Houston Area HIV Services Ryan White Planning Council
Office of Support
Meeting Location: 1440 Harold Street, Houston, Texas 77006
832 927-7926 telephone; http://rwpchouston.org

Memorandum

To:	Members, Quality Improvement Committee	
	Tana Pradia, Co-Chair	Norman Mitchell
	Pete Rodriguez, Co- Chair	Diana Morgan
	Kevin Aloysius	Beatriz E.X. Rivera
	Yvonne Arizpe	Evelio Salinas Escamilla
	Caleb Brown	*Rodrigo Arias*
	Michael Elizabeth	*Lisa Felix*
	Glen Hollis	*Ivy Ortega*
	Denis Kelly	*Gloria Sierra*
		Mike Smith
Copy:	Glenn Urbach	Patrick Martin
	Eric James	Tionna Cobb
	Mauricia Chatman	Jeff Benavides
	Francisco Ruiz	Diane Beck
	James Supak	Rodriga "Rod" Avila
	Tiffany Shepherd	Gary Grier
	Sha'Terra Johnson	
From:	Tori Williams	
Date:	Tuesday, November 12, 2024	
Re:	Meeting Notice	

We look forward to seeing you for the final meeting of 2024. Please note the meeting details below:

Quality Improvement Committee Meeting
2:00 p.m., Tuesday, November 19, 2024

To participate virtually, click on this link:
https://us02web.zoom.us/j/81144509622?pwd=SFNBM1RScVFabHkzakVpaUZoeHhIdz09
Meeting ID: 811 4450 9622 Passcode: 125672
Or, call in by dialing: 346 248 7799

To attend in person: Bering Church, 1440 Harold St, Houston, Texas 77006. Please enter the building from the Hawthorne Street parking lot behind the church.

RSVP to Rod and let her know if you will be in attendance or not. She can be reached by telephone at 832 927-7926 or by email at: Rodriga.Avila@harriscountytx.gov. And, if you have questions for your committee mentor, do not hesitate to contact her at: Tana Pradia, 832 298-4248, tanapradia@gmail.com.

DRAFT

Houston Area HIV Services Ryan White Planning Council
Quality Improvement Committee
2:00 p.m., Tuesday, November 19, 2024

Join the meeting via Zoom at:
https://us02web.zoom.us/j/81144509622?pwd=SFNBM1RScVFabHkzakVpaUZoeHhIdz09
Meeting ID: 811 4450 9622 Passcode: 125672
Or, use your cell phone to dial in at: 346 248 7799
In person location: 1440 Harold Street, Houston, Texas 77006

Agenda
* = Handout to be distributed at the meeting

Please note that the use of artificial intelligence (AI) is prohibited at Ryan White sponsored meetings.

I.	Call to Order	Tana Pradia and
	A. Welcoming Remarks and Moment of Reflection	Pete Rodriguez, Co-Chair
	B. Adoption of Agenda	
	C. Approval of Minutes	
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.	Reports from the Administrative Agents	
	A. Ryan White Part B and State Services	Tionna Cobb
	B. Ryan White Part A	Glenn Urbach
	1. Procurement and SUR* Reports	
	2. Update on Spanish Translation at RW funded Clinics	Mauricia Chatman
	3. General updates on Other Services	Eric James
IV.	FY 2025 Standards of Care and Performance Measures	Bob Taylor and
	A. Ryan White Part A and MAI	Kevin Lara, RWGA**
	B. Ryan White Part B and State Services (SS)	Patrick Martin, TRG***
	C. DSHS Standards of Care: Substance Abuse Outpatient & Residential	Sha'Terra Johnson
V.	Old Business	
	A. 2025 Data Reports	
	B. Committee Quarterly Report	
	C. Appreciations	
VI.	Announcements	
VII.	Adjourn	

* SUR = Service Utilization Report
**RWGA = Ryan White Grant Administration
***TRG = The Resource Group

Houston Area HIV Services Ryan White Planning Council

Quality Improvement Committee
2:00 p.m., Tuesday, October 15, 2024
Meeting location: Bering Church 1440 Harold St, Houston, TX 77006 and Zoom Teleconference

Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Tana Pradia, Co-Chair	Kevin Aloysius	Josh Mica, he/him/el, RWPC Chair
Pete Rodriguez, Co-Chair	Michael Elizabeth	Glenn Urbach, RWGA
Yvonne Arizpe	Norman Mitchell, excused	Eric James, RWGA
Caleb Brown	Diana Morgan	James Supak, RWGA
Glen Hollis	Oscar Perez	Tiffany Shepherd, TRG
Denis Kelly	Beatriz E.X. Rivera	Sha'Terra Johnson, TRG
Evelio Salinas Escamilla	*Rodrigo Arias, excused*	Tionna Cobb, TRG
Ivy Ortega	*Lisa Felix*	Jeff Benavides, TRG
	Gloria Sierra	Tori Williams, Ofc. of Support
	Mike Smith	Diane Beck, Ofc. of Support

Call to Order: Pete Rodriguez, Co-Chair, called the meeting to order at 2:05 p.m. and asked for a moment of reflection.

Adoption of the Agenda: ***Motion #1****: it was moved and seconded (Kelly, Rodriguez) to approve the agenda.* **Motion carried**.

Approval of the Minutes: ***Motion #2****: it was moved and seconded (Kelly, Hollis) to approve the September 17, 2024 minutes.* **Motion carried**. Abstentions: Arizpe, Brown, Escamilla, Ortega.

Public Comment: Evelio Escamilla strong advocate for making rapid start a standard of care for the counties they've been visiting around Texas but he doesn't want to overstep the capacity of the jurisdiction. He is looking forward to one day when rapid start will be the basic standard of care in Houston and across Texas.

Reports from the Administrative Agents:
Ryan White Part A/MAI: Urbach said that one of the primary care providers subcontracted medical case management out to another Part A sub-recipient and the subcontractor has decided not to continue providing that service after this month. The Part A sub-recipient is in the process of reestablishing their medical case management; they are in the process of interviewing and hope to have some staff in place by the end of the month.

Updates on Geriatric Case Management Services: Urbach said that agencies have just started billing so there is no data just yet. They are working to make sure the agencies bill under this category when appropriate.

Urbach presented the following reports, see attached:

- FY24 Procurement Report – Part A/MAI, dated 10/09/24
- FY24 Service Utilization – Part A/MAI, dated 10/08/24

Ryan White Part B and State Services: Johnson presented the following reports, see attached:

- FY24-25 Procurement Report – Part B, dated 10/03/24
- FY23-24 Procurement Report – State Services, dated 10/01/24
- FY23-24 Service Utilization Report – State Services, dated 10/01/24
- Health Insurance Assistance Service Utilization, dated 09/23/24

New Service Definitions: See attached draft service definitions for Home Delivered Meals, Legal Assistance–Expungement of Criminal Records, and Housing–Temporary Assisted Living. Williams asked that the legal category be clear that it only provides expungement . Urbach will move up the text in the service definition to make it more obvious. Committee members were concerned that the 15 day limit for Temporary Assisted Living might be too short for those with more complicated medical needs. Shepherd suggested changing the text to read: support for 15 days, up to a maximum of 30 days with a doctors request. ***Motion #3****: it was moved and seconded (Kelly, Rodriguez) to add to the Temporary Assisted Living definition can get an additional 15 days with waiver.* **Motion carried**. ***Motion #4****: it was moved and seconded (Kelly, Escamilla) to approve the new service definitions with suggested edits.* **Motion carried**.

Part B Standards of Care Review:
See attached DSHS service category standards for Mental Health and Oral Health. Williams said to submit all comments to Sha'Terra Johnson at The Resource Group: sjohnson@hivtrg.org.

Announcements: Beck reminded committee members that the consumer only standard of care workgroup will be on Monday at 11:30 am and it will be a hybrid meeting. The community standards of care workgroup will be on Zoom at 2pm on November 4th. Rodriguez said that there will be a farewell party for Dr. Serpa at 4-6pm on Thursday at Thomas Street.

