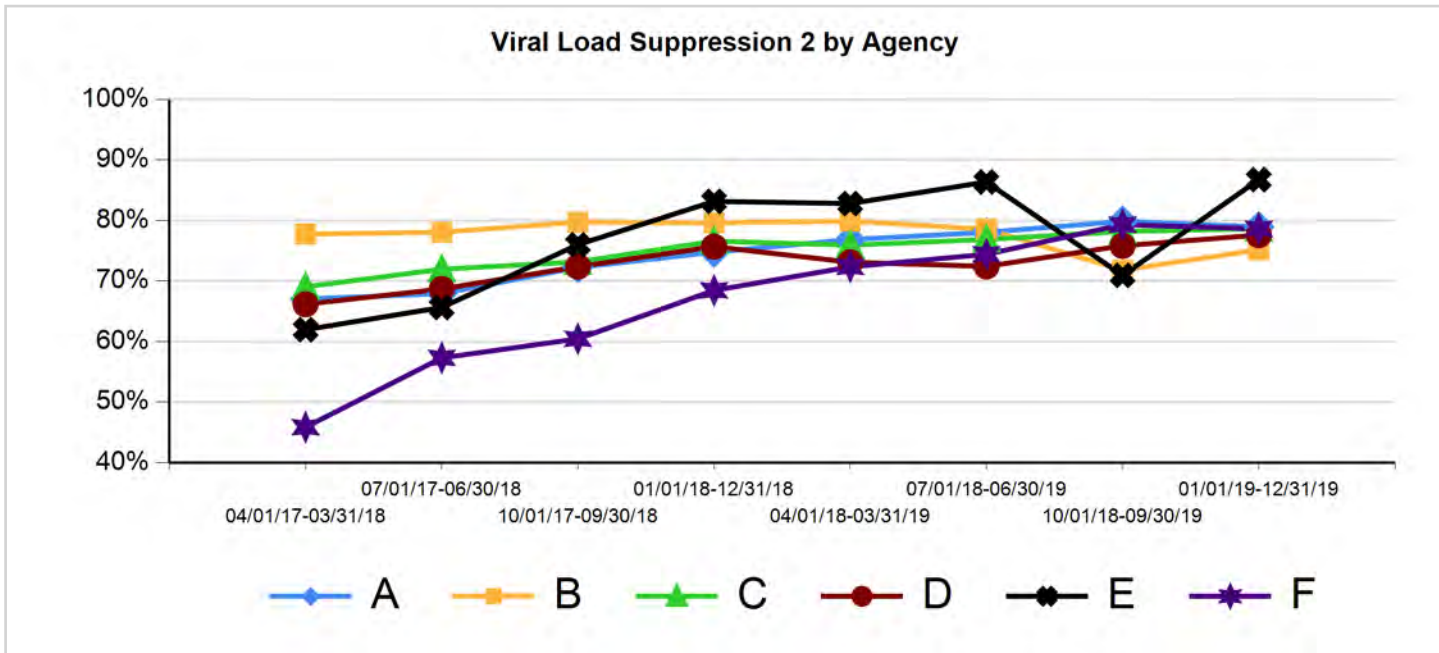
Viral Load Suppression 2- HAB Measure				
	04/01/18 - 03/31/19	07/01/18 - 06/30/19	10/01/18 - 09/30/19	01/01/19 - 12/31/19
Number of clients who have a viral load of <200 copies/ml during the measurement year	6,209	6,325	6,418	6,642
Number of clients who have had at least 1 medical visit with a provider with prescribing privileges	8,105	8,270	8,476	8,583
Percentage	76.6%	76.5%	75.7%	77.4%
Change from Previous Quarter Results	-0.5%	-0.1%	-0.8%	1.7%



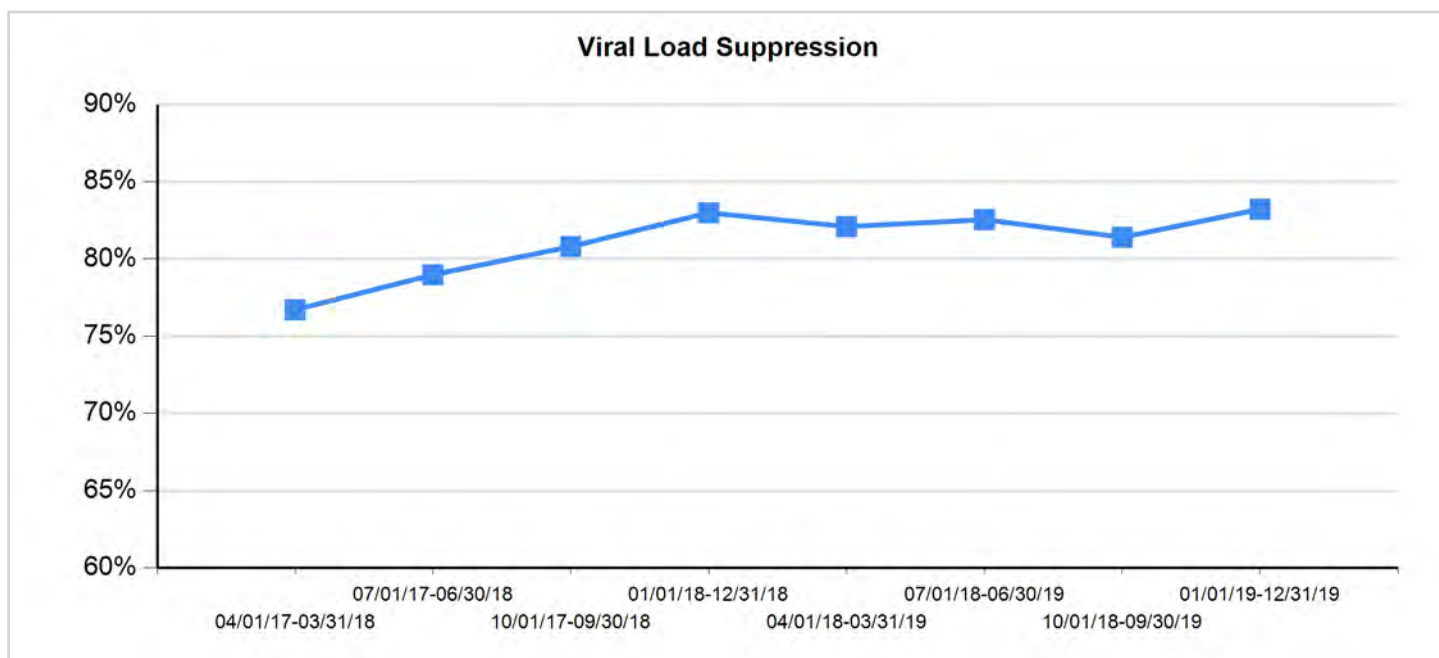
VL Suppression 2 by Race/Ethnicity									
	07/01/18 - 06/30/19			10/01/18 - 09/30/19			01/01/19 - 12/31/19		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients who have a viral load of <200 copies/ml during the measurement year	2,915	2,461	793	2,938	2,495	818	3,049	2,602	828
Number of clients who have had at least 1 medical visits with a provider with prescribing privileges and have been enrolled in care at least six month	4,003	3,030	1,042	4,086	3,123	1,066	4,119	3,204	1,068
Percentage	72.8%	81.2%	76.1%	71.9%	79.9%	76.7%	74.0%	81.2%	77.5%
Change from Previous Quarter Results	0.1%	0.7%	-3.7%	-0.9%	-1.3%	0.6%	2.1%	1.3%	0.8%



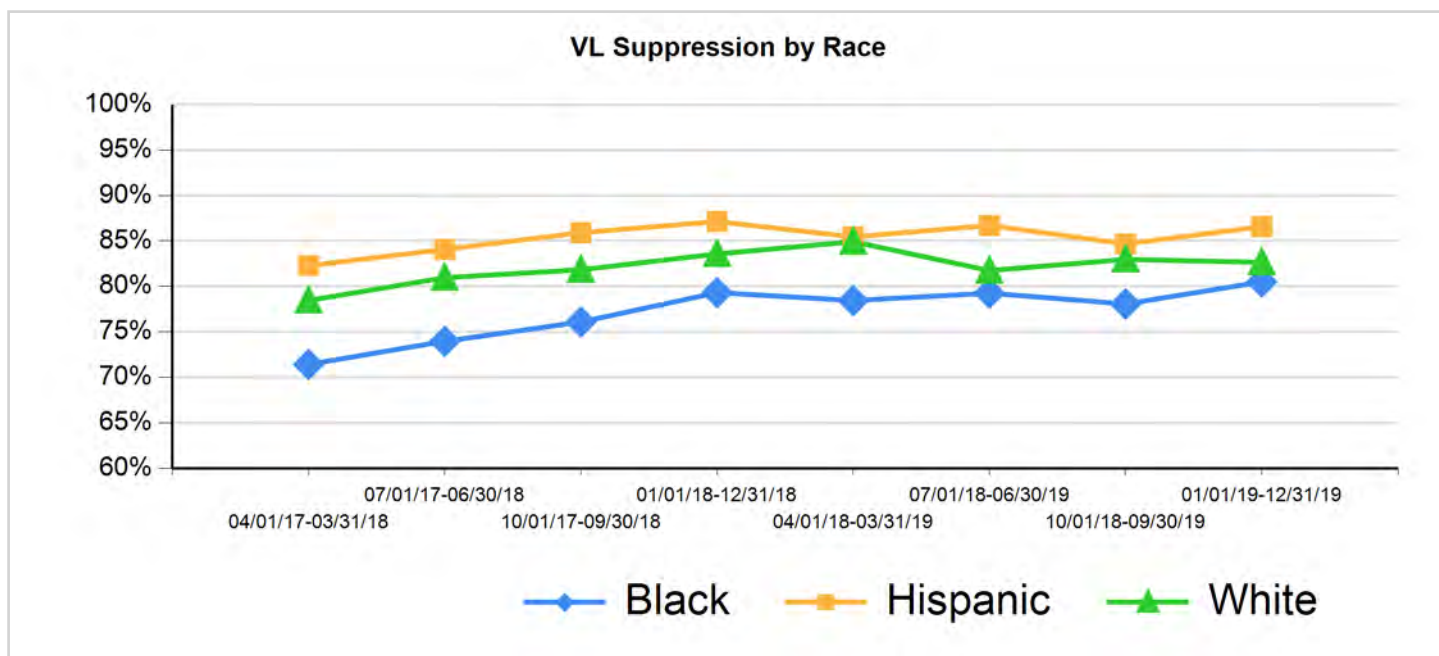
Viral Load 2 Suppression by Agency												
	10/01/18 - 09/30/19						01/01/19 - 12/31/19					
	A	B	C	D	E	F	A	B	C	D	E	F
Number of clients who have a viral load of <200 copies/ml during the measurement year	567	1,993	2,076	1,530	61	299	544	2,077	2,132	1,607	72	331
Number of clients who have had at least 1 medical visits with a provider with prescribing privileges and have been enrolled in care at least six month	710	2,776	2,655	2,018	86	377	689	2,764	2,711	2,071	83	421
Percentage	79.9%	71.8%	78.2%	75.8%	70.9%	79.3%	79.0%	75.1%	78.6%	77.6%	86.7%	78.6%
Change from Previous Quarter Results	1.8%	-6.8%	1.3%	3.4%	-15.4%	4.9%	-0.9%	3.4%	0.5%	1.8%	15.8%	-0.7%



Viral Load Suppression				
	04/01/18 - 03/31/19	07/01/18 - 06/30/19	10/01/18 - 09/30/19	01/01/19 - 12/31/19
Number of clients who have a viral load of <200 copies/ml during the measurement year	4,705	4,829	4,873	5,084
Number of clients who have had at least 2 medical visits with a provider with prescribing privileges and have been enrolled in care at least six month	5,731	5,850	5,986	6,109
Percentage	82.1%	82.5%	81.4%	83.2%
Change from Previous Quarter Results	-0.9%	0.4%	-1.1%	1.8%



VL Suppression by Race/Ethnicity									
	07/01/18 - 06/30/19			10/01/18 - 09/30/19			01/01/19 - 12/31/19		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients who have a viral load of <200 copies/ml during the measurement year	2,163	1,944	609	2,192	1,950	609	2,299	2,037	624
Number of clients who have had at least 2 medical visits with a provider with prescribing privileges and have been enrolled in care at least six month	2,729	2,242	745	2,808	2,303	734	2,856	2,353	755
Percentage	79.3%	86.7%	81.7%	78.1%	84.7%	83.0%	80.5%	86.6%	82.6%
Change from Previous Quarter Results	0.8%	1.3%	-3.2%	-1.2%	-2.0%	1.2%	2.4%	1.9%	-0.3%

