HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL
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STEERING COMMITTEE

AGENDA

12 noon, Thursday, March 7, 2019
2223 W. Loop South, Suite 240
Houston, Texas 77027

I. Call to Order — Bruce Turner, Chair, RW Planning Council
- A. Welcoming Remarks
- B. Moment of Reflection
- C. Select the Committee Co-Chair who will be voting today
- D. Adoption of the Agenda
- E. Adoption of the Minutes

II. Public Comment 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 yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting. All information from the public must be provided in this portion of the meeting.)

III. Reports from Committees

A. Comprehensive HIV Planning Committee — Ted Artiaga and Daphne L. Jones, Co-Chairs

Item: 2019 Committee Goals
Recommended Action: FYI: Please see the attached 2019 Committee Goals.

Item: Needs Assessment Group
Recommended Action: FYI: Please see the attached 2019 Needs Assessment Timeline. NAG held its first meeting on February 18th to adopt quorum, voting, and attendance rules as well as key concepts for the 2019 survey. The NAG Epidemiology and Survey Workgroups will meet in March. Please see Diane to be added to any of the NAG Workgroup lists.

Item: Committee Vice Chair
Recommended Action: FYI: Rodney Mills was elected as vice chair for Comprehensive HIV Planning Committee.

B. Affected Community Committee — Rodney Mills and Isis Torrente, Co-Chairs

Item: Committee Orientation
Recommended Action: FYI: All committees dedicated the first portion of their February meeting to general orientation, which included a review of the purpose of the committee, requirements, such as the Open Meetings Act training deadline, work products, meeting dates and more. The Affected Community Committee also reviewed the Purpose of the Planning Council and Public Hearings, and role played questions that members might receive while staffing a booth at a health fair, see attached.

Item: 2019 Committee Goals
Recommended Action: FYI: See the attached 2019 Committee goals.

Item: 2019 Community Events
Recommended Action: FYI: See the attached list of 2019 Community Events.

Item: Greeters for 2019 Council Meetings
Recommended Action: FYI: See the attached list of Greeters.

Item: The Resource Group: Problem Resolution
Recommended Action: FYI: See the attached presentation from The Resource Group on problem resolution.

Item: Committee Vice Chair
Recommended Action: FYI: Ronnie Galley was elected as vice chair for the Quality Improvement Committee.

C. Quality Improvement Committee — Denis Kelly and Gloria Sierra, Co-Chairs

Item: Reports from AA – Part A/MAI*
Recommended Action: FYI: See the attached reports from the Part A/MAI Administrative Agent:

- FY18 Procurement Report – Part A & MAI, dated 02/08/19
- FY18 Service Utilization Report – Part A & MAI, dated 12/19/18
- FY17 Chart Reviews
  1. Primary Care
  2. Oral Health – Rural
  3. Vision
  4. Case Management
- Performance Measures, received 02/13/19
- Selected Core Performance Measures by Gender, received 02/13/19
- Clinical Quality Management Quarterly Committee Report, 02/07/19

Item: Reports from Administrative Agent – Part B/SS
Recommended Action: FYI: See the attached reports from the Part B/ State Services Administrative Agent:

- How To Read TRG Reports 2019
- Procurement Reports Part B & SS – dated 02/06/19
- Service Utilization Report Part B – dated 02/05/19
- Health Insurance Program Reports – dated 01/08/19 & 02/04/19
- 2018 Chart Review Packet regarding:
  1. Early Intervention Services – Incarcerated
  2. Home and Community Based Services
  3. Hospice Services
  4. Mental Health Services
  5. Oral Health Care Services

Item: Committee Vice Chair
Recommended Action: FYI: Ronnie Galley was elected as vice chair for the Quality Improvement Committee.

D. Priority and Allocations Committee — Peta-gay Ledbetter and Bobby Cruz, Co-Chairs

Item: Reports from AA – Part A/MAI
Recommended Action: FYI: See the attached reports from the Part A/MAI Administrative Agent:

- REVISED FY18 Procurement, dated 02/28/19

Item: Reports from Administrative Agent – Part B/SS
Recommended Action: FYI: See the attached reports from the Part B/ State Services Administrative Agent:

- REVISED Procurement, FY18/19 Part B, dated 02/28/19
- Procurement, FY18/19 SS, dated 02/19/19

Item: FY 2020 Guiding Principles and Criteria
Recommended Action: **Motion:** Approve the attached FY 2020 Guiding Principles and Decision Making Criteria.

Item: FY 2020 Priority Setting Process
Recommended Action: **Motion:** Approve the attached FY 2020 Priority Setting Process.

Item: FY 2019 Policy for Addressing Unobligated and Carryover Funds
Recommended Action: **Motion:** Approve the attached FY 2019 Policy for Addressing Unobligated and Carryover Funds.

Item: 2019 Committee Goals
Recommended Action: FYI: See the attached 2019 Committee goals.

E.	Operations Committee *Item*: 2019 Committee Goals *Recommended Action*: FYI: See the attached 2019 Committee goals. *Item:* 2019 Council Orientation Evaluation Results *Recommended Action:* FYI: See the attached evaluation results of the 2019 Council Orientation. *Item:* Training Topics for 2019 Council Meetings *Recommended Action:* FYI: See the attached list of Training Topics for 2019 Council Meetings. *Item:* Committee Vice Chair *Recommended Action:* FYI: Bobby Cruz was elected as vice chair for the Quality Improvement Committee.	Ronnie Galley and Allen Murray, Co-Chairs
IV.	Report from Office of Support	Tori Williams, Director
V.	Report from Ryan White Grant Administration	Carin Martin, Manager
VI.	Report from The Resource Group	Sha'Terra Johnson-Fairley, Health Planner
VII.	Announcements	
VIII.	Adjournment	

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL
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STEERING COMMITTEE

MINUTES

12 noon, Thursday, February 7, 2019
2223 W. Loop South, Suite 240; Houston, Texas 77027

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
C. Bruce Turner, Chair	Ted Artiaga, excused	*Ryan White Grant Administration*
Tana Pradia, Secretary	Allen Murray, excused	Carin Martin
Isis Torrente	John Poole, excused	Samantha Bowen
Rodney Mills	Gloria Sierra, excused	
Daphne L. Jones		*The Resource Group*
Ronnie Galley		Sha'Terra Johnson-Fairley (phone)
Bobby Cruz		
Peta-gay Ledbetter		*Office of Support*
Denis Kelly		Tori Williams
		Amber Harbolt
		Diane Beck

Call to Order: C. Bruce Turner, Chair, called the meeting to order at 12:02 p.m.

During the opening remarks, Turner welcomed the new members of the Leadership Team. He then called for a Moment of Reflection.

Adoption of the Agenda: ***Motion #1:*** *it was moved and seconded (Boyle, Suazo) to adopt the agenda with one change: under item V. add item C. Nuts and Bolts.* **Motion carried.**

Approval of the Minutes: ***Motion #2:*** *it was moved and seconded (Boyle, Suazo) to approve the November 29, 2018 minutes.* **Motion carried.** Abstentions: Cruz, Galley, Pradia, Torrente.

Turner invited committee co-chairs to select the co-chair who would be voting on behalf of their committee. Those selected to represent their committee at today's meeting were: Torrente for Affected Community, Jones for Comprehensive HIV Planning, Galley for Operations, Ledbetter for Priority and Allocations and Kelly for Quality Improvement.

Public Comment and Announcements: None.

Ideas for the 2019 Planning Year:

- Program similar to Rhode Island Connect (see attached). It is a program to develop the HIV workforce by hiring students as paid interns in various capacities at agencies providing care to people living with HIV. *Carin is going to take this idea to the CQI committee for feedback and bring it back to the Quality Improvement Committee in March.*

- Home Health Care for elderly people living with HIV recovering from surgery, illness, etc. *It would have to be HIV related to be covered under Ryan White and they have had problems getting a vendor to provide this service since it is a small contract with a lot of administrative burden. No Part A or Part B funds pay for this service in Texas as it is available thru other sources.*
- Gerontology Primary Care for the aging with HIV population, a program like Rhode Island Connect might be a good fit for this.
- Find a way to reach those who are 35 years of age and under since they have the highest incidence of HIV.
- Expand the CPCDMS system to autofill various forms and applications such as ADAP. *ADAP applications are currently uploaded into ARIES and all locations have access to ARIES. There are software programs that some of the Ryan White funded agencies have to do this, would not be a good fit for CPCDMS.*
- Telemedicine using advanced technology to conduct primary care visits with individuals who cannot get to the doctor. Would be helpful for those lacking transportation and possibly increase retention in care. After the meeting, Sha'Terra reported that The Resource Group has been implementing telemedicine/health for some years. They have a new Clinical Consultant who will be initiating some projects in the rural areas. He has experience with doing telehealth in West Texas.
- Pay for Performance Models of Care. *Carin announced that she was invited to work with HRSA on a project that will incentivize primary care clinics and clients around retention in care. HRSA has approved pay for performance models. Carin will provide more detailed information to the How To Best Meet the Need workgroup meetings.*

Reports from Committees
Comprehensive HIV Planning Committee: No report.

Affected Community Committee: No report.

Quality Improvement Committee: No report.

Priority and Allocations Committee: No report.

Operations Committee: Ronnie Galley, Co-Chair, reported on the following:
2019 Mentor/Mentee Luncheon: Galley said that the January 17, 2019 luncheon was well attended.

2019 Council Orientation: Galley said that the 2019 Orientation was well attended and included great speakers.

2019 Project LEAP: ***Motion #3:*** *Approve the 2019 Project LEAP Service Definition and Student Selection Guidelines.* **Motion Carried.**

2019 Council Activities: Williams reviewed the memorandum regarding Petty Cash procedures and the 2019 Timeline of Critical Activities. See attached.

Report from Office of Support: Tori Williams, Director, summarized the attached report.

Report from Ryan White Grant Administration: Carin Martin, Manager, summarized the attached report.

Report from The Resource Group: Sha'Terra Johnson-Fairly, Health Planner, submitted the attached report.

Announcements: Harbolt said that the first meeting of the Needs Assessment Group (NAG) will be on Monday, February 18th at 1:00 p.m. Emails went out earlier this week, if members are interested in participating please see Diane. Turner said he would be hosting a meeting this Tuesday at Theo's Restaurant to plan for the 2019 Long Term HIV Survivors Day.

Adjournment: The meeting adjourned at 2:00 p.m.

Submitted by:

_____

Tori Williams, Director Date

Approved by:

_____

Committee Chair Date

2019 Steering Committee Voting Record for Meeting Date 02/07/19

C = Chaired the meeting, JA = Just arrived, LM = Left the meeting,
VP = Participated via telephone, nv = Non-voting member

Aff-Affected Community Committee, Comp-Comprehensive HIV Planning Committee, Op-Operations Committee, PA-Priority and Allocations Committee, QI-Quality Improvement Committee

MEMBERS	**Motion #1** Agenda **Carried**				**Motion #2** Minutes **Carried**				**Motion #3** 2019 LEAP svc definition and student selection guidelines **Carried**			
	Absent	**Yes**	**No**	**Abstain**	**Absent**	**Yes**	**No**	**Abstain**	**Absent**	**Yes**	**No**	**Abstain**
C. Bruce Turner, Chair				**C**				**C**				**C**
Tana Pradia, Secretary		**X**						**X**		**X**		
Isis Torrente, Aff		**X**						**X**		**X**		
Daphne L. Jones, Comp		**X**			**X**					**X**		
Ronnie Galley, Op		**X**						**X**		**X**		
Peta-gay Ledbetter, PA		**X**				**X**				**X**		
Denis Kelly, QI		**X**				**X**				**X**		
Non-voting members at the meeting:												
Rodney Mills, Aff		**X**				**X**						
Bobby Cruz, PA		**X**						**X**				
Absent members:												
John Poole, Vice Chair												
Ted Artiaga, Comp												
Allen Murray, Op												
Gloria Sierra, QI												

Comprehensive HIV Planning Committee Report

Proposed Needs Assessment Group Activities Timeline
February 2019 – March 2020

Draft
Updated 01-28-19

Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019
Needs Assessment Group (**NAG**) meets to design Needs Assessment (**NA**) process	Survey Workgroup creates survey tool	NAG approves survey tool and sampling plan	Analysis Workgroup adopts of principles for data analysis	NA data collection and entry continues	NA data collection and entry continues	NA data collection and entry continues
	Epi Workgroup convenes to create sampling plan	NA data collection and entry begins	NA data collection and entry continues	**Focus Group:** Case Management Staff	**Focus Group:** Prevention / Linkage / Outreach Staff	No Focus Group [HRSA Grant Application / EIIHA Process]

Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020
NA data collection and entry ends, cleaning and analysis begins	Analysis WG convenes to review preliminary findings	Analysis concludes, staff write report	**Committee approves NA report**	No activities	**Steering and Council approve NA report**	Report findings prepared for HTBMN and priority setting processes
Focus Group: HSDA/Rural consumers	**Focus Group:** EMA/Urban consumers	NAG reviews/approves NA report				

2019 QUARTERLY REPORT
COMPREHENSIVE HIV PLANNING COMMITTEE

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

1. Assess, evaluate, and make ongoing recommendations for the Comprehensive HIV Prevention and Care Services Plan and corresponding areas of the End HIV Plan.

2. *Determine the size and demographics of the estimated population of individuals who are unaware of their HIV status.

3. *Work with the community and other committees to develop a strategy for identifying those with HIV who do not know their status, make them aware of their status, and link and refer them into care.

4. *Explore and develop on-going needs assessment and comprehensive planning activities including the identification and prioritization of special studies.

5. *Review and disseminate the most current Joint Epidemiological Profile.

_____ _____

Committee Chairperson **Date**

Affected Community Committee Report

Affected Community Committee Training

Purpose of the Planning Council
Participation in Health Fairs
Purpose of Public Hearings

February 12, 2018

Purpose of the Planning Council

- What does the Planning Council do?
  - Conducts a Needs Assessment
  - Creates a plan to improve HIV services in Houston
  - Reviews data about existing Ryan White funded HIV services
  - Designs HIV services that will be provided using Ryan White funds in the Houston EMA/HSDA
  - Makes a list of the most important services
  - Decides the amount of Ryan White funding that will be allocated to each of the services

Purpose of the Planning Council

- What does the Planning Council NOT do?
  - Review grant applications from agencies
  - Decide which agencies in Houston get money
  - Hire and fire staff at agencies
  - Respond to complaints from consumers about specific agencies
  - Write letters to politicians in Washington
  - March at protests
  - Conduct HIV prevention
- HRSA sets the rules for Planning Councils
  - HRSA says Planning Councils can only focus on services, not specific agencies.
  - The Administrative Agency (Carin's office) monitors grants and agencies.

Participation in Health Fairs

- Tell the public about what the Ryan White Planning Council does
- Tell the public about services by giving out the Blue Book
- Tell the public how to volunteer with the Planning Council

- Give out condoms or HIV prevention materials
- Do HIV prevention
- Tell the public about specific agencies

Purpose of Public Hearings

- Twice a year
- Inform the community about recommended changes that the Planning Council will decide upon.
- Get feedback from consumers of Ryan White services as to how the recommended changes will affect their ability to receive care and support services.
- Community input is vital to all of the Planning Councils processes and is encouraged at every level.
  - Public Hearings are televised to help all PLWH participate in the planning process – especially PLWH who cannot travel to Planning Council meetings

Affected Community Committee

Training for Staffing a Ryan White Booth at a Health Fair or Other Event

Questions for Role Playing

(as of 03-21-17)

1. **Who is Ryan White?**

   ANSWER: See the attached description of Ryan White.

   Key words: Indiana teenager
   Person with HIV and hemophilia
   Not allowed to attend school because of his AIDS status
   Became a celebrity by asking for respect, compassion & the chance to live normally
   Died in 1990 - the year Congress named the CARE Act after him

2. **What does the Ryan White Program do?**

   ANSWER: The Ryan White Program is a Federal law that provides funds for local communities to develop and pay for core medical services for people living with HIV.

   Key words: Law created by Congress/Federal law
   $20 million/year for the Greater Houston area (Harris and surrounding counties)
   Provides medical services for people living with HIV
   Services include: primary medical care, drugs, dental care, mental health care, substance abuse treatment and case management.

3. **What does the Ryan White Planning Council do?**

   ANSWER: The Planning Council is a group of 39 volunteers appointed by the County Judge who are responsible for:

   a.) Assessing the needs of PLWH (Needs Assessment & special studies)
   b.) Deciding which services are the most important (prioritizing services)
   c.) Creating a community plan to meet these needs (Comprehensive Plan)
   d.) Deciding how much money should be assigned (allocated) to services funded by Ryan White Parts A and B and State Services money.

   Key words: Design the system of care for people who are living with HIV
   Allocate funds to address the medical needs of PLWH

4. **How much money can I get?**

   ANSWER: If you get medical care, drugs or case management services from places like Thomas Street Health Center, Legacy Community Health, Avenue 360, or St. Hope Foundation then Ryan White dollars are probably paying for those services.

   Key words: You get it through the services you receive.

5. **Why did the Council take away or cut back on the _____ program, etc?**

   ANSWER: In 1990, Congress was not as strict about how Ryan White funds could be used. AND, people were also dying within six months of diagnosis. Now, because the drugs are better, more people are living longer and they have a better quality of life. But, the drugs are expensive and Congress is not allocating enough money to keep up with the number of people who are newly coming into care or living with the

disease 10, 20 years. The purpose of the Ryan White Program has always been to get people into medical care. In the last couple of years Congress has become more restrictive in the use of the funds. The Council risks losing funds if they do not allocate 75% of all the money to core medical services (drugs, primary care, dental care, mental health care, substance abuse treatment and case management) and they must allocate the other 25% of the funds to things like transportation to and from medical appointments.

Key words: People with HIV are living longer
Fewer dollars available to care for more and more people
Purpose of the money is to provide MEDICAL care

6. Are you positive?

ANSWER: That is a personal question and I don't talk about my personal health with people I don't know well. OR, if I am, does it matter? OR, Why is it of interest to you? The important thing is for all people to be tested and know their own status.

Key words: None of your business OR
I do know my status, do you know yours?

7. Where do I get help?

ANSWER: The Blue Book lists services available to people with HIV in the 10-county area. Let's look up case management and I will show you where someone can go to get a social worker that will help a PLWH get services they are eligible for.

Key words: The Blue Book

8. How can I sign up to be an HIV volunteer?

ANSWER:
1.) If you want to work one-on-one with PLWH, look in the Blue Book under "Volunteer Opportunities" (page 82) and call any of the agencies listed.
2.) To apply to become a member of the Ryan White Planning Council you can:
   a.) Fill out a yellow application form to become an external committee member. If there is a vacancy and you are assigned to a committee, you will be asked to attend a meeting approximately once a month.
   b.) Fill out a green application form to apply to become a member of the Planning Council. If there is a vacancy and Judge Emmett appoints you to the Council you will have to attend monthly Council meetings and at least one monthly committee meeting. It can take many years to be appointed to the Council and sometimes there are not enough vacancies to appoint an applicant. So, we recommend that you apply for both and get to know how the Council works through your involvement on a committee.

Key words: Do you want to work one-on-one with clients or design the system that serves 13,000 clients?

Who was Ryan White?

Ryan White was born December 6, 1971 in Kokomo, Indiana. At three days old he was diagnosed with severe Hemophilia and doctors began treating his condition with a new clotting medication that was made from blood. In December 1984, while in the hospital with pneumonia, Ryan was diagnosed with AIDS – at some point he had been infected with HIV by a tainted batch of medication. His T-cell count was 25.

Ryan on ABC News with Ted Koppel

When his health improved he wanted to return to school, but school administrators voted to keep him out for fear of someone getting AIDS. Thus began a series of court battles lasting nine months, while Ryan attended class by phone. Eventually, he won the right to attend school but the prejudice was still there. He was not welcome anywhere, even at church.

The controversy brought him into the spotlight and he became known as the 'AIDS boy'. Many celebrities supported his efforts. He made numerous appearances around the country and on television promoting the need for AIDS education to fight the stigma faced by those infected by the disease; his hard work resulted in a number of prestigious awards and a made for TV movie.

Ryan at home with his mother, Jeanne, in 1987

For the most part, Ryan was a normal, happy teenager. He had a job and a driver's license, he attended sports functions and dances and his studies were important to him. He looked forward to graduating high school in 1991.

On April 8, 1990, Ryan passed away at Riley Hospital for Children in Indianapolis. He was 18 years old.

In honor of this courageous young man, the United States Congress named the federal law that authorizes government funds for medical care to people living with HIV the Ryan White Care Act.

Since 1990, the Houston area has received over $300 million in Ryan White Program funds.

Project L.E.A.P.
Learning, Empowerment, Advocacy and Participation

What is Project L.E.A.P.?

Project LEAP is a free 17-week class that teaches people how they can help plan for and design the HIV prevention and care services that are provided in the greater Houston area. The class is open to everyone, especially those who are living with HIV.

The goal is to train people living with HIV/AIDS so that they can participate in local HIV planning activities by serving on a planning body, such as the Ryan White Planning Council or the City of Houston HIV Prevention Community Planning Group (CPG).

What will I Learn?

Some of the topics covered in class include:

- Parliamentary Procedure (Robert's Rules of Order)
- HIV 101
- The History of HIV in the Houston Area
- HIV trends in the Houston area for populations such as African Americans, Hispanics, Women, Youth, Heterosexuals, Transgender, etc.
- HIV trends in the Houston area and available services for people with mental health issues, substance abuse issues, the homeless and the incarcerated/recently released.
- HIV and Co-infections, HIV and Chronic Diseases, HIV and Stigma
- Designing HIV Services
- The Ryan White Program Service Prioritization and Funding Allocation Process
- HIV Prevention in the Houston Area

Additional class activities may include:

- Attend a Ryan White Planning Council and Committee meeting.
- Attend an HIV Prevention Community Planning Group (CPG) Meeting.
- Attend a community meeting of your choice.
- Leadership skills and team building.
- Introduction to National, State, and Local HIV plans.
- Class Needs Assessment project and presentation to the Planning Council.

When Does the Class Meet?

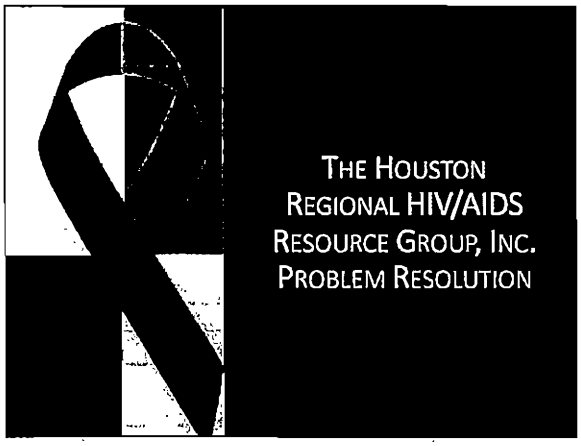
Wednesdays, 10:00 am – 2:00 pm OR 5:30 pm – 9:30 pm

Lunch or dinner will be provided. Assistance with transportation and child care is available.

How Do I Apply?

A brief application and in-person interview are required. Applications are available by mail, fax, email, and can also be picked up in person or completed online.

If you have questions about Project L.E.A.P. or the application process, please contact the Ryan White Planning Council Office of Support at 832 927-7926 or visit www.rwpcHouston.org



1

Problem Resolution (PR)

Problem Resolution (PR) is the process associated with addressing, reviewing and documenting consumer complaints, concerns and grievances for TRG funded programs and services.

The PR goal is to address barriers and problems which interfere with care and treatment.

2

The PR Approach

Good Complaints Management

- Listening and Learning from both sides
- Benefits for clients and providers
- Fairness to clients and providers
- Identifying Best Practices
- Referral to outside appropriate agency
- PR Consumer Advisory Board (CAB)

3

Problem Resolution Process

- All agencies funded by TRG are required to have a "client complaint" process.
- TRG recommends that clients first file a complaint at the agency-level.
- The form may be submitted by mail fax or email listed below.

Beyond the Agency-Level

- If a client would like assistance filing their complaint, or
- If the problem remains is unresolved please feel free to contact TRG
- If the problem is not resolved at the TRG level you can take it to the funder of the specific service.

4

How would you like TRG to contact you?

It is necessary for us to have at least one way you can be contacted for follow up.

Name and the client's choice of:

1) Phone
2) Address
3) Email

5

Key Questions

- In order to investigate your complaint, it may be necessary to share your name and identifying information with the agency involved. Do I have your permission to do so?
- If necessary are you willing to have a conference call or face to face conference with the service provider to resolve your problem?

6

Effective complaint handling systems

- Empowering people to make complaints are customer focused, visible, accessible and valued and supported by management.
- Complaints are responded to promptly and handled objectively, fairly and confidentially. Remedies are provided where complaints are upheld and there is a system for review.
- There are clear accountabilities for complaint handling and complaints are used to stimulate organizational improvements.

7

PR System

Elements in developing a PR Process

- Problem Solving- How are problems identified?
- Decision Making- How are identified problems handled?
- Inclusion and reflection of the population served- Is there representation of the target population in the process? (PR CAB)
- Classification
- Tracking System
- Quarterly Update for Reports

8

TRG PR Classification

- **Concern-** Questions and comments which are usually due to lack of understanding or miss understanding of a service, program of Subrecipient systems and P&P.
- **Grievance-** Issues or situations which involve specific people or staff.
- **Complaints-** Problems with access to care, treatment or services.

9

Type of Problems

- Problems getting an appointment
- Problems receiving medications
- Problems contacting/communicating with staff
- Problems with transportation to/ from appointment
- Accessing a funded service
- Bad experience with a fund service are documented to identify trends
- Other barrier to care

10

How to file an effective complaint

- **State the Problem**

Clearly and concisely tell what the problem is. Give example(s) of when the problem occurred. Include dates.

- **Describe the Impact**

Tell how the problem is impacting your ability to remain in care/be compliant with your care.

- **Offer Respect**

Speak about the service provided to you by this person or agency. Why is it important to you and what would you do if this service were not available to you?

- **Offer Resolutions**

Give suggestions as to how the agency can alter systems to resolve the problem.

11

Questions, Comments & Concerns

Consumer Relations Coordinator
500 Lovett Ste. 100
Houston Texas 77006
rellison@hivtrg.org
713-526-1016 ext 104
713-526-2369 fax

12

2019 QUARTERLY REPORT
AFFECTED COMMUNITY COMMITTEE
(May 2019)

Status of Committee Goals and Responsibilities (* indicates a HRSA mandate):

1. Educate consumers so they understand how to access HIV/AIDS treatment and medication. Provide information that can be understood by consumers of diverse educational backgrounds on client-centered issues.
   Status:

2. Continue to get a better understanding of the needs of transgender individuals through training, attending meetings of the transgender community and more.

3. Assure participation by people living with HIV in all Council work products.
   Status:

4. *Work with other committees to coordinate Public Hearings regarding the FY 2019 How to Best Meet the Need Results & Priorities and Allocations for Ryan White Parts A and B and State Services.
   Status:

5. Recruit Council applicants throughout the year.
   Status:

6. Annually, review the status of committee activities identified in the current Comprehensive Plan.
   Status:

_____ _____

Committee Chairperson Date

Greeters for 2019 Council Meetings

(Revised: 02-26-19)

2019 Meeting Dates (**Please arrive at 11:45 a.m.** Unless otherwise noted, the meetings are held at 2223 W. Loop South)	**Greeter #1** External Member	**Greeter #2**	**Greeter #3**
Thurs. March 7	Skeet	Tony	Ronnie
Thurs. April 11	Lionel	Veronica	Holly
Thurs. May 9	Lionel	Rodney	Tony
Thurs. June 13 – LEAP presentation			
Thurs. July 11			
Thurs. August 8			
Thurs. September 12			
Thurs. October 10			
Thurs. November 14 External Committee Member Appreciation			
Thurs. December 12			

Greeters for 2019 Council Meetings

(Revised: 02-28-19)

2019 Meeting Dates (**Please arrive at 11:45 a.m.** Unless otherwise noted, the meetings are held at 2223 W. Loop South)	**Greeter #1** External Member	**Greeter #2**	**Greeter #3**
Thurs. March 14	Skeet	Tony	Ronnie
Thurs. April 11	Lionel	Veronica	Holly
Thurs. May 9	Lionel	Rodney	Tony
Thurs. June 13 – LEAP presentation			
Thurs. July 11			
Thurs. August 8			
Thurs. September 12			
Thurs. October 10			
Thurs. November 14 External Committee Member Appreciation			
Thurs. December 12			

Quality Improvement Committee Report

Part A Reflects "Increase" Funding Scenario
MAI Reflects "Increase" Funding Scenario

FY 2018 Ryan White Part A and MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	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**	**9,634,415**	**391,824**	**703,670**	**180,631**	**0**	**10,910,540**	**50.99%**	**10,910,540**	**0**		**8,001,337**	**73%**	**92%**
1.a	Primary Care - Public Clinic (a)	3,520,995	70,069	378,670	0		3,969,734	18.55%	3,969,734	0	3/1/2018	$317,777	8%	75%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	940,447	80,923	100,000	51,877		1,173,247	5.48%	1,173,247	0	3/1/2018	$991,211	84%	92%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	786,424	80,923	100,000	51,877		1,019,224	4.76%	1,019,224	0	3/1/2018	$768,581	75%	92%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,003,821	100,899	100,000	51,877		1,256,597	5.87%	1,256,597	0	3/1/2018	$546,924	44%	92%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,127,327	22,434	0	0		1,149,761	5.37%	1,149,761	0	3/1/2018	$795,594	69%	92%
1.f	Primary Care - Women at Public Clinic (a)	1,837,964	36,576	0			1,874,540	8.76%	1,874,540	0	3/1/2018	$4,242,084	226%	75%
1.g	Primary Care - Pediatric (a.1)	15,437	0				15,437	0.07%	15,437	0	3/1/2018	$9,600	62%	92%
1.h	Vision	402,000	0	25,000	25,000		452,000	2.11%	452,000	0	3/1/2018	$329,565	73%	92%
2	**Medical Case Management**	**2,535,802**	**0**	**0**	**0**	**0**	**2,535,802**	**11.85%**	**2,535,802**	**0**		**1,649,691**	**65%**	**92%**
2.a	Clinical Case Management	488,656	0	0	0		488,656	2.28%	488,656	0	3/1/2018	$379,295	78%	92%
2.b	Med CM - Public Clinic (a)	482,722	0	0	0		482,722	2.26%	482,722	0	3/1/2018	$214,673	44%	75%
2.c	Med CM - Targeted to AA (a) (e)	321,070	0	0	0		321,070	1.50%	321,070	0	3/1/2018	$305,727	95%	92%
2.d	Med CM - Targeted to H/L (a) (e)	321,072	0	0	0		321,072	1.50%	321,072	0	3/1/2018	$159,648	50%	92%
2.e	Med CM - Targeted to W/MSM (a) (e)	107,247	0	0	0		107,247	0.50%	107,247	0	3/1/2018	$76,314	71%	92%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0			348,760	1.63%	348,760	0	3/1/2018	$216,425	62%	92%
2.g	Med CM - Women at Public Clinic (a)	180,311	0	0			180,311	0.84%	180,311	0	3/1/2018	$92,558	51%	75%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	0	0	0		160,051	0.75%	160,051	0	3/1/2018	$103,795	65%	92%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0		80,025	0.37%	80,025	0	3/1/2018	$60,367	75%	92%
2.j	Med CM - Targeted to Youth	45,888	0	0			45,888	0.21%	45,888	0	3/1/2018	$40,890	89%	75%
3	**Local Pharmacy Assistance Program (a) (e)**	**1,934,796**	**256,674**	**0**	**69,363**	**0**	**2,260,833**	**10.57%**	**2,260,833**	**0**	3/1/2018	**$1,651,228**	**73%**	**92%**
4	**Oral Health**	**166,404**	**0**	**0**	**0**	**0**	**166,404**	**0.78%**	**166,404**	**0**	3/1/2018	**153,800**	**92%**	**92%**
4.a	Oral Health - Untargeted (c)	0					0	0.00%	0	0	N/A	$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404	0	0			166,404	0.78%	166,404	0	3/1/2018	$153,800	92%	92%
5	**Mental Health Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
6	**Health Insurance (c)**	**1,244,551**	**28,519**	**0**	**0**	**0**	**1,273,070**	**5.95%**	**1,273,070**	**0**	3/1/2018	**$984,852**	**77%**	**92%**
7	**Home and Community-Based Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
8	**Substance Abuse Services - Outpatient**	**45,677**	**0**	**0**	**0**	**0**	**45,677**	**0.21%**	**45,677**	**0**	3/1/2018	**$24,388**	**53%**	**92%**
9	**Early Intervention Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
10	**Medical Nutritional Therapy (supplements)**	**341,395**	**0**	**0**	**0**	**0**	**341,395**	**1.60%**	**341,395**	**0**	3/1/2018	**$267,080**	**78%**	**92%**
11	**Hospice Services**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
12	**Outreach Services**	**420,000**	**39,927**				**459,927**	**2.15%**	**459,927**	**0**	**3/1/2018**	**$199,533**	**43%**	**92%**
13	**Non-Medical Case Management**	**1,231,002**	**0**	**0**	**0**	**0**	**1,231,002**	**5.75%**	**1,231,002**	**0**		**1,012,492**	**82%**	**92%**
13.a	Service Linkage targeted to Youth	110,793		0			110,793	0.52%	110,793	0	3/1/2018	$82,326	74%	92%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000			0		100,000	0.47%	100,000	0	3/1/2018	$69,474	69%	92%
13.c	Service Linkage at Public Clinic (a)	427,000		0	0		427,000	2.00%	427,000	0	3/1/2018	$363,460	85%	75%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209		0	0		593,209	2.77%	593,209	0	3/1/2018	$497,233	84%	92%
14	**Medical Transportation**	**482,087**	**25,824**	**0**	**0**	**0**	**507,911**	**2.37%**	**507,911**	**0**		**286,354**	**56%**	**92%**
14.a	Medical Transportation services targeted to Urban	252,680	0	0	0		252,680	1.18%	252,680	0	3/1/2018	$214,038	85%	92%
14.b	Medical Transportation services targeted to Rural	97,185	0	0	0		97,185	0.45%	97,185	0	3/1/2018	$72,316	74%	92%
14.c	Transportation vouchering (bus passes & gas cards)	132,222	25,824	0	0		158,046	0.74%	158,046	0	3/1/2018	$0	0%	0%
15	**Linguistic Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	$0	**0%**	**0%**
16	**Emergency Financial Assistance**	**450,000**		**0**	**150,000**	**0**	**600,000**	**2.80%**	**600,000**	**0**	3/1/2018	$223,565	**37%**	**92%**
17	**Referral for Health Care and Support Services (c)**	**0**	**0**	**0**			**0**	**0.00%**	**0**	**0**	NA	$0	**0%**	**0%**
BEA27516	**Total Service Dollars**	**18,486,129**	**742,768**	**703,670**	**399,994**	**0**	**20,332,561**	**92.87%**	**20,332,561**	**0**		**14,031,221**	**69%**	**92%**
	Grant Administration	**1,675,047**	**0**	**0**	**0**	**0**	**1,675,047**	**7.83%**	**1,675,047**	0	**N/A**	**0**	**0%**	**92%**
BEA27517	HCPHES/RWGA Section	1,146,388	0	0		0	1,146,388	5.36%	1,146,388	0	N/A	$0	0%	92%
PC	RWPC Support*	528,659			0	0	528,659	2.47%	528,659	0	N/A	0	0%	92%

Part A Reflects "Increase" Funding Scenario
MAI Reflects "Increase" Funding Scenario

FY 2018 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	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
[redacted]	**Quality Management**	**495,000**	**0**	**0**	**0**	**0**	**495,000**	**2.31%**	**495,000**	**0**	**N/A**	**$0**	**0%**	**92%**
		20,656,176	**742,768**	**703,670**	**399,994**	**0**	**22,502,608**	**103.01%**	**22,502,608**	**0**	[redacted]	**14,031,221**	**62%**	**92%**
								Unallocated	Unobligated					[redacted]
	Part A Grant Award:	**21,398,944**	***Carry Over:***	**0**		***Total Part A:***	**21,398,944**	**-1,103,664**	**0**					
		Original Allocation	**Award Reconcilation (b)**	**July Adjusments (carryover)**	**October Adjustments**	**Final Quarter Adjustments**	**Total Allocation**	**Percent**	**Total Expended on Services**	**Percent**				
	Core (must not be less than 75% of total service dollars)	**15,903,040**	**677,017**	**703,670**	**249,994**	**0**	**17,533,721**	**86.40%**	**17,533,721**	**85.77%**				
	Non-Core (may not exceed 25% of total service dollars)	**2,583,089**	**25,824**	**0**	**150,000**	**0**	**2,758,913**	**13.60%**	**2,908,913**	**14.23%**				
	Total Service Dollars (does not include Admin and QM)	**18,486,129**	**702,841**	**703,670**	**399,994**	**0**	**20,292,634**	[redacted]	**20,442,634**	[redacted]				
	Total Admin (must be ≤ 10% of total Part A + MAI)	**1,675,047**	**0**	**0**	**0**	**0**	**1,675,047**	**7.83%**						
	Total QM (must be ≤ 5% of total Part A + MAI)	**495,000**	**0**	**0**	**0**	**0**	**495,000**	**2.31%**						

MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	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**	**1,797,785**	**49,060**	**90,830**	**0**	**0**	**1,937,675**	**84.33%**	**1,937,675**	**0**	[redacted]	**1,575,475**	**81%**	**92%**
1.b (MAI)	Primary Care - CBO Targeted to African American	910,163	24,530	45,415	0	0	980,108	42.65%	980,108	0	3/1/2018	$920,975	94%	92%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	887,622	24,530	45,415	0	0	957,567	41.67%	957,567	0	3/1/2018	$654,500	68%	92%
2	**Medical Case Management**	**320,100**	**0**	**40,000**	**0**	**0**	**360,100**	**15.67%**	**320,100**	**40,000**		**$126,959**	**40%**	92%
2.c (MAI)	MCM - Targeted to African American	160,050		20,000			180,050	7.84%	180,050	0	3/1/2018	$84,228	47%	92%
2.d (MAI)	MCM - Targeted to Hispanic	160,050		20,000			180,050	7.84%	160,050	20,000	3/1/2018	$42,731	27%	92%
[redacted]	**Total MAI Service Funds**	**2,117,885**	**49,060**	**130,830**	**0**	**0**	**2,297,775**	**100.00%**	**1,937,675**	**360,100**	[redacted]	**1,575,475**	**81%**	**92%**
	Grant Administration	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Non-service Funds	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**		**0**	**0%**	**0%**
[redacted]	**Total MAI Funds**	**2,117,885**	**49,060**	**130,830**	**0**	**0**	**2,297,775**	**100.00%**	**1,937,675**	**360,100**	[redacted]	**1,575,475**	**81%**	**92%**
	MAI Grant Award	**2,166,944**	***Carry Over:***	**0**		***Total MAI:***	**2,166,944**							[redacted]
	Combined Part A and MAI Orginial Allocation Total	**22,774,061**												

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 four (4) HRSA service categories (Pcare, LPAP, MCM, Non Med CM). Expenditures must be evaluated both by individual service category and by combined service categories.
(a.1)	Single local service definition is three (3) HRSA service categories (does not include LPAP). Expenditures must be evaluated both by individual service category and by combined service categories.
(b)	Adjustments to reflect actual award based on Increase or Decrease funding scenario.
(c)	Funded under Part B and/or SS
(d)	Not used at this time
(e)	10% rule reallocations

Prepared by: Ryan White Grant Administration

FY 2018 Ryan White Part A and MAI Service Utilization Report

SUR - 3rd Quarter Cumulative (3/1-11/30)

Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	Verify	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	Verify	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus	Verify
1	**Outpatient/Ambulatory Primary Care (excluding Vision)**	**6,467**	**7,062**	**73%**	**27%**	**100%**	**47%**	**14%**	**2%**	**36%**	**100%**	**0%**	**1%**	**4%**	**27%**	**26%**	**13%**	**26%**	**2%**	**100%**
1.a	Primary Care - Public Clinic (a)	2,350	3,215	69%	31%	100%	50%	10%	2%	38%	100%	0%	0%	2%	18%	26%	15%	35%	4%	100%
1.b	Primary Care - CBO Targeted to AA (a)	1,060	1,543	68%	32%	100%	99%	0%	1%	0%	100%	0%	0%	8%	39%	27%	10%	15%	1%	100%
1.c	Primary Care - CBO Targeted to Hispanic (a)	960	1,218	85%	15%	100%	0%	0%	0%	100%	100%	0%	1%	5%	30%	30%	14%	19%	1%	100%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	653	88%	12%	100%	0%	87%	11%	1%	100%	0%	0%	4%	26%	20%	16%	30%	3%	100%
1.e	Primary Care - CBO Targeted to Rural (a)	400	590	71%	29%	100%	46%	25%	2%	28%	100%	0%	0%	7%	32%	27%	11%	21%	2%	100%
1.f	Primary Care - Women at Public Clinic (a)	1,000	998	0%	100%	100%	60%	8%	2%	30%	100%	0%	0%	1%	14%	29%	18%	33%	5%	100%
1.g	Primary Care - Pediatric (a)	7	10	80%	20%	100%	30%	10%	0%	60%	100%	10%	60%	30%	0%	0%	0%	0%	0%	100%
1.h	Vision	1,600	1,971	74%	26%	100%	50%	15%	2%	33%	100%	0%	0%	4%	24%	22%	14%	33%	2%	100%
2	**Medical Case Management (f)**	**3,075**	**4,518**																	
2.a	Clinical Case Management	600	899	73%	27%	100%	63%	18%	2%	17%	100%	0%	0%	5%	27%	25%	11%	29%	3%	100%
2.b	Med CM - Targeted to Public Clinic (a)	280	577	92%	8%	100%	60%	9%	2%	29%	100%	0%	1%	3%	28%	22%	13%	30%	3%	100%
2.c	Med CM - Targeted to AA (a)	550	1,544	69%	31%	100%	99%	0%	0%	0%	100%	0%	0%	8%	35%	25%	10%	20%	2%	100%
2.d	Med CM - Targeted to H/L(a)	550	827	86%	14%	100%	0%	0%	0%	100%	100%	0%	1%	7%	32%	30%	10%	18%	2%	100%
2.e	Med CM - Targeted to White and/or MSM (a)	260	395	87%	13%	100%	0%	89%	11%	0%	100%	0%	1%	3%	25%	21%	15%	32%	4%	100%
2.f	Med CM - Targeted to Rural (a)	150	659	70%	30%	100%	49%	28%	3%	21%	100%	0%	0%	7%	27%	22%	11%	29%	4%	100%
2.g	Med CM - Targeted to Women at Public Clinic (a)	240	231	0%	100%	100%	65%	9%	3%	23%	100%	0%	0%	1%	16%	29%	19%	30%	3%	100%
2.h	Med CM - Targeted to Pedi (a)	125	98	65%	35%	100%	72%	4%	0%	23%	100%	63%	29%	8%	0%	0%	0%	0%	0%	100%
2.i	Med CM - Targeted to Veterans	200	167	96%	4%	100%	71%	19%	1%	10%	100%	0%	0%	0%	2%	4%	8%	63%	23%	100%
2.j	Med CM - Targeted to Youth	120	20	95%	5%	100%	45%	5%	0%	50%	100%	0%	15%	85%	0%	0%	0%	0%	0%	100%
3	**Local Drug Reimbursement Program (a)**	**2,845**	**3,707**	**77%**	**23%**	**100%**	**47%**	**15%**	**2%**	**35%**	**100%**	**0%**	**0%**	**5%**	**29%**	**28%**	**14%**	**23%**	**1%**	**100%**
4	**Oral Health**	**200**	**279**	**69%**	**31%**	**100%**	**42%**	**30%**	**2%**	**27%**	**100%**	**0%**	**0%**	**5%**	**20%**	**30%**	**11%**	**30%**	**4%**	**100%**
4.a	Oral Health - Untargeted (d)	NA	NA	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
4.b	Oral Health - Rural Target	200	279	69%	31%	100%	42%	30%	2%	27%	100%	0%	0%	5%	20%	30%	11%	30%	4%	100%
5	**Mental Health Services (d)**	**NA**	**NA**																	
6	**Health Insurance**	**1,700**	**1,337**	**81%**	**19%**	**100%**	**43%**	**27%**	**3%**	**27%**	**100%**	**0%**	**0%**	**3%**	**15%**	**20%**	**15%**	**39%**	**8%**	**100%**
7	**Home and Community Based Services (d)**	**NA**	**NA**																	
8	**Substance Abuse Treatment - Outpatient**	**40**	**20**	**95%**	**5%**	**100%**	**20%**	**50%**	**5%**	**25%**	**100%**	**0%**	**0%**	**0%**	**40%**	**25%**	**15%**	**20%**	**0%**	**100%**
9	**Early Medical Intervention Services (d)**	**NA**	**NA**																	
10	**Medical Nutritional Therapy/Nutritional Supplements**	**650**	**434**	**79%**	**21%**	**100%**	**40%**	**21%**	**3%**	**36%**	**100%**	**0%**	**0%**	**2%**	**13%**	**15%**	**16%**	**46%**	**8%**	**100%**
11	**Hospice Services (d)**	**NA**	**NA**																	
12	**Outreach**	**NA**	**602**	**74%**	**26%**	**100%**	**57%**	**13%**	**1%**	**29%**	**100%**	**0%**	**0%**	**6%**	**32%**	**25%**	**13%**	**22%**	**2%**	**100%**
13	**Non-Medical Case Management**	**7,045**	**6,106**																	
13.a	Service Linkage Targeted to Youth	320	150	81%	19%	100%	59%	5%	5%	31%	100%	0%	13%	87%	0%	0%	0%	0%	0%	100%
13.b	Service Linkage at Testing Sites	260	117	68%	32%	100%	68%	6%	2%	25%	100%	0%	0%	0%	53%	21%	9%	15%	2%	100%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	2,822	66%	34%	100%	61%	10%	2%	27%	100%	0%	0%	0%	18%	23%	14%	40%	6%	100%
13.d	Service Linkage at CBO Primary Care Programs (a)	2,765	3,017	78%	22%	100%	53%	13%	2%	32%	100%	0%	1%	7%	31%	23%	13%	23%	2%	100%
14	**Transportation**	**2,850**	**2,591**																	
14.a	Transportation Services - Urban	170	442	67%	33%	100%	63%	12%	3%	23%	100%	0%	0%	7%	29%	24%	14%	24%	2%	100%
14.b	Transportation Services - Rural	130	144	69%	31%	100%	43%	33%	3%	21%	100%	0%	1%	3%	19%	24%	13%	35%	5%	100%
14.c	Transportation vouchering	2,550	2,005																	
15	**Linguistic Services (d)**	**NA**	**NA**																	
16	**Emergency Financial Assistance (e)**	**NA**	**NA**																	
17	**Referral for Health Care - Non Core Service (d)**	**NA**	**NA**																	
Net unduplicated clients served - all categories*		**12,941**	**12,318**	**74%**	**26%**	**100%**	**53%**	**15%**	**2%**	**30%**	**100%**	**1%**	**1%**	**5%**	**24%**	**24%**	**13%**	**30%**	**4%**	**100%**
Living AIDS cases + estimated Living HIV non-AIDS (from FY 17 App) (b)		**NA**	**22,830**	**74%**	**26%**	**100%**	**49%**	**23%**	**3%**	**25%**	**100%**	**0%**	**6%**		**18%**	**27%**	**30%**	**18%**		**100%**

***11,657** clients to be served is based on the number of unduplicated clients served in FY 2016 (update per CPCDMS)

Available Data As Of: 12/19/2018

Prepared by: Ryan White Grant Administration

FY 2018 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report

Priority	Service Category MAI unduplicated served includes clients also served under Part A	Goal	Unduplicated MAI Clients Served YTD	Male	Female	Verify	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	Verify	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus	Verify
	Outpatient/Ambulatory Primary Care (excluding Vision)																			
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,060	1,889	73%	27%	100%	99%	0%	1%	0%	100%	0%	1%	7%	37%	25%	11%	18%	1%	100%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	1,239	87%	13%	100%	0%	0%	0%	100%	100%	0%	1%	6%	31%	32%	12%	17%	1%	100%
2	**Medical Case Management (f)**																			
2.c	Med CM - Targeted to AA (a)	1,060	542	77%	23%	100%	48%	17%	3%	32%	100%	0%	1%	9%	32%	28%	12%	18%	1%	
2.d	Med CM - Targeted to H/L(a)	960	122	80%	20%	100%	59%	20%	3%	17%	100%	0%	1%	10%	40%	19%	7%	20%	3%	

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 (3/1/12 - 2/28/13)

Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	Verify	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	Verify	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus	Verify
1	**Primary Medical Care**	**2,100**	**1,477**	**76%**	**24%**	**100%**	**54%**	**13%**	**3%**	**30%**	**100%**	**0%**	**1%**	**8%**	**35%**	**24%**	**11%**	**18%**	**2%**	**100%**
2	**LPAP**	**1,200**	**542**	**77%**	**23%**	**100%**	**48%**	**17%**	**3%**	**32%**	**100%**	**0%**	**1%**	**9%**	**32%**	**28%**	**12%**	**18%**	**1%**	**100%**
3.a	Clinical Case Management	400	122	80%	20%	100%	59%	20%	3%	17%	100%	0%	1%	10%	40%	19%	7%	20%	3%	100%
3.b-3.h	Medical Case Management	1,600	1027	76%	24%	100%	57%	12%	2%	29%	100%	3%	2%	9%	35%	23%	10%	17%	1%	100%
3.i	Medical Case Manangement - Targeted to Veterans	60	32	97%	3%	100%	69%	16%	0%	16%	100%	0%	0%	0%	3%	9%	19%	44%	25%	100%
4	**Oral Health**	**40**	**41**	**80%**	**20%**	**100%**	**46%**	**27%**	**0%**	**27%**	**100%**	**0%**	**2%**	**15%**	**24%**	**27%**	**10%**	**20%**	**2%**	**100%**
12.a. 12.c. 12.d.	**Non-Medical Case Management (Service Linkage)**	**3,700**	**1,655**	**74%**	**26%**	**100%**	**58%**	**11%**	**2%**	**28%**	**100%**	**0%**	**2%**	**7%**	**29%**	**22%**	**12%**	**24%**	**4%**	**100%**
12.b	**Service Linkage at Testing Sites**	**260**	**130**	**73%**	**27%**	**100%**	**67%**	**5%**	**2%**	**26%**	**100%**	**0%**	**2%**	**22%**	**41%**	**16%**	**7%**	**11%**	**2%**	**100%**

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) Not funded in FY 2017

(f) Total MCM served does not include Clinical Case Management

Available Data As Of: 12/19/2018

Ryan White Part A, Houston EMA FY 2017 Chart Review

Chart Reviews Conducted

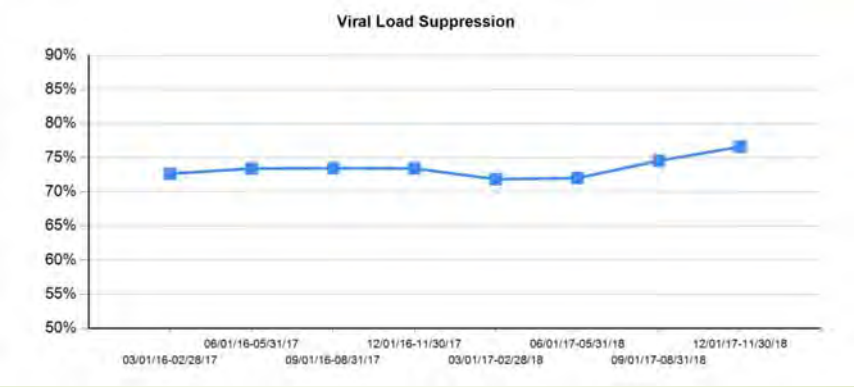
- Primary Care
- Vision
- Dental- Rural Target

Primary Care Chart Review Process

- Review period: 3/1/17-2/28/18
- Sample was representative of the RWPA EMA population, with the exception that women and transgender clients were over sampled
- 635 client charts reviewed
- Data abstraction tool used to collect data
- Data collected for 28 performance measures

Primary Care Highlights- Core Measures

- Viral Load Suppression
  - While FY17 chart review showed a slight decrease from 88.5% to 85.5% for in-care clients, the most recent CPCDMS report shows a trend of increased viral load suppression for all clients



Primary Care Highlights

- Core Measures
  - ARV Prescription 98.7%
  - PCP Prophylaxis 93%
- Other Measures
  - Some measures, such as hepatitis screening, were affected by two agency's transition to new electronic medical record systems
  - Hepatitis C- 55% of clients have been cured!

EMA-Wide Quality Improvement Activities

- end+disparities ECHO Collaborative
- Outreach training and development
- Warm Hand Off
- Linkage to Care
- Part A/B Coordination

Improvement Plans

- Agencies are required to submit improvement plans to RWGA for measures needing improvement

Item	Goal	Interventions	Timeline for Implementation	Evaluation Method	Evaluation Date(s)	Outcome
Hepatitis C Screening	1. Hepatitis C Screening will increase to 98% (current 86%)	1. An alert has been placed in the patient chart to notify provider at future appointments that that Hepatitis C screening is needed. 2. Continue to provide Hepatitis Panel screening at all initial HIV primary care visits.	1/4/16	CPCDMS report will be run to monitor this performance measure	April 2016	

Vision Care Chart Review

- 150 client charts reviewed
- Sample was representative of the RWPA EMA population
- Review period: 3/1/17-2/28/18

Vision Care- Highlights

- 15/18 (83.3%) measures had at least 95% performance
- Thirteen clients had documented eye disease and all were managed appropriately

Oral Heath Care- Rural Target

- 75 client charts reviewed
- Sample was representative of the RWPA EMA population
- Review period: 3/1/17-2/28/18

Oral Heath Care- Rural Target Highlights

- HAB Measures
  - Medical/Dental History 95%
  - Oral Health Education 99%
  - Periodontal screening 81%
  - Treatment plan 99%

Harris County Public Health
Building a Healthy Community

17-18 Case Management Chart Review Summary of Findings

Samantha Bowen, MSW (RWGA)

Report authored by Anne Russey, Med, LPC- Supervisor
(Independent Contractor)

Overview

- 312 medical case management and non-medical case management (service linkage) charts were reviewed
- Review period was March 1, 2017-February 28, 2018 (with the exception of one agency)
- Chart review was conducted by an independent contractor with a background in medical case management in the RW field

pp. 3-4

Harris County Public Health
HCPH Priority Public Health Issues for 2013-2018
Selected for the magnitude of the issue and our ability to make progress in Harris County

Chart Review Tool

Chart Review Tool assessed for:

- Frequency of brief assessments, comprehensive assessments, service plans, and encounters with M/NMCM
- Identified needs on client assessments
- Lost to care status
- Evidence of coordination of care
- Viral Load suppression with evidence of intervention
- Co-occurring conditions

pp. 14-17

Assessments & Service Plans

# of clients	Brief Assessment	Comprehensive Assessment	Service Plan
0	125 (40%)	95 (30%)	103 (33%)
1	104 (33%)	68 (22%)	55 (18%)
2	5 (2%)	5 (2%)	9 (3%)
Not Applicable	78 (25%)	144 (46%)	145 (46%)
TOTAL	312	312	312

- 44% of the 312 charts reviewed did not have any assessment completed and only 4% had both a comprehensive and brief assessment.

p. 5, 6, 8, 9

Common themes

- Low frequency of formal assessments being completed, though progress notes indicate clients' needs are continuously assessed and needs addressed in the moment.
- Low frequency of encounters per client (only 48% had 3 or more encounters, which included phone)
- Strong evidence of coordination of care following lost to care or detectable viral load
- Transportation (43%) and Mental Health (36%) were most commonly assessed needs
- The most common co-occurring conditions were depression diagnosis (23%), STD diagnosis (22%) and hypertension (22%)

Future Considerations

- Chart Review tool revision
- Workflow management for completing assessments
- Role distinction and clarification between Medical Case Managers (MCM) and non-Medical Case Managers (aka SLWs)
- Consider future training for case management staff on co-occurring conditions

Umair A. Shah, M.D., M.P.H.
Executive Director

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Building a Healthy Community

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Primary Care Chart Review Report FY 2017

Ryan White Part A Quality Management Program – Houston EMA

October 2018

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HCPH is the local public health agency for the Harris County, Texas jurisdiction. It provides a wide variety of public health activities and services aimed at improving the health and well-being of the Harris County community.

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PREFACE

EXPLANATION OF PART A QUALITY MANAGEMENT

In 2017, the Houston Eligible Metropolitan Area (EMA) awarded Part A funds for adult Outpatient Ambulatory Medical Services to five organizations. Approximately 12,000 unduplicated individuals living with HIV receive Ryan White-funded services at these organizations.

Harris County Public Health (HCPH) must ensure the quality and cost effectiveness of primary medical care. The medical services chart review is performed to ensure that the medical care provided adheres to current evidence-based guidelines and standards of care. The Ryan White Grant Administration (RWGA) Project Coordinator for Clinical Quality Improvement (PC/CQI) performed the medical services review.

Introduction

On March 26, 2017, the RWGA PC/CQI commenced the evaluation of Part A funded Primary Medical Care Services funded by the Ryan White Part A grant. This grant is awarded to HCPH by the Health Resources and Services Administration (HRSA) to provide HIV-related health and social services to people living with HIV. The purpose of this evaluation project is to meet HRSA mandates for quality management, with a focus on:

- evaluating the extent to which primary care services adhere to the most current United States Department of Health and Human Services (DHHS) HIV treatment guidelines;
- provide statistically significant primary care utilization data including demographics of individuals receiving care; and,
- make recommendations for improvement.

A comprehensive review of client medical records was conducted for services provided between 3/1/17 and 2/28/18. The guidelines in effect during the year the patient sample was seen, *Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV* were used to determine degree of compliance. The current treatment guidelines are available for download at: http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf. The initial activity to fulfill the purpose was the development of a medical record data abstraction tool that addresses elements of the guidelines, followed by medical record review, data analysis and reporting of findings with recommendations.

Tool Development

The PC/CQI worked with the Clinical Quality Improvement (CQI) committee to develop and approve data collection elements and processes that would allow evaluation of primary care services based on the *Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV, 2017* that were developed by the Panel on Antiretroviral Guidelines for Adults and Adolescents convened by the DHHS. In addition, data collection elements and processes were developed to align with the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau's (HAB) HIV/AIDS Clinical Performance Measures for Adults & Adolescents. These measures are designed to serve as indicators of quality care. HAB measures are available for download at: http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html. An electronic database was designed to facilitate direct data entry from patient records. Automatic edits and validation screens were included in the design and layout of the data abstraction program to "walk" the nurse reviewer through the process and to facilitate the accurate collection, entering and validation of data. Inconsistent information, such as reporting GYN exams for men, or opportunistic infection prophylaxis for patients who do not need it, was considered when designing validation functions. The PC/CQI then used detailed data validation reports to check certain values for each patient to ensure they were consistent.

Chart Review Process

All charts were reviewed by a Master's-level registered nurse experienced in identifying documentation issues and assessing adherence to treatment guidelines. 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.

If documentation on a particular element was not found, a "no data" response was entered into the database. For some data elements, the reviewer looked for documentation that the requisite test/assessment/vaccination was performed, e.g., lipid screening or pneumococcal vaccination. Other data elements required that several questions be answered in an "if, then" format. For example, if a Pap smear was abnormal, then was a colposcopy performed? This logic tree type of question allows more in-depth assessment of care and a greater ability to describe the level of quality. Using another example, if only one question is asked, such as "was a mental health screening done?" the only assessment that can be reported is how many patients were screened. More questions need to be asked to evaluate quality and the appropriate assessment and treatment, e.g., if the mental health screening was positive, was the client referred? If the client accepted a referral, were they able to access a Mental Health Provider?

The specific parameters established for the data collection process were developed from national HIV care guidelines.

Tale 1. Data Collection Parameters

Review Item	Standard
Primary Care Visits	Primary care visits during review period, denoting date and provider type (MD, NP, PA, other). There is no standard of care to be met per se. Data for this item is strictly for analysis purposes only
Annual Exams	Dental and Eye exams are recommended annually
Mental Health	A Mental Health screening is recommended annually screening for depression, anxiety, and associated psychiatric issues
Substance Abuse	Clients should be screened for substance abuse potential annually and referred accordingly

Tale 1. Data Collection Parameters (cont.)	
Review Item	Standard
Antiretroviral Therapy (ART) adherence	Adherence to medications should be documented at every visit with issues addressed as they arise
Lab	Viral Load Assays are recommended every 3-6 months. Clients on ART should have a Lipid Profile annually (minimum recommendations)
STD Screen	Screening for Syphilis, Gonorrhea, and Chlamydia should be performed at least annually for clients at risk
Hepatitis Screen	Screening for Hepatitis B and C are recommended at initiation to care. At risk clients not previously immunized for Hepatitis A and B should be offered vaccination.
Tuberculosis Screen	Screening is recommended at least once since HIV diagnosis, either PPD, IGRA or chest X-ray.
Cervical Cancer Screen	Women are assessed for at least one PAP smear during the previous three years
Immunizations	Clients are assessed for annual Flu immunizations and whether they have ever received pneumococcal vaccination.
HIV Risk Counseling	Clients are screened for behaviors associated with HIV transmission and risk reduction discussed
Pneumocystis jirovecii Pneumonia (PCP) Prophylaxis	Labs are reviewed to determine if the client meets established criteria for prophylaxis

The Sample Selection Process

The sample population was selected from a pool of 7,423 clients (adults age 18+) who accessed Part A primary care (excluding vision care) between 3/1/17 and 2/28/18. The medical charts of 635 clients were used in this review, representing 8.6% of the pool of unduplicated clients. The number of clients selected at each site is proportional to the number of primary care clients served there. Three caveats were observed during the sampling process. In an effort to focus on women living with HIV health issues, women were over-sampled, comprising 44.6% of the sample population. Second, providers serving a relatively small number of clients were over-sampled in order to ensure sufficient sample sizes for data analysis. Finally, transgender clients were oversampled in order to collect data on this sub-population.

In an effort to make the sample population as representative of the Part A primary care population as possible, the EMA's Centralized Patient Care Data Management System (CPCDMS) was used to generate the lists of client codes for each site. The demographic

make-up (race/ethnicity, gender, age) of clients who accessed primary care services at a particular site during the study period was determined by CPCDMS. A sample was then generated to closely mirror that same demographic make-up.

Characteristics of the Sample Population

Due to the desire to over sample for female clients, the review sample population is not generally comparable to the Part A population receiving outpatient primary medical care in terms of race/ethnicity, gender, and age. No medical records of children/adolescents were reviewed, as clinical guidelines for these groups differ from those of adult patients. Table 2 compares the review sample population with the Ryan White Part A primary care population as a whole.

Table 2. Demographic Characteristics of Clients During Study Period 3/1/17-2/28/18

	Sample		**Ryan White Part A Houston EMA**	
Gender	Number	Percent	Number	Percent
Male	310	48.8%	5,513	74%
Female	283	44.6%	1,821	24.5%
Transgender Male to Female	42	6.6%	112	1.5%
Transgender Female to Male	0	0%	0	0%
TOTAL	**635**		**7,446**	
Race				
Asian	8	1.3%	99	1.3%
African-Amer.	310	48.8%	3,737	50.2%
Pacific Islander	0	0%	4	.1%
Multi-Race	5	.8%	56	.7%
Native Amer.	2	.3%	30	.4%
White	310	48.8%	3,520	47.3%
TOTAL	**635**		**7,446**	
Hispanic				
Non-Hispanic	376	59.2%	4,775	64.1%
Hispanic	259	40.8%	2,671	35.9%
TOTAL	**635**		**7,446**	
Age				
<=24	23	3.6%	455	5.4%
25-34	164	25.8%	2,199	29.3%
35-44	176	27.7%	2,093	28%
45-49	97	15.3%	955	12.8%
50-64	169	26.6%	1,661	22.3%
65 and older	6	.9%	83	1.1%
Total	**635**		**7,446**	

Report Structure

In November 2013, the Health Resource and Services Administration's (HRSA), HIV/AIDS Bureau (HAB) revised its performance measure portfolio[1]. The categories included in this report are: Core, All Ages, and Adolescents/Adult. These measures are intended to serve as indicators for use in monitoring the quality of care provided to patients receiving Ryan White funded clinical care. In addition to the HAB measures, several other primary care performance measures are included in this report. When available, data and results from the two preceding years are provided, as well as comparison to EMA goals. Performance measures are also depicted with results categorized by race/ethnicity.

[1] http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html Accessed November 10, 2013

Findings

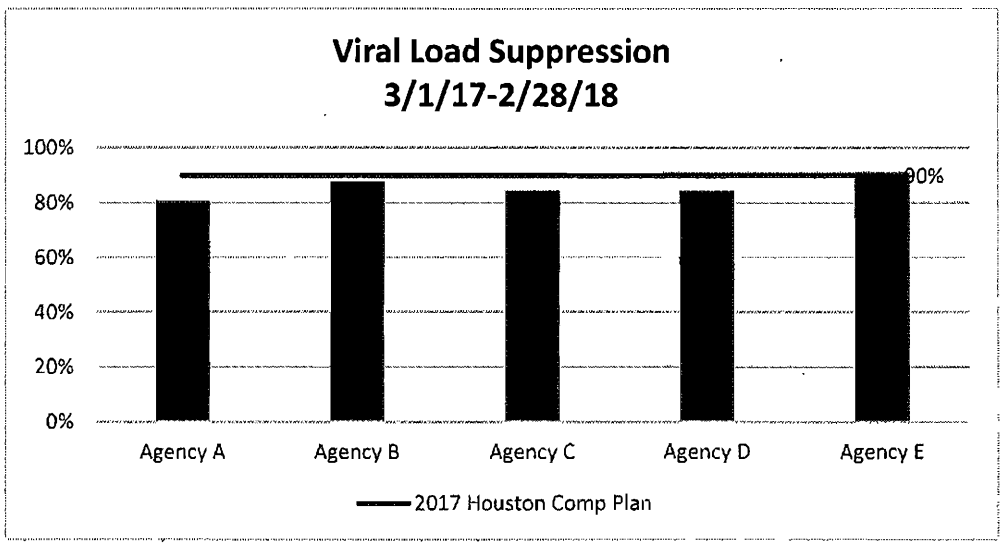
Core Performance Measures

Viral Load Suppression

- Percentage of clients living with HIV with viral load below limits of quantification (defined as <200 copies/ml) at last test during the measurement year

	2015	2016	2017
Number of clients with viral load below limits of quantification at last test during the measurement year	519	544	535
Number of clients who: • had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP at least twice in the measurement year, and • were prescribed ART for at least 6 months	601	615	626
Rate	**86.4%**	**88.5%**	**85.5%**
	-5.6%	**2.1%**	**-3%**

2017 Viral Load Suppression by Race/Ethnicity			
	Black	Hispanic	White
Number of clients with viral load below limits of quantification at last test during the measurement year	236	225	62
Number of clients who: • had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP at least twice in the measurement year, and • were prescribed ART for at least 6 months	283	257	73
Rate	**83.4%**	**87.5%**	**84.9%**



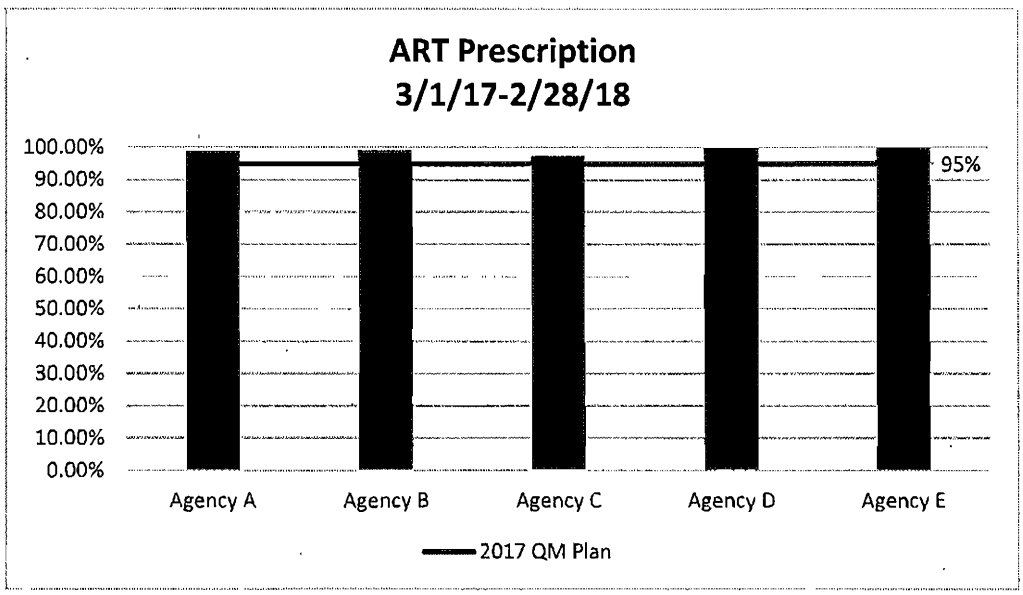
ART Prescription

- Percentage of clients living with HIV who are prescribed antiretroviral therapy (ART)

	2015	2016	2017
Number of clients who were prescribed an ART regimen within the measurement year	613	620	627
Number of clients who: • had at least two medical visit with a provider with prescribing privileges, i.e. MD, PA, NP in the measurement year	635	635	635
Rate	**96.5%**	**97.6%**	**98.7%**
Change from Previous Years Results	**1.2%**	**1.1%**	**1.1%**

- Of the 8 clients not on ART, none had a CD4 <200, 5 were long-term non-progressors, and 3 refused

2017 ART Prescription by Race/Ethnicity			
	Black	Hispanic	White
Number of clients who were prescribed an ART regimen within the measurement year	284	257	73
Number of clients who: • had at least two medical visit with a provider with prescribing privileges, i.e. MD, PA, NP in the measurement year	290	259	73
Rate	**97.9%**	**99.2%**	**100%**

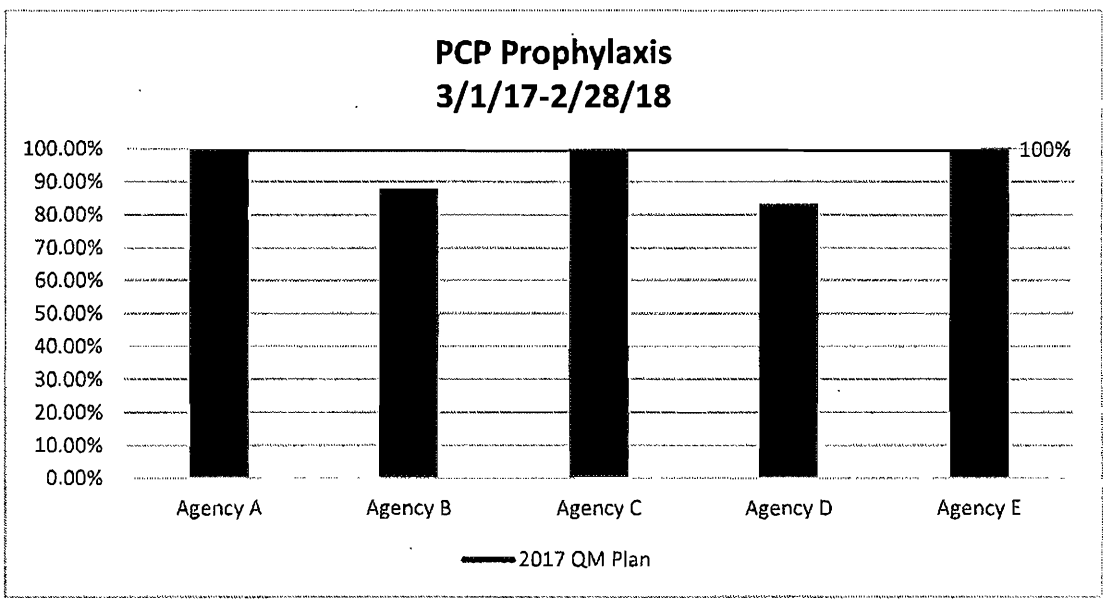


PCP Prophylaxis

- Percentage of clients living with HIV and a CD4 T-cell count below 200 cells/mm^3 who were prescribed PCP prophylaxis

	2015	2016	2017
Number of clients with CD4 T-cell counts below 200 cells/mm^3 who were prescribed PCP prophylaxis	53	48	53
Number of clients who: • had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP at least twice in the measurement year, and • had a CD4 T-cell count below 200 cells/mm^3, or any other indicating condition	57	48	57
Rate	**93%**	**100%**	**93%**
Change from Previous Years Results	**-7%**	**7%**	**-7%**

2017 PCP Prophylaxis by Race/Ethnicity			
	Black	Hispanic	White
Number of clients with CD4 T-cell counts below 200 cells/mm^3 who were prescribed PCP prophylaxis	22	25	5
Number of clients who: • had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP at least once in the measurement year, and • had a CD4 T-cell count below 200 cells/mm^3, or any other indicating condition	25	25	6
Rate	**88%**	**100%**	**83.3%**



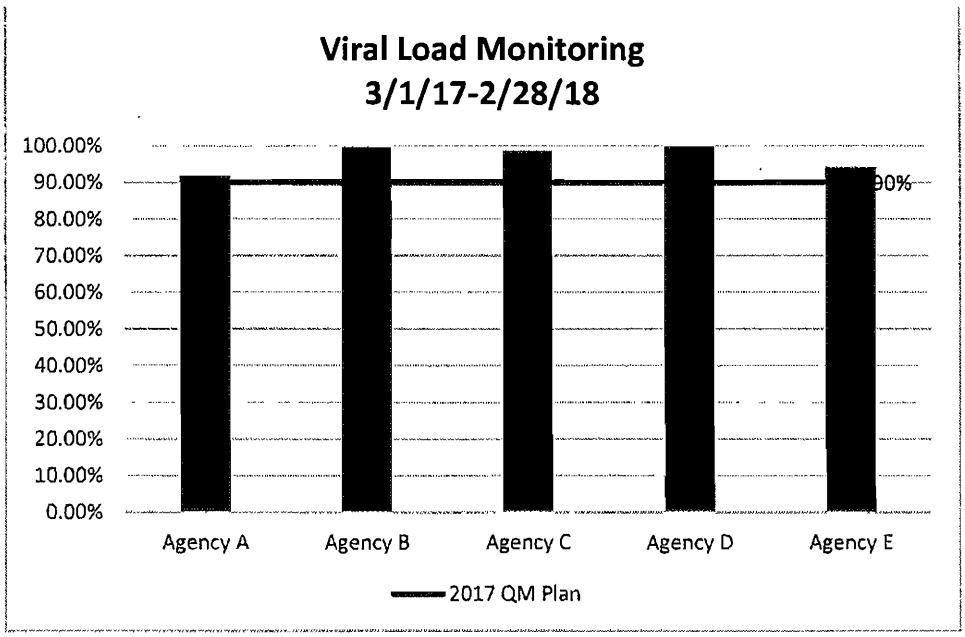
All Ages Performance Measures

Viral Load Monitoring

- Percentage of clients living with HIV who had a viral load test performed at least every six months during the measurement year

	2015	2016	2017
Number of clients who had a viral load test performed at least every six months during the measurement year	590	601	622
Number of clients who had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP at least twice in the measurement year	635	635	635
Rate	**92.9%**	**94.6%**	**98%**
Change from Previous Years Results	**1.4%**	**1.7%**	**3.4%**

2017 Viral Load by Race/Ethnicity			
	Black	Hispanic	White
Number of clients who had a viral load test performed at least every six months during the measurement year	285	254	70
Number of clients who had a medical visit with a provider with prescribing privileges1, i.e. MD, PA, NP at least twice in the measurement year	290	259	73
Rate	**98.3%**	**98.1%**	**95.9%**



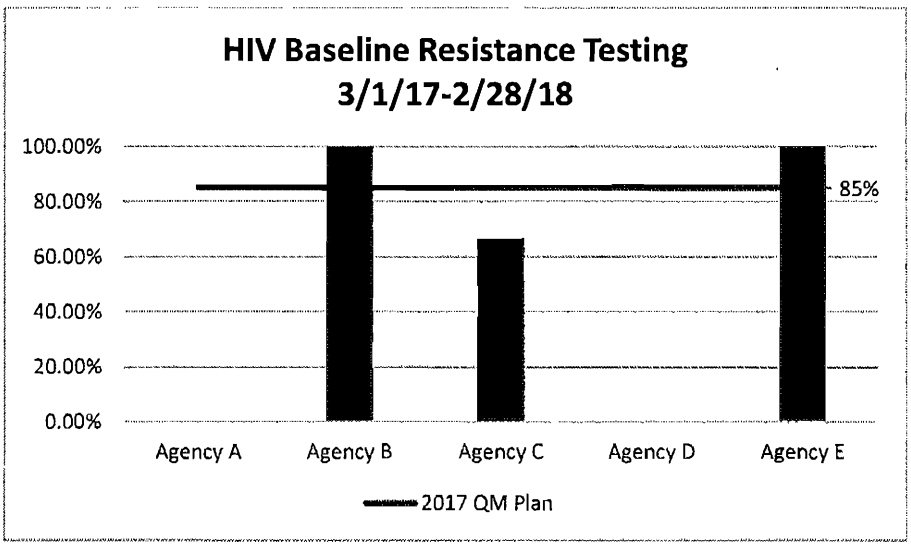
HIV Drug Resistance Testing Before Initiation of Therapy

- Percentage of clients living with HIV who had an HIV drug resistance test performed before initiation of HIV ART if therapy started in the measurement year

	2015	2016	2017
Number of clients who had an HIV drug resistance test performed at any time before initiation of HIV ART	7	9	5
Number of clients who: • had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP at least twice in the measurement year, and • were prescribed ART during the measurement year for the first time	10	13	7
Rate	**70%**	**69.2%**	**71.4%**
Change from Previous Years Results	**-15%**	**-.8%**	**2.2%**

2017 Drug Resistance Testing by Race/Ethnicity			
	Black	Hispanic	White
Number of clients who had an HIV drug resistance test performed at any time before initiation of HIV ART	1	1	2
Number of clients who: • had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP at least twice in the measurement year, and • were prescribed ART during the measurement year for the first time	2	2	2
Rate	**50%**	**50%**	**100%**

*Agency D did not have any clients that met the denominator



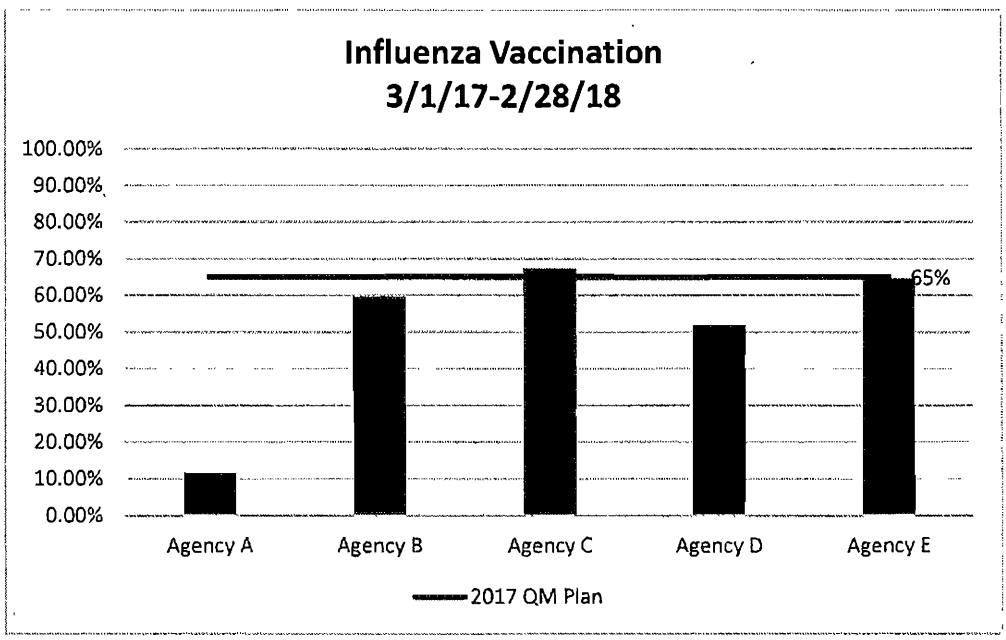
Influenza Vaccination

- Percentage of clients living with HIV who have received influenza vaccination within the measurement year

	2015	2016	2017
Number of clients who received influenza vaccination within the measurement year	326	312	310
Number of clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement period	579	588	579
Rate	**56.3%**	**53.1%**	**53.5%**
Change from Previous Years Results	**-10.3%**	**-3.2%**	**.4%**

- The definition excludes from the denominator medical, patient, or system reasons for not receiving influenza vaccination

2017 Influenza Screening by Race/Ethnicity			
	Black	Hispanic	White
Number of clients who received influenza vaccination within the measurement year	129	144	30
Number of clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	257	249	62
Rate	**50.2%**	**57.8%**	**48.4%**

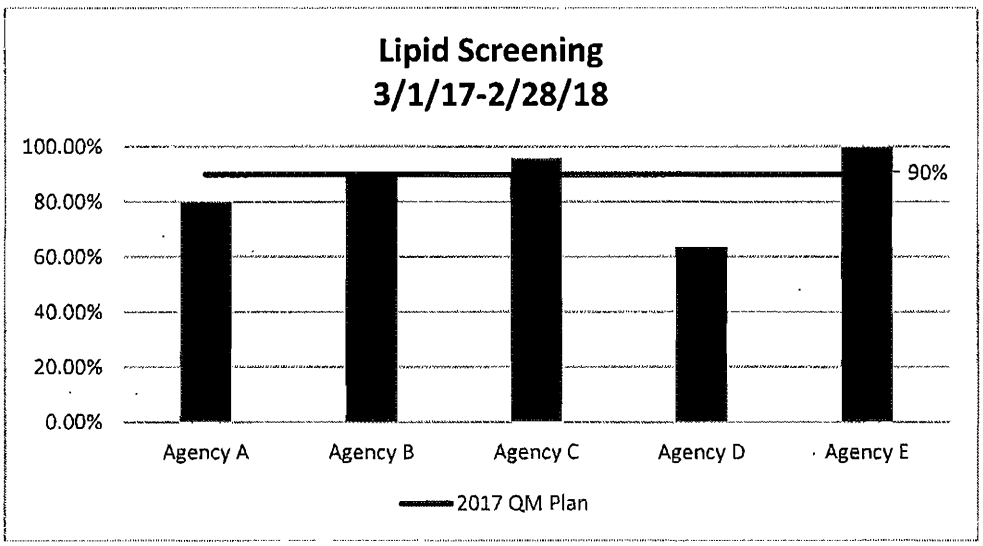


Lipid Screening

- Percentage of clients living with HIV on ART who had fasting lipid panel during measurement year

