

## HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



*We envision an educated community where the needs of all HIV/AIDS infected and/or affected individuals are met by accessible, effective, and culturally sensitive health and psychosocial services that are part of a fully coordinated system. The community will continue to intervene responsibly until the end of the epidemic.*

*The Houston Eligible Metropolitan Area (EMA) Ryan White Planning Council will improve the quality of life and advocate for those infected and/or affected with HIV/AIDS by taking a leadership role in the planning and assessment of HIV resources*

### AGENDA

12 noon, Thursday, April 13, 2017

Meeting Location: 2223 W. Loop South, Room 532  
Houston, Texas 77027

- I. Call to Order Cecilia Ross, Chair,  
RW Planning Council
- A. Welcome and Moment of Reflection
  - B. Adoption of the Agenda
  - C. Approval of the Minutes
  - D. Training: Houston HIV Care Continuum Ann Dills,  
TX Dept. of State Health Services
- II. Public Comments and Announcements Carol Suazo, Secretary
- (NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV/AIDS status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV/AIDS status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person with HIV/AIDS", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to the Council Secretary who would be happy to read the comments on behalf of the individual at this point in the meeting. The Chair of the Council has the authority to limit public comment to 1 minute per person. All information from the public must be provided in this portion of the meeting. Council members please remember that this is a time to hear from the community. It is not a time for dialogue. Council members and staff are asked to refrain from asking questions of the person giving public comment.)
- III. Reports from Committees
- A. Comprehensive HIV Planning Committee Isis Torrente and  
Steven Vargas,  
Co-Chairs
    - Item: Speakers Bureau Workgroup
    - Recommended Action: FYI: The Speaker's Bureau Workgroup will meet on April 20th, August 17th, and December 13th this year. Please see Diane Beck if you would like to be added to the Workgroup.
    - Item: 2012-2016 Comprehensive Plan Year 4 Evaluation Report
    - Recommended Action: **Motion:** Approve the attached 2012-2016 Comprehensive Plan Year 4 (2005) Evaluation Report.

Item: 2017 Special Studies

Recommended Action: **Motion:** Conduct the Social Determinants of Health Supplement special study, working with the Houston Health Department Bureau of Epidemiology to mine data from the Houston Medical Monitoring Project (HMMP). Based on gaps in knowledge identified through this study, conduct a second qualitative special study on out of care and retention in care.

Item: 2016 Needs Assessment Profiles

Recommended Action: FYI: See the attached 2016 Houston HIV Care Services Needs Assessment: Profile of Transgender and Gender Non-conforming Individuals

B. Quality Improvement Committee

Robert Noble and  
Gloria Sierra, Co-Chairs

Item: Criteria for Determining the FY 2018 Service Definitions

Recommended Action: **Motion:** Approve the attached criteria for determining the FY 2018 Service Definitions.

Item: Reports from Administrative Agent – Part A/MAI

Recommended Action: FYI: See the attached reports:

- 2016 Client Satisfaction Report, dated March 2017

Item: Reports from Administrative Agent – Part B/SS

Recommended Action: FYI: See the attached reports:

- Procurement (2), dated 03/16/17
- Health Insurance Assistance Program Report, dated 03/06/17
- TRG Consumer Interview Results 2016
- Quality Management Presentation
- 2016-2020 Quality Management Plan
- 2016 Chart Reviews:
  - Early Intervention Services
  - Home & Community Based Services
  - Hospice Services
  - Mental Health Services
  - Oral Health Care Services

Item: FY 2018 How To Best Meet the Need Process

Recommended Action: FYI: See the attached schedule of FY 2018 training and workgroup meetings. Please sign up with Diane Beck if you wish to participate. Please note the two special workgroups on Emergency Financial Assistance and making services more accessible to the transgender community.

Item: Input into the Part B/SS Standards of Care

Recommended Action: **Motion:** The Committee recommendations that the word “patient” be replaced with the word “client” in the Part B/SS Standards of Care documents. See attached public comment.

- C. Affected Community Committee  
*Item:* Committee Training  
*Recommended Action:* FYI: Tori Williams provided training on the FY 2018 How To Best Meet the Need process.
- Item:* Committee Training  
*Recommended Action:* FYI: The Committee engaged in an exercise where they role played responses that they might give while representing the Council at a health fair or other event.
- Item:* Road 2 Success Proposal  
*Recommended Action:* **Motion:** Approve the attached proposal which would move Road 2 Success/Camino hacia tu Salud under the auspices of the Affected Community Committee.
- Item:* ADAP Update with Consumers  
*Recommended Action:* FYI: At 2 pm on Thursday, May 18, 2017, Rachel Sanor, Manager of the Texas HIV Medication Program (THMP) will be meeting with members of the Affected Community Committee and others who wish to participate to discuss ways in which THMP is working to improve their processes. Please RSVP to Diane Beck if you wish to attend.
- Item:* 2017 Greeters  
*Recommended Action:* FYI: See the attached list of the 2017 Greeters.
- D. Operations Committee  
*Item:* 2017 Texas Open Meetings Act Training  
*Recommended Action:* FYI: See the attached list of those who have taken the Open Meetings Act training.
- Item:* 2017 Council Training Topics  
*Recommended Action:* FYI: See the attached list of 2017 Council training topics.
- Item:* Council Bylaws and Policy Review  
*Recommended Action:* **Motion:** Approve the attached revisions to the following Council policies:
- Public Comments, 100.01
  - Quorum, Voting, Proxies Attendance, 600.01
  - Honorariums, 1200.00
- E. Priority and Allocations Committee  
No report
- Rodney Mills and  
Tana Pradia, Co-Chairs
- Curtis Bellard and  
Nancy Miertschin, Co-Chairs
- Ella Collins-Nelson and  
Paul Grunenwald, Co-Chairs

- |       |   |  |
|-------|---|--|
| IV.   | Report from the Office of Support           | Tori Williams, Director                        |
| V.    | Report from Ryan White Grant Administration | Carin Martin, Manager                          |
| VI.   | Report from The Resource Group              | S. Johnson-Fairley, Health Planner             |
| VII.  | Medical Updates                             | Shital Patel, MD<br>Baylor College of Medicine |
| VIII. | New Business (30 seconds/report)            |  |
|       | A. HOPWA                                    | Krystal Shultz                                 |
|       | B. Community Prevention Group (CPG)         | Herman Finley                                  |
|       | C. Update from Task Forces:                 |  |
|       | • Sexually Transmitted Infections (STI)     | Herman Finley                                  |
|       | • African American                          | S. Johnson-Fairley                             |
|       | • Latino                                    | Gloria Sierra                                  |
|       | • MSM                                       | Ted Artiaga                                    |
|       | • Transgender                               | Robert Noble                                   |
|       | • Hepatitis C                               | Steven Vargas                                  |
|       | • Urban AIDS Ministry                       | Ella Collins-Nelson                            |
|       | • Youth                                     | John Lazo                                      |
|       | D. HIV and Aging                            | John Lazo                                      |
|       | E. Positive Women's Network                 | Tana Pradia                                    |
|       | F. END HIV Houston                          | Venita Ray                                     |
|       | G. Ryan White Part C Urban and Part D       | Nancy Miertschin                               |
|       | H. SPNS Grant: HIV and the Homeless Program | Nancy Miertschin                               |
|       | I. Texas HIV Medication Advisory Committee  | Nancy Miertschin                               |
|       | J. Texas HIV Syndicate                      | Amber Harbolt                                  |
|       | K. Legislative Updates                      |  |
|       | L. Texas HIV/AIDS Coalition                 |  |
| IX.   | Announcements                               |  |
| X.    | Adjournment                                 |  |

# HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



*We envision an educated community where the needs of all HIV/AIDS infected and/or affected individuals are met by accessible, effective, and culturally sensitive health and psychosocial services that are part of a fully coordinated system. The community will continue to intervene responsibly until the end of the epidemic.*

*The Houston Eligible Metropolitan Area (EMA) Ryan White Planning Council will improve the quality of life and advocate for those infected and/or affected with HIV/AIDS by taking a leadership role in the planning and assessment of HIV resources.*

## MINUTES

12 noon, Thursday, March 9, 2017

2223 W. Loop South, Room 532; Houston, Texas 77027

MEMBERS PRESENT	MEMBERS PRESENT	OTHERS PRESENT
Cecilia Ross, Chair	Robert Noble	Mikel Marshall, ViiV
Carol Suazo, Secretary	John Poole	
Ted Artiaga	Tana Pradia	<b>STAFF PRESENT</b>
Connie Barnes	Teresa Pruitt	<i>Ryan White Grant Administration</i>
Curtis Bellard	Viviana Santibanez	Heather Keizman
Bianca Burley	Gloria Sierra	Tasha Traylor
Ella Collins-Nelson	Krystal Shultz	
Amber David	Isis Torrente	<i>The Resource Group</i>
Johnny Deal	Steven Vargas	Sha'Terra Johnson-Fairley
Evelio Salinas Escamilla		
Tracy Gorden	<b>MEMBERS ABSENT</b>	<i>Office of Support</i>
Paul Grunenwald	David Benson, excused	Tori Williams
Angela F. Hawkins	Skeet Boyle, excused	Amber Harbolt
J. Hoxi Jones	Denny Delgado	Diane Beck
Denis Kelly	Herman Finley, excused	
Peta-gay Ledbetter	Arlene Johnson	
Tom Lindstrom	John Lazo, excused	
Osaro Mgbere	Shital Patel, excused	
Nancy Miertschin	Venita Ray, excused	
Rodney Mills	Larry Woods	
Allen Murray		

**Call to Order:** Cecilia Ross, Chair, called the meeting to order at 12:04 p.m.

During the opening remarks, Ross welcomed the new co-chairs and thanked the volunteers who are staffing tables and attending events in order to distribute Project LEAP information. To date, the Office of Support has received 36 applications and interviewed 14 candidates. Although the flyers say that the deadline for applications is Friday, March 3rd, the staff is happy to receive applications up until the first day of class. And, don't forget that the person who refers the highest number of people that interview will receive a \$50 gift certificate. Many thanks to those who represented the

Planning Council at the AIDS Walk on Sunday, March 5th. Unfortunately, the Council couldn't get a Whoopie/Water table so members volunteered to help with set up and break down and distribution of Project LEAP flyers. Many thanks to the Mentors who are doing a great job encouraging members to take the Open Meetings Act training. Ross presented a special pin to the mentors who were present. The three Council members who have not submitted a certificate to the Office of Support for the Open Meetings Act training are: Denny Delgado, Shital Patel and Krystal Shultz. Tomorrow is National Women and Girls HIV Awareness Day. Ross also reminded everyone that monthly Council meetings typically end with reports from local task forces. Although the task forces are not officially related to the Planning Council, their work impacts and interfaces with the work of the Planning Council. Therefore, out of courtesy and as a way to keep our members informed, each task force is invited to submit a brief written report and/or have up to 30 seconds during the meeting to give an oral update to the Council. Please organize these updates in advance so that they are short and efficient.

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

**Approval of the Minutes:** **Motion #2:** *it was moved and seconded (Pruitt, Pradia) to approve the February 9, 2017 minutes.* **Motion carried.** Abstentions: Deal, Grunenwald, Jones, Ledbetter.

**Training: Council Activities for the 2017 Comprehensive Plan:** Harbolt presented information regarding activities in the Comprehensive Plan for which the RWPC is responsible.

**Training: How to Best Meet the Need Process:** Noble presented the attached PowerPoint.

**Public Comment and Announcements:** See attached comment from H. Keizman dated 02-20-17.

#### **Reports from Committees:**

**Quality Improvement Committee:** Gloria Sierra, Co-Chair, reported on the following:

General Committee Orientation: The Committee received Committee-specific orientation, which included learning how to review and understand reports routinely prepared by staff.

Reports from the Administrative Agent – Part A/MAI: See the attached reports:

- FY16 Service Utilization, dated 02/08/17
- FY16 Procurement, dated 02/08/17
- FY15 Chart Reviews
  1. Power Point Summary
  2. Oral Health – Rural
  3. Primary Care
  4. Vision
- Clinical Quality Management Quarterly Committee Report

Reports from the Administrative Agent – Part B/SS: See the attached reports:

- Schedule of 2017 Reports from The Resource Group
- Service Utilization (3), dated 02/03/17 & 02/06/17
- Procurement (2), dated 02/08/17
- Health Insurance Assistance Program Report (2), dated 01/10/17 & 02/08/17
- TRG Consumer Interview Results 2016

Proposed Ideas: **Motion #3:** *Establish a Workgroup to study and recommend action on the two (2) Proposed Idea forms that both relate to the Emergency Financial Assistance service category.*  
**Motion Carried.**

Process for Providing Input into the Part B/SS Standards of Care: See the attached schedule for providing input into Ryan White Part B/State Services (SS) Standards of Care that are being proposed by the Texas Department of State Health Services (DSHS). The Council has agreed to do the best they can to meet the deadlines, but there are a number of months when the schedule is not compatible with the Council's work schedule.

Input into the Part B/SS Standards of Care: **Motion #4:** *The Committee recommends the following input regarding the Ryan White Part B/State Services (SS) standards of care for:*

*Universal, Primary Outpatient Medical Care and Medical Case Management: The Council noted the difference in formatting, contract vs. standards of care language, and performance measures and recommends that Ryan White Part A/MAI continue to use the current Part A standards of care for Universal, Primary Outpatient Medical Care and Medical Case Management. Some regulations in the Part B/SS standards seem onerous (example: is it beneficial to require agencies to ask clients about their hobbies?). Overall, this recommendation will not result in a difference in the quality of care which clients receive in the Houston EMA verses the rest of the State. In addition, there are some items in the Part B/SS standards that will be considered for adoption into the Part A standards for Medical Case Management in the Fall of 2017. **Motion Carried Unanimously.***

**Affected Community Committee:** Rodney Mills, Co-Chair, reported on the following:

Committee Training: See the attached items regarding committee training on the purpose of the Council and the role of the committee at public hearings and health fairs.

Road 2 Success Proposal: See the attached proposal regarding Road 2 Success. The Committee will make a recommendation regarding this proposal in April 2017. The delay is because the Committee had to postpone their February meeting due to electrical problems at the Office of Support building the day of their meeting.

**Comprehensive HIV Planning Committee:** Isis Torrente, Co-Chair, reported on the following:

Speakers Bureau Workgroup: John Lazo provided a brief overview of the function and scope of the Speaker's Bureau. Members were encouraged to sign up to participate on the Speaker's Bureau Workgroup. The Workgroup is slated to meet in April, August, and December this year.

2017 Committee Timetable: See the attached 2017 Committee Timetable for 2017 activities and deliverables.

2016 Needs Assessment: Profile of the Recently Released: See attached. Additional profiles detailing needs and barriers encountered among special populations represented in the Needs Assessment will be completed for transgender and gender non-conforming, youth, aging, rural, women of color, MSM, and those who are unstably housed or homeless, through August.

**Operations Committee:** Curtis Bellard, Co-Chair, reported on the following.

2017 Texas Open Meetings Act Training: See the attached list of those who have participated in the Open Meetings Act training.

Council Orientation: See the attached evaluation of the 2017 Council Orientation.

Committee Orientation: Per Council policy, members of the Operations Committee signed Statements of Confidentiality forms.

2017 Council Training Topics: See the attached list of 2017 Council training topics.

FY 2017 Council Support Budget: See the attached, revised FY 2017 Council Support Budget which has been revised to accommodate an increase in the cost of employee health insurance and retirement.

**Priority and Allocations Committee:** Paul Grunenwald, Co-Chair, reported on the following:

FY 2018 Guiding Principles and Criteria: **Motion #5:** Approve the attached FY 2018 Guiding Principles and Decision Making Criteria. **Motion Carried.**

FY 2018 Priority Setting Process: **Motion #6:** Approve the attached FY 2018 Priority Setting Process. **Motion Carried.**

FY 2017 Policy for Addressing Unobligated and Carryover Funds: **Motion #7:** Approve the attached FY 2017 Policy for Addressing Unobligated and Carryover Funds. **Motion Carried.**

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

**Report from Ryan White Grant Administration:** Heather Keizman presented the attached report.

**Report from The Resource Group:** Sha'Terra Johnson-Fairley summarized the attached report.

**New Business:**

**Updates from Task Forces:**

**African American:** Johnson-Fairley said the next meeting is 03/10/17 at noon at the Fifth Ward Multiservice Center located at 4014 Market Street.

**Latino:** Sierra submitted the attached report. A copy of the newsletter is available on the sign in table.

**MSM:** Artiaga submitted the attached report.

**Transgender:** Noble said that a transgender forum was hosted by the Houston Health Department. McNeese will implement changes based on updated information received.

**Hepatitis C:** Vargas stated that they meet at Avenue 360 on the third Wednesday of the month at 10 a.m..

**Urban AIDS Ministry:** David said March 5<sup>th</sup> began the Week of Prayer for the Healing of AIDS.

**Youth:** Sierra stated that the group did not meet in February; the next meeting will be on Tuesday, March 14 at Leonel Castillo Community Center at 10:00 am.

**Positive Women's Network:** Pradia reported that they meet on the second Monday of the month at Legacy. They joined with AAMA for the March 4<sup>th</sup> event observing Women and Girls HIV Awareness Day.

**END HIV Houston:** Vargas said that the comprehensive plan crosswalk was presented at the PrEP stakeholders meeting.



**Ryan White Part C Urban and Part D:** Miertschin stated that their competing application was submitted on February 21<sup>st</sup> .

**SPNS Grant: HIV and the Homeless Program:** Miertschin reported that this project will conclude at the end of August.

**Texas HIV Medication Advisory Committee:** Miertschin said that they will meet on April 7<sup>th</sup> and have a full agenda.

**Texas HIV Syndicate:** Harbolt submitted the attached report.

**Announcements:** Presley reminded everyone that the SIRR Re-Entry Summit is March 29th; please register if you would like to attend. Gorden noted the flyer he distributed is asking for goods to be sent to children in Africa. Johnson-Fairley said that March is social worker month so say thank you to a social worker. Vargas said that Poole was selected for the NMAC Leadership Training: Building Leaders of Color.

**Adjournment:** The meeting was adjourned at 1:31 p.m.

Respectfully submitted,

\_\_\_\_\_  
Victoria Williams, Director

\_\_\_\_\_  
Date

Draft Certified by  
Council Chair: \_\_\_\_\_

Date \_\_\_\_\_

Final Approval by  
Council Chair: \_\_\_\_\_

Date \_\_\_\_\_

## Council Voting Records for March 9, 2017

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room VP = Via phone	Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 Workgroup for Proposed Ideas Carried					Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 Workgroup for Proposed Ideas Carried			
MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Cecilia Ross, Chair				C				C				C	Robert Noble		X				X				X		
Carol Suazo, Secretary		X				X				X			Tana Pradia		X				X				X		
Ted Artiaga		X				X				X			John Poole		X				X				X		
Connie Barnes		X				X				X			Teresa Pruitt		X				X				X		
Curtis Bellard		X				X				X			Venita Ray		X				X				X		
Bianca Burley		X				X				X			Viviana Santibanez		X				X				X		
Ella Collins-Nelson		X				X				X			Gloria Sierra		X				X				X		
Amber David		X				X				X			Krystal Shultz		X				X				X		
Johnny Deal		X				X				X			Isis Torrente		X				X				X		
Evelio Escamilla ja 1:04 pm	X				X				X				Steven Vargas		X				X				X		
Tracy Gorden		X				X				X															
Paul Grunenwald		X				X				X															
Angela F. Hawkins		X				X			lr				MEMBERS ABSENT												
J. Hoxi Jones		X				X				X			David Benson												
Denis Kelly		X				X				X			Skeet Boyle												
Peta-gay Ledbetter		X				X				X			Denny Delgado												
Tom Lindstrom		X				X				X			Herman Finley												
Osaro Mgbere		X				X				X			Arlene Johnson												
Nancy Miertschin		X				X				X			John Lazo												
Rodney Mills		X				X				X			Shital Patel												
Allen Murray		X				X				X			Larry Woods												

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room VP = Via phone	<b>Motion #4</b> DSHS SOC Input <b>Carried</b>				<b>Motion #5</b> FY18 Principles & Criteria <b>Carried</b>				<b>Motion #6</b> FY18 Priority Setting Process <b>Carried</b>					<b>Motion #4</b> DSHS SOC Input <b>Carried</b>				<b>Motion #5</b> FY18 Principles & Criteria <b>Carried</b>				<b>Motion #6</b> FY18 Priority Setting Process <b>Carried</b>			
MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Cecilia Ross, Chair				C				C				C	Robert Noble		X				X				X		
Carol Suazo, Secretary		X				X				X			Tana Pradia		X				X				X		
Ted Artiaga		X				X				X			John Poole		X				X				X		
Connie Barnes		X				X				X			Teresa Pruitt		X				X				X		
Curtis Bellard		X				X				X			Venita Ray		X				X				X		
Bianca Burley		X				X				X			Viviana Santibanez		X				X				X		
Ella Collins-Nelson		X				X				X			Gloria Sierra		X				X				X		
Amber David		X				X				X			Krystal Shultz		X				X				X		
Johnny Deal		X				X				X			Isis Torrente		X				X				X		
Evelio Escamilla ja 1:04 pm	X					X				X			Steven Vargas		X				X				X		
Tracy Gorden		X				X				X															
Paul Grunenwald		X				X				X															
Angela F. Hawkins		X				X				X			<b>MEMBERS ABSENT</b>												
J. Hoxi Jones		X				X				X			David Benson												
Denis Kelly		X				X				X			Skeet Boyle												
Peta-gay Ledbetter		X				X				X			Denny Delgado												
Tom Lindstrom		X				X				X			Herman Finley												
Osaro Mgbere		X				X				X			Arlene Johnson												
Nancy Miertschin		X				X				X			John Lazo												
Rodney Mills		X				X				X			Shital Patel												
Allen Murray		X				X				X			Larry Woods												

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room VP = Via phone	Motion #7 FY17 Policy for Unobligated & Carryover funds <b>Carried</b>					Motion #7 FY17 Policy for Unobligated & Carryover funds <b>Carried</b>			
	ABSENT	YES	NO	ABSTAIN		ABSENT	YES	NO	ABSTAIN
MEMBERS					MEMBERS				
Cecilia Ross, Chair				C	Robert Noble		X		
Carol Suazo, Secretary		X			Tana Pradia		X		
Ted Artiaga		X			John Poole		X		
Connie Barnes		X			Teresa Pruitt		X		
Curtis Bellard		X			Venita Ray		X		
Bianca Burley		X			Viviana Santibanez		X		
Ella Collins-Nelson		X			Gloria Sierra		X		
Amber David		X			Krystal Shultz		X		
Johnny Deal		X			Isis Torrente		X		
Evelio Salinas Escamilla ja 1:04 pm		X			Steven Vargas		X		
Tracy Gorden		X							
Paul Grunenwald		X							
Angela F. Hawkins		X			<b>MEMBERS ABSENT</b>				
J. Hoxi Jones		X			David Benson				
Denis Kelly		X			Skeet Boyle				
Peta-gay Ledbetter		X			Denny Delgado				
Tom Lindstrom		X			Herman Finley				
Osaro Mgbere		X			Arlene Johnson				
Nancy Miertschin		X			John Lazo				
Rodney Mills		X			Shital Patel				
Allen Murray		X			Larry Woods				

# Public Comment

In an effort to save paper, please see attached two sided copies.

# PUBLIC COMMENT – 02-20-17

**From:** Keizman, Heather (PHES)

**Sent:** Friday, February 17, 2017 1:35 PM

**To:** Williams, Victoria (County Judge's Office)

**Cc:** Martin, Carin (PHES)

**Subject:** Re: Texas DSHS Standards of Care (SOC): DSHS Link to the Draft OAHS Standards of Care and Universal Standards posted for Public Comment

Hi Tori,

I was just reading the DSHS feedback to the comments they received regarding SOC. I wanted to bring the item below to the attention of consumers (on the last page of the comments). Recently at the Sharing Science Symposium, several of our current or former council members also made the request below to the presenters. Please share with them that if they consider this an important issue, to provide their feedback to DSHS. I think it would be particularly helpful for DSHS to hear from consumers on this issue.

**19. Replace patient with client everywhere in document. DSHS feedback: Patient will remain within the OAHS standard as this is a clinical standard of care.**

Thanks,

Heather Keizman, RN, MSN, WHNP-BC  
Project Coordinator, Clinical Quality Improvement  
Ryan White Grant Administration  
Harris County Public Health and Environmental Services  
2223 West Loop South, #431  
Houston, TX 77027  
Phone: 713.439.6037  
Email: [hkeizman@hcpbes.org](mailto:hkeizman@hcpbes.org)

# **Comprehensive HIV Planning Committee Report**



# The Houston Area Comprehensive HIV Prevention and Care Services Plan for 2012 through 2016

Capturing the community's vision for an ideal system of HIV  
prevention and care for the Houston Area

Year 4 Evaluation Report



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## Vision of the Houston Area Plan

“The greater Houston Area will become a community with a coordinated system of HIV prevention and care, where new HIV infections are rare, and, when they do occur, where every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance, will have unfettered access to high-quality, life-preserving care, free of stigma and discrimination.”

## Mission of the Houston Area Plan

“The mission of the Houston Area Comprehensive HIV Prevention and Care Services Plan for 2012 – 2014 is to work in partnership with the community to provide an effective system of HIV prevention and care services that best meets the needs of populations infected with, affected by, or at risk for HIV.”

## Contributors

**Members of the 2012 Houston Area Comprehensive HIV Plan Evaluation Workgroup** *The following individuals serve as members of the 2012 Houston Area Comprehensive HIV Plan Evaluation Workgroup, which met December 2016 to evaluate Year 4 implementation. This report summarizes their findings and recommendations*

Nicholas Sloop, Co-Chair  
Nancy Miertschin, Co-Chair  
Ted Artiaga  
David Benson  
Nike Blue  
Evelio Escamilla  
Herman Finley  
Morénike Giwa  
Tracy Gorden  
Camden Hallmark  
John Humphries  
Judy Hung  
Amy Leonard

Ken Malone  
Aundrea Matthews  
Osaro Mgbere  
Nancy Miertschin  
Allen Murray  
Shital Patel  
Tasha Traylor  
Amana Turner  
C. Bruce Turner  
Steven Vargas  
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# Introduction

The Houston Area Comprehensive HIV Prevention and Care Services Plan for 2012 – 2016 (also referred to as the 2012 Comprehensive Plan) was revealed to the public on July 2, 2012, following a ten-month planning process that involved 111 individuals and 61 agencies. The final plan included 75 specific activities to be conducted over the next three years in order to make progress toward an ideal system of HIV prevention and care in the Houston Area. The plan was later extended to five years to bridge the gap to implementation of the 2017-2021 Comprehensive Plan. Sixty (60) benchmarks were originally included for use in measuring change over time. The 2012 Comprehensive Plan also included an *Evaluation and Monitoring Plan*, which set forth the annual assessment of the plan's activities and progress made in achieving the plan's objectives and benchmarks. This report summarizes the findings of the evaluation and monitoring process for Year 4 of plan implementation, including highlights from the year.

## Purpose

The 2012 Comprehensive Plan's *Evaluation and Monitoring Plan* (Section IV) outlines specific goals and methods for assessing progress in both the short- and long-term aims of the plan:

***"The goal of the evaluation plan is to determine the impact of the Comprehensive HIV Prevention and Care Services Plan for 2012 – 2014 as measured by the extent of achievement of [system-wide] objectives (Section II)..."***

***The goal of the monitoring plan is to monitor the implementation of the Plan as measured by (1) the extent of achievement of stated activities and efforts (Section III); and (2) the extent of achievement of stated benchmarks (Section III)."***

Assessment of the status of proposed activities measures the extent of the community's implementation of the 2012 Comprehensive Plan each calendar year. Over time, assessment of the progression of objectives and benchmarks reveals the plan's larger impact on attaining stated goals, filling gaps in the HIV prevention and care system in the Houston Area, and, ultimately, alleviating the local HIV epidemic.

## Methods

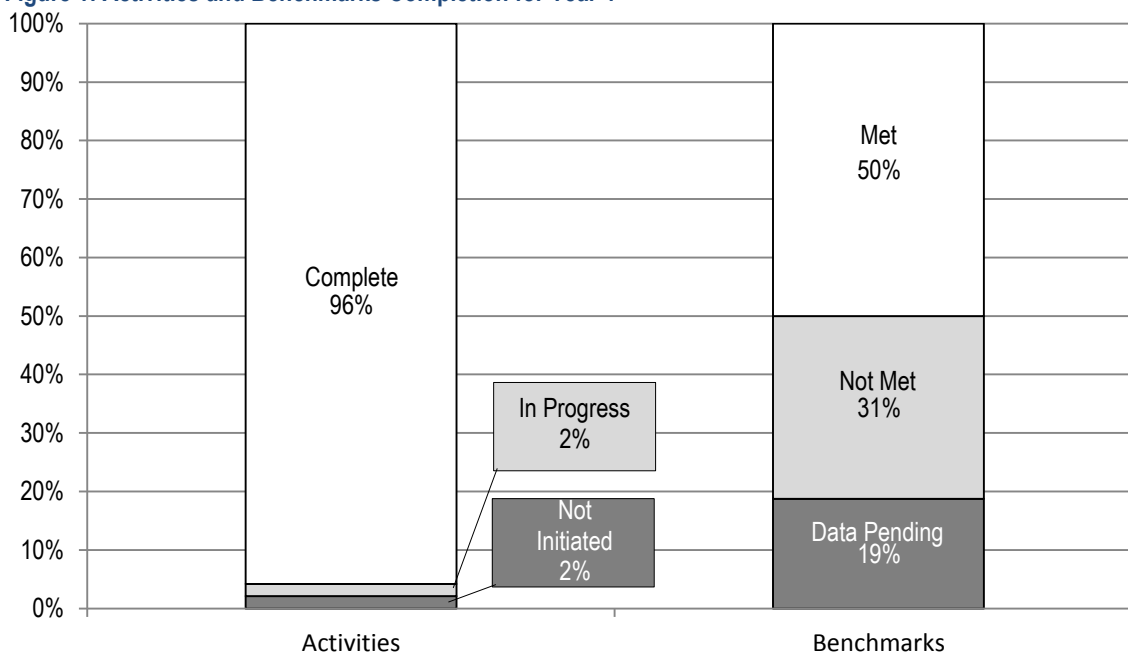
The methods used for evaluating Year 4 implementation are consistent with the *Evaluation and Monitoring Plan* (Section IV). In December 2016, each Responsible Party (**RP**) named in the 2012 Comprehensive Plan (Section III) completed a series of written checklists of assigned activities and benchmarks. For the former, the RP was asked to indicate the extent of achievement of each assigned activity for the time period of January – December 2015 using a standard key [C = Complete, C4 = Complete for Year 4 (for annual activities), P = In Progress, NI = Not Initiated, NA = N/A for Time Period, NA/C = N/A Complete] and to provide process notes or other updates to support and provide context for their conclusions. For the latter, the RP supplied the most current and complete year-end data point for each benchmark using approved data sources. All checklists and supporting documentation were cross-referenced and consolidated by support staff. Staff also gathered data on system-wide objectives and any benchmarks not assigned to a RP. The 2012 Comprehensive Plan's standing *Evaluation Workgroup* convened in December 2016 to review consolidated checklists and identify key findings.

# Summary of Year 4 Implementation

- **The Houston Area Report Card: Overall Status of Year 4 Activities and Benchmarks**

The 2012 Comprehensive Plan is organized into four topic-specific Strategies, each containing activities and benchmarks. While initially slated for completion by the end of 2014, outstanding activities and benchmarks were retained into 2015 and 2016. Across the four Strategies, a total of 48 distinct activities were designated for completion in Year 4, including activities to be conducted annually; and 37 benchmarks were measured for Year 4. Overall, 47 of the activities designated for Year 4 (98%) were completed or had progress made (**Figure 1**). Only one activity (2%) that was designated for completion in Year 4 was not initiated: the *Strategy to Improve Coordination of Effort and Prepare for Health Care System Changes* activity 16i. “Target philanthropic organizations for coordination of effort activities.” Sixteen benchmarks measured in Year 4 (46%) met or exceeded targets originally set for Year 3. Data were not available or are still pending for 14 Year 4 benchmarks (38%).

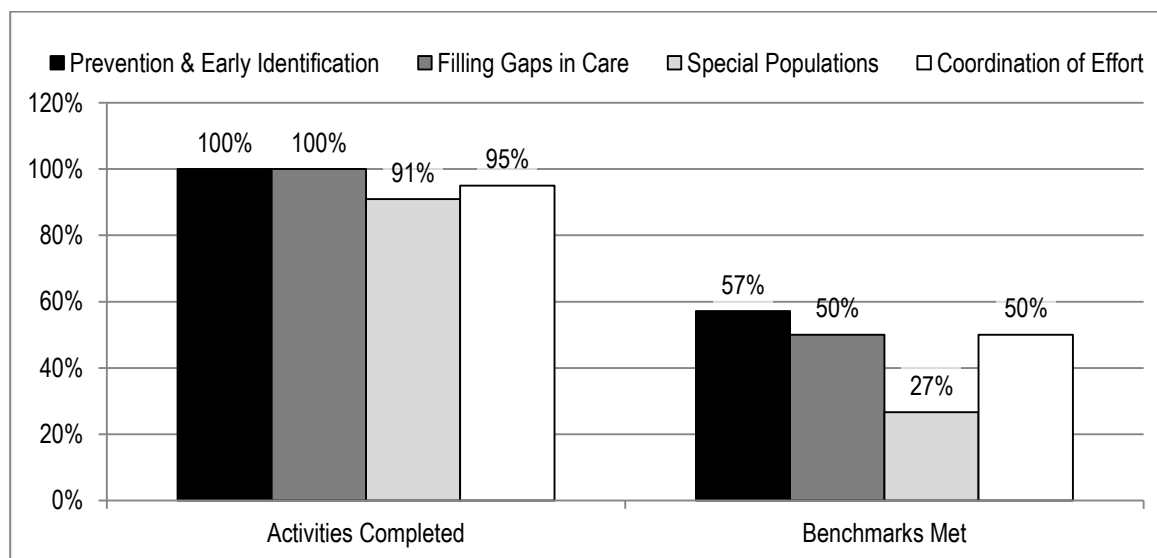
**Figure 1: Activities and Benchmarks Completion for Year 4**



Overall, the *Strategy for Prevention and Early Identification* and the *Strategy to Fill Gaps in Care and Reach the Out-Of-Care* saw the most activity progress with 100% of its activities completed (**Figure 2**). The *Strategy to Address the Needs of Special Populations* saw the least overall activity progress with 91% of its activities completed by the end of Year 4. The *Strategy for Prevention and Early Identification* had the most benchmark progress with 57% of benchmarks met or exceeded. The *Strategy to Address the Needs of Special Populations* saw the least benchmark progress with 27% of benchmarks measures met<sup>1</sup>.