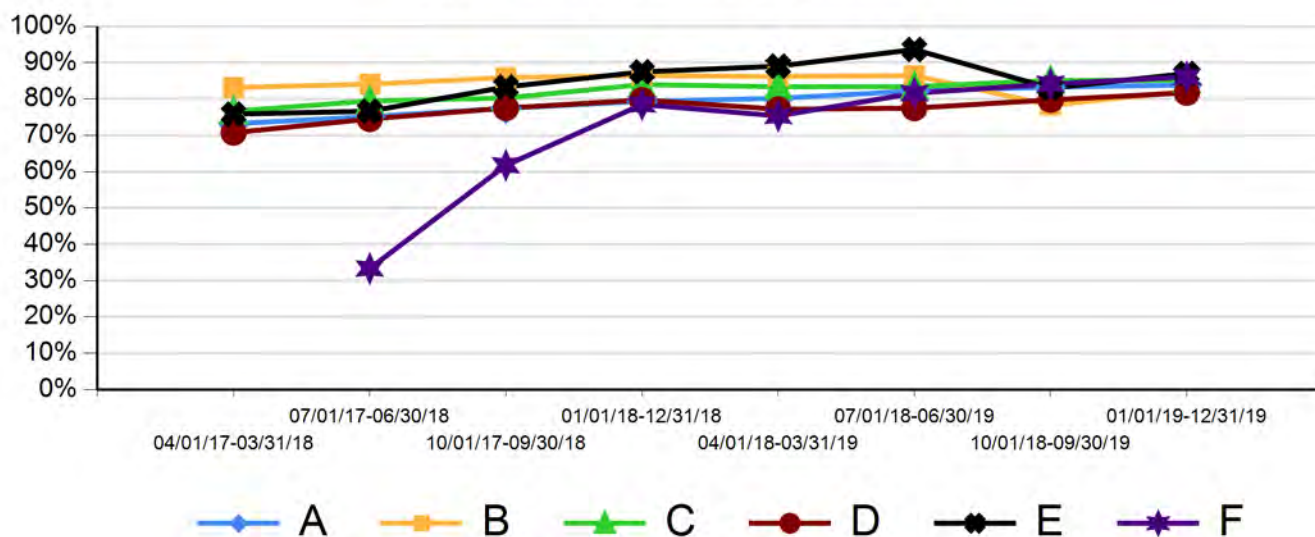




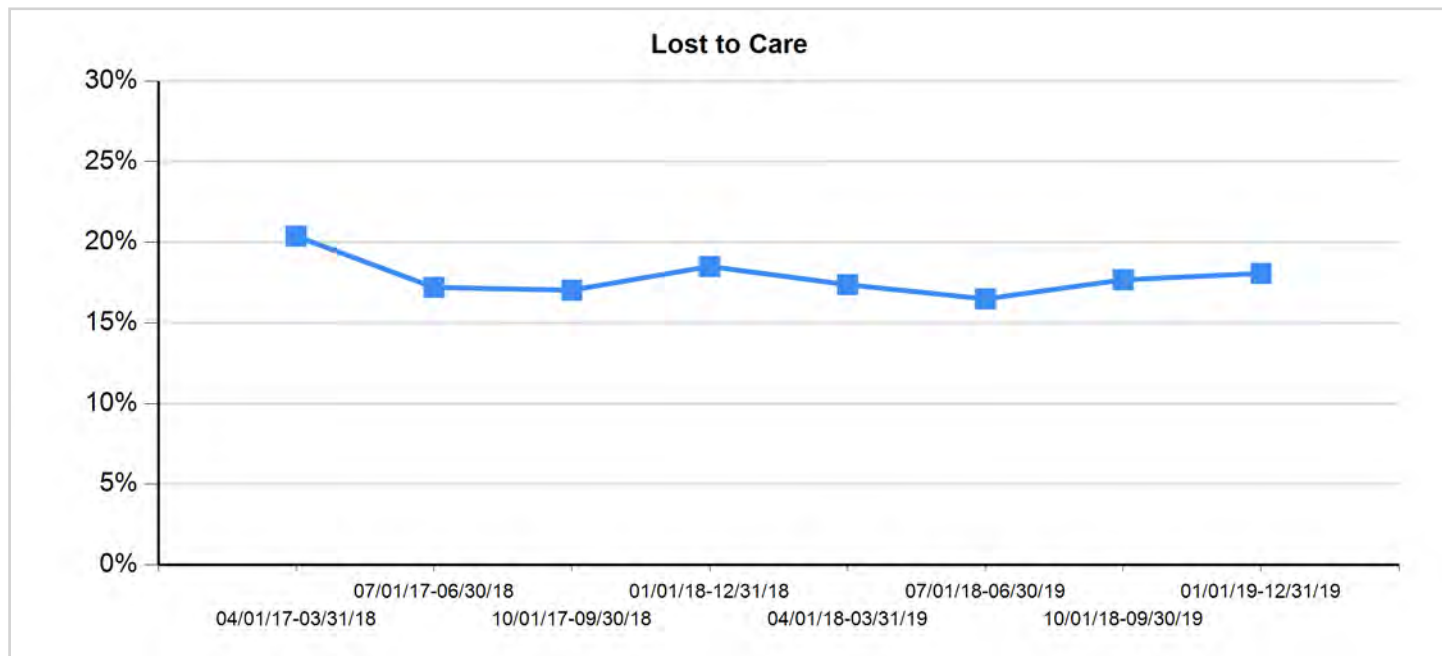
### VL Suppression by Agency

	10/01/18 - 09/30/19						01/01/19 - 12/31/19					
	A	B	C	D	E	F	A	B	C	D	E	F
Number of clients who have a viral load of <200 copies/ml during the measurement year	498	1,423	1,453	1,310	44	170	479	1,492	1,539	1,392	47	186
Number of clients who have had at least 2 medical visits with a provider with prescribing privileges and have been enrolled in care at least six months	598	1,817	1,707	1,642	53	202	571	1,815	1,806	1,703	54	216
Percentage	83.3%	78.3%	85.1%	79.8%	83.0%	84.2%	83.9%	82.2%	85.2%	81.7%	87.0%	86.1%
Change from Previous Quarter Results	1.0%	-8.1%	1.7%	2.3%	-10.6%	2.5%	0.6%	3.9%	0.1%	2.0%	4.0%	2.0%

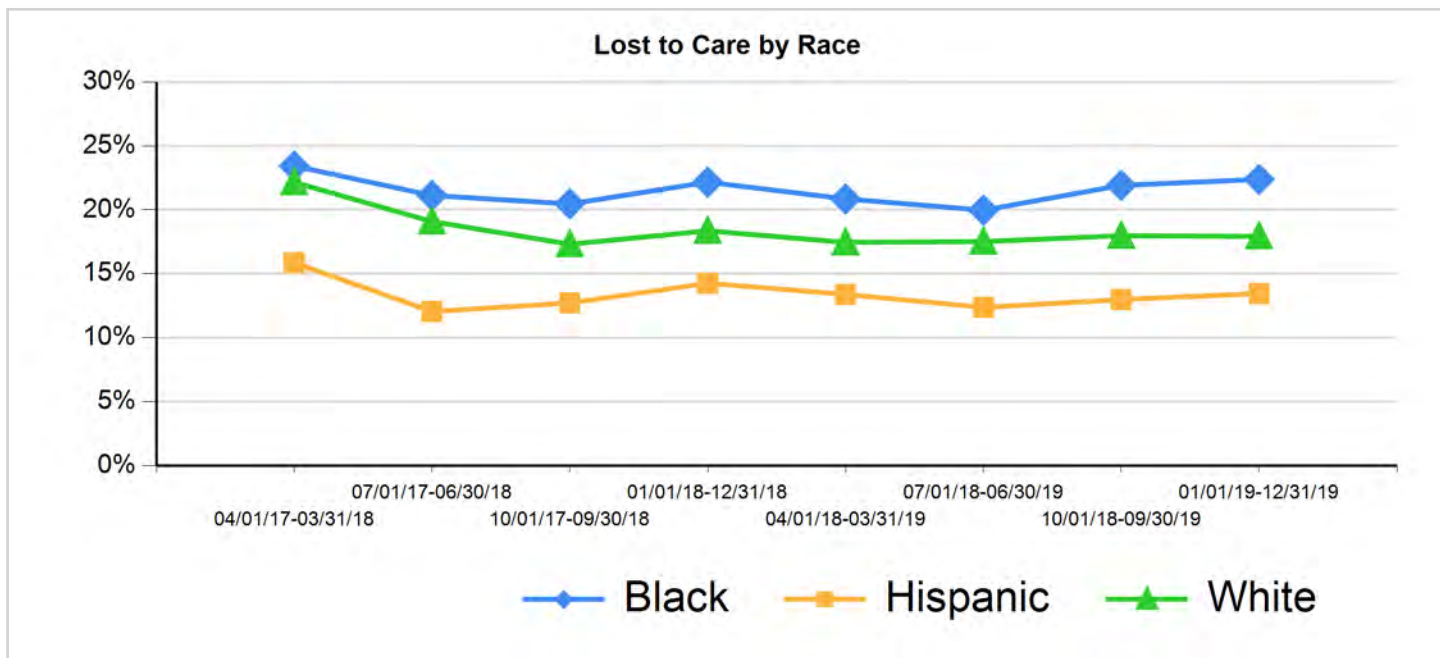
#### Viral Load Suppression by Agency



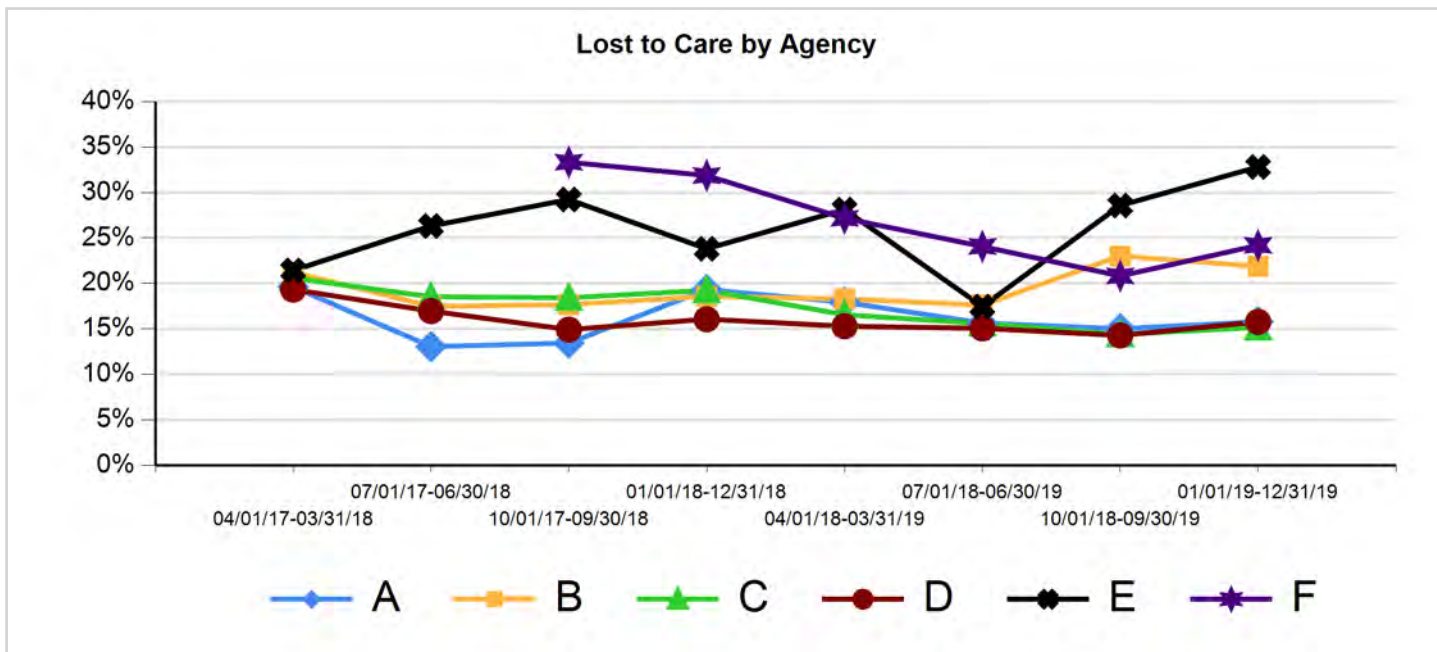
Lost to Care				
In+Care Campaign Gap Measure				
	04/01/18 - 03/31/19	07/01/18 - 06/30/19	10/01/18 - 09/30/19	01/01/19 - 12/31/19
Number of uninsured clients who had no medical visits and a detectable or missing viral load in the last 6 months of the measurement year	991	937	1,050	1,120
Number of uninsured clients who had a medical visit with a provider with prescribing privileges at least once in the first 6 months of the measurement year	5,705	5,683	5,941	6,198
Percentage	17.4%	16.5%	17.7%	18.1%
Change from Previous Quarter Results	-1.1%	-0.9%	1.2%	0.4%



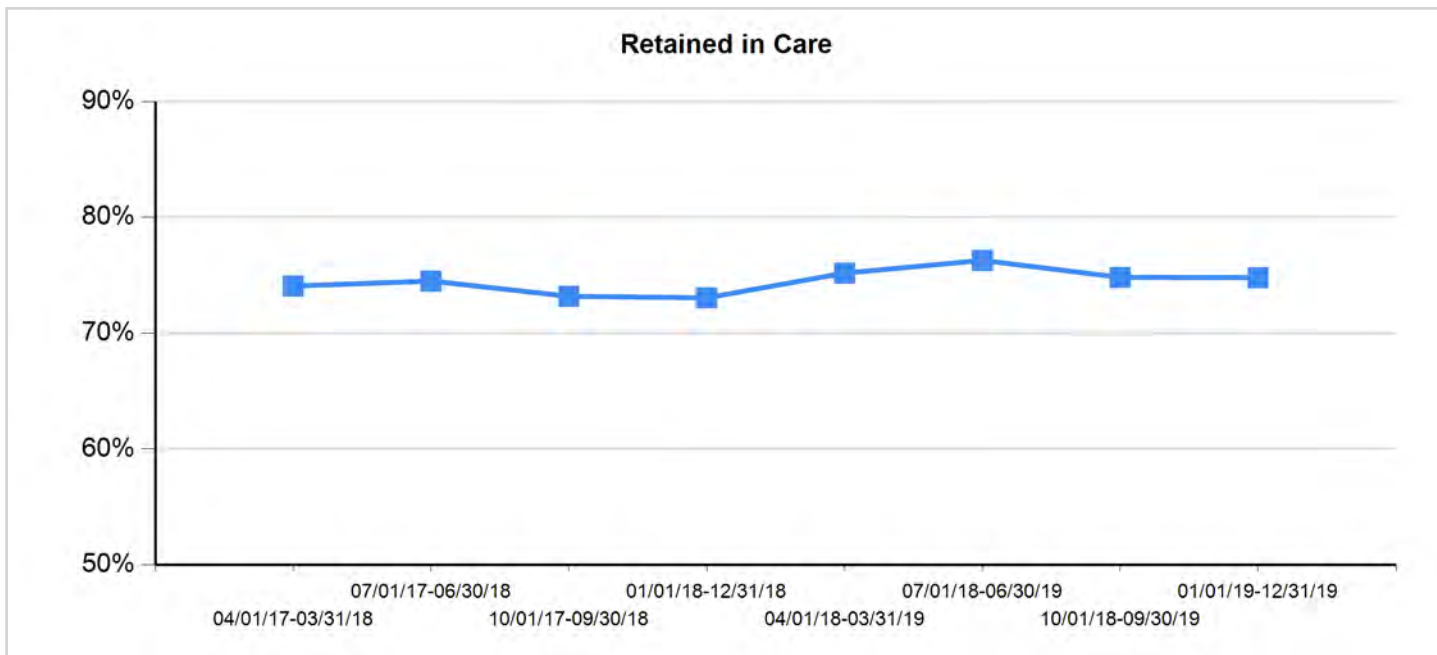
Lost to Care by Race/Ethnicity									
	07/01/18 - 06/30/19			10/01/18 - 09/30/19			01/01/19 - 12/31/19		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of uninsured clients who had no medical visits and a detectable or missing viral load in the last 6 months of the measurement year	524	275	124	605	301	131	644	325	136
Number of uninsured clients who had a medical visit with a provider with prescribing privileges at least once in the first 6 months of the measurement year	2,624	2,223	708	2,761	2,320	729	2,878	2,415	759
Percentage	20.0%	12.4%	17.5%	21.9%	13.0%	18.0%	22.4%	13.5%	17.9%
Change from Previous Quarter Results	-0.9%	-1.0%	0.1%	1.9%	0.6%	0.5%	0.5%	0.5%	-0.1%