	2015	2016	2017
Number of clients who: • were prescribed ART, and • had a fasting lipid panel in the measurement year	542	551	557
Number of clients who are on ART and who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	613	620	627
Rate	**88.4%**	**88.9%**	**88.8%**
Change from Previous Years Results	**-4.7%**	**.5%**	**-.1%**

2017 Lipid Screening by Race/Ethnicity			
	Black	Hispanic	White
Number of clients who: • were prescribed ART, and • had a fasting lipid panel in the measurement year	247	235	65
Number of clients who are on ART and who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	284	257	73
Rate	**87%**	**91.4%**	**89%**

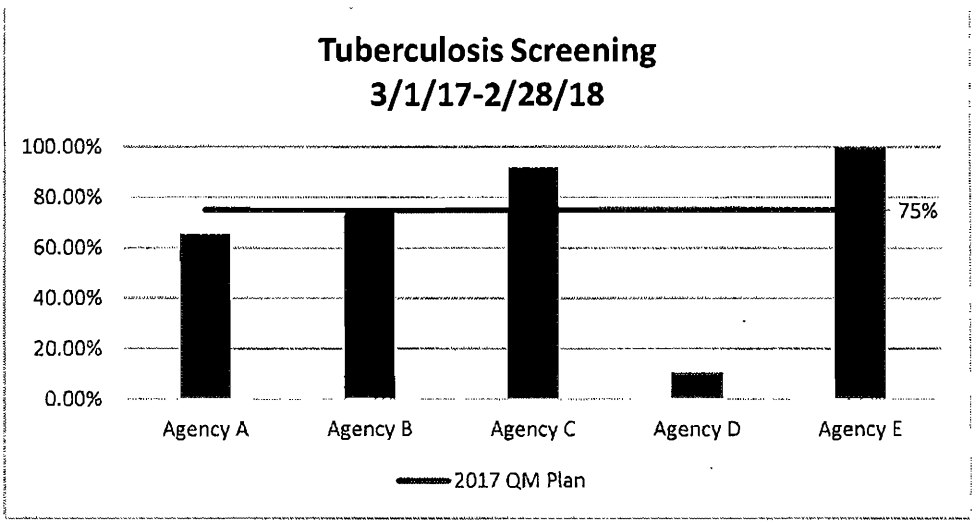


Tuberculosis Screening

- Percent of clients living with HIV who received testing with results documented for LTBI with any approved test (tuberculin skin test [TST] or interferon gamma release assay [IGRA]) since HIV diagnosis

	2015	2016	2017
Number of clients who received documented testing for LTBI with any approved test (tuberculin skin test [TST] or interferon gamma release assay [IGRA]) since HIV diagnosis	376	382	375
Number of clients who: • do not have a history of previous documented culture-positive TB disease or previous documented positive TST or IGRA; and • had a medical visit with a provider with prescribing privileges at least twice in the measurement year.	560	571	558
Rate	**67.1%**	**66.9%**	**67.2%**
Change from Previous Years Results	**-4%**	**-.2%**	**.3%**

2017 TB Screening by Race/Ethnicity			
	Black	Hispanic	White
Number of clients who received documented testing for LTBI with any approved test (tuberculin skin test [TST] or interferon gamma release assay [IGRA]) since HIV diagnosis	165	154	50
Number of clients who: • do not have a history of previous documented culture-positive TB disease or previous documented positive TST or IGRA; and • had a medical visit with a provider with prescribing privileges at least once in the measurement year.	247	228	72
Rate	**66.8%**	**67.5%**	**69.4%**



Adolescent/Adult Performance Measures

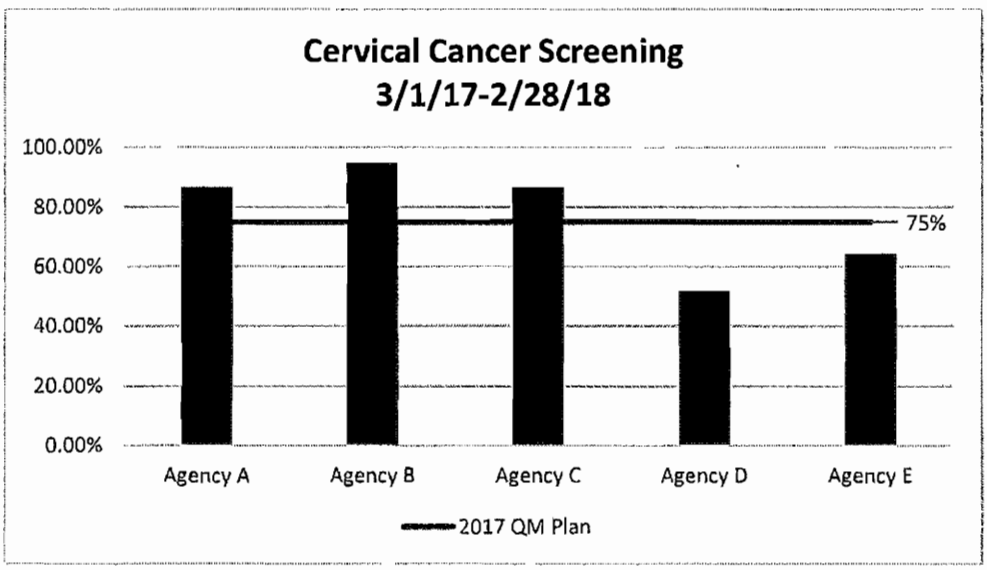
Cervical Cancer Screening

- Percentage of women living with HIV who have Pap screening results documented in the previous three years

	2015	2016	2017
Number of female clients who had Pap screen results documented in the previous three years	197	229	226
Number of female clients: • for whom a pap smear was indicated, and • who had a medical visit with a provider with prescribing privileges at least twice in the measurement year*	289	286	274
Rate	**68.2%**	**80.1%**	**82.5%**
Change from Previous Years Results	**5.3%**	**11.9%**	**2.4%**

- 17.7% (40/226) of pap smears were abnormal

2017 Cervical Cancer Screening Data by Race/Ethnicity			
	Black	Hispanic	White
Number of female clients who had Pap screen results documented in the previous three years	103	108	13
Number of female clients: • for whom a pap smear was indicated, and • who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	127	126	18
Rate	**81.1%**	**85.7%**	**72.2%**



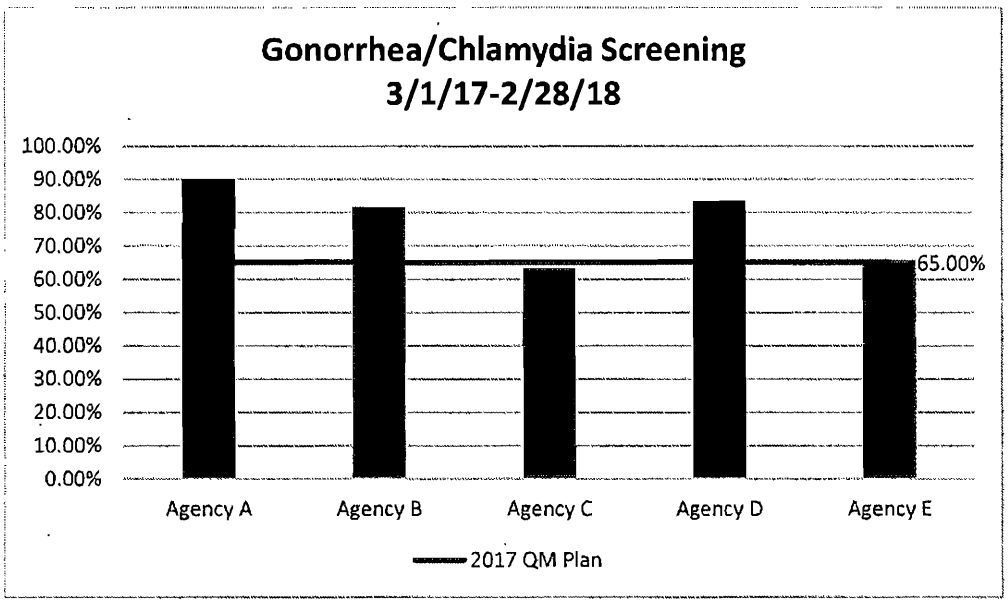
Gonorrhea/Chlamydia Screening

- Percent of clients living with HIV at risk for sexually transmitted infections who had a test for Gonorrhea/Chlamydia within the measurement year

	2015	2016	2017
Number of clients who had a test for Gonorrhea/Chlamydia	442	463	493
Number of clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	635	635	635
Rate	**69.6%**	**72.9%**	**77.6%**
Change from Previous Years Results	**2.4%**	**3.3%**	**4.7%**

- 17 cases of chlamydia and 15 cases of gonorrhea were identified

2017 GC/CT by Race/Ethnicity			
	Black	Hispanic	White
Number of clients who had a serologic test for syphilis performed at least once during the measurement year	232	200	54
Number of clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	290	259	73
Rate	**80%**	**77.2%**	**74%**



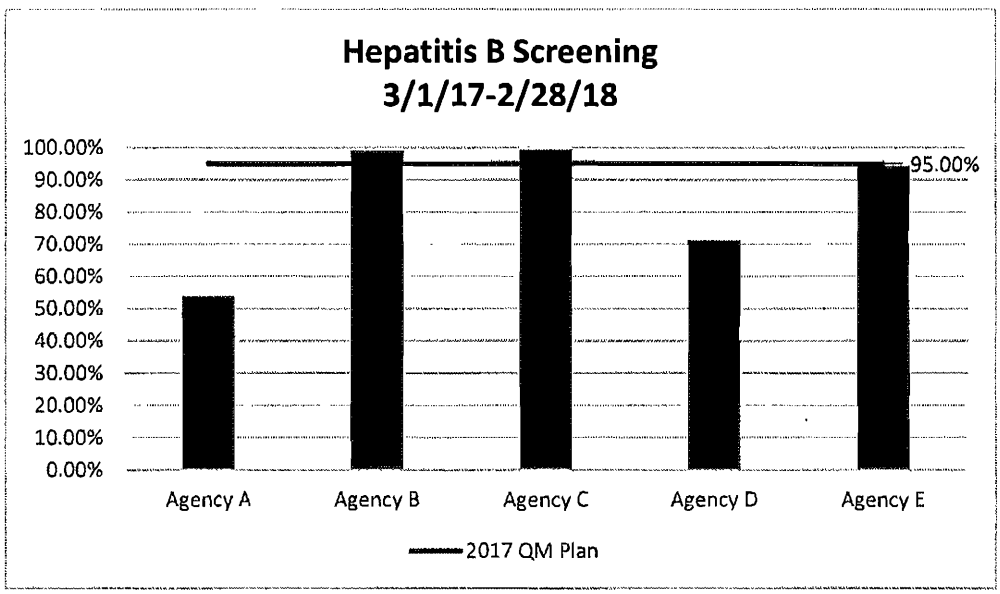
Hepatitis B Screening

- Percentage of clients living with HIV who have been screened for Hepatitis B virus infection status

	2015	2016	2017
Number of clients who have documented Hepatitis B infection status in the health record	634	610	553
Number of clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	635	635	635
Rate	**99.8%**	**96.1%**	**87.1%**
Change from Previous Years Results	**1.1%**	**-3.7%**	**-9%**

- 2% (13/635) were Hepatitis B positive

2017 Hepatitis B Screening by Race/Ethnicity			
	Black	Hispanic	White
Number of clients who have documented Hepatitis B infection status in the health record	255	224	63
Number of clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	290	259	73
Rate	**87.9%**	**86.5%**	**86.3%**

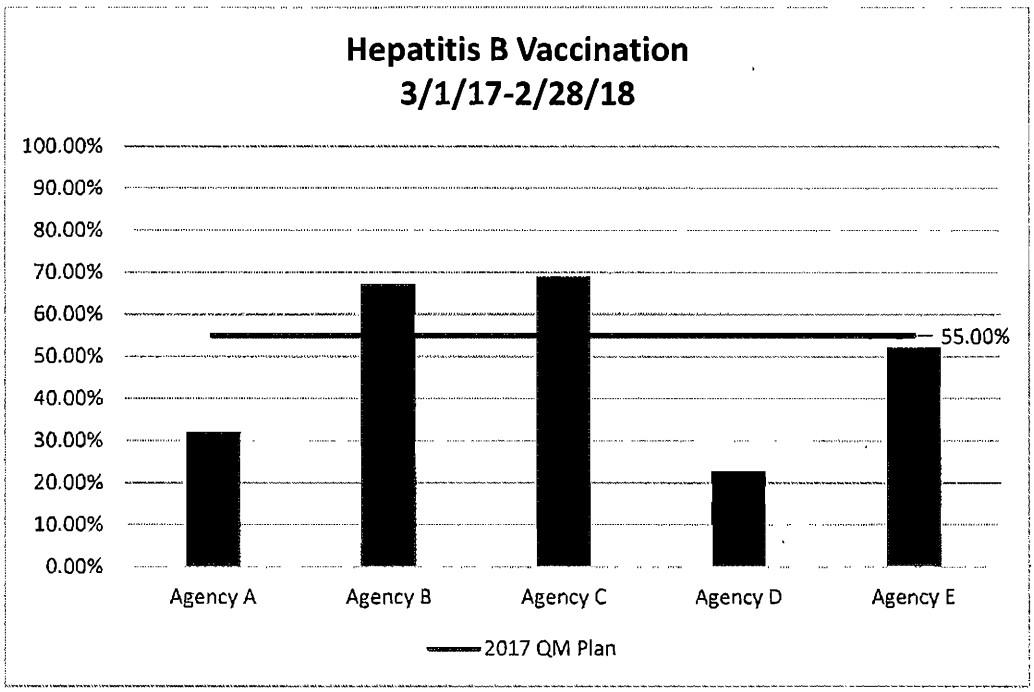


Hepatitis B Vaccination

- Percentage of clients living with HIV who completed the vaccination series for Hepatitis B

	2015	2016	2017
Number of clients with documentation of having ever completed the vaccination series for Hepatitis B	184	179	196
Number of clients who are Hepatitis B Nonimmune and had a medical visit with a provider with prescribing privileges at least twice in the measurement year	307	322	381
Rate	**59.9%**	**55.6%**	**51.4%**
Change from Previous Years Results	**4.3%**	**-4.3%**	**-4.2%**

2017 Hepatitis B Vaccination by Race/Ethnicity			
	Black	Hispanic	White
Number of clients with documentation of having ever completed the vaccination series for Hepatitis B	69	107	18
Number of clients who are Hepatitis B Nonimmune and had a medical visit with a provider with prescribing privileges at least twice in the measurement year	153	184	38
Rate	**45.1%**	**58.2%**	**47.4%**



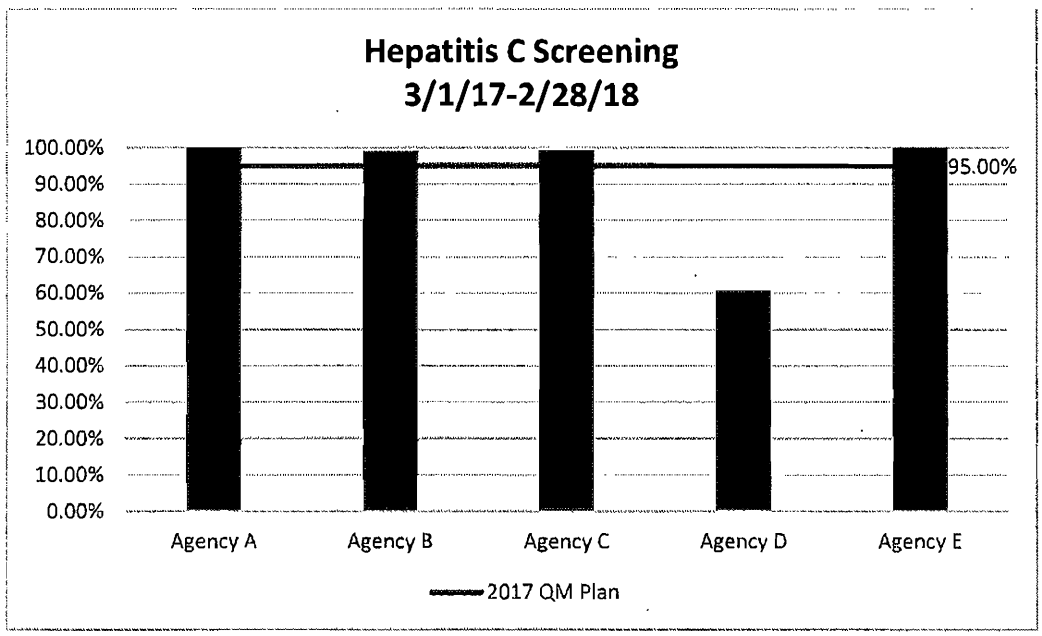
Hepatitis C Screening

- Percentage of clients living with HIV for whom Hepatitis C (HCV) screening was performed at least once since diagnosis of HIV

	2015	2016	2017
Number of clients who have documented HCV status in chart	633	629	589
Number of clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	635	635	635
Rate	**99.7%**	**99.1%**	**92.8%**
Change from Previous Years Results	**1.1%**	**-.6%**	**-6.3%**

- 8% (52/635) were Hepatitis C positive, including 14 acute infections only and 21 cures

2017 Hepatitis C Screening by Race/Ethnicity			
	Black	Hispanic	White
Number of clients who have documented HCV status in chart	266	244	69
Number of clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	290	259	73
Rate	**91.7%**	**94.2%**	**94.5%**

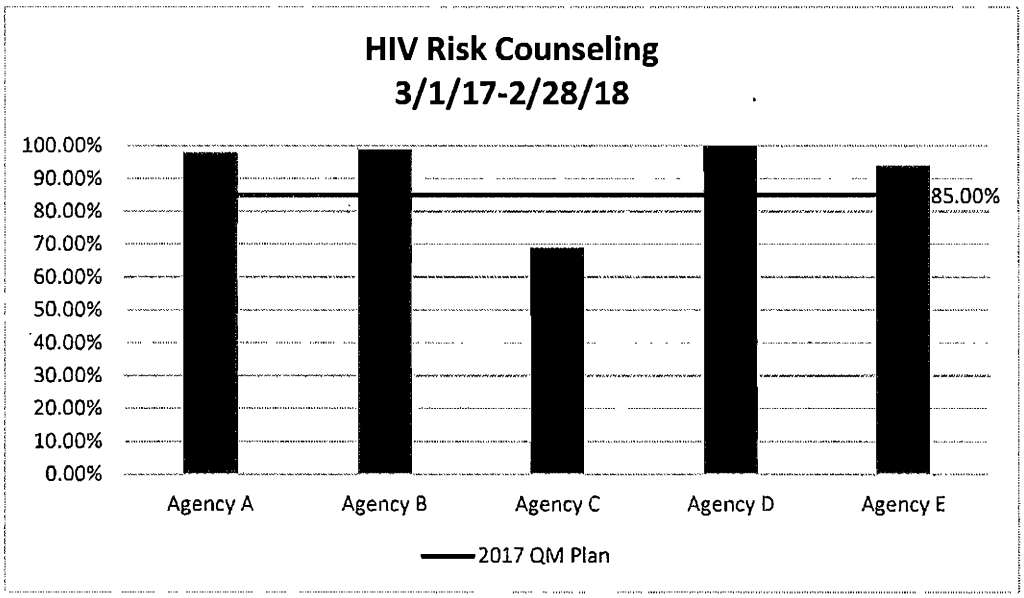


HIV Risk Counseling

- Percentage of clients living with HIV who received HIV risk counseling within measurement year

	2015	2016	2017
Number of clients, as part of their primary care, who received HIV risk counseling	453	441	576
Number of clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	635	635	635
Rate	**71.3%**	**69.4%**	**90.7%**
Change from Previous Years Results	**-5.7%**	**-1.9%**	**21.3%**

2017 HIV Risk Counseling by Race/Ethnicity			
	Black	Hispanic	White
Number of clients, as part of their primary care, who received HIV risk counseling	265	233	67
Number of clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	290	259	73
Rate	**91.4%**	**90%**	**91.8%**

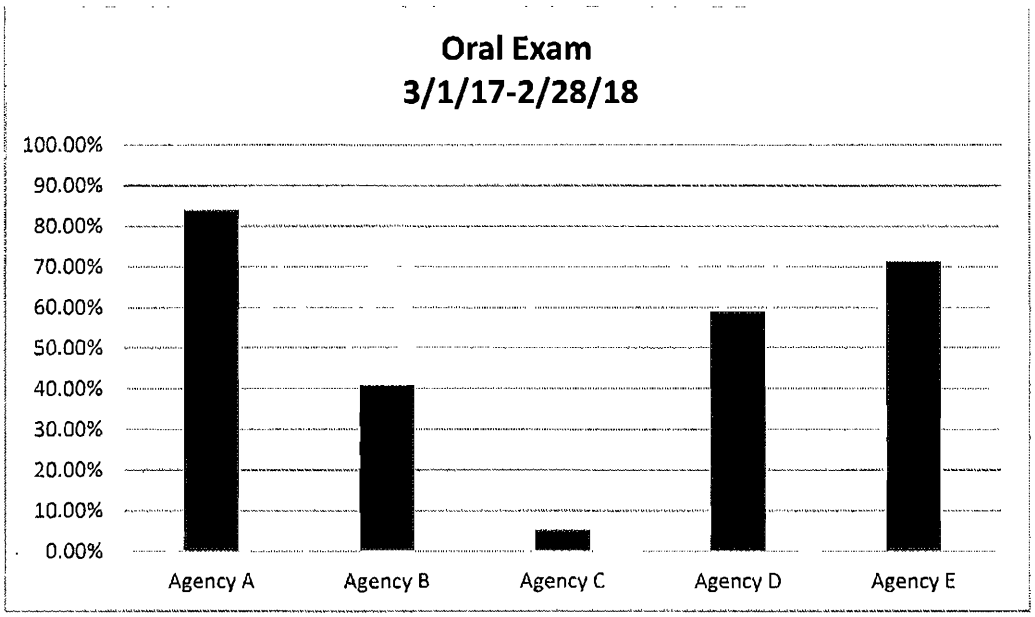


Oral Exam

- Percent of clients living with HIV who were referred to a dentist for an oral exam or self-reported receiving a dental exam at least once during the measurement year

	2015	2016	2017
Number of clients who were referred to a dentist for an oral exam or self-reported receiving a dental exam at least once during the measurement year	340	327	272
Number of clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	635	635	635
Rate	**53.5%**	**51.5%**	**42.8%**
Change from Previous Years Results	**-2.6%**	**-2%**	**-8.7%**

2017 Oral Exam by Race/Ethnicity			
	Black	Hispanic	White
Number of clients who were referred to a dentist for an oral exam or self-reported receiving a dental exam at least once during the measurement year	113	114	39
Number of clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	290	259	73
Rate	**39%**	**44%**	**53.4%**



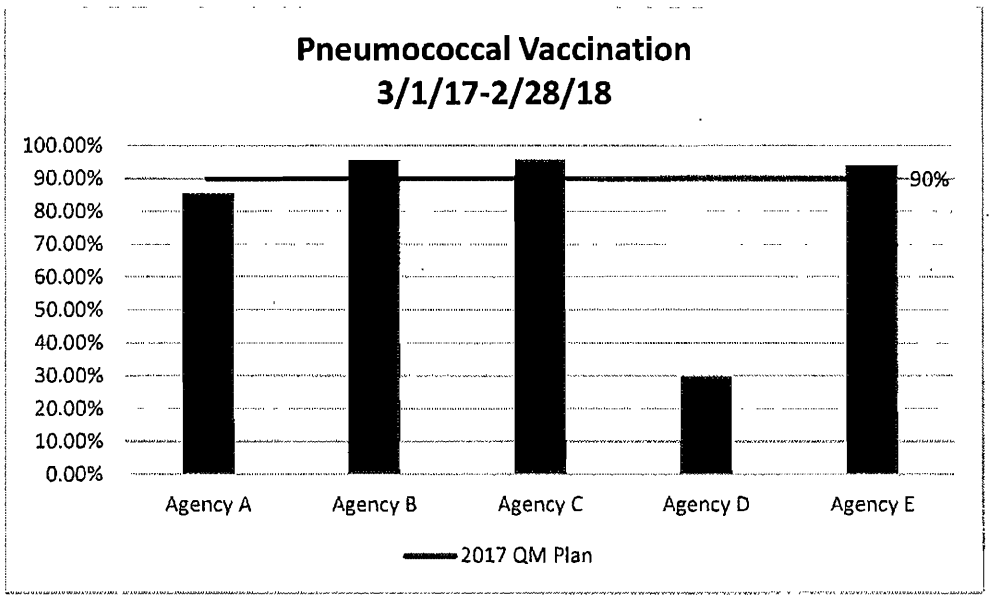
Pneumococcal Vaccination

- Percentage of clients living with HIV who ever received pneumococcal vaccination

	2015	2016	2017
Number of clients who received pneumococcal vaccination	546	534	514
Number of clients who: • had a CD4 count > 200 cells/mm3, and • had a medical visit with a provider with prescribing privileges at least twice in the measurement period	622	616	616
Rate	**87.8%**	**86.7%**	**83.4%**
Change from Previous Years Results	**-1.4%**	**-1.1%**	**-3.3%**

- 311 clients (60.5%) received both PPV13 and PPV23 (FY16- 49.4%,FY15- 43.3%)

2017 Pneumococcal Vaccination by Race/Ethnicity			
	Black	Hispanic	White
Number of clients who received pneumococcal vaccination	234	219	51
Number of clients who: • had a CD4 count > 200 cells/mm3, and had a medical visit with a provider with prescribing privileges at least twice in the measurement period	281	252	70
Rate	**83.3%**	**86.9%**	**72.9%**

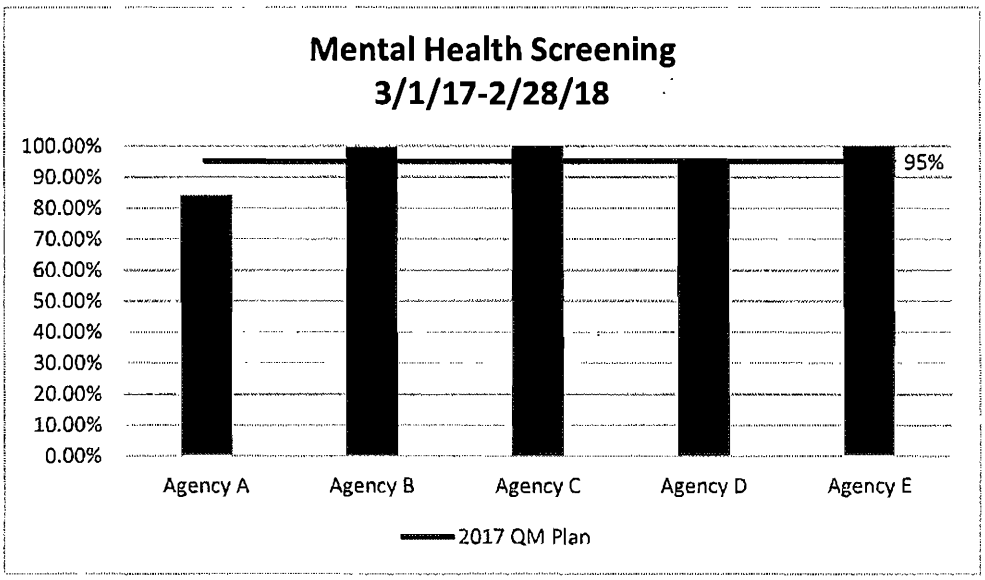


Preventative Care and Screening: Mental Health Screening

- Percentage of clients living with HIV who have had a mental health screening

	2015	2016	2017
Number of clients who received a mental health screening	586	558	612
Number of clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement period	635	635	635
Rate	**92.3%**	**87.9%**	**96.4%**
Change from Previous Years Results	**3%**	**-4.4%**	**8.5%**

- 25.4% (161/635) had mental health issues. Of the 58 who needed additional care, 49 (84.5%) were either managed by the primary care provider or referred; 6 clients refused a referral.

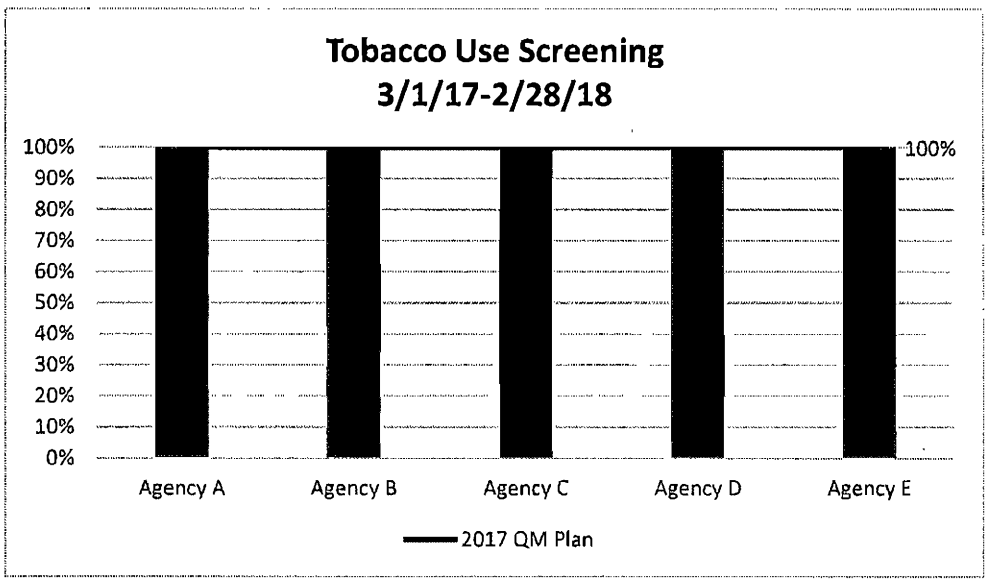


Preventative Care and Screening: Tobacco Use: screening & cessation intervention

- Percentage of clients living with HIV who were screened for tobacco use one or more times with 24 months and who received cessation counseling if indicated

	2015	2016	2017
Number of clients who were screened for tobacco use in the measurement period	635	631	635
Number of clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement period	635	635	635
Rate	**100%**	**99.4%**	**100%**
Change from Previous Years Results	**.6%**	**-.6%**	**.6%**

- Of the 635 clients screened, 174 (27.4%) were current smokers.
- Of the 174 current smokers, 97 (55.7%) received smoking cessation counseling, and 11 (6.3%) refused smoking cessation counseling



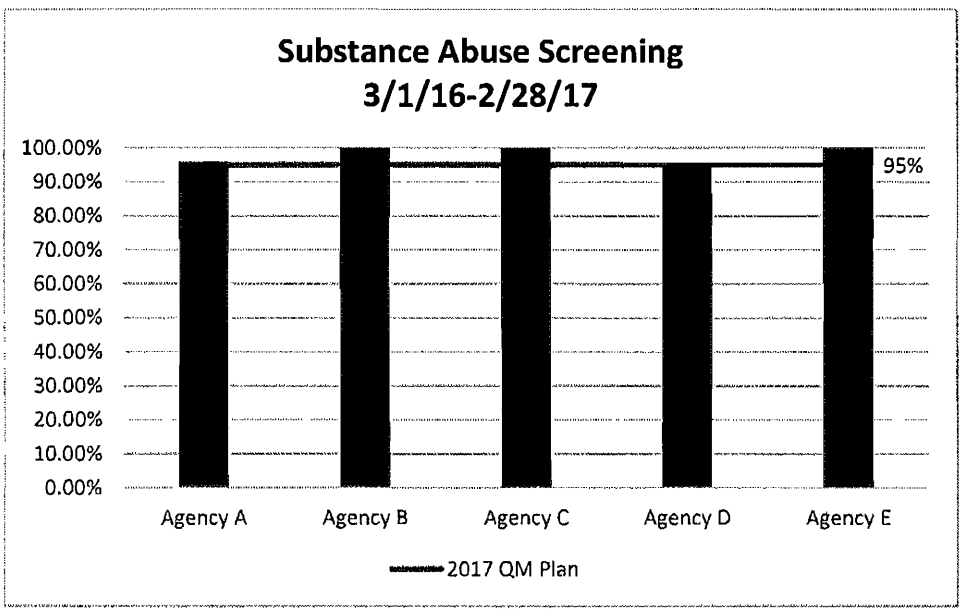
Substance Use Screening

- Percentage of clients living with HIV who have been screened for substance use (alcohol & drugs) in the measurement year*

	2015	2016	2017
Number of new clients who were screened for substance use within the measurement year	627	626	629
Number of clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement period	635	635	635
Rate	**98.7%**	**98.6%**	**99.1%**
Change from Previous Years Results	**.4%**	**-.1%**	**.5%**

*HAB measure indicates only new clients be screened. However, Houston EMA standards of care require medical providers to screen all clients annually.

- 6.9% (44/635) had a substance use disorder. Of the 44 clients who needed referral, 27 (61.4%) received one, and 11 (25%) refused.

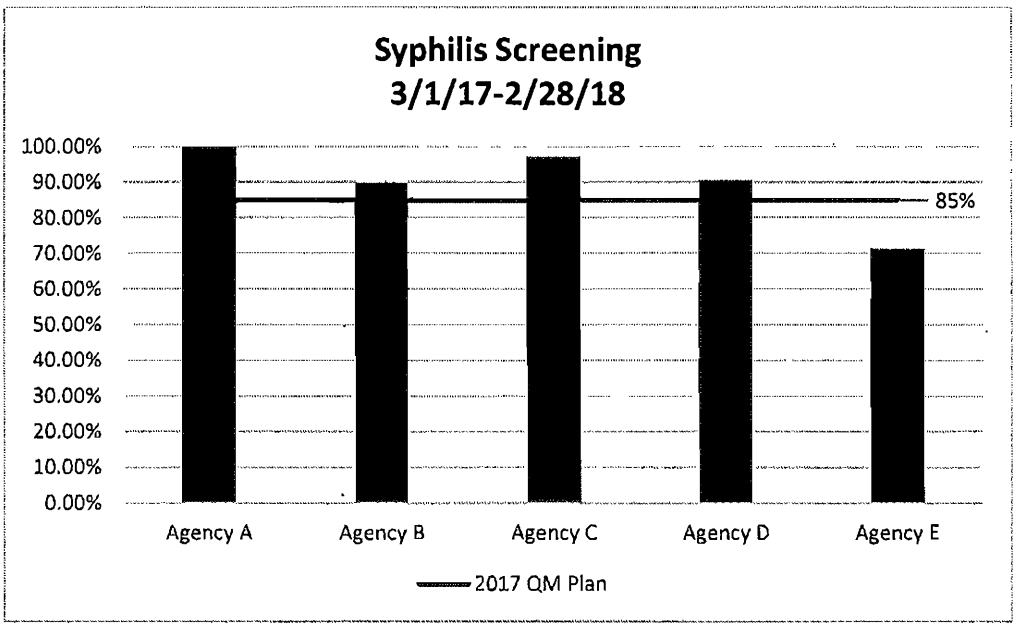


Syphilis Screening

- Percentage of clients living with HIV who had a test for syphilis performed within the measurement year

	2015	2016	2017
Number of clients who had a serologic test for syphilis performed at least once during the measurement year	599	597	587
Number of clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	635	635	635
Rate	**94.3%**	**94%**	**92.4%**
Change from Previous Years Results	**.8%**	**-.3%**	**-1.6%**

- 6.6% (42/635) new cases of syphilis diagnosed

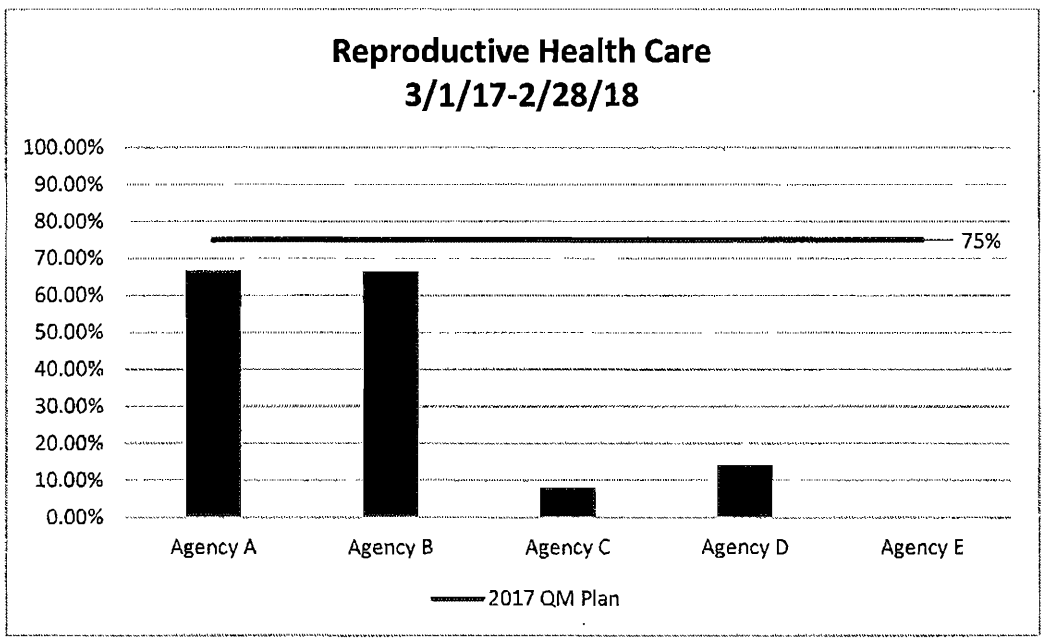


Other Measures

Reproductive Health Care

- Percentage of reproductive-age women living with HIV who received reproductive health assessment and care (i.e, pregnancy plans and desires assessed and either preconception counseling or contraception offered)

	2015	2016	2017
Number of reproductive-age women who received reproductive health assessment and care	34	34	22
Number of reproductive-age women who: • did not have a hysterectomy or bilateral tubal ligation, and • had a medical visit with a provider with prescribing privileges at least twice in the measurement period	69	63	63
Rate	**49.3%**	**54%**	**34.9%**
Change from Previous Years Results	**7.6%**	**4.7%**	**-19.1%**

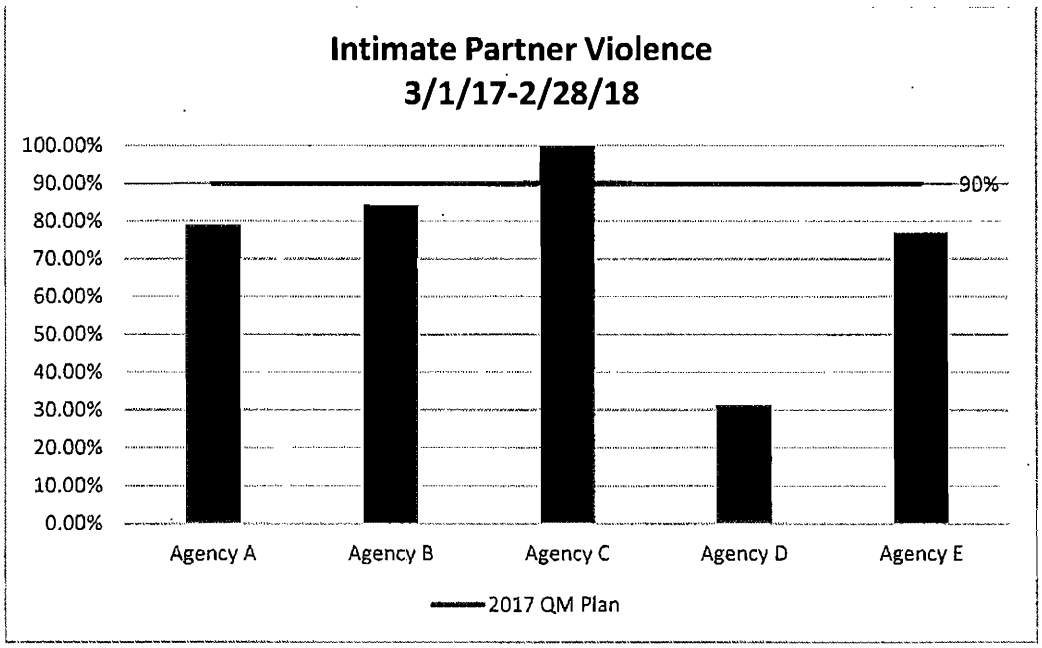


Intimate Partner Violence Screening

- Percentage of clients living with HIV who received screening for current intimate partner violence

	2015	2016	2017
Number of clients who received screening for current intimate partner violence	569	520	499
Number of clients who: • had a medical visit with a provider with prescribing privileges at least twice in the measurement period	635	635	635
Rate	**89.6%**	**81.9%**	**78.6%**
	-.2%	**-7.7%**	**-3.3%**

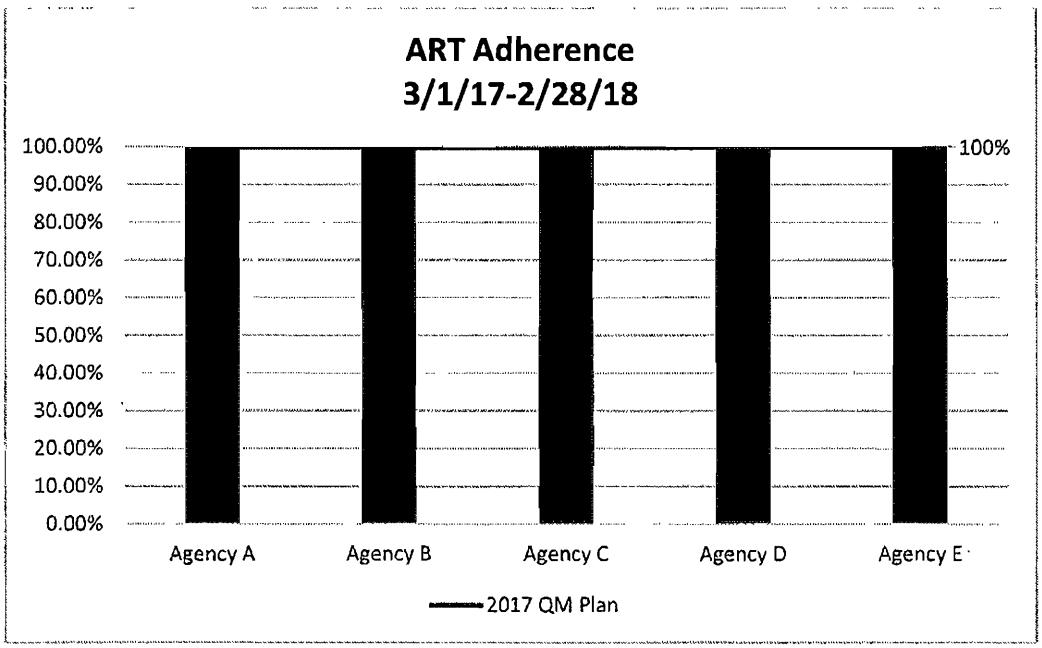
* 4/635 screened positive



Adherence Assessment & Counseling

- Percentage of clients living with HIV on ART who were assessed for adherence at least once per year

	Adherence Assessment		
	2015	2016	2017
Number of clients, as part of their primary care, who were assessed for adherence at least once per year	607	617	627
Number of clients on ART who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	613	620	627
Rate	**99%**	**99.5%**	**100%**
Change from Previous Years Results	**0%**	**.5%**	**.5%**



ART for Pregnant Women

- Percentage of pregnant women living with HIV who are prescribed antiretroviral therapy (ART)

	2015	2016	2017
Number of pregnant women who were prescribed ART during the 2nd and 3rd trimester	5	3	3
Number of pregnant women who had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP at least twice in the measurement year	5	3	3
Rate	**100%**	**100%**	**100%**
Change from Previous Years Results	**0%**	**0%**	**0%**

Primary Care: Diabetes Control

- Percentage of clients living with HIV and diabetes who maintained glucose control during measurement year

	2015	2016	2017
Number of diabetic clients whose last HbA1c in the measurement year was <8%	27	51	48
Number of diabetic clients who had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP at least twice in the measurement year	47	70	74
Rate	**57.4%**	**72.9%**	**64.9%**
Change from Previous Years Results	**-2.9%**	**15.5%**	**-8%**

- 635/635 (100%) of clients where screened for diabetes and 74/635 (11.7%) were diagnosed diabetic

Primary Care: Hypertension Control

- Percentage of clients living with HIV and hypertension who maintained blood pressure control during measurement year

	2015	2016	2017
Number of hypertensive clients whose last blood pressure of the measurement year was <140/90	131	133	166
Number of hypertensive clients who had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP at least twice in the measurement year	173	180	206
Rate	**75.7%**	**73.9%**	**80.6%**
Change from Previous Years Results	**3%**	**-1.8%**	**6.7%**

- 206/635 (32.4%) of clients where were diagnosed with hypertension

Primary Care: Breast Cancer Screening

- Percentage of women living with HIV, over the age of 41, who had a mammogram or a referral for a mammogram, in the previous two years

	2015	2016	2017
Number of women over age 41 who had a mammogram or a referral for a mammogram documented in the previous two years	131	133	150
Number of women over age 41 who had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP at least twice in the measurement year	173	180	171
Rate	**75.7%**	**73.9%**	**87.7%**
Change from Previous Years Results	**3%**	**-1.8%**	**13.8%**

Primary Care: Colon Cancer Screening

- Percentage of clients living with HIV, over the age of 50, who received colon cancer screening (colonoscopy, sigmoidoscopy, or fecal occult blood test) or a referral for colon cancer screening

	2015	2016	2017
Number of clients over age 50 who had colon cancer screening or a referral for colon cancer screening	72	82	93
Number of clients over age 50 who had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP at least twice in the measurement year	142	152	151
Rate	**50.7%**	**53.9%**	**61.6%**
Change from Previous Years Results		**3.2%**	**7.7%**

Conclusions

The Houston EMA continues to demonstrate high quality clinical care. Overall, performance rates were comparable to the previous year. There have been several positive trends over the past few years: cervical cancer screening, sexually transmitted infection screening, and ART prescription rates have continued to improve. However, there have been decreases in Hepatitis B and C screening, IPV screening and Reproductive Health Care. Performance Measures that rely on data beyond the measurement year may have been affected by new Electronic Medical Record data systems that had not yet imported historic data. RWGA will monitor these measures closely and initiate quality improvement initiatives as needed. In addition, racial and ethnic disparities continue to be seen for most measures. Eliminating racial and ethnic disparities in care are a priority for the EMA, and will continue to be a focus for quality improvement.