<sup>1</sup> The *Strategy to Address the Needs of Special Populations* had four (4) Year 3 benchmarks, three (3) of which had benchmark indicator measures for special population groups, resulting in a total of 22 benchmark measures.

**Figure 2: Percent of Activities and Benchmarks Completed/Met for Year 4, by Strategy**



- **The Houston Area Objectives: Progress Made in Year 4**

The 2012 Comprehensive Plan includes nine objectives intended to serve as measures of overall improvements in the Houston Area of HIV prevention and care system. The objectives include core epidemiological indicators of HIV infection, nationally defined benchmarks for HIV prevention and care services, and locally defined goals for the Houston Area Ryan White HIV/AIDS Program (**Figure 3**). Of the seven objectives measured for Year 4, four had most current measurements that met or exceeded the 2012 Comprehensive Plan targets originally set for Year 3.

**Figure 3: Status of System-Wide Objectives for the Houston Area, 2015**

Objective	Baseline	Y4 Actual	Y3 Target	Status
1.) Number of new HIV infections diagnosed	1,335	1,345	↓25% = 1,001	✗
2.) Percent of PLWH* informed of status through <i>targeted</i> testing	92.9%	93.8%	Maintain = 93.0%	✓
3.) Proportion of newly diagnosed PLWH linked to clinical care within three months	65.1%	81.0%	85%	✗
4.) Percent of new HIV diagnoses with an Stage 3 HIV diagnosis within one year	34.5%	20.0%	↓25% = 27.0%	✓
5.) Percent of RW Program clients who are in continuous HIV care	78.0%	73%	80%	✗
6.) Proportion of PLWH not in care	34.2%	24.0%	↓0.8% = 27.3%	✓
7.) Proportion of RW Program clients with suppressed viral load	57.0%	75%+	↑10% = 62.7%	✓
8.1) Reports of barriers to RW Program-funded Substance Abuse Services**	-	-	-	-
8.2) Reports of barriers to RW Program-funded Mental Health Services**	-	-	-	-

\*People Living with HIV

\*\* There are no Year 4 actual measurements for Objectives 8.1 and 8.2 as these data are reported in the Year 3 Evaluation Report.

+Y4 actual measure is the proportion of RW Part A suppressed viral load (undetectable viral load unavailable).

# Highlights of Year 4 Implementation

- **Four Core HIV Indicators Met or Exceeded Year 3 Targets in Year 4**

As in all previous years of implementation, the 2012 Comprehensive Plan's outcome objectives measuring the overall improvement in the Houston HIV prevention and care system made progress in Year 4. Four objectives had measures that met or exceeded targets originally set for Year 4. The percent of PLWH informed of their positive HIV status through targeted testing exceeded its 2014 target maintenance target of 93.0% at 93.8% in 2015. The percentage of new HIV diagnoses with an HIV Stage 3 diagnosis (formerly AIDS) within one year also surpassed the 2014 target of 27.0% to 20.0% in 2015, though changes in Texas Department of State Health Service (TDSHS) methodology likely account for a portion of this decrease. The estimated proportion of PLWH not in care (Unmet Need) fell from 34.2% at baseline (2010) to 24.0% for the 2015 actual measurement, surpassing the 2014 target. Finally, though the proportion of Ryan White Program clients with undetectable viral loads was not available, the proportion of clients with suppressed viral loads was 75%. One additional objective made progress toward its Year 3 target from the baseline measurements in Year 4. The proportion of newly diagnosed PLWH linked to HIV clinical care within three months of diagnosis increased from 65.1% at the baseline to a 2015 actual measurement of 81%, the highest of any measurement year. Though it is not possible to determine whether the 2012 Comprehensive Plan is the sole source of this progress, the improvements observed in the plan's system objectives indicate that the Houston Area community has progressed toward the plan's goals since 2012.

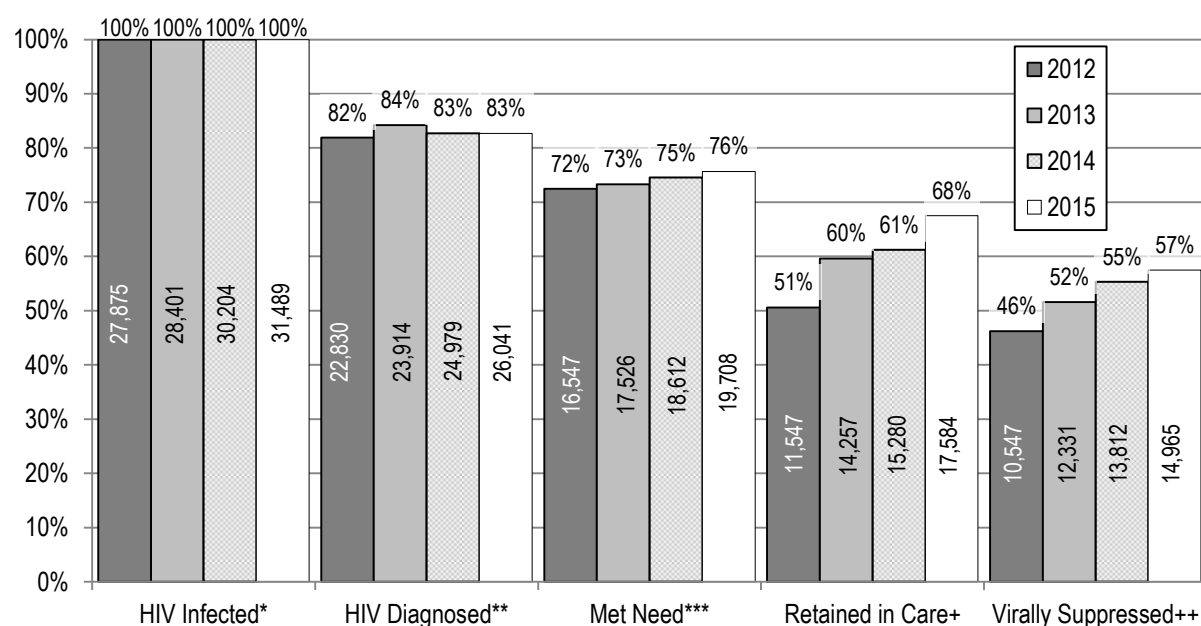
- **Sixteen Benchmarks Met or Exceeded Year 3 Targets in Year 4**

Of the 37 benchmarks measured in Year 4, 16 had actual 2015 measurements that met or exceeded 2014 targets. The 2012 Comprehensive Plan's *Strategy for Prevention and Early Identification* benchmarks for the number of HIV/STD brochures distributed, the positivity rate for publicly-funded traditional HIV testing and opt-out/routine HIV testing, the percentage of individuals with a positive HIV test result identified through targeted HIV testing who are informed of their HIV-positive status, the percentage of new HIV diagnoses with an HIV Stage 3 diagnosis within one year, the proportion of Ryan White HIV/AIDS Program clients with suppressed viral loads, the number of high-risk individuals receiving information on HIV risk reduction through community outreach, and the number of high-risk individuals that completed an evidence-based behavioral intervention to reduce risk for HIV all met or surpassed their 2014 targets in 2015. The *Strategy to Fill Gaps in Care and Reach the Out-Of-Care* benchmarks for the proportion of individuals who have tested positive for HIV but who are not in HIV care as determined by the Ryan White HIV/AIDS Program Unmet Need Framework and the proportion of Ryan White HIV/AIDS Program clients with suppressed viral loads exceeded their 2014 targets in 2015. Four benchmark measurements exceeded 2014 targets for the *Strategy to Address the Needs of Special Populations* in 2015: the proportion of newly diagnosed men who have sex with men (MSM) linked to clinical care within three months of diagnosis beyond the 2014 target, the proportions of newly diagnosed injection drug using (IDU) individual and MSM who have tested positive for HIV but who are not in HIV care, and the percentage of HIV prevention and care frontline staff receiving annual cultural competence training. Under the *Strategy to Improve Coordination of Effort and Prepare for Health Care System Changes*, the numbers of non-AIDS Service Organizations (ASO) serving as members of the Ryan White Planning Council and requesting information about HIV services exceeded Year 3 targets in Year 4.

- Year 4 Progress in the Houston EMA HIV Care Continuum**

In addition to monitoring the system objectives in the Plan Objectives, the Evaluation Workgroup recommended during the Year 1 evaluation process to include monitoring of the local HIV Care Continuum (**HCC**). Though the 2012 Comprehensive Plan cites and uses the cascade as a secondary data source in the *Strategy to Fill Gaps in Care and Reach the Out-of-Care*, a local iteration of the cascade was not incorporated into the plan itself as the plan was four months into development when the Centers for Disease Control and Prevention released *Vital Signs: HIV Prevention Through Care and Treatment — United States*, which included estimates of the numbers of PLWH in selected stages of the continuum of HIV care. While the 2012 Comprehensive Plan includes the Houston Health Services Delivery Area (**HSDA**) served through Ryan White Part B and States Services funds, and through CDC HIV prevention funding in the Houston Metropolitan Statistical Area (**MSA**), the data reflected in the local treatment cascade are derived only from data collected for the counties that comprise the Houston Eligible Metropolitan Area (**EMA**) (**Figure 4**).

**Figure 4: The Houston EMA HIV Care Continuum, 2012-2015**



\*No. person who are HIV positive in 2012, 2013, 2014, and 2015 in the Houston EMA (diagnosed + undiagnosed estimate).

\*\*No. diagnosed persons who are HIV positive in 2012, 2013, 2014, and 2015 in the Houston EMA.

\*\*\*No. diagnosed persons with met need in 2012, 2013, 2014, and 2015 in the Houston EMA.

+No. diagnosed persons with retained in care (PLWH with at least 2 visits, labs, or ARVs in 12 months, at least 3 months apart) in 2012, 2013, 2014, and 2015 in the Houston EMA.

++No. diagnosed persons whose last viral load test of 2012, 2013, 2014, 2015<=200 (among persons with >=1 VL test) in the Houston EMA.

The HCC reflects within the Houston EMA: the estimated total number of PLWH (diagnosed and estimated status unaware); the number of PLWHA in who have been diagnosed; and, among the diagnosed, the numbers of PLWHA with records of met need, retention in care, and viral suppression within the 2012, 2013, 2014, and 2015 calendar years. The proportions of the diagnosed PLWH with met need, who were retained in care, and who had suppressed viral loads at the end of the calendar year has increased consistently since 2012.



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## **Special Study Prospectus:** Out of Care (OOC) Needs Assessment

Why is this special study of interest/importance to the Houston HIV Community?	<ul style="list-style-type: none"><li>• OOC people living with HIV (<b>PLWH</b>) have historically been under sampled needs assessments.</li><li>• The most recent unmet need estimate suggests that OOC PLWH comprise 27% of all PLWH in the Houston EMA. Only 4 (0.8%) of participants in the 2016 Needs Assessment met HRSA unmet need criteria.</li><li>• Houston Health Department's (<b>HHD</b>) Re-linkage Program and Texas Department of State Health Services (<b>TDSHS</b>) Region 6-5 South contact individuals meeting HRSA OOC criteria, and work to connect those individuals back into care.</li></ul>
Where is the gap in our knowledge about this topic?	<ul style="list-style-type: none"><li>• In the Houston EMA, we do not know enough about the core medical and support service needs of OOC PLWH, what factors lead to currently OOC PLWH falling out of care, and what service system changes could improve retention in care.</li></ul>
What do we ultimately want to learn? What are our research questions?	<ul style="list-style-type: none"><li>• What are the needs of OOC PLWH in the Houston EMA?</li><li>• How have OOC PLWH met their other needs outside the Ryan White system?</li><li>• What proportions of OOC PLWH are truly OCC (vs. being OOC "on record")?</li><li>• Are there any barriers to care in the Houston EMA that contribute to PLWH falling out of care?</li><li>• What service system improvements would be necessary to reduce the number of PLWH who are OOC?</li></ul>
What methodology/methodologies will be used in this special study?	<ul style="list-style-type: none"><li>• Snowball/chain referral sampling &amp; convenience sampling through HHD and TDSHS if amenable; surveys/phone interviews/in-person interviews with OOC</li></ul>
Are there any risks for special study participants?	<ul style="list-style-type: none"><li>• No, standard informed consent and confidentiality practices will be applied</li><li>• A benefit to special study participants may be referral to re-linkage resources</li></ul>
What are the potential limitations of this study?	<ul style="list-style-type: none"><li>• Lack of generalizability due to potentially small size and sampling strategies</li></ul>
What is our data analysis process for this special study?	<ul style="list-style-type: none"><li>• Collect, clean, and analyze survey data in SPSS, using similar protocol to the 2016 Needs Assessment</li></ul>
Who are the responsible parties and potential community partners who can assist in this special study?	<ul style="list-style-type: none"><li>• Comprehensive HIV Planning Committee &amp; Ryan White Planning Council</li><li>• RWPC Office of Support &amp; Interns</li><li>• HHD's Bureau of HIV/STD &amp; Viral Hepatitis Prevention Re-Linkage Program</li><li>• TDSHS Region 6-5 South</li><li>• TRG</li></ul>
What is a rough timeline for this special study?	<ul style="list-style-type: none"><li>• Duration of study will be partially determined by availability of participants.</li><li>• Adapt 2016 Needs Assessment survey tool, design sampling strategy, and adjust data analysis protocol</li><li>• Collect and enter surveys; clean dataset</li><li>• Analyze survey findings</li><li>• Develop services system improvement recommendations</li><li>• Draft report</li></ul>
How will the findings of this special study be used?	<ul style="list-style-type: none"><li>• The findings of this special study will inform HIV re-linkage and care services design, allocations, provision, and potentially standards of care should findings warrant.</li></ul>

## **Special Study Prospectus:** Social Determinants of Health Supplement

Why is this special study of interest/importance to the Houston HIV Community?	<ul style="list-style-type: none"><li>• Several questions related to social determinants of health were trimmed from the 2016 Needs Assessment survey tool, such as question regarding employment, current transportation resources, public assistance, current substance abuse and needle use practices, disability, etc.</li><li>• Houston Health Department's (HHD) Bureau of Epidemiology collects similar data from a large sample for the Houston Medical Monitoring Project (HMMP)</li></ul>
Where is the gap in our knowledge about this topic?	<ul style="list-style-type: none"><li>• Since several questions related to social determinants of health were trimmed from the 2016 Needs Assessment survey tool, the most recent collection of these data was 2013.</li><li>• Epidemiological / Surveillance data does not probe most social determinants of health</li></ul>
What do we ultimately want to learn? What are our research questions?	<ul style="list-style-type: none"><li>• How do social determinants of health affect PLWH in the Houston area?</li><li>• How can services be designed to improve HIV care in light of social determinants?</li></ul>
What methodology/methodologies will be used in this special study?	<ul style="list-style-type: none"><li>• Data mining HMMP database(s) if HHD Bureau of Epidemiology is amenable</li></ul>
Are there any risks for special study participants?	<ul style="list-style-type: none"><li>• No, HMMP data collection and de-identification would fall under the purview of HHD Bureau of Epidemiology</li></ul>
What are the potential limitations of this study?	<ul style="list-style-type: none"><li>• Depending on the roles of potential community partners, RWPC Office of Support staff &amp; interns may need to learn / re-learn data mining methodologies.</li><li>• Data likely limited to Houston/Harris County</li></ul>
What is our data analysis process for this special study?	<ul style="list-style-type: none"><li>• TBD</li></ul>
Who are the responsible parties and potential community partners who can assist in this special study?	<ul style="list-style-type: none"><li>• Comprehensive HIV Planning Committee &amp; Ryan White Planning Council</li><li>• RWPC Office of Support &amp; Interns</li><li>• HHD Bureau of Epidemiology (HMMP)</li></ul>
What is a rough timeline for this special study?	<ul style="list-style-type: none"><li>• Duration of study will be greatly determined by HHD Bureau of Epidemiology, content of HMMP data, and data mining resources.</li></ul>
How will the findings of this special study be used?	<ul style="list-style-type: none"><li>• The findings of this special study supplement the findings of the 2016 Needs Assessment and potentially enrich the HMMP</li></ul>



**2016 Houston HIV Care  
Services Needs Assessment:  
Profile of Transgender and Gender  
Non-conforming Individuals**

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## PROFILE OF TRANSGENDER AND GENDER NON-CONFORMING INDIVIDUALS

A persistent challenge to designing HIV prevention and care services that meet the needs of all Houston area people living with HIV (**PLWH**) is the lack of epidemiological and surveillance data that accurately reflect the burden of HIV among transgender and gender non-conforming PLWH. A 2013 meta-analysis indicated a heavily disproportionate HIV burden among transgender women in the United States, estimating that 21.7% (1 in 5) of transgender women are living with HIV (Baral, et al., 2013). While included in most state and national surveillance datasets, transgender women living with HIV are categorized as male and men who have sex with men (**MSM**) by sex at birth and risk factor. Transgender MSM are often categorized as female with heterosexual risk factor. Gender non-conforming or non-binary individuals are included, but are only represented by sex at birth, not current gender identity. Data about service needs and barriers transgender and gender non-conforming PLWH in the Houston area encounter is of particular importance to local HIV planning as this information equips communities to provide prevention and care services that meet the unique needs of disproportionately affected gender minority groups.

Proactive efforts were made to gather a representative sample of all PLWH in the 2016 Houston HIV Care Services Needs Assessment as well as focus targeted

sampling among key populations (See: *Methodology*, full document), and results presented throughout the full document include participants who were transgender or gender non-conforming. This Profile highlights results *only* for participants who were transgender or gender non-conforming, as well as comparisons to the entire needs assessment sample.

*Notes:* “Transgender” and “gender non-conforming” are defined in this analysis as PLWH who indicated having a primary gender identity or gender expression at the time of survey that differed from the participant’s reported sex they were assigned at birth, including an option for “intersex”. As such, participants who self-identify as transgender or gender non-conforming but who did not meet this analysis criterion may be excluded. Care should be taken in applying the results presented in this profile to the Houston area transgender and gender non-conforming PLWH population as a whole due to small sample size. Data presented in this in the Demographics and Socio-Economic Characteristics section of this Profile represent the *actual* survey sample, rather than the *weighted* sample presented throughout the remainder of the Profile (See: *Methodology*, full document). Proportions are not calculated with a denominator of the total number of surveys for every variable due to missing or “check-all” responses.

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## DEMOGRAPHICS AND SOCIO-ECONOMIC CHARACTERISTICS

(**Table 1**) In total, 20 participants in the 2016 Houston HIV Care Services Needs Assessment were identified as transgender or gender non-conforming, comprising 4% of the total sample.

All transgender and gender non-conforming participants were residing in Houston/Harris County at the time of data collection. Like the total sample of needs assessment participants, the majority of transgender and gender non-conforming participants were male at birth (90%) African American/Black (60%), between the ages of 25 and 49 (55%), resided in Harris County (100%), and were born in the U.S. (90%). Most transgender and gender non-conforming participants were categorized as transitioning or having transitioned from Male to Female (**MTF**) (50%) or were non-binary (40%). No transgender and gender non-conforming participants reported being out of

care, and the majority had public health insurance coverage through Medicaid or Medicare. Compared to all needs assessment participants, greater proportions of transgender and gender non-conforming participants identified as gay or lesbian (60% v. 34%). Transgender and gender non-conforming participants also displayed wider variety in sexual orientation with “other” or write-in responses (25% vs. 5%), including pansexual, undecided, “transsexual”, and “demi-gray asexual”. Though representing a very small overall number, the proportion of participants recently released from incarceration was 85% higher among transgender and gender non-conforming participants was greater than among the total sample (15% vs 8%). Several socio-economic characteristics of transgender and gender non-conforming participants were also different from the total sample. The average annual

income among transgender and gender non-conforming participants who reported income was just over two-thirds the amount the total sample reported, or 71 cents per dollar (\$6,688 vs. \$9,380). A greater proportion of transgender and gender non-conforming participants reported experiencing current housing instability compared to the total sample (70% v. 28%; *not shown*).

Characteristics of transgender and gender non-conforming participants (as compared to all participants in general) can be summarized as follows:

- Residing in Houston/Harris County
- Male at birth
- MTF or non-binary at time of survey
- African American/Black
- Adults between the ages of 25 and 49
- Self-identified as gay or lesbian
- With higher occurrences of recent release from incarceration, lower average annual income, and a greater proportion unstably housed.

**TABLE 1-Select Characteristics among Transgender and Gender Non-Conforming Participants, Houston Area HIV Needs Assessment, 2016**

No. TG / GN % Total %				No. TG / GN % Total %				No. TG / GN % Total %			
County of residence				Age range (median: 35-49)				Sex at birth			
Harris	20	100%	93.4%	13 to 17	0	-	0.2%	Male	18	90.0%	67.3%
Fort Bend	0	-	4.2%	18 to 24	1	5.0%	3.4%	Female	2	10.0%	37.7%
Liberty	0	-	0.2%	25 to 49	11	55.0%	43.2%	Intersex	0	-	-
Montgomery	0	-	1.2%	50 to 54	2	10.0%	24.3%	MTF	10	50.0%	-
Other	0	-	1.0%	55 to 64	4	20.0%	26.2%	FTM	2	10.0%	-
				≥65	2	10.0%	2.8%	Other	8	40.0%	-
				Seniors (≥50)	8	40.0%	53.3%	Currently pregnant	0	-	0.2%
Primary race/ethnicity				Sexual orientation (self-reported)				Health insurance (multiple response)			
White	1	5.0%	11.80%	Heterosexual	2	10.0%	54.0%	Private insurance	4	14.3%	8.6%
African American/Black	12	60.0%	62.7%	Gay/Lesbian	12	60.0%	33.7%	Medicaid/Medicare	14	50.0%	49.8%
Hispanic/Latino	7	35%	23.9%	Bisexual	1	5.0%	7.7%	Harris Health System	6	21.4%	23.7%
Asian American	0		1.00%	Other	5	25.0%	4.5%	Ryan White Only	4	14.3%	17.0%
Other/Multiracial	0	-	0.6%					None	0	-	1.0%
Immigration status				Yearly income (average: \$6,688)							
Born in the U.S.	18	90.0%	84.6%	Federal Poverty Level (FPL)							
Citizen > 5 years	0	-	6.5%	Below 100%	9	45.0%	78.80%				
Citizen < 5 years	0	-	0.8%	100%	3	15.0%	12.70%				
Undocumented	0	-	2.0%	150%	0	-	3.70%				
Prefer not to answer	2	10.0%	4.4%	200%	0	-	2.80%				
Other	0	-	1.8%	250%	0	-	0.60%				
				≥300%	0	-	1.40%				

## BARRIERS TO RETENTION IN CARE

As in the methodology for all needs assessment participants, results presented in the remaining sections of this Profile were statistically weighted using current HIV prevalence for the Houston EMA (2014) in order to produce proportional results (See: *Methodology*, full document).

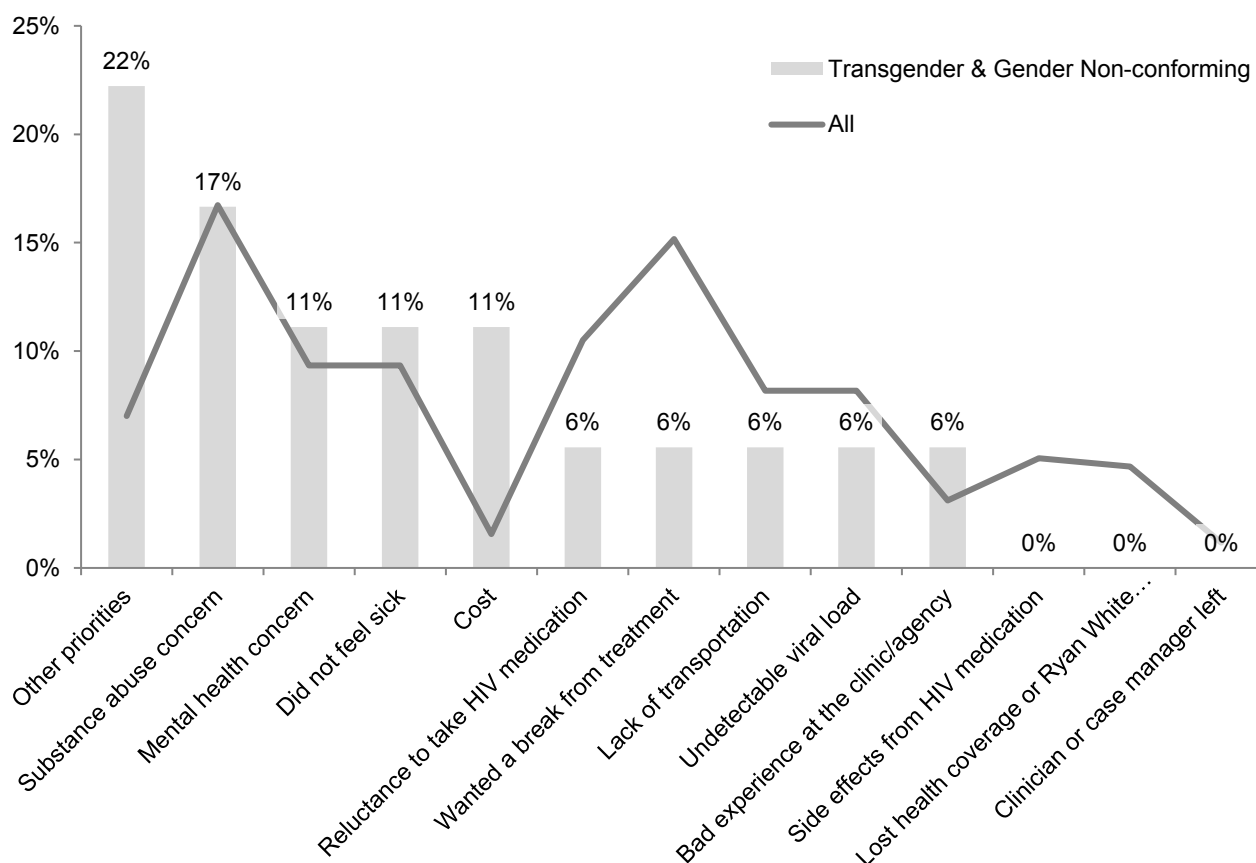
While 71% of all needs assessment participants needs assessment participants reported no interruption in their HIV care for 12 months or more since their diagnosis, only 59% of transgender and gender non-conforming participants reported no interruption in care. Those who reported a break in HIV care for 12 months or more since first entering care were asked to identify the reasons for falling out of care. Thirteen commonly reported reasons were included as options in the consumer survey, and participants could select

multiple reasons. Participants could also write-in their reasons.

(**Graph 1**) Among transgender and gender non-conforming participants, having other priorities at the time was cited most often as the reason for interruption in HIV medical care at 22% of reported reasons, followed by experience substance abuse or mental health concerns (17% and 11%, respectively), not feeling sick (11%), and difficulty paying for medical care (11%). The greatest differences between transgender and gender non-conforming participants and the total sample were in the proportions of reports of having other priorities at the time (22% vs. 7%), difficulty paying for medical care (11% vs. 2%), and wanting to take a break from treatment (6% to 15%). There were no write-in responses for this question.

**GRAPH 1-Reasons for Falling Out of HIV Care among Transgender and Gender Non-conforming PLWH in the Houston Area, 2016**

*Definition: Percent of times each item was reported by transgender and gender non-conforming needs assessment participants as the reason they stopped their HIV care for 12 months or more since first entering care.*



## OVERALL RANKING OF FUNDED SERVICES, BY NEED

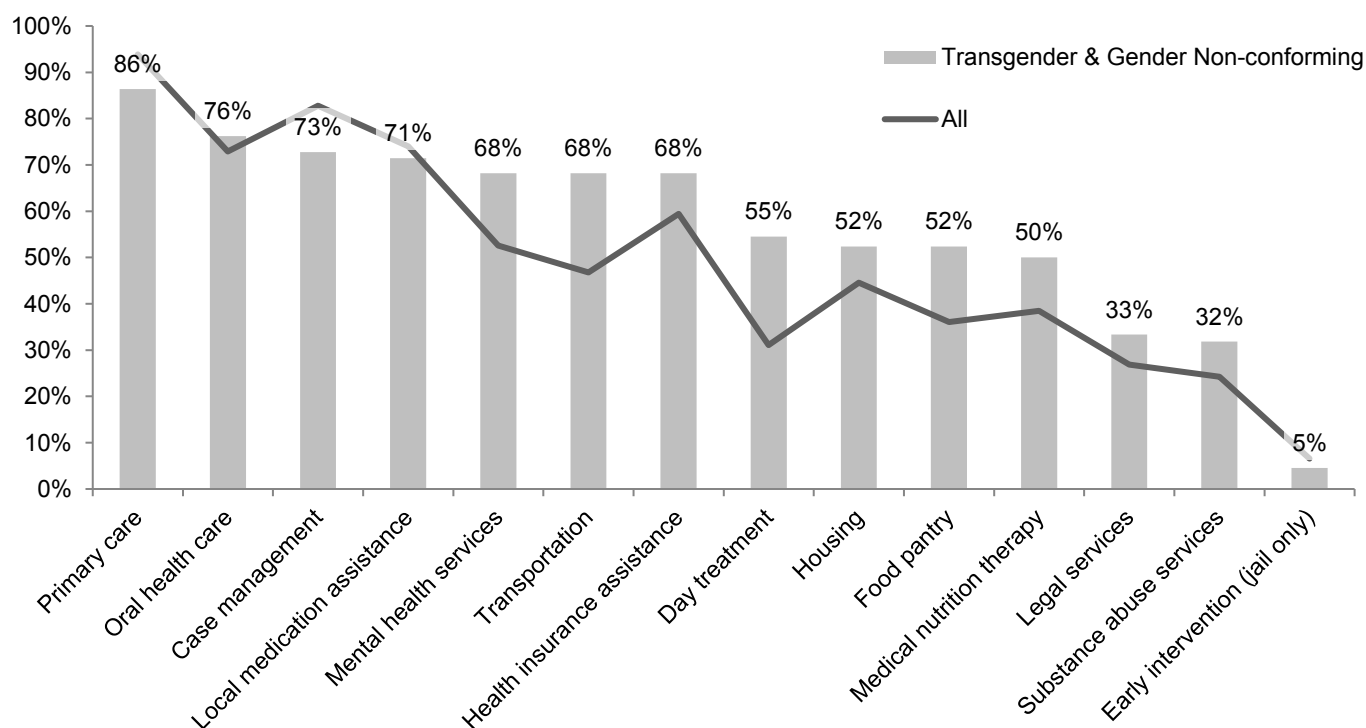
In 2016, 15 HIV core medical and support services were funded through the Houston Area Ryan White HIV/AIDS Program, and housing services were provided through the local HOPWA program. Though no longer funded through the Ryan White HIV/AIDS Program, Food Pantry was also assessed. Participants of the 2016 Houston HIV Care Services Needs Assessment were asked to indicate which of these funded services they needed in the past 12 months.

(Graph 2) Among transgender and gender non-conforming participants, primary care was the most

needed funded service at 86% of transgender and gender non-conforming participants reporting need, followed by oral health care (76%), case management (73%), local medication assistance (71%), and mental health services (68%). The greatest differences between transgender and gender non-conforming participants and the total sample were in the proportions reporting need for day treatment (55% vs. 31%), transportation (68% vs. 49%), mental health services (68% vs. 53%), and food pantry (52% vs. 36%).

### GRAPH 2-Ranking of HIV Services among Transgender and Gender Non-conforming PLWH in the Houston Area, By Need, 2016

*Definition: Percent of transgender and gender non-conforming needs assessment participants stating they needed the service in the past 12 months, regardless of ease or difficulty accessing the service.*





## Other Identified Needs

Twelve other/non-Ryan White funded HIV-related services were assessed to determine emerging needs for Houston Area PLWH. Participants were also encouraged to write-in other types of needed services.