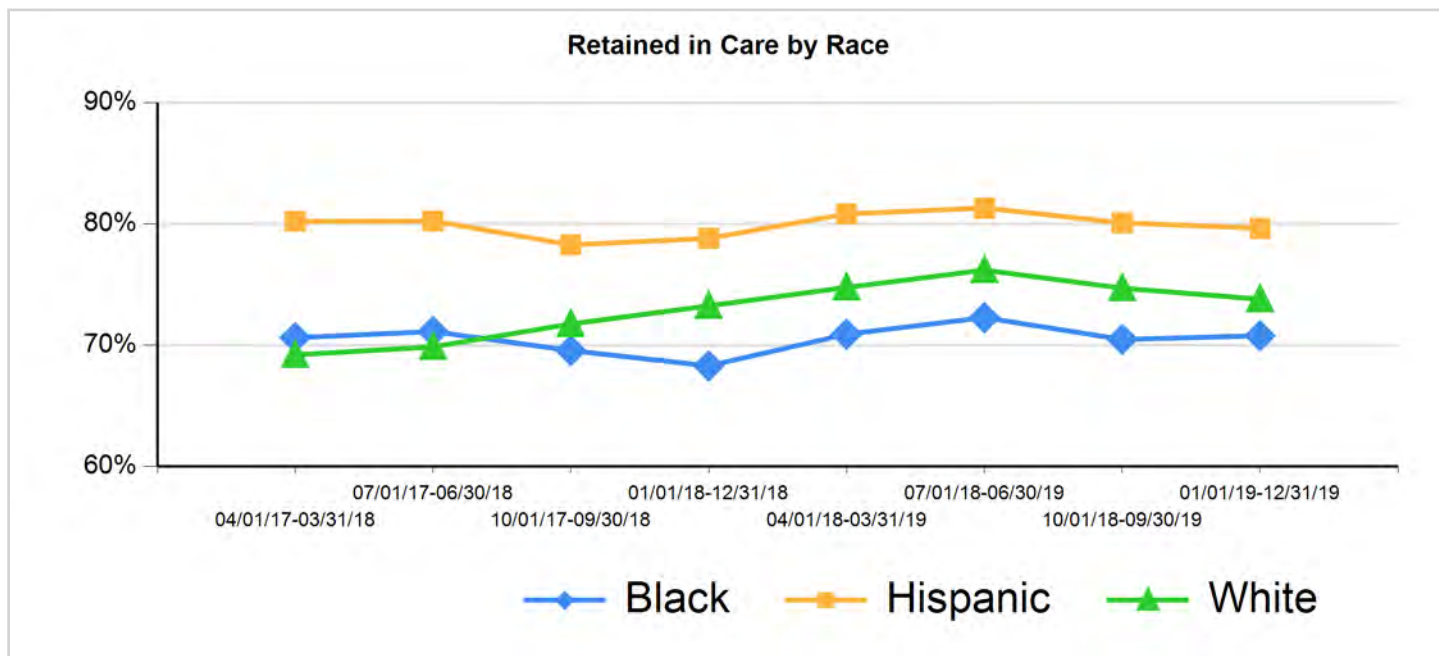
Lost to Care by Agency												
	10/01/18 - 09/30/19						01/01/19 - 12/31/19					
	A	B	C	D	E	F	A	B	C	D	E	F
Number of uninsured clients who had no medical visits and a detectable or missing viral load in the last 6 months of the measurement year	83	453	248	207	18	46	89	444	275	240	21	60
Number of uninsured clients who had a medical visit with a provider with prescribing privileges at least once in the first 6 months of the measurement year	553	1,968	1,723	1,450	63	221	564	2,030	1,814	1,522	64	248
Percentage	15.0%	23.0%	14.4%	14.3%	28.6%	20.8%	15.8%	21.9%	15.2%	15.8%	32.8%	24.2%
Change from Previous Quarter Results	-0.6%	5.4%	-1.2%	-0.8%	11.1%	-3.2%	0.8%	-1.1%	0.8%	1.5%	4.2%	3.4%



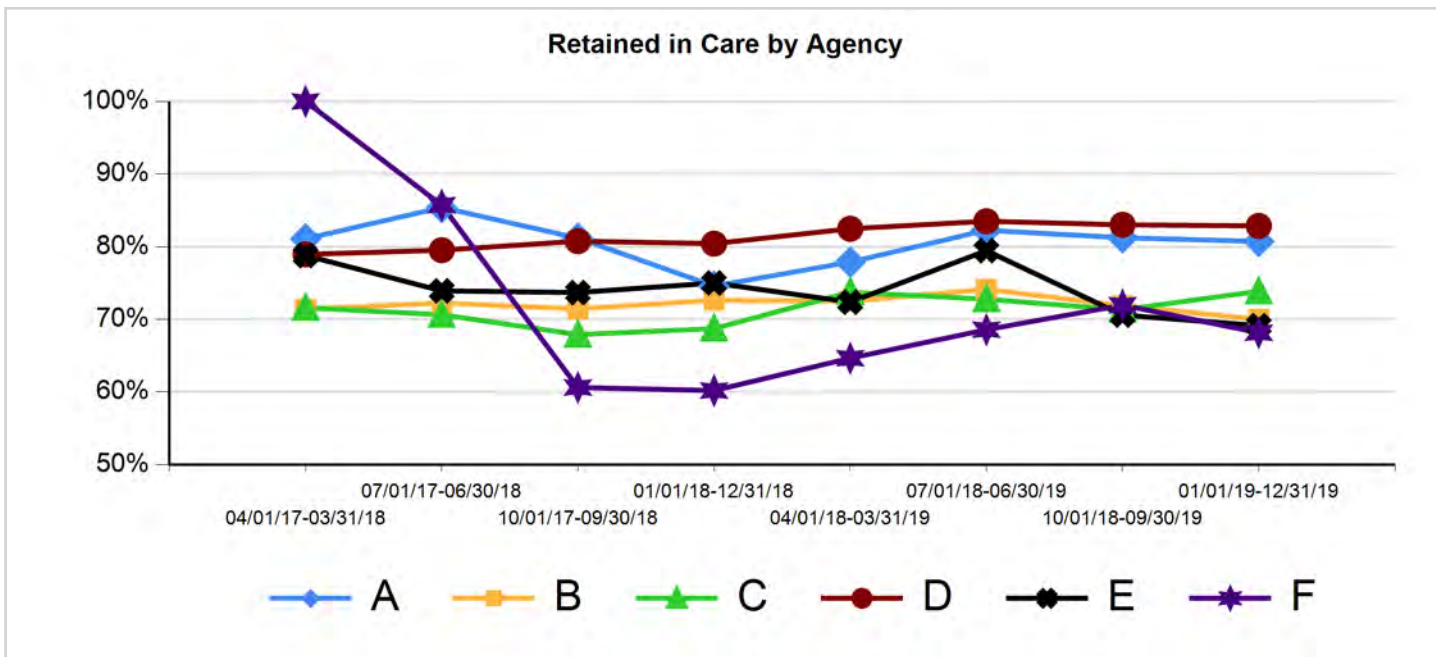
Retained in Care				
Houston EMA Medical Visits Measure				
	04/01/18 - 03/31/19	07/01/18 - 06/30/19	10/01/18 - 09/30/19	01/01/19 - 12/31/19
Number of clients who had 2 or more medical visits at least 3 months apart during the measurement year*	4,663	4,706	4,808	4,947
Number of clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year*	6,202	6,169	6,426	6,614
Percentage	75.2%	76.3%	74.8%	74.8%
Change from Previous Quarter Results	2.1%	1.1%	-1.5%	0.0%
* Not newly enrolled in care				



Retained in Care by Race/Ethnicity									
	07/01/18 - 06/30/19			10/01/18 - 09/30/19			01/01/19 - 12/31/19		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients who had 2 or more medical visits at least 3 months apart during the measurement year	2,089	1,909	598	2,137	1,958	599	2,200	2,017	605
Number of clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year*	2,891	2,348	785	3,033	2,445	802	3,109	2,533	820
Percentage	72.3%	81.3%	76.2%	70.5%	80.1%	74.7%	70.8%	79.6%	73.8%
Change from Previous Quarter Results	1.4%	0.5%	1.4%	-1.8%	-1.2%	-1.5%	0.3%	-0.5%	-0.9%

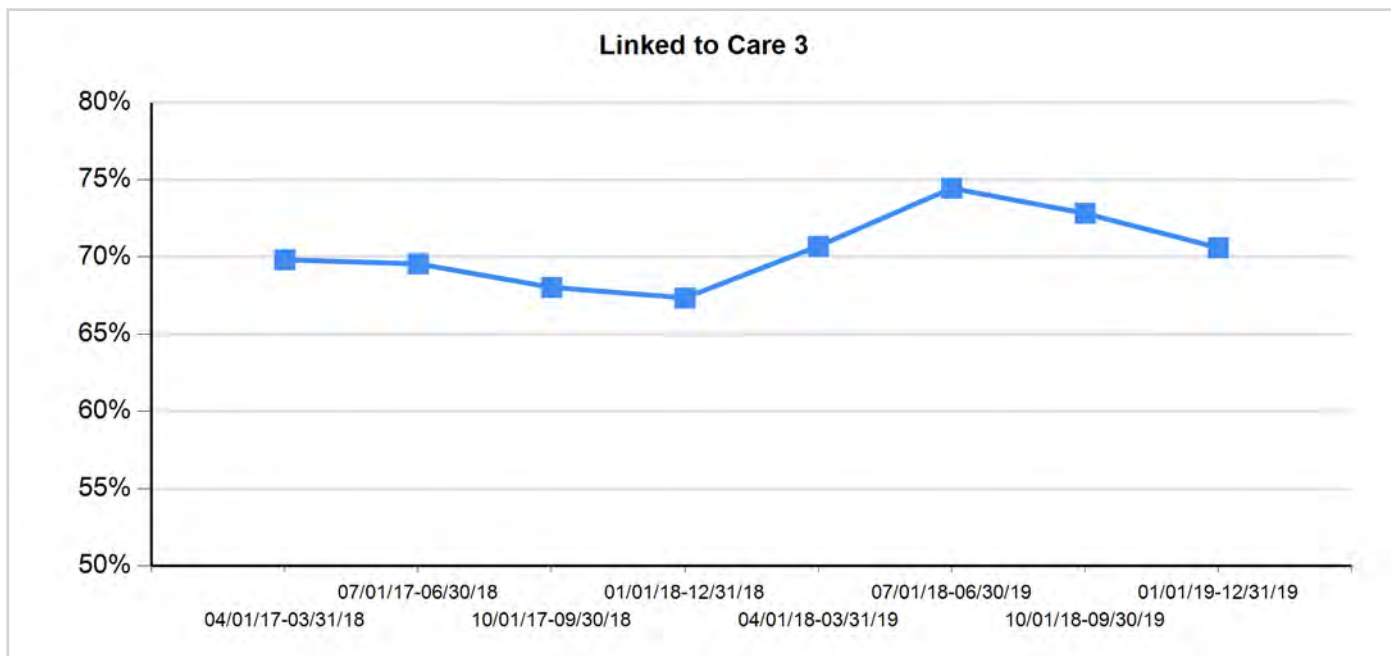


Retained in Care by Agency												
	10/01/18 - 09/30/19						01/01/19 - 12/31/19					
	A	B	C	D	E	F	A	B	C	D	E	F
Number of clients who had 2 or more medical visits at least 3 months apart during the measurement year	476	1,510	1,384	1,334	48	177	486	1,493	1,486	1,383	47	184
Number of clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year*	586	2,101	1,941	1,607	68	246	602	2,133	2,012	1,669	68	270
Percentage	81.2%	71.9%	71.3%	83.0%	70.6%	72.0%	80.7%	70.0%	73.9%	82.9%	69.1%	68.1%
Change from Previous Quarter Results	-1.0%	-2.3%	-1.5%	-0.5%	-8.9%	3.4%	-0.5%	-1.9%	2.6%	-0.1%	-1.5%	-3.8%