Adjourn: ***Motion:*** *it was moved and seconded (Kelly, Rodriguez) to adjourn the meeting at 2:58 p.m.* **Motion Carried.**

Submitted by: Approved by:

Tori Williams, Director Date Committee Chair Date

Scribe: Beck

ja = Just arrived at meeting
lm = Left the meeting
C = Chaired the meeting

2024 Quality Improvement Meeting Voting Record for Meeting Date 10/15/24

MEMBERS:	**Motion #1** Agenda				**Motion #2** Minutes				**Motion #3** Housing-Temporary Assisted Living				**Motion #4** New service definitions			
	ABSENT	**YES**	**NO**	**ABSTAIN**	**ABSENT**	**YES**	**NO**	**ABSTAIN**	**ABSENT**	**YES**	**NO**	**ABSTAIN**	**ABSENT**	**YES**	**NO**	**ABSTAIN**
Tana Pradia, Co-Chair				**C**				**C**				**C**				**C**
Pete Rodriguez, Co- Chair		**X**				**X**				**X**				**X**		
Kevin Aloysius	**X**				**X**				**X**				**X**			
Yvonne Arizpe		**X**						**X**		**X**				**X**		
Caleb Brown		**X**						**X**		**X**				**X**		
Michael Elizabeth	**X**				**X**				**X**				**X**			
Glen Hollis		**X**				**X**				**X**				**X**		
Denis Kelly		**X**				**X**				**X**				**X**		
Norman Mitchell	**X**				**X**				**X**				**X**			
Diana Morgan	**X**				**X**				**X**				**X**			
Oscar Perez	**X**				**X**				**X**				**X**			
Beatriz E.X. Rivera	**X**				**X**				**X**				**X**			
Evelio Salinas Escamilla		**X**						**X**		**X**				**X**		
Lisa Felix	**X**				**X**				**X**				**X**			
Ivy Ortega		**X**						**X**		**X**				**X**		
Gloria Sierra	**X**				**X**				**X**				**X**			
Mike Smith	**X**				**X**				**X**				**X**			

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 2324 DSHS State Services

Procurement Report

September 1, 2023 - August 31, 2024

Chart reflects spending through August (final) 2024

Spending Target: 100%

Revised 11/4/2024

Priority	Service Category	Original Allocation per	% of Grant	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
5	**Health Insurance Premiums and Cost Sharing (1)**	$892,101	29%	$808,566	$1,700,667	$0	$1,700,667	9/1/2023	$1,700,666	100%
6	**Mental Health Services**	$300,000	10%	-$102,307	$197,693	$0	$197,693	9/1/2023	$197,372	100%
11	**Hospice**	$293,832	10%	-$20,612	$273,220	$0	$273,220	9/1/2023	$272,800	100%
13	**Non Medical Case Management (2)**	$350,000	12%	-$170,746	$179,254	$0	$179,254	9/1/2023	$179,253	100%
16	**Linguistic Services**	$68,000	2%	-$50,000	$18,000	$0	$18,000	9/1/2023	$9,649	54%
	Referral for Healthcare-Incarcerated (5)	$141,000	5%	-$141,000	$0	$0	$0	9/1/2023	$0	0%
	ADAP/Referral for Healthcare	$525,000	17%	-$37,017	$487,983	$0	$487,983	9/1/2023	$436,347	89%
	Food Bank	$5,400	0.2%	$0	$5,400	$0	$5,400	9/1/2023	$4,225	78%
	Medical Transportation	$84,600	3%	$0	$84,600	$0	$84,600	9/1/2023	$68,651	81%
	Emergency Financial Assistance (Compassionate Care)	$368,123	12%	-$140,000	$228,123	$0	$228,123	9/1/2023	$228,123	100%
		3,028,056	**100%**	**$146,884**	$3,174,940	$0	$3,174,940		3,097,087	98%

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) Reallocation approved due to a change in provider.

(5) Service was eliminated; reallocation approved by RWPC

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 2425 Ryan White Part B

Procurement Report

April 1, 2024 - March 31, 2025

Reflects spending through September 2024

Spending Target: 50%

Revised 11/4/24

Priority	Service Category	Original Allocation per	% of Grant	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
4	Oral Health Service-General	$2,101,048	59%		$2,101,048		$2,101,048	4/1/2023	$727,873	35%
4	Oral Health Service -Prosthodontics	$631,145	18%		$631,145		$631,145	4/1/2023	$340,627	54%
5	Health Insurance Premiums and Cost Sharing (1)	$805,845	23%		$805,845		$805,845	4/1/2023	$773,159	96%
				$0	$0		$0			
		$0	0%	$0	$0					
Total Houston HSDA		3,538,038	100%	0	3,538,038	$0	$3,538,038		1,841,659	52%

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

(1) Increase due to costs in spending

2024-2025 Ryan White Part B Service Utilization
4/1/2024- 3/31/2025 Houston HSDA (4816)
2nd Quarter 4-1-24 to 9-30-24

Revised 11/4/2024

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	***759***	640	81.74%	17.65%	0.15%	0.46%	34.06%	27.65%	33.90%	4.39%	0.00%	0.15%	0.93%	15.46%	18.78%	23.12%	30.78%	10.78%
Oral Health Care	***3,465***	1,839	70.27%	27.67%	0.00%	2.06%	50.51%	10.27%	36.59%	2.63%	0.00%	0.19%	2.01%	16.74%	22.07%	23.49%	25.01%	10.49%
Unduplicated Clients Served By State Services Funds:	*NA*	2,479	76.00%	22.66%	0.08%	1.26%	42.28%	18.96%	35.25%	3.51%	0.00%	0.17%	1.47%	16.10%	20.42%	23.30%	27.90%	10.64%

Completed By: C.Aguries

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 09/01/2024-09/30/2024

Revised: 10/28/2024

	Assisted			NOT Assisted		
Request by Type	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	87	$11,341.20	64	*0*	*$0.00*	*0*
Medical Deductible	39	$23,290.00	25	*0*	*$0.00*	*0*
Medical Premium	643	$252,643.30	515	*0*	*$0.00*	*0*
Pharmacy Co-Payment	1559	$78,219.94	579	*0*	*$0.00*	*0*
APTC Tax Liability	0	$0.00	0	*0*	*$0.00*	*0*
Out of Network Out of Pocket	0	$0.00	0	*0*	*$0.00*	*0*
ACA Premium Subsidy Repayment	0	$0.00	0	*NA*	*NA*	*NA*
Totals:	2328	$365,494.44	1183	0	$0.00	

Comments: This report represents services provided under all grants.