(**Graph 3**) In general, transgender and gender non-conforming participants reported fewer currently unfunded needs and in lower proportions than the general sample. Additionally, needs for “other” services skewed toward services to meet physiological and safety needs like food bank and housing-related services. Of the 12 services options provided, the

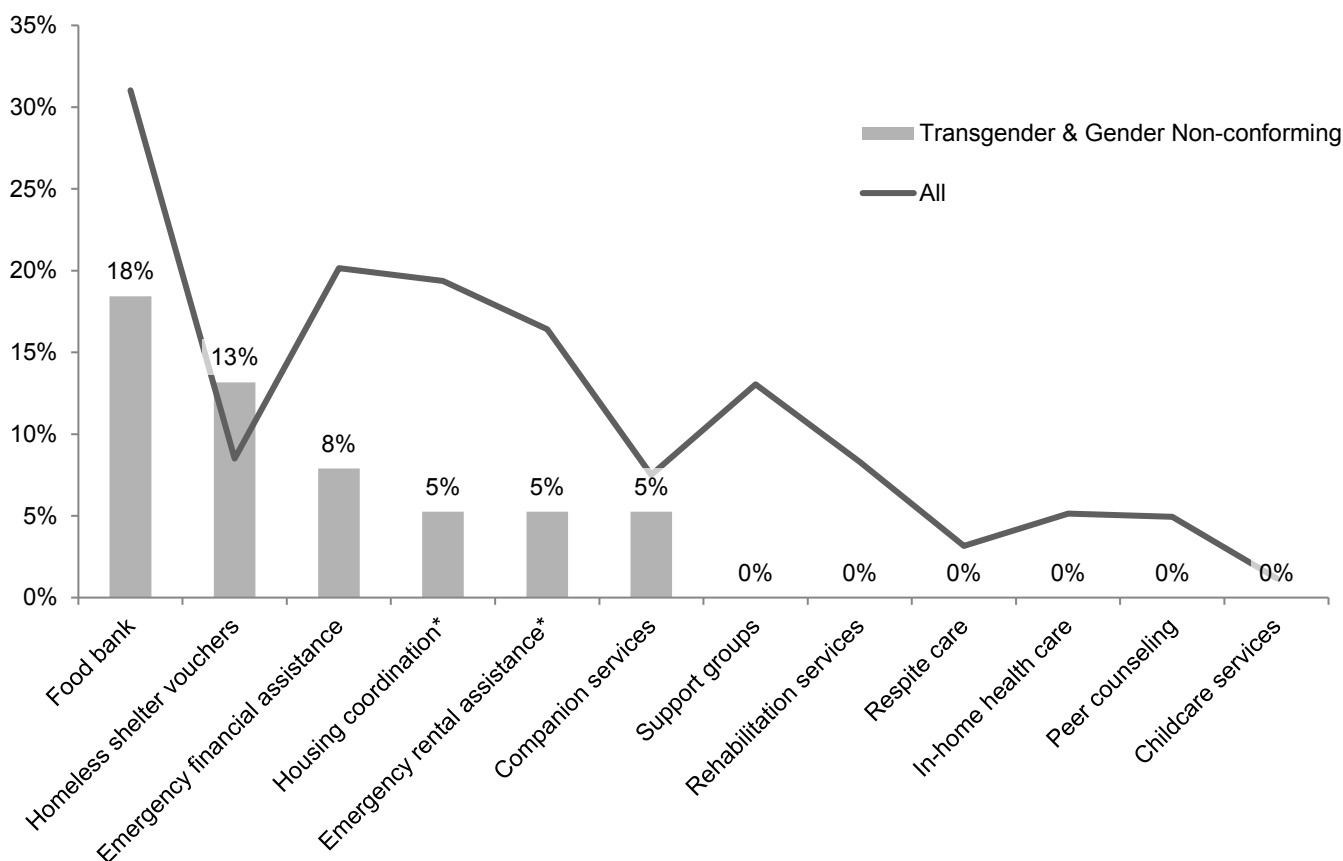
greatest proportion of transgender and gender non-conforming participants reported also needing food bank services (18%), followed by homeless shelter vouchers (13%), and emergency financial assistance (8%). Compared to the total sample, a greater proportion of transgender and gender non-conforming participants reported needing homeless shelter vouchers (13% vs. 8%), while smaller proportions reported needing housing coordination (5% vs. 19%) and food bank (18% vs. 31%).

Transgender and gender non-conforming participants provided no write-in services.

### GRAPH 3-Other Needs for HIV Services among Transgender and Gender Non-conforming PLWH in the Houston Area, 2016

*Definition: Percent of transgender and gender non-conforming needs assessment participants, who selected each service in response to the survey question, “What other kinds of services do you need to help you get your HIV medical care?”*

*\*These services are not currently funded by the Ryan White program; however, they are available through the Housing Opportunities for People with AIDS (HOPWA) program.*



## OVERALL BARRIERS TO HIV CARE

For the first time in the Houston Area HIV Needs Assessment process, participants who reported *difficulty* accessing needed services were asked to provide a brief description of the barrier or barriers encountered, rather than select from a list of pre-selected barriers. Recursive abstraction was used to categorize participant descriptions into 39 distinct barriers. These barriers were then grouped together into 12 nodes, or barrier types.

(**Graph 4**) Only 7 transgender and gender non-conforming participants cited barriers to HIV care services. As this group comprises only 35% of all transgender and gender non-conforming participants and 1.4% of the total sample, great care should be taken in applying data and conclusions from Graph 4

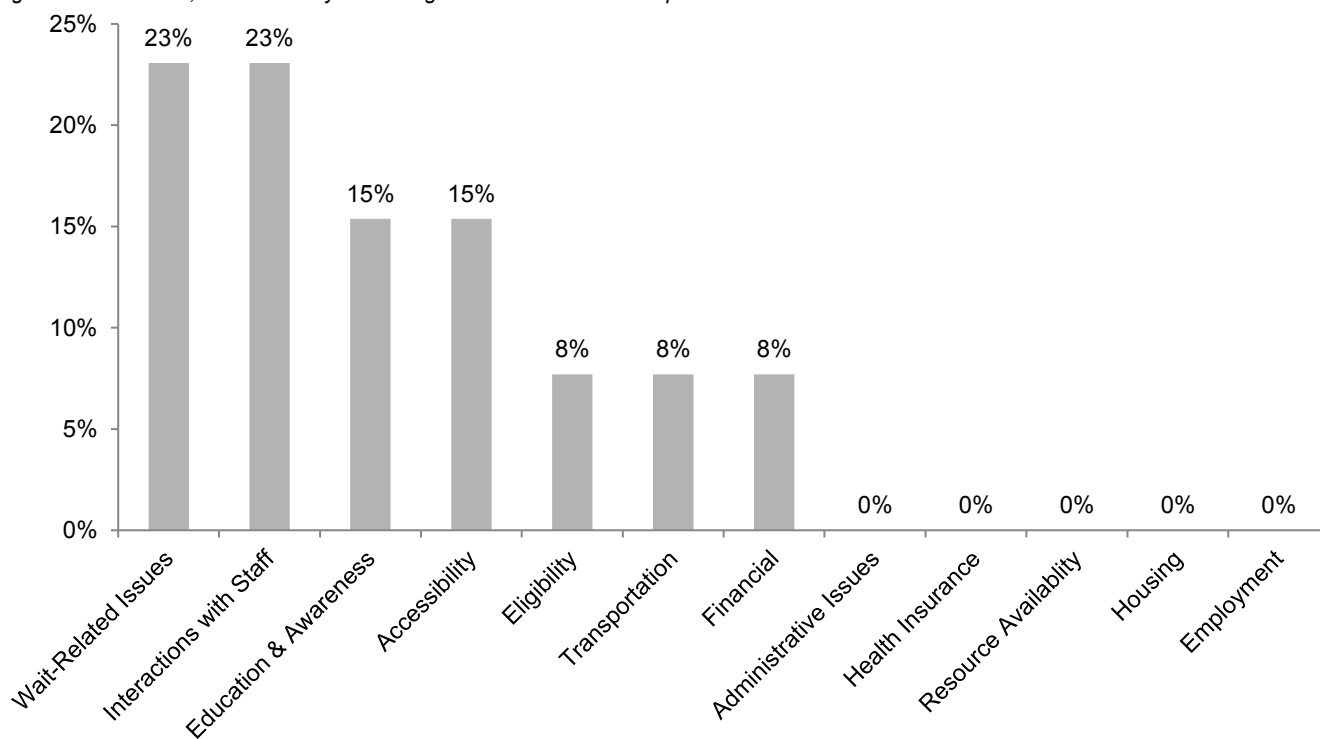
to the greater Houston area transgender and gender non-conforming PLWH population.

Overall, the barrier types reported most often among transgender and gender non-conforming participants related to wait-related issues (23% of all reported barriers); interactions with staff (23%), education and awareness (15%), and accessibility (15%).

Due to the small number of transgender and gender-nonconforming participants reporting barriers to HIV care services, comparison of barrier types between transgender and gender non-conforming participants and the total sample would not be generalizable and are not reported here.

### GRAPH 4-Ranking of Types of Barriers to HIV Services among Transgender and Gender Non-conforming PLWH in the Houston Area, 2016

*Definition: Percent of times each barrier type was reported by transgender and gender non-conforming needs assessment participants, regardless of service, when difficulty accessing needed services was reported.*



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Baral, S. D., Poteat, T., Stromdahl, S., Wirtz, A. L., Guadamuz, T. E., & Beyrer, C. (2013). Worldwide Burden of HIV in Transgender Women: A Systematic Review and Meta-Analysis. *The Lancet Infectious Diseases*, 214-222.

**For more information or a copy of the full 2016 Houston  
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# **Quality Improvement Committee Report**

Service Category	Is this a core service?  If no, how does the service support access to core services & support clients achieving improved outcomes?	How does this service assist individuals <i>not in care</i> * to access primary care?  <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status-unaware and link them into care  <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months  <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.	Documentation of Need  (Sources of Data include: 2016 Needs Assessment, 2017-2021 Comp Plan, 2015 Outcome Measures, 2015 Chart Reviews, Special Studies and surveys, etc.)	Identify non-Ryan White Part A or Part B/ non-State Services Funding Sources  (i.e., Alternative Funding Sources)  Is this service typically covered under a Qualified Health Plan (QHP)?	Justify the use of Ryan White Part A, Part B and State Services funds for this service.  Is this a duplicative service or activity?	Service Efficiency  Can we make this service more efficient? For: a) Providers b) Clients  Can we bundle this service?  Has a recent capacity issue been identified?	Recommendation(s)
Part 1: Services offered by Ryan White Part A, Part B, and State Services in the Houston EMA/HSDA as of 03-17-17							
Ambulatory/Outpatient Primary Medical Care (incl. Vision):							
CBO, Adult – Part A, Including LPAP, MCM & Svc Linkage (Includes OB/GYN) <i>See below for Public Clinic, Rural, Pediatric, Vision</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> EIIHA <input type="checkbox"/> Unmet Need <input type="checkbox"/> Continuum of Care		Covered under QHP? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

‡ Service Category for Part B/State Services only.



**RYAN WHITE PART A QUALITY MANAGEMENT PROGRAM  
HOUSTON EMA  
CLIENT SATISFACTION REPORT, 2016  
PREPARED BY HARRIS COUNTY PUBLIC HEALTH  
RYAN WHITE GRANT ADMINISTRATION**

**MARCH 2017**

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## **CLIENT SATISFACTION SURVEY COMPREHENSIVE REPORT**

### **INTRODUCTION**

Ryan White Grant Administration has collected client satisfaction data since 2002. Client satisfaction is one method Ryan White Grant Administration uses to measure the quality of Part A funded HIV care delivery in the Houston EMA. Client satisfaction measurement activities in the Houston EMA are designed to assess satisfaction with Part A services, to highlight agency strengths, and to identify areas where clients may have problems with service delivery.

Data are collected using standardized client satisfaction surveys for each service provided through Part A of the Ryan White Program. The survey tools were developed to gather information on both service-specific and agency-focused topics. Each Part A service category utilizes a unique survey tool, with certain agency-focused questions being common to all surveys. This methodology allows for analysis of satisfaction with care using a standardized approach which ensures “apples to apples” comparisons across provider agencies and service areas. This also allows for examination of general trends in satisfaction each year.

### **METHODS**

In 2016, Ryan White Grant Administration Section within Harris County Public Health (the administrative body for Ryan White Part A funds in the Houston EMA) conducted an evaluation of clients’ satisfaction with the provision of services by Part A funded providers. A convenience sample was used to obtain respondents (i.e., all clients who received services during the data collection period were asked to complete a survey). For each Part A service category, Ryan White Grant Administration requested that a minimum of 10% of the total client population participate in the survey process. The number of surveys collected from each provider is proportional to the number of clients served at that site.

## **SURVEY ADMINISTRATION**

RWGA introduced the capability to complete online-standardized client satisfaction surveys through CPCDMS by using their unique CPCDMS client code. This addition to the client satisfaction survey process improved accessibility for consumers and was less burdensome for service providers. To encourage consumers to more routinely use this collection method, in 2014 RWGA revamped the client incentives initiative in the form of \$10 gift card, an increase from \$5, as a component of our online client satisfaction process.

In 2016, there was a renewed effort to ensure consumers were aware of the online client satisfaction surveys and this will continue throughout the 2017-2018 grant year. RWGA recruited a volunteer who assisted with the collection of surveys at sub-recipient sites. RWGA informed sub-recipients that we would be moving solely to the collection of the client satisfaction surveys via the online method and would no longer support the manual survey process. The process for collecting and scanning the manual surveys presented challenges such as additional costs and time to support the process.

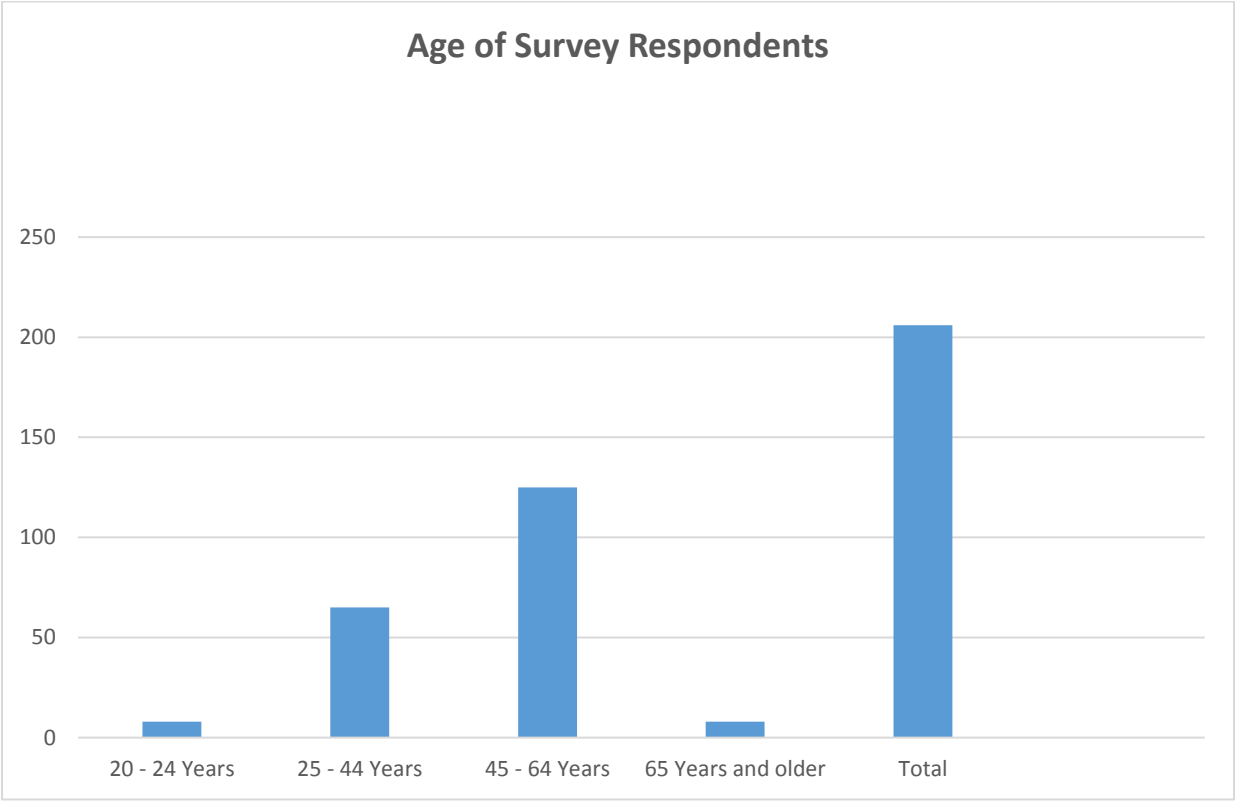
The focus on Voice of the Customer is an HCPH-wide initiative and aligns with RWGA's ongoing focus on quality improvement and consumer needs regarding service delivery. Voice of the Consumer The revamp of the process has proven very successful with a large increase of the number of surveys completed.

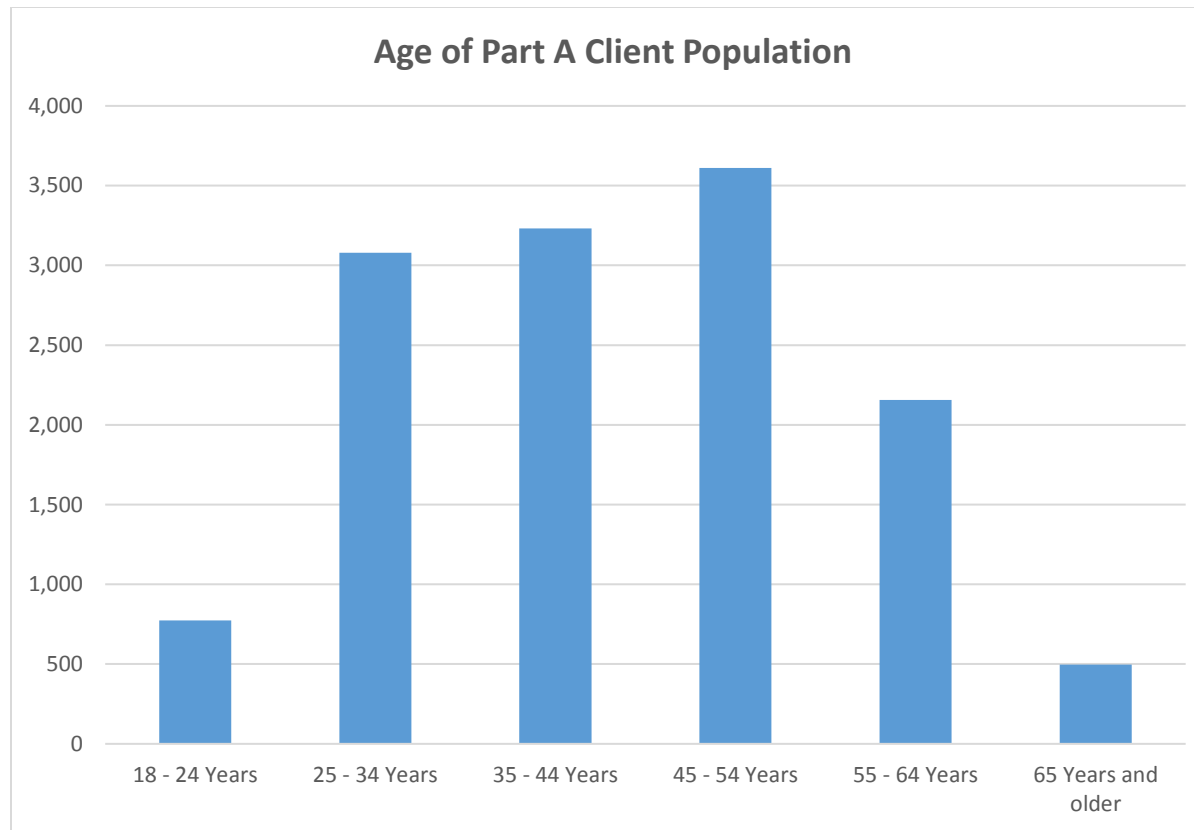
## **SURVEY RESPONDENTS DEMOGRAPHICS**

The clients who completed surveys is representative of the Part A client population as a whole. There was only a slight oversampling of clients in one rural area, however this was not enough to skew the results.

### **AGE**

The age of survey respondents varied slightly with the largest number falling in to the age bracket of 44 – 64 years of age. The number of clients surveyed is consistent with the total population of Part A clients.

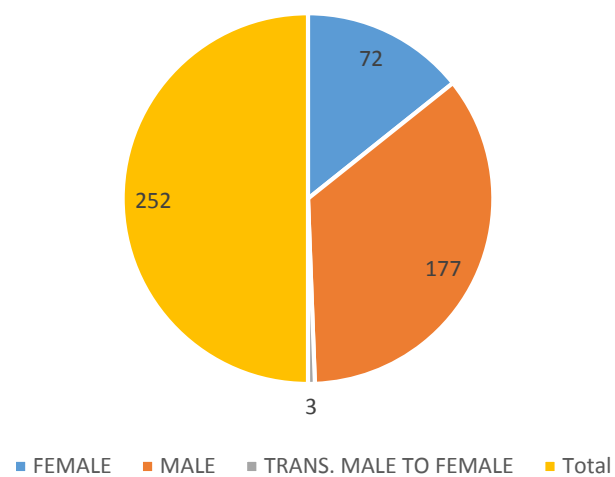


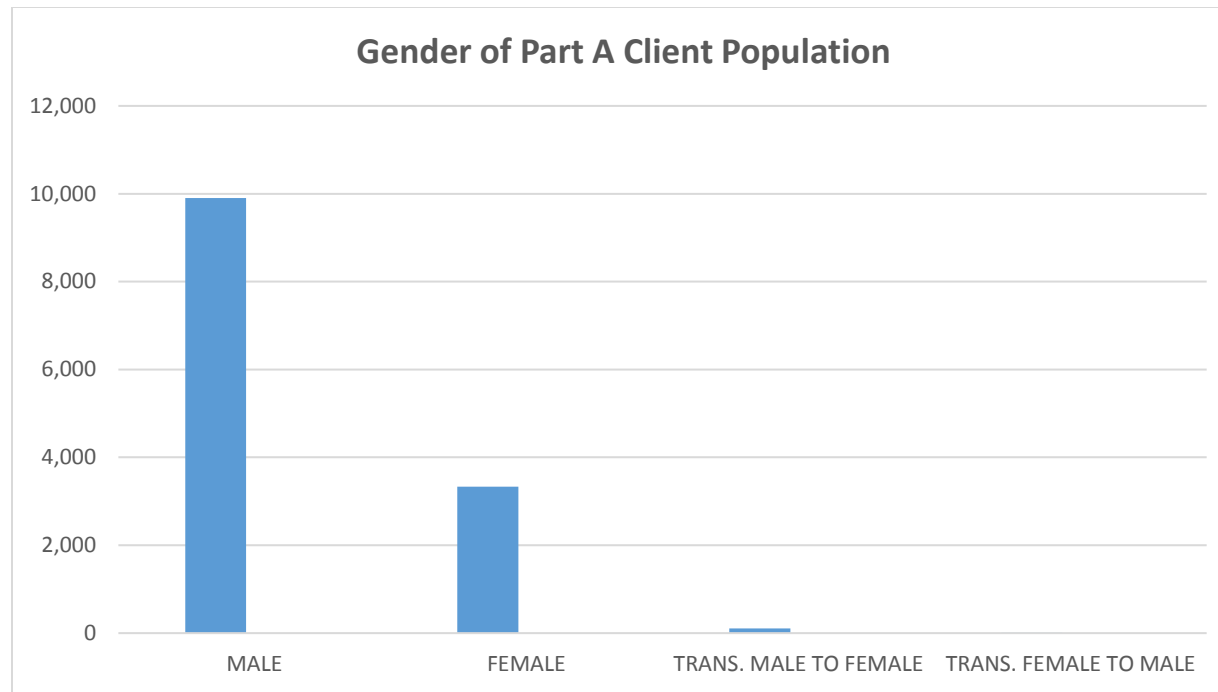


#### **GENDER**

Seven agencies surveyed clients and overall, the gender breakdown is representative of the EMA. There are no major differences when comparing the overall survey respondents to the Part A client population as a whole.

### Gender Survey Respondents

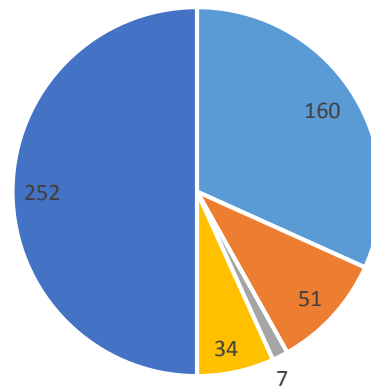




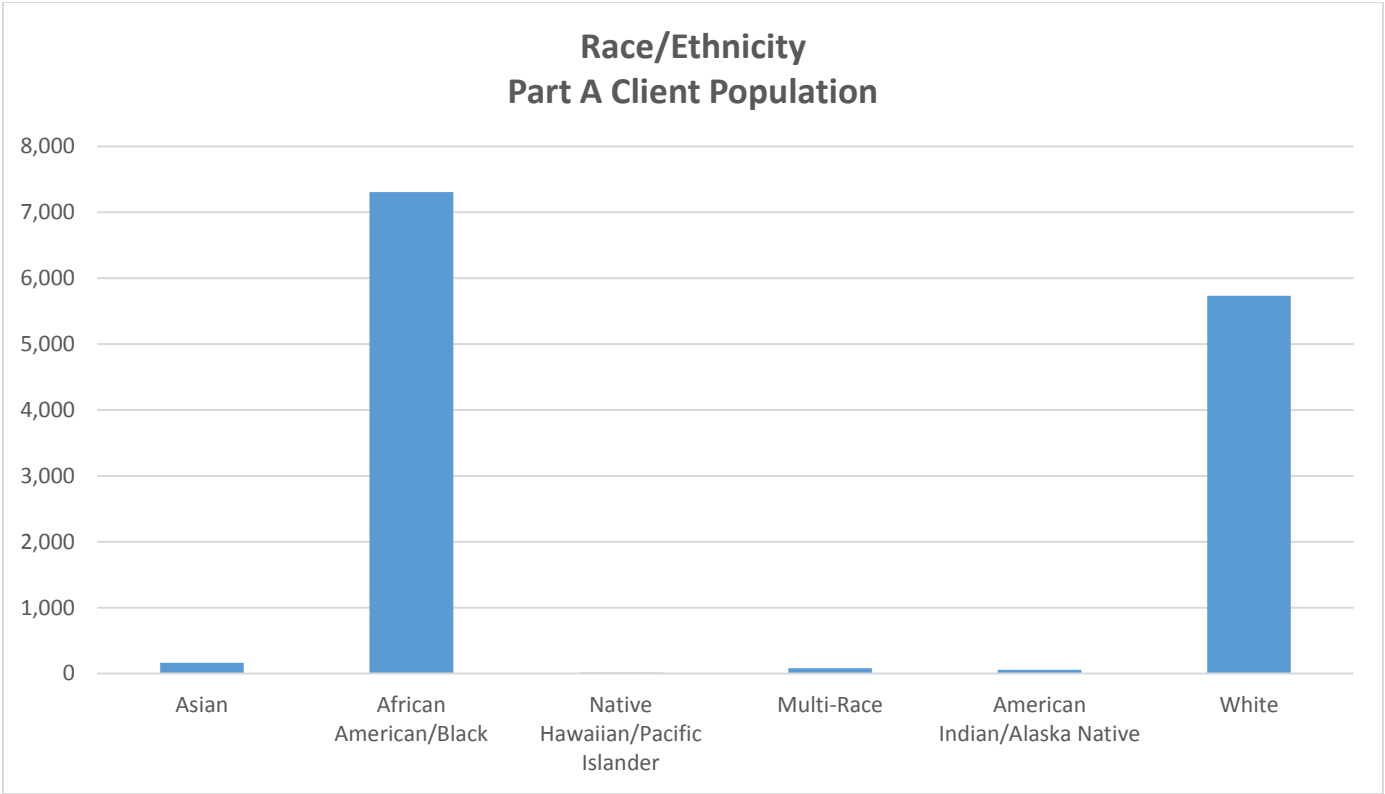
#### RACE AND ETHNICITY

The racial and ethnic makeup of the survey participants was proportionate to the racial and ethnic breakdown of the Part A client population. African-Americans comprised the largest category of survey participants. Hispanic/Latino clients were not overrepresented in the survey participants sampled. RWGA will continue to analyze data on an ongoing basis to determine if there is significant statistical inconsistencies regarding the racial and ethnic makeup of those surveyed in comparison to the Part A client population as a whole.

### Race/Ethnicity Survey Repspondents

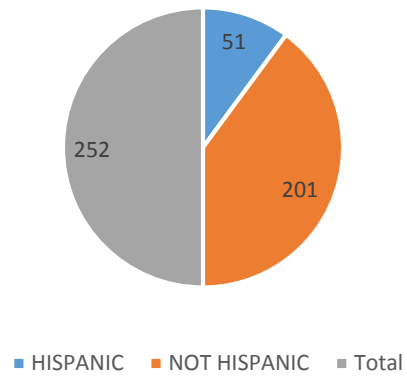


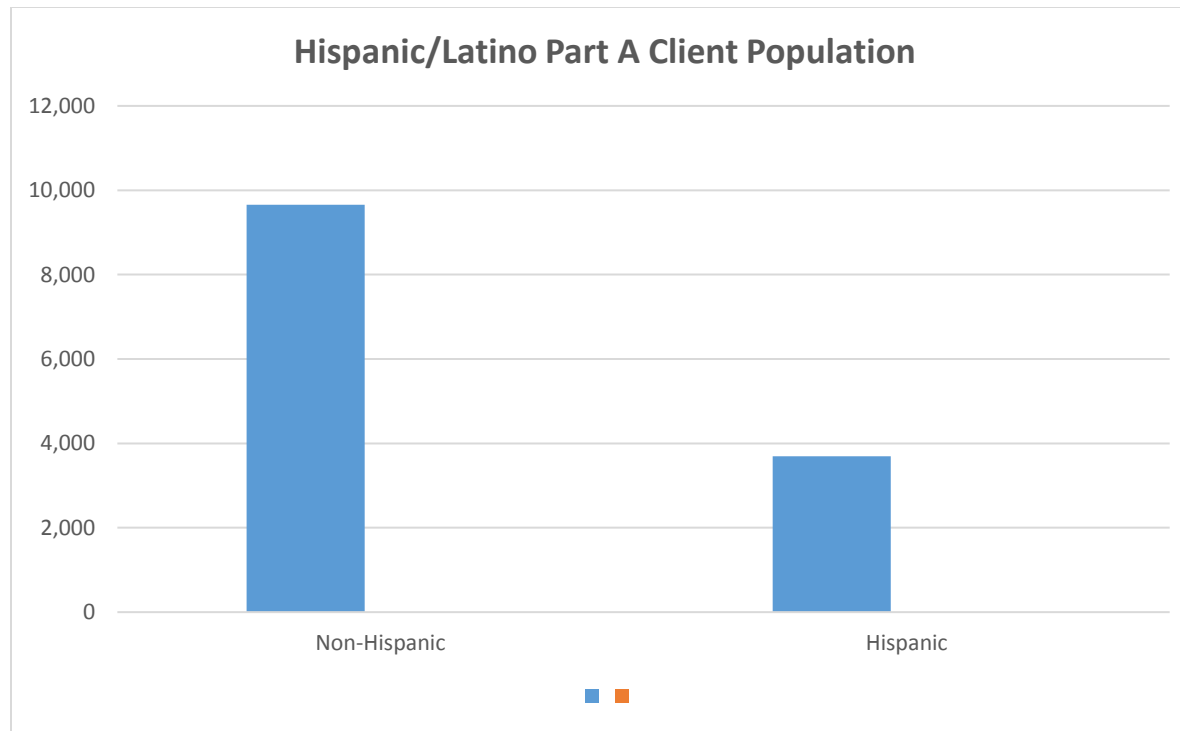
■ Black, Not Hispanic ■ Hispanic ■ Other/Multi, Not Hispanic ■ White, Not Hispanic ■ Total ■





### HISPANIC/LATINO Survey Respondents

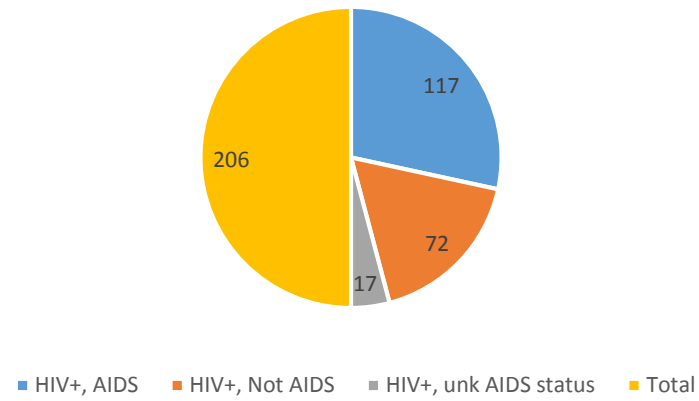




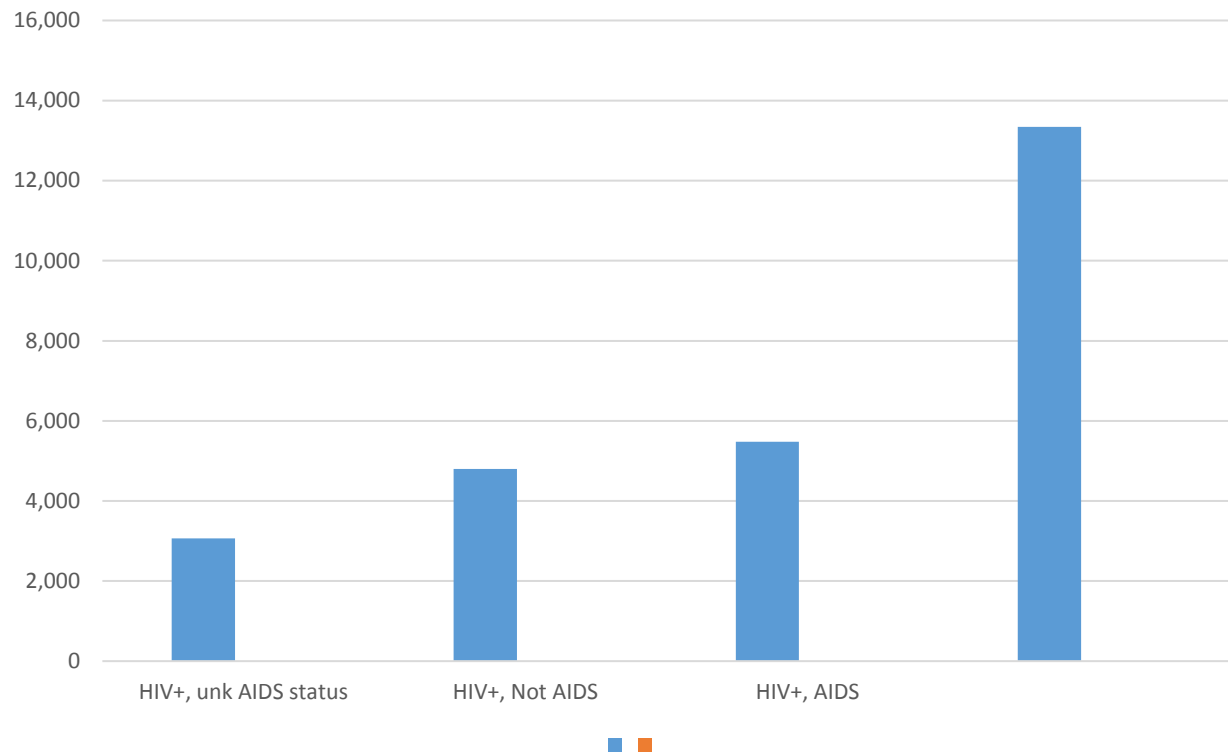
#### STAGE OF ILLNESS

There were small variances in the responses of overall survey participants and the stage of illness in comparison to the Part A client population as a whole. With over 500 individuals taking surveys for differing areas of service delivery, the number of 206 is approximately 40% of overall survey participants. Efforts will be made to increase the amount of overall survey participants during the FY 2017 – 2018 grant year in order to gain a better grasp of the stage of illness status.