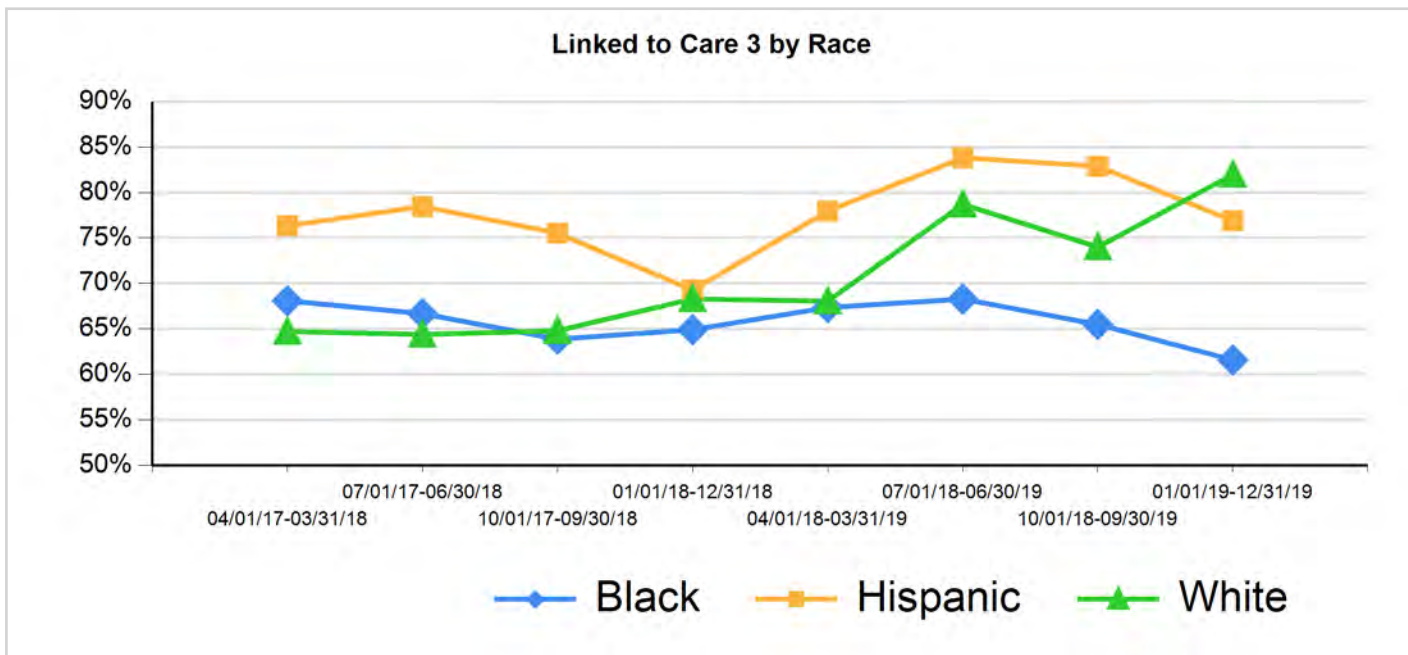


Linked to Care 3				
Medical Visits for Newly Enrolled Clients				
	04/01/18 - 03/31/19	07/01/18 - 06/30/19	10/01/18 - 09/30/19	01/01/19 - 12/31/19
Number of clients who had a medical visit with a provider at least once in the last 6 months of the measurement period	427	408	394	377
Number of newly enrolled clients who had a medical visit with a provider at least once in the first 6 months of the measurement period	604	548	541	534
Percentage	70.7%	74.5%	72.8%	70.6%
Change from Previous Quarter Results	3.3%	3.8%	-1.6%	-2.2%

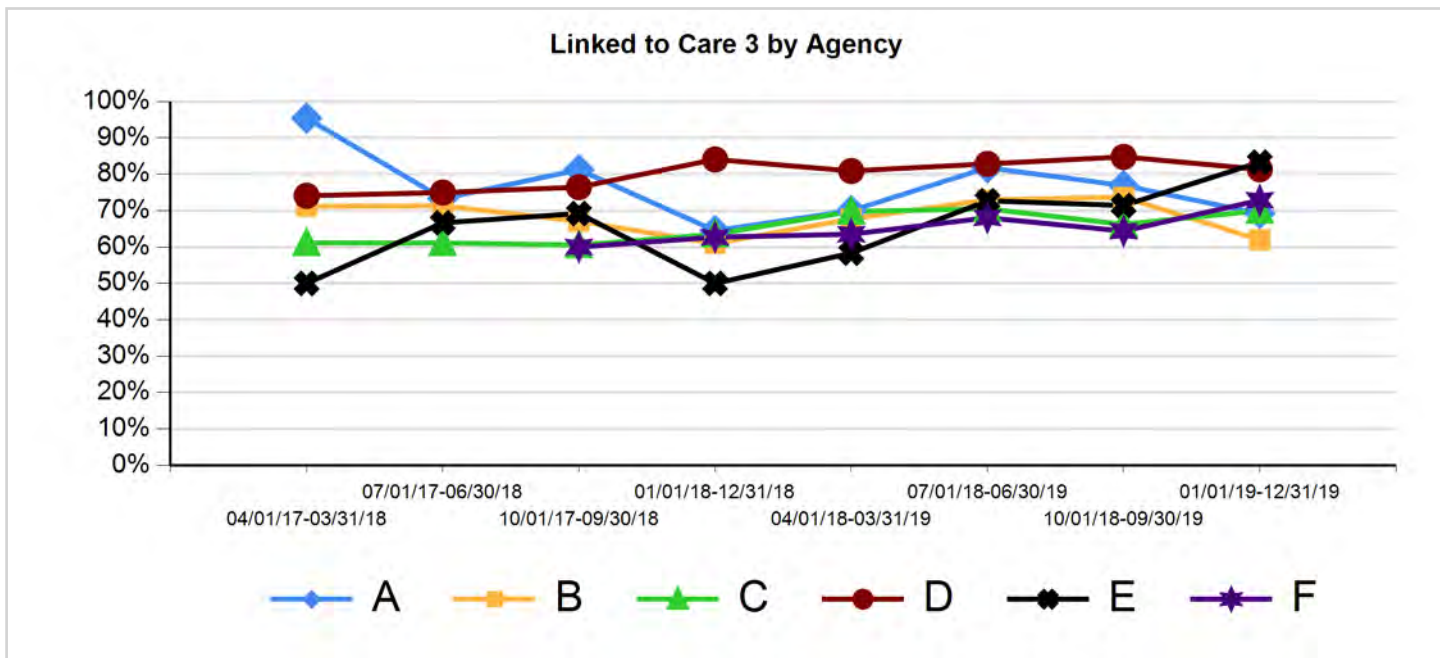




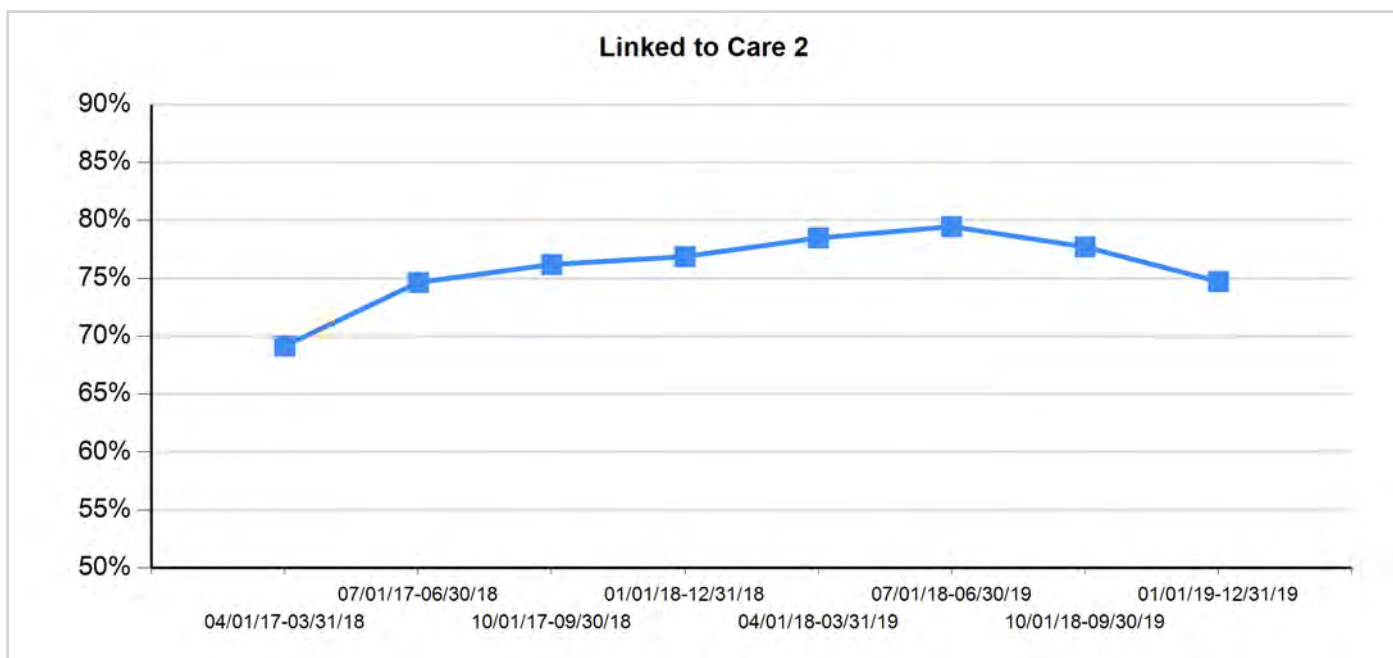
Linked to Care 3 by Race/Ethnicity									
	07/01/18 - 06/30/19			10/01/18 - 09/30/19			01/01/19 - 12/31/19		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients who had a medical visit with a provider at least once in the last 6 months of the measurement period	198	145	48	184	155	37	149	163	50
Number of newly enrolled clients who had a medical visit with a provider at least once in the first 6 months of the measurement period	290	173	61	281	187	50	242	212	61
Percentage	68.3%	83.8%	78.7%	65.5%	82.9%	74.0%	61.6%	76.9%	82.0%
Change from Previous Quarter Results	0.9%	5.9%	10.6%	-2.8%	-0.9%	-4.7%	-3.9%	-6.0%	8.0%



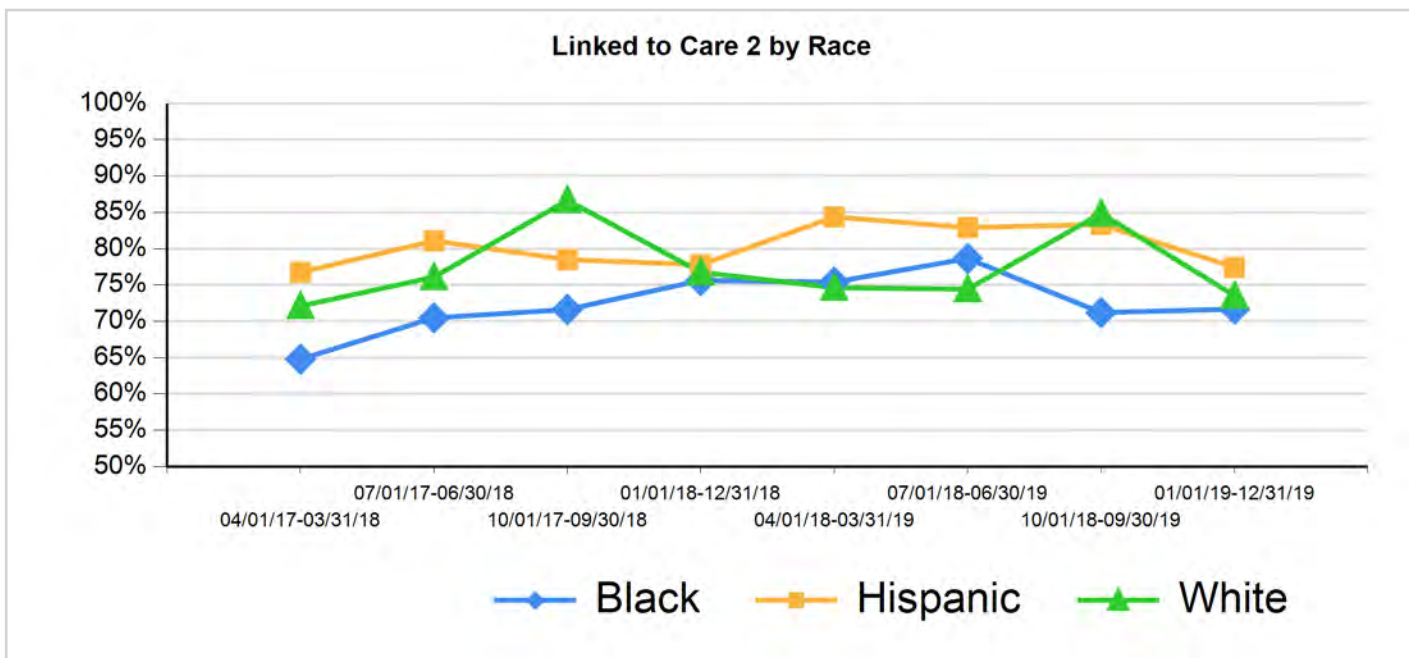
Linked to Care 3 by Agency													
	10/01/18 - 09/30/19						01/01/19 - 12/31/19						
	A	B	C	D	E	F	A	B	C	D	E	F	
Number of clients who had a medical visit with a provider at least once in the last 6 months of the measurement period	20	115	104	106	5	47	18	93	119	105	5	43	
Number of newly enrolled clients who had a medical visit with a provider at least once in the first 6 months of the measurement period	26	156	157	125	7	73	26	150	170	129	6	59	
Percentage	76.9%	73.7%	66.2%	84.8%	71.4%	64.4%	69.2%	62.0%	70.0%	81.4%	83.3%	72.9%	
Change from Previous Quarter Results	-4.9%	0.7%	-4.3%	1.9%	-1.3%	-3.7%	-7.7%	-11.7%	3.8%	-3.4%	11.9%	8.5%	