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Oral Health Care-Rural Target Chart Review FY 2017

Ryan White Part A Quality Management Program–Houston EMA

October 2018

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HCPH is the local public health agency for the Harris County, Texas jurisdiction. It provides a wide variety of public health activities and services aimed at improving the health and well-being of the Harris County community.

Introduction

Part A funds of the Ryan White Care Act are administered in the Houston Eligible Metropolitan Area (EMA) by the Ryan White Grant Administration Section of Harris County Public Health. During FY 17, a comprehensive review of client dental records was conducted for services provided between 3/1/17 to 2/28/18. This review included one provider of Adult Oral Health Care that received Part A funding for rural-targeted Oral Health Care in the Houston EMA.

The primary purpose of this annual review process is to assess Part A oral health care provided to people living with HIV in the Houston EMA. Unlike primary care, there are no federal guidelines published by the U.S Health and Human Services Department for oral health care targeting people living with HIV. Therefore, Ryan White Grant Administration has adopted general guidelines from peer-reviewed literature that address oral health care for people living with HIV, as well as literature published by national dental organizations such as the American Dental Association and the Academy of General Dentistry, to measure the quality of Part A funded oral health care. The Ryan White Grant Administration Project Coordinator for Clinical Quality Improvement (PC/CQI) performed the chart review.

Scope of This Report

This report provides background on the project, supplemental information on the design of the data collection tool, and presents the pertinent findings of the FY 17 oral health care chart review. Any additional data analysis of items or information not included in this report can likely be provided after a request is submitted to Ryan White Grant Administration.

The Data Collection Tool

The data collection tool employed in the review was developed through a period of in-depth research and a series of working meetings between Ryan White Grant Administration. By studying the processes of previous dental record reviews and researching the most recent HIV-related and general oral health practice guidelines, a listing of potential data collection items was developed. Further research provided for the editing of this list to yield what is believed to represent the most pertinent data elements for oral health care in the Houston EMA. Topics covered by the data collection tool include, but are not limited to the following: basic client information, completeness of the health history, hard & soft tissue examinations, disease prevention, and periodontal examinations.

The Chart Review Process

All charts were reviewed by the PC/CQI, a Master's-level registered nurse experienced in identifying documentation issues and assessing adherence to published guidelines. The collected data for each site was recorded directly into a preformatted database. Once all data collection was completed, the database was queried for analysis. The data collected during this process is intended to be used for the purpose of service improvement.

The specific parameters established for the data collection process were developed from HIV-related and general oral health care guidelines available in peer-reviewed literature, and the professional experience of the reviewer on standard record documentation practices. Table 1 summarizes the various documentation criteria employed during the review.

Table 1. Data Collection Parameters

Review Area	Documentation Criteria
Health History	Completeness of Initial Health History: includes but not limited to past medical history, medications, allergies, substance use, HIV MD/primary care status, physician contact info, etc.; Completed updates to the initial health history
Hard/Soft Tissue Exam	Findings—abnormal or normal, diagnoses, treatment plan, treatment plan updates
Disease Prevention	Prophylaxis, oral hygiene instructions
Periodontal screening	Completeness

The Sample Selection Process

The sample population was selected from a pool of 322 unduplicated clients who accessed Part A oral health care between 3/1/17 and 2/28/18. The medical charts of 75 of these clients were used in the review, representing 23.3% of the pool of unduplicated clients.

In an effort to make the sample population as representative of the actual Part A oral health care population as possible, the EMA's Centralized Patient Care Data Management System (CPCDMS) was used to generate a list of client codes to be reviewed. The demographic make-up (race/ethnicity, gender, age) of clients accessing oral health services between 3/1/17 and 2/28/18 was determined by CPCDMS, which in turn allowed Ryan White Grant Administration to generate a sample of specified size that closely mirrors that same demographic make-up.

Characteristics of the Sample Population

The review sample population was generally comparable to the Part A population receiving rural-targeted oral health care in terms of race/ethnicity, gender, and age. It is important to note that the chart review findings in this report apply only to those who received rural-targeted oral health care from a Part A provider and cannot be generalized to all Ryan White clients or to the broader population of people living with HIV. Table 2 compares the review sample population with the Ryan White Part A rural-targeted oral health care population as a whole.

Table 2. Demographic Characteristics of FY 17 Houston EMA Ryan White Part A Oral Health Care Clients

	Sample		Ryan White Part A EMA	
Race/Ethnicity	Number	Percent	Number	Percent
African American	28	37.3%	130	40.4%
White	46	61.3%	184	57.1%
Asian	1	1.3%	6	1.9%
Native Hawaiian/Pacific Islander	0	0%	0	0%
American Indian/Alaska Native	0	0%	2	.6%
Multi-Race	0	0%	0	0%
	75		**322**	
Hispanic Status				
Hispanic	21	22.7%	82	25.5%
Non-Hispanic	54	77.3%	240	74.5%
	75		**322**	
Gender				
Male	51	62.7%	213	66.1%
Female	24	34.7%	108	33.5%
Transgender	0	2.7%	1	.3%
	75		**322**	
Age				
<=24	2	5.3%	16	5%
25 – 34	17	20%	70	21.7%
35 – 44	22	28%	95	29.5%
45 – 49	9	26.7%	43	13.4%
50 – 64	19	14.7%	91	28.3%
65+	2	4%	7	2.2%
	75		**322**	

Findings

Clinic Visits

Information gathered during the 2017 chart review included the number of visits during the study period. The average number of oral health visits per patient in the sample population was seven.

Health History

A complete and thorough assessment of a client's medical history is essential. Such information, such as current medications or any history of alcoholism for example, offers oral health care providers key information that may determine the appropriateness of prescriptions, oral health treatments and procedures.

Assessment of Medical History

	2015	2016	2017
Primary Care Provider	88%	93%	100%
Medical/Dental Health History*	93%	87%	95%
Medical History 6 month Update	94%	100%	100%

*HIV/AIDS Bureau (HAB) Performance Measures

Health Assessments

	2015	2016	2017
Vital Signs	99%	95%	99%
CBC documented	63%	78%	97%
Screening for Antibiotic Prophylaxis	91%	52%	95%

Prevention and Detection of Oral Disease

Maintaining good oral health is vital to the overall quality of life for people living with HIV because the condition of one's oral health often plays a major role in how well patients are able manage their HIV disease. Poor oral health due to a lack of dental care may lead to the onset and progression of oral manifestations of HIV disease, which makes maintaining proper diet and nutrition or adherence to antiretroviral therapy very difficult to achieve. Furthermore, poor oral health places additional burden on an already compromised immune system.

	2015	2016	2017
Oral Health Education*	80%	88%	99%
Intraoral Exam	88%	88%	88%
Extraoral Exam	88%	86%	88%
Periodontal screening*	92%	84%	81%
X-rays present	92%	91%	92%
Treatment plan*	81%	94%	99%

*HIV/AIDS Bureau (HAB) Performance Measures

Treatment Plan Status

	2017
Treatment plan complete	27%
Dental procedures done, additional procedures needed	60%
No dental procedures needed	11%
No dental procedures done	3%

Conclusions

Overall, oral health care services continues its trend of high quality care. The Houston EMA oral health care program has established a strong foundation for preventative care and we expect continued high levels of care for Houston EMA clients in future.

Appendix A – Resources

Dental Alliance for AIDS/HIV Care. (2000). *Principles of Oral Health Management for the HIV/AIDS Patient.* Retreived from: http://aidsetc.org/sites/default/files/resources_files/Princ_Oral_Health_HIV.pdf.

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U.S. Department of Health and Human Services Health Resources and Services Administration. (2014). *Guide for HIV/AIDS Clinical Care.* Retrieved from: http://hab.hrsa.gov/deliverhivaidscare/2014guide.pdf.

U.S. Department of Health and Human Services Health Resources and Services Administration, HIV/AIDS Bureau Special Projects of National Significance Program. (2013). *Training Manual: Creating Innovative Oral Health Care Programs.* Retrieved from: http://hab.hrsa.gov/deliverhivaidscare/2014guide.pdf.

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Vision Care Chart Review Report FY 2017

Ryan White Part A Quality Management Program–Houston EMA

October 2018

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HCPH is the local public health agency for the Harris County, Texas jurisdiction. It provides a wide variety of public health activities and services aimed at improving the health and well-being of the Harris County community.

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Introduction

Part A funds of the Ryan White Care Act are administered in the Houston Eligible Metropolitan Area (EMA) by the Ryan White Grant Administration of Harris County Public Health. During FY 17, a comprehensive review of client vision records was conducted for services provided between 3/1/17 to 2/28/18.

The primary purpose of this annual review process is to assess Part A vision care provided to people living with HIV in the Houston EMA. Unlike primary care, there are no federal guidelines published by the U.S Department of Health and Human Services for general vision care targeting people living with HIV. Therefore, Ryan White Grant Administration has adopted general guidelines published by the American Optometric Association, as well as internal standards determined by the clinic, to measure the quality of Part A funded vision care. The Ryan White Grant Administration Project Coordinator for Clinical Quality Improvement (PC/CQI) performed the chart review.

Scope of This Report

This report provides background on the project, supplemental information on the design of the data collection tool, and presents the pertinent findings of the FY 17 vision care chart review. Also, any additional data analysis of items or information not included in this report can likely be provided after a request is submitted to Ryan White Grant Administration.

The Data Collection Tool

The data collection tool employed in the review was developed through a period of in-depth research conducted by the Ryan White Grant Administration. By researching the most recent vision practice guidelines, a listing of potential data collection items was developed. Further research provided for the editing of this list to yield what is believed to represent the most pertinent data elements for vision care in the Houston EMA. Topics covered by the data collection tool include, but are not limited to the following: completeness of the Client Intake Form (CIF), CD4 and VL measures, eye exams, and prescriptions for lenses. See Appendix A for a copy of the tool.

The Chart Review Process

All charts were reviewed by the PC/CQI, a Master's-level registered nurse experienced in identifying documentation issues and assessing adherence to published guidelines. The collected data for each site was recorded directly into a preformatted database. Once all data collection was completed, the database was queried for analysis. The data collected during this process is intended to be used for the purpose of service improvement.

The specific parameters established for the data collection process were developed from vision care guidelines and the professional experience of the reviewer on standard record documentation practices. Table 1 summarizes the various documentation criteria employed during the review.

Table 1. Data Collection Parameters	
Review Area	**Documentation Criteria**
Laboratory Tests	Current CD4 and Viral Load Measures
Client Intake Form (CIF)	Completeness of the CIF: includes but not limited to documentation of primary care provider, medication allergies, medical history, ocular history, and current medications
Complete Eye Exam (CEE)	Documentation of annual eye exam; completeness of eye exam form; comprehensiveness of eye exam (visual acuity, refraction test, binocular vision assessment, fundus/retina exam, and glaucoma test)
Ophthalmology Consult (DFE)	Performed/Not performed
Lens Prescriptions	Documentation of the Plan of Care (POC) and completeness of the dispensing form

The Sample Selection Process

The sample population was selected from a pool of 2,438 unduplicated clients who accessed Part A vision care between 3/1/17 and 2/28/18. The medical charts of 150 of these clients were used in the review, representing 6.2% of the pool of unduplicated clients.

In an effort to make the sample population as representative of the actual Part A vision care population as possible, the EMA's Centralized Patient Care Data Management System (CPCDMS) was used to generate the lists of client codes. The demographic make-up (race/ethnicity, gender, age) of clients accessing vision care services between 3/1/17 and 2/28/18 was determined by CPCDMS, which in turn allowed Ryan White Grant Administration to generate a sample of specified size that closely mirrors that same demographic make-up.

Characteristics of the Sample Population

The review sample population was generally comparable to the Part A population receiving vision care in terms of race/ethnicity, gender, and age. It is important to note that the chart review findings in this report apply only to those who receive vision care from a Part A provider and cannot be generalized to all Ryan White clients or to the broader population of people with HIV or AIDS. Table 2 compares the review sample population with the Ryan White Part A vision care population as a whole.

Table 2. Demographic Characteristics of FY 17 Houston EMA Ryan White Part A Vision Care Clients				
	Sample		Ryan White Part A EMA	
Race/Ethnicity	Number	Percent	Number	Percent
African American	75	50%	1,199	49%
White	73	49%	1,180	48%
Asian	1	<1%	29	1%
Native Hawaiian/Pacific Islander	0	0%	4	<1%
American Indian/Alaska Native	0	0%	9	<1%
Multi-Race	1	<1%	17	<1%
TOTAL	**150**		**2,438**	
Hispanic Status				
Hispanic	51	34%	871	36%
Non-Hispanic	99	66%	1,567	64%
TOTAL	**150**		**2,438**	
Gender				
Male	111	74%	1,807	74%
Female	37	25%	607	25%
Transgender Male to Female	2	1%	24	1%
Transgender Female to Male	0	0%	0	0
TOTAL	**150**		**2,438**	
Age				
<= 24	3	2%	122	5%
25 – 34	35	23%	565	23%
35 – 44	31	21%	563	23%
45 – 49	20	13%	364	15%
50 – 64	57	38%	751	31%
65+	4	3%	73	3%
TOTAL	**150**		**2,438**	

Findings

Laboratory Tests

Having up-to-date lab measurements for CD4 and viral load (VL) levels enhances the ability of vision providers to ensure that the care provided is appropriate for each patient. CD4 and VL measures indicate stage of disease, so in cases where individuals are in the late stage of HIV disease, special considerations may be required.

Patient chart records should provide documentation of the most recent CD4 and VL information. Ideally this information should be updated in coordination with an annual complete eye exam.

	2015	2016	2017
CD4	64%	91%	80%
VL	64%	91%	80%

Client Intake Form (CIF)

A complete and thorough assessment of a patient's health history is essential when caring for individuals living with HIV or anyone who is medically compromised. The agency assesses this information by having patients complete the CIF. Information provided on the CIF, such as ocular history or medical history, guides clinic providers in determining the appropriateness of diagnostic procedures, prescriptions, and treatments. The CIF that is used by the agency to assess patient's health history captures a wide range of information; however, for the purposes of this review, this report will highlight findings for only some of the data collected on the form.

Below are highlights of the findings measuring completeness of the CIF.

	2015	2016	2017
Primary Care Provider	50%	50%	81%
Medication Allergies	100%	100%	99%
Medical History	100%	100%	99%
Current Medications	100%	100%	99%
Reason for Visit	100%	100%	100%
Ocular History	100%	100%	99%

Eye Examinations (Including CEE/DFE) and Exam Findings

Complete and thorough examination of the eye performed on a routine basis is essential for the prevention, detection, and treatment of eye and vision disorders. When providing care to people living with HIV, routine eye exams become even more important because there are a number of ocular manifestations of HIV disease, such as CMV retinitis.

CMV retinitis is usually diagnosed based on characteristic retinal changes observed through a DFE. Current standards of care recommend yearly DFE performed by an ophthalmologist for clients with CD4 counts <50 cells/mm3 (2). Five clients in this sample had CD4 counts <50 cells/mm3, and all five had a DFE performed.

	2014	2016	2017
Complete Eye Exam	100%	100%	100%
Dilated Fundus Exam	95%	98%	98%
Internal Eye Exam	100%	100%	100%
Documentation of Diagnosis	100%	100%	100%
Documentation of Treatment Plan	100%	100%	100%
Visual Acuity	100%	100%	100%
Refraction Test	100%	100%	100%
Observation of External Structures	100%	100%	100%
Glaucoma Test	100%	100%	100%
Cytomegalovirus (CMV) screening	95%	98%	98%

Ocular Disease

Thirteen clients (8.7%) demonstrated ocular disease, including zoster keratitis, pinguecula, posterior synechiae, cataracts, and glaucoma. Four clients received treatment for ocular disease, three clients were referred to a specialty eye clinic, and six clients did not need treatment at the time of visit.

Prescriptions

Of records reviewed, 99% (95%-FY16) documented new prescriptions for lenses at the agency within the year.

Conclusions

Findings from the FY 17 Vision Care Chart Review indicate that the vision care providers perform comprehensive vision examinations for the prevention, detection, and treatment of eye and vision disorders. Performance rates are very high overall, and are consistent with quality vision care.

Appendix A—FY 17-Vision Chart Review Data Collection Tool

Mar 1, 17 to Feb 28, 18

Pt. ID # _____ Site Code:_____

CLIENT INTAKE FORM (CIF)

1. PRIMARY CARE PROVIDER documented: Y - Yes N - No
2. MEDICATION ALLERGIES documented: Y - Yes N - No
3. MEDICAL HISTORY documented: Y - Yes N - No
4. CURRENT MEDS are listed: Y - Yes N - No
5. REASON for TODAY's VISIT is documented: Y - Yes N - No
6. OCULAR HISTORY is documented: Y - Yes N - No

CD4 & VL

7. Most recently documented CD4 count is within past 12 months: Y - Yes N - No
8. CD4 count is < 50: Y - Yes N - No
9. Most recently documented VL count is within past 12 months: Y - Yes N – No

EYE CARE:

10. COMPLETE EYE EXAM (CEE) performed: Y - Yes N - No
11. Eye Exam included ASSESSMENT OF VISUAL ACUITY: Y - Yes N - No
12. Eye Exam included REFRACTION TEST: Y - Yes N - No
13. Eye Exam included OBSERVATION OF EXTERNAL STRUCTURES: Y - Yes N - No
14. Eye Exam included GLAUCOMA TEST (IOP): Y - Yes N - No
15. Internal Eye Exam findings are documented: Y - Yes N - No
16. Dilated Fundus Exam (DFE) done within year: Y - Yes N - No
17. Eye Exam included CYTOMEGALOVIRUS (CMV) SCREENING: Y - Yes N – No
18. New prescription lenses were prescribed: Y - Yes N - No
19. Eye Exam written diagnoses are documented: Y - Yes N - No
20. Eye Exam written treatment plan is documented: Y - Yes N - No
21. Ocular disease identified? Y - Yes N – No
22. Ocular disease treated appropriately? Y - Yes N - No
23. Total # of visits to eye clinic within year:_____

Revised March, 2013

Appendix B – Resources

1. Casser, L., Carmiencke, K.., Goss, D.A., Knieb, B.A., Morrow, D., & Musick, J.E. (2005). Optometric Clinical Practice Guideline—Comprehensive Adult Eye and Vision Examination. *American Optometric Association*. Retrieved from http://www.aoa.org/Documents/CPG-1.pdf on April 15, 2012.

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RYAN WHITE GRAND ADMINSITRATION - HARRIS COUNTY, TX

Case Management Chart Review Cumulative De-identified Report

2017-2018

Anne Russey, MEd, LPC-Supervisor

Independent Contractor

This reports summarizes the data collected from the 2017-2018 chart review of non-medical and medical case management services. Site visits and remote reviews occurred during October and November of 2018.

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Overview

A total of 312 medical case management and non-medical case management (or service linkage) client charts were reviewed. The dates of service included in the review period were March 1, 2017 - February 28, 2018, with the exception of AIDS Healthcare Foundation, the newest addition to Harris County Ryan White Part A services, whose dates of service under review were May 1, 2018-October 29, 2018. Progress notes, brief assessments, comprehensive assessments, supporting documents in any format available (electronic, hard copy, scanned documents) were reviewed as provided by each site. The sample selection was provided to this contractor by RWGA staff and included clients whom received services under each of the service category types identified above.

This contractor proposed changes to the Chart Review Tool following the 2016-2017 review, but the proposed changes were not considered by the required parties in time to implement any significant changes for this 2017-2018 review. Carin Martin of RWGA did however, approve use of an addendum page that was added to this year's review. This writer also utilized the notes section of the tool to track a number of co-occurring medical conditions to begin to gather data on other conditions that may influence or impact health outcomes of people living with HIV in the Harris County EMA.

Case management is defined by the Harris County RWGA Standards of Care as "services in HIV care [that] facilitate client access to health care services, assist clients to navigate through the wide array of health care programs and ensure coordination of services to meet the unique needs of People Living with HIV (PLWH)." Case managers serving in the agency and clinic settings are helping clients navigate very complex and fragmented systems at agency, local, state and federal levels that sometimes feel like they're working against the very clients they were designed to serve, treat and protect.

If we consider conditions outside of an HIV+ diagnosis, such as active mental health and substance use disorders, unstable or insufficient housing, employment, income or transportation, poor support networks, lack of health insurance, barriers to medication among many other psychical and psychosocial factors contribute to lower retention in care and viral load suppression rates and increased risk and rates of new HIV transmissions, it is clear that case management has the potential to affect and in many cases improve health outcomes for the clients it serves. Licensed case managers are uniquely positioned by their education and training to assist clients struggling with complex mental health and substance use issues.

One can see threads of the old models of case management running through the 312 charts reviewed, with a very small handful of examples of a client quickly completing an assessment and service plan followed by intensive and frequent contact from a non-medical or medical case manager who documents in progress notes as obstacles and barriers are overcome, goals are accomplished and needs are met in their and 6 months later in their re-assessment and service plan review before eventually being discharged. This contractor wants to be clear that those appear to be the exception and not the norm. The majority of charts reviewed (44%) did not have a brief or comprehensive assessment completed at all. Only 152 clients (48%) had 3 or more phone or in person encounters with a case manager during the review year. This The Ryan White Standards of Care seem to presume much more intense and frequent contact between case manager and client than is actually happening in practice. Due presumably to increased demand for services and volume of clients served by each site, case management services seem to be delivered mostly on demand based on the needs of the individual clients in front of the case manager at the moment in which the provider, client or someone else requests help. Gone are the days of a case manager having a small manageable case load that allows for

close monitoring, following up on service plan goals and referrals, and regular discharges from services when goals are met and services are "complete"- unless the system somehow evolves and changes too.

Cumulative Data Summaries

Brief Assessments

# clients with brief assessment in review period 3/1/17-2/28/18	Site						
	A	B	C	D	E	F	Total
0	7	0	15	56	34	13	125
	39%	0%	31%	55%	42%	25%	40%
1	4	0	24	41	25	10	104
	22%	0%	50%	40%	31%	20%	33%
2	0	0	1	3	1	0	5
	0%	0%	2%	3%	1%	0%	2%
Not applicable	7	12	8	2	21	28	78
	39%	100%	17%	2%	26%	55%	25%
Total	18	12	48	102	81	51	312
	100%	100%	100%	100%	100%	100%	100%

40% of the 312 charts reviewed in the review period 3/1/17-2/28/18 did not have a brief assessment completed. 25% of the 312 charts reviewed were not required to have a brief assessment completed due to no contact with a non-medical case manager. When there was contact with a non-medical case manager noted, reasons for lack of brief assessments varied but often included client showing up unannounced and/or having a very short period of time to spend with SLW or sometimes frequent phone call contacts rather than in office visits and thus time and attention was spent on meeting client's immediate need and helping overcome a specific barrier rather than on completion of the brief assessment. Client crises especially around medication access clearly take priority (as they should) over completion of the brief assessment. 33% of the 312 charts reviewed had one brief assessment completed and 2% had two completed. The majority of the brief assessments reviewed identified only one or two needs such as transportation, vision, dental and/or other specialty care or supportive service need and noted appropriate referrals were made. In the rare cases more complicated needs were identified there was generally documentation of referral to medical case management noted.

Comprehensive Assessments

# clients with comprehensive assessment in review period 3/1/17-2/28/18	Site						
	A	B	C	D	E	F	Total
0	8	0	28	15	21	23	95
	44%	0%	58%	15%	26%	45%	30%
1	10	12	5	7	21	13	68
	56%	100%	10%	7%	26%	25%	22%
2	0	0	0	3	1	1	5
	0%	0%	0%	3%	1%	2%	2%
Not applicable	0	0	15	77	38	14	144
	0%	0%	31%	75%	47%	27%	46%
Total	18	12	48	102	81	51	312
	100%	100%	100%	100%	100%	100%	100%

30% of the 312 charts reviewed in the review period 3/1/17-2/28/18 did not have a comprehensive assessment completed. 46% of the 312 charts reviewed were not required to have a comprehensive assessment completed due to no contact with a medical case manager. When there was contact with a medical case manager, reasons for lack of comprehensive assessments varied but often included client showing up unannounced and/or having a very short period of time to spend with MCM or sometimes frequent phone call contacts rather than in office visits and thus time and attention was spent on meeting client's immediate need and helping overcome a specific barrier rather than on completion of the comprehensive assessment. Client crises especially around medication access clearly take priority (as they should) over completion of the comprehensive assessment. In some cases there was documentation of justification for delay of completion of comprehensive assessment noted in the progress notes of the client's chart. 22% of the 312 charts reviewed had one comprehensive assessment completed and 2% had two completed.

Assessment Needs

Need identified on assessment	Total	
Transportation	74	43%
Mental Health	62	36%
OAMC	55	32%
Insurance	51	29%
Dental	49	28%
Treatment Adherence	42	24%
Vision	42	24%
Housing	33	19%
HIV Education	29	17%
Self Efficacy	29	17%
Substance Abuse	25	14%
Income	24	14%
Basic	23	13%
Support	23	13%
HIV Related Legal	19	11%
Cultural	17	10%
Food	10	6%
General Education	9	5%
Emergency Financial	6	3%
Translation	3	2%
Kids/Child Care	1	1%
Benefits	0	0%

Of the 175 comprehensive, brief and brief-transportation assessments reviewed in detail, the most common need identified in 43% of the charts was transportation. The following came in as the four next most commonly identified needs: mental health (36%), outpatient ambulatory medical care (32%), insurance (29%) and dental (28%). At sites where dental and vision services were readily available, it seemed those needs almost always made it to the service plan. Needs besides transportation may be under represented due to the standard of care requirement of an assessment being on file in order to provide a bus pass. In the cases where an assessment is needed to provide a bus pass, transportation is the focus of the time and the encounter and other needs may be deferred or ignored until subsequent or return encounters. Other needs such as barriers to medication or primary care were addressed in progress notes rather than on the service plan(s). It seemed that more important than the identified need making it to the service plan, was whether or not a client received information, referral or assistance accessing services or support to help them meet their need. Information, referrals and assistance to overcome obstacles or barriers and the outcomes of those efforts was typically documented in detail in progress note encounters or consultation/coordination encounters with other providers rather than in the assessment or service plan.

Service Plans

# clients with service plan in review period 3/1/17-2/28/18	Site						
	A	B	C	D	E	F	Total
0	10	5	28	14	23	23	103
	56%	42%	58%	14%	28%	45%	33%
1	7	7	5	4	19	13	55
	39%	58%	10%	4%	23%	25%	18%
2	1	0	0	6	1	1	9
	6%	0%	0%	6%	1%	2%	3%
Not applicable	0	0	15	78	38	14	145
	0%	0%	31%	76%	47%	27%	46%
Total	18	12	48	102	81	51	312
	100%	100%	100%	100%	100%	100%	100%

33% of the 312 charts reviewed in the review period 3/1/17-2/28/18 did not have a service plan completed. 46% of the 312 charts reviewed were not required to have a comprehensive assessment completed due to no contact with a medical case manager. When there was contact with a medical case manager, reasons for lack of service plans varied but as service plans are generally completed following a comprehensive assessment it makes sense that the number of clients missing both an assessment and a service plan would be similar and due to similar obstacles. In follow up to the 2016-2017 review where Agency A and Agency C had some issues with incomplete scanned documents/missing service plans where one was noted, this was not a problem in this year's review. In almost every case if there was a note indicating a service plan was completed, it was readily available in the chart for all sites.

Encounters

# of progress notes during review period	Site						
	A	B	C	D	E	F	Total
1 or more	18	12	48	102	80	51	311
2 or more	18	5	31	69	56	36	215
3 or more	18	2	25	48	36	23	152
4 or more	16	1	15	34	26	15	107
5 or more	14	0	11	19	21	11	76

It seems worth noting that less than half of the clients receiving services during the review period had 3 or more contacts with a case manager during the one year review period. The Ryan White Standards of Care requirements seem to presume much more frequent contacts between case manager and client during a one year period that would allow for more intense case management and follow up. It should come as no surprise that if contact is limited to 1, 2 or 3 instances that opportunities to complete assessments and service plans and subsequent reviews and follow ups are extremely limited if not non-existent.

Assessment Summary

# clients with brief, comprehensive, both or no assessment in review period 3/1/17-2/28/18	Site						
	A	B	C	D	E	F	Total
Brief	0	0	24	35	25	10	94
	0%	0%	50%	34%	31%	20%	30%
Comprehensive	6	12	4	9	23	14	68
	33%	100%	8%	9%	28%	27%	22%
Both	4	0	1	8	0	0	13
	22%	0%	2%	8%	0%	0%	4%
None	8	0	19	50	33	27	137
	44%	0%	40%	49%	41%	53%	44%
Total	18	12	48	102	81	51	312
	100%	100%	100%	100%	100%	100%	100%

#** and Type of Assessment Reviewed	Site						
	A	B	C	D	E	F	Total
Brief	0	0	25	2	26	10	63
Brief-Transportation	0	0	0	40	0	0	40
Comprehensive	10	12	4	10	22	13	71
Total	10	12	29	52	48	23	174

** Tool did not allow for review of more than one assessment per chart

In summary, 44% of the 312 charts reviewed did not have any assessment completed. 22% had only comprehensive plan completed, 30% had only a brief assessment completed and only 4% had both a comprehensive and brief assessment completed. It should be noted that according to the standards of care, a brief assessment is not required in the event a non-medical case manager provides only basic referral or assistance, thus in cases where there was only contact from a non-medical case manager it may be appropriate that no assessment was completed.

174 assessments (brief, brief-transportation and comprehensive) were reviewed. Brief assessments were not required to have a service plan, and the service plans accompanying comprehensive assessments were often incongruent with the needs identified in the assessment. There were several instances where a need was identified but a note was added to indicate the client was declining to address the need as part of their service plan. Agency D was the only site who documented a separate type of brief assessment being used for clients in need of a Ryan White funded Metro bus pass. Agency B did not have a non-medical case manager on staff during the review period, thus all encounters reviewed were MCM encounters.

Lost to Care Status

Lost to Care Status	Site						
	A	B	C	D	E	F	Total
LTC Prior to Episode	1	0	3	10	3	3	20
	6%	0%	6%	10%	4%	6%	6%
LTC During Episode	1	0	1	14	7	1	24
	6%	0%	2%	14%	9%	2%	8%
Not LTC	16	12	44	78	71	47	268
	89%	100%	92%	76%	88%	92%	86%
Total	18	12	48	102	81	51	312
	100%	100%	100%	100%	100%	100%	100%

6% of charts reviewed indicated the client was lost to care prior to the review period. 8% of charts reviewed indicated the client was lost to acre during the review period. The remaining 86% of charts did not indicate a client was lost to care. In several cases efforts were noted to re-engage a client to care, including calling the last known number and even field visits to a client's last known address, sometimes successfully resulting in re-engaging a client to care and sometimes not. The 14% lost to care rate is likely lower than what actually occurs in the EMA as this sample only included clients who had a billable service encounter (meaning actual contact with a client- not efforts to retain or re-engage a client that did not result in contact) during the review period. If a client had billable contact with a non-medical or medical case manager during the review period it makes sense that they would most likely not be lost to care.

This reviewer utilized progress notes to identify clients who appeared to have been lost to care prior to or during the episode of care taking place during the review period. The tool did not allow for differentiation between prior to and during the review period so the reviewer utilized margin space of the tool to indicate if a client was lost prior to the review period. In the event the client was lost prior to the review (often indicated by a progress note stating the client attended a "RTC" or "return to care" appointment), the interventions taken to re-engage the client were often unclear.

It is notable that during this review period several sites utilized non-medical case managers (SLWs) dedicated specifically to the task of retaining or returning clients to care. It is the understanding of this reviewer that in future years the retention in care work will be funded and performed separate from non-medical case management under an Outreach service category so it may not be relevant to a qualitative review of this nature at that point.

Viral Load Suppression

Viral Load Suppression Information	Site						
	A	B	C	D	E	F	Total
Viral Load < 20	8 44%	2 17%	17 35%	61 60%	30 37%	15 29%	133 43%
Viral Load not suppressed, but evidence	9 50%	10 83%	21 44%	29 28%	47 58%	31 61%	147 47%
Viral Load not suppressed and no evidence of	0 0%	0 0%	0 0%	5 5%	0 0%	1 2%	6 2%
No Viral Load data	1 6%	0 0%	10 21%	7 7%	4 5%	4 8%	26 8%
Total	18 100%	12 100%	48 100%	102 100%	81 100%	51 100%	312 100%

Of the 312 charts reviewed, 43% had evidence (lab results) of an undetectable viral load <20 copies per ml. 47% had evidence of at least one lab test during the review period that the viral load rose above 20 copies per ml, but also had evidence (progress notes) of an intervention or contact by a non-medical or medical case manager after or around the time of the lab test result. There were many cases where a client had a detectable viral load at one point in the review period, but later another result indicating their viral load was later suppressed. This positive change may correlate with the social service interventions they received (likely help accessing medication, overcoming barriers to primary care, referrals to mental health and substance use treatment, etc.) but further evaluation and adaptation of the tool would be needed to assess more closely. 2% of the charts reviewed had evidence of a detectable viral load at least once during the review period but no evidence of an intervention, contact or follow up after a viral load was detected. 8% of the charts did not have any lab tests/results in the chart- usually the case of a patient who was documented to be in primary care elsewhere but accessing non-medical case management services to access a specialty service like dental or vision care or a social service referral (housing, etc.).

It makes sense that of this sample of clients accessing non-medical and medical case management support that there would be a high percentage of individuals with an unsuppressed viral load due to the nature of support services. Considering the eligibility requirements in Standards of Care, to access non-medical and medical case management services, the clients accessing the service categories under review are likely experiencing risk factors that predispose them to having an increased viral load to begin with.

Co-occurring Conditions

Co-occurring Condition	Site	
	Total	% of Total
No Substance Use/MH dx	196	63%
Depression dx	73	23%
STD Dx	70	22%
Hypertension	69	22%
Other Substance Use	44	14%
Anxiety dx	39	13%
Diabetes II	32	10%
Other Mental Health dx	27	9%
Bipolar dx	25	8%
Homelessness noted	16	5%
Hep C	16	5%
Alcohol use disorder	13	4%
Cancer/Leukemia	5	2%
Pregnancy during episode	3	1%

Of the 312 charts reviewed 63% indicated no substance use or mental health diagnosis or problem. Progress notes and the problem lists/dashboards in the EHRs were utilized to identify co-occurring conditions. The most common mental health diagnosis or problem indicated was a depressive disorder at 23%. 22% of the charts reviewed indicated an STD/STI diagnosis. Anecdotally syphilis was identified frequently, however the review tool did not easily allow for documentation of specific STI/STD diagnoses and thus it is impossible to know for sure. This could be worth future consideration and may indicate additional training needs for support service staff who may be instrumental in helping clients access medication and treatment for various co-occurring conditions that ultimately affect the client's health outcomes.

Hypertension and Diabetes II were also noted by this reviewer as common co-occurring conditions. In many cases where a client had seemingly well managed HIV care, they were struggling with hypertension or diabetes and would likely benefit from additional support around those co-occurring conditions. This would likely require additional training and access to information and resources for the support staff tasked with helping a client navigate those conditions.

"Other Substance Use" (frequently methamphetamine, crack and marijuana) was noted in 14% of the charts. Again, the review tool did not allow for indication of specific substances being used besides alcohol so specific data is not available about the other substances being used.