### Stage of Illness Survey Respondents



### Stage of Illness Part A Client Population

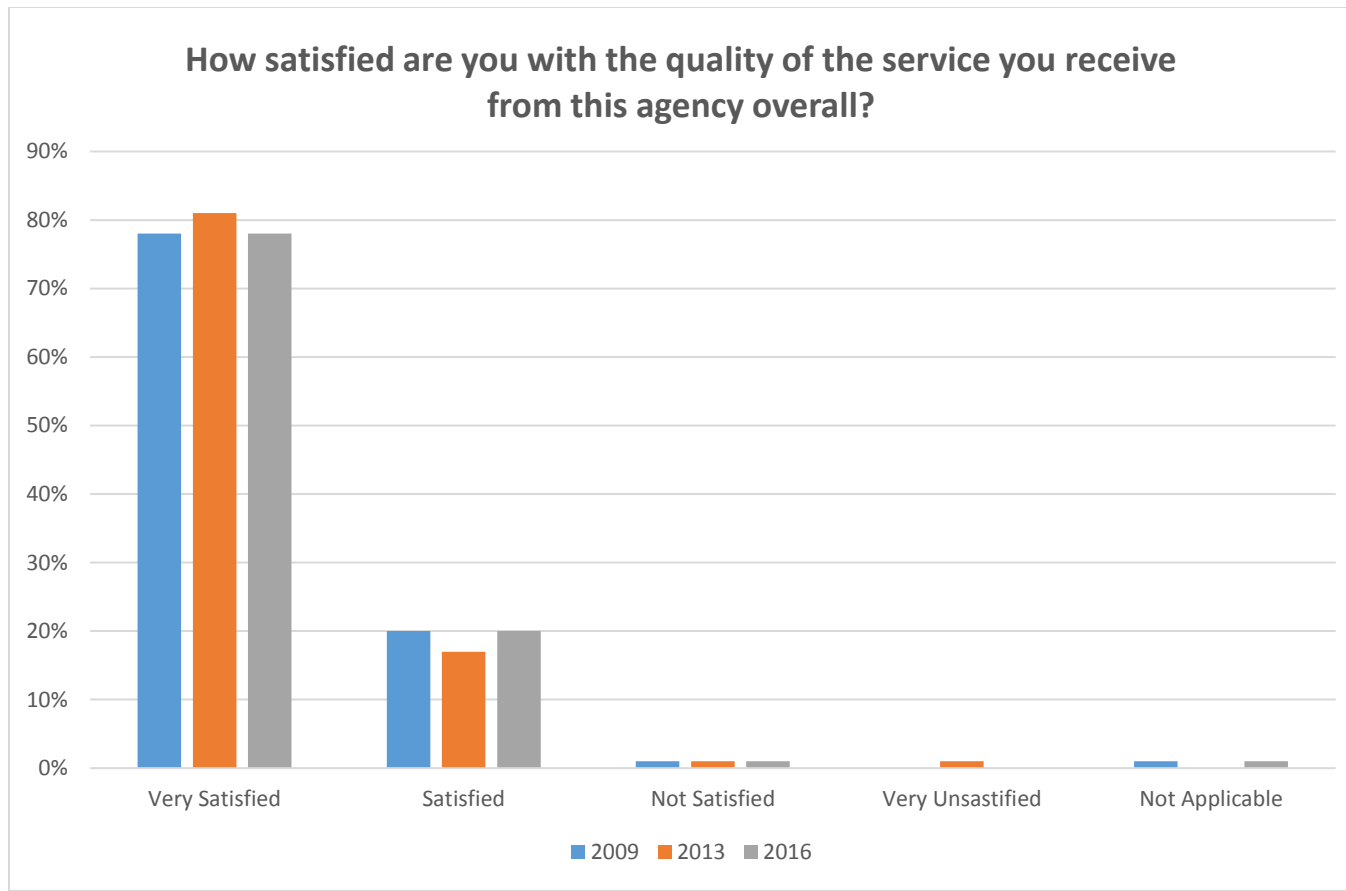


## **FINDINGS**

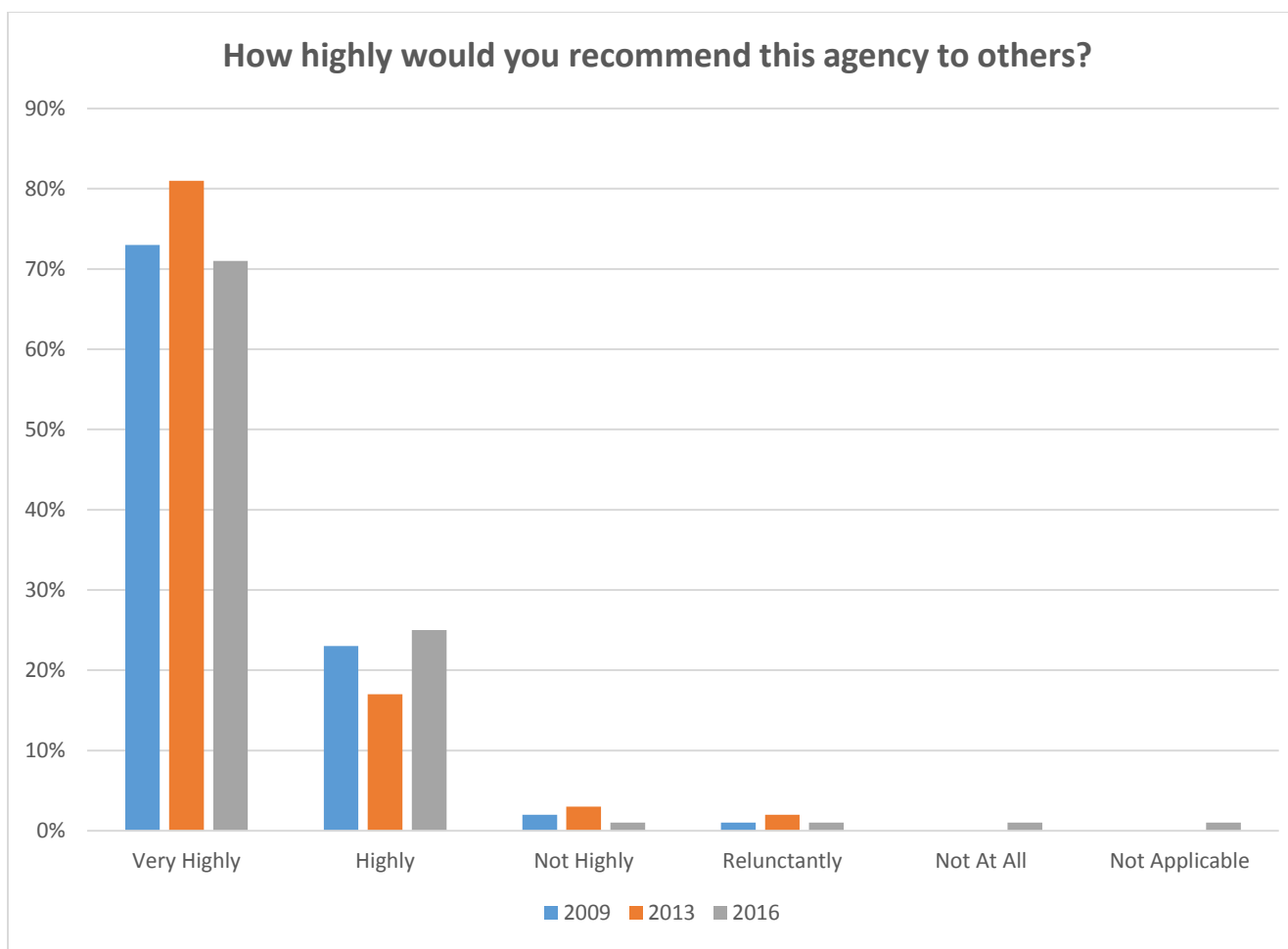
The findings reflect surveys completed at all sub-recipient sites with the exception of UT and City of Houston. Seven agencies administered the online survey to clients with some sites hosting Client Satisfaction Survey sessions to promote participation. The overall volume of surveys increased from 2015, where only 80 surveys were completed in April of 2016. The low volume of surveys completed was due to the transition from the manual survey process to online surveying.

## **OVERALL SATISFACTION RESULTS**

Nearly six hundred surveys were completed during the FY 2016 – 2017 grant period. About 78% of clients surveyed indicated they were very satisfied with the quality of services received.



**2009 N=1915, 2013 N=500, 2016 N=583**



**2009 N=1907, 2013 N=500, 2016 N=583**

## **SERVICE CATEGORIES**

### **OUTPATIENT/AMBULATORY CARE SERVICES**

Five agencies administering surveys provide outpatient/ambulatory care services to adult clients. Approximately one hundred eighty-seven (187) clients returned client satisfaction surveys about their outpatient/ambulatory care services. See the Attachments section for the comprehensive output for outpatient/ambulatory care services.

### **DRUG/PHARMACY SERVICES**

Overall, there were 58 clients who responded in the pharmacy services. The responses were favorable in general however, the volume of clients surveyed was relatively low. In order to gauge client satisfaction levels, RWGA-QMD will focus on assisting sub-recipients with data collection during the FY 2017 – 2018 grant year. See the *Attachments* section for the comprehensive output for pharmacy services.

### **CASE MANAGEMENT SERVICES**

There were 252 respondents for case management services and the general consensus was favorable. See the *Attachments* section for the comprehensive output for case management services.

### **DENTAL**

N/A - No significant statistical data existed for this service category

### **SUBSTANCE ABUSE**

N/A -No significant statistical data existed for this service category



**TRANSPORTATION**

N/A -No significant statistical data existed for this service category

**VISION**

N/A - No significant statistical data existed for this service category

**HEALTH INSURANCE ASSISTANCE PROGRAM**

N/A - No significant statistical data existed for this service category

## ATTACHMENTS

## CLIENT SATISFACTION SURVEY SERVICE CATEGORY SUMMARY

### OUTPATIENT/AMBULATORY CARE SERVICES

<i>HOW OFTEN</i>	<b>ALWAYS</b>	<b>MOST OF THE TIME</b>	<b>SOMETIMES</b>	<b>NOT VERY OFTEN</b>	<b>NEVER</b>	<b>NOT APPLICABLE</b>	<b>TOTAL</b>
does the doctor/clinician treat you with dignity and respect?	160 86%	16 9%	6 3%	3 2%	1 1%	1 1%	<b>187</b>
does the doctor/clinician seem to understand your disease?	155 83%	24 13%	6 3%	0 0%	1 1%	1 1%	<b>187</b>
do you feel comfortable asking your doctor/clinician questions?	141 75%	31 17%	10 5%	2 1%	1 1%	2 1%	<b>187</b>
does the doctor/clinician answer your questions?	154 82%	17 9%	12 6%	3 2%	0 0%	1 1%	<b>187</b>
are you given the opportunity to participate in decisions about your	137 74%	25 13%	11 6%	4 2%	5 3%	4 2%	<b>187</b>

treatment? For example: Telling the doctor which meds work best for you, asking about new treatments, etc.							
does the doctor/clinician or staff talk to you about nutrition and foods you eat?	79 43%	46 25%	34 18%	9 5%	15 8%	1 1%	<b>187</b>
does the staff ask if you have other problems or needs that are not being addressed?	107 58%	42 23%	21 11%	7 4%	5 3%	1 1%	<b>187</b>
do you find the information provided to you by the staff to be correct and helpful?	130 71%	40 22%	11 6%	2 1%	0 0%	0 0%	<b>187</b>
If you make appointments, how often are you able to get	112 62%	49 27%	16 9%	3 2%	1 1%	1 1%	<b>187</b>

them scheduled for a reasonable date and during hours that are convenient for you?							
<b>HOW SATISFIED</b>	<b>VERY SATISFIED</b>	<b>SATISFIED</b>	<b>NOT SATISFIED</b>	<b>UNSATISFIED</b>	<b>VERY UNSATISFIED</b>	<b>NOT APPLICABLE</b>	<b>TOTAL</b>
are you with how well the doctor/clinician explains your medications to you? For example: Discusses possible side effects, correct dosage, purpose of meds, etc.	138 74%	41 22%	2 1%	3 1%	2 1%	0 0%	<b>187</b>
are you with the staff's efforts to make sure that all of your personal information stays confidential?	136 74%	43 23%	1 1%	2 1%	1 1%	0 0%	<b>183</b>
are you with the quality of the service you	141 78%	36 20%	3 2%	0 0%	1 1%	0 0%	<b>181</b>

receive from this agency overall?							
<b>Access [Wait-Time]</b>	<b>VERY SATISFIED</b>	<b>SATISFIED</b>	<b>NOT SATISFIED</b>	<b>UNSATISFIED</b>	<b>VERY UNSATISFIED</b>	<b>NOT APPLICABLE</b>	
How satisfied are you with the amount of time that usually passes between the time of your appointment, and the time you actually receive service?	50 27%	94 52%	24 13%	7 4%	5 3%	2 1%	<b>183</b>
	<b>VERY SATISFIED</b>	<b>SATISFIED</b>	<b>NOT SATISFIED</b>	<b>UNSATISFIED</b>	<b>VERY UNSATISFIED</b>	<b>NOT APPLICABLE</b>	
How would you rate the convenience of the office hours here?	97 53%	55 30%	25 14%	4 2%	1 1%	1 1%	<b>182</b>
<b>RECOMMEND</b>	<b>VERY HIGHLY</b>	<b>HIGHLY</b>	<b>NOT HIGHLY</b>	<b>RELUCTANTLY</b>	<b>NOT AT ALL</b>	<b>NOT APPLICABLE</b>	<b>TOTAL</b>
would you recommend this agency to others?	128 71%	46 25%	2 1%	2 1%	1 1%	1 1%	<b>182</b>
<b>HOW MUCH</b>	<b>VERY MUCH</b>	<b>SOME</b>	<b>A LITTLE</b>	<b>NOT AT ALL</b>	<b>NOT APPLICABLE</b>		<b>TOTAL</b>
How much would you say that the	164 88%	13 7%	8 4%	0 0%	1 5%		<b>181</b>

primary care you receive from this agency has helped you to improve your health status?							
<b>CULTURAL COMPETENCY</b>	<b>VERY MUCH</b>	<b>A LOT</b>	<b>SOME</b>	<b>A LITTLE</b>	<b>NOT AT ALL</b>	<b>NOT APPLICABLE</b>	<b>TOTAL</b>
How would you rate the staff's understanding and respect of your cultural / ethnic background and/or your lifestyle?	117 63%	44 24%	17 9%	3 2%	3 2%	1 1%	<b>184</b>
If English is not your primary language, how well does the staff communicate with you in your language?	50 28%	17 10%	7 4%	2 1%	0 0%	101 57%	<b>185</b>

**DRUG/PHARMACY SERVICES**

<i>HOW OFTEN</i>	<b>ALWAYS</b>	<b>MOST OF THE TIME</b>	<b>SOMETIMES</b>	<b>NOT VERY OFTEN</b>	<b>NEVER</b>	<b>NOT APPLICABLE</b>	<b>TOTAL</b>
does pharmacy staff treat you with dignity and respect?	54 93%	3 5%	1 2%	0 0%	0 0%	0 0%	<b>58</b>
does the staff ask if you have other problems or needs that are not being addressed?	33 59%	11 20%	7 12%	1 2%	3 5%	1 2%	<b>56</b>
do you find the information provided to you by the staff to be correct and helpful?	48 86%	7 12%	1 2%	0 0%	0 0%	0 0%	<b>56</b>
If you make appointments, how often are you able to get them scheduled for a reasonable date and during hours that are convenient for you?	37 67%	15 27%	1 2%	2 4%	0 0%	0 0%	<b>55</b>



<i>HOW SATISFIED</i>	VERY SATISFIED	SATISFIED	NOT SATISFIED	VERY UNSATISFIED	NOT APPLICABLE		TOTAL
are you with the pharmacy staff's ability to answer your questions completely?	49 88%	6 11%	0 0%	0 0%	1 2%		56
are you with the staff's efforts to make sure that all of your personal information stays confidential?	49 88%	6 11%	0 0%	1 2%	0 0%		56
are you with the quality of the service you receive from this agency overall?	47 84%	8 14%	0 0%	0 0%	1 2%		56
<b>MEDICATION</b>	<b>YES</b>	<b>NO</b>	<b>NOT APPLICABLE</b>				<b>TOTAL</b>
Does a pharmacy staff person explain to you any side effects that may be associated with your medications?	52 93%	3 5%	1 2%	0 0%	0 0%		56
Does a pharmacy staff person discuss drug	51 93%	2 4%	2 4%	0 0%	0 0%		56

interactions with you?							
	<b>YES</b>	<b>NO</b>	<b>NOT APPLICABLE</b>				<b>TOTAL</b>
Does a pharmacy staff person talk to you about foods you should or should not eat with your medications?	46 82%	3 5%	7 12%				<b>56</b>
<b><i>CULTURAL COMPETENCY</i></b>	<b>VERY MUCH</b>	<b>A LOT</b>	<b>SOME</b>	<b>A LITTLE</b>	<b>NOT AT ALL</b>	<b>NOT APPLICABLE</b>	<b>TOTAL</b>
How would you rate the staff's understanding and respect of your cultural / ethnic background and/or your lifestyle?	46 82%	6 11%	2 4%	0 0%	1 2%	1 2%	<b>56</b>
If English is not your primary language, how well does the staff communicate with you in your language?	28 53%	10 19%	2 4%	0 0%	0 0%	13 25%	<b>53</b>
<b><i>RECOMMEND</i></b>	<b>VERY HIGHLY</b>	<b>HIGHLY</b>	<b>NOT HIGHLY</b>	<b>RELUCTANTLY</b>	<b>NOT AT ALL</b>	<b>NOT APPLICABLE</b>	<b>TOTAL</b>
How highly would you	48 86%	6 11%	1 2%	0 0%	0 0%	1 2%	<b>56</b>

recommend this agency to others?							
<b>WAIT TIME</b>	<b>A LOT</b>	<b>SOME</b>	<b>A LITTLE</b>	<b>NONE</b>	<b>NOT APPLICABLE</b>		<b>TOTAL</b>
If you call, how long does it usually take to get information you need over the phone?	44 80%	3 5%	1 2%	6 11%	1 2%		<b>55</b>
How much time passed between the time of your intake, and the time your prescription was filled?	30 56%	4 7%	7 13%	12 22%	1 2%		<b>54</b>
Where was your last medical appointment?	3 6%	43 80%	2 4%	0 0%	3 6%		<b>54</b>

### CASE MANAGEMENT SERVICES

<i>HOW OFTEN</i>	<b>ALWAYS</b>	<b>MOST OF THE TIME</b>	<b>SOMETIMES</b>	<b>NOT VERY OFTEN</b>	<b>NEVER</b>	<b>NOT APPLICABLE</b>	<b>TOTAL</b>
does your case manager treat you with dignity and respect?	231 92%	9 4%	4 2%	0 0%	1 0%	7 3%	<b>252</b>
are your meetings with your case manager at times and locations that are based on your preferences? (How often do you have a "say so" on when and where you meet?)	162 65%	47 19%	16 6%	3 1%	9 4%	11 4%	<b>248</b>
does the staff ask if you have other problems or needs that are not being addressed?	168 69%	45 18%	18 7%	4 2%	8 3%	1 0%	<b>244</b>
do you find the information provided to you by the staff to be correct and helpful?	180 72%	46 19%	10 4%	5 2%	0 0%	0 0%	<b>241</b>
<i>HOW SATISFIED</i>	<b>VERY SATISFIED</b>	<b>SATISFIED</b>	<b>NOT SATISFIED</b>	<b>VERY UNSATISFIED</b>	<b>NOT APPLICABLE</b>		<b>TOTAL</b>
are you with your case manager's knowledge of community services and	193 78%	43 17%	5 2%	1 0%	5 2%		<b>247</b>

his/her ability to connect you with those services?							
are you with the staff's efforts to make sure that all of your personal information stays confidential?	206 85%	30 12%	1 0%	2 1%	3 1%		<b>242</b>
are you with the quality of the service you receive from this agency overall?	192 80%	42 18%	2 1%	0 0%	4 2%		<b>240</b>
<b>CULTURAL COMPETENCY</b>	<b>VERY MUCH</b>	<b>A LOT</b>	<b>SOME</b>	<b>A LITTLE</b>	<b>NOT AT ALL</b>	<b>NOT APPLICABLE</b>	<b>TOTAL</b>
How would you rate the staff's understanding and respect of your cultural / ethnic background and/or your lifestyle?	178 72%	48 20%	9 4%	4 2%	3 1%	4 2%	<b>246</b>
If English is not your primary language, how well does the staff communicate with you in your language?	89 37%	24 10%	6 3%	1 0%	0 0%	118 50%	<b>238</b>
<b>HELPFULNESS</b>	<b>VERY MUCH</b>	<b>SOME</b>	<b>A LITTLE</b>	<b>NOT AT ALL</b>	<b>NOT APPLICABLE</b>		<b>TOTAL</b>

How much would you say that the case management you receive from this agency has helped you to improve the problems, feelings, or situations that brought you here?	203 83%	28 11%	8 3%	5 2%	2 1%		<b>246</b>
<b>WAIT TIME</b>	<b>VERY MUCH</b>	<b>A LOT</b>	<b>SOME</b>	<b>A LITTLE</b>	<b>NONE</b>	<b>NOT APPLICABLE</b>	<b>TOTAL</b>
How much time usually passes between the time of your appointment, and the time you actually receive service?	135 56%	70 29%	19 8%	6 2%	5 2%	5 2%	<b>240</b>
<b>CONVENIENCE</b>	<b>VERY OFTEN</b>	<b>A LOT</b>	<b>SOMETIMES</b>	<b>NOT OFTEN</b>	<b>NOT AT ALL</b>	<b>NOT APPLICABLE</b>	<b>TOTAL</b>
If you make appointments, how often are you able to get them scheduled for a reasonable date and during hours that are convenient for you?	155 64%	61 25%	16 7%	4 2%	0 0%	6 2%	<b>242</b>
<b>RECOMMEND</b>	<b>VERY HIGHLY</b>	<b>HIGHLY</b>	<b>NOT HIGHLY</b>	<b>RELUCTANTLY</b>	<b>NOT AT ALL</b>	<b>NOT APPLICABLE</b>	<b>TOTAL</b>
How highly would you recommend this agency to others?	191 80%	40 17%	2 1%	0 0%	1 0%	5 2%	<b>239</b>
<b>CONVENIENCE</b>	<b>VERY CONVENIENT</b>	<b>CONVENIENT</b>	<b>SOMEWHAT</b>	<b>A LITTLE</b>	<b>INCONVENIENT</b>	<b>NOT APPLICABLE</b>	<b>TOTAL</b>
How would you rate the convenience of the office hours here?	141 58%	64 26%	25 10%	4 2%	3 1%	5 2%	<b>242</b>

**DENTAL**

N/A - No significant statistical data existed for this service category

**SUBSTANCE ABUSE**

N/A -No significant statistical data existed for this service category

**TRANSPORTATION**

N/A -No significant statistical data existed for this service category

**VISION**

N/A - No significant statistical data existed for this service category

**HEALTH INSURANCE ASSISTANCE PROGRAM**

N/A - No significant statistical data existed for this service category

**The Houston Regional HIV/AIDS Resource Group, Inc.**  
**FY 1617 Ryan White Part B**  
**Procurement Report**  
**April 1, 2016 - March 31, 2017**



Reflects spending through January 2017

Spending Target: 83%

Revised 3/16/2017

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****	\$2,120,346	64%	(\$34,781)	\$2,085,565	64%	4/1/2016	\$1,390,899	66%
7	Health Insurance Premiums and Cost Sharing **	\$976,885	29%	(\$16,122)	\$960,763	29%	4/1/2016	\$922,245	94%
9	Home and Community Based Health Services**	\$232,000	7%	(\$3,840)	\$228,160	7%	4/1/2016	\$146,080	63%
<b>Total Houston HSDA</b>		<b>3,329,231</b>	<b>100%</b>	<b>(\$54,743)</b>	<b>\$3,274,488</b>	<b>100%</b>		<b>2,459,224</b>	<b>74%</b>

\* Amendment-Reduction in award amount and each service category has been reduced proportionately

\*\* HIP - Funded by Part A,B, and State Services. Provider is spending grant funds before grant ending date.

Ending dates: Part A 02/29/17, Part B 03/31/17, State Services 8/31/17

\*\*\* HCBH has had a low census. Census has been impacted by clients being out with extended illnesses.

Focusing on outreach activities in order to increase census, which should coincide with an increase in Ryan White spending.

\*\*\*\* One provider had a vacant dentist position but is currently filling the vacancy while the other provider has some back billing.



**The Houston Regional HIV/AIDS Resource Group, Inc.**  
**FY 1617 DSHS State Services**  
**Procurement Report**  
**September 1, 2016 - August 31, 2017**



Chart reflects spending through January 2017

Spending Target: 41%

Revised 3/16/2017

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	Mental Health Services	\$300,000	15%		\$300,000	15%	9/1/2016	\$118,313	39%
7	Health Insurance Premiums and Cost Sharing	\$1,043,312	53%		\$1,043,312	53%	9/1/2016	\$368,419	35%
9	Hospice	\$414,832	21%		\$414,832	21%	9/1/2016	\$143,440	35%
11	EIS - Incarcerated	\$166,211	8%		\$166,211	8%	9/1/2016	\$75,935	46%
16	Linguistic Services	\$48,000	2%		\$48,000	2%	9/1/2016	\$23,350	49%
<b>Total Houston HSDA</b>		<b>1,972,355</b>	<b>100%</b>	<b>\$0</b>	<b>\$1,972,355</b>	<b>100%</b>		<b>729,456</b>	<b>37%</b>

# Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

9/1/2016-01/31/2017

Revised:

3/6/2017

Request by Type	Assisted			NOT Assisted		
	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	359	\$45,003.97	188			0
Medical Deductible	157	\$35,356.27	112			0
Medical Premium	3024	\$933,334.27	848			0
Pharmacy Co-Payment	1381	\$129,282.98	580			0
APTC Tax Liability	1	\$213.00	1			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	0	\$0.00	0	NA	NA	NA
Totals:	4922	\$1,143,190.49	1729	0	\$0.00	

Comments: This report represents services provided under all grants.



# QUALITY MANAGEMENT DEPARTMENT

©“Decisions based on the analysis and evaluation of data and information are more likely to produce desired results!”

# QM Program

- ◎ TRG serves as the local administrative agency for six Texas Department of State Health Service (DSHS) Health Service Delivery Areas (HSDAs), supporting a continuum of health and social services in 51 counties of East Texas. Services are provided in cities ranging from Texarkana on the Texas/Arkansas border to Galveston on the Gulf of Mexico.
- ◎ Our Quality Management Program encompasses all grantee-specific quality activities, including the formal organizational quality infrastructure (e.g., committee structures with stakeholders, providers and consumer) and quality improvement related activities (performance measurement, QI project and QI training activities).

# Quality Statement

- ◎ The Houston Regional HIV/AIDS Resource Group, inc. (TRG) Quality Management program will emphasize standards of care that systematically and comprehensively promote access to and retention in primary medical care and support services for optimal health outcomes. The purpose of Quality Management Plan is to ensure that all consumers receiving services through funds administered by TRG obtain the highest quality of care. This is in support of Ryan White HIV/AIDS Treatment Extension Act 2009 (Public Law 111-87, October 30, 2009), Legislation Section 2604.(h)(5), 2618.(b)(3)(E), 2664.(g)(5) and 2671.(f)(2)©.

# Purpose

- ◎ Quality management under Ryan White is a series of activities that focus on enhancing the quality of HIV/AIDS care provided and increase access to services. These efforts focus on how health and social services meet established professional standards and user expectations.

# Core Components

**Quality management** ensures that an organization and/or service is consistent.

The **four** main components:

- ◎ Quality Planning
- ◎ Quality Assurance
- ◎ Quality Improvement and
- ◎ Quality Control

Quality management is focused not only on service quality, but also on the means to achieve it. Quality management, therefore, uses quality assurance and control of processes as well as products to achieve more consistent quality



# Quality Improvement Infrastructure

- ◎ TRG utilizes a network of project-wide individuals and/or groups to facilitate the continuous quality improvement process.
  
- ◎ Key Members Include:
  - TRG RW Providers
  - Consumers
  - Internal and External Stakeholders

# Area Stakeholders Meetings

- ◎ The objective of the stakeholders meetings is to engage area stakeholders, and gather community input to build and sustain optimal healthcare systems to improve the health of people living with HIV/AIDS (PLWHA) and those affected in the East Texas Administrative Service Area.
- ◎ We have (3) groups within our HSDA: Galveston, Beaumont and Northeast Texas

# Part A Collaboration

- ◎ The Resource Group works collaboratively with the Houston EMA Ryan White Part A and the Planning Council body. Quality Management planning, priority setting, and improvement activities developed by this collaboration fully encompass the spectrum of RW funding.
- ◎ This collaboration increases alignment of QM activities across all Ryan White programs (Parts A, B, C, D AETC and SPNS) and reduces duplication of QM efforts, ensuring maximum utilization of resources and seamless access to quality HIV care services.

# Quality Improvement



# Quality Improvement

- ◎ ***Quality Improvement (QI)*** refers to activities aimed at improving performance and is an approach to the continuous study and improvement of the processes of providing services to meet the needs of the individual and others.
- Quality Improvement (QI) supports processes for improving the services provided to the clients, e.g. accessibility, appropriateness, continuity, effectiveness, efficiency, patient satisfaction, safety of the environment, timeliness of care, and reducing disparities in care

# QI

- ◎ There are many methods for quality improvement. These include: product improvement, process improvement and people based improvement.

“The role of the quality department shouldn't just be to fix the biggest problems on the list. They should be the chief architects of the quality design, designing and redesigning the feedback loops, understanding the consumer's real needs, and being great coaches of problem-solving efforts”

# QI Methodology

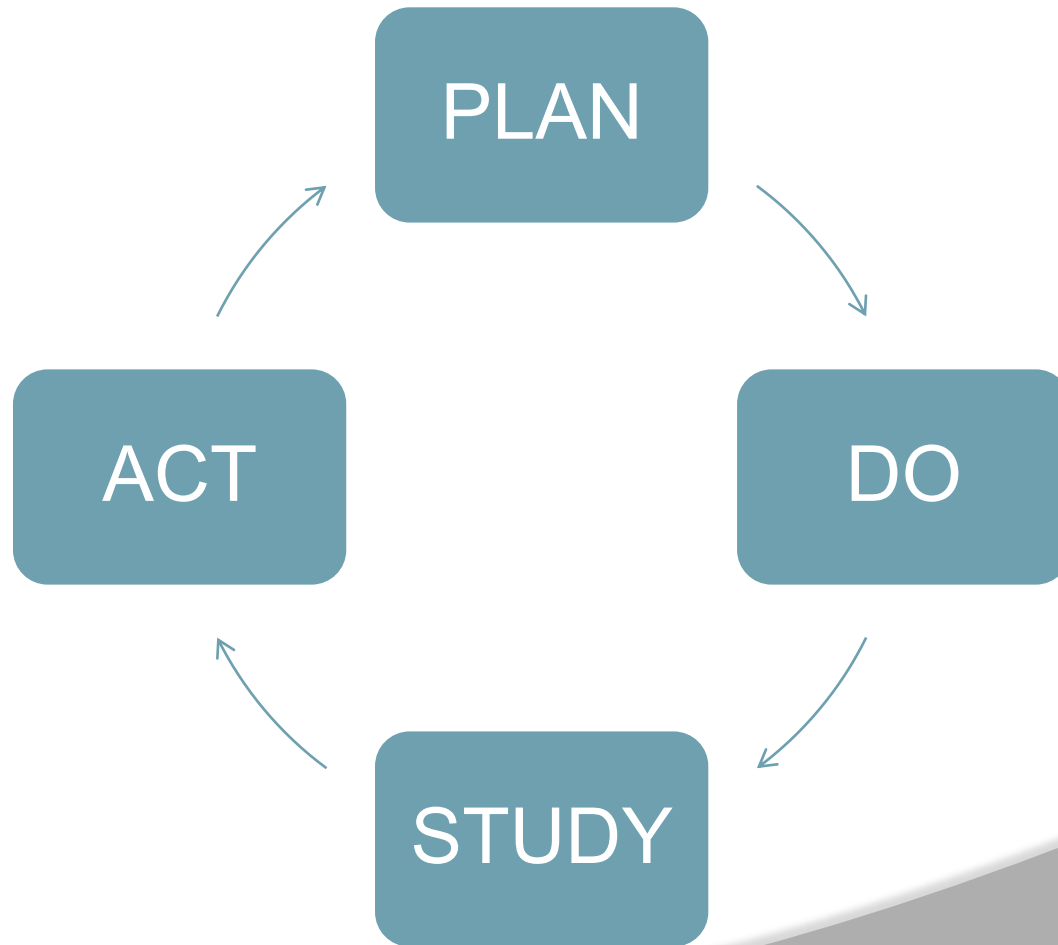
## © Model for Improvement

- PDSA Cycles- The Plan-Do-Study-Act (PDSA) cycle test changes in real work settings. The PDSA cycle guides the test of a change to determine if the change is an improvement.