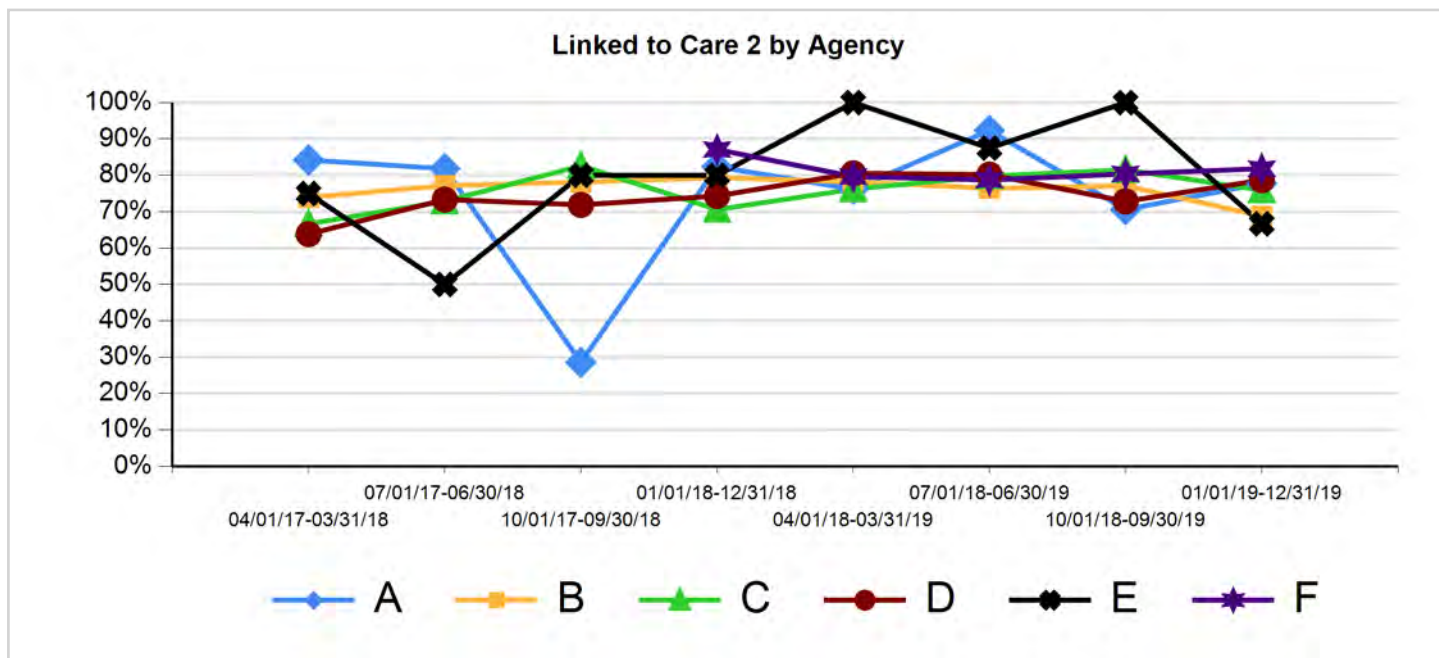
Linked to Care 2				
Viral Load Suppression Measure for Newly Enrolled Clients				
	04/01/18 - 03/31/19	07/01/18 - 06/30/19	10/01/18 - 09/30/19	01/01/19 - 12/31/19
Number of clients who have a viral load <200 copies/ml at last viral load in the measurement period	310	294	265	266
Number of newly enrolled clients who had a medical visit with a provider at least once in the first 4 months of the measurement period	395	370	341	356
Percentage	78.5%	79.5%	77.7%	74.7%
Change from Previous Quarter Results	1.6%	1.0%	-1.7%	-3.0%



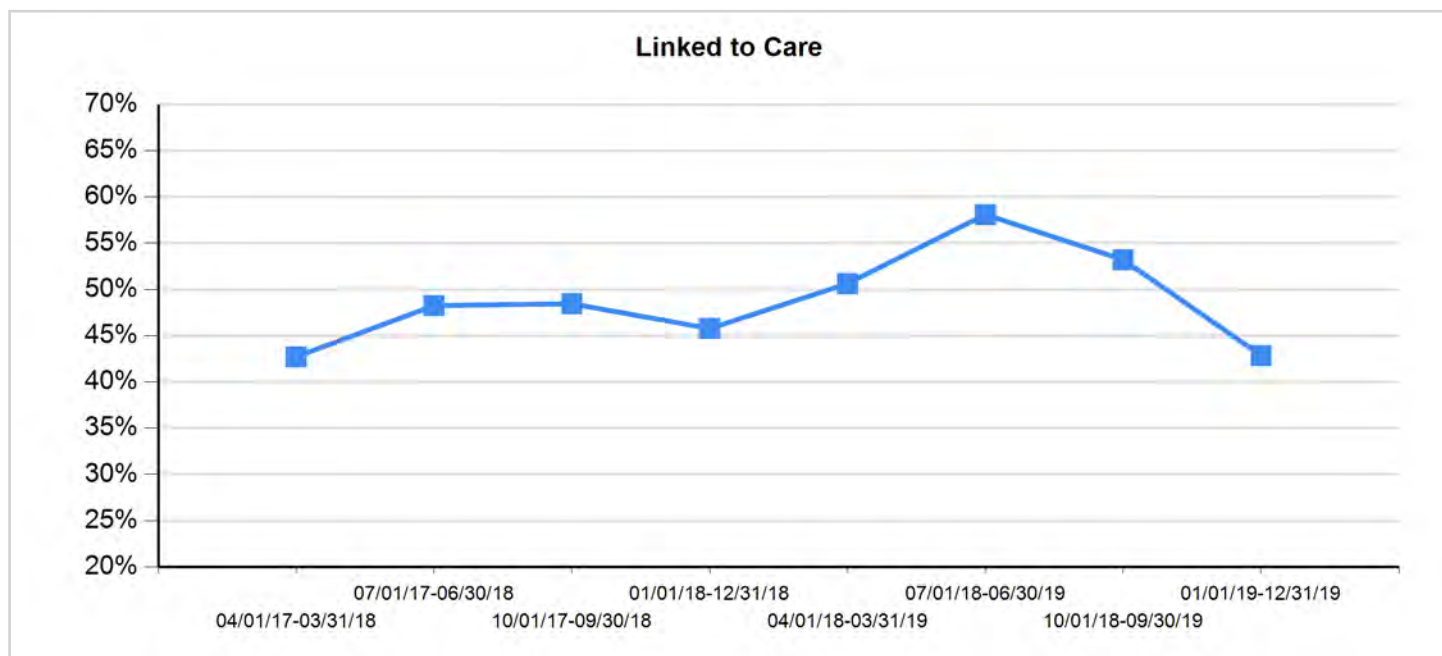
Linked to Care 2 by Race/Ethnicity									
	07/01/18 - 06/30/19			10/01/18 - 09/30/19			01/01/19 - 12/31/19		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients who have a viral load <200 copies/ml at last viral load in the measurement period	151	97	32	131	90	28	124	103	25
Number of newly enrolled clients who had a medical visit with a provider at least once in the first 4 months of the measurement period	192	117	43	184	108	33	173	133	34
Percentage	78.6%	82.9%	74.4%	71.2%	83.3%	84.8%	71.7%	77.4%	73.5%
Change from Previous Quarter Results	3.3%	-1.5%	-0.2%	-7.5%	0.4%	10.4%	0.5%	-5.9%	-11.3%



Linked to Care 2 by Agency												
	10/01/18 - 09/30/19						01/01/19 - 12/31/19					
	A	B	C	D	E	F	A	B	C	D	E	F
Number of clients who have a viral load <200 copies/ml at last viral load in the measurement period	12	74	75	59	5	41	14	75	82	59	4	36
Number of newly enrolled clients who had a medical visit with a provider at least once in the first 4 months of the measurement period	17	96	92	81	5	51	18	109	108	75	6	44
Percentage	70.6%	77.1%	81.5%	72.8%	100.0%	80.4%	77.8%	68.8%	75.9%	78.7%	66.7%	81.8%
Change from Previous Quarter Results	-21.7%	0.7%	1.7%	-7.4%	12.5%	1.7%	7.2%	-8.3%	-5.6%	5.8%	-33.3%	1.4%

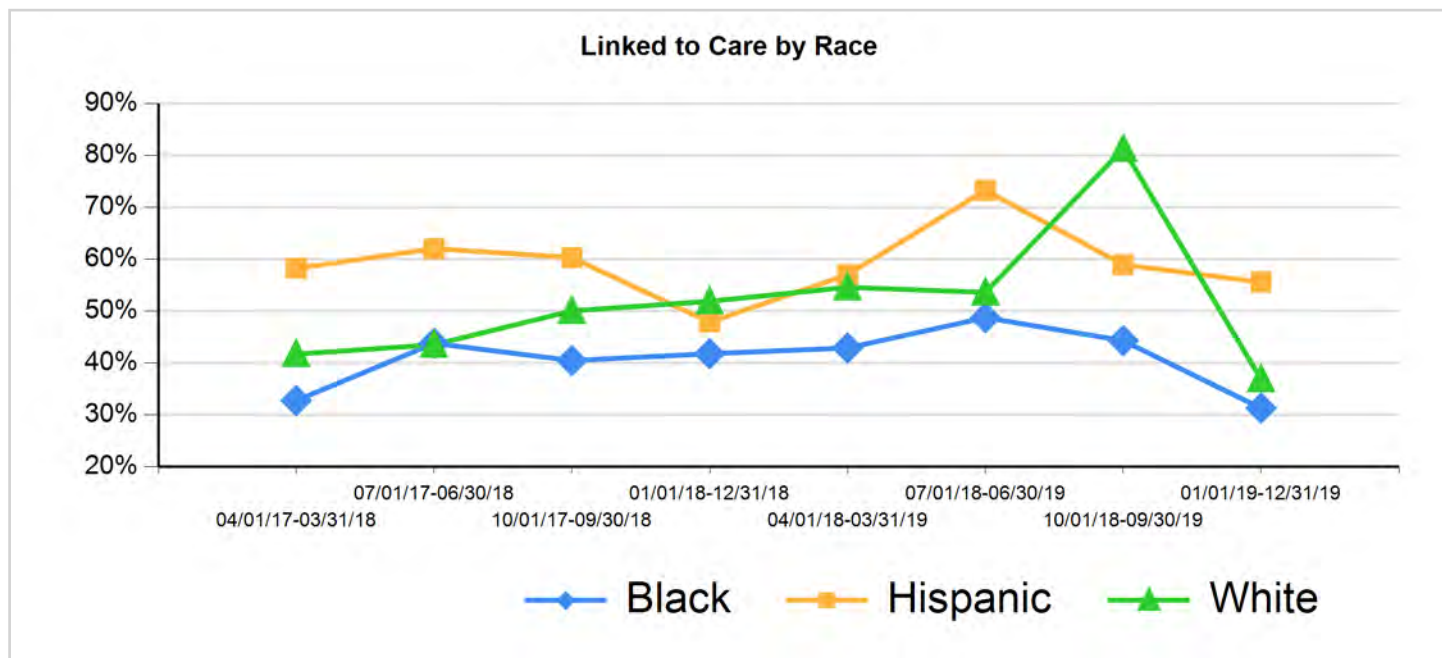


Linked to Care				
In+Care Campaign clients Newly Enrolled in Medical Care Measure				
	04/01/18 - 03/31/19	07/01/18 - 06/30/19	10/01/18 - 09/30/19	01/01/19 - 12/31/19
Number of newly enrolled uninsured clients who had at least one medical visit in each of the 4-month periods of the measurement year	121	140	116	99
Number of newly enrolled uninsured clients who had a medical visit with a provider with prescribing privileges at least once in the first 4 months of the measurement year	239	241	218	231
Percentage	50.6%	58.1%	53.2%	42.9%
Change from Previous Quarter Results	4.9%	7.5%	-4.9%	-10.4%
* exclude if vl<200 in 1st 4 months				

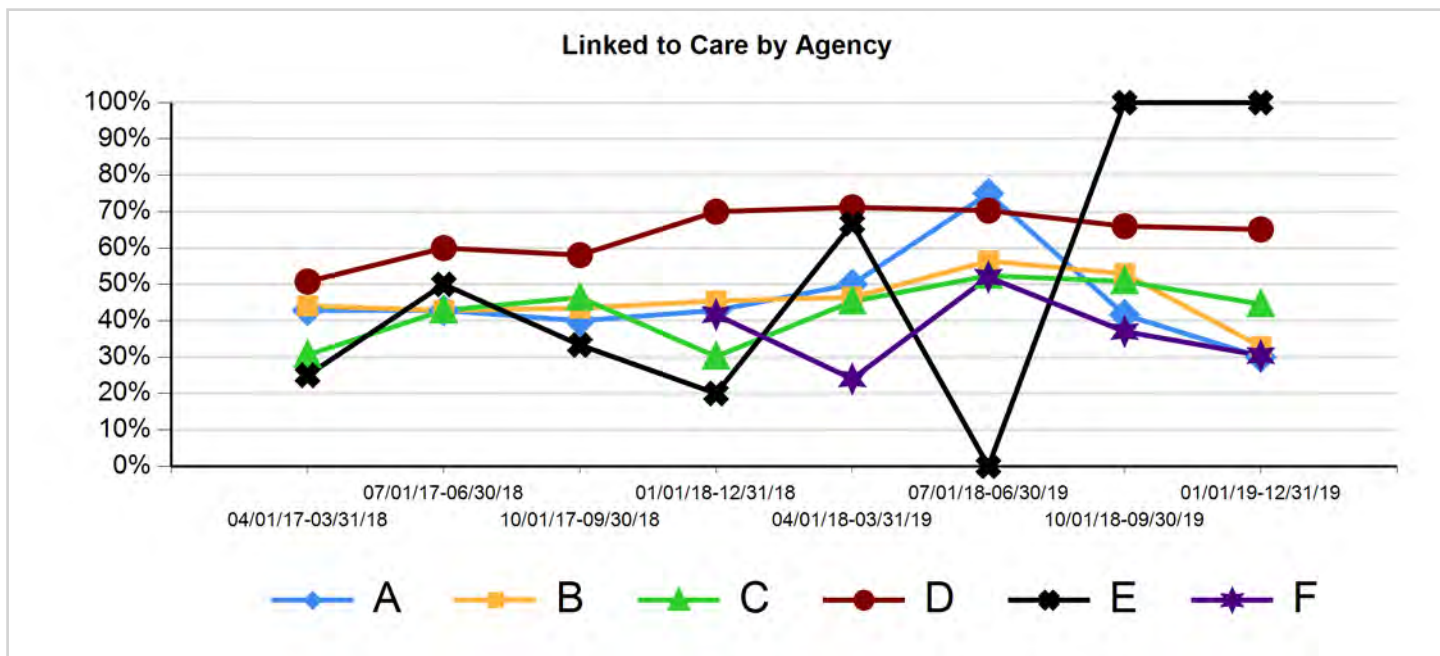




Linked to Care by Race/Ethnicity									
	07/01/18 - 06/30/19			10/01/18 - 09/30/19			01/01/19 - 12/31/19		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of newly enrolled uninsured clients who had at least one medical visit in each of the 4-month periods of the measurement year	56	63	15	54	43	13	35	50	7
Number of newly enrolled uninsured clients who had a medical visit with a provider with prescribing privileges at least once in the first 4 months of the measurement year	115	86	28	122	73	16	112	90	19
Percentage	48.7%	73.3%	53.6%	44.3%	58.9%	81.3%	31.3%	55.6%	36.8%
Change from Previous Quarter Results	5.8%	16.3%	-1.0%	-4.4%	-14.4%	27.7%	-13.0%	-3.3%	-44.4%
* exclude if vl<200 in 1st 4 months									