Conclusion

The HIV care systems clients and providers must navigate in order to access and provide care is complex and at times burdensome. It is clear that non-medical and medical case managers play an important and useful role in helping clients overcome barriers to support services and primary care. Both non-medical and medical case managers appear to spend much of their time helping clients with eligibility and paperwork requirements mandated by the local, state and federal programs under which client's are served in order to access basic needs like medications, housing, transportation, primary and specialty medical care including dental and vision services and mental health or substance use treatment. The ways in which the most complex cases are funneled to the licensed medical case managers should continue to be evaluated and perhaps re-worked in some cases to ensure licensed medical case managers are being appropriately utilized to serve the most at risk and vulnerable clients who will benefit from the highest level of case management support available. Alternatively, consideration should be given to suggestions put forth by case management providers during the prior year's chart review process that may allow for billing simple information and referral encounters by licensed staff at a lower rate to give the sites flexibility in how they utilize available staff in their existing agency systems while still honoring and fulfilling their contract agreements and the standards of care.

Appendix

Review Tool

MCM and SLW Chart Review Tool

Services received 3/1/13-2/28/14

/___/___/201___/ Client Case Status: ☐ Open/Active ☐ Closed ☐ Unk

Brief Assessment Date 1:		Brief Assessment Date 2:	
Comp Assessment Date 1:		Comp Assessment Date 2:	
Service Plan Date 1:		Service Plan Date 2:	
Case Closure Date:			
Last OAMC Date:			
Last MCM Date:			

HIV/AIDS STAGE OF ILLNESS UPDATE, AND BEHAVIORAL HEALTH CONDITIONS

1. Most current documented HIV stage? ☐ HIV+, not AIDS ☐ AIDS ☐ HIV+/Status Unk
2. Was the client identified as needing MH/SA therapy/counseling? ☐ Yes ☐ No ☐ NA ☐ Unk
3. Does the client have an active diagnosis of the following diagnoses? (Check ALL That Apply)
   - ☐ Alcohol abuse/dependence
   - ☐ Other substance abuse/substance dependence
   - ☐ Depression
   - ☐ Bipolar disorder
   - ☐ Anxiety disorders
   - ☐ Other mental disorders _____
4. Was the client reported to have any of these conditions? (Check ALL That Apply)
   - ☐ Sexually transmitted infections (STIs)
   - ☐ Pregnancy
   - ☐ Homeless

SERVICE LINKAGE

5. How was the client assisted by a SLW in the observation period
   - ☐ **NA (Client not assisted by SLW)**
   - ☐ Brief assessment
   - ☐ SLW referred client to OAMC
   - ☐ OAMC visit scheduled by SLW
   - ☐ SLW accompanied the client to OAMC visit
   - ☐ SLW called client to remind about the OAMC visit
   - ☐ Client did not keep OAMC appointment and SLW contacted the client
   - ☐ Other SLW activity: _____

LOST TO CARE AND COORDINATION ACTIVITIES

6. Was the client lost to OAMC care? ☐ Yes ☐ No ☐ NA
7. Was there acknowledgement in the chart that the client was lost to OAMC care? ☐ Yes ☐ No ☐ NA
8. What activities did the **MCM** undertake because the client was lost to care? (Check all that apply)
   - ☐ **NA (Client not lost to care)**
   - ☐ No activities documented to contact client lost to care
   - ☐ Letter to client's last known address
   - ☐ Telephone call to client's last known telephone number
   - ☐ Telephone call to client's emergency contact person
   - ☐ Referral to outreach program: _____
9. Did the MCM receive information from the program about the client's status? ☐ Yes ☐ No ☐ NA
   a. Client status? _____

January 2015 MCM Chart Review Data Collection Tool 1

10. Was there evidence of coordination of services between MCM, clinician, and support service providers in the chart?
- ☐ Yes, there is coordination of services
- ☐ There is no evidence of coordination of services
- ☐ Client refusal documented in client's records
  - a. Evidence: _____

NEEDS REQUIRING COMPREHENSIVE CASE MANAGEMENT

CPCDMS Insurance Status: Uninsured

11. Insurance, Benefits, and FPL

Health Insurer	Coverage?	Disability/Survivor Benefits
Medicaid	Full? Managed Care? Share of Cost? Medically Needy? QMB?	SSA Old Age (≥ 65 Years)
Medicare	Part A? Part B? Part D?	SSA SSI
Commercial Name?		SSA SSDI
VA		Survivor Benefits (Widow, Widower, Child)
Other Insurers Name?		Commercial Disability/Worker's Comp

Client	Spouse/partner	Client's children	Client's Mother	Client's father	Client's sisters	Client's brothers	Other		HOUSEHOLD SIZE
1	1	1 2 3 4 5 6 7 8	1	1	1 2 3	1 2 3	1 2 3	→	1 2 3 4 5 6 7 8 9 10 UNK

Client 1	$	Other Member1	$	Total Income:
Client 2	$	Other Member2	$	$
Spouse	$	Other Income	$	

CLINICAL CASE MANAGEMENT

12. Was the client referred for clinical case management services in the review period?
☐ Yes ☐ No ☐ Unk

If YES, was there evidence of coordination of services between primary care provider and clinical case management at least every three months in the client's chart?
- ☐ Yes, there is coordination of services
- ☐ There is no evidence of coordination of services
- ☐ Client refusal documented in client's record
- ☐ NA, client not referred to clinical case management services

CASE DISCHARGE/TERMINATION/CLOSURE

13. Was case discharged/closed case during the review period? ☐1. Yes ☐ 0. No ☐ 8. NA ☐ 9. Unk

Case Closure	Closure 1	Closure 2	Closure 3
Client met agency criteria for closure?			
Date of closure noted?			
Summary of services received noted?			
Referrals noted?			
Instructions given to client at discharge noted?			
Reason for closure			
All goals met / no needs			
Client continues no show, lack of follow-up			
Client refused service			
Client died			
Client lost to care			
Client moves out of service area			
Client incarcerated			
Unk, unclear, contradictory documentation			

14. If an assessment was completed, were the following components assessed, addressed in the service plan, and addressed by referrals?

Worker Completing Assessment:	Assessment		Service Plan		Referral		Follow-up to Achieve Goal Documented?
	Domain Assessed?	Need Identified?	Resources Identified?	Timelines?	Referral Made?	Follow-up to Referral?	
Basic Necessities							
Benefits							
Children/Dependents							
Cultural/Linguistic							
Dental Care							
Emergency Financial Assistance							
Family Planning/Safer Sex							
Food/Nutrition							
General Education, Vocation, Literacy							
Health Insurance							
Health Insurance Premium Assistance							
Hearing Care							
HIV Ed/Prevention							
HIV Medications							
Housing Services							
Income							
Legal							
Mental Health Treatment							
Outpatient Ambulatory Medical Care							
Self-Efficacy							
Substance Abuse Treatment							
Support System							
Translation Services							
Transportation							
Treatment Adherence							
Vision Care Other:							

Addendum:

15. Viral load suppressed during review period?

- Yes
- No, intervention/follow up/linkage by SLW/MCM documented
- No, ***no documentation*** of intervention/follow up/linkage by SLW/MCM
- Unknown; no lab results containing VL information documented during review period

16. Was there a primary care visit within review period?

- Yes
- No

17. If no to 16, was there documentation by SLW/MCM to link client back to care?

- Yes
- No
- Not applicable (client moved out of EMA, client deceased, client refused service, etc.)

18. If any conditions applicable under 3 or 4, was there an attempt to link client to SLW/MCM care?

- Yes
- No, client was virally suppressed
- No, client had viral load and no linkage attempts documented

19. Progress notes: Were the five most recent progress notes (involving face to face or phone contact) in the review period dated, signed, indicative of the type of service delivered, the nature and extent of the service and the next steps or future plans?

F2F/PC date	Dated		Signed		Type of service noted?		Nature and extent of service noted?		Next steps or future plans noted?		Progress notes clear and concise?	
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N

Chart Review Performance Measures

HAB Performance Measures	FY16 Rate	FY17 Rate	Change	Goal	Action
Viral Load Suppression	88.5%	85.5%	↓	90%	QI plan for agencies not at goal/ECHO/Outreach
ART Rx	97.6%	98.7%	↑	95%	none
PCP prophylaxis	100%	93%	↓	100%	QI plan for agencies not at goal
VL monitoring	94.6%	98%	↑	90%	none
HIV Drug Resistance Testing	69.2%	71.4%	↑	85%	none
Influenza Vaccination	53.1%	53.5%	–	65%	QI plan for agencies not at goal
Lipid Screening	88.9%	88.8%	–	90%	QI plan for agencies not at goal
TB Screening	66.9%	67.2%	–	75%	QI plan for agencies not at goal
Cervical Cancer	80.1%	82.5%	↑	75%	QI plan for agencies not at goal
STD Testing	72.9%	77.6%	↑	65%	none
Hep B Screening	96.1%	87.1%	↓	95%	QI plan for agencies not at goal
Hep B Vaccination	55.6%	51.4%	↓	55%	QI plan for agencies not at goal
Hep C Screening	99.1%	92.8%	↓	95%	QI plan for agencies not at goal
HIV Risk Counseling	69.4%	90.7%	↑	85%	QI plan for agencies not at goal
Pneumococcal	86.7%	83.4%	↓	90%	QI plan for agencies not at goal
Mental Health Screening	87.9%	96.4%	↑	95%	none
Tobacco Screening	99.4%	100%	–	100%	none
Smoking Cessation Counseling	57.7%	55.7%	↓	100%	QI plan for agencies not at goal
Substance Use Screening	98.6%	99.1%	↑	95%	none
Syphilis Screening	94%	92.4%	↓	85%	QI plan for agencies not at goal
Reproductive Health Care	54%	34.9%	↓	75%	QI plan for agencies not at goal
IPV	81.9%	78.6%	↓	90%	QI plan for agencies not at goal
ART Adherence	99.5%	100%	–	100%	none

CPCDMS Performance Measures

Performance Measures	FY16 Rate	Current Rate	Change	Goal	Action
Lost to Care	19.6%	17.9%	↓	<20%	QI plan for agencies not at goal/ECHO/Outreach
Retained in Care	75.3%	72.6%	↓	90%	QI plan for agencies not at goal/ECHO/Outreach
VL Suppression	72.6%	76.6%	↑	90%	QI plan for agencies not at goal/ECHO/Outreach
Linked to Care	45.8%	48.2%	↑	60%	CM QI initiative/Outreach
Medical Visit Frequency		23%		35%	QI plan for agencies not at goal/ECHO/Outreach
Oral Exam	24.8%	24.4%	–	30%	none

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Selected Core Performance Measures by Gender

Viral Load Suppression

- Percentage of clients with HIV infection with viral load below limits of quantification (defined as <200 copies/ml) at last test during the measurement year

2017 Viral Load Suppression by Gender			
	Female	Male	Transgender
Number of clients with HIV infection with viral load below limits of quantification at last test during the measurement year	240	262	33
Number of HIV-infected clients who: • had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP at least twice in the measurement year, and • were prescribed ART for at least 6 months	277	308	41
Rate	**86.6%**	**85.1%**	**80.5%**

ART Prescription

- Percentage of clients who are prescribed antiretroviral therapy (ART)

2017 ART Prescription by Gender			
	Female	Male	Transgender
Number of clients who were prescribed an ART regimen within the measurement year	278	308	41
Number of clients who: • had at least two medical visit with a provider with prescribing privileges, i.e. MD, PA, NP in the measurement year	283	310	42
Rate	**98.2%**	**99.4%**	**97.6%**

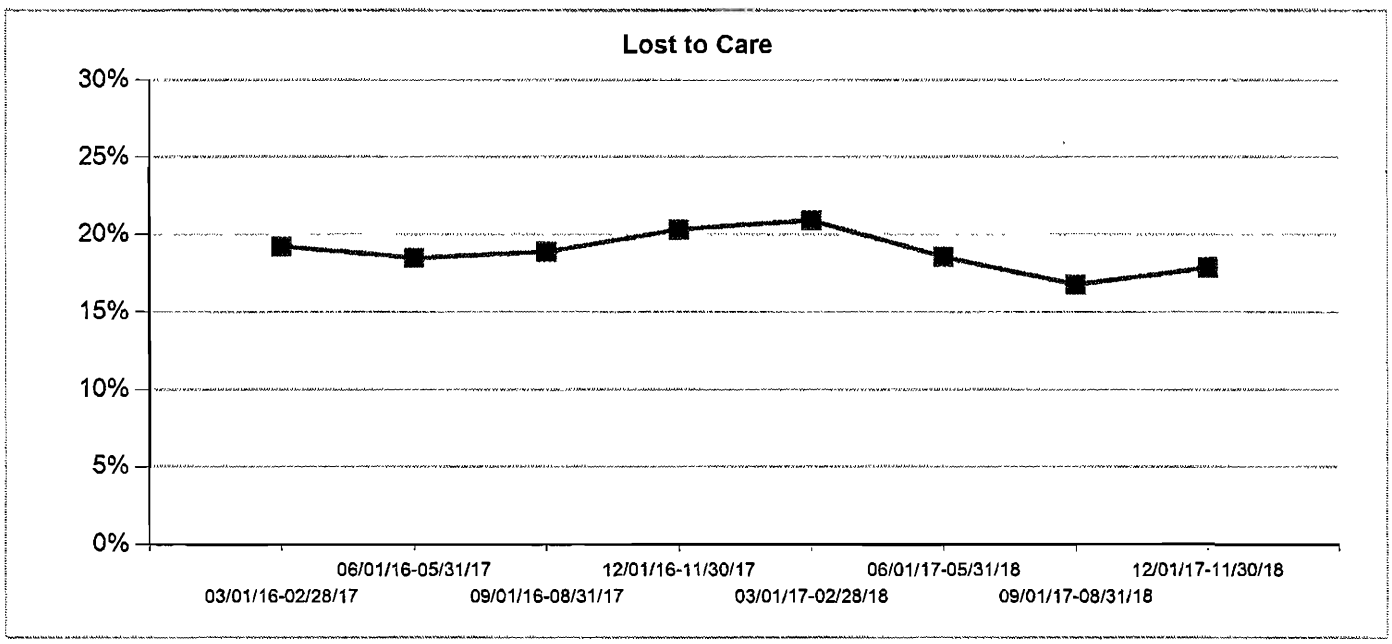
- Of the 8 clients not on ART, none had a CD4 <200, 5 were long-term non-progressors, and 3 refused

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA

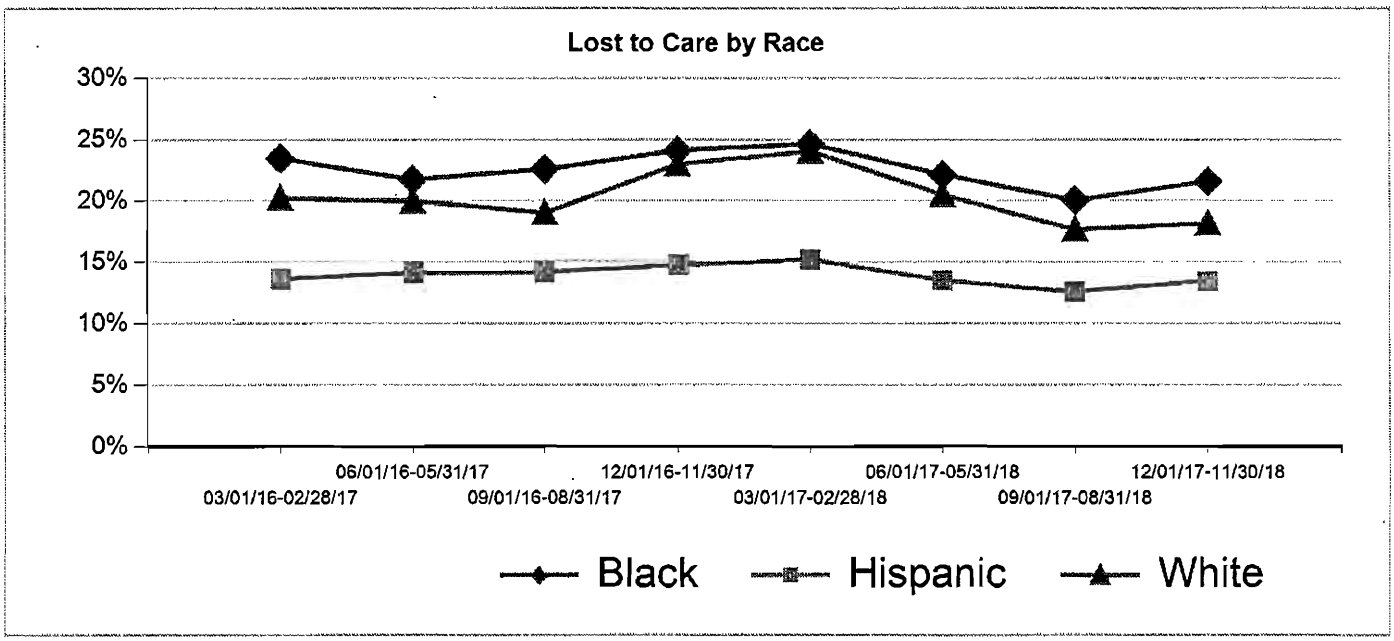
Clinical Quality Management Committee Quarterly Report

Last Quarter Start Date: **12/1/2017**

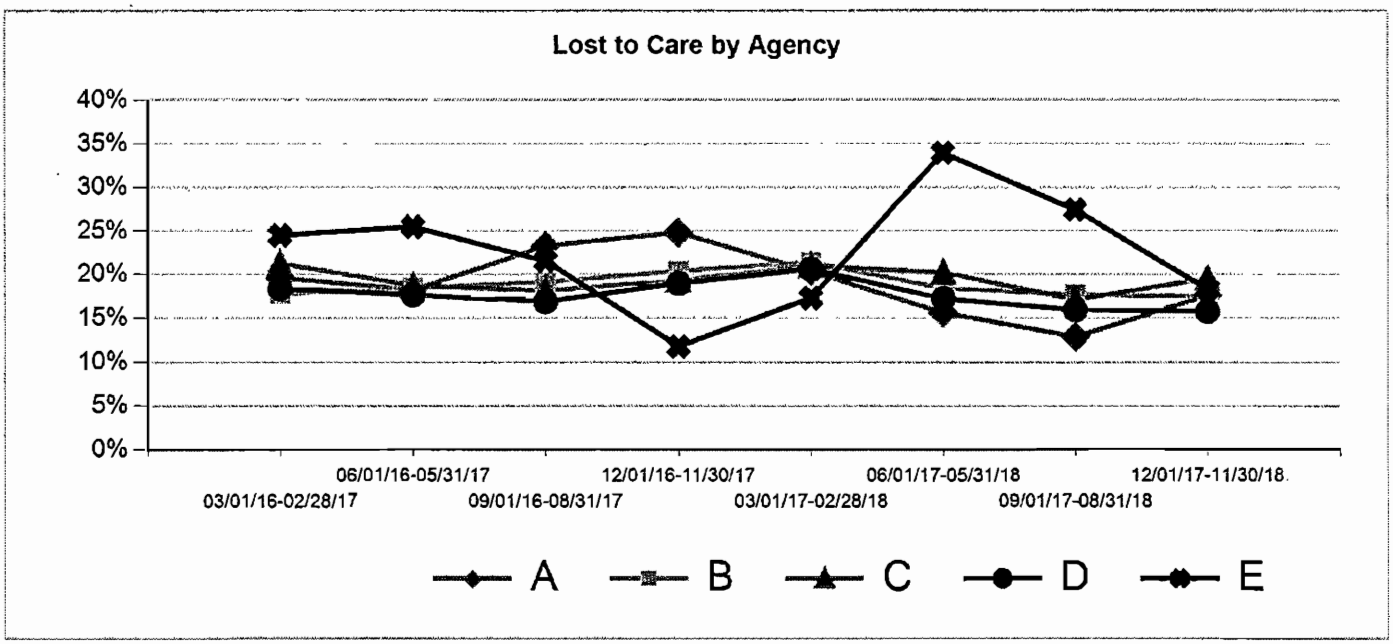
Lost to Care				
In+Care Campaign Gap Measure				
	03/01/17 - 02/28/18	06/01/17 - 05/31/18	09/01/17 - 08/31/18	12/01/17 - 11/30/18
Number of uninsured clients who had no medical visits and a detectable or missing viral load in the last 6 months of the measurement year	1,106	962	883	992
Number of uninsured clients who had a medical visit with a provider with prescribing privileges at least once in the first 6 months of the measurement year	5,286	5,185	5,263	5,554
Percentage	20.9%	18.6%	16.8%	17.9%
Change from Previous Quarter Results	0.6%	-2.4%	-1.8%	1.1%



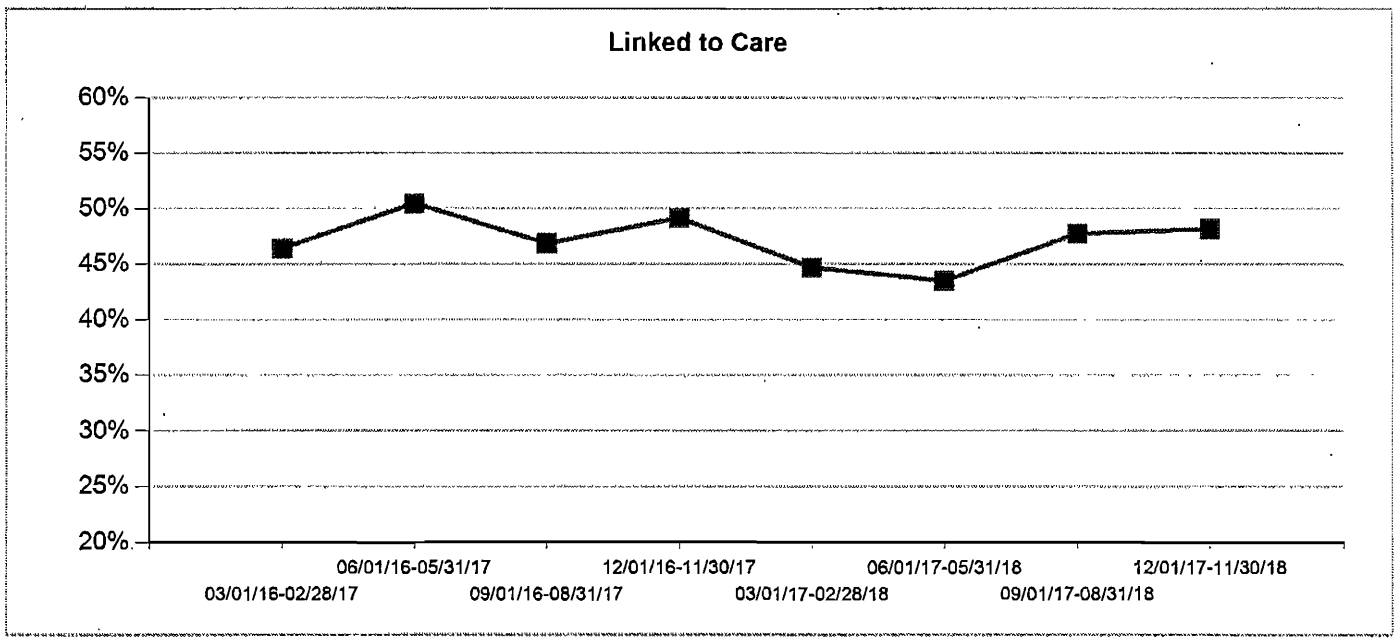
Lost to Care by Race/Ethnicity									
	06/01/17 - 05/31/18			09/01/17 - 08/31/18			12/01/17 - 11/30/18		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of uninsured clients who had no medical visits and a detectable or missing viral load in the last 6 months of the measurement year	538	268	135	491	257	116	563	285	127
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	2,430	1,981	659	2,447	2,046	656	2,611	2,126	699
Percentage	22.1%	13.5%	20.5%	20.1%	12.6%	17.7%	21.6%	13.4%	18.2%
Change from Previous Quarter Results	-2.5%	-1.7%	-3.6%	-2.1%	-1.0%	-2.8%	1.5%	0.8%	0.5%



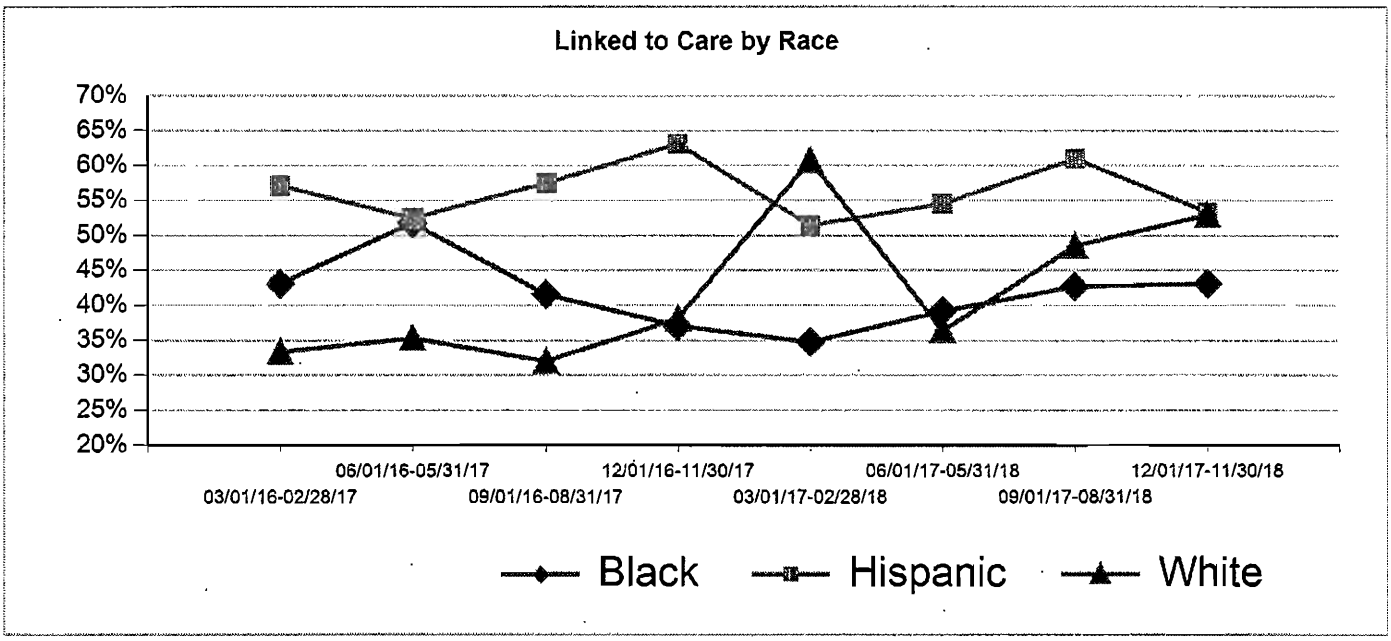
Lost to Care by Agency										
	09/01/17 - 08/31/18					12/01/17 - 11/30/18				
	A	B	C	D	E	A	B	C	D	E
Number of uninsured clients who had no medical visits and a detectable or missing viral load in the last 6 months of the measurement year	73	330	264	203	17	105	333	314	214	11
Number of uninsured clients who had a medical visit with a provider with prescribing privileges at least once in the first 6 months of the measurement year	567	1,864	1,542	1,273	62	598	1,905	1,607	1,357	60
Percentage	12.9%	17.7%	17.1%	15.9%	27.4%	17.6%	17.5%	19.5%	15.8%	18.3%
Change from Previous Quarter Results	-2.7%	-0.7%	-3.1%	-1.3%	-6.5%	4.7%	-0.2%	2.4%	-0.2%	-9.1%



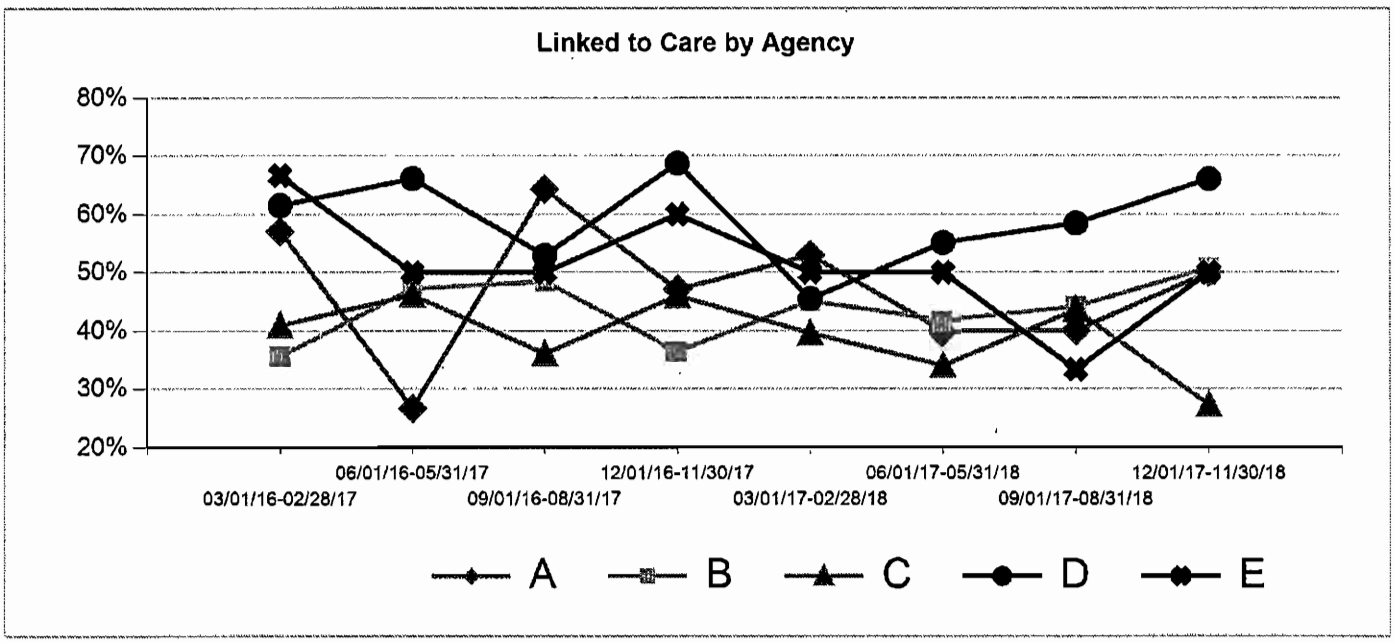
Linked to Care				
In+Care Campaign clients Newly Enrolled in Medical Care Measure				
	03/01/17 - 02/28/18	06/01/17 - 05/31/18	09/01/17 - 08/31/18	12/01/17 - 11/30/18
Number of newly enrolled uninsured clients who had at least one medical visit in each of the 4-month periods of the measurement year	88	77	96	92
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	197	177	201	191
Percentage	44.7%	43.5%	47.8%	48.2%
Change from Previous Quarter Results	-4.5%	-1.2%	4.3%	0.4%
* exclude if vl<200 in 1st 4 months				



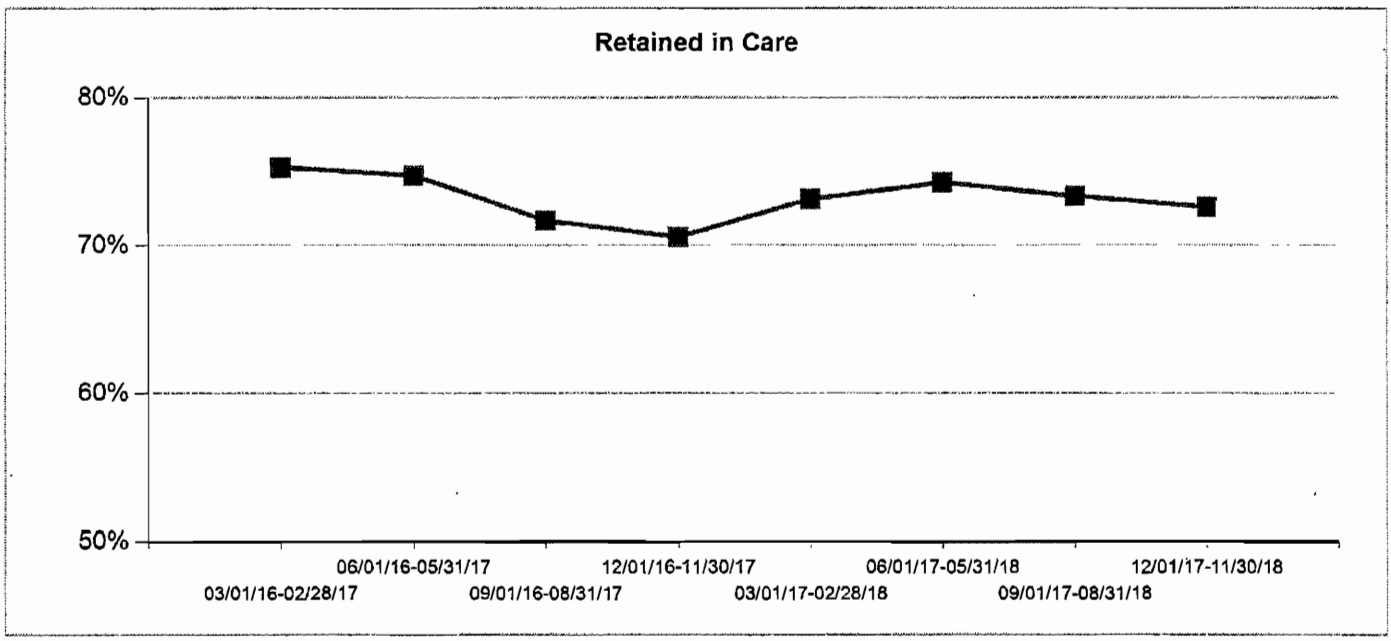
Linked to Care by Race/Ethnicity									
	06/01/17 - 05/31/18			09/01/17 - 08/31/18			12/01/17 - 11/30/18		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of newly enrolled uninsured clients who had at least one medical visit in each of the 4-month periods of the measurement year	38	30	8	44	36	16	41	32	18
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	97	55	22	103	59	33	95	60	34
Percentage	39.2%	54.5%	36.4%	42.7%	61.0%	48.5%	43.2%	53.3%	52.9%
Change from Previous Quarter Results	4.4%	3.1%	-24.4%	3.5%	6.5%	12.1%	0.4%	-7.7%	4.5%
* exclude if vl<200 in 1st 4 months									



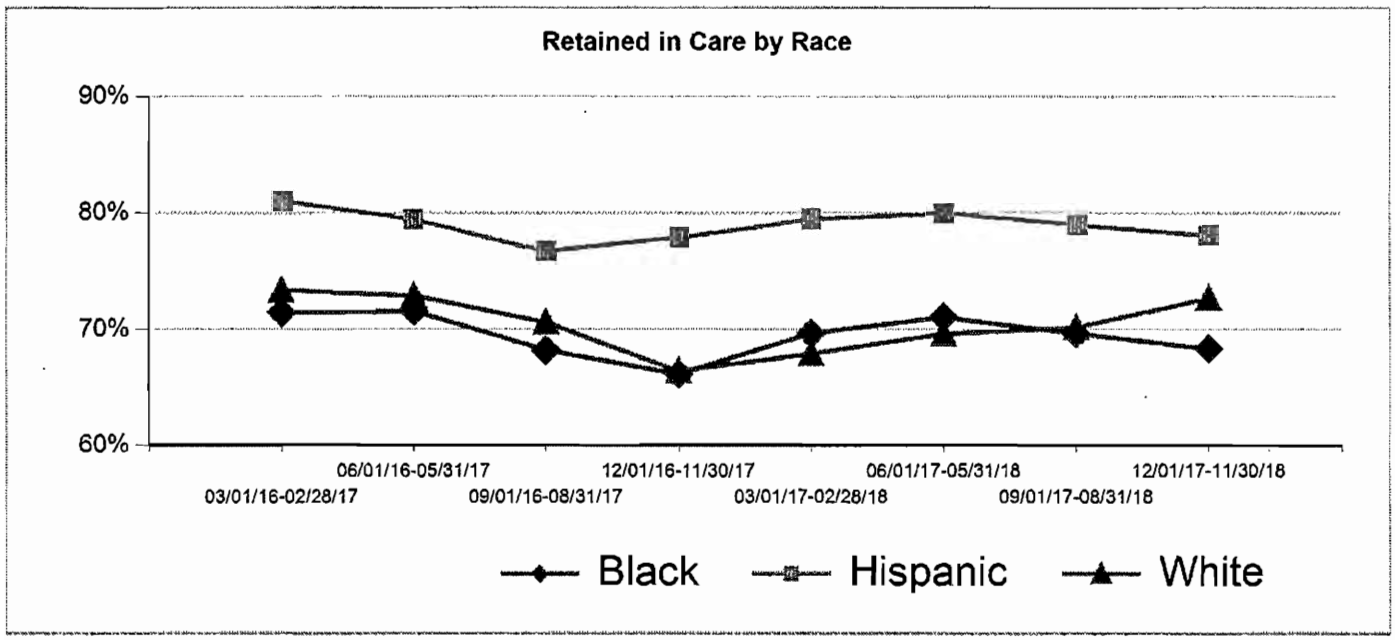
Linked to Care by Agency										
	09/01/17 - 08/31/18					12/01/17 - 11/30/18				
	A	B	C	D	E	A	B	C	D	E
Number of newly enrolled uninsured clients who had at least one medical visit in each of the 4-month periods of the measurement year	2	30	27	38	1	5	33	15	35	3
Number of newly enrolled uninsured clients who had a medical visit with a provider with prescribing privileges at least once in the first 4 months of the measurement year	5	68	62	65	3	10	65	55	53	6
Percentage	40.0%	44.1%	43.5%	58.5%	33.3%	50.0%	50.8%	27.3%	66.0%	50.0%
Change from Previous Quarter Results	0.0%	2.3%	9.5%	3.4%	-16.7%	10.0%	6.7%	-16.3%	7.6%	16.7%
* exclude if vl<200 in 1st 4 months										



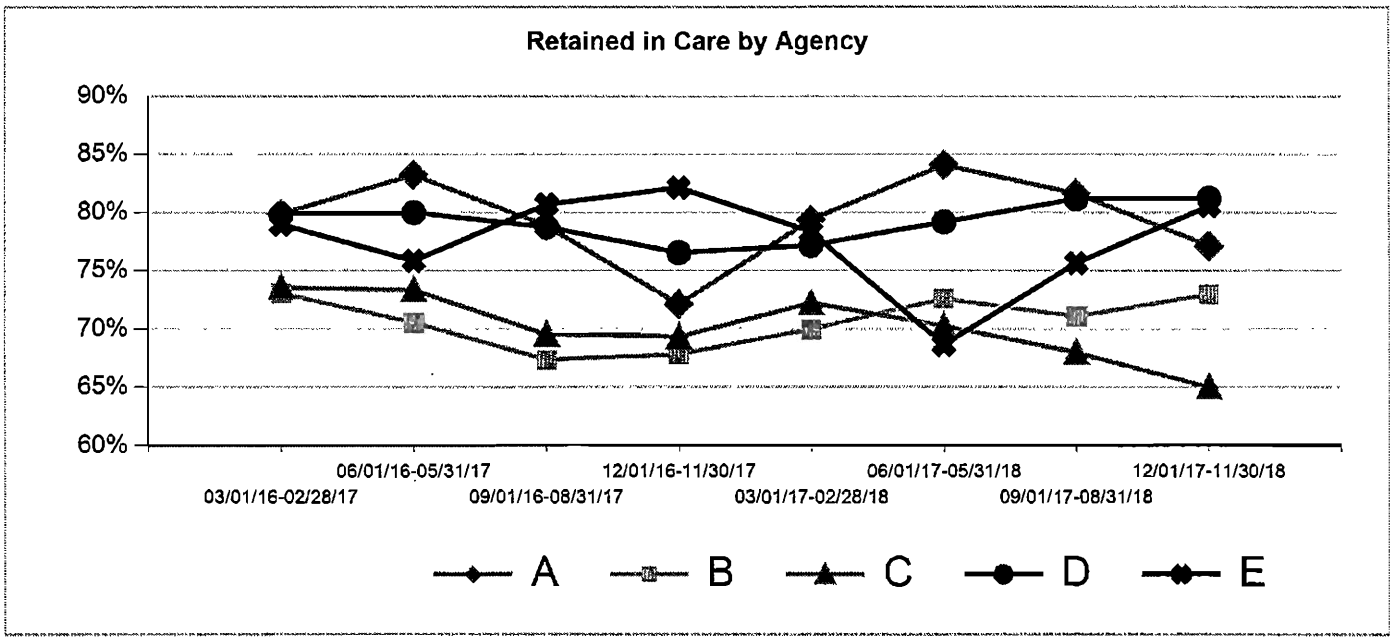
Retained in Care				
Houston EMA Medical Visits Measure				
	03/01/17 - 02/28/18	06/01/17 - 05/31/18	09/01/17 - 08/31/18	12/01/17 - 11/30/18
Number of clients who had 2 or more medical visits at least 3 months apart during the measurement year*	4,229	4,202	4,247	4,367
Number of clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year*	5,781	5,659	5,790	6,014
Percentage	73.2%	74.3%	73.4%	72.6%
Change from Previous Quarter Results	2.6%	1.1%	-0.9%	-0.7%
* Not newly enrolled in care				