# PDSA Cycle

What are your objectives?

If successful,  
implement on a  
wider scale, if  
not, begin a new  
cycle



Analyze and  
summarize data



# Performance Measurement

Performance measurement is the process of collecting, analyzing, and reporting data regarding patient care, health outcomes on an individual or population level, and patient satisfaction. Data Collection methods include but are not limited to:

Examples: Client data system, Electronic Health Records, Provider Quarterly Reports, Site Visits, Demographic databases, Client/staff interviews, Client/staff surveys, Utilization patterns

# Evaluation

- ◎ On an annual basis the QM Program evaluates and reports overall effectiveness of the QM program.
- ◎ Evaluation will include:
  1. Assessment of the effectiveness of the QM infrastructure and QI activities in achieving QM goals
  2. Evaluation of QM goals to determine if goals were achieved
  3. Assessment of any overall data trends, identification of strengths and weaknesses and whether performance measures were appropriate.

Evaluation results will be derived from program monitoring results, client satisfaction surveys (internal and external), outcome measures, and QI activities.

# Evaluation

- ◎ Evaluating the effectiveness of the CQM program ensures that the CQM activities are making changes that positively affect outcomes.

# 2016-20 AIMS

- ◎ Retention to Care
- ◎ Viral Load Suppression
- ◎ Immunizations
- ◎ Women's Health
- ◎ Case Management



# New This Year

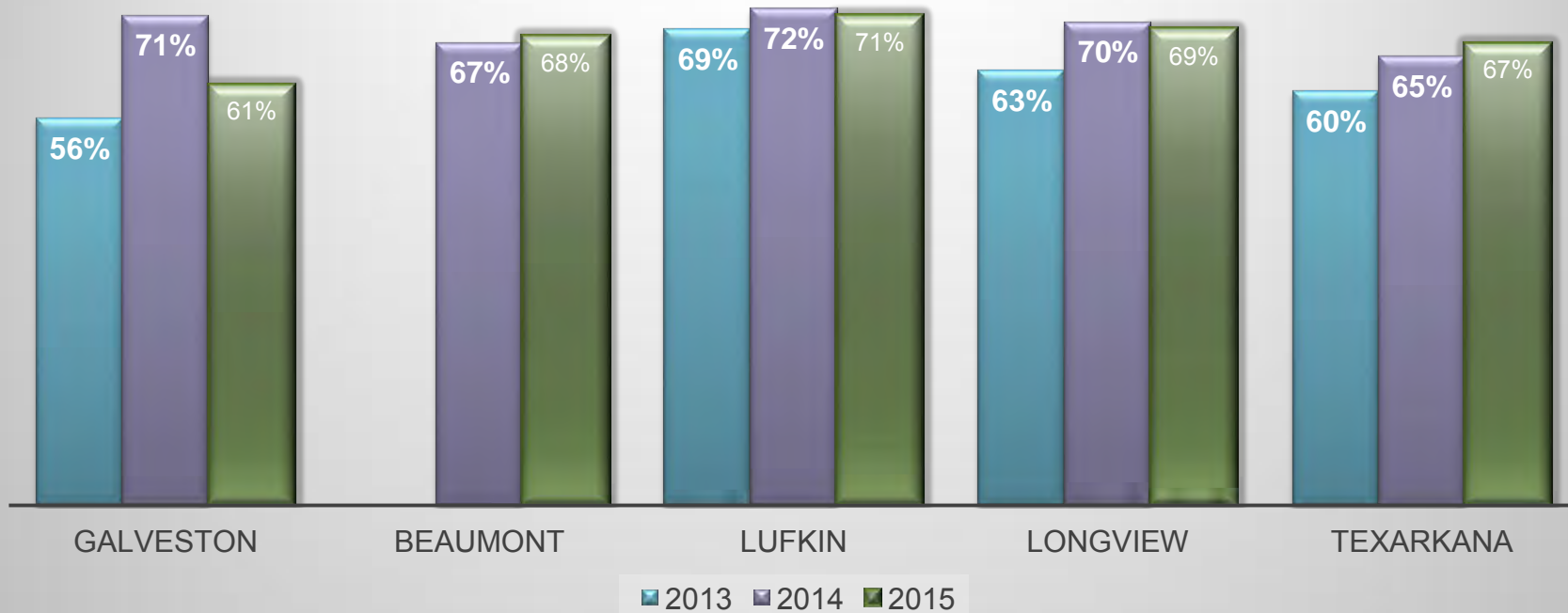
- ◎ This we will no longer just monitor HAB performance measures as part of the QM Plan.
- ◎ The new plan focuses on AIMS or Goals, utilizing performance measures as a part of outcome measurement.
- ◎ 2016 is a baseline year for DSHS
- ◎ The 2016 will be a 5-year plan

# Retention in Care AIM

Program	Goal	Measurable Outcome
HIV Care Services	By 2020, 85% of all diagnosed persons with HIV will be retained in care.	<ol style="list-style-type: none"><li>1. By 2017 baseline (3%) of clients will document at least one medical visit in each 6-month period of the 12- month measurement period.</li><li>2. By 2017 baseline of those clients who are assigned to case management, 95% will complete and /or update two or more times in the measurement year</li></ol>

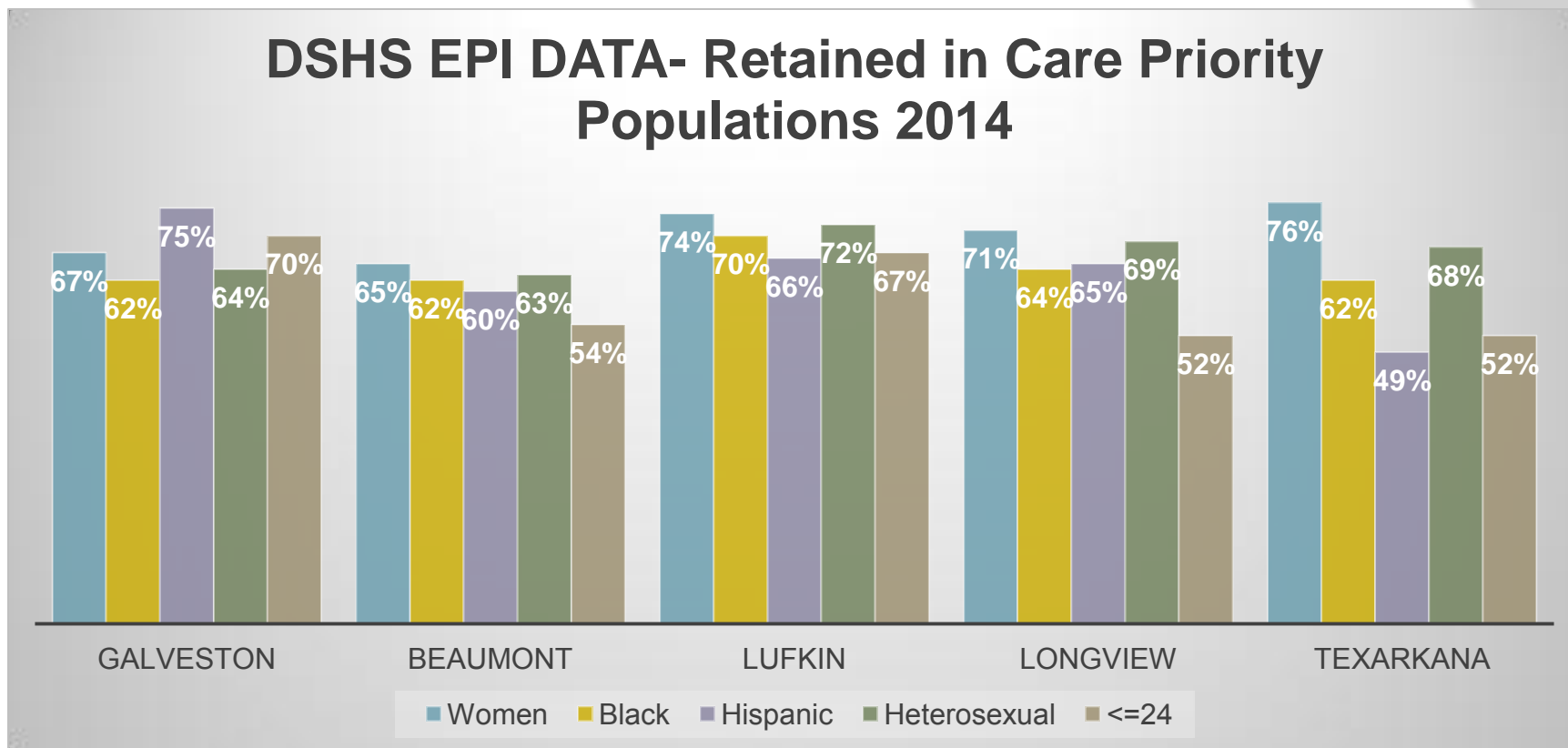
# Baseline Data- Retention in Care

## DSHS Epi Data- Retained in Care



Retained in care is defined as least two medical encounters in a 12-month measurement period.

# Baseline Data- Retention in Care

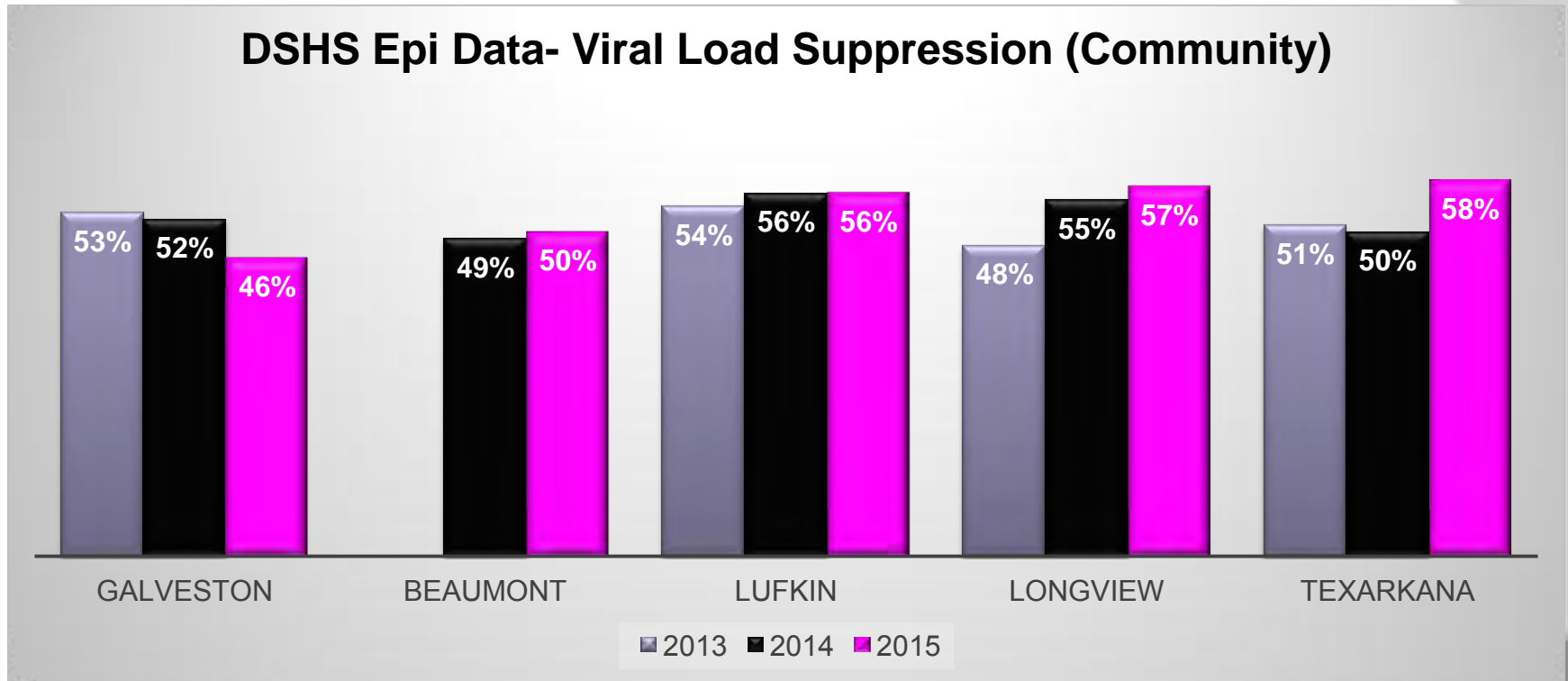




# Viral Load Suppression AIM

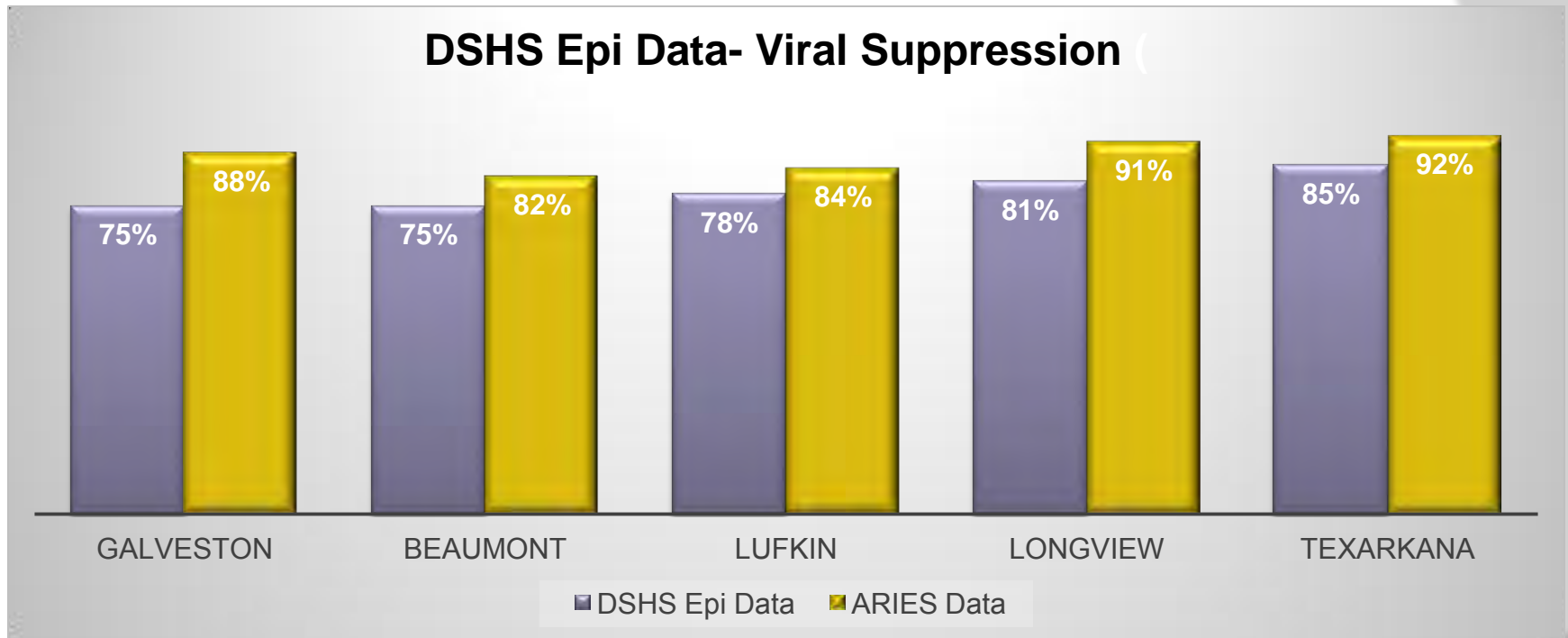
Program	Goal	Measurable Outcome
HIV Care Services	By 2020 increase by 20%, the percentage of diagnosed persons who achieved and/or maintain viral load suppression	<ol style="list-style-type: none"><li>1. By 2017 the percentage of clients with a viral load test performed at least every six months during the measurement year will increase by 3%.</li><li>2. By 2017 the percentage of clients who achieved and/or maintain viral load suppression in the measurement year will increase by 3%.</li></ol>

# Baseline Data- Viral Load Suppression



by suppressed

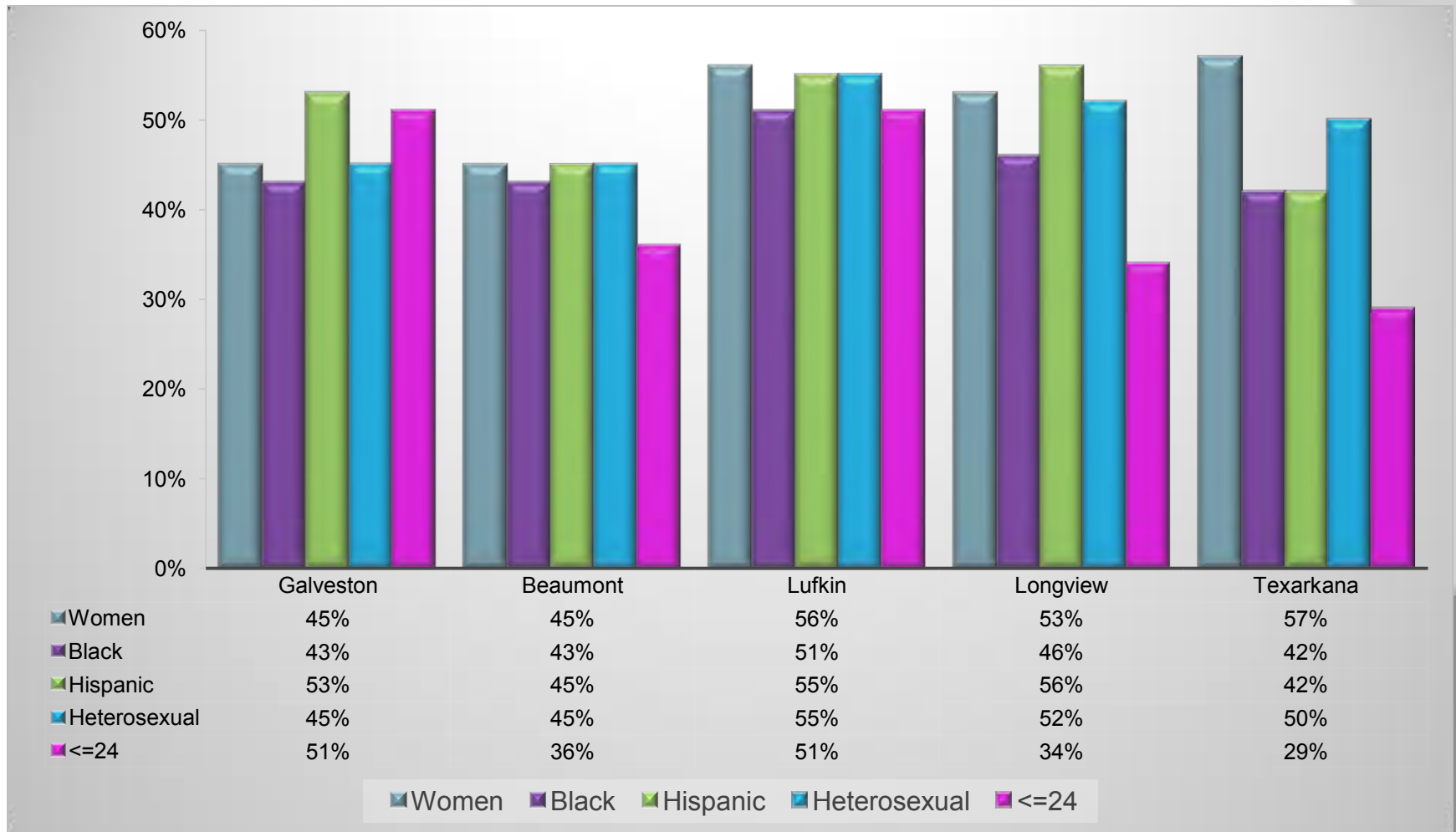
# Baseline Data- Viral Load Suppression



Bar One- DSHS Epi Data of PLWH who were retained in care that were virally suppressed

Bar Two- ARIES specific data for each HSDA in 2015 for PLWH with a viral load below limits of quantification during the measurement year.

# Baseline Data- Viral Load Suppression

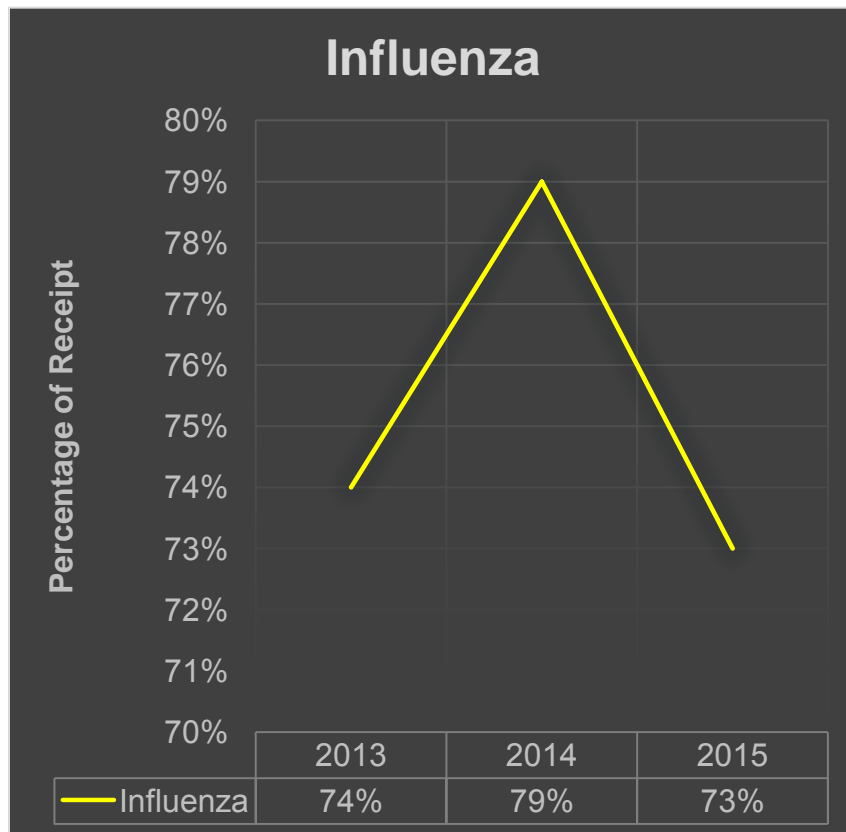


# TRG AIMS for 2016

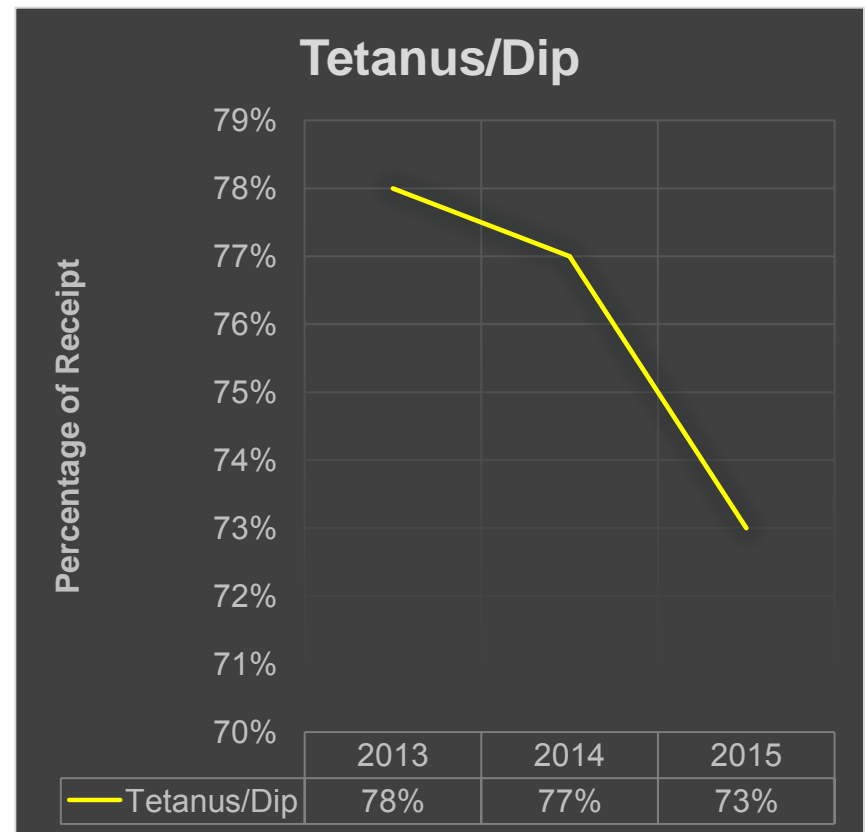
Program	Goal	Measurable Outcome
Preventive Care	<p>By 2020, 90% of RW-eligible clients will complete or document receipt of the following immunization in a measurement year:</p> <ol style="list-style-type: none"> <li>1. Influenza</li> <li>2. Hep B Series</li> <li>3. Hep A Vacc</li> <li>4. Pneumococcal</li> <li>5. Tetanus, Diphtheria and Pertussis</li> <li>6. HPV (under Women's Health)</li> </ol>	<ol style="list-style-type: none"> <li>1. By 2018, the % of RW-eligible clients documenting the receipt of (or refusal) Influenza will increase by 5%.</li> <li>2. By 2018, the % of RW-eligible clients documenting the receipt of (or refusal) Hep B will increase by 5%.</li> <li>3. By 2018, the % of RW-eligible clients documenting the receipt of (or refusal) Hep A will increase by 5%.</li> <li>4. By 2018, the % of RW-eligible clients documenting the receipt of (or refusal) Pneumococcal will increase by 5%.</li> <li>5. By 2018, the % of RW-eligible clients documenting the receipt of (or refusal) Tetanus, Dip, and Pertussis will increase by 5%.</li> </ol>

# Baseline Data- Immunizations

Percentage of clients with documented receipt of Influenza in the measurement year

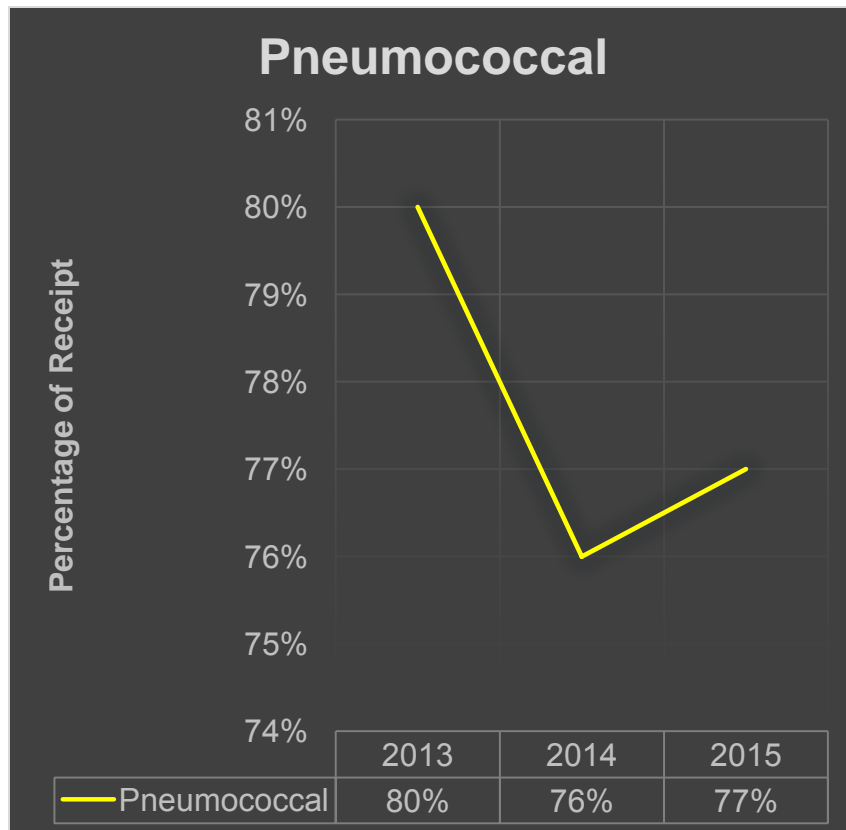


Percentage of clients with documented receipt of Tetanus/Dip in the measurement year

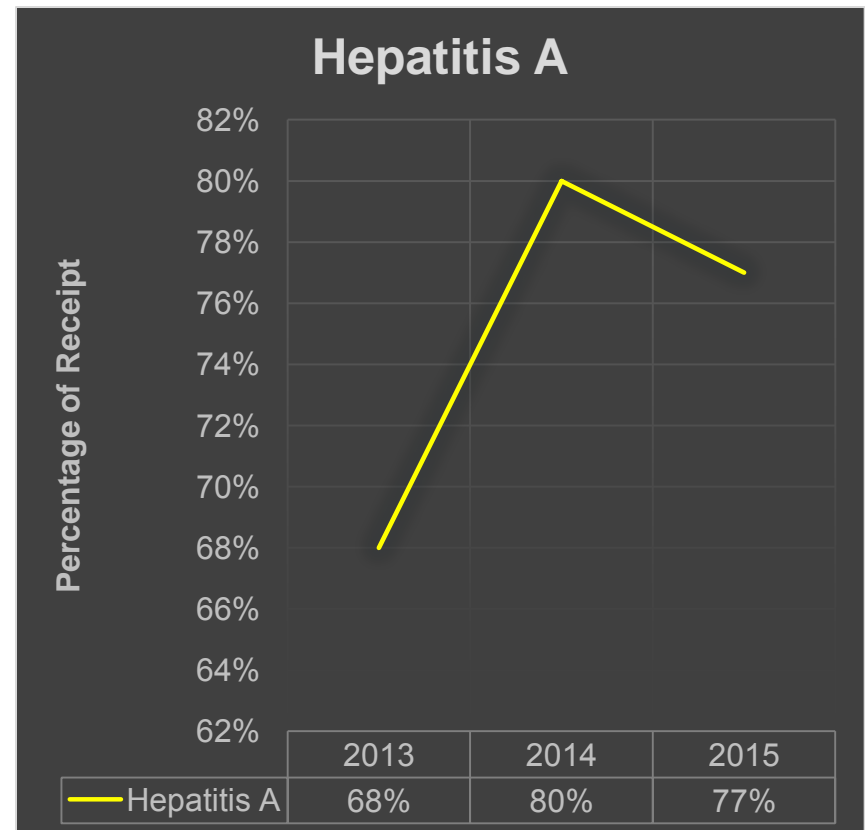


# Baseline Data- Immunizations

Percentage of clients with documented receipt of Pneumococcal in the measurement year

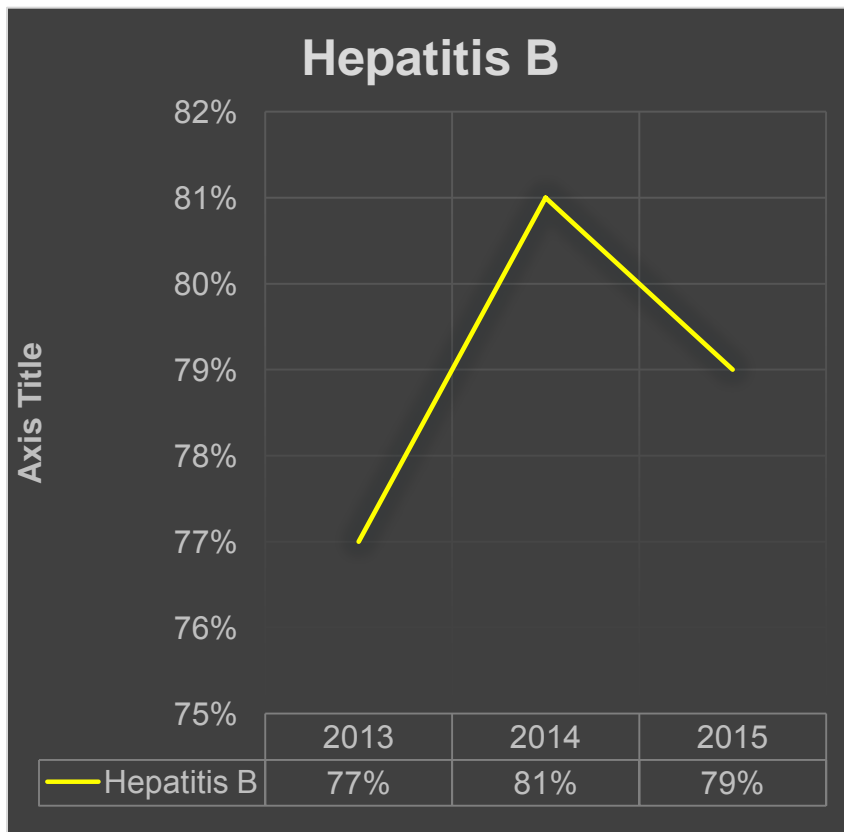


Percentage of clients with documented receipt of Hepatitis A in the measurement year