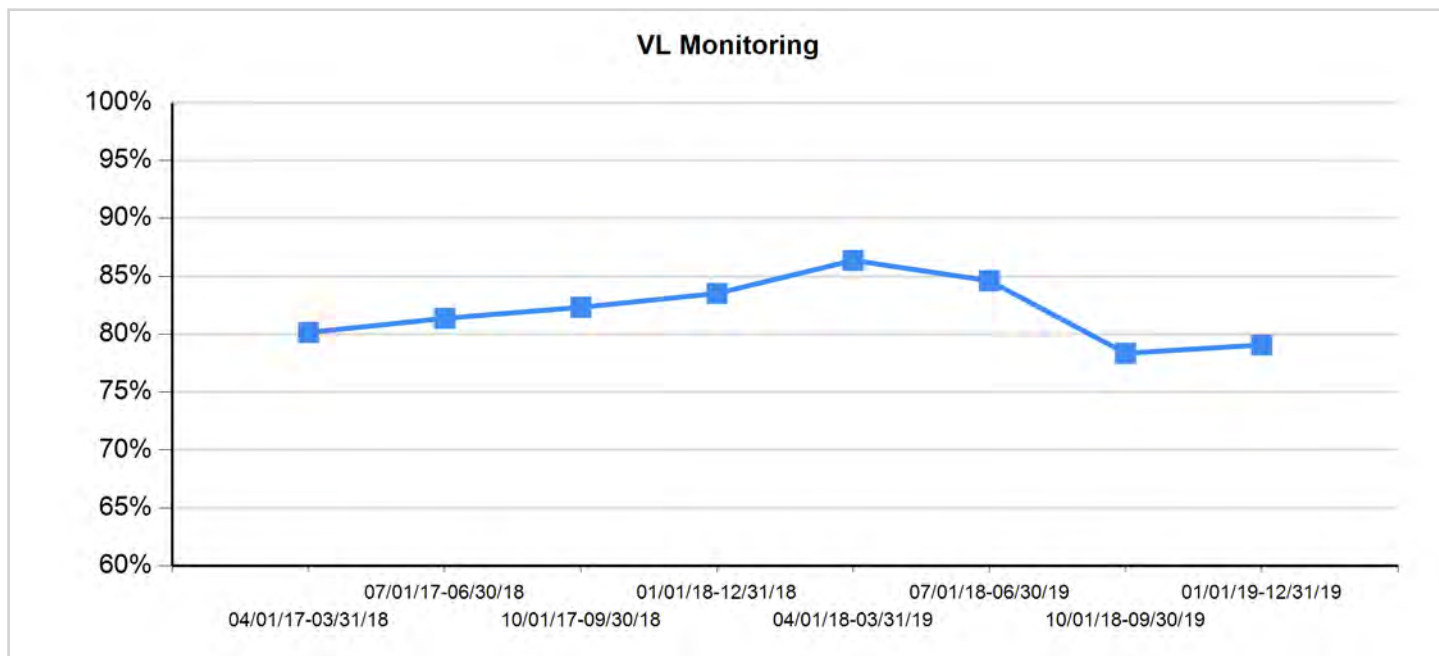


Linked to Care by Agency													
	10/01/18 - 09/30/19						01/01/19 - 12/31/19						
	A	B	C	D	E	F	A	B	C	D	E	F	
Number of newly enrolled uninsured clients who had at least one medical visit in each of the 4-month periods of the measurement year	5	36	30	33	2	10	3	26	33	28	4	7	
Number of newly enrolled uninsured clients who had a medical visit with a provider with prescribing privileges at least once in the first 4 months of the measurement year	12	68	59	50	2	27	10	79	74	43	4	23	
Percentage	41.7%	52.9%	50.8%	66.0%	100.0%	37.0%	30.0%	32.9%	44.6%	65.1%	100.0%	30.4%	
Change from Previous Quarter Results	-33.3%	-3.5%	-1.5%	-4.3%	100.0%	-15.0%	-11.7%	-20.0%	-6.3%	-0.9%	0.0%	-6.6%	
* exclude if vl<200 in 1st 4 months													

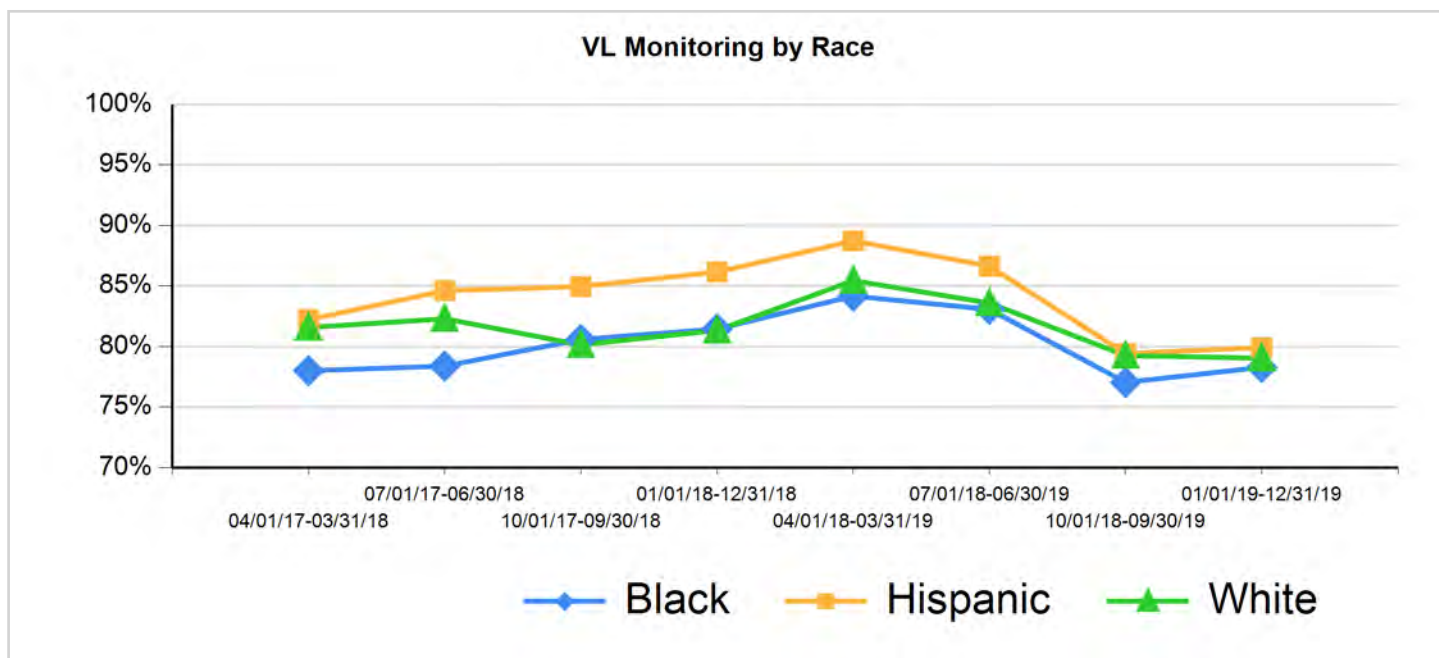




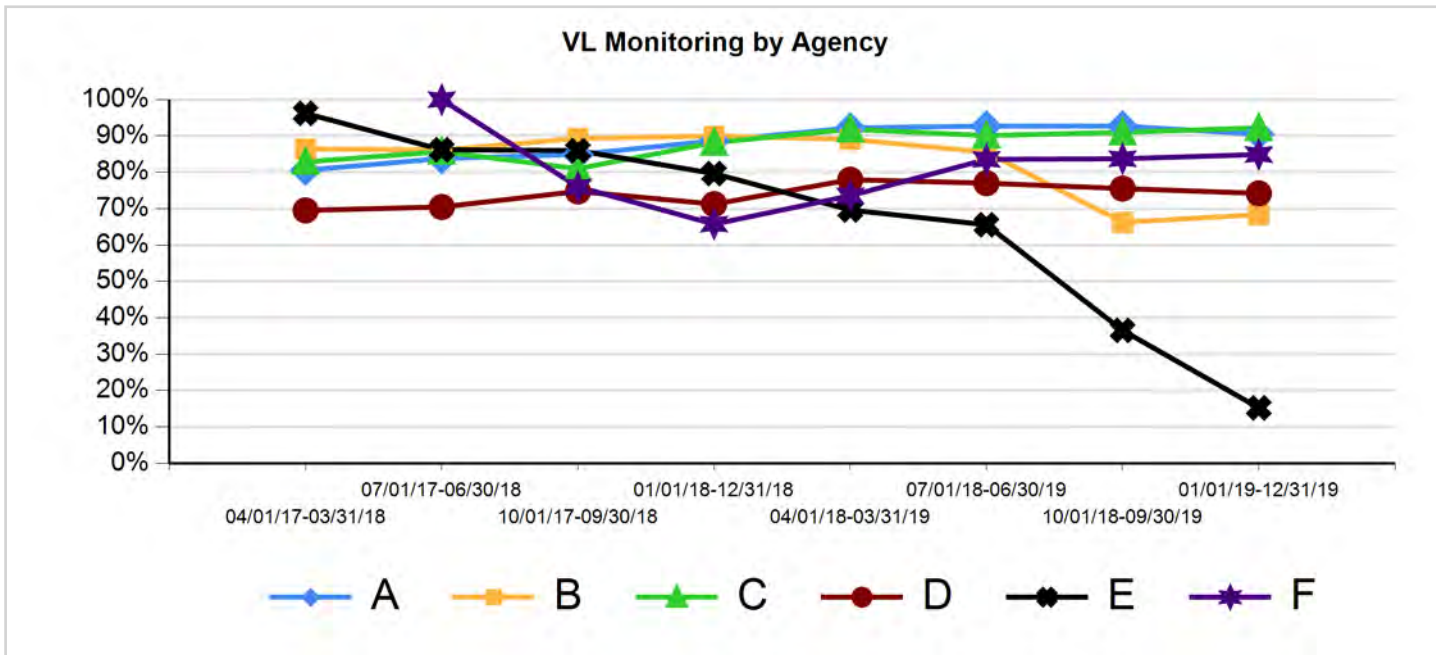
Viral Load Monitoring				
	04/01/18 - 03/31/19	07/01/18 - 06/30/19	10/01/18 - 09/30/19	01/01/19 - 12/31/19
Number of clients who had 2 or more Viral Load counts at least 3 months apart during the measurement year	4,322	4,295	4,054	4,179
Number of clients who had 2 or more medical visits at least 3 months apart with a provider with prescribing privileges, i.e. MD, PA, NP in the measurement year	5,004	5,076	5,174	5,285
Percentage	86.4%	84.6%	78.4%	79.1%
Change from Previous Quarter Results	2.8%	-1.8%	-6.3%	0.7%