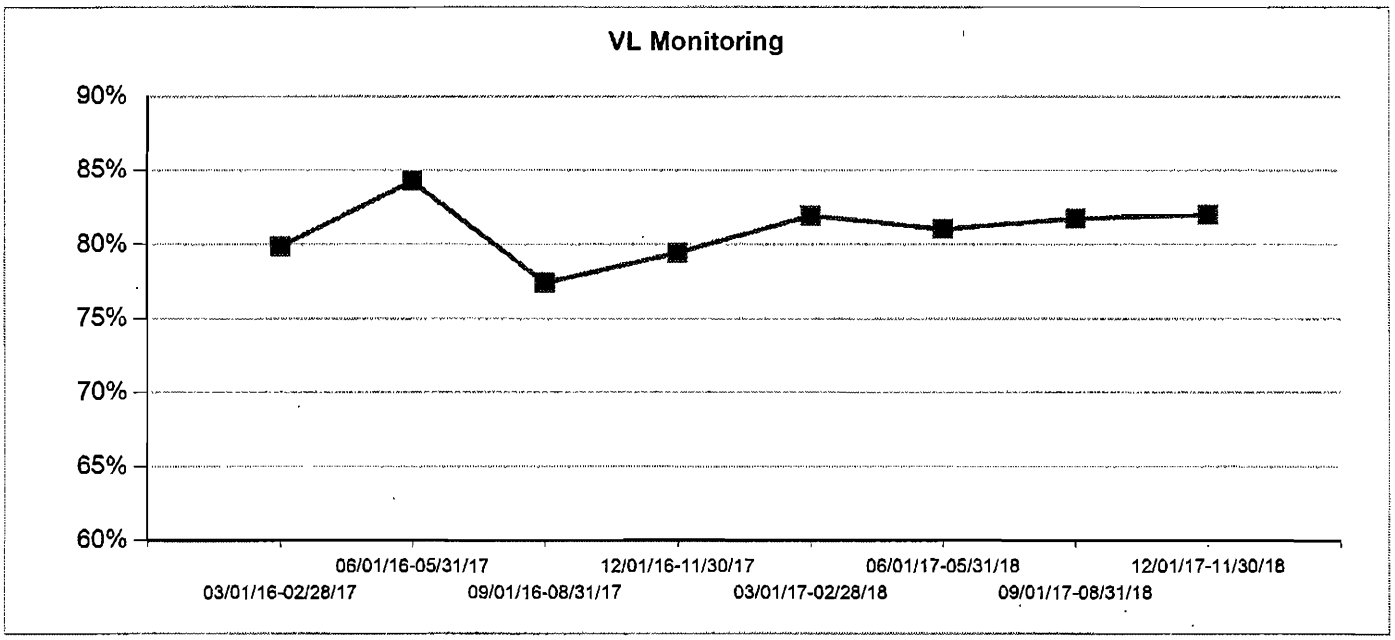
Retained in Care by Race/Ethnicity									
	06/01/17 - 05/31/18			09/01/17 - 08/31/18			12/01/17 - 11/30/18		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients who had 2 or more medical visits at least 3 months apart during the measurement year	1,905	1,693	508	1,902	1,738	512	1,957	1,772	545
Number of clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year*	2,682	2,118	730	2,732	2,202	730	2,865	2,270	750
Percentage	71.0%	79.9%	69.6%	69.6%	78.9%	70.1%	68.3%	78.1%	72.7%
Change from Previous Quarter Results	1.4%	0.5%	1.7%	-1.4%	-1.0%	0.5%	-1.3%	-0.9%	2.5%



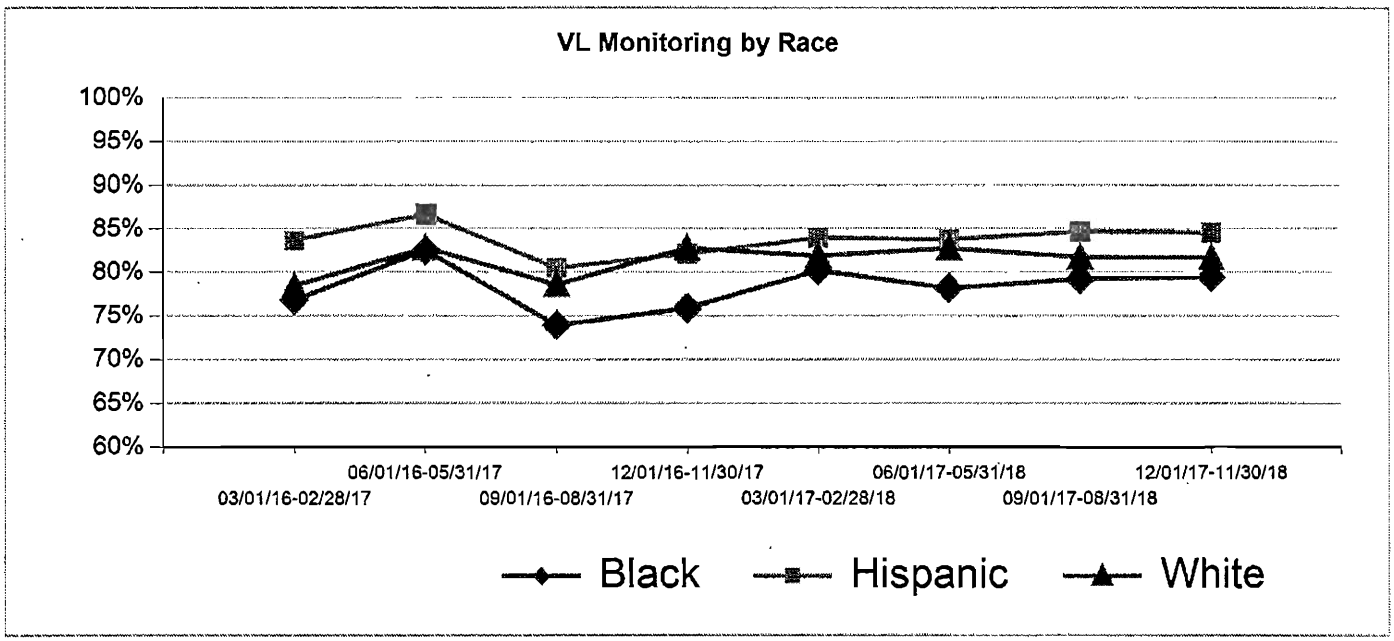
Retained in Care by Agency										
	09/01/17 - 08/31/18					12/01/17 - 11/30/18				
	A	B	C	D	E	A	B	C	D	E
Number of clients who had 2 or more medical visits at least 3 months apart during the measurement year	494	1,423	1,221	1,160	56	486	1,483	1,172	1,230	58
Number of clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year*	605	2,002	1,796	1,429	74	630	2,032	1,803	1,514	72
Percentage	81.7%	71.1%	68.0%	81.2%	75.7%	77.1%	73.0%	65.0%	81.2%	80.6%
Change from Previous Quarter Results	-2.5%	-1.5%	-2.3%	2.0%	7.0%	-4.5%	1.9%	-3.0%	0.1%	4.9%



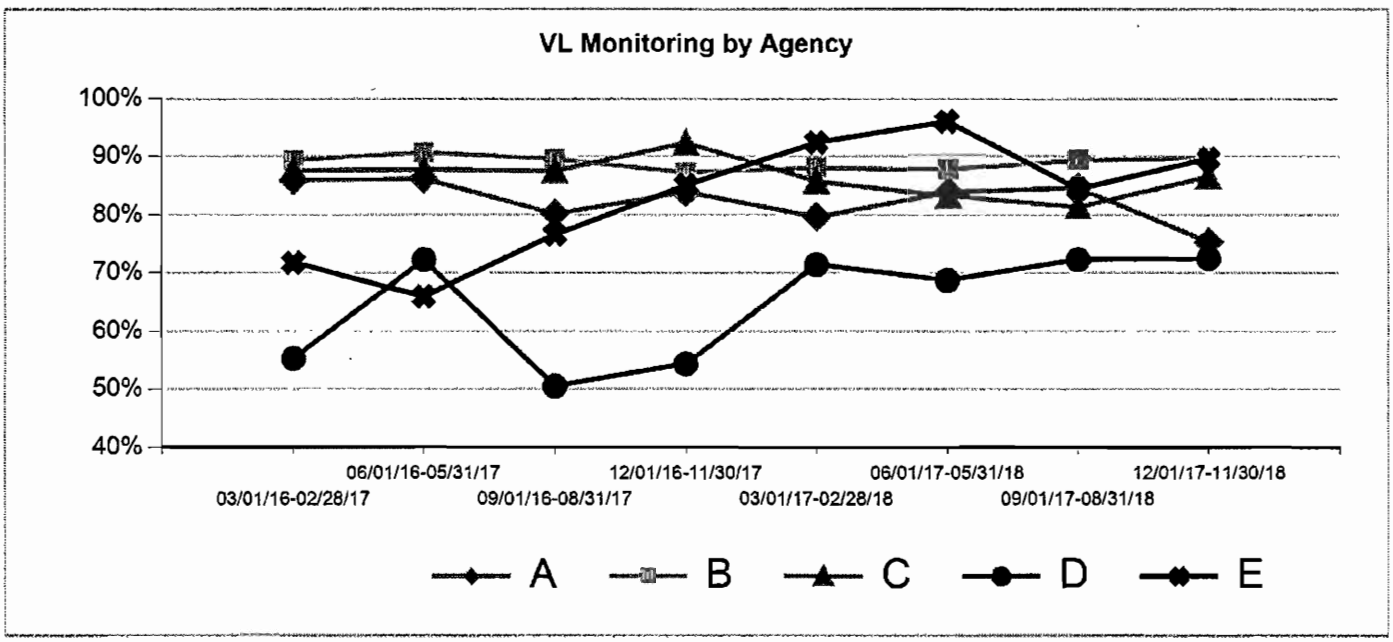
Viral Load Monitoring				
	03/01/17 - 02/28/18	06/01/17 - 05/31/18	09/01/17 - 08/31/18	12/01/17 - 11/30/18
Number of clients who had 2 or more Viral Load counts at least 3 months apart during the measurement year	3,707	3,638	3,762	3,849
Number of clients who had 2 or more medical visits at least 3 months apart with a provider with prescribing privileges, i.e. MD, PA, NP in the measurement year	4,522	4,488	4,600	4,692
Percentage	82.0%	81.1%	81.8%	82.0%
Change from Previous Quarter Results	2.5%	-0.9%	0.7%	0.3%



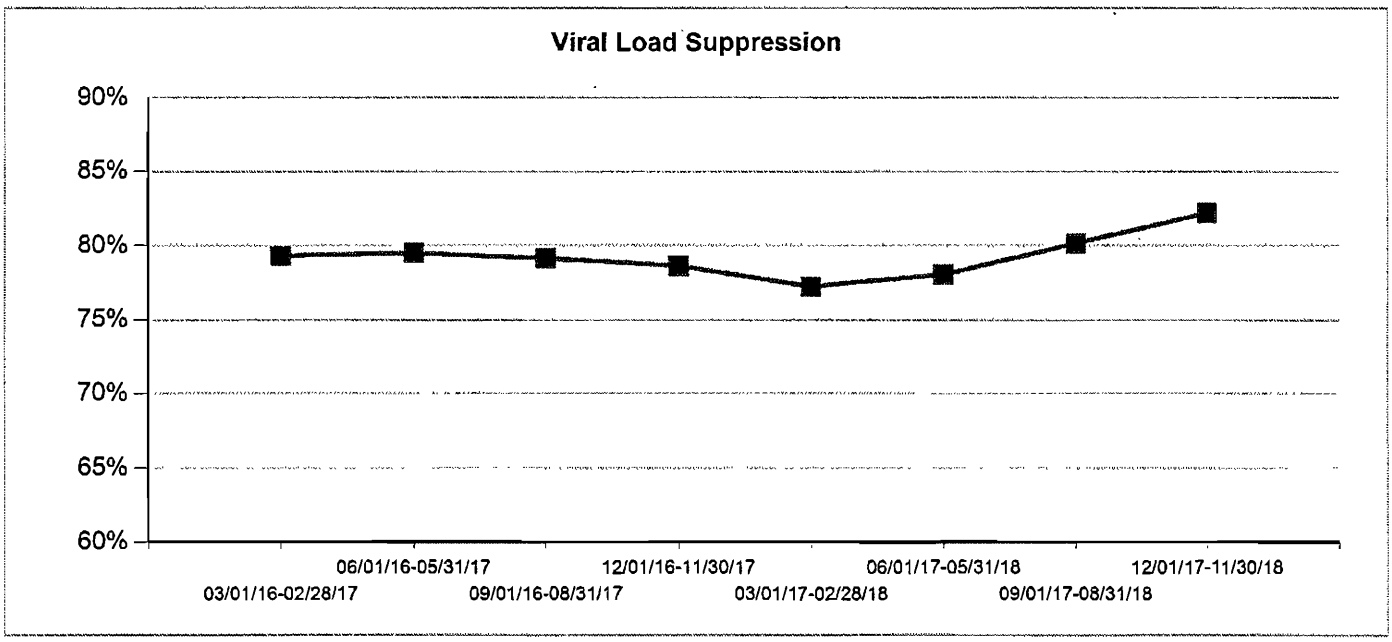
VL Monitoring Data by Race/Ethnicity									
	06/01/17 - 05/31/18			09/01/17 - 08/31/18			12/01/17 - 11/30/18		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients who had 2 or more Viral Load counts at least 3 months apart during the measurement year	1,597	1,503	456	1,652	1,571	457	1,674	1,606	477
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	2,043	1,794	551	2,085	1,855	559	2,107	1,899	584
Percentage	78.2%	83.8%	82.8%	79.2%	84.7%	81.8%	79.4%	84.6%	81.7%
Change from Previous Quarter Results	-2.0%	-0.2%	0.9%	1.1%	0.9%	-1.0%	0.2%	-0.1%	-0.1%



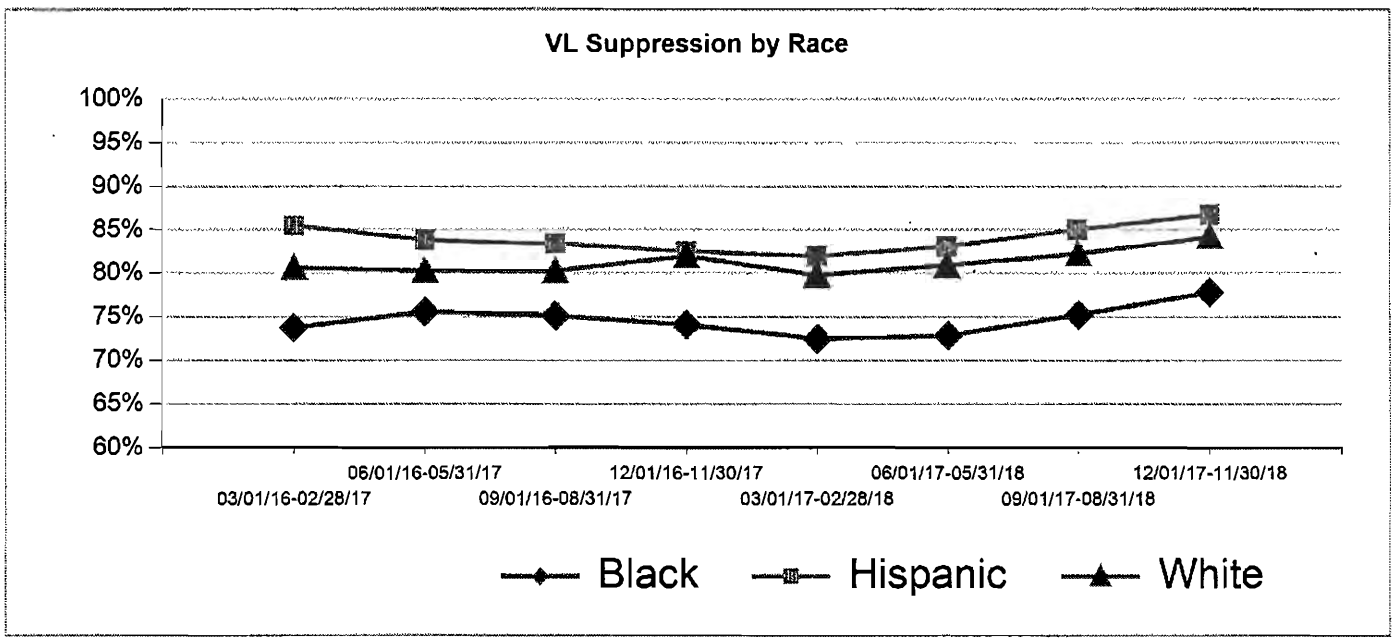
VL Monitoring by Agency										
	09/01/17 - 08/31/18					12/01/17 - 11/30/18				
	A	B	C	D	E	A	B	C	D	E
Number of clients who had 2 or more Viral Load counts at least 3 months apart during the measurement year	430	1,317	1,039	897	49	373	1,385	1,049	941	52
Number of clients who had 2 or more medical visits at least 3 months apart with a provider with prescribing privileges, i.e. MD, PA, NP in the measurement year	508	1,474	1,277	1,241	58	495	1,542	1,212	1,298	58
Percentage	84.6%	89.3%	81.4%	72.3%	84.5%	75.4%	89.8%	86.6%	72.5%	89.7%
Change from Previous Quarter Results	0.8%	1.6%	-1.9%	3.5%	-11.6%	-9.3%	0.5%	5.2%	0.2%	5.2%



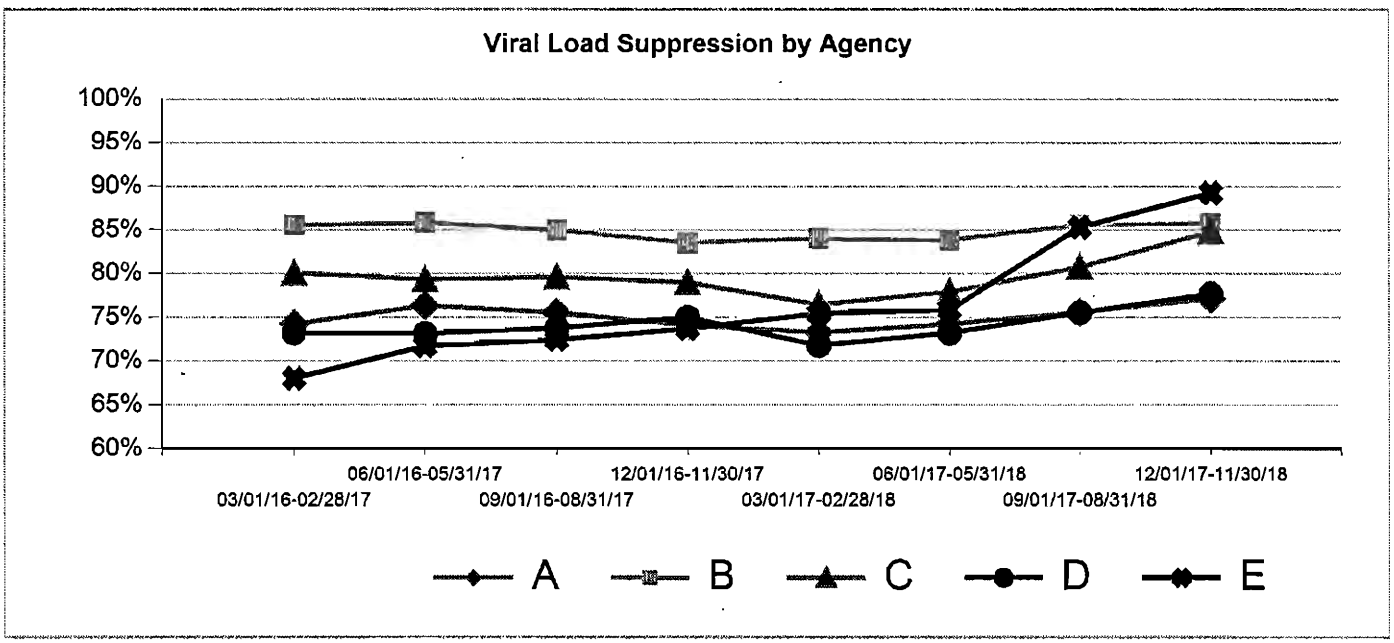
Viral Load Suppression				
	03/01/17 - 02/28/18	06/01/17 - 05/31/18	09/01/17 - 08/31/18	12/01/17 - 11/30/18
Number of clients who have a viral load of <200 copies/ml during the measurement year	4,091	4,118	4,349	4,524
Number of clients who have had at least 2 medical visits with a provider with prescribing privileges and have been enrolled in care at least six month	5,296	5,277	5,425	5,503
Percentage	77.2%	78.0%	80.2%	82.2%
Change from Previous Quarter Results	-1.4%	0.8%	2.1%	2.0%



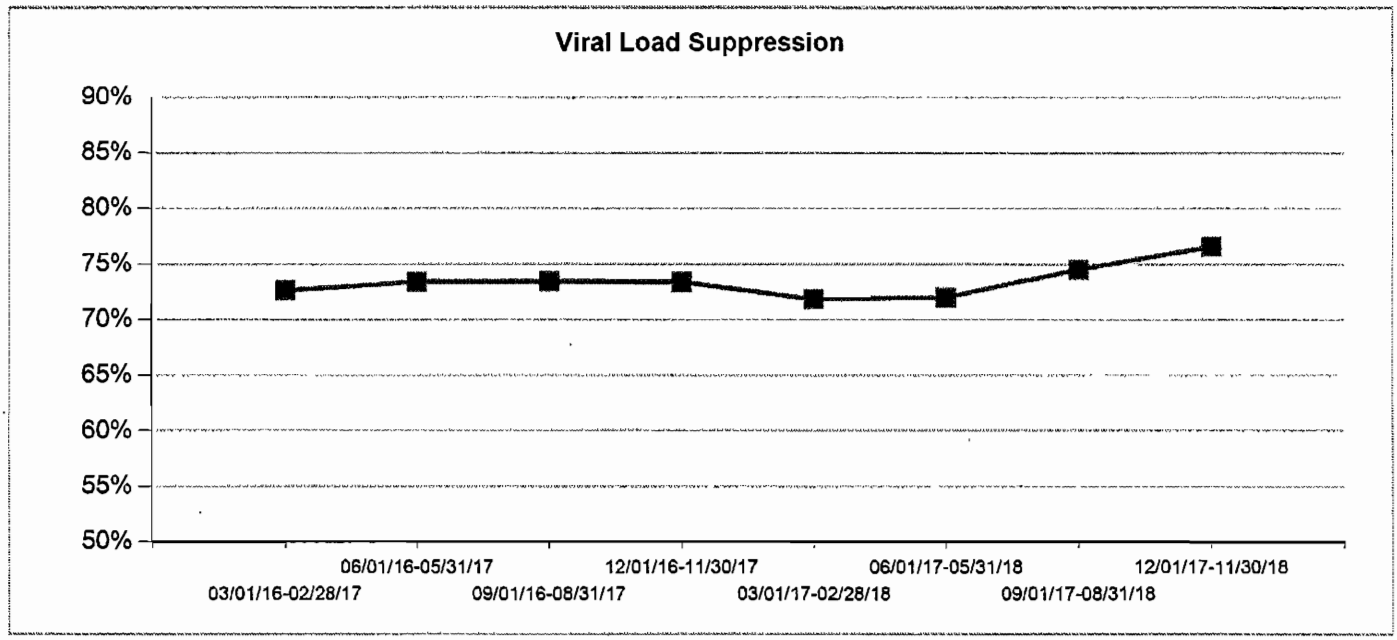
VL Suppression by Race/Ethnicity									
	06/01/17 - 05/31/18			09/01/17 - 08/31/18			12/01/17 - 11/30/18		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients who have a viral load of <200 copies/ml during the measurement year	1,816	1,669	534	1,924	1,765	557	2,020	1,831	577
Number 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	2,493	2,009	660	2,556	2,074	677	2,596	2,110	685
Percentage	72.8%	83.1%	80.9%	75.3%	85.1%	82.3%	77.8%	86.8%	84.2%
Change from Previous Quarter Results	0.3%	1.1%	1.1%	2.4%	2.0%	1.4%	2.5%	1.7%	2.0%



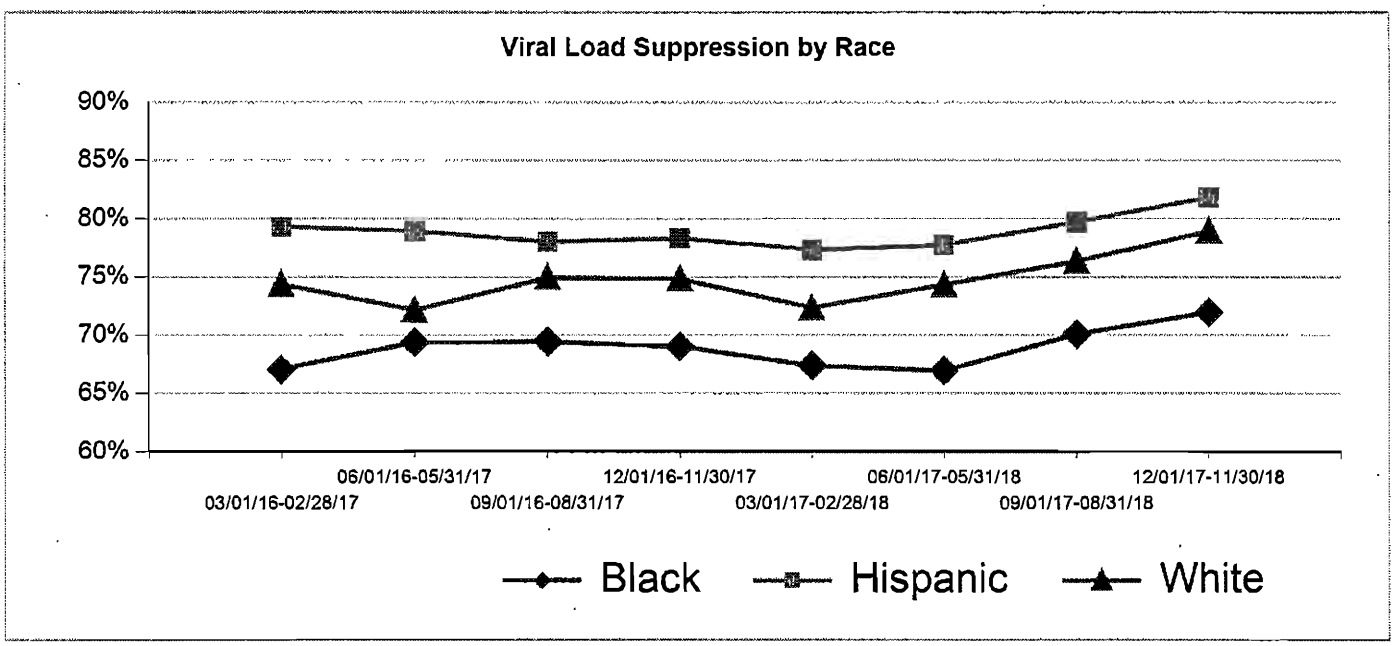
VL Suppression by Agency										
	09/01/17 - 08/31/18					12/01/17 - 11/30/18				
	A	B	C	D	E	A	B	C	D	E
Number of clients who have a viral load of <200 copies/ml during the measurement year	459	1,508	1,228	1,113	58	466	1,561	1,232	1,173	58
Number of clients who have had at least 2 medical visits with a provider with prescribing privileges and have been enrolled in care at least six month	607	1,762	1,521	1,473	68	604	1,821	1,453	1,510	65
Percentage	75.6%	85.6%	80.7%	75.6%	85.3%	77.2%	85.7%	84.8%	77.7%	89.2%
Change from Previous Quarter Results	1.4%	1.7%	2.8%	2.4%	9.4%	1.5%	0.1%	4.1%	2.1%	3.9%



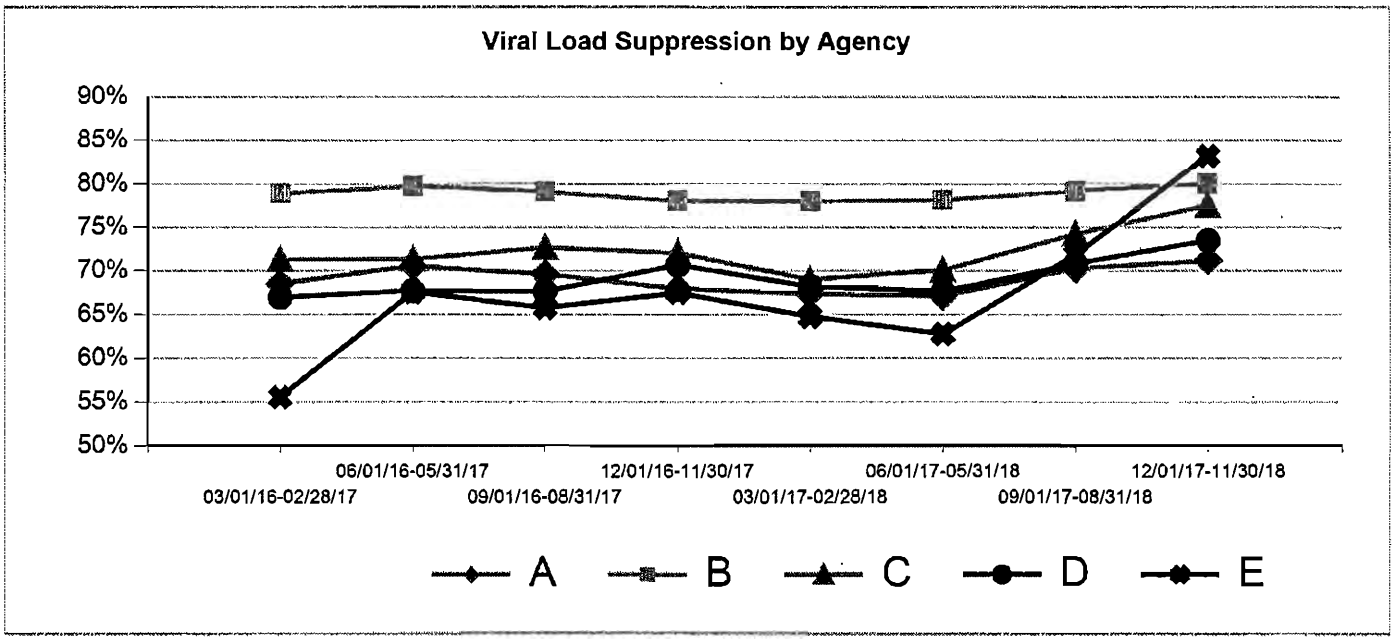
Viral Load Suppression 2- HAB Measure				
	03/01/17 - 02/28/18	06/01/17 - 05/31/18	09/01/17 - 08/31/18	12/01/17 - 11/30/18
Number of clients who have a viral load of <200 copies/ml during the measurement year	5,396	5,486	5,860	6,001
Number of clients who have had at least 1 medical visit with a provider with prescribing privileges	7,510	7,619	7,860	7,834
Percentage	71.9%	72.0%	74.6%	76.6%
Change from Previous Quarter Results	-1.6%	0.2%	2.6%	2.0%



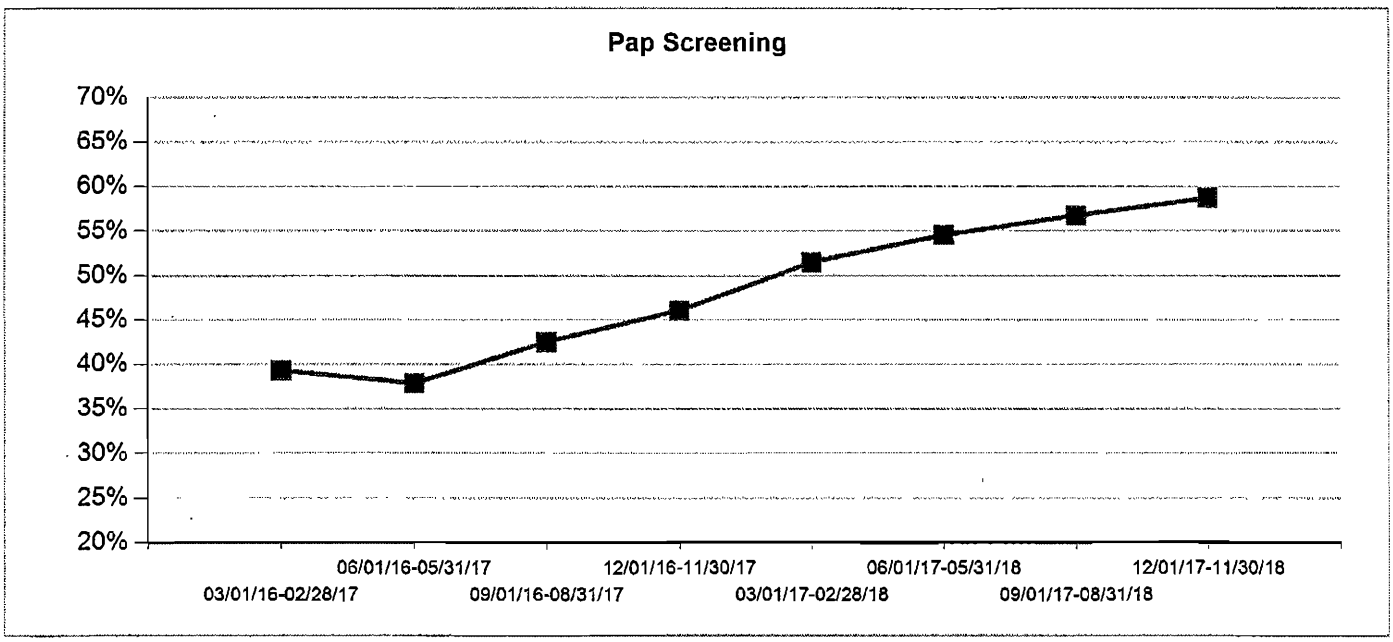
VL Suppression by Race/Ethnicity									
	06/01/17 - 05/31/18			09/01/17 - 08/31/18			12/01/17 - 11/30/18		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients who have a viral load of <200 copies/ml during the measurement year	2,489	2,134	736	2,677	2,275	774	2,749	2,348	767
Number 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	3,719	2,745	990	3,820	2,854	1,014	3,820	2,869	972
Percentage	66.9%	77.7%	74.3%	70.1%	79.7%	76.3%	72.0%	81.8%	78.9%
Change from Previous Quarter Results	-0.4%	0.4%	2.0%	3.2%	2.0%	2.0%	1.9%	2.1%	2.6%



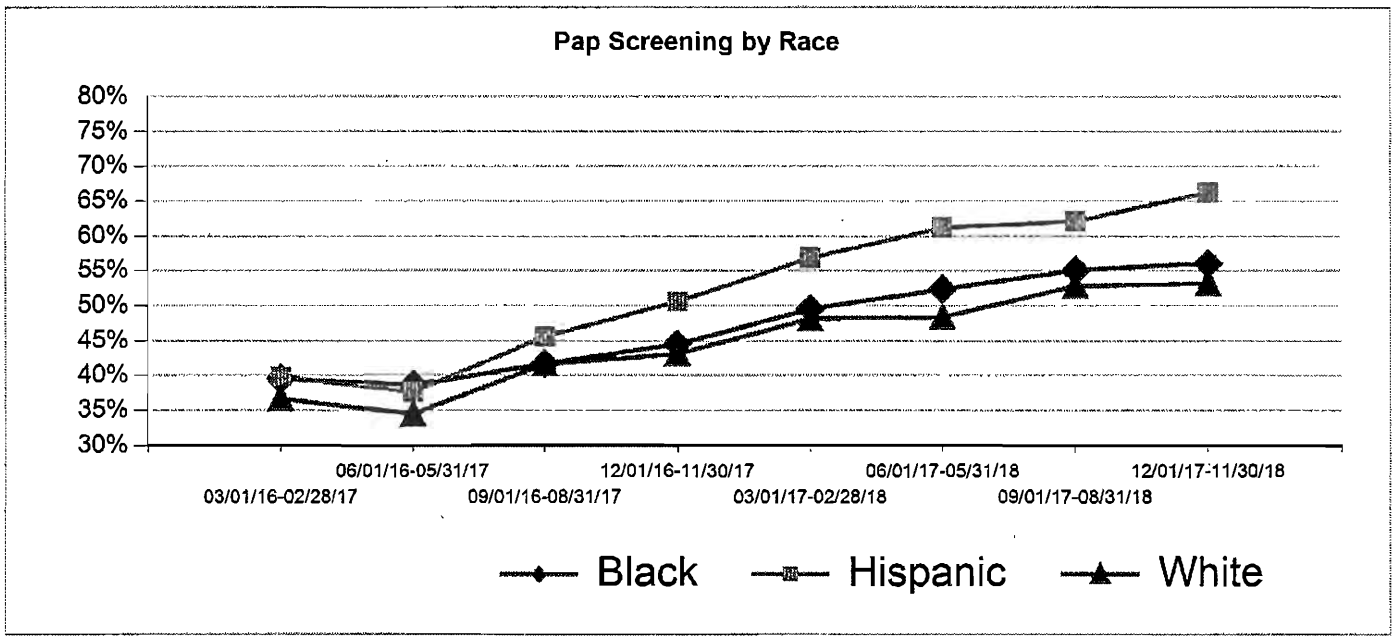
Viral Load Suppression by Agency										
	09/01/17 - 08/31/18					12/01/17 - 11/30/18				
	A	B	C	D	E	A	B	C	D	E
Number of clients who have a viral load of <200 copies/ml during the measurement year	525	2,149	1,789	1,323	69	533	2,169	1,762	1,398	79
Number of clients who have had at least 1 medical visits with a provider with prescribing privileges and have been enrolled in care at least six month	747	2,715	2,410	1,868	96	749	2,712	2,273	1,902	95
Percentage	70.3%	79.2%	74.2%	70.8%	71.9%	71.2%	80.0%	77.5%	73.5%	83.2%
Change from Previous Quarter Results	3.1%	1.0%	4.1%	3.2%	9.1%	0.9%	0.8%	3.3%	2.7%	11.3%



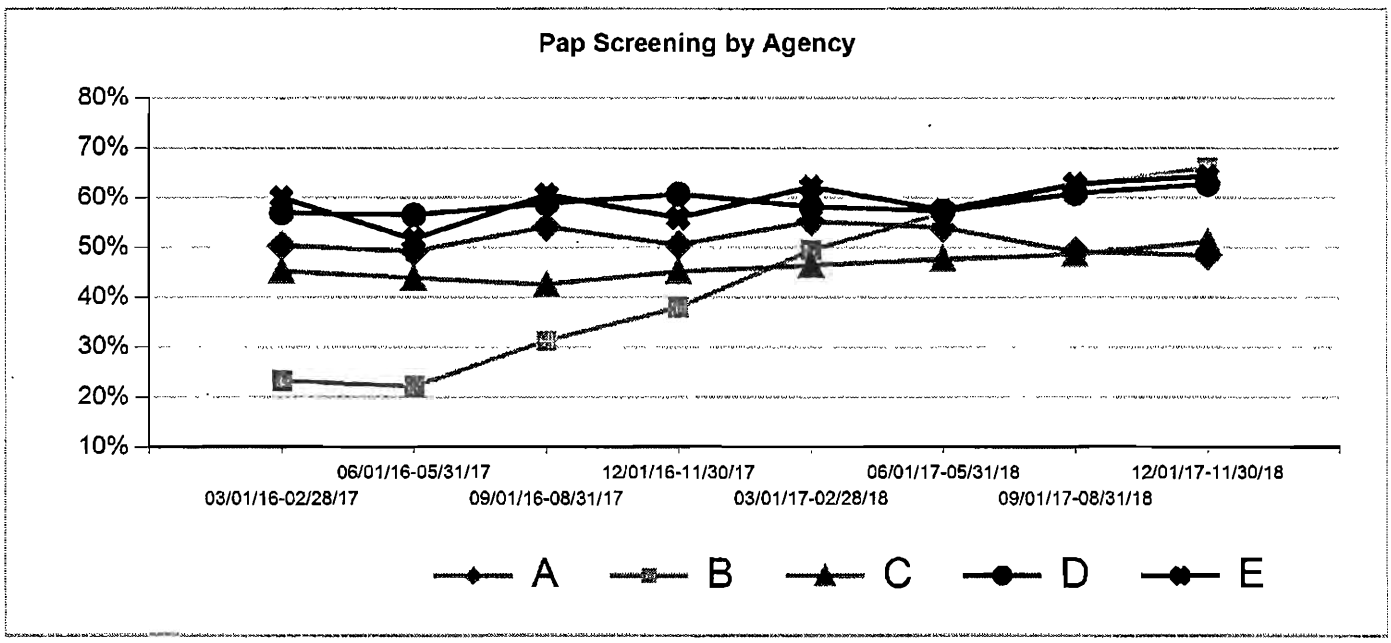
Cervical Cancer Screening				
	03/01/17 - 02/28/18	06/01/17 - 05/31/18	09/01/17 - 08/31/18	12/01/17 - 11/30/18
Number of female clients who had Pap screen results documented in the 3 years previous to the end of the measurement year	942	1,002	1,092	1,130
Number of female clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year	1,830	1,837	1,924	1,924
Percentage	51.5%	54.5%	56.8%	58.7%
Change from Previous Quarter Results	5.4%	3.1%	2.2%	2.0%



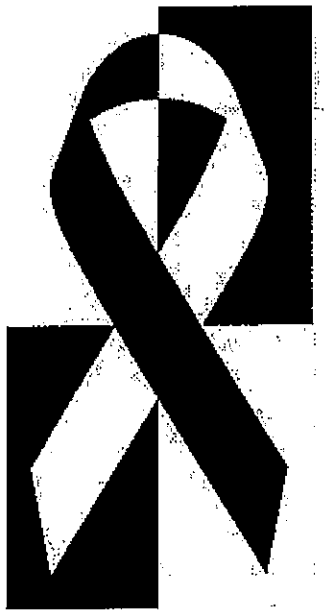
Cervical Cancer Screening Data by Race/Ethnicity									
	06/01/17 - 05/31/18			09/01/17 - 08/31/18			12/01/17 - 11/30/18		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of female clients who had Pap screen results documented in the 3 years previous to the end of the measurement year	589	319	75	653	334	84	671	354	83
Number of female clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year	1,124	521	155	1,185	538	159	1,195	534	156
Percentage	52.4%	61.2%	48.4%	55.1%	62.1%	52.8%	56.2%	66.3%	53.2%
Change from Previous Quarter Results	2.9%	4.4%	0.3%	2.7%	0.9%	4.4%	1.0%	4.2%	0.4%



Pap Smear Screening by Agency										
	09/01/17 - 08/31/18					12/01/17 - 11/30/18				
	A	B	C	D	E	A	B	C	D	E
Number of female clients who had Pap screen results documented in the 3 years previous to the end of the measurement year	90	518	192	280	27	89	541	185	296	27
Number of female clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year	183	830	395	460	43	184	819	362	472	42
Percentage	49.2%	62.4%	48.6%	60.9%	62.8%	48.4%	66.1%	51.1%	62.7%	64.3%
Change from Previous Quarter Results	-4.8%	5.5%	1.0%	3.6%	5.3%	-0.8%	3.6%	2.5%	1.8%	1.5%



Footnotes:
1. Table/Chart data for this report run was taken from "ABR152 v3.5.0 6/2/17 [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"



THE HOUSTON REGIONAL HIV/AIDS
RESOURCE GROUP, INC.