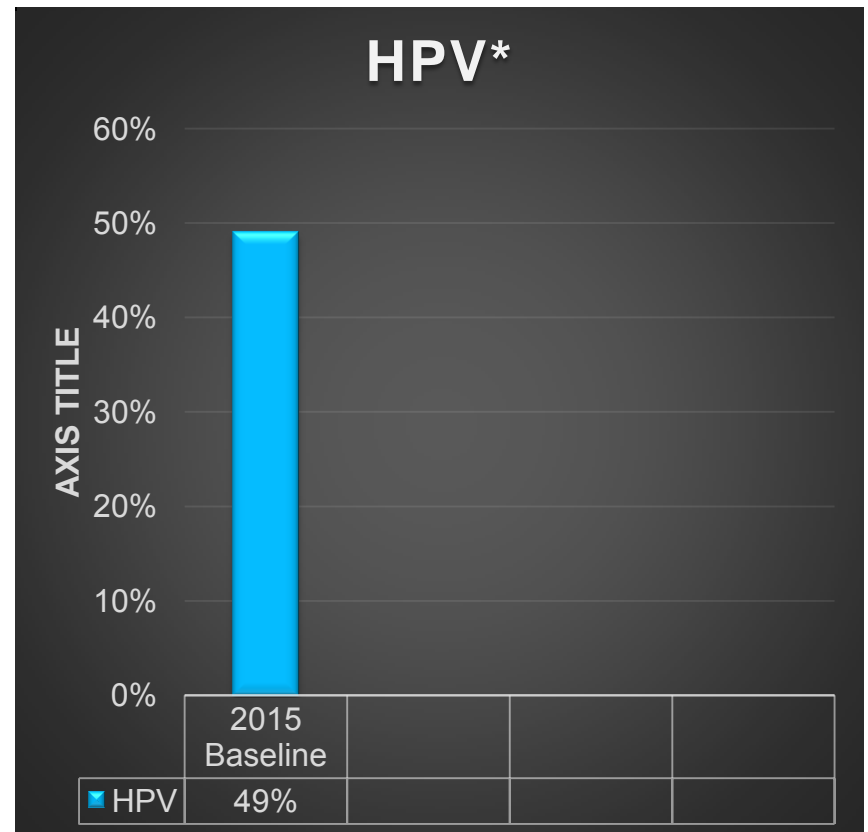


# Baseline Data- Immunizations

Percentage of clients with documented receipt of Hepatitis B in the measurement year



Percentage of clients with documented receipt of HPV in the measurement year





# Women's Health AIM

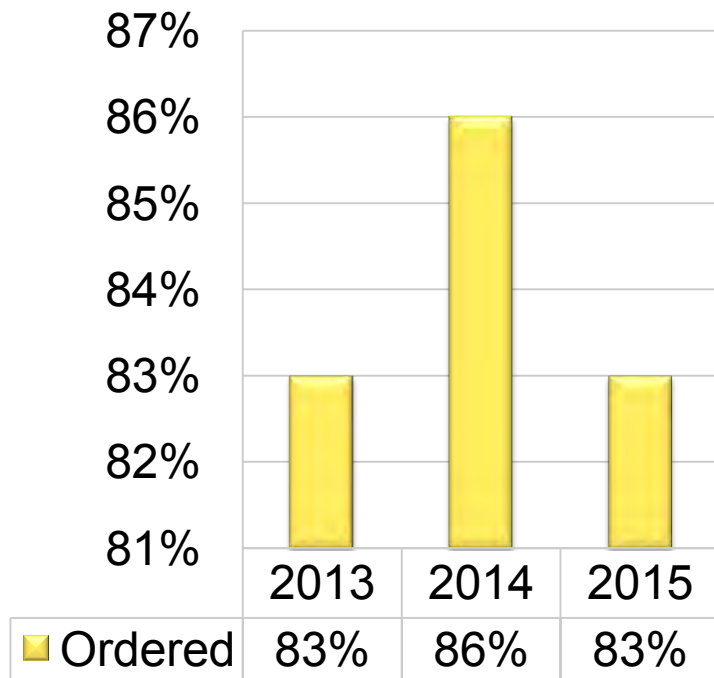
Program	Goal	Measurable Outcome
Women's Health	By 2020, 90% of RW-eligible female clients will be screened for cervical cancer	<ol style="list-style-type: none"><li>1. By 2017 increase the percentage of HIV-positive female clients that have had a PAP smear ordered in the measurement year by 3%.</li><li>2. By 2017 increase the percentage of HIV-positive female clients that have had a PAP smear ordered and have completed the PAP smear in the measurement year by 3%</li><li>3. By 2017, 95% of HIV-positive female clients that have had an abnormal PAP smear will document a referral for follow-up.</li></ol>

# Women's Health AIM

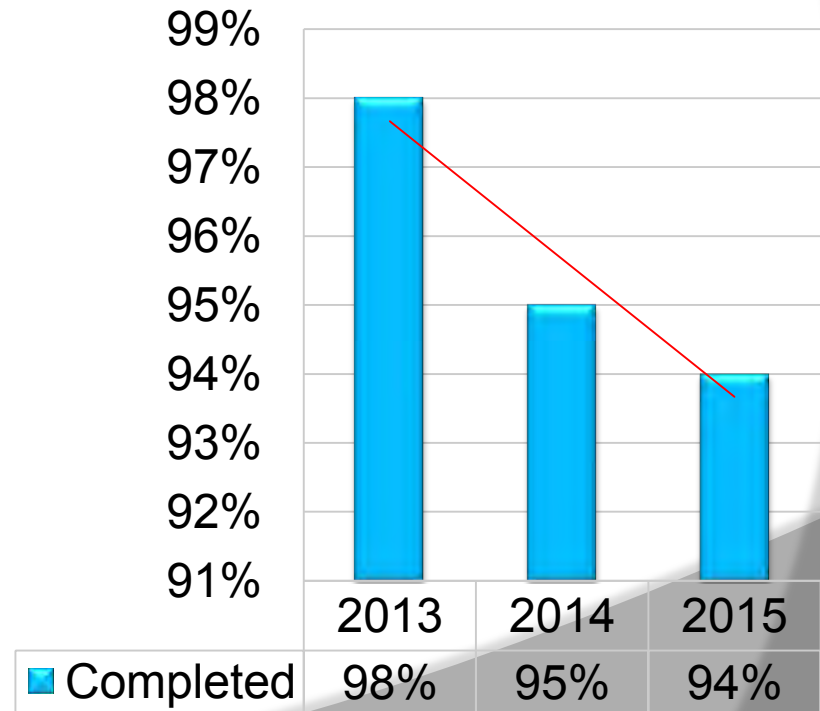
Program	Goal	Measurable Outcome
Women's Health	By 2020, 90% of RW-eligible female clients over 40 years of age will have had a referral for a mammogram	By 2017 increase the percentage of HIV-positive female clients over 40 years that document a referral for a mammogram by 5%.

# Baseline Data- Cervical Cancer

**Percentage of female patients that have had a PAP ordered in the measurement year**

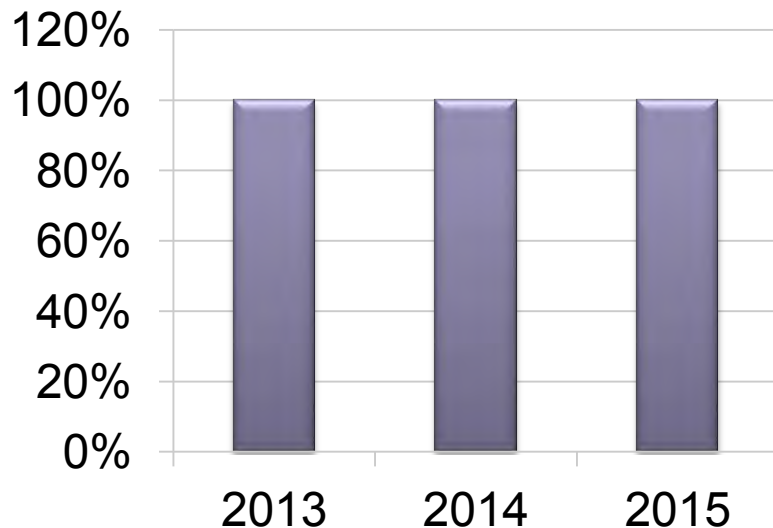


**Percentage of those who had a PAP smear ordered AND completed a PAP smear in the measurement year**

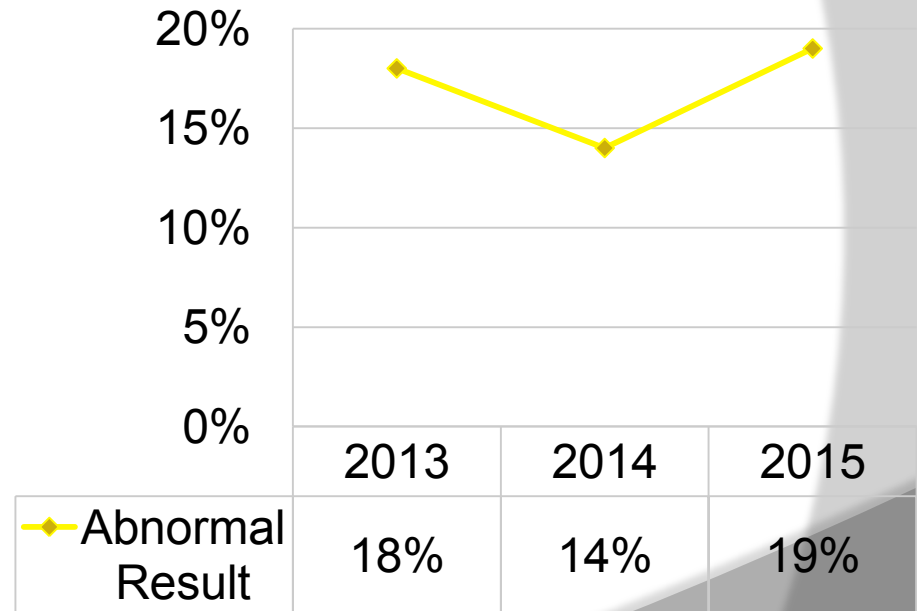


# Baseline- Cervical Cancer

**Percentage of those who had an abnormal PAP result and were referred for follow-up**



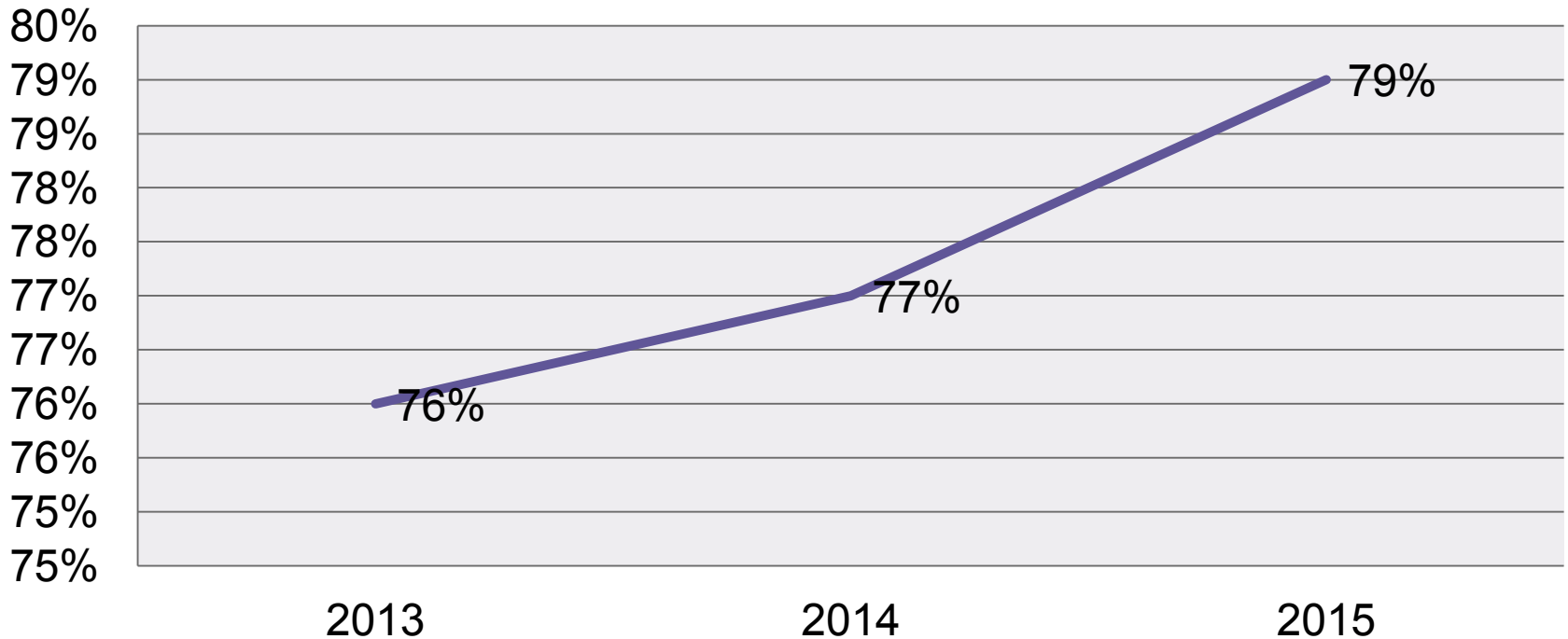
**Percentage of those who completed a PAP smear and had an abnormal result**



Texas has one of the highest cervical cancer incidence rates in the United States. Additionally, women with HIV are 5 times more likely to be diagnosed with cervical cancer than a uninfected woman.

# Baseline Data- Mammogram Referrals

**Percentage of female clients over 40 years of age  
that were referred for a mammogram in the  
measurement year**



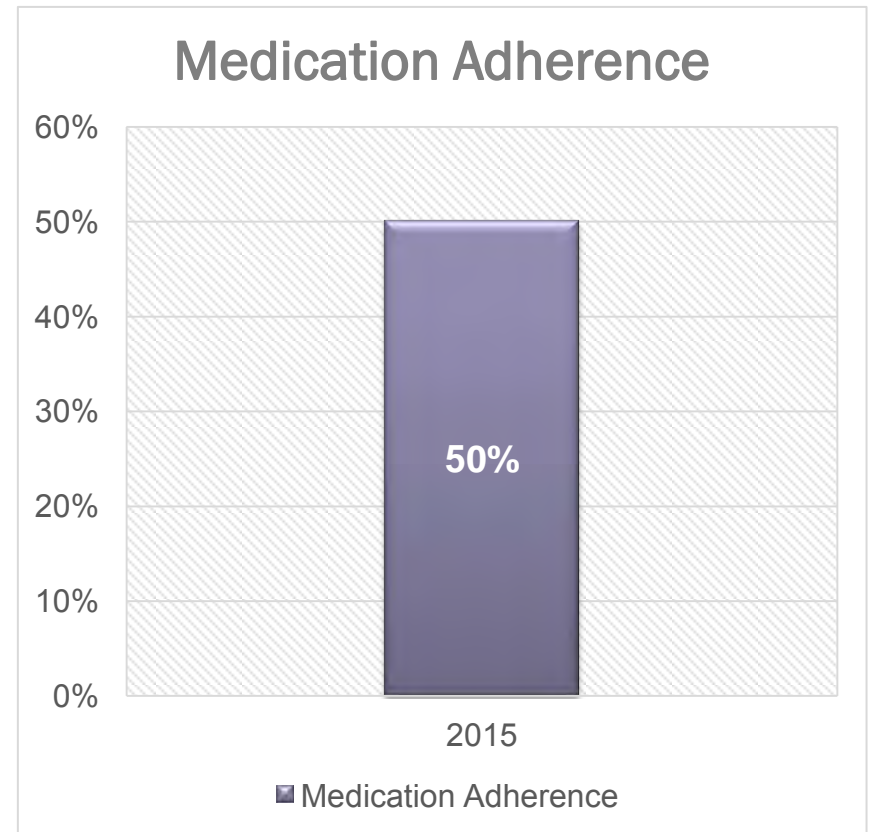
# TRG AIMS for 2016

Program	Goal	Measurable Outcome
Case Management	<p>By 2020, all identified measureable case management outcomes will increase by (20%).</p> <p>RW-Eligible clients who are assigned to case management will document care coordination activities aligned with optimal health outcomes</p>	<ol style="list-style-type: none"><li>1. By 2018, the % of clients that have attended at least two medical visits in a measurement year will increase by 3%.</li><li>2. By 2018, the % of clients who had a care plan developed and/or updated two or more times in a measurement year will increase by 5%.</li><li>3. By 2018, the % of clients who had a comprehensive reassessment at least every 6 months will increase by 5%.</li><li>4. By 2018, documented client education will show evidence of medication adherence, and safer sex and risk reduction will increase by 5%.</li></ol>

# Baseline Data- Case Management

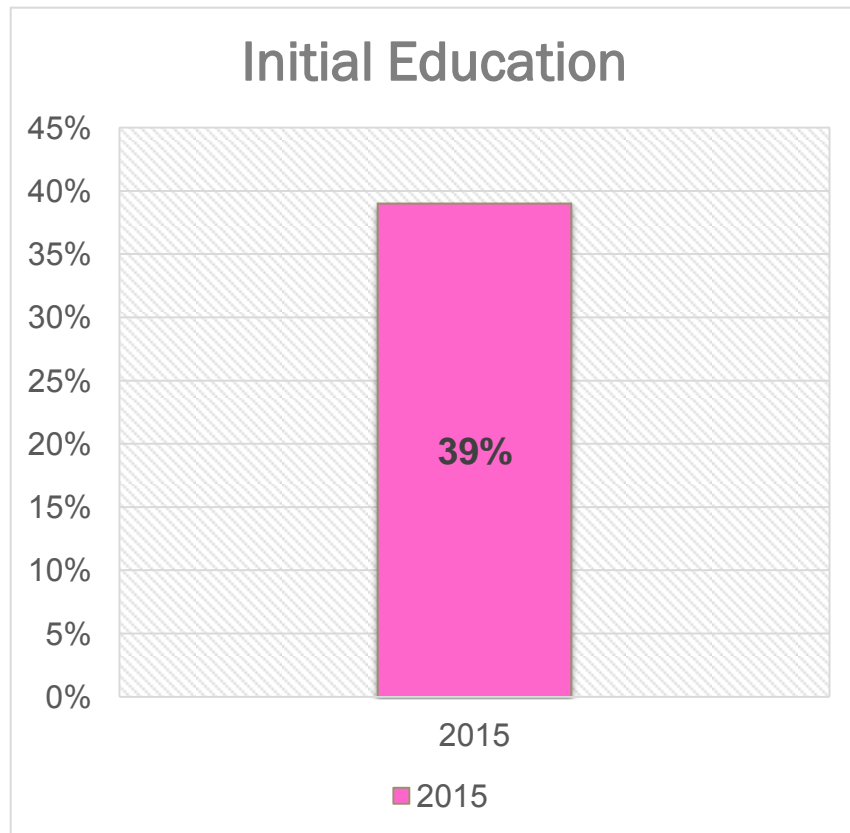


**Initial Comprehensive Assessment-  
Risk Assessment Completed**

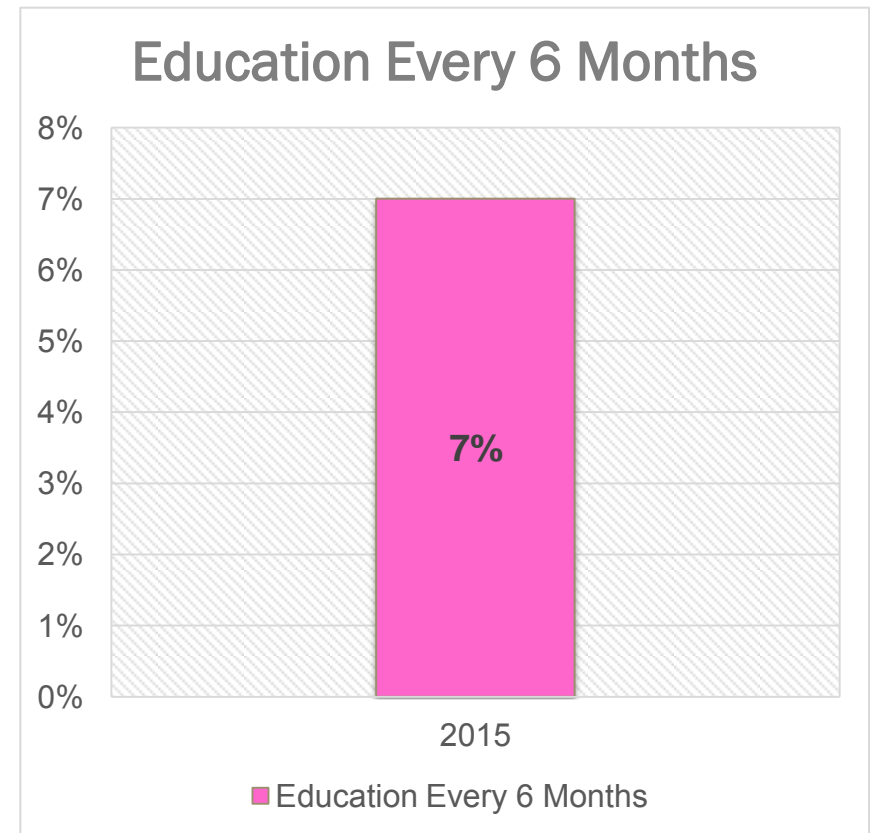


**Initial Comprehensive Assessment-  
Medication Adherence Screening  
Tool was completed**

# Baseline Data- Case Management



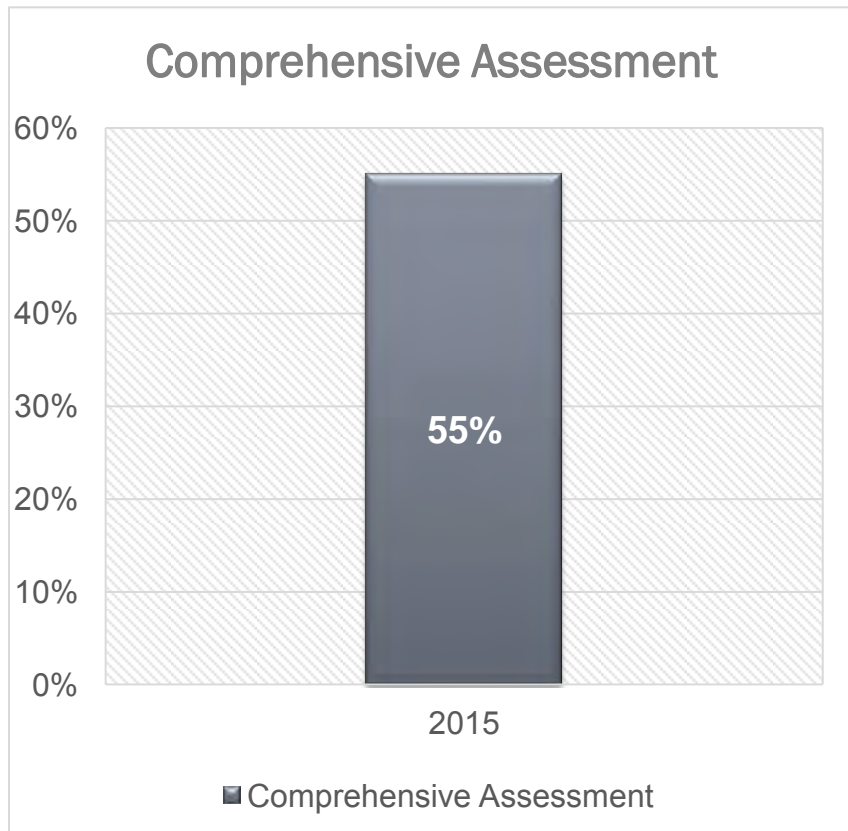
**Initial Comprehensive Assessment-  
Evidence of education provided which  
includes all of the following: Medication  
Adherence; HIV disease process; Risk  
Reduction; nutrition; and Oral Healthcare**



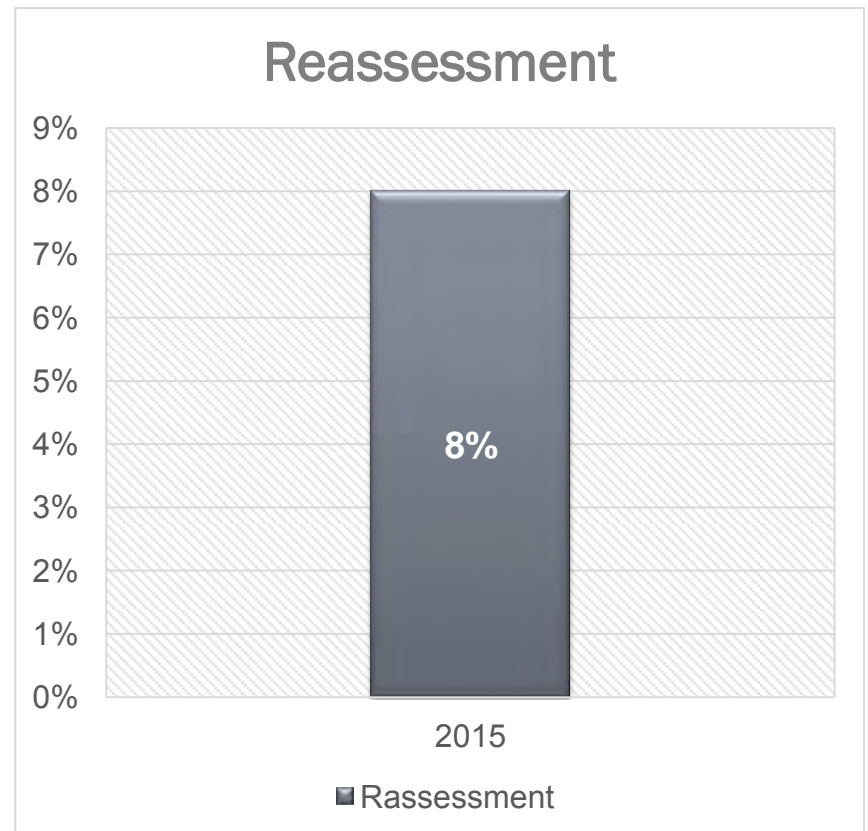
**Evidence of education provided every 6  
months that included all of the following:  
Medication Adherence; HIV Disease Process;  
Risk Reduction; Nutrition; and Oral  
Healthcare**