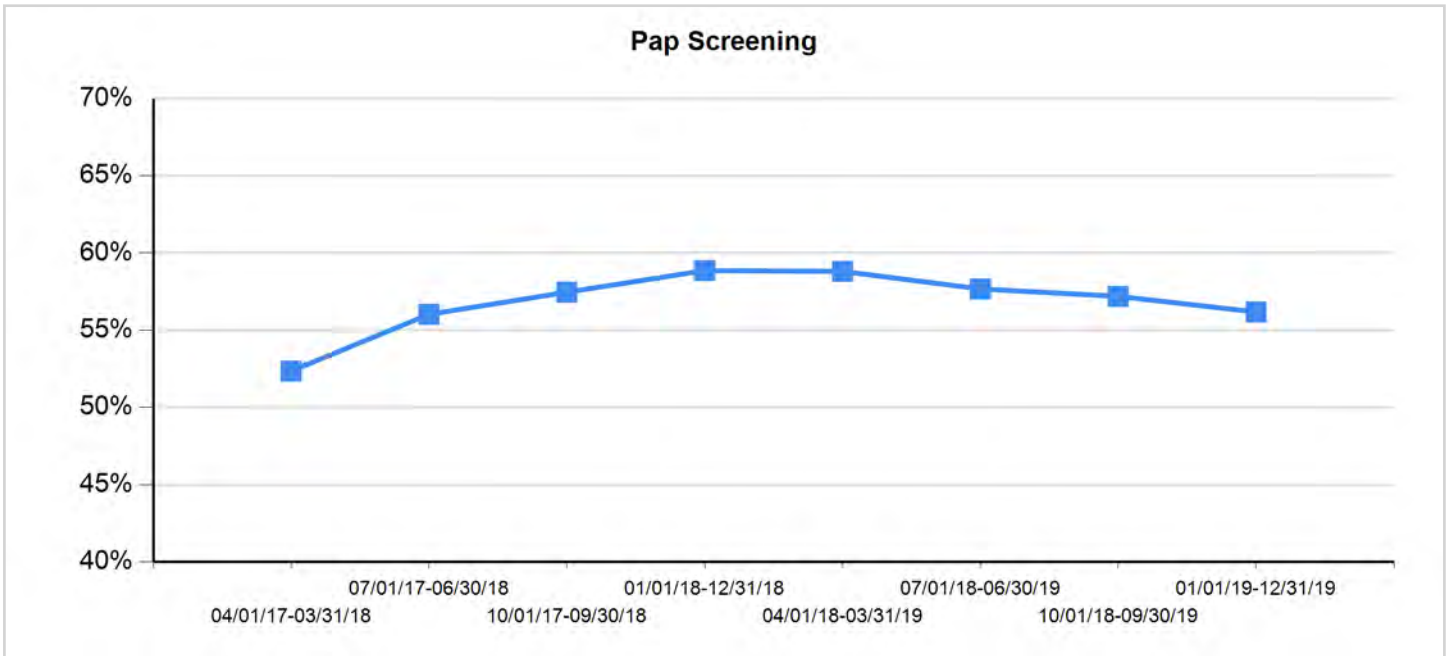
VL Monitoring Data by Race/Ethnicity									
	07/01/18 - 06/30/19			10/01/18 - 09/30/19			01/01/19 - 12/31/19		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients who had 2 or more Viral Load counts at least 3 months apart during the measurement year	1,889	1,763	540	1,781	1,663	504	1,856	1,707	509
Number of clients who had 2 or more medical visits at least 3 months apart with a provider with prescribing privileges, i.e. MD, PA, NP in the measurement year	2,274	2,035	646	2,312	2,094	636	2,371	2,136	644
Percentage	83.1%	86.6%	83.6%	77.0%	79.4%	79.2%	78.3%	79.9%	79.0%
Change from Previous Quarter Results	-1.1%	-2.1%	-1.9%	-6.0%	-7.2%	-4.3%	1.2%	0.5%	-0.2%



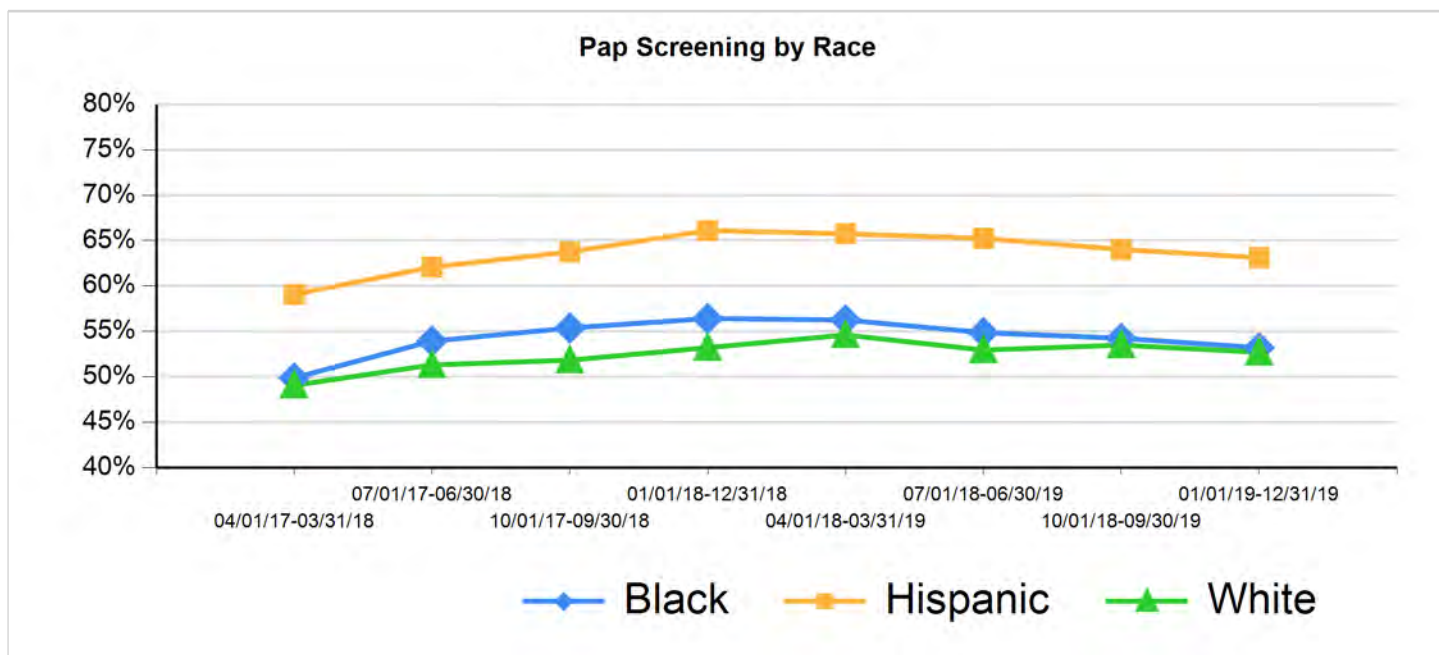
VL Monitoring by Agency													
	10/01/18 - 09/30/19						01/01/19 - 12/31/19						
	A	B	C	D	E	F	A	B	C	D	E	F	
Number of clients who had 2 or more Viral Load counts at least 3 months apart during the measurement year	459	1,036	1,342	1,047	19	139	447	1,047	1,425	1,068	7	163	
Number of clients who had 2 or more medical visits at least 3 months apart with a provider with prescribing privileges, i.e. MD, PA, NP in the measurement year	495	1,564	1,475	1,386	52	166	494	1,531	1,545	1,439	46	192	
Percentage	92.7%	66.2%	91.0%	75.5%	36.5%	83.7%	90.5%	68.4%	92.2%	74.2%	15.2%	84.9%	
Change from Previous Quarter Results	0.0%	-19.3%	0.9%	-1.5%	-29.0%	0.2%	-2.2%	2.1%	1.2%	-1.3%	-21.3%	1.2%	



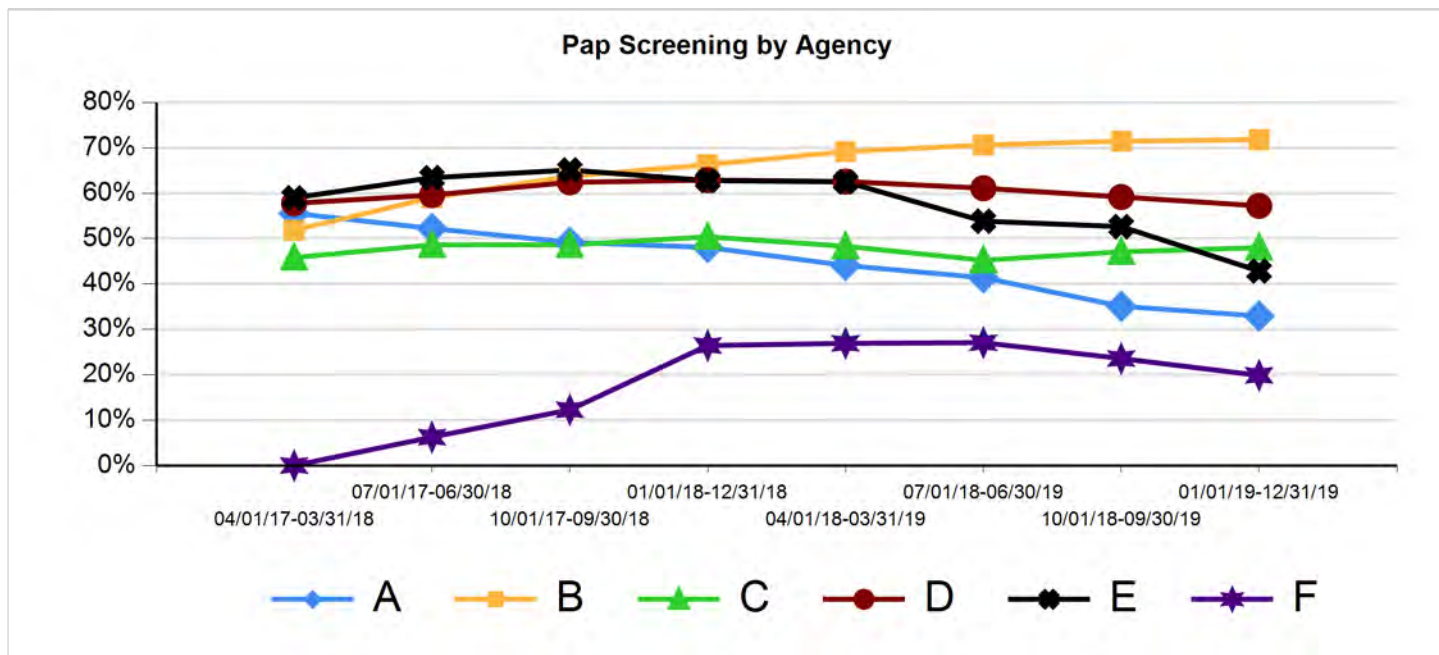
Cervical Cancer Screening				
	04/01/18 - 03/31/19	07/01/18 - 06/30/19	10/01/18 - 09/30/19	01/01/19 - 12/31/19
Number of female clients who had Pap screen results documented in the 3 years previous to the end of the measurement year	1,165	1,154	1,173	1,159
Number of female clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year	1,981	2,001	2,051	2,063
Percentage	58.8%	57.7%	57.2%	56.2%
Change from Previous Quarter Results	-0.1%	-1.1%	-0.5%	-1.0%



Cervical Cancer Screening Data by Race/Ethnicity									
	07/01/18 - 06/30/19			10/01/18 - 09/30/19			01/01/19 - 12/31/19		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of female clients who had Pap screen results documented in the 3 years previous to the end of the measurement year	672	366	90	679	372	92	674	368	88
Number of female clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year	1,225	561	170	1,252	581	172	1,267	583	167
Percentage	54.9%	65.2%	52.9%	54.2%	64.0%	53.5%	53.2%	63.1%	52.7%
Change from Previous Quarter Results	-1.4%	-0.5%	-1.7%	-0.6%	-1.2%	0.5%	-1.0%	-0.9%	-0.8%



Cervical Cancer Screening by Agency													
	10/01/18 - 09/30/19						01/01/19 - 12/31/19						
	A	B	C	D	E	F	A	B	C	D	E	F	
Number of female clients who had Pap screen results documented in the 3 years previous to the end of the measurement year	60	609	186	609	20	33	56	611	193	297	15	29	
Number of female clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year	171	852	395	507	38	140	170	851	402	519	35	146	
Percentage	35.1%	71.5%	47.1%	59.2%	52.6%	23.6%	32.9%	71.8%	48.0%	57.2%	42.9%	19.9%	
Change from Previous Quarter Results	-6.3%	0.9%	1.9%	-1.9%	-1.2%	-3.5%	-2.1%	0.3%	0.9%	-1.9%	-9.8%	-3.7%	



**Footnotes:**

1. Table/Chart data for this report run was taken from "ABR152 v5.0 5/2/19 [MAI=ALL]", "ABR076A v1.4.1 10/15/15 [ExcludeVL200=yes]", and "ABR163 v2.0.6 4/25/13"

A. OPR Measures used for the ABR152 portions: "Viral Load Suppression", "Linked to Care", "CERV", "Medical Visits - 3 months", and "Viral Load Monitoring"

**FYI**

**Received from: Pete Rodriguez as a follow-up to Dr. Patel's presentation on Opioid Use and HIV at the 09/12/19 Planning Council meeting**

**Hope Drives Us: Carilion Clinic's Response to the Opioid Epidemic**

Situation Analysis

If you spend time reading about the opioid epidemic, the future can seem bleak.

- 72,000 died in 2017 due to an overdose according to the Centers for Disease Control (CDC).
- One in 10 individuals has abused drugs according to *JAMA Psychiatry* (2015).
- According to the National Survey on Drug Use and Health (2014), 21.5 million American adults battled a substance use disorder.
- Even for those who have successfully found their way into recovery, the stigma of being a "drug addict" or a "user" has a lasting impact on future prospects.

In Carilion Clinic's region, the impacts have been great and far-reaching:

- 49 people died from opioid overdoses in the City of Roanoke in 2017.
- In Roanoke City, nearly 15 out of 1,000 births were babies with Neonatal Abstinence Syndrome in 2017, higher than the state's average.
- An average of two overdose patients presents each day in the CRMH Emergency Department. Many others present with other ailments that are exacerbated by their opioid use, including Hepatitis C and HIV.
- Employers find it difficult to hire able-bodied adults who can pass a drug test.
- Grandparents are stepping in as parents more and more as their adult children struggle with substance use disorders.

It took nearly two decades – almost a generation -- for us to find ourselves in this epidemic of opioid use and abuse, and the prediction is it will take at least as long to get out of it. That generational loss is impacting everything from physical and mental health to economic health.

Yet through it all, hope drives us.

A Task Force to Respond

Such a complex, all-encompassing challenge required an equally complex, all-encompassing response. While Carilion has been responding to the opioid epidemic since the beginning, during the past year, these efforts have accelerated through the formation of the Carilion Clinic Opioid Task Force.

The task force is charged with improving awareness and collaboration on existing opioid-related initiatives, beginning new initiatives, determining which programs have the greatest impact and then implementing those programs broadly.

In its first year, with the support and guidance of dozens of clinical and administrative staff, the task force has worked to organize a constellation of opioid-related programs – some that existed prior to the



task force and others that have been started by the task force. Underlying Carilion's success is a strong emphasis on research and evidence-based practices. Among multiple initiatives and projects, since the fall of 2017, Carilion has:

- Reduced stigma by educating our staff and the public on the nature of substance use disorder as a brain disease.
- Substantially reduced the number of opioid prescriptions and pill counts written by Carilion providers.
- Leveraged our medical informatics data to impact clinical care and research.
- Increased our capacity to take unwanted/unneeded opioids (and other drugs) off the street.
- Honed our criteria for when opioids are recommended.
- Offered evidence-based treatment programs and expanded capacity in those programs.
- Helped jump start recovery for patients.