HOW TO READ
TRG REPORTS
2019

2019 TRG RWPC Report Due

State Services Contract Years	Ryan White Part B Contract Years
Year 1: 9/1/18 - 8/31/19 Year 2: 9/1/19 - 8/31/20	Year 1: 4/1/18 - 3/31/19 Year 2: 4/1/19 - 3/31/20

Annual Reports *(Delivered to QI Committee)*	
2018 Consumer Involvement Report February 2019	2018 Chart Review Reports February 2019

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

Quarterly Reports *(Delivered to QI Committee)*			
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 *(Delivered to QI Committee)*	
Procurement Reports	Health Insurance Assistance Reports

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 A

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

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

C. D B.

Revised 2/21/2019

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. A.
FY 1819 Ryan White Part B
Procurement Report
April 1, 2018 - March 31, 2019

B. Reflects spending through December 2018 E. F. G. Spending Target: 75% Revised 2/19/2019 C.

Priority	D. 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%
	Total Houston HSDA	3,340,571	100%	$0	$3,340,571	100%		1,831,516	55%

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

A **Period Reported:** 09/01/2018-12/31/2018

B. **Revised:** 2/4/2019

C. Request by Type	Assisted			NOT Assisted		
	Number of Requests (UOS)		Number of Clients (UDC)	*Number of Requests (UOS)*	*Dollar Amount of Requests*	*Number of Clients (UDC)*
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*	*NA*
Totals:	4656	$1,215,376.02	1904	0	$0.00	

G

Comments: This report represents services [D.] under all g[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 1819 Ryan White Part B

Procurement Report

April 1, 2018 - March 31, 2019

Reflects spending through December 2018

Spending Target: 75%

Revised 2/6/2019

Priority	Service Category	Original Allocation	% of Total	Amendment	Current Budget	% of Total	Date of Original Procurement	Expended YTD	Percent YTD
6	Oral Health Care	$2,085,565	62%	$325,806	$2,411,371	72%	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%	$0	$202,315	6%	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%
	[illegible]	3,340,571	100%	$0	$3,340,571	100%		1,831,516	55%

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. Agancy usually expends all funds.

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 1819 DSHS State Services

Procurement Report

September 1, 2018- August 31, 2019

Chart reflects spending through December 2018

Spending Target: 33.33%

Revised 2/6/2019

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
5	**Health Insurance Premiums and Cost Sharing (1)**	$979,694	49%	**$142,285**	$1,121,979	56%	1/0/1900	$386,062	34%
6	**Mental Health Services (2)**	$300,000	15%	**$0**	$300,000	15%	9/1/2018	$46,729	16%
7	**EIS - Incarcerated**	$166,211	8%	**$0**	$166,211	8%	9/1/2018	$57,448	35%
11	**Hospice (3)**	$359,832	18%		$359,832	18%	9/1/2018	$49,280	14%
15	**Linguistic Services (4)**	$68,000	3%		$68,000	3%	9/1/2018	$11,700	17%
	Unallocated (RWPC Approved for Health Insurance - TRG will amend contract)	$142,285	7%	**-$142,285**	$0	0%	9/1/2018	$0	0%
[redacted]		**2,016,022**	**100%**	**$0**	$2,016,022	100%	[redacted]	551,219	27%

First month of expenditures. Submissions/services/data entry are slow during first few months of contract.

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. Agancy usually expends all funds.

2 Mental Health Services are under Utilized and under reported.

3 Hospice care has had lower than expected client turn out

4 Linguistic is one behind on reporting due to slow invoicing by provider.

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 2/5/2019

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%**

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.

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 09/01/2018-11/30/18

Revised: 1/8/2019

	Assisted			NOT Assisted		
Request by Type	Number of Requests (UOS)		Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	535	$50,915.73	464			0
Medical Deductible	26	$8,995.08	32			0
Medical Premium	1013	$404,708.94	625			0
Pharmacy Co-Payment	609	$59,462.09	583			0
APTC Tax Liability	0	$0.00	0			0
Out of Network Out-of Pocket	0	$0.00	0			0
ACA Premium Subsidy Repayment	6	$995.00	3	NA	NA	NA
Totals:	2189	$523,086.84	1707	0	$0.00	

Comments: This report represents services provided under all grants.

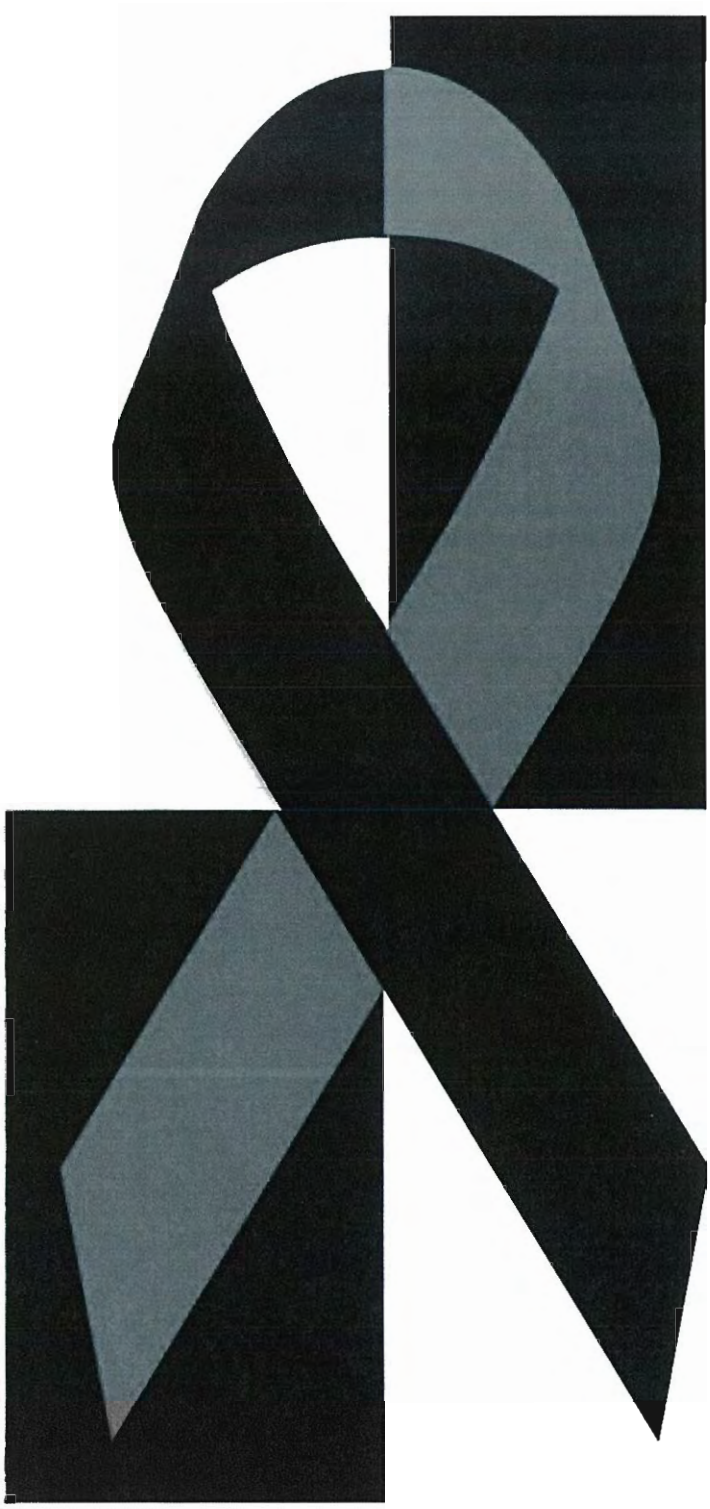
Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 09/01/2018-12/31/2018

Revised: 2/4/2019

	Assisted			NOT Assisted		
Request by Type	Number of Requests (UOS)		Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
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
Out of Network Out of Pocket	0	$0.00				0
ACA Premium Subsidy Repayment	9	$1,042.00	8	NA	NA	NA
Totals:	4656	$1,215,376.02	1904	0	$0.00	

Comments: This report represents services provided under all grants.



THE RESOURCE GROUP
2018 CHART REVIEW
COMBINED PACKET

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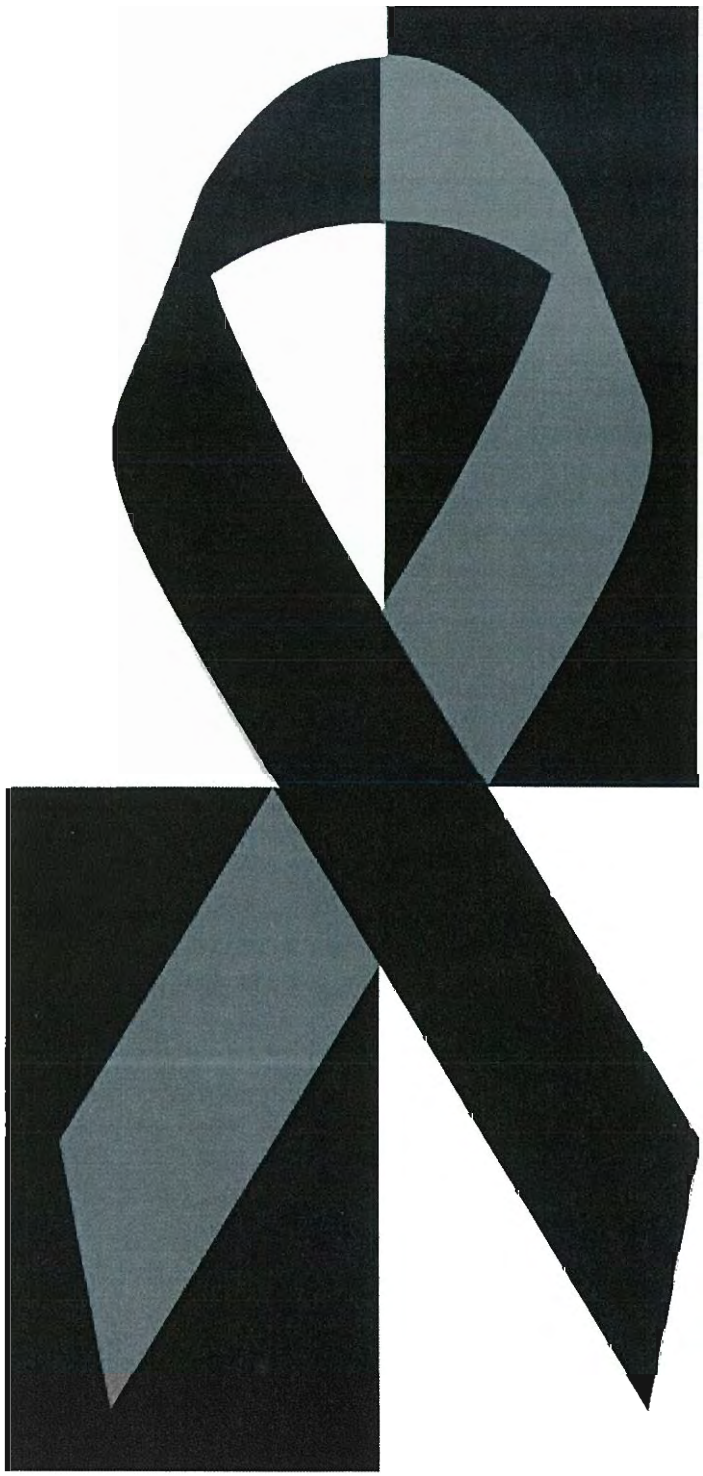
4. Mental Health Services	24
5. Oral Health Care Services	31



EARLY INTERVENTION SERVICES - INCARCERATED
2018 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 HDSA 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, consumer involvement, 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. Consumer involvement review examines the Subgrantee's frame work for gather client feedback and resolving client problems. 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 789 who accessed Early Intervention Services in the measurement year. The records of 31 clients were reviewed (representing 4% of the unduplicated population). The demographic makeup of the provider was used as a key to file sample pull.

Demographics-Early Intervention Services

2017 Annual		
Total UDC: 760	Total New: 256	
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	47	6.18%
25 - 44 years	408	53.68%
45 - 64 years	294	38.68%
65 years or older	11	1.45%
Unknown	0	0.00%
	760	100%
Gender	**Number of Clients**	**% of Total**
"Other" and "Refused" are counted as "Unknown"		
Female	121	15.92%
Male	622	81.84%
Transgender FTM	0	0.00%
Transgender MTF	17	2.24%
Unknown	0	0.00%
	760	100%
Race/ Ethnicity	**Number of Clients**	**% of Total**
Includes Multi-Racial Clients		
White	129	16.97%
Black	532	70.00%
Hispanic	92	12.11%
Asian	2	0.26%
Hawaiian/Pacific Islander	0	0.00%
Indian/Alaskan Native	5	0.66%
Unknown	0	0.00%
	760	100%

From 01/01/17 - 12/31/17

2018 Annual		
Total UDC: 789	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	0.00%
02 - 12 years	0	0.00%
13 - 24 years	56	7.10%
25 - 44 years	449	56.90%
45 - 64 years	274	34.72%
65 years or older	10	1.27%
Unknown	0	0.00%
	789	100%
Gender	**Number of Clients**	**% of Total**
"Other" and "Refused" are counted as "Unknown"		
Female	122	15.46%
Male	651	82.50%
Transgender FTM	0	0.00%
Transgender MTF	16	2.03%
Unknown	0	0.00%
	789	100%
Race/ Ethnicity	**Number of Clients**	**% of Total**
Includes Multi-Racial Clients		
White	223	28.26%
Black	557	70.60%
Hispanic	103*	13.05%
Asian	0	0.11%
Hawaiian/Pacific Islander	0	0.00%
Indian/Alaskan Native	2	0.25%
Multi-Race	7	0.89%
	789	100%

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

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 clients with a completed intake assessment in the client record.	30	0	-
Number of clients in EIS services that were reviewed.	30	30	-
Rate	**100%**	**0%**	-

Health Literacy and Education: Risk Assessment

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

	Yes	No	N/A
Number of client records that documented health literacy and education.	30	0	-
Number of clients in EIS services that were reviewed.	30	30	-
Rate	**100%**	**7%**	-

Linkage: Newly Diagnosed

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

	Yes	No	N/A
Number of newly-diagnosed clients that initiate care through the EIS program	5	0	25
Number of clients in EIS services that were reviewed.	5	5	30
Rate	**100.0%**	**0%**	**83%**

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 document a referral in the client file	29	1	-
Number of clients in EIS services that were reviewed.	30	30	-
Rate	**97%**	**3%**	-

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

	Yes	No	N/A
Number of client records that showed evidence of referral follow-up in the client record.	29	1	-
Number of clients in EIS services that were reviewed.	30	30	-
Rate	**97%**	**3%**	

Discharge Planning

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

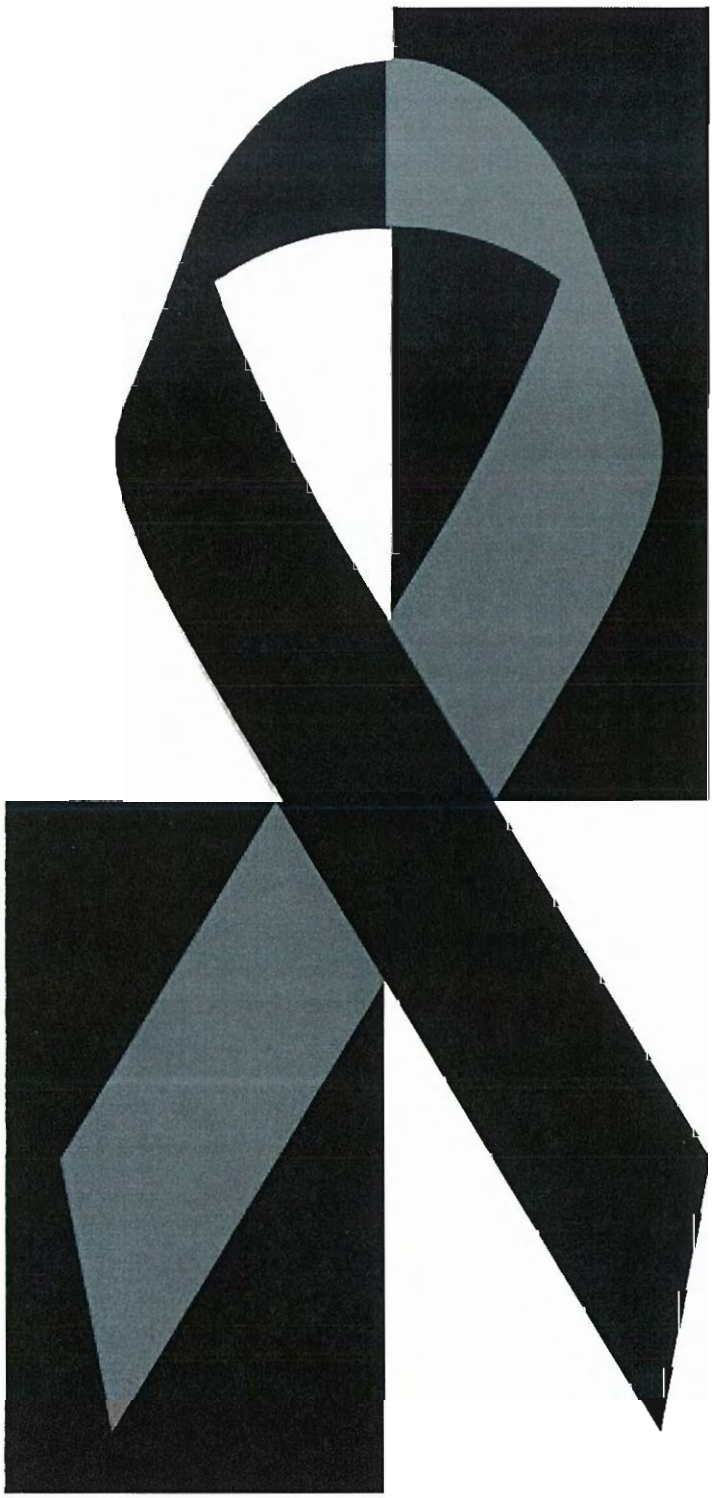
	Yes	No	N/A
Number of clients with a completed discharge plan in the client record.	25	5	-
Number of clients in EIS services that were reviewed.	30	30	-
Rate	**83%**	**17%**	**-**

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

	Yes	No	N/A
Number of clients with documentation of access to medical care upon release in the client record.	1	5	24
Number of clients in EIS services that were reviewed.	6	6	30
Rate	**17%**	**83%**	**80%**

CONCLUSIONS

Overall, quality of services is met. Through the chart review: 100% (30) of clients completed an intake assessment and 83% (25) developed a discharge plan. Of the clients enrolled into the EIS program 100% (5) of the newly-diagnosed clients accessing care. Of the files reviewed 97% (29) documented an appropriate referral to medical care upon release and/or other appropriate referrals.



HOME & COMMUNITY-BASED HEALTH SERVICES
2018 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 HDSA 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.

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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

2017 Annual

Total UDC: 28 **Total New: 3**

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	4	14.29%
45 - 64 years	21	75.00%
65 years or older	3	10.71%
Unknown	0	0.00%
	28	100%

Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	9	32.14%
Male	18	64.29%
Transgender FTM	0	0.00%
Transgender MTF	1	3.57%
Unknown	0	0.00%
	28	100%

Race/Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	2	7.14%
Black	21	75.00%
Hispanic	5	17.86%
Asian	0	0.00%
Hawaiian/Pacific Islander	0	0.00%
Indian/Alaskan Native	0	0.00%
Unknown	0	0.00%
	28	100%

From 01/01/17 - 12/31/17

THE RESOURCE GROUP

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%
	38	100%

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%
	38	100%

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%
	38	100%

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

RESULTS OF REVIEW

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	**50%**	**50%**	**91%**

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	**89%**	**11%**	**22%**

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	**90%**	**10%**	**13%**

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	**90%**	**10%**	**13%**

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	**82%**	**18%**	**4%**

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	**0%**	**100%**	-

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	**86%**	**14%**	**9%**

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	**91%**	**9%**	**4%**

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	**0%**	**100%**	**96%**

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	**0%**	**100%**	**96%**

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	**91%**	**9%**	**4%**

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	**91%**	**9%**	**4%**

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.

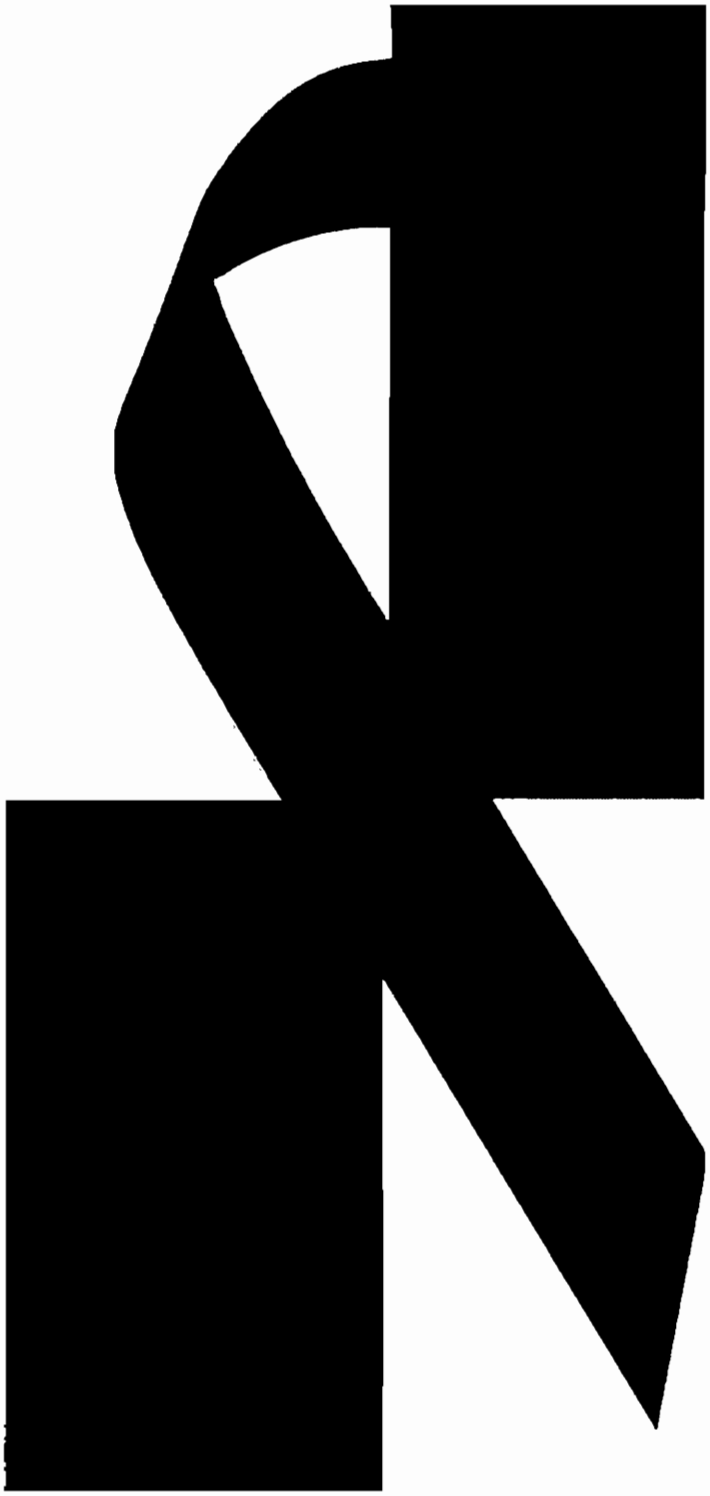
	Yes	No	N/A
Number of client records that showed evidence of the measure	0	1	22
Number of client records that were reviewed.	1	1	23
Rate	**0%**	**100%**	**96%**

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	**83%**	**17%**	**48%**

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
2018 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 HDSA 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, consumer involvement, 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. Consumer involvement review examines the Subgrantee's frame work for gather client feedback and resolving client problems. 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

2017 Annual

Total UDC: 51 Total New: 39

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	1.96%
25 - 44 years	17	33.33%
45 - 64 years	30	58.82%
65 years or older	3	5.88%
Unknown		0.00%
	51	100.00%

Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	9	17.65%
Male	42	82.35%
Transgender FTM	0	0.00%
Transgender MTF	0	0.00%
Unknown	0	0.00%
	51	100.00%

Race/ Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	19	37.25%
Black	24	47.06%
Hispanic	8	15.69%
Asian	0	2.63%
Hawaiian/Pacific Islander	0	0.00%
Indian/Alaskan Native	0	0.00%
Unknown	0	0.00%
	51	100.00%

From 01/01/17 - 12/31/17

THE RESOURCE GROUP

2018 Annual

Total UDC: 46 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	0.00%
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%
	46	100.00%

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%
	46	100.00%

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	2.63%
Hawaiian/Pacific Islander	0	0.00%
Indian/Alaskan Native	0	0.00%
Unknown	0	0.00%
	46	100.00%

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

RESULTS OF REVIEW

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	**97%**	**3%**	-

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	**100%**	**0%**	-

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	**100%**	**0%**	-

CARE PLAN AND UPDATES DOCUMENTAITON

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	**100%**	**0%**	-

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	**100%**	**0%**	**69%**

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	**92%**	**8%**	**8%**

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	**10%**	**90%**	**23%**

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	**0%**	**100%**	**97%**

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	**95%**	**5%**	**3%**

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	**0%**	**0%**	**100%**

HOMELESSNESS

Percentage of client records that show the client was homeless on admission. (CPCDMS)

	Yes	No	N/A
Client records that showed evidence of homeless on admission.	9	30	-
Clients in hospice services that were reviewed.	39	38	-
Rate	**23%**	**77%**	-

SUBSTANCE ABUSE

Percentage of client records that showed the client had active substance abuse on admission. (CPCDMS)

	Yes	No	N/A
Client records that evidenced active substance abuse on admission.	3	36	-
Clients in hospice services that were reviewed.	39	39	-
Rate	**8%**	**92%**	-

PSYCHIATRIC ILLNESS

Percentage of client records that showed the client had active psychiatric illness on admission (excluding depression). (CPCDMS)

	Yes	No	N/A
Number of client records that evidenced active psychiatric illness	3	36	-
Clients in hospice services that were reviewed.	39	39	-
Rate	**8%**	**92%**	-

DISCHARGE

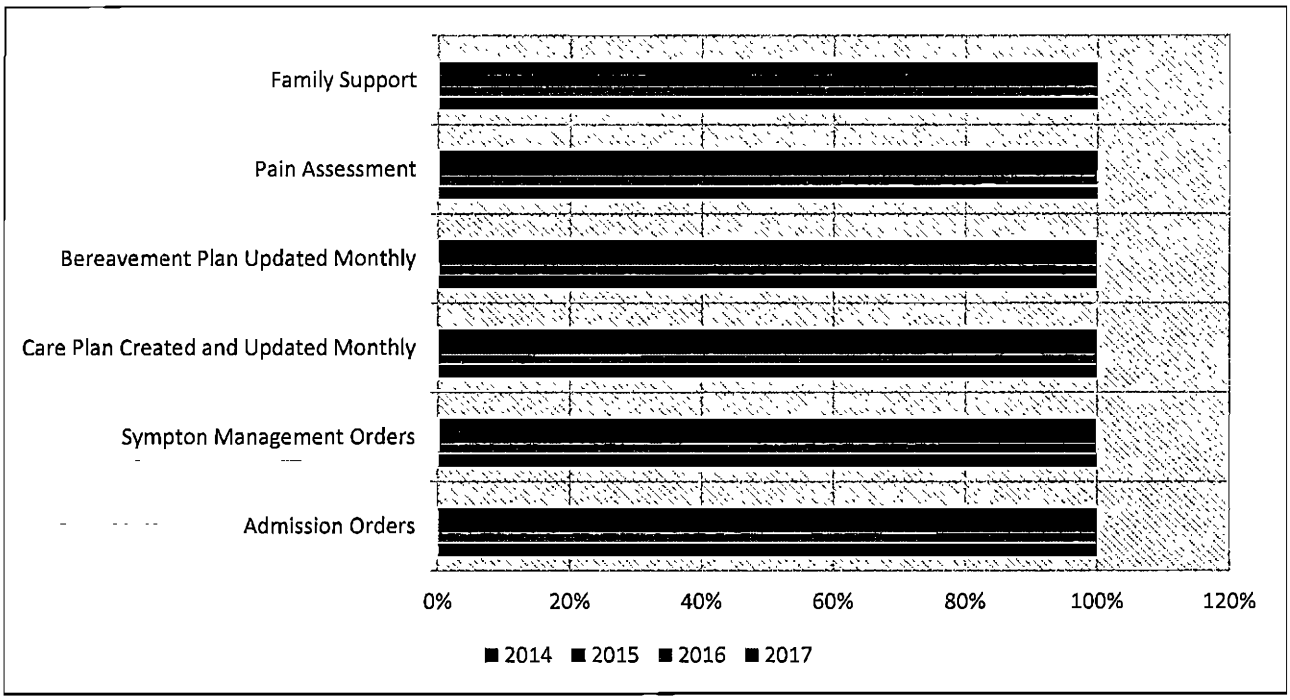
Percentage of client records that evidence all refusals of attending physician referrals by hospice providers with evidence indicating an allowable reason for the refusal

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

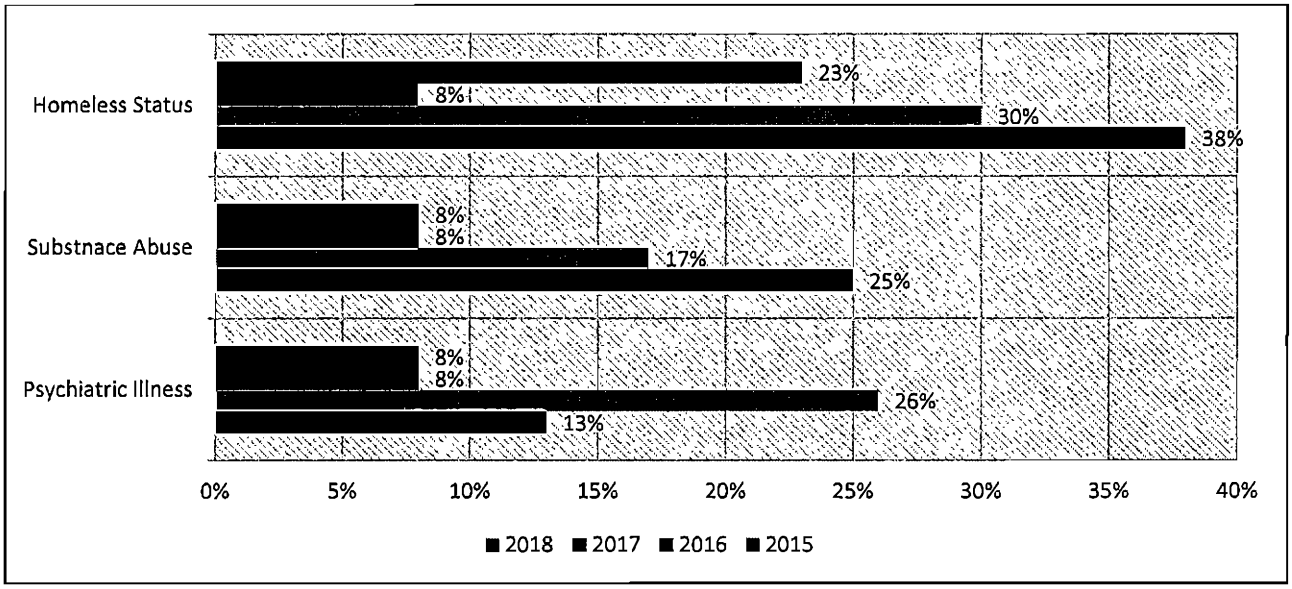
Percentage of client records that showed completed discharge documentation

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

HISTORICAL DATA

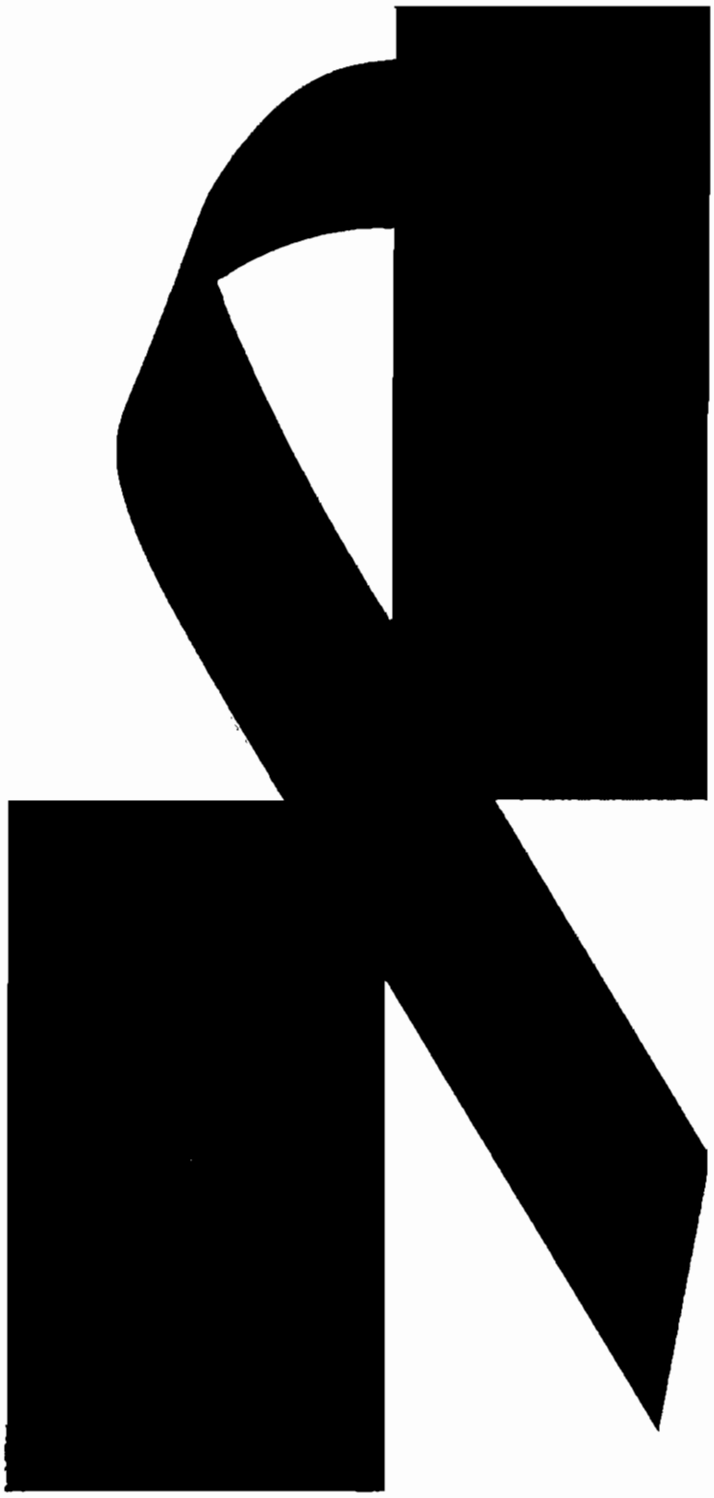


COMORBIDITY DATA



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. Of the client records reviewed, 23% (9) of records indicated the client was homeless on admission. This is a significant increase from 8% in 2017. Additionally, 8% (3) of records reviewed showed evidence that the client had active substance abuse on admission (decrease from 17% in 2016); 8% (3) of records reviewed showed evidence of active psychiatric illness on admission (excluding depression). This is a decrease from 26% in 2016. Demographically, the client's served in the age bracket 45 and up, is increasing with (58%) clients in 2016 to (67%) clients in 2018. All other demographics have remained consistent.



MENTAL HEALTH SERVICES
2018 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 HDSA 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, consumer involvement, 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. Consumer involvement review examines the Subgrantee's frame work for gather client feedback and resolving client problems. 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 one Subgrantee 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

2017 Annual

Total UDC: 293 Total New: 104

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	5	1.71%
25 - 44 years	116	39.59%
45 - 64 years	159	54.27%
65 years or older	13	4.44%
Unknown	0	0.00%
	293	100%

Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	10	3.41%
Male	278	94.88%
Transgender FTM	0	0.00%
Transgender MTF	5	1.71%
Unknown	0	0.00%
	293	100%

Race/Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	131	44.71%
Black	94	32.08%
Hispanic	67	22.87%
Asian	1	0.34%
Hawaiian/Pacific Islander	0	0.00%
Indian/Alaskan Native	0	0.00%
Unknown	0	0.00%
	293	100%

From 01/01/17 - 12/31/17

THE RESOURCE GROUP

2018 Annual

Total UDC: 216 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	0.00%
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%
	216	100%

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%
	216	100%

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%
Multi/Unknown	2	0.93%
	216	100%

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

RESULTS OF REVIEW

Psychosocial Assessment

Psychosocial Assessment completed no later than third counseling session.

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

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 3rd appt.	59	-	-
Client records reviewed that included in this measure.	59	-	-
Rate	**100%**	-	-

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	**76%**	**24%**	2%

Treatment Plan completed no later than third counseling session.