Part A Reflects "TBD" Funding Scenario
MAI Reflects "TBD" Funding Scenario

FY 2024 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	**Outpatient/Ambulatory Primary Care**	**11,169,413**	**370,766**	**134,765**	**0**	**0**	**0**	**11,674,944**	**46.32%**	**11,674,944**	**0**		**$6,069,729**	**52%**	**67%**
1.a	Primary Care - Public Clinic (a)	4,109,697	144,599					4,254,296	16.88%	4,254,296	0	3/1/2024	$2,500,344	59%	67%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,114,019	37,077	45,820				1,196,916	4.75%	1,196,916	0	3/1/2024	$818,384	68%	67%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	952,840	33,369	39,082				1,025,291	4.07%	1,025,291	0	3/1/2024	$881,675	86%	67%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,201,238	40,784	49,863				1,291,885	5.13%	1,291,885	0	3/1/2024	$357,127	28%	67%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,151,088	40,784					1,191,872	4.73%	1,191,872	0	3/1/2024	$507,954	43%	67%
1.f	Primary Care - Women at Public Clinic (a)	2,090,531	74,153					2,164,684	8.59%	2,164,684	0	3/1/2024	$695,235	32%	67%
1.g	Primary Care - Pediatric (a.1)														
1.h	Vision	500,000						500,000	1.98%	500,000	0	3/1/2024	$309,010	62%	67%
1.x	Primary Care Health Outcome Pilot	50,000	0					50,000	0.20%	50,000	0	3/1/2024	$0	0%	67%
2	**Medical Case Management**	**2,183,040**	**0**	**0**	**0**	**0**	**0**	**2,183,040**	**8.66%**	**2,183,040**	**0**		**803,205**	**37%**	**67%**
2.a	Clinical Case Management	531,025	0					531,025	2.11%	531,025	0	3/1/2024	$340,844	64%	67%
2.b	Med CM - Public Clinic (a)	301,129	0					301,129	1.19%	301,129	0	3/1/2024	$118,871	39%	67%
2.c	Med CM - Targeted to AA (a) (e)	183,663	0					183,663	0.73%	183,663	0	3/1/2024	$85,378	46%	67%
2.d	Med CM - Targeted to H/L (a) (e)	183,665	0					183,665	0.73%	183,665	0	3/1/2024	$47,562	26%	67%
2.e	Med CM - Targeted to W/MSM (a) (e)	66,491	0					66,491	0.26%	66,491	0	3/1/2024	$22,678	34%	67%
2.f	Med CM - Targeted to Rural (a)	297,496	0					297,496	1.18%	297,496	0	3/1/2024	$82,469	28%	67%
2.g	Med CM - Women at Public Clinic (a)	81,841	0					81,841	0.32%	81,841	0	3/1/2024	$82,762	101%	67%
2.h	Med CM - Targeted Geriatrics	400,899	0					400,899	1.59%	400,899	0	3/1/2024	$0	0%	0%
2.i	Med CM - Targeted to Veterans	86,964	0					86,964	0.35%	86,964	0	3/1/2024	$0	0%	67%
2.j	Med CM - Targeted to Youth	49,867	0					49,867	0.20%	49,867	0	3/1/2024	$22,642	45%	67%
3	**Local Pharmacy Assistance Program**	**2,067,104**	**0**	**33,513**	**0**	**0**	**0**	**2,100,617**	**8.33%**	**2,100,617**	**0**	3/1/2024	**$1,151,143**	**55%**	**67%**
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	367,104	0					367,104	1.46%	367,104	0	3/1/2024	$152,324	41%	67%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,700,000	0	33,513				1,733,513	6.88%	1,733,513	0	3/1/2024	$998,819	58%	67%
4	**Oral Health**	**166,404**	**0**	**0**	**0**	**0**	**0**	**166,404**	**0.66%**	**166,404**	**0**	3/1/2024	**111,150**	**67%**	**67%**
4.b	Oral Health - Targeted to Rural	166,404	0					166,404	0.66%	166,404	0	3/1/2024	$111,150	67%	67%
5	**Health Insurance (c)**	**1,583,137**		**311,204**	**0**	**0**	**0**	**1,894,341**	**7.52%**	**1,894,341**	**0**	3/1/2024	**$921,390**	**49%**	**67%**
7	**Medical Nutritional Therapy (supplements)**	**341,395**	**0**					**341,395**	**1.35%**	**341,395**	**0**	3/1/2024	**$165,717**	**49%**	**67%**
8	**Substance Abuse Services - Outpatient (c)**	**25,000**	**0**	**0**	**0**	**0**	**0**	**25,000**	**0.10%**	**25,000**	**0**	3/1/2024	**$10,920**	**44%**	**67%**
10	**Emergency Financial Assistance**	**2,139,136**	**0**	**11,722**	**0**	**0**	**0**	**2,150,858**	**8.53%**	**2,150,858**	**0**		**$924,206**	**43%**	**67%**
10.a	EFA - Pharmacy Assistance	2,039,136	0	11,722				2,050,858	8.14%	2,050,858	0	3/1/2022	$883,052	43%	67%
10.b	EFA - Other	100,000	0					100,000	0.40%	100,000	0	3/1/2024	$41,154	41%	67%
12	**Non-Medical Case Management**	**1,267,002**	**0**	**0**	**0**	**0**	**0**	**1,267,002**	**5.03%**	**1,267,002**	**0**	3/1/2024	**$703,434**	**56%**	**67%**
12.a	Service Linkage targeted to Youth	110,793	0					110,793	**0.44%**	110,793	0	3/1/2024	$46,634	42%	67%
12.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0					100,000	**0.40%**	100,000	0	3/1/2024	$39,051	39%	67%
12.c	Service Linkage at Public Clinic (a)	370,000	0					370,000	**1.47%**	370,000	0	3/1/2024	$206,506	56%	67%
12.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209	0					686,209	**2.72%**	686,209	0	3/1/2024	$411,243	60%	67%
13	**Medical Transportation**	**424,911**	**0**	**0**	**0**	**0**	**0**	**424,911**	**1.69%**	**424,911**	**0**		**$200,920**	**47%**	**67%**
13.a	Medical Transportation services targeted to Urban	252,680	0					252,680	1.00%	252,680	0	3/1/2024	$132,344	52%	67%
13.b	Medical Transportation services targeted to Rural	97,185	0					97,185	0.39%	97,185	0	3/1/2024	$68,576	71%	67%
13.c	Transportation vouchering (bus passes & gas cards)	75,046	0					75,046	0.30%	75,046	0	3/1/2024	$0	0%	67%
15	**Outreach**	**320,000**	0					**320,000**	**1.27%**	320,000	**0**	3/1/2024	**$84,434**	**26%**	**67%**
FY23_RW_DIR	**Total Service Dollars**	**21,686,542**	**370,766**	**491,204**	**0**	**0**	**0**	**22,548,512**	**89.46%**	**22,548,512**	**0**		**$11,146,249**	**49%**	**67%**
									Unallocated	Unobligated					67%
	Part A Grant Award:	**25,204,121**	***Carryover:***	**491,204**			***Total Part A:***	**25,204,121**	**1**	**0**					67%

Part A Reflects "TBD" Funding Scenario
MAI Reflects "TBD" Funding Scenario

FY 2024 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
		Original Allocation	**Award Reconcilation**	**July Adjusments (carryover)**	**August 10% Rule Adjustments**	**October Adjustments**	**Final Quarter Adjustments**	**Total Allocation**	**Percent**	**Total Expended on Services**	**Percent**	**Award Category**	**Award Amount**	**Amount Spent**	**Balance**
	Core (must not be less than 75% of total service dollars)	**17,535,493**	**370,766**	**479,482**	**0**	**0**	**0**	**18,385,741**	**81.54%**	**8,311,865**	**81.97%**	Formula			0
	Non-Core (may not exceed 25% of total service dollars)	**4,151,049**	**0**	**11,722**	**0**	**0**	**0**	**4,162,771**	**18.46%**	**1,828,560**	**18.03%**	Supplement			0
	Total Service Dollars (does not include Admin and QM)	**21,686,542**	**370,766**	**491,204**	**0**	**0**	**0**	**22,548,512**		**10,140,424**		Carry Over	0		0
												Totals	0	0	0
	Total Admin (must be ≤ 10% of total Part A + MAI)	**2,133,394**	**0**	**0**	**0**	**0**	**0**	**2,133,394**	**7.71%**						
	Total QM (must be ≤ 5% of total Part A + MAI)	**522,214**	**0**	**0**	**0**	**0**	**0**	**522,214**	**1.89%**						

MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Date of Procure-ment	Expended YTD	Percent YTD	Percent Expected YTD
1	**Outpatient/Ambulatory Primary Care**	**2,068,055**	**30,356**	**47,459**	**0**	**0**	**0**	**2,145,870**	**87.07%**	**2,145,870**	**0**		**$1,287,775**	**60%**	**67%**
1.b (MAI)	Primary Care - CBO Targeted to African American	1,045,669	15,482	24,204	0			1,085,355	44.04%	1,085,355	0	3/1/2024	$718,740	66%	67%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	1,022,386	14,874	23,255	0			1,060,515	43.03%	1,060,515	0	3/1/2024	$569,035	54%	67%
2	**Medical Case Management**	**314,060**	**4,536**	**0**	**0**	**0**	**0**	**318,596**	**12.93%**	**318,596**	**0**		**$102,570**	**32%**	67%
2.c (MAI)	MCM - Targeted to African American	157,030	2,268					159,298	6.46%	159,298	0	3/1/2024	$72,400	45%	67%
2.d (MAI)	MCM - Targeted to Hispanic	157,030	2,268					159,298	6.46%	159,298	0	3/1/2024	$30,170	19%	67%
	Total MAI Service Funds	**2,382,115**	**34,892**	**47,459**	**0**	**0**	**0**	**2,464,466**	**100.00%**	**2,464,466**	**0**		**$1,390,345**	**56%**	**67%**
	Grant Administration	0	0	0	0	0	0	0	0.00%	0	0		$0	0%	0%
	Quality Management	0	0	0	0	0	0	0	0.00%	0	0		$0	0%	0%
	Total MAI Non-service Funds	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**		**$0**	**0%**	**0%**
	Total MAI Funds	**2,382,115**	**34,892**	**47,459**	**0**	**0**	**0**	**2,464,466**	**100.00%**	**2,464,466**	**0**		**$1,390,345**	**56%**	**67%**
	MAI Grant Award	**2,464,466**	***Carry Over:***	**47,459**			***Total MAI:***	**2,464,466**							67%
	Combined Part A and MAI Orginial Allocation Total	**26,724,265**							Unallocated	Unobligated					
									0	**0**		***MAI Award***	**2,464,466**		
												Total Part A & MAI Award	**27,668,587**		