And yet these successes are only the beginning of what can be done. Future success will depend on our ability to develop and maintain strategic partnerships with the community.

In its first year, the task force has developed integral partnerships within the community to support a host of efforts. Task force members hold leadership positions on the Roanoke Collective Response, a group of more than 70 individuals representing 60-plus agencies who are all responding to the epidemic. Task force members also hold seats on the Roanoke Valley Drug Task Force. There is a groundswell of support in the community for a coordinated response to this crisis.

The task force and the community are focused on the "three-legged stool" of addiction: prevention, treatment and recovery.

### Prevention

Carilion currently has 16 different initiatives that seek to prevent individuals from becoming addicted to opioids. More than 18 different departments or hospitals across the system are involved in these efforts. These programs and initiatives are complemented by dozens of community programs.

- Reducing opioid prescriptions
  - Our **Clinical Advancement and Patient Safety Department** is using behavioral economics to reduce the number of opioid pills dispensed through Carilion providers. So far, the number of pills prescribed has been reduced over 25 percent, and the trend continues to show fewer and fewer pills prescribed. In essence, the team has made it easier to prescribe fewer pills – the behavior we want to see from our providers – and more difficult to prescribe more pills. Carilion's electronic health record system (EPIC) now displays daily morphine equivalents so that physicians can see a patient's total daily exposure to prescribed opioids.
  - The **Departments of Emergency Medicine, Family and Community Medicine, Orthopaedics, and Surgery** have worked with the **Health Analytics** team to develop dashboards that show data about our opioid prescriptions in real time. All departments now have access to the dashboards, which enable physician and quality leaders to review outliers and address unique situations more readily. Previous research conducted in the Emergency

Department showed that when providers see their rates of prescription and pill counts, they prescribe fewer opioids.

- The **Carilion Clinic Pharmacy** participates in NarxCare, which connects providers with the Virginia Prescription Monitoring Program (PMP), giving them a more holistic view of a patient's medications, even if they weren't prescribed by a Carilion provider. Carilion prescribers are now able to access the PMP through NarxCare in a more efficient fashion. In addition, NarxCare provides a risk score and overdose score which are available in EPIC to assist with prescribing naloxone and recognizing potential high-risk patients.
  
- Increasing alternative pain therapies
  - The **Department of Surgery's Pain Management section** has enhanced its multidisciplinary approach to managing chronic pain. They emphasize non-opioid treatments, including non-medication management using interventional therapies (e.g. epidural steroid injections, radiofrequency ablation, spinal cord stimulation), physical therapy, occupational therapy, pain psychology and psychiatry (in collaboration with the **Department of Psychiatry and Behavioral Medicine**), and nutritional counseling (e.g. anti-inflammatory diet). For acute pain, the team has emphasized the importance of using non-opioids whenever possible. The anesthesia team uses regional anesthesia techniques whenever possible to lessen the need for post-operative opioids.
  
- Reducing drug diversion
  - The **Carilion Clinic Pharmacy** in coordination with **Planning and Community Development** installed drug take-back boxes in the lobbies of all retail pharmacy locations and community hospitals so that people have a reliable place to safely dispose of unused pharmaceuticals. When people safely dispose of unused medicines, they can help prevent those medications from being used by someone other than the person who received the prescription. As of October 2018, more than 800 pounds of medications have been collected and disposed of.
  - **Carilion Franklin Memorial Hospital** received a grant from the **Carilion Clinic Foundation** to offer special drug disposal bags to patients who receive opioid prescriptions. **Carilion Clinic Pharmacy** has also secured bags from the Virginia Department of Health to distribute with opioid prescriptions elsewhere throughout the system. To date, more than 750 disposal bags have been distributed.
  - **Carilion Clinic Home Health and Hospice** worked with their industry association colleagues to lobby for Virginia House of Delegates Bill 501 (HB501), which requires every hospice to develop policies and procedures for the disposal of drugs dispensed as part of the hospice plan of care for a patient. The bill was passed and signed into law during the 2018 General Assembly session in Richmond.
  - The **Department of Surgery, Pain Management section** worked with Roanoke Area Youth Substance Abuse Council (RAYSAC) to acquire special lock boxes that are sent home with pain management patients who would otherwise not be able to keep their controlled substances safe.
  
- Predicting Risk of Developing Substance Use Disorder

- **Carilion Tazewell Community Hospital (CTCH)** received a three-year grant from the Virginia Rural Health Association (VRHA) to educate patients who may be at high risk for developing substance use disorders. VRHA is training CTCH staff to conduct interviews with patients and their families to assess their risk level, then connect them with resources as needed.
- Since 2015, the **Department of Psychiatry and Behavioral Medicine** has trained more than 850 health care workers on the practice of Screening, Brief Intervention, and Referral to Treatment (SBIRT). SBIRT is an evidence-based practice used to identify, reduce and prevent problematic use, abuse and dependence on alcohol and illicit drugs.
- The **Health Analytics** department is working with our vendor Jvion to develop a predictive analytics tool that would help clinicians assess a patient's proclivity to substance use disorder.
  
- Training and Building Awareness
  - For several years, **Carilion Clinic Pharmacy** has been training patients and family members on the use of naloxone (Narcan®). The **Department of Pediatrics School Nurses Program** has also begun training school nurses and administrators on the use of naloxone.
  - **Carilion Clinic Pharmacy**, in coordination with the **Marketing and Communications Department** and **Human Resources Training and Development**, produced and disseminated educational materials about opioids that became required continuing education for clinicians.
  - The **Department of Psychiatry and Behavioral Medicine** and **VTC** are working with the Substance Abuse and Mental Health Services Administration to increase addiction education in the medical schools in the region, and with the Governor's Task Force and the Virginia Department of Health on opioid/pain curricula standards for all professional schools in Virginia.
  - Clinicians from the **Departments of Psychiatry and Behavioral Medicine, Emergency Medicine and Orthopaedics** developed and presented educational programs on opioids to such groups as the Virginia Department of Health Professions, the Prevention Council of Roanoke County, the Virginia Department of Medical Assistance Services, the Virginia Association of Community Service Boards and the Virginia Department of Corrections.
  - The **Department of Orthopaedics** developed and distributed wallet cards for patients that included information on disposing of left-over prescription drugs. The cards are now available for other departments to use with their patients.
  - The **Marketing and Communications Department** promoted opioid related news stories and subject matter experts throughout the year, resulting in nearly 100 news stories. To complement the media attention, the team developed and distributed six stories internally through Inside Carilion and externally through CarilionClinicLiving.com.

### Treatment

Given our size and scope of services, Carilion plays a vast role in the treatment of substance use disorders. Few community partners directly provide treatment. The five initiatives below are a good broad view of the work our providers do.

- The **Department of Psychiatry and Behavioral Medicine** established an office-based opioid treatment (OBOT) program for 240 patients at CRMH – the first OBOT by any Virginia academic health center. Now, in conjunction with the **Departments of Obstetrics and Gynecology and Pediatrics**, they have begun establishing two additional OBOT programs to provide coordinated care—one at St. Albans for broad care access and one in Roanoke that specifically targets pregnant women.
- The **Departments of Psychiatry and Behavioral Medicine, Obstetrics and Gynecology, and Pediatrics** have collaborated on a special five-bed unit in the NICU at Carilion Children’s that will treat neonatal abstinence syndrome (NAS) babies. Carilion Children’s sees on average 12 NAS babies each month.
- **Carilion Roanoke Memorial Hospital** has established a unique program to treat patients with substance use disorder and endocarditis. In one particular unit, a multi-disciplinary team of nurses, physicians, peer recovery specialists and others provide care to a population of patients who need to find their way into recovery. More than 25 patients have been treated so far in the program.
- The **Department of Psychiatry and Behavioral Medicine** has established five support groups to address the needs of mothers and pregnant women who are dealing with substance abuse, as well as other individuals with substance use disorder (SUD). That effort currently reaches approximately 75.
- The **Departments of Psychiatry and Behavioral Medicine and Emergency Medicine** have crafted a program to offer patients in the Carilion Roanoke Memorial Hospital ED with opioid overdose an induction onto buprenorphine/ naloxone, with sufficient medication to begin treatment in the OBOT there.
- The **Department of Psychiatry and Behavioral Medicine** has teamed up with the Virginia Department of Health and will be the hub of a new program called Project ECHO. Project ECHO’s goal is to disseminate evidence-based best practice knowledge to health care professionals seeking to strengthen their medical treatment of persons with an opioid use disorder using the nationally acclaimed ECHO methodology. The program will also provide support to newly established OBOT programs or prospective OBOTs with newly waived practitioners to increase our capacity to effectively serve the population struggling with an opioid use disorder.

### Recovery

Many other community organizations specialize in this area. Carilion’s contribution to recovery is in being the bridge between acute treatment and recovery.

- **Planning and Community Development**, in conjunction with the **Department of Psychiatry and Behavioral Medicine**, have developed a best-practice peer recovery program to train peer recovery specialists, engage them as volunteers and then hire them to care for individuals with substance use disorders and mental illnesses. Carilion Clinic is the first and only hospital system to be able to train peer recovery specialists in the Commonwealth of Virginia. Thirty-two peer recovery specialists have been trained since the program’s inception. Seven of them now volunteer at Carilion, having invested more than 900 hours in the program. In addition, these volunteers have facilitated 32 inpatient groups and 40 community recovery groups.

## Research

Research is the foundation for the work we are doing and will remain so going forward. The programs Carilion has developed or is developing are continuously monitored for their results and outcomes, in an effort to strengthen evidence-based practices in substance use disorder prevention, treatment and recovery.

- **Carilion Clinic Research and Development**, initially with support from the **Department of Orthopaedics**, established the Carilion Opioid-Related Research Interest Community (CORRIC), which brings together researchers, health care workers, patients and community members to explore the opioid-related issues of our region through research endeavors. The group meets monthly and produces a newsletter to exchange ideas and develop collaborations for research projects and grant submissions.
- One collaborative research project stemming from CORRIC involves team members from **Jefferson College of Health Sciences**, the **Department of Psychiatry and Behavioral Medicine** and **Virginia Tech Carilion School of Medicine**. They will investigate Substance Use Disorder in Females: Increase Healthcare Utilization in Both Inpatient and ED Visits.
- Another research study involves the **Department of Psychiatry and Behavioral Medicine** and will investigate medication-assisted treatment (MAT) coupled with psychotherapy. This investigation involves a randomized clinical trial examining the effectiveness of combining buprenorphine/naloxone MAT with START NOW, a skills-based psychosocial intervention modified specifically for the ambulatory substance use disorder (SUD) patient population. This study in collaboration with **Virginia Tech Carilion Research Institute** will assess clinical outcomes and also explore neural correlates to treatment response utilizing functional magnetic resonance imaging (fMRI).
- **Carilion Clinic Health Analytics** has recently introduced informatic tools, including TriNetX, to assess the feasibility of pursuing hypothesis driven opioid-related research. This tool will allow us to leverage Carilion Clinic resources with other state institutions on the TriNetX collaborative network.
- The **Virginia Tech Carilion Research Institute** is tackling addiction too. Fundamental to solving the problem of addiction and other dysfunctional health behaviors is to understand how an individual continues to engage in a behavior despite recognizing that this behavior is both problematic and self-handicapping. The Addiction Recovery Research Center seeks to answer this and related questions by examining decision-making processes that support dysfunctional behaviors and seeks novel therapeutic means to repair those dysfunctional processes. Projects include the translational assessment of dysfunctional decision-making among the addicted and using that knowledge to explore diverse interventions to treatment and improve the decision-making dysfunction. A central tenet of this research is that trans-disease processes undergird the expression of a variety of self-handicapping decisions and that successful treatments will be applicable across those diseases.

## The Future

In October 2018, Carilion hosted officials from the Virginia Department of Medical Assistance Services (VDMAS), who were very interested in the work we are doing in response to the opioid epidemic. Chief

Medical Officer for Medicaid Dr. Katherine Neuhausen and Chief Innovation Officer Dr. Chethan Bachireddy validated the work Carilion is doing to stem the tide of substance abuse disorder. They were impressed with the efforts we have undertaken and encouraged us to keep moving forward.

Carilion Clinic has by far the most comprehensive health system-wide response to the addiction crisis and the most advanced clinical programs that I have seen at any health system in Virginia. I would like to congratulate you on the amazing progress that you've made in the past 2 years and thank you for your leadership and hard work in advancing and transforming Carilion's addiction treatment programs.

As encouraging as that validation is, we know we have much work left to do. Of course, we'll continue to focus on tactical steps such as:

- Developing a program that helps bridge the gap between when an overdose patient is seen in the CRMH Emergency Department and when he or she can get into an OBOT program. The so-called "bridge clinic" will provide naloxone/buprenorphine to bridge the time it takes to connect the patient with an OBOT.
- Connecting our emergency physicians and pharmacists with law enforcement officers to build a bridge of information.
- Further enhancing non-opioid treatments for pain including neuromuscular massage therapy, craniosacral massage therapy and other massage therapy modalities.
- Exploring the connections between clinical care, technology and industrial sciences to better address addiction and the provision of health care services, through innovative programs like data-thons and hack-a-thons.
- Standardized order sets for chronic pain management to help reduce the variation in how our clinicians approach patients with chronic pain.
- Collaborating with the judiciary on designing modern drug courts that are evidence-based in their responses, penalties and punishments.
- Educating the public through continued media exposure, Carilion-owned media channels like Carilion Medicine, speaking opportunities and community discussions.
- Researching what kind(s) of psychotherapies are most effective in the treatment of substance use disorders.

In a much grander sense, the vision for the future extends far beyond the opioid epidemic and anticipates the next crisis and the one after that. Coordination of care for mental health issues across the community is often fragmented. Carilion has the resources, the expertise and – most importantly— the will to improve our collective response to this crisis and the ones we will face in the future.

Hope is a strong driver. Combined with strategy and vision, it is unstoppable.