	Yes	No	N/A
Clients with treatment plans completed no later than the 3rd counseling session.	52	-	7
Client records reviewed that included in this measure.	52	-	59
Rate	**100%**	-	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	**100%**	-	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	**96%**	**4%**	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	**100%**	-	-

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	**100%**	-	-

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	**0%**	-	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	**100%**	-	-

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	**100%**	-	-

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	**100%**	-	-

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	**100%**	-	-

Discharge Planning

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

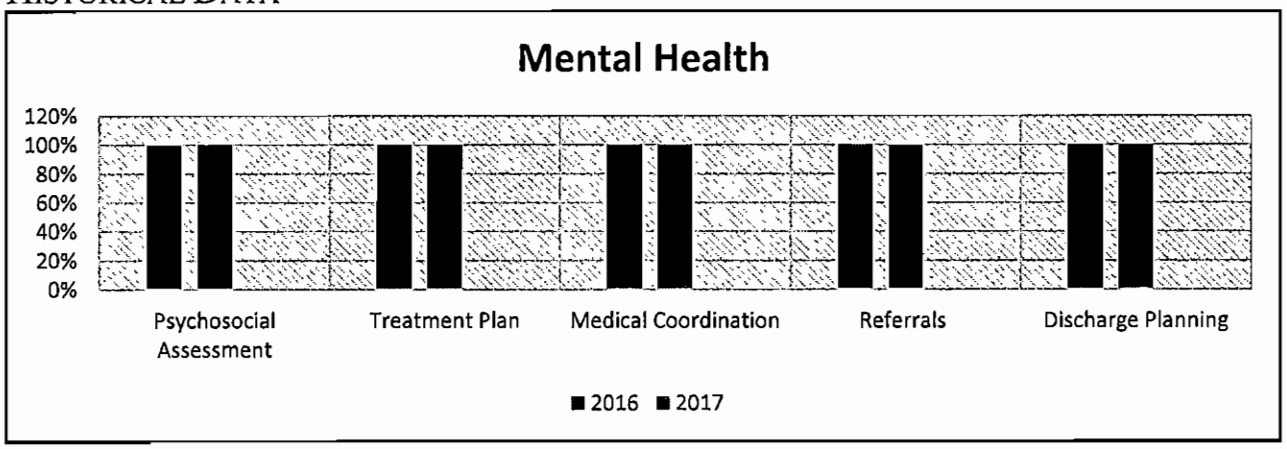
	Yes	No	N/A
Clients with documented discharge planning.	26	-	33
Client records reviewed that included in this measure.	26	-	59
Rate	**100%**	-	-

Discharge

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

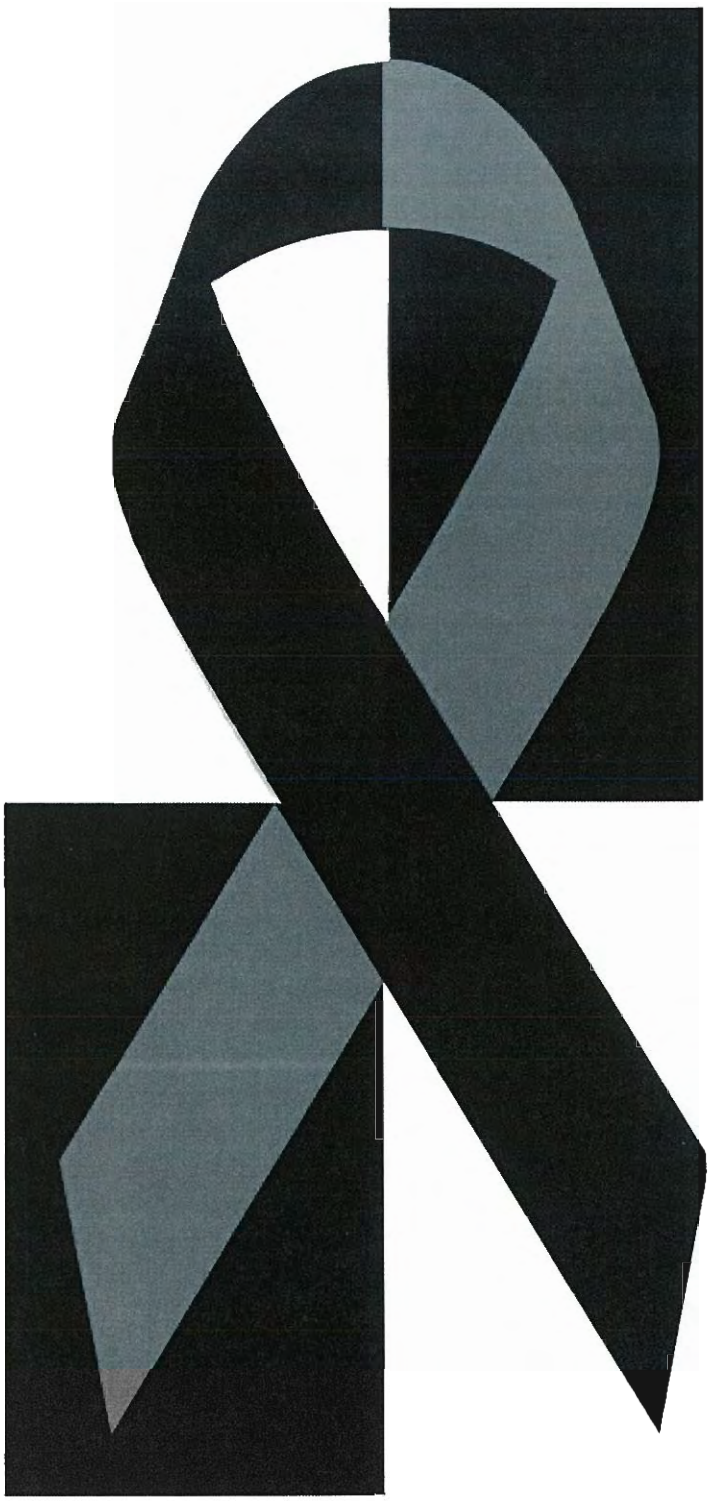
	Yes	No	N/A
Clients with documented reason for discharge.	23	-	36
Client records reviewed that included in this measure.	23	-	59
Rate	**100%**	-	-

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
2018 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 HDSA 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, consumer involvement, 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. Consumer involvement review examines the Subgrantee's frame work for gather client feedback and resolving client problems. 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 3,416 clients who accessed oral healthcare services in the measurement year. The records of 123 clients were reviewed, representing 3.6% of the unduplicated population. The demographic makeup of the provider was used as a key to file sample pull.

NOTE: DSHS has changed the file sample percentage which will result in a lower number of files being reviewed in 2018.

Demographics- Oral Healthcare Services

2017 Annual

Total UDC: 2918 Total New: 783

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	66	2.26%
25 - 44 years	1091	37.40%
45 - 64 years	1565	53.62%
65 years or older	196	6.72%
Unknown	0	0.00%
	2918	100%
Gender	**Number of Clients**	**% of Total**
"Other" and "Refused" are counted as "Unknown"		
Female	759	26.01%
Male	2132	73.06%
Transgender FTM	1	0.04%
Transgender MTF	26	0.89%
Unknown	0	0.00%
	2918	100%
Race/Ethnicity	**Number of Clients**	**% of Total**
Includes Multi-Racial Clients		
White	473	16.21%
Black	1478	50.65%
Hispanic	917	31.43%
Asian	43	1.47%
Hawaiian/Pacific Islander	1	0.04%
Indian/Alaskan Native	6	0.20%
Unknown	0	0%
	2918	100%

From 01/01/17 - 12/31/17

2018 Annual

Total UDC: 3416 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	0.00%
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%
	3416	100%
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%
	3416	100%
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%
Multi/Unknown	23	0.67%
	3416	100%

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

RESULTS OF REVIEW

Client's HIV primary care provider contact information is documented in the client's oral health care record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	99	24	-
Number of clients records that were reviewed.	123	123	-
Rate	**80%**	**20%**	-

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	120	2	1
Clients records that were reviewed.	122	122	123
Rate	**98%**	**2%**	**0.8%**

Periodontal Screening/Examination conducted 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	59	60	4
Clients records that were reviewed.	119	119	123
Rate	**50%**	**50%**	**3%**

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	119	4	-
Clients records that were reviewed.	123	123	-
Rate	**97%**	**3%**	-

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	120	2	1
Clients records that were reviewed.	122	122	123
Rate	**98%**	**2%**	**0.8%**

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	114	7	2
Clients records that were reviewed.	121	121	123
Rate	**93%**	**7%**	**2%**

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	100	7	16
Clients records that were reviewed.	107	107	123
Rate	**93%**	**7%**	**13%**

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.	99	3	1
Clients in oral health services that were reviewed.	122	122	123
Rate	**81%**	**19%**	**0.8%**

CONCLUSIONS

The 2018 data shows a continuation of excellent overall oral healthcare services. All indicators reviewed were modified for the Germane Solutions review, which has a threshold of 50%. All but one indicator was well above the established threshold for DSHS. Phase 1 treatment plans and completed oral health examinations were well documented. Periodontal screening/ examination did decrease from 88% to 50% this year. Oral instruction and smoking cessation were a new data element in 2017, it was assessed at a compliance rate of 24%. It was re-examined this year and improved to 81%, a 57% improvement.

Priority and Allocations Committee Report

Part A Reflects "Increase" Funding Scenario
MAI Reflects "Increase" Funding Scenario

FY 2018 Ryan White Part A and MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	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**	**9,634,415**	**391,824**	**703,670**	**30,517**	**-120,000**	**10,640,426**	**48.14%**	**10,640,426**	**0**		**8,097,278**	**76%**	**92%**
1.a	Primary Care - Public Clinic (a)	3,520,995	70,069	378,670	0		3,969,734	17.96%	3,969,734	0	3/1/2018	$3,077,339	78%	75%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	940,447	80,923	100,000	1,839	-40,000	1,083,209	4.90%	1,083,209	0	3/1/2018	$991,211	92%	92%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	786,424	80,923	100,000	1,839	-40,000	929,186	4.20%	929,186	0	3/1/2018	$768,581	83%	92%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,003,821	100,899	100,000	1,839	-40,000	1,166,559	5.28%	1,166,559	0	3/1/2018	$546,924	47%	92%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,127,327	22,434	0	0		1,149,761	5.20%	1,149,761	0	3/1/2018	$869,631	76%	92%
1.f	Primary Care - Women at Public Clinic (a)	1,837,964	36,576	0			1,874,540	8.48%	1,874,540	0	3/1/2018	$1,482,522	79%	75%
1.g	Primary Care - Pediatric (a.1)	15,437	0				15,437	0.07%	15,437	0	3/1/2018	$9,600	62%	92%
1.h	Vision	402,000	0	25,000	25,000		452,000	2.05%	452,000	0	3/1/2018	$351,470	78%	92%
2	**Medical Case Management**	**2,535,802**	**0**	**0**	**-200,714**	**-30,000**	**2,305,088**	**10.43%**	**2,305,088**	**0**		**1,688,111**	**73%**	**92%**
2.a	Clinical Case Management	488,656	0	0	-30,000		458,656	2.08%	458,656	0	3/1/2018	$397,985	87%	92%
2.b	Med CM - Public Clinic (a)	482,722	0	0	0		482,722	2.18%	482,722	0	3/1/2018	$207,974	43%	75%
2.c	Med CM - Targeted to AA (a) (e)	321,070	0	0	-50,038		271,032	1.23%	271,032	0	3/1/2018	$305,727	113%	92%
2.d	Med CM - Targeted to H/L (a) (e)	321,072	0	0	-50,038		271,034	1.23%	271,034	0	3/1/2018	$159,648	59%	92%
2.e	Med CM - Targeted to W/MSM (a) (e)	107,247	0	0	-50,038		57,209	0.26%	57,209	0	3/1/2018	$76,314	133%	92%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0			348,760	1.58%	348,760	0	3/1/2018	$236,154	68%	92%
2.g	Med CM - Women at Public Clinic (a)	180,311	0	0			180,311	0.82%	180,311	0	3/1/2018	$100,533	56%	75%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	0	0	-20,600	-30,000	109,451	0.50%	109,451	0	3/1/2018	$103,795	95%	92%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0		80,025	0.36%	80,025	0	3/1/2018	$60,367	75%	92%
2.j	Med CM - Targeted to Youth	45,888	0	0			45,888	0.21%	45,888	0	3/1/2018	$39,614	86%	75%
3	**Local Pharmacy Assistance Program (a) (e)**	**1,934,796**	**256,674**	**0**	**69,363**	**0**	**2,260,833**	**10.23%**	**2,260,833**	**0**	3/1/2018	**$1,690,925**	**75%**	**92%**
4	**Oral Health**	**166,404**	**0**	**0**	**0**	**0**	**166,404**	**0.75%**	**166,404**	**0**	3/1/2018	**153,800**	**92%**	**92%**
4.a	Oral Health - Untargeted (c)	0					0	0.00%	0	0	N/A	$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404	0	0			166,404	0.75%	166,404	0	3/1/2018	$153,800	92%	92%
5	**Mental Health Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
6	**Health Insurance (c)**	**1,244,551**	**28,519**	**0**	**0**	**150,000**	**1,423,070**	**6.44%**	**1,423,070**	**0**	3/1/2018	**$1,094,858**	**77%**	**92%**
7	**Home and Community-Based Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
8	**Substance Abuse Services - Outpatient**	**45,677**	**0**	**0**	**0**	**0**	**45,677**	**0.21%**	**45,677**	**0**	3/1/2018	**$28,163**	**62%**	**92%**
9	**Early Intervention Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
10	**Medical Nutritional Therapy (supplements)**	**341,395**	**0**	**0**	**0**	**0**	**341,395**	**1.54%**	**341,395**	**0**	3/1/2018	**$267,080**	**78%**	**92%**
11	**Hospice Services**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
12	**Outreach Services**	**420,000**	**39,927**				**459,927**	**2.08%**	**459,927**	**0**	**3/1/2018**	**$203,861**	**44%**	**92%**
13	**Non-Medical Case Management**	**1,231,002**	**0**	**0**	**-49,400**	**0**	**1,181,602**	**5.35%**	**1,181,602**	**0**		**1,065,402**	**90%**	**92%**
13.a	Service Linkage targeted to Youth	110,793		0			110,793	0.50%	110,793	0	3/1/2018	$83,989	76%	92%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000			-29,400		70,600	0.32%	70,600	0	3/1/2018	$74,465	105%	92%
13.c	Service Linkage at Public Clinic (a)	427,000		0	0		427,000	1.93%	427,000	0	3/1/2018	$363,460	85%	75%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209		0	-20,000		573,209	2.59%	573,209	0	3/1/2018	$543,488	95%	92%
14	**Medical Transportation**	**482,087**	**25,824**	**0**	**0**	**0**	**507,911**	**2.30%**	**507,911**	**0**		**326,088**	**64%**	**92%**
14.a	Medical Transportation services targeted to Urban	252,680	0	0	0		252,680	1.14%	252,680	0	3/1/2018	$245,144	97%	92%
14.b	Medical Transportation services targeted to Rural	97,185	0	0	0		97,185	0.44%	97,185	0	3/1/2018	$80,944	83%	92%
14.c	Transportation vouchering (bus passes & gas cards)	132,222	25,824	0	0		158,046	0.72%	158,046	0	3/1/2018	$0	0%	0%
15	**Linguistic Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	$0	**0%**	**0%**
16	**Emergency Financial Assistance**	**450,000**		**0**	**150,000**	**0**	**600,000**	**2.71%**	**600,000**	**0**	3/1/2018	$225,944	**38%**	**92%**
17	**Referral for Health Care and Support Services (c)**	**0**	**0**	**0**			**0**	**0.00%**	**0**	**0**	NA	$0	**0%**	**0%**
BES27516	**Total Service Dollars**	**18,486,129**	**742,768**	**703,670**	**-234**	**0**	**19,932,333**	**88.10%**	**19,932,333**	**0**		**14,411,704**	**72%**	**92%**
	Grant Administration	**1,675,047**	**0**	**0**	**0**	**0**	**1,675,047**	**7.58%**	**1,675,047**	0	**N/A**	**0**	**0%**	**92%**
BES27517	HCPHES/RWGA Section	1,146,388	0	0		0	1,146,388	5.19%	1,146,388	0	N/A	$0	0%	92%
PC	RWPC Support*	528,659			0	0	528,659	2.39%	528,659	0	N/A	0	0%	92%

Part A Reflects "Increase" Funding Scenario
MAI Reflects "Increase" Funding Scenario

FY 2018 Ryan White Part A and MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	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
BES27521	**Quality Management**	**495,000**	**0**	**0**	**0**	**0**	**495,000**	**2.24%**	**495,000**	**0**	**N/A**	**$0**	**0%**	**92%**
		20,656,176	**742,768**	**703,670**	**-234**	**0**	**22,102,380**	**97.92%**	**22,102,380**	**0**		**14,411,704**	**65%**	**92%**
								Unallocated	Unobligated					
	Part A Grant Award:	**21,398,944**	***Carry Over:***	**703,670**		***Total Part A:***	**22,102,614**	**234**	**0**					

		Original Allocation	Award Reconcilation (b)	July Adjusments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent
	Core (must not be less than 75% of total service dollars)	**15,903,040**	**677,017**	**703,670**	**-100,834**	**0**	**17,182,893**	**86.38%**	**17,182,893**	**85.94%**
	Non-Core (may not exceed 25% of total service dollars)	**2,583,089**	**25,824**	**0**	**100,600**	**0**	**2,709,513**	**13.62%**	**2,810,113**	**14.06%**
	Total Service Dollars (does not include Admin and QM)	**18,486,129**	**702,841**	**703,670**	**-234**	**0**	**19,892,406**		**19,993,006**	
	Total Admin (must be ≤ 10% of total Part A + MAI)	**1,675,047**	**0**	**0**	**0**	**0**	**1,675,047**	**7.58%**		
	Total QM (must be ≤ 5% of total Part A + MAI)	**495,000**	**0**	**0**	**0**	**0**	**495,000**	**2.24%**		

MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	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**	**1,797,785**	**49,060**	**90,830**	**86,270**	**0**	**2,023,945**	**88.08%**	**2,023,945**	**0**		**1,587,300**	**78%**	**92%**
1.b (MAI)	Primary Care - CBO Targeted to African American	910,163	24,530	45,415	43,135	0	1,023,243	44.53%	1,023,243	0	3/1/2018	$932,800	91%	92%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	887,622	24,530	45,415	43,135	0	1,000,702	43.55%	1,000,702	0	3/1/2018	$654,500	65%	92%
2	**Medical Case Management**	**320,100**	**0**	**40,000**	**-86,270**	**0**	**273,830**	**11.92%**	**320,100**	**-46,270**		**$142,267**	**44%**	92%
2.c (MAI)	MCM - Targeted to African American	160,050		20,000	-43,135		136,915	5.96%	136,915	0	3/1/2018	$92,613	68%	92%
2.d (MAI)	MCM - Targeted to Hispanic	160,050		20,000	-43,135		136,915	5.96%	160,050	-23,135	3/1/2018	$49,654	31%	92%
	Total MAI Service Funds	**2,117,885**	**49,060**	**130,830**	**0**	**0**	**2,297,775**	**100.00%**	**2,023,945**	**273,830**		**1,587,300**	**78%**	**92%**
	Grant Administration	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Non-service Funds	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**		**0**	**0%**	**0%**
BEO 27516	**Total MAI Funds**	**2,117,885**	**49,060**	**130,830**	**0**	**0**	**2,297,775**	**100.00%**	**2,023,945**	**273,830**		**1,587,300**	**78%**	**92%**
	MAI Grant Award	**2,166,944**	***Carry Over:***	**0**		***Total MAI:***	**2,166,944**							
	Combined Part A and MAI Orginial Allocation Total	**22,774,061**												

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 four (4) HRSA service categories (Pcare, LPAP, MCM, Non Med CM). Expenditures must be evaluated both by individual service category and by combined service categories.
(a.1)	Single local service definition is three (3) HRSA service categories (does not include LPAP). Expenditures must be evaluated both by individual service category and by combined service categories.
(b)	Adjustments to reflect actual award based on Increase or Decrease funding scenario.
(c)	Funded under Part B and/or SS
(d)	Not used at this time
(e)	10% rule reallocations

Revised

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

Reflects spending through December 2018 **Spending Target: 75%**

Revised 2/28/2019

Priority	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%	$325,806	$1,052,691	32%	4/1/2018	$393,976	37%
9	Home and Community Based Health Services (2)	$202,315	6%	$0	$202,315	6%	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%
	Total Houston HSDA	3,340,571	100%	$0	$3,340,571	100%		1,831,516	55%

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.

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 1819 DSHS State Services

Procurement Report

September 1, 2018- August 31, 2019

Chart reflects spending through December 2018

Spending Target: 33.33%

Revised 2/19/2019

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
5	**Health Insurance Premiums and Cost Sharing (1)**	$979,694	49%	**$142,285**	$1,121,979	56%	1/0/1900	$386,062	34%
6	**Mental Health Services (2)**	$300,000	15%	**$0**	$300,000	15%	9/1/2018	$46,729	16%
7	**EIS - Incarcerated**	$166,211	8%	**$0**	$166,211	8%	9/1/2018	$57,448	35%
11	**Hospice (3)**	$359,832	18%		$359,832	18%	9/1/2018	$49,280	14%
15	**Linguistic Services (4)**	$68,000	3%		$68,000	3%	9/1/2018	$11,700	17%
	Unallocated (RWPC Approved for Health Insurance - TRG will amend contract)	$142,285	7%	**-$142,285**	$0	0%	9/1/2018	$0	0%
	Total Houston HSDA	**2,016,022**	**100%**	**$0**	$2,016,022	100%		551,219	0%

First month of expenditures. Submissions/services/data entry are slow during first few months of contract.

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.

2 Mental Health Services are under Utilized and under reported.

3 Hospice care has had lower than expected client turn out

4 Linguistic is one behind on reporting due to slow invoicing by provider.

DRAFT

Priority and Allocations
FY 2020 Guiding Principles and Decision Making Criteria

(Priority and Allocations Committee approved 02-28-19)

Priority setting and allocations must be based on clearly stated and consistently applied principles and criteria. These principles are the basic ideals for action and are based on Health Resources and Services Administration (HRSA) and Department of State Health Services (DSHS) directives. All committee decisions will be made with the understanding that **the Ryan White Program is unable to completely meet all identified needs** and following legislative mandate **the Ryan White Program will be considered funding of last resort.** Priorities are just one of many factors which help determine allocations. All Part A and Part B service categories are considered to be important in the care of people living with HIV/AIDS. Decisions will address at least one or more of the following principles **and** criteria.

Principles are the standards **guiding the discussion** *of all service categories to be prioritized and to which resources are to be allocated. Documentation of these guiding principles in the form of printed materials such as needs assessments, focus group results, surveys, public reports, journals, legal documents, etc. will be used in highlighting and describing service categories (individual agencies are not to be considered). Therefore decisions will be based on service categories that address the following principles, in no particular order:*

Principles

A. Ensure ongoing client access to a comprehensive system of core services as defined by HRSA

B. Eliminate barriers to core services among affected sub-populations (racial, ethnic and behavioral) and low income, unserved, underserved and severe need populations (rural and urban)

C. Meet the needs of diverse populations as addressed by the epidemiology of HIV

D. Identify individuals newly aware of their status and link them to care. Address the needs of those that are aware of their status and not in care.

Allocations only

E. Document or demonstrate cost-effectiveness of services and minimization of duplication

F. Consider the availability of other government and non-governmental resources, including Medicaid, Medicare, CHIP, private insurance and Affordable Care Act related insurance options, local foundations and non-governmental social service agencies

G. Reduce the time period between diagnosis and entry into HIV medical care to facilitate timely linkage.

Criteria are the standards on which the committee's decisions will be based. Positive decisions will only be made on service categories that satisfy at least one of the criteria in Step 1 and all criteria in Step 2. Satisfaction will be measured by printed information that address service categories such as needs assessments, focus group results, surveys, reports, public reports, journals, legal documents, etc.

(Continued)

DECISION MAKING CRITERIA STEP 1:

A. Documented service need with consumer perspectives as a primary consideration

B. Documented effectiveness of services with a high level of benefit to people and families living with HIV, including quality, cost, and outcome measures when applicable

C. Documented response to the epidemiology of HIV in the EMA and HSDA

D. Documented response to emerging needs reflecting the changing local epidemiology of HIV while maintaining services to those who have relied upon Ryan White funded services.

E. When allocating unspent and carryover funds, services are of documented sustainability across fiscal years in order to avoid a disruption/discontinuation of services

F. Documented consistency with the current Houston Area Comprehensive HIV Prevention and Care Services Plan, the Continuum of Care, the National HIV/AIDS Strategy, the Texas HIV Plan and their underlying principles to the extent allowable under the Ryan White Program to:

- build public support for HIV services;
- inform people of their serostatus and, if they test positive, get them into care;
- help people living with HIV improve their health status and quality of life and prevent the progression of HIV;
- help reduce the risk of transmission; and
- help people with advanced HIV improve their health status and quality of life and, if necessary, support the conditions that will allow for death with dignity

DECISION MAKING CRITERIA STEP 2:

A. Services have a high level of benefit to people and families living with HIV, including cost and outcome measures when applicable

B. Services are accessible to all people living with or affected by HIV, allowing for differences in need between urban, suburban, and rural consumers as applicable under Part A and B guidelines

C. The Council will minimize duplication of both service provision and administration and services will be coordinated with other systems, including but not limited to HIV prevention, substance use, mental health, and Sexually Transmitted Infections (STIs).

D. Services emphasize access to and use of primary medical and other essential HRSA defined core services

E. Services are appropriate for different cultural and socioeconomic populations, as well as care needs

F. Services are available to meet the needs of all people living with HIV and families, as applicable under Part A and B guidelines

G. Services meet or exceed standards of care

H. Services reflect latest medical advances, when appropriate

I. Services meet a documented need that is not fully supported through other funding streams

PRIORITY SETTING AND ALLOCATIONS ARE SEPARATE DECISIONS. All decisions are expected to address needs of the overall community affected by the epidemic.

DRAFT

FY 2020 Priority Setting Process

(Priority and Allocations Committee approved 02-28-19)

1. Agree on the principles to be used in the decision making process.
2. Agree on the criteria to be used in the decision making process.
3. Agree on the priority-setting process.
4. Agree on the process to be used to determine service categories that will be considered for allocations. (This is done at a joint meeting of members of the Quality Improvement, Priority and Allocations and Affected Community Committees and others, or in other manner agreed upon by the Planning Council).
5. Staff creates an information binder containing documents to be used in the Priority and Allocations Committee decision-making processes. The binder will be available at all committee meetings and copies will be made available upon request.
6. Committee members attend a training session to review the documents contained in the information binder and hear presentations from representatives of other funding sources such as HOPWA, Prevention, Medicaid and others.
7. Staff prepares a table that lists services that received an allocation from Part A or B or State Service funding in the current fiscal year. The table lists each service category by HRSA-defined core/non-core category, need, use and accessibility and includes a score for each of these five items. The utilization data is obtained from calendar year CPCDMS data. The medians of the scores are used as guides to create midpoints for the need of HRSA-defined core and non-core services. Then, each service is compared against the midpoint and ranked as equal or higher (H) or lower (L) than the midpoint.
8. The committee meets to do the following. This step occurs at a single meeting:
    - Review documentation not included in the binder described above.
    - Review and adjust the midpoint scores.
    - After the midpoint scores have been agreed upon by the committee, **public comment** is received.
    - During this same meeting, the midpoint scores are again reviewed and agreed upon, taking public comment into consideration.
    - Ties are broken by using the first non-tied ranking. If all rankings are tied, use independent data that confirms usage from CPCDMS or ARIES.
    - By matching the rankings to the template, a numerical listing of services is established.
    - Justification for ranking categories is denoted by listing principles and criteria.
    - Categories that are not justified are removed from ranking.
    - If a committee member suggests moving a priority more than five places from the previous year's ranking, this automatically prompts discussion and is challenged; any other category that has changed by three places may be challenged; any category that moves less than three places cannot be challenged unless documentation can be shown (not cited) why it should change.
    - The Committee votes upon all challenged categorical rankings.
    - At the end of challenges the entire ranking is approved or rejected by the committee.

(Continued on next page)

9. At a subsequent meeting, the Priority and Allocations Committee goes through the allocations process.
10. Staff removes services from the priority list that are not included on the list of services recommended to receive an allocation from Part A or B or State Service funding. The priority numbers are adjusted upward to fill in the gaps left by services removed from the list.
11. The single list of recommended priorities is presented at a Public Hearing.
12. The committee meets to review public comment and possibly revise the recommended priorities.
13. Once the committee has made its final decision, the recommended single list of priorities is forwarded as the priority list of services for the following year.

DRAFT

2019 Policy for Addressing Unobligated and Carryover Funds

(Priority and Allocations Committee approved 02-28-19)

Background

The Ryan White Planning Council must address two different types of money: Unobligated and Carryover.

Unobligated funds are funds allocated by the Council but, for a variety of reasons, are not put into contracts. Or, the funds are put into a contract but the money is not spent. For example, the Council allocates $700,000 for a particular service category. Three agencies bid for a total of $400,000. The remaining $300,000 becomes unobligated. Or, an agency is awarded a contract for a certain amount of money. Halfway through the grant year, the building where the agency is housed must undergo extensive remodeling prohibiting the agency from providing services for several months. As the agency is unable to deliver services for a portion of the year, it is unable to fully expend all of the funds in the contract. Therefore, these unspent funds become unobligated. The Council is informed of unobligated funds via Procurement Reports provided to the Quality Improvement (QI) and Priority and Allocations (P&A) Committees by the respective Administrative Agencies (AA), HCPHS/ Ryan White Grant Administration and The Resource Group.

Carryover funds are the RW Part A Formula and MAI funds that were unspent in the previous year. Annually, in October, the Part A Administrative Agency will provide the Committee with the estimated total allowable Part A and MAI carryover funds that could be carried over under the Unobligated Balances (UOB) provisions of the Ryan White Treatment Extension Act. The Committee will allocate the estimated amount of possible unspent prior year Part A and MAI funds so the Part A AA can submit a carryover waiver request to HRSA in December.

The Texas Department of State Health Services (DSHS) does not allow carryover requests for unspent Ryan White Part B and State Services funds.

It is also important to understand the following applicable rules when discussing funds:

1.) The Administrative Agencies are allowed to move up to 10% of unobligated funds from one service category to another. The 10% rule applies to the amount being moved from one category and the amount being moved into the other category. For example, 10% of an $800,000 service category is $80,000. If a $500,000 category needs the money, the Administrative Agent is only allowed to move 10%, or $50,000 into the receiving category, leaving $30,000 unobligated.

2.) Due to procurement rules, it is difficult to RFP funds after the mid-point of any given fiscal year.

In the final quarter of the applicable grant year, after implementing the Council-approved October reallocation of unspent funds and utilizing the existing 10% reallocation rule to the extent feasible, the AA may reallocate any remaining unspent funds as necessary to ensure the Houston EMA/HSDA has less than 5% unspent Formula funds and no unspent Supplemental funds. The AA for Part B and *State Services* funding may do the same to ensure no funds are returned to the Texas Department of State Health Services (TDSHS). The applicable AA must inform the Council of these shifts no later than the next scheduled Ryan White Planning Council Steering Committee meeting.

Recommendations for Addressing Unobligated and Carryover Funds:

1.) Requests from Currently Funded Agencies Requesting an Increase in Funds in Service Categories where The Agency Currently Has a Contract: These requests come at designated times during the year.

A.) In response, the AA will provide funded agencies a standard form to document the request (see attached). The AA will state the amount currently allocated to the service category, state the amount being requested, and state if there are eligible entities in the service category. This form is known as a *Request for Service Category Increase*. The AA will also provide a Summary Sheet listing all requests that are eligible for an increase (e.g. agency is in good standing).

The AA must submit this information to the Office of Support in an appropriate time for document distribution for the April, July and October P&A Committee meetings. The form must be submitted for all requests regardless of the completeness of the request. The AA for Part B and State Services Funding will do the same, but the calendar for the Part B AA to submit the Requests for Service Category Increases to the Office of Support is based upon the current Letter of Agreement. The P&A Committee has the authority to recommend increasing the service category funding allocation, or not. If not, the request "dies" in committee.

2.) Requests for Proposed Ideas: These requests can come from any individual or agency at any time of the year. Usually, they are also addressed using unobligated funds. The individual or agency submits the idea and supporting documentation to the Office of Support. The Office of Support will submit the form(s) as an agenda item at the next QI Committee meeting for informational purposes only, the Office of Support will inform the Committee of the number of incomplete or late requests submitted and the service categories referenced in these requests. The Office of Support will also notify the person submitting the Proposed Idea form of the date and time of the first committee meeting where the request will be reviewed. All committees will follow the RWPC bylaws, policies, and procedures in responding to an "emergency" request.

Response to Requests: Although requests will be accepted at any time of the year, the Priority and Allocations Committee will Review requests at least three times a year (in April, July, and October). The AA will notify all Part A or B agencies when the P&A Committee is preparing to allocate funds.

3.) Committee Process: The Committee will prioritize recommended requests so that the AA can distribute funds according to this prioritized list up until May 31, August 31 and the end of the grant year. After these dates, all requests (recommended or not) become null and void and must be resubmitted to the AA or the Office of Support to be considered in the next funding cycle.

After reviewing requests and studying new trends and needs the committee will review the allocations for the next fiscal year and, after filling identified gaps in the current year, and if appropriate and possible, attempt to make any increase in funding less dramatic by using an incremental allocation in the current fiscal year.

4.) Projected Unspent Formula Funds: Annually in October, the Committee will allocate the projected, current year, unspent, Formula funds so that the Administrative Agent for Part A can report this to HRSA in December.

2019 QUARTERLY REPORT
PRIORITY AND ALLOCATIONS COMMITTEE

(Submitted April 2019)

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

1. Conduct training to familiarize committee members with decision-making tools.
   Status:

2. Review the final quarter allocations made by the administrative agents.
   Status:

3. *Improve the processes for and strengthen accountability in the FY 2020 priority-setting, allocations and subcategory allocations processes for Ryan White Parts A and B and State Services funding.
   Status:

4. When applicable, plan for specialty dollars like Minority AIDS Initiative (MAI) and special populations such as Women, Infants, Children and Youth (WICY) throughout the priority setting and allocation processes.
   Status:

5. *Determine the FY 2020 priorities, allocations and subcategory allocations for Ryan White Parts A and B and State Services funding.
   Status:

6. *Review the FY 2019 priorities as needed.
   Status:

7. *Review the FY 2019 allocations as needed.
   Status:

8. Evaluate the processes used.
   Status:

9. Annually, review the status of Committee activities identified in the current Comprehensive Plan.
   Status:

Status of Tasks on the Timeline:

_____ _____

Committee Chairperson Date

Operations Committee Report

2019 QUARTERLY REPORT
OPERATIONS COMMITTEE

(submit May 2019)

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

1. Design and implement Orientation for Council members and new external committee members in January and February 2019.
   Status:

2. When necessary, address member needs for additional orientation and training, including through the Committee Mentoring Program. (Example: create a "Frequently Asked Questions" form. The information for this document can be gathered from Project LEAP and others.)
   Status:

3. *When necessary, review and revise the bylaws, policies, and procedures of the Ryan White Planning Council.
   Status:

4. In November, review and, if necessary, recommend amendments to the Memorandum of Understanding among Part A stakeholders and/or the Letter of Agreement among Part B stakeholders.
   Status:

5. When necessary, review and revise policies and procedures for the Council support staff.
   Status:

6. *Investigate and make recommendations regarding complaints and grievances brought before the committee in order to assure member/staff compliance with bylaws, policies, and procedures.
   Status:

7. *Resolve any grievances brought forward.
   Status:

8. *Make nominations to the CEO, which ensure the reflectiveness and representativeness of the Council.
   Status:

9. Evaluate the performance of the Director in conjunction with the Planning Council Chair and CEO.
   Status:

10. Ensure that the Council is complying with HRSA, County and other open meeting requirements.
    Status:

11. Annually, review the status of Committee activities identified in the Comprehensive Plan.

Status of Tasks on the Timeline:

_____ _____

Committee Chairperson Date

DRAFT

2019 Council Orientation Evaluation Results

Introduction

The 2018 Operations Committee hosted the 2019 Houston Area Ryan White Planning Council Orientation on January 24, 2019 at Third Coast Restaurant and Conference Center. Staff asked members who attended Orientation to complete evaluation forms. Twenty-nine attendees completed an evaluation form, **41%** of whom were new members.

Members were asked to:

- Describe their favorite part of Orientation
- Rate the quality of logistic features of the event
- Rate the helpfulness of each session for preparing the members to serve on Council
- Rate their confidence in their ability to successfully participate in Council following Orientation
- Suggest any topics they thought would be useful to include in the 2020 Council Orientation

Successes

1. In descending order, the favorite parts of Orientation were:
    a. BeeBusy presentation on Test and Treat
    b. Dance the Hokey Pokey
    c. Food, getting to know new members, and learning about Council structure
2. All meeting logistic features had mean quality ratings of **4.36** or higher. This means that, on average, the location, meeting space, food and drink provided, materials, overall agenda, facilitators, and staff communication were rated as "**Very Good**" or "**Excellent**".
3. All Orientation sessions had a mean helpfulness rating of **4.24** or higher. This means that, on average, attendees rated all sessions as "**Very Helpful**", or "**Extremely Helpful**". The BeeBusy Test and Treat presentation received the highest mean helpfulness rating (**4.83**), followed by the Committee Orientation (**4.65**), and the Timeline of Critical Council Activities (**4.63**).
4. All new member sessions received helpfulness ratings of **4.83**, meaning that, on average, attendees rated all new member sessions as "**Extremely Helpful**".
5. The mean confidence rating was **4.71**. This means, on average, members reported being "**Very Confident**" to "**Completely Confident**" following the 2019 Orientation.

Challenges

1. Though the overall agenda received a "**Very Good**" average rating (**4.36**), this logistic feature had the lowest mean quality rating compared to the other logistic features.
2. Though much enjoyed, Dance the Hokey Pokey received the lowest mean helpfulness rating (**4.24 – "Very Helpful"**). One attendee suggested doing a different dance in 2020.

Opportunities

The following are direct quotes from members who attended Orientation on what topics they would like to see included in the 2020 Council Orientation:

- "It would have been nice to hear from the new judge."
- "More open table discussion of new ideas and practices which are in the city, tangible, or near for education and assisting as a volunteer or advocate."
- "Overview and presentation on who Ryan White is and how the Council came to be"

7:45 a.m. **New Council Members Check-In**

- Photographs
- Optional breakfast

8:00 a.m. **Welcoming Remarks**

- Opening Remarks , Housekeeping & Review Agenda
  Bruce Turner, Chair, Ryan White Planning Council
- Introductions

8:20 a.m. **General Overview of HIV Funding**
Tori Williams, Director, Office of Support

8:25 a.m. **Council Bylaws, Policies & Procedures**

- Committee Structure
  Tori Williams, Director, Office of Support
- How to Use the Notebooks
  Ella Collins-Nelson, Member, Operations Committee
- Meeting Packets & Agendas
  Ronnie Galley, Member, Operations Committee
- Bylaws & Policies
  Alternating Members, Operations Committee
- Attendance
  Bruce Turner, Chair, Ryan White Planning Council

9:25 a.m. **Formal Relationships**
Bruce Turner, Facilitator

- Tori Williams, Liaison for the County Judge
  (Chief Elected Official of the Houston RW Program)
- *Bruce Turner,* Chair
  Ryan White Planning Council
- Tori Williams, Director, Office of Support
  for the Ryan White Planning Council
- Carin Martin, Manager
  Ryan White Grant Administration
  Harris County Public Health
- Sha'Terra Johnson-Fairley, Health Planner
  Houston Regional HIV/AIDS Resource Group

9:50 a.m. **Robert's Rules of Order**
Tori Williams, Director, Office of Support

9:45 a.m. **Returning Council Members Arrive**

- Photographs

10:00 a.m. **Introduction of Officers & Committee Co-Chairs**
Bruce Turner, Chair, Ryan White Planning Council

10:05 a.m. **Recognize the Mentors**
Bruce Turner, Chair, Ryan White Planning Council

10:10 a.m. **Committee Orientation**

11:00 a.m. **Break**

11:20 a.m. **Timeline of Critical Council Activities**
Tori Williams, Director, Office of Support

11:45 a.m. **Honor Those Who Have Gone Before Us**
Bruce Turner, Chair, Ryan White Planning Council

12:00 p.m. **Lunch**
Introductions
Allen Murray, Facilitator and Skeet Boyle, Timekeeper

1:45 p.m. **Confidentiality**
Bob Hergenroeder, Operations and Prevention Director, Montrose Center

2:15 p.m. **Dance the Hokey Pokey**
Denis Kelly, Facilitator

2:20 p.m. **Break**

2:30 p.m. **HIV Test and Treat Program**
Norman Mitchell, CEO & Co-Founder and
Debrisha Johnson, Director of Clinical Services,
Bee Busy Wellness Center

3:30 p.m. **Closing Remarks**
Bruce Turner, Chair, Ryan White Planning Council

Training Topics for 2019 Ryan White Planning Council Meetings (updated: 02/20/19)

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Shading = may be room on agenda for a second speaker

Month 2019	Topic	Speaker
January 24	Council Orientation	See Orientation agenda
February 14	Open Meetings Act Requirements	Venita Ray, Attorney at Law
March 14	How to Best Meet the Need Training & Process People First Language	Denis Kelly & Gloria Sierra, Co-Chairs, Quality Improvement Committee Tana Pradia and Angela F. Hawkins
April 11	Houston HSDA HIV Care Continuum	Ann Dills, Texas Dept. of State Health Services
TENTATIVE May 9		
June 13	Project LEAP Presentation	2019 Project LEAP Students
July 11	Priority Setting and Allocations Processes SECOND SPEAKER TBD	Bobby Cruz & Peta-gay Ledbetter, Co-Chairs, Priority & Allocations Committee
August 8	Trauma Informed Care	HAWC Rep?
September 12	Intimate Partner Violence and HIV SECOND SPEAKER TBD	Samantha Bowen, RW Grant Administration
October 10	EIIHA Update SECOND SPEAKER TBD	Amber Harbolt, Health Planner
November 14	We Appreciate Our External Members Election Policy SECOND SPEAKER TBD	Bruce Turner, Chair, Ryan White Planning Council Ronnie Galley and Allen Murray, Co-Chairs, Operations Committee
December 12	Elections for the 2020 Officers	Ronnie Galley and Allen Murray, Co-Chairs, Operations Committee

Required: Opioid and Other Drug Use, Prevention of Domestic & Sexual Violence and Trauma Informed Care

Requests: *Dept. of State Health Services (DSHS Updates) (2 x per year)
END HIV – State and Local Plan. Interface with Comprehensive Plan
Transgender Health Issues by Dr. Lake – recommended by Dr. Patel