Footnotes:

All	When reviewing bundled categories expenditures must be evaluated both by individual service category and by combined categories. One category may exceed 100% of available funding so long as other category offsets this overage.
(a)	Single local service definition is multiple HRSA service categories. (1) does not include LPAP. Expenditures must be evaluated both by individual service category and by combined service categories.
(c)	Funded under Part B and/or SS
(e)	10% rule reallocations

FY 2024 Ryan White Part A and MAI Service Utilization Report

Date Range: 03/01/2024 - 10/31/2024 23:59:00

RW PART A Service Utilization Report																		
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**	**45-54**	**55-64**	**65+**
1	**Outpatient/Ambulatory Primary Care (excluding Vision)**	**9,780**	**7,386**	**74%**	**23%**	**2%**	**43%**	**10%**	**2%**	**45%**	**0%**	**0%**	**4%**	**27%**	**28%**	**22%**	**16%**	**3%**
1.a	Primary Care - Public Clinic (A)	3,113	2,610	69%	30%	1%	41%	7%	2%	50%	0%	0%	3%	17%	26%	27%	22%	5%
1.b	Primary Care - CBO Targeted to AA (A)	2,335	1,924	71%	26%	3%	99%	0%	1%	0%	0%	1%	6%	36%	29%	16%	11%	2%
1.c	Primary Care - CBO Targeted to Hispanic (A)	1,934	1,827	82%	14%	4%	0%	0%	0%	100%	0%	1%	5%	32%	29%	21%	10%	2%
1.d	Primary Care - CBO Targeted to White and/or MSM (A)	774	577	85%	12%	2%	0%	83%	17%	0%	0%	0%	3%	25%	26%	22%	20%	3%
1.e	Primary Care - CBO Targeted to Rural (A)	752	549	72%	27%	1%	39%	19%	1%	40%	0%	0%	5%	25%	30%	22%	15%	3%
1.f	Primary Care - Women at Public Clinic (A)	872	784	1%	99%	1%	51%	5%	1%	42%	0%	1%	3%	14%	27%	29%	20%	6%
1.g	Primary Care - Pediatric (A)																	
1.h	**Vision**	**2,663**	**1,693**	**71%**	**26%**	**2%**	**46%**	**11%**	**3%**	**40%**	**0%**	**0%**	**3%**	**21%**	**25%**	**25%**	**19%**	**6%**
2	**Medical Case Management**	**5,719**	**2,733**	**70%**	**28%**	**2%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
2.a	Clinical Case Management	967	560	74%	24%	2%	56%	14%	2%	28%	0%	1%	3%	27%	23%	20%	20%	7%
2.b	Med CM - Targeted to Public Clinic (A)	578	381	90%	7%	2%	50%	12%	1%	37%	0%	1%	2%	28%	25%	19%	20%	6%
2.c	Med CM - Targeted to AA (A)	1,479	643	67%	29%	3%	98%	0%	1%	0%	0%	0%	3%	29%	30%	20%	14%	4%
2.d	Med CM - Targeted to H/L (A)	728	357	81%	15%	4%	0%	0%	0%	100%	0%	0%	6%	29%	30%	22%	11%	3%
2.e	Med CM - Targeted to White and/or MSM (A)	460	150	83%	16%	1%	0%	85%	14%	1%	0%	0%	2%	16%	23%	29%	22%	9%
2.f	Med CM - Targeted to Rural (A)	554	419	68%	32%	0%	51%	24%	2%	23%	0%	0%	2%	21%	23%	22%	23%	10%
2.g	Med CM - Targeted to Women at Public Clinic (A)	259	214	1%	99%	0%	66%	7%	1%	25%	0%	0%	0%	26%	30%	24%	15%	4%
2.h	Med CM - Targeted to Geriatrics	532																
2.i	Med CM - Targeted to Veterans	148																
2.j	Med CM - Targeted to Youth	14	9	89%	11%	0%	67%	0%	0%	33%	0%	22%	78%	0%	0%	0%	0%	0%
3	**Local Drug Reimbursement Program (A)**	**5,781**	**4,859**	**75%**	**22%**	**3%**	**41%**	**11%**	**2%**	**46%**	**0%**	**0%**	**4%**	**25%**	**28%**	**24%**	**16%**	**3%**
4	**Oral Health**	**348**	**279**	**67%**	**32%**	**1%**	**39%**	**27%**	**2%**	**32%**	**0%**	**0%**	**1%**	**18%**	**27%**	**28%**	**18%**	**9%**
4.a	Oral Health - Untargeted (D)	NA	NA															
4.b	Oral Health - Rural Target	348	279	67%	32%	1%	39%	27%	2%	32%	0%	0%	1%	18%	27%	28%	18%	9%
5	**Health Insurance (D)**	**2,034**	**1,892**	**78%**	**20%**	**2%**	**45%**	**21%**	**3%**	**31%**	**0%**	**0%**	**2%**	**14%**	**22%**	**20%**	**28%**	**14%**

6	**Mental Health Services (D)**	**NA**	**NA**																
7	**Medical Nutritional Therapy/Nutritional Supplements**	**515**	**363**	**76%**	**23%**	**2%**	**41%**	**17%**	**5%**	**37%**	**0%**	**0%**	**1%**	**6%**	**10%**	**28%**	**34%**	**21%**
8	**Substance Abuse Treatment - Outpatient**	**19**	**9**	**100%**	**0%**	**0%**	**22%**	**22%**	**0%**	**56%**	**0%**	**0%**	**0%**	**44%**	**44%**	**0%**	**11%**	**0%**
9	**Hospice Services**	**NA**	**NA**																
10	**Emergency Financial Assistance**	**3,218**	**955**	**75%**	**23%**	**3%**	**44%**	**9%**	**2%**	**45%**	**0%**	**0%**	**6%**	**25%**	**28%**	**23%**	**15%**	**3%**
10.a	Emergency Financial Assistance-Pharmacy Assistance	3,105	861	75%	22%	3%	42%	8%	2%	47%	0%	0%	6%	25%	30%	23%	14%	2%
10.b	Emergency Financial Assistance - Other (MCC only)	113	95	71%	27%	2%	61%	13%	1%	25%	0%	0%	3%	20%	17%	19%	31%	11%
11	**Referral for Health Care - Non Core Service (D)**	**NA**	**NA**																
12	**Non-Medical Case Management**	**8,568**	**5,760**																
12.a	Service Linkage Targeted to Youth	179	154	64%	31%	6%	55%	3%	2%	41%	0%	11%	89%	0%	0%	0%	0%	0%
12.b	Service Linkage at Testing Sites	132	98	73%	23%	3%	51%	5%	8%	36%	0%	0%	0%	54%	26%	10%	7%	3%
12.c	Service Linkage at Public Clinic Primary Care Program (A)	3,621	2,556	65%	34%	1%	49%	8%	2%	41%	0%	0%	0%	17%	25%	26%	24%	7%
12.d	Service Linkage at CBO Primary Care Programs (A)	4,636	2,952	73%	25%	2%	49%	9%	2%	39%	0%	0%	4%	27%	29%	21%	14%	5%
13	**Transportation**	**2,358**	**1,174**	**69%**	**28%**	**2%**	**60%**	**9%**	**2%**	**29%**	**0%**	**0%**	**1%**	**15%**	**21%**	**25%**	**29%**	**8%**
13.a	Transportation Services - Urban	687	280	64%	34%	2%	54%	8%	5%	34%	0%	0%	1%	20%	25%	22%	20%	10%
13.b	Transportation Services - Rural	195	94	65%	34%	1%	33%	33%	2%	32%	0%	0%	1%	16%	16%	30%	26%	12%
13.c	Transportation vouchering	1,476	902	70%	28%	2%	66%	6%	1%	27%	0%	0%	1%	13%	20%	26%	32%	8%
14	**Linguistic Services (D)**	**NA**	**NA**																
15	**Outreach Services**	**955**	**419**	**73%**	**24%**	**4%**	**60%**	**10%**	**2%**	**28%**	**0%**	**1%**	**5%**	**32%**	**26%**	**18%**	**14%**	**3%**
	Net unduplicated clients served - all categories	**15,378**	**13,061**	**73%**	**24%**	**2%**	**47%**	**12%**	**2%**	**39%**	**0%**	**0%**	**4%**	**24%**	**26%**	**22%**	**18%**	**6%**
	Living AIDS cases + estimated Living HIV non-AIDS (from FY19 App) (B)	**NA**	**30,198**	**75%**	**25%**	**0%**	**48%**	**17%**	**5%**	**30%**	**0%**		**4%**	**21%**	**23%**	**25%**	**20%**	**0%**