# Baseline Data- Case Management

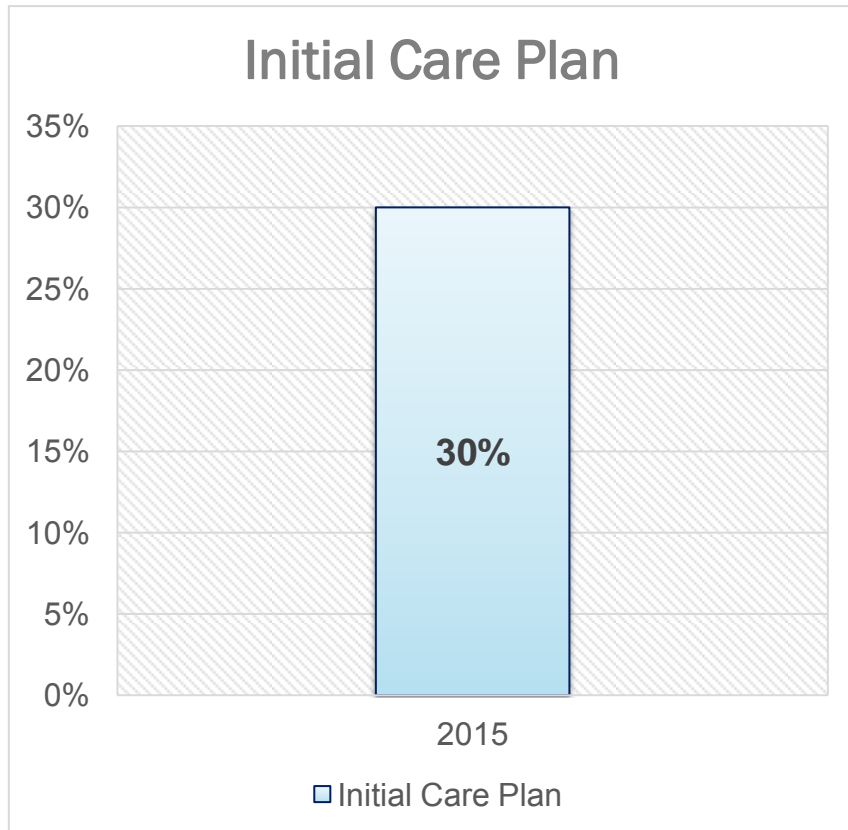


**Initial Comprehensive Assessment-  
Comprehensive Assessment in  
primary client record**

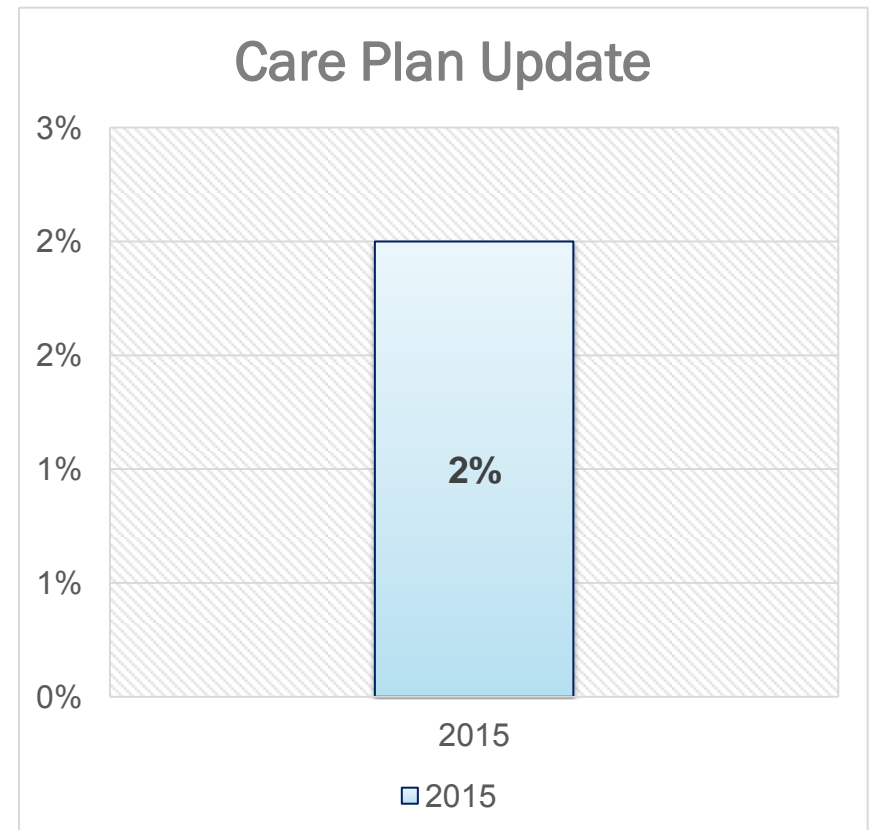


**Comprehensive Reassessment  
in primary client record**

# Baseline Data- Case Management

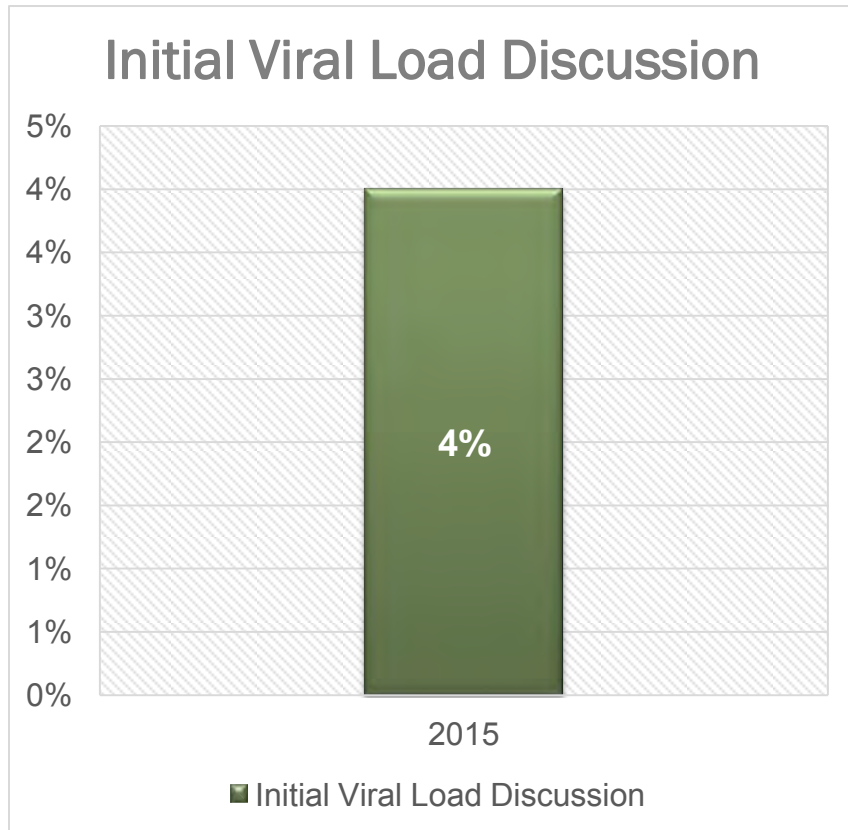


**Care Plan Completed within 2 weeks of completing the comprehensive assessment**



**Documentation that Care Plan was developed and/or updated 2 or more times in the measurement year (HRSA HAB Measure)**

# Baseline Data- Case Management

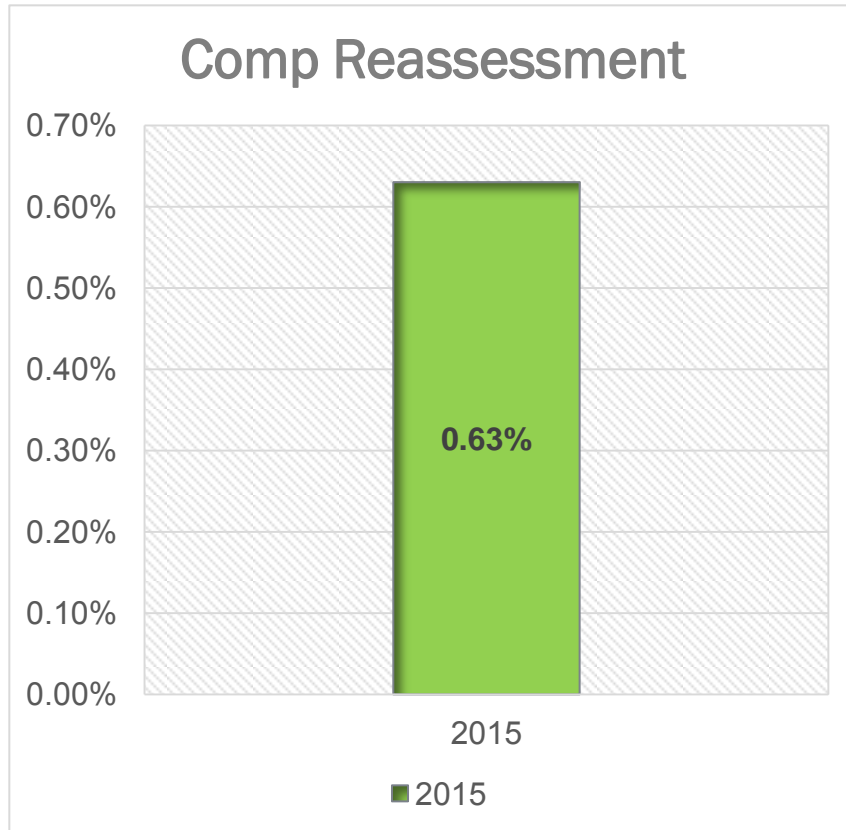


**Documentation that medical case manager discussed viral load with client as part of medication adherence**

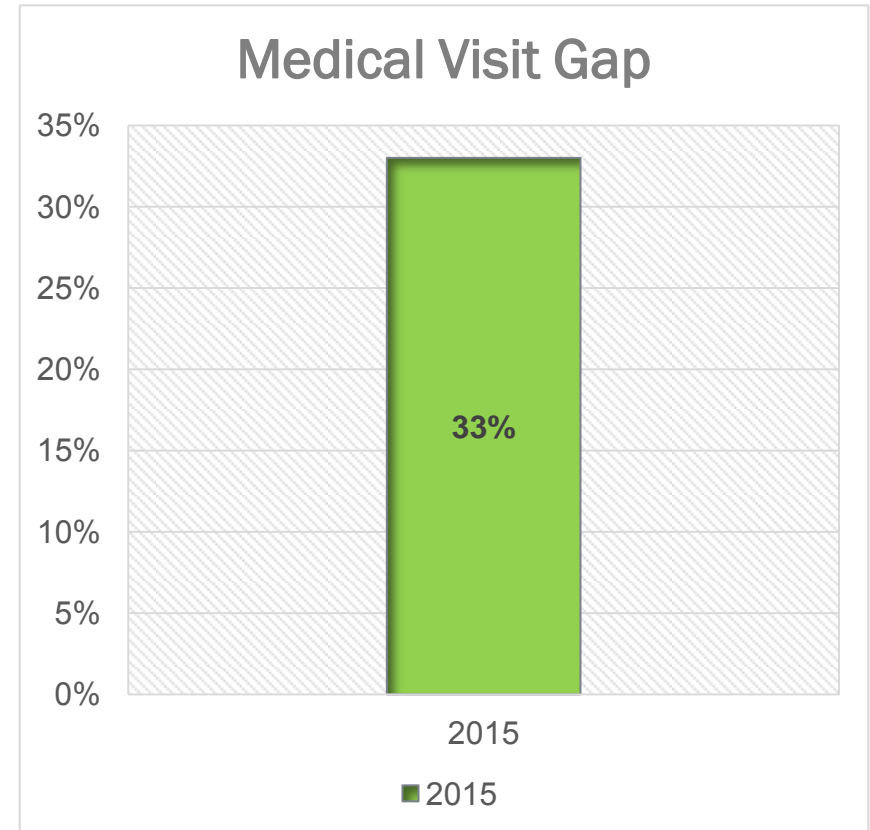


**Documented discussion regarding viral load with client at least every 6 months as part of medication adherence**

# Baseline Data- Case Management



**MCM: Comprehensive Reassessment was completed at least every six months**



**Documentation that client had at least one medical visit in each 6 month period with a minimum of 60 days between first medical visit in the 6 month period and the last medical visit in the subsequent 6months (HRSA HAB Measure)**

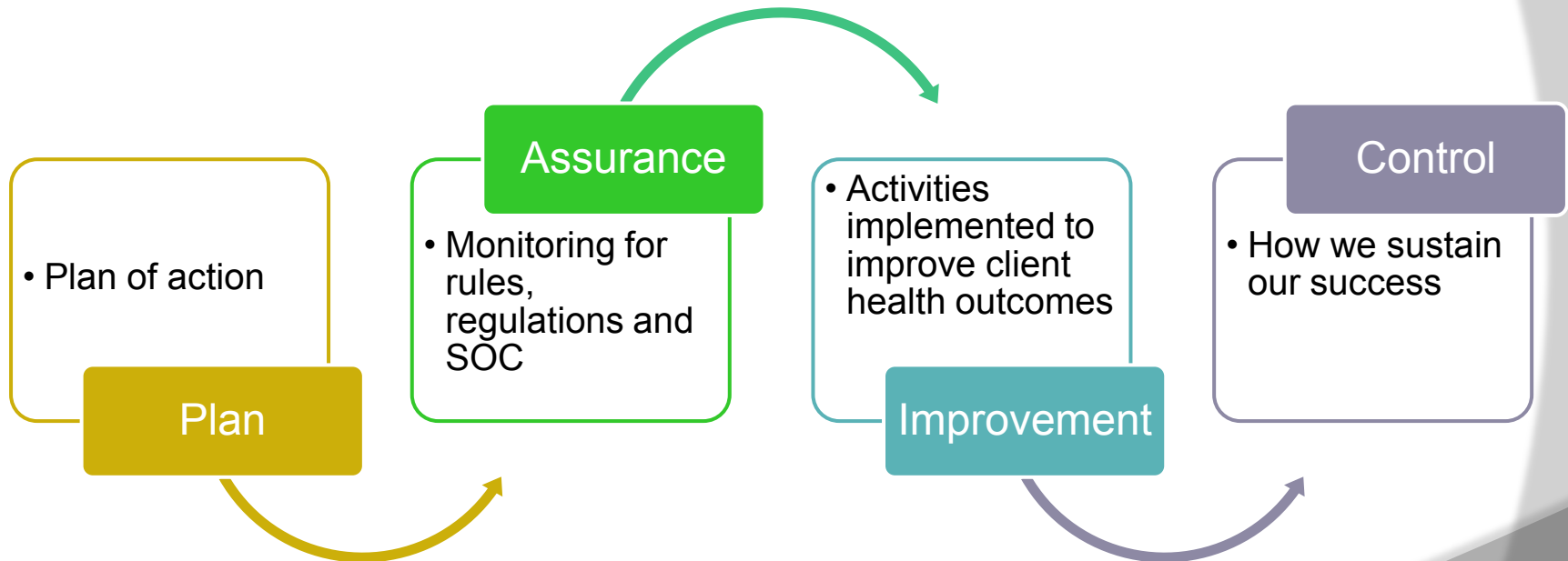
# Quality Control



# Quality Control

- ◎ Quality Control is the ongoing effort to maintain the integrity of a process to maintain the reliability of achieving an outcome
- ◎ Quality control applies to a project's product as opposed to its processes
- ◎ SUSTAINABILITY

# Quality Recap



# Questions?





**THE HOUSTON REGIONAL HIV/AIDS RESOURCE GROUP, INC.  
2016-2020 QUALITY MANAGEMENT PLAN**

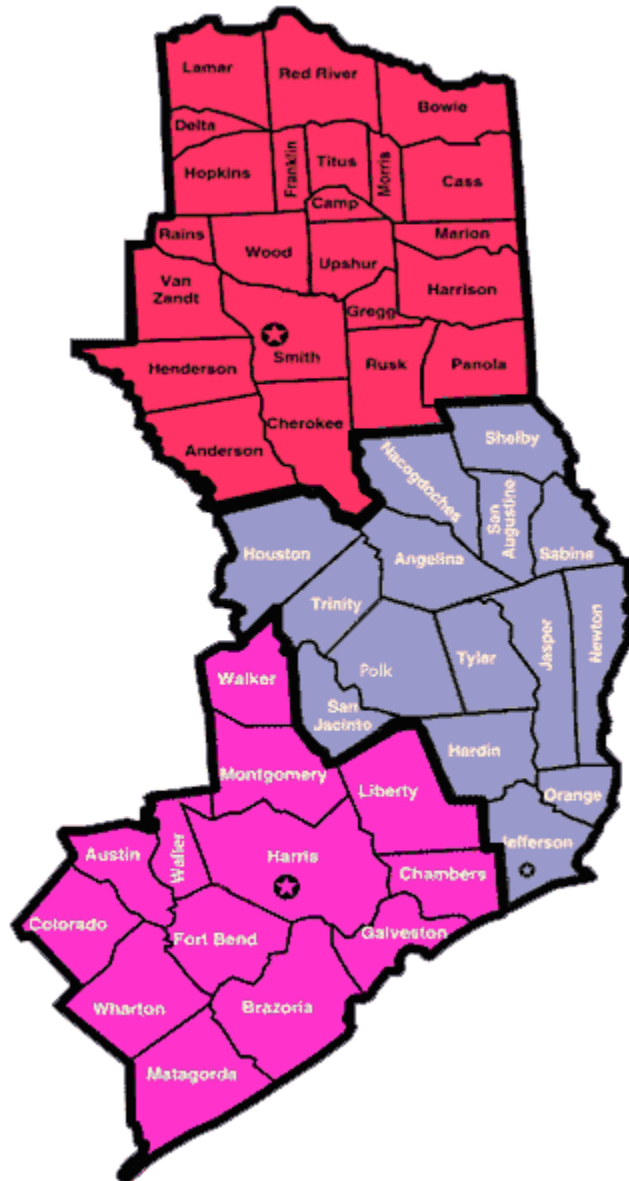
**QUALITY IS NOT THE GOAL**



**IT IS THE STANDARD**

Revised By:  
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Quality Compliance Coordinator  
The Resource Group  
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Fax: 713 526-2369  
Email: [tshepherd@hivtrg.org](mailto:tshepherd@hivtrg.org)

REV12/30/2015



#### Department of State Health Services HSDA Designations

TRG serves as the local administrative agency for six Texas Department of State Health Service (DSHS) Health Service Delivery Areas (HSDAs), supporting a continuum of health and social services in 51 counties of East Texas. Services are provided in cities ranging from Texarkana on the Texas/Arkansas border to Galveston on the Gulf of Mexico.

## Key Quality Definitions

**Quality** is the degree to which a health or social service meets or exceeds established professional standards and user expectations. Evaluation of the quality of care should consider: the quality of the inputs, the quality of the service delivery process, and the quality of life outcomes.

**Quality Improvement (QI)** refers to activities aimed at improving performance and is an approach to the continuous study and improvement of the processes of providing services to meet the needs of the individual and others.

**Continuous Quality Improvement (CQI)** refers to an ongoing effort to increase an agency's approach to manage performance, motivate improvement, and capture lessons learned in areas that may or may not be measured as part of accreditation. It is an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, and outcomes.

**Quality Assurance (QA)** refers to a broad spectrum of evaluation activities aimed at ensuring compliance with minimum quality standards. The primary aim of quality assurance is to demonstrate that a service or product fulfills or meets a set of requirements or criteria. QA is identified as focusing on "outcomes," and CQI identified as focusing on "processes" as well as "outcomes."

**Indicator** is a measurable variable or characteristic that can be used to determine the degree of adherence to a standard or the level of quality achieved. Indicators serve as an interim step toward achieving a performance measure and are also referred to as activities.

**Performance Measure (PM)** is a quantitative tool that provides an indication of the quality of a service or process. It is a number assigned to an object or event that quantifies the actual output and quality of work performed

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## INTRODUCTION

TRG serves as the local administrative agency for six Texas Department of State Health Service (DSHS) Health Service Delivery Areas (HSDAs), supporting a continuum of health and social services in 51 counties of East Texas. Services are provided in cities ranging from Texarkana on the Texas/Arkansas border to Galveston on the Gulf of Mexico.

The mission of The Houston Regional HIV/AIDS Resource Group is to maximize all possible medical, psychosocial and educational resources to help persons affected by or at risk of HIV/AIDS nationally with primary focus in east and southeast Texas.

The Resource Group (TRG) was founded as a nonprofit agency in 1993 to serve as the community based administrative agency for collaborative HIV/AIDS care services funding in Houston and East Texas. The Resource Group is currently the grantee or administrative agency for a number of grants under the Ryan White Act:

1. Texas Department of State Health Services State Services Grant - a grant of state funds from the Department of State Health Services (DSHS) to oversee the provision of direct services to HIV infected persons and their caregivers in 25 counties of East and Southeast Texas.
2. Ryan White Part B Grant - a grant from Health Resources Services Administration (HRSA), a section of the U.S. Department of Health and Human Services, to the State of Texas who then subcontracts with The Resource Group to oversee provision of direct services to HIV infected persons and their caregivers in rural areas of East and Southeast Texas.
3. Ryan White Part C Grant - a grant from HRSA to The Resource Group to oversee the provision of medical services in rural counties of East and Southeast Texas.
4. Ryan White Part D Grant - a grant from HRSA to The Resource Group to oversee the provision of direct services to HIV infected/affected women, children, adolescents and families.
5. Housing Opportunities for Persons With AIDS (HOPWA – DSHS) - a grant from The Department of Housing and Urban Development (HUD), a federal agency, to the State of Texas who then subcontracts with The Resource Group to oversee the provision of housing assistance to HIV infected persons in specific rural counties of East and Southeast Texas.

### **In accordance with current resource allocations, our funds are allocated to the following services:**

#### Core Medical Services:

Early Intervention Services  
Health Insurance Premiums and Cost Sharing  
Home and Community Based Health Services  
Hospice Care  
Medical Case Management  
Mental Health Services  
Medical Nutritional Therapy  
Oral Health Care  
Outpatient Ambulatory Health Services

#### Supportive Services:

AIDS Pharmaceutical Assistance  
Emergency Financial Assistance  
Food Bank  
Health Education/Risk Reduction  
HOPWA  
Linguistic Services  
Medical Transportation

## **Quality Statement**

The Houston Regional HIV/AIDS Resource Group, inc. (TRG) Quality Management program will emphasize standards of care that systematically and comprehensively promote access to and retention in primary medical care and support services for optimal health outcomes. The purpose of Quality Management Plan is to ensure that all consumers receiving services through funds administered by TRG obtain the highest quality of care. This is in support of Ryan White HIV/AIDS Treatment Extension Act 2009 (Public Law 111-87, October 30, 2009), Legislation Section 2604.(h)(5), 2618.(b)(3)(E), 2664.(g)(5) and 2671.(f)(2)©.

Principles of Quality Management Plan include but not limited to:

- Guide the development for effective processes for assessing the quality of care and support services to promote access to care and eliminate barriers
- Establish a Person-centered care system through expanded consumer involvement in quality activities to lead to increased consumer engagement and improved health outcomes.
- Build capacity for QI within our Subgrantees to ensure that the delivery of services is equitable, appropriate, and accessible for all people living with HIV.
- Establish a commitment to quality and enhance the delivery of services throughout the Ryan White continuum of care.
- Strengthen partnerships of traditional and non-traditional stakeholders to improve care coordination
- Identify areas of improvement through systematic monitoring, evaluating and continuously improving the quality of HIV care and services to positively impact RW consumers

By identifying opportunities for improvement, collecting and analyzing data, developing and implementing plans and subsequently evaluating those plans we can continuously improve the processes and systems that influence positive health outcomes for PLWHA.

## **QUALITY INFRASTRUCTURE**

### **QM Advisory Board**

TRG will utilize the project-wide QM Advisory Boards (QMABs) to facilitate the continuous quality improvement process. This advisory board facilitates the service improvement process by conducting quarterly meetings in which QM activities and the review of outcome measures are discussed over three separate project-wide boards. The project-wide QMABs are facilitated through three Stakeholder groups including Northeast Texas Stakeholders (NET), Beaumont Area Stakeholders (BAS) and Galveston Area Stakeholders (GAS). The Resource Group also facilitates a Ryan White Part D Partners/Psycho group. Additionally, for Houston Part B, TRG collaborates with the Ryan White Planning Council's Quality Management program. This includes participation in the RPWC's Quality Assurance Committee meetings and quarterly Clinical Quality Committee meetings.

QMABs include the following members: Program Development Director (TRG), Consumer Relations Coordinator (TRG), Consumers from the project being evaluated, Clinical Compliance Evaluator, Subgrantee Clinicians/Nurse Practitioner., Subgrantee Program Staff, and TRG's Quality Compliance Coordinator (who serves as chair). Additional ad-hoc committee members may be requested to participate as needed to provide further expertise and insight.

Each member of the advisory board fulfills a specific role. The following is the list of permanent members and their roles.

Project-Wide QM Advisory Board	
Committee Member	Roles and Responsibility
Quality Compliance Coordinator (Chair)	Knowledge of QM and CQI practices and activities
Program Development Director	Knowledge of systems and grant requirements
Subgrantees Clinicians/Nurse Practitioner	Knowledge of clinical practices. This position is a physician licensed to practice medicine in the State of Texas with expertise in HIV/AIDS care.
Clinical Compliance Evaluator	Knowledge of subcontractor clinical systems and limitations. This position is a registered nurse licensed in the State of Texas with expertise in HIV/AIDS care.
Subgrantees Program Staff	Knowledge of various data collection systems used to gather data for the reporting of established quality management goals.
Consumer Advisory Board Members	Knowledge of community input from subgrantees processes.
Consumer Relations Coordinator	Knowledge of consumer feedback from CAB processes.

#### **TRG RW Providers:**

The TRG RW providers are a network of administrators and HIV healthcare providers that include physicians, mid-level practitioners, dentists, nurses, phlebotomists, pharmacists, mental health counselors, medical case managers, quality managers, data managers, and others who are awarded RW funding directly or through a sub-contract to monitor and/or provide HIV-related services to PLWHA in the East Texas HSDA.

Someone with signatory authority from each grantee will be asked to review and agree to implementation of this HIV QM Plan within their specific program to achieve the vision of the TRG QM Plan. Throughout the process, they will need to conduct internal QM processes related to joint QI projects; monitor and report on specific outcomes quarterly and participate in the regularly scheduled meetings.

#### **Consumers:**

Consumers are equal partners in the QI process and as such are sought as active members of all QI initiatives to emphasize the perspective of HIV-positive consumers. Because consumers of all HIV-related services are the primary driving force behind the need for continual monitoring, re-evaluations and improvement of those services, TRG includes consumer representation to advise other members on QI processes. Meaningful consumer involvement reflects an integrated process rather than parallel consumer improvement activities.

#### **Participation of Stakeholders**

The Core Team will communicate findings and solicit feedback from both internal and external key stakeholders on an ongoing basis. Presentations will be made during Part D Partners meetings, RWPC Quality Improvement meetings, agency Consumer Advisory Board meetings, and others as identified. Written reports will be shared with key stakeholders. Stakeholders will be given the opportunity to provide feedback to reports and to prioritize quality activities.

#### **Sub-Committees**

The Quality Management program will accomplish its work through close and constant interaction with collaborative members through a sub-committee structure. The following standing Sub-committees have

been established for the QM program.

Sub-Committee	Responsibilities
Clinical Quality	<ul style="list-style-type: none"> <li>▪ Lead the dialogue regarding HIV health services utilizing the most recent HHS guidelines for treatment</li> <li>▪ Support the development of strategies to ensure services delivered are consistent with guidelines for improvement in the access to and quality of HIV services</li> <li>▪ Analyze clinical chart review results to lead QI initiatives</li> <li>▪ Provides QM related clinical consultation to providers, stakeholders and other sub-committee members as needed</li> </ul>
QI Projects	<ul style="list-style-type: none"> <li>▪ Lead the dialogue regarding project improvement activities;</li> <li>▪ Provide TA and other supports around those activities;</li> <li>▪ Set goals for each improvement project; and</li> <li>▪ Manage the effective communication of best practices related to the project among stakeholders, including consumers.</li> </ul>
Data Management	<ul style="list-style-type: none"> <li>▪ Assist with identifying potential data improvement projects;</li> <li>▪ Advise on the development of improvements to the data collection system and performance monitoring initiatives;</li> <li>▪ Review data over time for trends in program outputs and data validity;</li> <li>▪ Request performance measures data from providers per schedule;</li> <li>▪ Develop recommendations on how to improve data; and share findings with stakeholders.</li> </ul>
Provider Capacity Development	<ul style="list-style-type: none"> <li>▪ Support the development of Cross-Part QI activities by linking training and TA to all stakeholders;</li> <li>▪ Develop and implement QM training opportunities based on identified needs; and</li> <li>▪ Facilitate providers and consumers ability to conduct QM activities as well as their knowledge about QI concepts.</li> </ul>
Consumer Capacity Development	<ul style="list-style-type: none"> <li>▪ Provide an effective means of QI communication to the consumers;</li> <li>▪ Oversees the client satisfaction measurement activities;</li> <li>▪ Serve in an advisory capacity and making recommendations to the Team and stakeholders;</li> <li>▪ Provide related trainings to consumers, and trainings for providers to integrate consumers into agency quality initiatives; and</li> <li>▪ Ensures consumer input into identified QM Programs and QI activities.</li> </ul>





## **Resources**

### **Ryan White A- Houston EMA**

The Resource Group works collaboratively with the Houston EMA Ryan White Part A and the Planning Council body. Quality Management planning, priority setting, and improvement activities developed by this collaboration fully encompass the spectrum of RW funding. Geographically, this encompasses the six county Houston EMA of Chambers, Fort Bend, Harris, Liberty, Montgomery and Waller counties, as well as the four additional counties of Austin, Colorado, Wharton, and Walker that form the Houston HSDA.

This collaboration increases alignment of QM activities across all Ryan White programs (Parts A, B, C, D AETC and SPNS) and reduces duplication of QM efforts, ensuring maximum utilization of resources and seamless access to quality HIV care services.

### **AIDS Regional Information and Evaluation System (ARIES)**

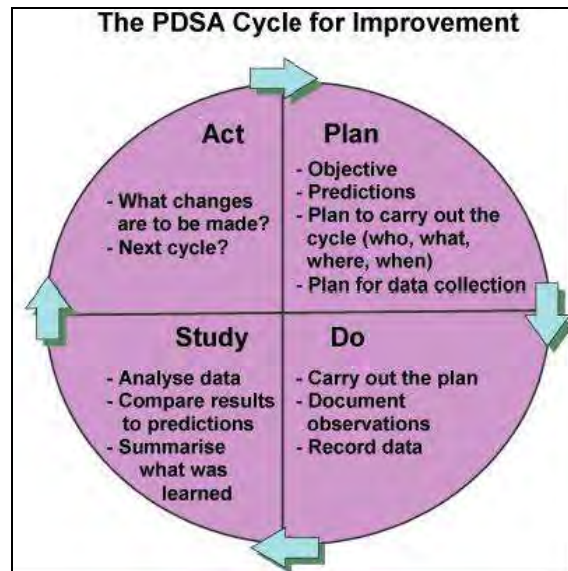
ARIES is a custom, Web-based, centralized HIV/AIDS client management system. ARIES provides a single point of entry for clients and supports coordination of client services among providers. It meets both Health Resources and Services Administration (HRSA) and state care and treatment reporting requirements and provides comprehensive data for our program monitoring and scientific evaluations. Data captured within the ARIES includes but is not limited to: client registration, encounter and medical update information for each client, demographic, co-morbidity, biological marker, service utilization, and outcomes survey and assessment data.

### **Technical Assistance**

Technical assistance is available through HRSA/HAB, the National Quality Center, and other local or national organizations.

### **PDSA Cycles**

The Plan-Do-Study-Act cycle is the preferred methodology of determining if an intervention or change results in improvement.



## CAPACITY BUILDING

The Resource Group will continue to build QI capacity through providing culturally relevant training, and TA. Capacity building needs will be determined through quarterly reporting protocols, organizational assessments, QM surveys, focus groups and quality compliance review results. Training will involve the development and delivery of curriculum and the coordination of training activities to increase the knowledge, skills and abilities of our HIV service providers and consumers. TRG will utilize multiple resources to provide targeted training and TA opportunities such as NQC, AETC, HRSA and DSHS.

## PERFORMANCE MEASUREMENT

### Data Collection

The TRG Quality Management Program is responsible for the regular collection, analysis and reporting of quality management data. To the extent possible the QM Program will utilize multiple data collection methods. These methods include, but are not limited to:

Client data system (ARIES)	Electronic Health Records (EHR)
Client records (paper or electronic)	Clinical databases if applicable
Provider Quarterly Reports	Site Visits
Demographic databases	Client/staff interviews
Client/staff surveys	Utilization patterns

Performance measurement is a central component of the QM Program. Performance measurement data will be used to identify and prioritize QI projects, to routinely monitor the quality of care provided to consumers, and to evaluate the impact of changes made to improve the quality and systems of HIV care.

### Client Satisfaction Measurement System

Each funded provider in our HSDA is contractually required to measure client satisfaction. A standardized methodology for measuring client satisfaction is used to ensure comparability of results across service categories. This methodology employs the use of a self-administered survey tool with questions that address the service, the provider and the Ryan White system as a whole.

The Consumer Capacity Development Sub-Committee will be responsible for developing, administering, evaluating and reporting an HSDA-wide client satisfaction survey on an annual basis. The consumer surveys will serve to:

1. Offer representative feedback that will enable us to understand and connect more directly with the consumers we serve
2. Guide evidence-based practices and influence programmatic decisions
3. Identify problems and barriers not perceived by the agency
4. Identify consumer satisfaction and allow us to explore what consumers value

### **Annual Clinical/Programmatic Chart Reviews**

Chart reviews are performed on an annual basis for each primary medical care and support service funded by TRG. The QCR Team performs the chart reviews, analyzes the data, and distributes a QCR report to all agencies. Chart review results are used to assist in the development of agency specific quality initiatives. Agencies review the results from their chart reviews and identify areas in need of improvement. Agencies develop Plans of Correction and QM plans to address the identified areas.

### **Performance Indicators**

TRG's QM program utilizes strategies outlined in the HIV/AIDS Bureau (*HAB*) *HIV/AIDS Core Clinical Performance Measures for Adults and Adolescents*, and the New York State AIDS Institute HIV Quality Improvement (HIVQUAL) project to evaluate performance measures for HIV health. HAB Performance Measures are applied uniformly across TRG's HSDA designation. By examining and tracking these measures it will aid in the development of evidence-based quality improvement activities, track trend data to monitor the quality of care provided, and will effectively optimize health outcomes for PLWHA in the most efficient manner. The goal of TRG is to improve each measure by 5% annually. Indicators to be measured are reviewed and revised annually to reflect identified needs, HHS guidelines and best practices. They are also incorporated into annual planning for quality improvement activities.

### **Outcome Measurement**

Measuring the outcome of programs is an essential element in evaluating the quality of care services. Performance measurement data will be used to identify and prioritize QI projects, to routinely monitor the quality of care provided to consumers, and to evaluate the impact of changes made to improve the quality and systems of HIV care and ensure a consistent standard of care throughout the entire Ryan White system. The QM Advisory Board and applicable Sub-Committees will review outcomes data and it will be used to plan further in-depth evaluation of quality indicators in need of improvement.

### **Evaluation**

All quality initiatives will be evaluated on a quarterly basis. If the level of performance indicators measured does not improve from baseline, continued quality monitoring and improvement activities will be implemented.

On an annual basis, the QM Program activities will be evaluated and reported to determine the overall effectiveness of the QM program. Evaluation will include assessment of the effectiveness of the QM infrastructure and QI activities in achieving QM goals, evaluation of QM goals to determine if goals were achieved, assessment of any overall data trends, identification of strengths and weaknesses and whether performance measures were appropriate. Evaluation results will be derived from program monitoring processes and results, client satisfaction surveys (internal and external), outcome measures, and QI activities.

The Quality Compliance Coordinator (QCC) will be responsible for compiling data and conducting evaluation activities. At the first meeting of each calendar, the QCC will present the evaluation and data to the QMAB for review. The QMAB will provide feedback and guidance to update the QM Plan. The results of the evaluation and the updated QM Plan will be reported to TRG's Board of Directors at the Board meeting following the first QMAB meeting of the year.