RW MAI Service Utilization Report

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	45-54	55-64	65+
	Outpatient/Ambulatory Primary Care (excluding Vision)	**3,129**																
1.b	Primary Care - MAI CBO Targeted to AA (F)	1,676	1,511	71%	26%	3%	99%	0%	1%	0%	0%	0%	6%	35%	29%	17%	10%	3%
1.c	Primary Care - MAI CBO Targeted to HL (F)	1,453	1,300	82%	14%	3%	0%	0%	0%	100%	0%	0%	5%	32%	29%	22%	11%	2%
2	**Medical Case Management (E)**	**1,535**																
2.c	Med CM - MAI Targeted to AA (A)	907	294	67%	28%	5%	100%	0%	0%	0%	0%	1%	3%	41%	29%	12%	12%	3%
2.d	Med CM - MAI Targeted to H/L (A)	628	143	76%	16%	8%	0%	0%	0%	100%	0%	1%	6%	36%	29%	18%	8%	1%

RW Part A New Client Service Utilization Report
Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months

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	45-54	55-64	65+
1	**Primary Medical Care**	**1,929**	**1,244**	**75%**	**22%**	**3%**	**49%**	**10%**	**2%**	**39%**	**0%**	**1%**	**9%**	**35%**	**27%**	**15%**	**10%**	**2%**
2	**LPAP**	**969**	**584**	**78%**	**18%**	**4%**	**42%**	**12%**	**3%**	**43%**	**0%**	**0%**	**8%**	**32%**	**26%**	**19%**	**12%**	**2%**
3.a	**Clinical Case Management**	**110**	33	85%	12%	3%	61%	15%	0%	24%	0%	0%	6%	33%	24%	12%	18%	6%
3.b-3.h	**Medical Case Management (E)**	**1,050**	457	71%	27%	2%	54%	14%	2%	30%	0%	1%	4%	30%	27%	19%	14%	4%
3.i	**Medical Case Manangement - Targeted to Veterans**	**28**																
4	**Oral Health**	**49**	**19**	**79%**	**21%**	**0%**	**42%**	**32%**	**5%**	**21%**	**0%**	**0%**	**5%**	**21%**	**11%**	**26%**	**26%**	**11%**
12.a. 12.c. 12.d.	**Non-Medical Case Management (Service Linkage)**	**1,981**	1,013	68%	30%	2%	55%	9%	3%	33%	0%	1%	7%	25%	24%	19%	17%	6%
12.b	**Service Linkage at Testing Sites**	**100**	97	69%	26%	5%	53%	4%	8%	35%	0%	3%	14%	44%	20%	8%	7%	3%

FOOTNOTES
(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

Substance Abuse Outpatient Care Service Standard

Texas Department of State Health Services, HIV Care Services Group — HIV/STD Program | Texas DSHS

Subcategories	Service Units
Group Counseling	Per visit
Individual Counseling	Per visit
Intake	Per visit
Medication Treatment Maintenance	Per visit
Medication-Assisted Detoxification	Per visit
Substance Abuse Services—Outpatient	Per visit

Health Resources & Services Administration (HRSA) Description:

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders.

Program Guidance:

Agencies may fund acupuncture therapy under this service category only when it is part of the documented substance use disorder treatment plan.

Limitations:

Agencies may not use Ryan White Part-B and State Services program funds to carry out the distribution or exchange of sterile needles or syringes for the use of injection of illegal substances, or for programs or materials designed to promote or directly encourage intravenous drug use.

Services:

Activities under the Substance Abuse Outpatient Care service category include:

- Screening
- Assessment
- Diagnosis
- Treatment of substance use disorder, including:
  - Pretreatment or recovery readiness programs
  - Healthy behavior promotion
  - Behavioral health counseling associated with substance use disorder
  - Outpatient drug-free treatment and counseling
  - Medication-assisted therapy
  - Neuro-psychiatric pharmaceuticals
  - Relapse prevention

Universal Standards:

Services providers for Substance Abuse Outpatient Care must follow HRSA and DSHS Universal Standards 1-## and ###-###.

Service Standards and Measures:

The following standards and measures are guides to improving healthcare outcomes for people living with HIV throughout the State of Texas within the Ryan White Part B and State Services Program.

Standard	Measure
Provision of Services: A physician or other qualified and licensed professional must supervise Substance Abuse Outpatient Services. Professionals must have a license, be in good standing in the State of Texas, and have at least 1,000 hours of documented experience treating substance-related disorders. Qualified and licensed professionals include: • Licensed Chemical Dependency Counselor (LCDC) • Licensed Professional Counselor (LPC) • Licensed Master Social Worker (LMSW) • Licensed Marriage and Family Therapist (LMFT) • Licensed psychologist • Licensed physician • Licensed physician assistant • Certified Addictions Registered Nurse (CARN) • Advanced Practice Registered Nurse recognized by the Board of Nurse Examiners as a Clinical Nurse Specialist (APRN-CNS) or a Psychiatric-Mental Health Advanced Practice Nurse (APN-P/MH) Services include and are limited to: • Pre-treatment and recovery readiness programs • Harm reduction • Mental health counseling associated with substance use disorder • Medication-assisted therapy	1. Percentage of clients with documentation a physician or qualified licensed professional provided or supervised services. (Pilot Measure) 2. Percentage of clients with documentation that HRSA and DSHS allow all services provided under the Ryan White Part-B and State Services program. (Pilot Measure)

• Neuropsychiatric pharmaceuticals • Relapse prevention • Acupuncture A licensed acupuncture provider must provide acupuncture services. Agencies providing acupuncture services must have a referral from the client's HIV medical provider and cannot use acupuncture as the primary treatment modality.	
Comprehensive Assessment: An LCDC or other qualified professional must complete a comprehensive psychosocial assessment for all clients. Professional staff must complete the comprehensive assessment no later than the third counseling session and ensure that the assessment includes the following, as applicable: • Presenting problems • Alcohol and other substance use • Psychiatric and chemical dependency treatment • Medical history and current health status • Client strengths and challenges, coping mechanisms, and self-help strategies • Psychosocial history, which may include: o Living situation o Social support and family relationships o Education and employment history, including military service o Sexual and relationship history and status o Physical, emotional, or sexual abuse history o Domestic violence assessment o Trauma assessment o Legal history o Leisure and recreational activities	3. Percentage of clients with documentation of an initial comprehensive assessment completed by the third counseling session.

Staff may use approved assessment tools such as the Substance Abuse and Mental Illness Symptoms Screener (SAMISS) and Addiction Severity Index (ASI) for substance use and sexual history, and the Mini-Mental State Examination (MMSE) for cognitive assessment. Staff may use other industry-recognized assessment tools if approved by the provider agency.	
Treatment Plan: Staff must complete a treatment plan specific to individual client needs within 30 calendar days of completing a comprehensive psychosocial assessment. Treatment planning is a collaborative process through which the provider and client develop desired treatment outcomes and identify the strategies and modalities for achieving them. The treatment plan must include documentation of the following: • Goals and objectives of treatment • Treatment start date and projected end date • Quantity, frequency, and modality of treatment • Regular monitoring and assessment of client progress • Any recommendations for follow-up • Signature of staff providing services or the staff's supervisor Staff will offer appropriate referrals to clients for support services as applicable to meet goals.	4. Percentage of clients with documentation of a treatment plan completed within 30 calendar days of the completed comprehensive assessment. 5. Percentage of clients with documentation that staff reviewed or modified treatment plans at least once, midway through the number of determined sessions agreed upon.

Progress Notes: Staff must provide services according to the individual's treatment plan and document services in the client's primary record. For each professional counseling session, the counselor should document a progress note that includes: • Client name • Session date • Clinical observations • Focus of the session • Interventions • Assessment • Duration of session • Newly identified issues or goals • Client's responses to interventions and referrals • HIV medication adherence • Substance use treatment adherence • Documentation of missed visits with attempts to reschedule as applicable	6. Percentage of clients with documented progress notes for each counseling session that the client attended, or documentation of missed visits and attempts to reschedule, as applicable.

Discharge Summary: Agencies may discontinue services when the client: • Reaches goals and objectives • Demonstrates ongoing non-adherence to the treatment plan • Has missed three consecutive appointments in a six-month period • Self-terminates services • Demonstrates unacceptable behavior • Is deceased When an agency discharges a client, staff will document a discharge summary in the client chart that includes: • Circumstances of discharge • Summary of needs at admission • Summary of services provided • Goals and objectives completed during counseling • Referral to a case manager or primary care provider, as appropriate • Signature of provider Staff will complete discharge planning in collaboration with the client when possible. Providers will attempt to link clients who leave care with appropriate services to meet their needs.	7. Percentage of clients with documentation of discharge summary, as applicable.

References:

Substance Use Care. Clinical Guidelines Program. New York State Department of Health AIDS Institute, 2024.

Division of Metropolitan HIV/AIDS Programs, HIV/AIDS Bureau (HAB). *Ryan White HIV/AIDS Program (RWHAP) National Monitoring Standards for RWHAP Part A Recipients.* Health Resources and Services Administration, June 2023.

Division of State HIV/AIDS Programs, HIV/AIDS Bureau (HAB). *Ryan White HIV/AIDS Program (RWHAP) National Monitoring Standards for RWHAP Part B Recipients*. Health Resources and Services Administration, June 2023.

Food, Drugs, Alcohol, and Hazardous Substances, Subtitle B. Alcohol and Substance Programs, Chapter 464 Facilities Treating Persons with a Chemical Dependency. Subchapter A. Regulation of Chemical Dependency Treatment Facilities. *http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.464.htm*

Ryan White HIV/AIDS Program. *Policy Notice 16-02: Eligible Individuals & Allowable Uses of Funds*. Health Resources & Services Administration, 22 Oct. 2018.

Texas Administrative Code, Title 22, Part 30, Chapter 681 - Texas Board of Examiners of Professional Counselors. Located at: *https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=22&pt=30&ch=681*

Texas Administrative Code. Title 26, Health and Human Services. Part 1, Health and Human Services Commission. Chapter 564. Chemical Dependency Treatment Facilities, Subchapter H, Screening and Assessment. https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=26&pt=1&ch=564&rl=804

Texas Administrative Code. Title 26, Health and Human Services. Part 1, Health and Human Services Commission. Chapter 306, Behavioral Health Delivery System. Subchapter D, Mental Health Services – Admission, Continuity, and Discharge. https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=26&pt=1&ch=306

Texas Administrative Code. Title 25, Health Services. Part 1, Department of State Health Services. Chapter 140, Health Professions Regulation. Subchapter I, Licensed Chemical Dependency Counselors. https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=140&sch=I&rl=Y

Location of Change	Prior Version	New Version	Notes
Comprehensive Psychosocial Assessment section	A Licensed substance use counselor or other qualified professional will complete a comprehensive psychosocial assessment for all clients. Staff must complete the comprehensive psychosocial assessment prior to the third counseling session and the assessment must include the following: • Presenting problems • Alcohol and other substance use • Psychiatric and chemical dependency treatment • Medical history and current health status • Relationships with family including domestic or intimate partner violence • History of trauma • Experience with HIV or substance use-related stigma • Housing stability, expelled from home • HIV treatment adherence • Social and leisure activities • Education and vocational training • Employment status and history • Legal issues • Mental and emotional functioning • Strengths and challenges Approved assessment tools such as the Substance Abuse and Mental Illness Symptoms Screener (SAMISS) and Addiction Severity Index (ASI) may be used for substance use and sexual history, and the Mini-Mental State Examination (MMSE) may be used for cognitive assessment. Other industry-recognized assessment tools may be used if approved by the provider agency. Measures: 3. Percentage of clients with documentation of initial comprehensive psychosocial assessments completed by the third counseling session. 4. Percent of clients with documentation of a comprehensive psychosocial assessment completed with a licensed professional using industry-recognized assessment tools. A Licensed substance use counselor or other qualified professional will complete a comprehensive psychosocial assessment for all clients.	An LCDC or other qualified professional must complete a comprehensive psychosocial assessment for all clients. Professional staff must complete the comprehensive assessment no later than the third counseling session and ensure that the assessment includes the following, as applicable: • Presenting problems • Alcohol and other substance use • Psychiatric and chemical dependency treatment • Medical history and current health status • Client strengths and challenges, coping mechanisms, and self-help strategies • Psychosocial history, which may include: o Living situation o Social support and family relationships o Education and employment history, including military service o Sexual and relationship history and status o Physical, emotional, or sexual abuse history o Domestic violence assessment o Trauma assessment o Legal history o Leisure and recreational activities Staff may use approved assessment tools such as the Substance Abuse and Mental Illness Symptoms Screener (SAMISS) and Addiction Severity Index (ASI) for substance use and sexual history, and the Mini-Mental State Examination (MMSE) for cognitive assessment. Staff may use other industry-recognized assessment tools if approved by the provider agency. Measure 3. Percentage of clients with documentation of an initial comprehensive assessment completed by the third counseling session.	The name of this standard was changed to "Comprehensive Assessment" to reflect that the assessment covers a broader range of topics beyond psychosocial. Language was changed where appropriate to align with the Mental Health Services (MH) SOC. "As applicable" language was added to acknowledge that not all items in the assessment are relevant to all clients and to mirror the MH standard. Measure 4 was removed. Reason: Different assessment tools may be useful in different situations, depending on the client's presenting problems, the type of program, and the practitioner delivering care, and there is not a good rationale for requiring every client to have one of these.
Treatment Plan section	Staff must complete a treatment plan specific to individual client needs within 30 calendar days of completing a comprehensive psychosocial assessment. Treatment planning is a collaborative process through which the provider and client develop desired treatment outcomes and identify the strategies and modalities for achieving them. The treatment plan will include documentation of the following: • Identification of the identified substance use disorder • Goals and objectives and progress toward meeting them • Treatment modality • Start date for substance use counseling • Recommended number of sessions • Date for reassessment • Projected treatment end date • Any recommendations for follow up The licensed substance use counselor who is providing or supervising the service must sign the treatment plan.	Staff must complete a treatment plan specific to individual client needs within 30 calendar days of completing a comprehensive psychosocial assessment. Treatment planning is a collaborative process through which the provider and client develop desired treatment outcomes and identify the strategies and modalities for achieving them. The treatment plan must include documentation of the following: • Goals and objectives of treatment • Treatment start date and projected end date • Quantity, frequency, and modality of treatment • Regular monitoring and assessment of client progress • Any recommendations for follow-up • Signature of staff providing services or the staff's supervisor Staff will offer appropriate referrals to clients for support services as applicable to meet goals.	Language in this standard was reorganized and edited to align with the MH SOC where appropriate. Language regarding referrals was added to incorporate elements from the (now removed) Referrals section.
Referrals section	The agency will offer appropriate referrals to clients for support services as applicable to meet goals. Measure: 8. Percentage of clients with documentation of referrals offered as applicable.	Removed	This measure was removed and language relevant to referrals was moved to the Treatment Planning section. Reason: Subrecipient monitoring shows that this measure is either met or NA, and does not indicate that no referral is made in cases where a need for a referral is documented.

Discharge Planning section	Staff will complete discharge planning when treatment goals are met. Discharge planning will include: • Circumstances of discharge • Summary of needs at admission • Summary of services provided • Goals and objectives completed during counseling • Referral after completing substance use treatment to a case manager or primary care provider, as appropriate • Discharge plan • Counselor authentication, in accordance with TAC Standards and the counselor licensure requirements. In all cases, providers and case managers shall ensure that, to the greatest extent possible, clients who leave care are linked with appropriate services to meet their needs. Measure: 9. Percentage of clients with documentation of discharge planning in collaboration with the client prior to case closure as applicable.	Removed	This standard and measure 9 were removed. Language from the standard was combined with the Discharge Summary standard below.
Discharge Summary section	Agencies may discontinue services when the client: • Reaches goals and objectives • Demonstrates ongoing non-adherence to the treatment plan • Has missed three consecutive appointments in a six-month period • Self-terminates services • Demonstrates unacceptable behavior • Is deceased When a client is discharged, staff should document a discharge summary in the client chart that includes the reason for discharge.	Agencies may discontinue services when the client: •Reaches goals and objectives •Demonstrates ongoing non-adherence to the treatment plan •Has missed three consecutive appointments in a six-month period •Self-terminates services •Demonstrates unacceptable behavior •Is deceased When an agency discharges a client, staff will document a discharge summary in the client chart that includes: •Circumstances of discharge •Summary of needs at admission •Summary of services provided •Goals and objectives completed during counseling •Referral to a case manager or primary care provider, as appropriate •Signature of provider Staff will complete discharge planning in collaboration with the client when possible. Providers will attempt to link clients who leave care with appropriate services to meet their needs.	This standard was changed to incorporate the (now removed) Discharge Planning standard. The consolidated measure addresses both planned discharges and those discharged from services due to issues such as self-termination, client death, etc., which do not lend themselves to advanced planning.

Substance Abuse Services (Residential) Service Standard

Texas Department of State Health Services, HIV Care Services Group — HIV/STD Program | Texas DSHS

Subcategories	Service Units
Detoxification	Per day
Residential Services	Per day
Substance Abuse Services (Residential)	Per day

Health Resources and Services Administration (HRSA) Description:

Substance Abuse Services (residential) (SA-R) activities are those provided for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder.

Program Guidance:

A clinical provider must provide a written referral as part of a substance use disorder treatment program funded under the HRSA Ryan White HIV/AIDS Program (RWHAP) for SA-R. Agencies may only provide acupuncture therapy under this service category when a provider has included acupuncture therapy in a documented treatment plan as part of a substance use disorder treatment program funded under the HRSA RWHAP.

Limitations:

Agencies may not use HRSA RWHAP funds for inpatient detoxification in a hospital setting unless the detoxification facility has a separate license.

Services:

Activities provided under the SA-R service category include:

- Pretreatment and recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication-assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

Agencies must provide services in accordance with the Texas Health and Safety Code, Title 6, Subtitle B, Chapter 464.

Universal Standards:

Service providers for Substance Abuse Services - Residential must follow HRSA and DSHS Universal Standards 1-## and ###-###.

Service Standards and Measures:

The following standards and measures are guides to improving healthcare outcomes for people living with HIV throughout the State of Texas within the Ryan White Part B and State Services Program.

Standard	Measure
Eligibility: A clinical provider must place a written referral for SA-R as part of a substance use disorder treatment program funded under the RWHAP. To be eligible for admission to a treatment program, an individual must meet the current Diagnostic and Statistical Manual (DSM) criteria for substance use or dependence (or substance withdrawal or intoxication in the case of a detoxification program).	1. Percentage of client charts with documentation of a written referral from a clinical provider for residential substance use disorder treatment or detoxification.
Comprehensive Assessment: A Licensed Chemical Dependency Counselor (LCDC) or other qualified professional must complete a comprehensive psychosocial assessment for all clients. Professional staff must complete the comprehensive assessment within three days of admission and offer to provide the client with a copy of the completed assessment. If emergent needs prevent the completion of the assessment within three days, staff must document this in the client's record. The assessment must include the following, as applicable: • Presenting problems • Alcohol and other substance use • Psychiatric and chemical dependency treatment • Medical history and current health status • Client strengths and challenges, coping mechanisms, and self-help strategies	2. Percentage of clients with an initial comprehensive assessment completed within 96 hours of admission. 3. Percentage of clients with a health assessment completed within 96 hours of admission.

• Psychosocial history, which may include:
  ▸ Living situation
  ▸ Social support and family relationships
  ▸ Education and employment history, including military service
  ▸ Sexual and relationship history and status
  ▸ Physical, emotional, or sexual abuse history
  ▸ Domestic violence assessment
  ▸ Trauma assessment
  ▸ Legal history
  ▸ Leisure and recreational activities
 	
During the initial assessment, providers should assess clients for care coordination needs and make referrals to case management or other support programs as appropriate.
 	
Staff may use approved assessment tools, such as the Substance Abuse and Mental Illness Symptoms Screener (SAMISS) and Addiction Severity Index (ASI) for substance use and sexual history and the Mini-Mental State Examination (MMSE) for cognitive assessment. Staff may also use other industry-recognized assessment tools if approved by the provider agency.
 	
A licensed health professional must conduct a health assessment for all residential clients within 96 hours of admission per 26 TAC § 564.803.	

Treatment Plan: Staff must complete a treatment plan and file it in the client record within five days of admission. Treatment planning is a collaborative process through which the provider and client develop desired treatment outcomes and identify the strategies for achieving them. Providers should discuss all available treatment options with the client and incorporate the client's wishes regarding the treatment course and modality. The treatment plan must include documentation of the following: • Goals and objectives of treatment • Treatment start date and projected end date • Quantity, frequency, and modality of treatment • Regular monitoring and assessment of client progress • Any recommendations for follow-up • Signature of staff providing services or the staff's supervisor Staff will offer appropriate referrals to clients for support services as applicable to meet goals. For clients accessing detox programs, staff should make referrals to outpatient or residential substance use programs for continuity of care. Staff must evaluate the treatment plan regularly and revise it as needed to reflect the ongoing reassessment of the client's issues, needs, and response to treatment. At a minimum, agencies must review and update treatment plans midway through the projected duration of treatment and no less frequently than monthly.	4. Percentage of clients with treatment plans completed within five days of admission. 5. Percentage of clients with treatment plans updated midway through the projected duration of the treatment at a minimum and no less frequently than monthly.

Progress Notes: Staff must provide services according to the individual's treatment plan and document services in the client's primary record. For each professional counseling session, the counselor should document a progress note that includes: • Client name • Session date • Clinical observations • Focus of the session • Interventions • Assessment • Duration of session • Newly identified issues or goals • Client's responses to interventions and referrals • HIV medication adherence • Substance use treatment adherence • Signature of the counselor conducting the session For detox program clients, notes should include: • Client name • Evaluation date • Vitals assessed • Medications provided to the client during a detox program • Medical evaluation(s) • Discussion regarding the transition plan after the completion of the detox program	6. Percentage of clients in counseling programs with progress notes for each counseling session. 7. Percentage of clients accessing detox programs with progress notes.

Discharge Planning: Providers must conduct discharge planning collaboratively with clients and complete planning before the client's scheduled discharge. A written discharge plan must address ongoing client needs and continuity of services and must include: • Individual goals or activities to sustain recovery • Referrals to case management and primary care providers, as appropriate • Outpatient substance abuse services and other recovery maintenance services, as applicable • Date and signatures of the counselor and client Providers and case managers should ensure that they link clients who leave care with appropriate services to meet their needs to the greatest extent possible. When a client voluntarily leaves services before completing discharge planning, staff should document the circumstances of discharge in the discharge summary.	8. Percentage of clients with a completed discharge plan before discharge from the residential program.
Discharge Summary: Staff must complete a discharge summary for each client within 30 days of discharge and must include: • Dates of admission and discharge • Needs and issues identified at the time of admission, during treatment, and at discharge • Services provided • Assessment of the client's progress toward goals • Reason for discharge • Referrals and recommendations, including arrangements for recovery maintenance • Signature of the counselor	9. Percentage of clients with a discharge summary completed within 30 days of discharge. 10. Percentage of clients with documentation of attempts to contact the client 60-90 days after discharge with the client's current status or the reason contact was unsuccessful.

The facility must contact each client no sooner than 60 days and no later than 90 days after discharge from the residential program and document the client's current status or the reason contact was unsuccessful.	

References:

Division of Metropolitan HIV/AIDS Programs, HIV/AIDS Bureau (HAB). *Ryan White HIV/AIDS Program (RWHAP) National Monitoring Standards for RWHAP Part A Recipients.* Health Resources and Services Administration, June 2023.

Division of State HIV/AIDS Programs, HIV/AIDS Bureau (HAB). *Ryan White HIV/AIDS Program (RWHAP) National Monitoring Standards for RWHAP Part B Recipients*. Health Resources and Services Administration, June 2023.

Ryan White HIV/AIDS Program. *Policy Notice 16-02: Eligible Individuals & Allowable Uses of Funds*. Health Resources & Services Administration, 22 Oct. 2018.

Texas Administrative Code, Title 22, Part 30, Chapter 681 - Texas Board of Examiners of Professional Counselors. Located at: https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=22&pt=30&ch=681

Texas Health and Safety Code, Title 6. Food, Drugs, Alcohol, and Hazardous Substances, Subtitle B. Alcohol and Substance Abuse Programs, Chapter 464. Located at: http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.464.htm

Location of Change	Prior Version	New Version	Notes
Initial Screening section (now "Eligibility")	Initial Screening: Staff must screen each client for SA-R services using the Texas Department of Insurance criteria per the TAC standards for substance abuse services. The screening process should collect all information necessary to determine the type of services required to meet the client's needs. To be eligible for admission to a treatment program, an individual must meet the current Diagnostic and Statistical Manual (DSM) criteria for substance use or dependence (or substance withdrawal or intoxication in the case of a detoxification program). Measure: 1. Percentage of client charts with documentation of a completed initial screening.	Eligibility: A clinical provider must place a written referral for SA-R as part of a substance use disorder treatment program funded under the RWHAP. To be eligible for admission to a treatment program, an individual must meet the current Diagnostic and Statistical Manual (DSM) criteria for substance use or dependence (or substance withdrawal or intoxication in the case of a detoxification program).	This standard was renamed and edited to address eligibility and a corresponding measure was added to align with the NMS. The HRSA NMS requires the following: "A written referral was made by a clinical provider as part of a substance use disorder treatment program funded under the RWHAP." The previous initial screening standard referred to an outdated process. Also, an initial comprehensive assessment is already covered in the next section (Comprehensive Assessment). Language stating that staff must screen clients using Texas Dept. of Insurance criteria was removed, as this requirement does not currently appear in TAC rules on substance abuse.
Comprehensive Psychosocial Assessment section	A licensed substance use disorder counselor must conduct a comprehensive psychosocial assessment for all clients. Staff should complete and sign a comprehensive assessment within 3 days of admission, and should offer and provide a copy of the completed assessment to the client. If emergent needs prevent the assessment from being completed within 3 days, staff must document this in the client's record. The comprehensive assessment should include: • Presenting problem(s) • Alcohol and other substance use • Previous psychiatric and chemical dependency treatment • Medical history, including current HIV treatment and level of adherence • Relationships with family, including domestic or intimate partner violence • History of trauma • Housing status • Social and leisure activities • Education and vocational training • Employment history • Legal issues • Cognitive status	Comprehensive Assessment: A Licensed Chemical Dependency Counselor (LCDC) or other qualified professional must complete a comprehensive psychosocial assessment for all clients. Professional staff must complete the comprehensive assessment within three days of admission and offer to provide the client with a copy of the completed assessment. If emergent needs prevent the completion of the assessment within three days, staff must document this in the client's record. The assessment must include the following, as applicable: •☐Presenting problems •☐Alcohol and other substance use •☐Psychiatric and chemical dependency treatment •☐Medical history and current health status •☐Client strengths and challenges, coping mechanisms, and self-help strategies •☐Psychosocial history, which may include: ☐Living situation ☐Social support and family relationships ☐Education and employment history, including military service ☐Sexual and relationship history and status	This standard was edited for clarity and to align with the Comprehensive Assessment standard in the Substance Abuse - Outpatient draft service standards. Measure 2 timeframe was changed from "3 days" to 96 hours for simplicity and consistency with measure 5 (health assessment). Measures 3 and 4 (requiring specific assessment tools) were removed, but language referring to assessment tools was retained in the standard. Reason: There is no professional guideline, statute, or HRSA policy guiding the inclusion of the tools specified in these measures, nor is there a good rationale for requiring every client to get one of the tools specified. Different tools may be useful in different situations, depending on the client's presenting problems, the type of program, and the practitioner delivering care.

	• Cognitive status • Strengths and challenges During the initial assessment, providers should assess clients for care coordination needs and make referrals to case management or other support programs as appropriate. Staff should use a valid and reliable assessment tool such as the Substance Abuse and Mental Illness Symptoms Screener (SAMISS) or Addiction Severity Index (ASI) to evaluate substance use. For cognitive assessment, providers may use the Mini-Mental State Examination (MMSE) or other validated tool. A licensed health professional must conduct a health assessment for all residential clients within 96 hours of admission per 25 TAC Section 488.803. Measure 2. Percentage of clients with an initial comprehensive psychosocial assessment completed within 3 days of admission. Measure 3. Percentage of clients evaluated using a valid and reliable assessment tool for substance use. 4. Percentage of clients evaluated using a valid and reliable assessment tool for cognitive assessment. 5. Percentage of clients with a health assessment completed within 96 hours of admission.	☐Sexual and relationship history and status ☐Physical, emotional, or sexual abuse history ☐Domestic violence assessment ☐Trauma assessment ☐Legal history ☐Leisure and recreational activities During the initial assessment, providers should assess clients for care coordination needs and make referrals to case management or other support programs as appropriate. Staff may use approved assessment tools, such as the Substance Abuse and Mental Illness Symptoms Screener (SAMISS) and Addiction Severity Index (ASI) for substance use and sexual history and the Mini-Mental State Examination (MMSE) for cognitive assessment. Staff may also use other industry-recognized assessment tools if approved by the provider agency. A licensed health professional must conduct a health assessment for all residential clients within 96 hours of admission per 26 TAC § 564.803. 2.Percentage of clients with an initial comprehensive assessment completed within 96 hours of admission. 3.Percentage of clients with a health assessment completed within 96 hours of admission.	
Referrals section	Agencies must make appropriate referrals for clients with medical or support needs. For clients accessing detox programs, staff should make referrals to outpatient or residential substance use programs for continuity of care. Measure: 10. Percentage of clients with referrals based on need demonstrated in the assessment and progress notes, as applicable.	Removed	This standard and corresponding measure was removed and language was moved to the Treatment Planning section. Reason: This standard/measure would only capture the very rare situation where a referral need is documented but no referral is documented, and does not provide much useful monitoring data.
Discharge Planning section	Providers should conduct discharge planning collaboratively with all clients and complete planning before the client's scheduled discharge. A written discharge plan must address ongoing client needs and continuity of services, and should include: • Individual goals or activities to sustain recovery • Referrals to case management and primary care providers, as appropriate • Outpatient substance abuse services and other recovery maintenance services, as applicable • Date and signatures of the counselor and client Providers and case managers should ensure that, to the greatest extent possible, clients who leave care are linked with appropriate services to meet their needs.	Providers must conduct discharge planning collaboratively with clients and complete planning before the client's scheduled discharge. A written discharge plan must address ongoing client needs and continuity of services and must include: •Individual goals or activities to sustain recovery •Referrals to case management and primary care providers, as appropriate •Outpatient substance abuse services and other recovery maintenance services, as applicable •Date and signatures of the counselor and client Providers and case managers should ensure that they link clients who leave care with appropriate services to meet their needs to the greatest extent possible. When a client voluntarily leaves services before completing discharge planning, staff should document the circumstances of discharge in the discharge summary.	This standard was changed to address the voluntary departure of clients before discharge planning can be completed.

2024 Quarterly Report
Quality Improvement Committee
(November 2024)

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. Continue the process of 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 Unmet 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-imbursement expenditures and status, as well as, reporting contract/service utilization information).

5. Annually, review the status of committee activities identified in the current Integrated HIV Prevention and Care Plan.

Status of Tasks on the Timeline:

_____ _____

Committee Chairperson Date