### **Communication**

Communication will be necessary with the following groups:

- Contracted RW service providers;
- DSHS staff, HRSA staff and NQC
- Consumers of RW services
- Part A Planning Council
- Subcommittees and Non-RW Providers

The forms of communication will depend upon the needs and preferences of the group and may include but not limited to:

- Email Blasts
- Phone calls
- Face-to-face meetings
- Websites (TRG Website, Facebook, etc.)
- Webinars

The frequency of communication will depend upon the needs/preferences of the group and may occur:

- The QMABs will meet at least three (3) times annually
- Part D providers will meet at least monthly
- RW Providers will participate in a provider call at least monthly
- Subcommittees will communicate as needed during QI projects
- Consumer feedback and communication is on-going

## Appendix A

### Quality Management Work Plan

Goal A: Update and Implementation of FY 2016 TRG QM Plan			
Objectives	Key Action Steps	Person/Agency Responsible	Target Dates
<b>A1. Develop East Texas Quality Management Plan and Work Plan</b>	<ul style="list-style-type: none"> <li>Develop draft of the FY16 QM Plan</li> <li>Utilize data/ information from:               <ol style="list-style-type: none"> <li>FY 2014 Chart Reviews</li> <li>FY 2014 Needs Assessment</li> <li>FY 2015 Chart Reviews</li> <li>ARIES HAB Measure Report</li> <li>Consumer Feedback</li> <li>Other sources as identified</li> </ol> </li> <li>Distribute draft plan to stakeholders for review</li> <li>Review and revise plan</li> <li>Finalize plan and post on The Resource Group website</li> </ul>	QM Coordinator (QCC)  QCC/ Clinical Consultant    QCC	October 2015  November 2015    December 2015  January 2016  February 2016
<b>A2. Implement QM Plan across agencies in the East Texas HSDA</b>	<ul style="list-style-type: none"> <li>Require all funded agencies to submit updated QM Plans for FY2016</li> <li>Provide TA on the finalized TRG QM Plan</li> <li>Monitor implementation of QM plans through the following mechanisms:               <ol style="list-style-type: none"> <li>Annual Monitoring Visits</li> <li>Quarterly Reporting</li> <li>Monthly Update</li> <li>Stakeholder Meetings</li> <li>Provider Conference Calls</li> </ol> </li> </ul>	All Providers  QCC  TRG Staff	March 2016  February 2016  Ongoing
<b>A3. Evaluate and update QM Plan annually</b>	<ul style="list-style-type: none"> <li>Utilize outcomes data, chart review results, DSHS annual data and various data from QI activities from various agencies</li> <li>Draft annual evaluation report</li> </ul>	QCC/ Data Management Sub-Committee	December 2015  February 2016
Goal B: Strengthen the existing QM Infrastructure within the East Texas HSDA to support QI activities			
<b>B1. Provide leadership and oversight for all QI/QM activities</b>	<ul style="list-style-type: none"> <li>Coordinate efforts with QM Advisory Board and RW Providers to execute 2016 QM Plan</li> </ul>	QCC	January 2016
<b>B2. Facilitate regional area Stakeholder meetings</b>	<ul style="list-style-type: none"> <li>Outreach to Non-RW providers to expand participation</li> <li>Facilitate collaborative efforts with RW providers</li> <li>Develop priorities and set goals based on community need</li> <li>Analyze community data</li> </ul>	Health Planner/ QCC/ CRC	Quarterly

<b>B3. Systematically solicit consumer feedback</b>	<ul style="list-style-type: none"> <li>• Implement project-wide consumer survey</li> <li>• Consumer Capacity Development Committee meetings to suggest training topics, offer feedback of services and advise recommendations</li> </ul>	QCC/ Consumer Relations Coordinator (CRC)	June 2016  February- April 2016
<b>C5. Increase data integrity with ARIES to evaluate effectiveness</b>	<ul style="list-style-type: none"> <li>• Implement and monitor Data Quality Implement Plan</li> <li>• Provide TA as needed on data issues</li> <li>• Provide guidance on system updates</li> <li>• Create custom reports to demonstrate QM initiatives</li> </ul>	Client Level Data Analyst	Ongoing
<b>Goal C: Facilitate the implementation of QI activities with providers to meet annual quality goals</b>			
<b>C1. Incorporate performance goals into agency QI activities</b>	<ul style="list-style-type: none"> <li>• Disseminate performance goals to providers</li> <li>• Submission of QM plans with performance goals by providers</li> <li>• Implement QI projects with providers to meet annual goals</li> <li>• Utilize existing or establish ad hoc sub-committees to identify promising practices</li> </ul>	QCC  All Providers  TRG Staff and Providers	February 2016  March 2016  As needed
<b>C2. Monitor implementation of improvement projects</b>	<ul style="list-style-type: none"> <li>• Submission of progress reports (i.e. unified quarterly report) related to annual quality goals</li> </ul>	All Providers	Ongoing
<b>C3. Evaluate outcomes</b>	<ul style="list-style-type: none"> <li>• Utilize performance data to evaluate progress of specified goals</li> <li>• Draft evaluation report</li> </ul>	QMAB/ QCC	Ad hoc based on projects, but at least annually
<b>C4. Increase capacity building for QM programs at the providers</b>	<ul style="list-style-type: none"> <li>• Communicate relevant chart review findings</li> <li>• Develop and implement a QM training conducted by QM Coordinator or collaborator (i.e. DSHS, NQC, AETC)</li> <li>• Develop and implement QM webinars</li> <li>• Provide QM TA for providers consistent with expressed needs</li> <li>• Implement “Consumer Conversations Program” to disseminate relevant information to consumers</li> </ul>	QCC/ Clinical Consultant    CRC/ QCC	February 2016  Twice Annual  Ongoing  At least twice annual
<b>Goal D: Ensure that primary care and health-related support services adhere to the most current US Health and Human Services guidelines (HHS), federal and state regulations</b>			
<b>D1. Implement Federal, State, and local guidelines</b>	<ul style="list-style-type: none"> <li>• Implement new/revised FY 2016 Standards of Care (SOC) and</li> </ul>	Program Development	Ongoing

and promising practices in RW health care services	Performance Measures <ul style="list-style-type: none"> <li>• Provide TA as needed on new/revised SOC</li> <li>• Review and revise monitoring tools to reflect current guidelines and expectations</li> </ul>	Director/ QCC  QCR Team	February 2016
D2. Evaluate processes and effectiveness of services and programs	<ul style="list-style-type: none"> <li>• Compile, review and disseminate chart review results</li> <li>• Conduct and disseminate satisfaction surveys results to all stakeholders</li> <li>• Conduct focus group discussions and disseminate results to all stakeholders</li> <li>• FY 2015 Performance measure evaluation and benchmarking and dissemination of results to all stakeholders</li> <li>• QM Program monitoring through site visits, client interviews, and data review</li> </ul>	Clinical Consultant/ QCC CRC/QCC  CRC  QCC/ Clinical Consultant  QCR Team	February 2016 December 2016 December 2016 February 2016 February-November 2016
Goal E: Provide ongoing TA and training			
E1. Facilitate TA and training for providers	<ul style="list-style-type: none"> <li>• Identify areas and topics for training and TA</li> <li>• Acquire or develop training materials to address all identified needs</li> <li>• Participate in relevant webinars, conferences, and meetings to try abreast of the most recent guidelines</li> </ul>	QCR Team  QCR Team as identified  All TRG Staff	January 2016  Ongoing  Ongoing

## Appendix B

### Acronyms:

AETC	AIDS Education and Training Center
AIDS	Acquired Immune Deficiency Syndrome
ARIES	AIDS Regional Information and Evaluation System
ART	Antiretroviral Therapy /Treatment
CQI	Continuous Quality Improvement
CQM	Clinical Quality Management
CRC	Consumer Relations Coordinator
DHHS	Department of Health and Human Services
DSHS	Texas Department of State Health Services
EHR	Electronic Health Record
EMA	Eligible Metropolitan Area
HAART	Highly Active Antiretroviral Therapy
HAB	HIV /AIDS Bureau
HHS	Health and Human Services
HIV	Human Immunodeficiency Virus
HOPWA	Housing Opportunities for People With AIDS
HRSA	Health Resources and Services Administration
NHAS	National HIV /AIDS Strategy
NQC	National Quality Center
PCP	Pneumocystis Carinii Pneumonia
PLWHA	Person Living with HIV/AIDS
QA	Quality Assurance
QCC	Quality Compliance Coordinator
QCR	Quality Compliance Review
QI	Quality Improvement
QM	Quality Management
QMAB	Quality Management Advisory Board
RW	Ryan White
SOC	Standard of Care
TA	Technical Assistance
TRG	The Resource Group





THE RESOURCE GROUP  
2016 CHART REVIEW  
COMBINED PACKET

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## 2016 CHART REVIEW REPORTS OVERVIEW

### Special Notes for 2016 Chart Reviews:

- DSHS changed the file sample percentage that resulted in a lower number of files being reviewed in 2016 audits.
- In 2016, DSHS contracted with Germane Solutions to perform chart reviews of specific service categories. These chart reviews change from year-to-year and are determined at the beginning of each calendar year. TRG does not duplicate the chart reviews if a review was conducted Germane Solutions. Therefore, these chart review reports will incorporate the Germane Solutions data when applicable. *For 2016, Mental Health Services were reviewed by Germane Solutions.*

### Early Intervention Services - Incarcerated

Overall, quality of services is good. Through the chart review: 98% (56) of clients completed an intake assessment and 81% (44) developed a discharge plan. Of the clients enrolled into the EIS program 100% were linked accessed a care provider; with 100% (6) of the newly-diagnosed clients accessing care. However, only 50% (3) of the newly-diagnosed clients documented a discharge plan. 75% (40) of clients self-reported accessing medical care within the last six months of entering the EIS program and 51% (30) reported a third-party payer source (including the Gold Card)

### Home & Community Based Health Services

Overall, quality of services provided meets or exceeds minimum thresholds. Through the nursing assessment: 36% (15) were identified with a diagnosis of hypertension (-4% decrease from last year) and 100% of those showed evidence that their hypertension was controlled (Systolic <140, Diastolic <90) in the past 6 months. Percentage of HIV-positive clients who have an undetectable or decrease viral load has improved from 78% in 2015 to 79% in 2016 (61% in 2014). 14% (6) of clients who identified with elevated blood glucose levels (diabetes) and 100% of those showed evidence that their diabetes was controlled (glucose levels with normal range). 84% (32) of clients reviewed documented an increased CD4 or level CD4 while attending HCBS and 100% had their vital sign taken at least once a week.

### Hospice Services

The review showed that Hospice Care continue to be delivered at a very high standard. All nine Standard of Care data elements were scored at 100% compliance, including care plan, symptom management and family support. Of the client records reviewed, 30% (7) of records indicated the client was homeless on admission. This is a decrease from 38% in 2015. Additionally, 17% (4) of records reviewed showed evidence that the client had active substance abuse on admission (decrease from 25% in 2015); 26% (6) of records reviewed showed evidence of active psychiatric illness on admission (excluding depression). This is an increase from 13% in 2015.

### Mental Health Services

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%. Although 100% of clients had an appropriate treatment plan, 95% (36) had their plan reviewed and/or modified at least every ninety (90) days.

*Oral Health Care Services*

2016 data shows a continuation of excellent overall oral healthcare. Seven (7) data elements reviewed were completed at a rate of 100%. The data elements reviewed (*Annual X-rays and Oral Health Education and Instruction*) at the lowest completion were completed at a rate of 100%. Health history and updates, while not completed at 100%, were appropriate and timely. Allergies and medication sensitivities were well documented. The newest data elements (*Assessment for Tobacco Use, Recreational Drug Use and Alcohol Use*) were completed at a rate of 100%.



EARLY INTERVENTION SERVICES - INCARCERATED  
2016 CHART REVIEW REPORT

## PREFACE

### DSHS Monitoring Requirements

The Texas Department of State Health Services (DSHS) contracts with The Houston Regional HIV/AIDS Resource Group, Inc. (TRG) to ensure that Ryan White Part B and State of Texas HIV Services funding is utilized to provide in accordance to negotiated Priorities and Allocations for the designated Health Service Delivery Area (HSDA). In Houston, the HSDA is a ten-county area including the following counties: Austin, Chambers, Colorado, Fort Bend, Harris, Liberty, Montgomery, Walker, Waller, and Wharton. As part of its General Provisions for Grant Agreements, DSHS also requires that TRG ensures that all Subgrantees comply with statutes and rules, perform client financial assessments, and delivery service in a manner consistent with established protocols and standards.

As part of those requirements, TRG is required to perform annual quality compliance reviews on all Subgrantees. Quality Compliance Reviews focus on issues of administrative, clinical, 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.

*In 2016, DSHS contracted with Germane Solutions to perform chart reviews of specific service categories. These chart reviews change from year-to-year and are determined at the beginning of each calendar year. TRG does not duplicate the chart reviews if a review was conducted Germane Solutions. Therefore, these chart review reports will incorporate the Germane Solutions data when applicable.*

### 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 927 who accessed Early Intervention Services in the measurement year. The records of 59 clients were reviewed (representing 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 2016.*

### Demographics-Early Intervention Services

2015 Annual		
<b>Total UDC:</b>		<b>Total New:</b>
<b>871</b>		<b>293</b>
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	55	6.31%
25 - 44 years	464	53.27%
45 - 64 years	340	39.04%
65 years or older	12	1.38%
Unknown	0	0.00%
	<b>871</b>	<b>100%</b>
Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	157	18.03%
Male	700	80.37%
Transgender FTM	0	0.00%
Transgender MTF	14	1.61%
Unknown	0	0.00%
	<b>871</b>	<b>100%</b>
Race/ Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	138	15.84%
Black	637	73.13%
Hispanic	90	10.33%
Asian	0	0.00%
Hawaiian/Pacific Islander	0	0.00%
Indian/Alaskan Native	6	0.69%
Unknown	0	0.00%
	<b>871</b>	<b>100%</b>

From 01/01/15 - 12/31/15



2016 Annual		
<b>Total UDC:</b>		<b>Total New:</b>
<b>927</b>		<b>279</b>
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	53	5.72%
25 - 44 years	492	53.07%
45 - 64 years	369	39.81%
65 years or older	13	1.40%
Unknown	0	0.00%
	<b>927</b>	<b>100%</b>
Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	148	15.97%
Male	766	82.63%
Transgender FTM	0	0.00%
Transgender MTF	13	1.40%
Unknown	0	0.00%
	<b>927</b>	<b>100%</b>
Race/ Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	156	16.83%
Black	661	71.31%
Hispanic	106	11.43%
Asian	1	0.11%
Hawaiian/Pacific Islander	0	0.00%
Indian/Alaskan Native	3	0.32%
Unknown	0	0.00%
	<b>927</b>	<b>100%</b>

From 01/01/16 - 12/31/16



## RESULTS OF REVIEW

Intake Assessment

Percentage of HIV-positive clients who had a completed intake assessment present in the client record.

	Yes	No	N/A
Number of client with a completed intake assessment in the client record.	56	1	2
Number of HIV-infected clients in early intervention services that were reviewed.	57	57	59
Rate	<b>98%</b>	2%	-

Intake Assessment

Percentage of HIV-positive clients that self-reports being in care (attending a medical appointment) in the last 6 months prior to incarceration.

	Yes	No	Unknown	N/A (New Dx)
Number of client with a completed intake assessment in the client record.	40	10	3	6
Number of HIV-infected clients in early intervention services that were reviewed.	53	53	53	59
Rate	<b>75%</b>	19%	6%	-

Health Literacy and Education: Risk Assessment

Percentage of HIV-positive 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	Partial (blue book only)	N/A
Number of client records that documented health literacy and education.	38	4	12	5
Number of HIV-infected clients in early intervention services that were reviewed.	54	54	54	59
Rate	<b>70%</b>	7%	22%	-

Health Literacy and Education: Medication Adherence

Percentage of HIV-positive clients who had documentation of discussion of medication adherence by the EIS case manager in the client record.

	Yes	No	N/A
Number of client records who had documentation of discussion of medication adherence by the EIS case manager in the client record	34	20	5
Number of HIV-infected clients in early intervention services that were reviewed.	54	54	59
Rate	<b>63%</b>	37%	-

Linkage: Newly Diagnosed

Percentage of newly-diagnosed clients (incarcerated 30 days or longer) that initiate care through the EIS program

	Yes	No	N/A
Number of newly-diagnosed clients (incarcerated 30 days or longer) that initiate care through the EIS program	6	0	53
Number of newly-diagnosed HIV-infected clients in early intervention services that were reviewed.	6	6	59
Rate	<b>100.0%</b>	0.0%	-

Linkage: Medical Care

Percentage of HIV-positive clients that accessed a medical provider and obtained an appointment.

	Yes	No	N/A
Number of client records that document linkage to a medical provider and access to an appointment	55	0	4
Number of HIV-infected clients in early intervention services that were reviewed.	55	55	59
Rate	<b>100.0%</b>	0.0%	-

Multidisciplinary Team Conference

Percentage of HIV-positive clients who received early intervention services that had at least one multidisciplinary team conference

	Yes	No	N/A
Number of client records that showed evidence of at least one multidisciplinary team conference.	0	55	4
Number of HIV-infected clients in early intervention services that were reviewed.	55	55	59
Rate	<b>0%</b>	100.0%	7%

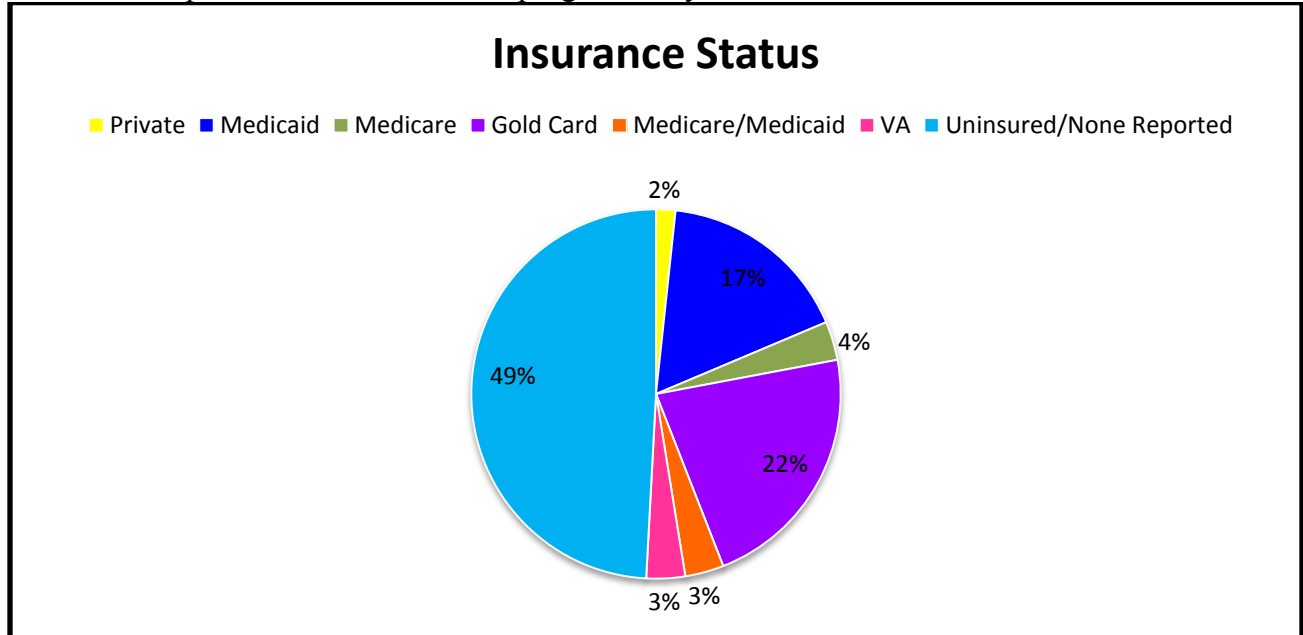
Discharge Planning

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

	Yes	No	N/A
Number of client with a completed discharge plan in the client record.	44	10	5
Number of HIV-infected clients in early intervention services that were reviewed.	54	54	59
Rate	<b>81%</b>	19%	8%

Insurance Status

Clients self-reported insurance status at program entry.

**HISTORICAL DATA**

Not applicable for 2016 Chart Review as this is the first time this service category has been presented.

**CONCLUSIONS**

Overall, quality of services is good. Through the chart review: 98% (56) of clients completed an intake assessment and 81% (44) developed a discharge plan. Of the clients enrolled into the EIS program 100% were linked accessed a care provider; with 100% (6) of the newly-diagnosed clients accessing care. However, only 50% (3) of the newly-diagnosed clients documented a discharge plan. 75% (40) of clients self-reported accessing medical care within the last six months of entering the EIS program and 51% (30) reported a third-party payer source (including the Gold Card)



HOME & COMMUNITY-BASED HEALTH SERVICES  
2016 CHART REVIEW REPORT

## PREFACE

### DSHS Monitoring Requirements

The Texas Department of State Health Services (DSHS) contracts with The Houston Regional HIV/AIDS Resource Group, Inc. (TRG) to ensure that Ryan White Part B and State of Texas HIV Services funding is utilized to provide in accordance to negotiated Priorities and Allocations for the designated Health Service Delivery Area (HSDA). In Houston, the HSDA is a ten-county area including the following counties: Austin, Chambers, Colorado, Fort Bend, Harris, Liberty, Montgomery, Walker, Waller, and Wharton. As part of its General Provisions for Grant Agreements, DSHS also requires that TRG ensures that all Subgrantees comply with statutes and rules, perform client financial assessments, and delivery service in a manner consistent with established protocols and standards.

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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 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 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 46 who accessed home and community-based Health Services in the measurement year. The records of 42 clients were reviewed (representing 91% 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 2016.*

## DEMOGRAPHICS

### HOME AND COMMUNITY BASED SERVICES

2015 Annual		
<b>Total UDC: 46    Total New: 5</b>		
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	6	13.04%
45 - 64 years	35	76.09%
65 years or older	5	10.87%
Unknown	0	0.00%
	<b>46</b>	<b>100%</b>
Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	12	26.09%
Male	33	71.74%
Transgender FTM	0	0.00%
Transgender MTF	1	2.17%
Unknown	0	0.00%
	<b>46</b>	<b>100%</b>
Race/Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	10	21.74%
Black	28	60.87%
Hispanic	7	15.22%
Asian	1	2.17%
Hawaiian/Pacific Islander	0	0.00%
Indian/Alaskan Native	0	0.00%
Unknown	0	0.00%
	<b>46</b>	<b>100%</b>

From 01/01/15 - 12/31/15

2016 Annual		
<b>Total UDC: 38    Total New: 36</b>		
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	11	28.95%
45 - 64 years	24	63.16%
65 years or older	3	7.89%
Unknown	0	0.00%
	<b>38</b>	<b>100%</b>
Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	12	31.58%
Male	25	65.79%
Transgender FTM	0	0.00%
Transgender MTF	1	2.63%
Unknown	0	0.00%
	<b>38</b>	<b>100%</b>
Race/Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	5	13.16%
Black	25	65.79%
Hispanic	7	18.42%
Asian	0	0.00%
Hawaiian/Pacific Islander	0	0.00%
Indian/Alaskan Native	1	2.63%
Unknown	0	0.00%
	<b>38</b>	<b>100%</b>

From 01/01/16 - 12/31/16



## RESULTS OF REVIEW

### Progress Notes

Percentage of HIV-positive clients who had clear, concise, and comprehensive progress notes in their record each visit.

	Yes	No	N/A
Client records clear, concise, and comprehensive progress notes.	42	0	-
Clients in community based health services that were reviewed.	42	42	-
Rate	<b>100%</b>	<b>0%</b>	-

### Vital Signs

Percentage of HIV-positive clients who had vital signs taken at least once a week.

	Yes	No	N/A
Client records that showed vital signs were taken at each visit.	42	0	-
Clients in community based health services that were reviewed.	42	42	-
Rate	<b>100%</b>	<b>0%</b>	-

### Multidisciplinary Team Conference

Percentage of HIV-positive clients who received a community based health services that had at least one multidisciplinary team conference

	Yes	No	N/A
Client records that showed evidence of at least one multidisciplinary team conference.	42	0	-
Clients in community based health services that were reviewed.	42	40	-
Rate	<b>100%</b>	<b>0%</b>	-

### Recent Lab Results

Percentage of HIV-positive clients who have documented lab results in the medical record

	Yes	No	N/A
Client records that showed evidence of a recent lab test.	38	4	-
Clients in community based health services that were reviewed.	42	42	-
Rate	<b>91%</b>	<b>9%</b>	-

### Viral Load Counts

Percentage of HIV-positive clients who have an undetectable or decrease in viral load while attending the Community Based Health Services

	Yes	No	N/A
Client records that showed evidence of an undetectable or decreased viral load on their last blood test.	30	8	-
Clients in community based health services that were reviewed.	38	38	-
Rate	<b>79%</b>	<b>21%</b>	-



CD4 Values

Percentage of HIV-positive clients who have an increase in CD4 or level CD4 while attending the Community Based Health Services

	Yes	No	N/A
Client records that showed evidence of increased or level in CD4.	32	6	-
Clients in community based health services that were reviewed.	38	38	-
Rate	<b>84%</b>	<b>16%</b>	-

Hypertension Comorbidity

Percentage of HIV-positive clients who have been diagnosed with elevated blood pressure and are antihypertensive medications.

	Yes	No	N/A
Client records that showed evidence of a diagnosis of hypertension.	15	27	-
Clients in community based health services that were reviewed.	42	42	-
Rate	<b>36%</b>	<b>64%</b>	-

Controlled Hypertension

Percentage of HIV-positive clients who have been diagnosed with elevated blood pressure and are antihypertensive medications and that have controlled Blood Pressures.

	Yes	No	N/A
Client records that showed evidence of controlled hypertension.	15	0	-
Clients in community based health services that were reviewed.	15	15	-
Rate	<b>100%</b>	<b>0%</b>	-

Diabetes Comorbidity

Percentage of HIV-positive clients who have been diagnosed with elevated blood glucose levels and are diabetic medications.

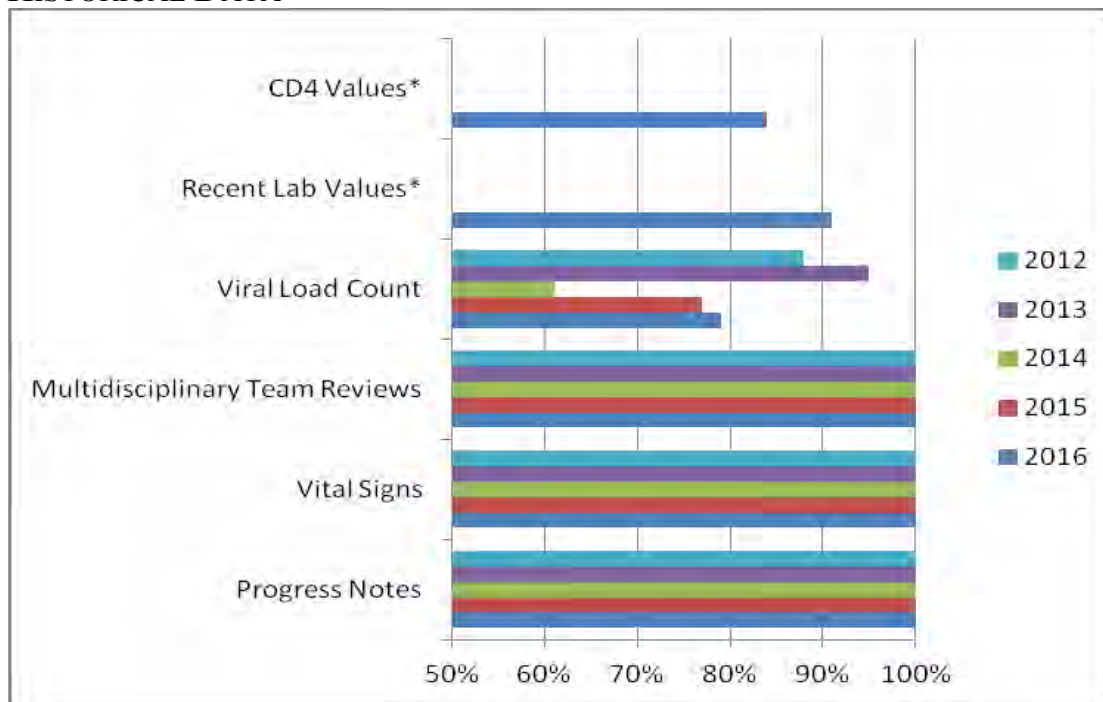
	Yes	No	N/A
Client records that showed evidence of a diagnosis of diabetes.	6	36	-
Clients in community based health services that were reviewed.	42	42	-
Rate	<b>14%</b>	<b>86%</b>	-

Controlled Diabetes

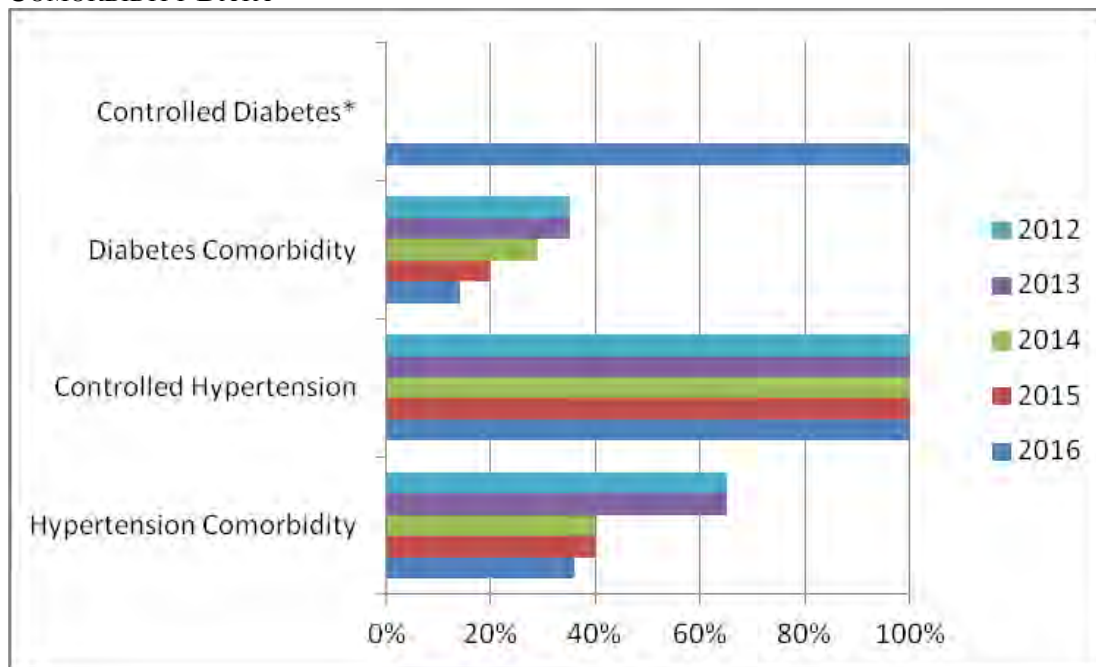
Percentage of HIV-positive clients who have been diagnosed with elevated blood glucose levels and are diabetic medications and have blood glucose levels within normal range.

	Yes	No	N/A
Client records that showed evidence of controlled diabetes.	6	0	-
Clients in community based health services that were reviewed.	6	6	-
Rate	<b>100%</b>	<b>0%</b>	-

## HISTORICAL DATA



## COMORBIDITY DATA



## CONCLUSIONS

Overall, quality of services provided meets or exceeds minimum thresholds. Through the nursing assessment: 36% (15) were identified with a diagnosis of hypertension (-4% decrease from last year) and 100% of those showed evidence that their hypertension was controlled

(Systolic <140, Diastolic <90) in the past 6 months. Percentage of HIV-positive clients who have an undetectable or decrease viral load has improved from 78% in 2015 to 79% in 2016 (61% in 2014). 14% (6) of clients who identified with elevated blood glucose levels (diabetes) and 100% of those showed evidence that their diabetes was controlled (glucose levels with normal range). 84% (32) of clients reviewed documented an increased CD4 or level CD4 while attending HCBS and 100% had their vital sign taken at least once a week.



HOSPICE SERVICES  
2016 CHART REVIEW REPORT

## PREFACE

### DSHS Monitoring Requirements

The Texas Department of State Health Services (DSHS) contracts with The Houston Regional HIV/AIDS Resource Group, Inc. (TRG) to ensure that Ryan White Part B and State of Texas HIV Services funding is utilized to provide in accordance to negotiated Priorities and Allocations for the designated Health Service Delivery Area (HSDA). In Houston, the HSDA is a ten-county area including the following counties: Austin, Chambers, Colorado, Fort Bend, Harris, Liberty, Montgomery, Walker, Waller, and Wharton. As part of its General Provisions for Grant Agreements, DSHS also requires that TRG ensures that all Subgrantees comply with statutes and rules, perform client financial assessments, and delivery service in a manner consistent with established protocols and standards.

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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 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 provider population of 23 who accessed hospice services in the measurement year. The records of 23 clients were reviewed, representing 100% of the unduplicated population. The demographic makeup of the provider was used as a key to file sample pull.

*NOTE: DSHS changed the file sample percentage which will result in a lower number of files being reviewed in 2016.*

## Demographics- Hospice

2015 Annual		
<b>Total UDC: 25    Total New: 16</b>		
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	4.00%
25 - 44 years	9	36.00%
45 - 64 years	14	56.00%
65 years or older	1	4.00%
Unknown	0	0.00%
	25	100.00%
Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	5	20.00%
Male	20	80.00%
Transgender FTM	0	0.00%
Transgender MTF	0	0.00%
Unknown	0	0.00%
	25	100.00%
Race/ Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	4	16.00%
Black	18	72.00%
Hispanic	2	8.00%
Asian	0	0.00%
Hawaiian/Pacific Islander	0	0.00%
Indian/Alaskan Native	1	4.00%
Unknown	0	0.00%
	25	100.00%

From 01/01/15 - 12/31/15

2016 Annual		
<b>Total UDC: 38    Total New: 33</b>		
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	16	42.11%
45 - 64 years	22	57.89%
65 years or older	0	0.00%
Unknown	0	0.00%
	38	100.00%
Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	9	23.68%
Male	29	76.32%
Transgender FTM	0	0.00%
Transgender MTF	0	0.00%
Unknown	0	0.00%
	38	100.00%
Race/ Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	9	23.68%
Black	20	52.63%
Hispanic	8	21.05%
Asian	1	2.63%
Hawaiian/Pacific Islander	0	0.00%
Indian/Alaskan Native	0	0.00%
Unknown	0	0.00%
	38	100.00%

From 01/01/16 - 12/31/16



## RESULTS OF REVIEW

Admission Orders

Percentage of HIV-positive client records that have admission orders

	Yes	No	N/A
Client records that showed evidence of an admission order.	23	0	-
Clients in hospice services that were reviewed.	23	23	-
Rate	<b>100%</b>	<b>0%</b>	-

Symptom Management Orders

Percentage of HIV-positive client records that have symptom management orders

	Yes	No	N/A
Client records that showed evidence of symptom management orders.	23	0	-
Clients in hospice services that were reviewed.	23	23	-
Rate	<b>100%</b>	<b>0%</b>	-

Medication Administration

Percentage of HIV-positive client records that have medication administration record

	Yes	No	N/A
Client records that showed evidence of medication administration.	23	0	-
Clients in hospice services that were reviewed.	23	23	-
Rate	<b>100%</b>	<b>0%</b>	-

Care Plan Created and Updated Monthly

Percentage of HIV-positive client records that have a completed initial plan of care

	Yes	No	N/A
Client records that showed evidence of completed initial plan of care and monthly updates, as necessary.	23	0	-
Clients in hospice services that were reviewed.	23	23	-
Rate	<b>100%</b>	<b>0%</b>	-

Bereavement Care Plan Is Updated Monthly

Percentage of HIV-positive client records that had bereavement care plans

	Yes	No	N/A
Client records that showed evidence of bereavement care plans.	23	0	-
Clients in oral health services that were reviewed.	23	23	-
Rate	<b>100%</b>	<b>0%</b>	-

Weekly Multidisciplinary Team (MDT) Meeting

Percentage of HIV-positive client records that showed weekly updates to the MDT care plan

	Yes	No	N/A
Client records that showed evidence of weekly updates to the MDT.	23	0	-
Clients in hospice services that were reviewed.	23	23	-
Rate	<b>100%</b>	<b>0%</b>	-



Pain Assessment

Percentage of HIV-positive client records that showed assessment for pain at each shift

	Yes	No	N/A
Client records that showed evidence of a pain assessment at each shift.	23	0	-
Clients in hospice services that were reviewed.	23	23	-
Rate	<b>100%</b>	<b>0%</b>	-

Primary Care Provider (PCP) Contact Information

Percentage of HIV-positive client records that had client PCP contact information

	Yes	No	N/A
Client records that showed evidence of client PCP contact information.	23	0	-
Clients in oral health services that were reviewed.	23	23	-
Rate	<b>100%</b>	<b>0%</b>	-

Family Support

Percentage of HIV-positive client records that showed end of life support services were given to the family.

	Yes	No	N/A
Client records that showed evidence of support services being offered to the family.	23	0	0
Clients in hospice services that were reviewed.	23	23	0
Rate	<b>100%</b>	<b>0%</b>	%

Homelessness

Percentage of HIV-positive client records that show the client was homeless on admission

	Yes	No	N/A
Client records that showed evidence of homeless on admission.	7	17	-
Clients in hospice services that were reviewed.	23	23	-
Rate	<b>30%</b>	<b>70%</b>	-

Substance Abuse

Percentage of HIV-positive client records that showed the client had active substance abuse on admission.

	Yes	No	N/A
Client records that showed evidence of active substance abuse on admission.	4	19	-
Clients in hospice services that were reviewed.	23	23	-
Rate	<b>17%</b>	<b>83%</b>	-

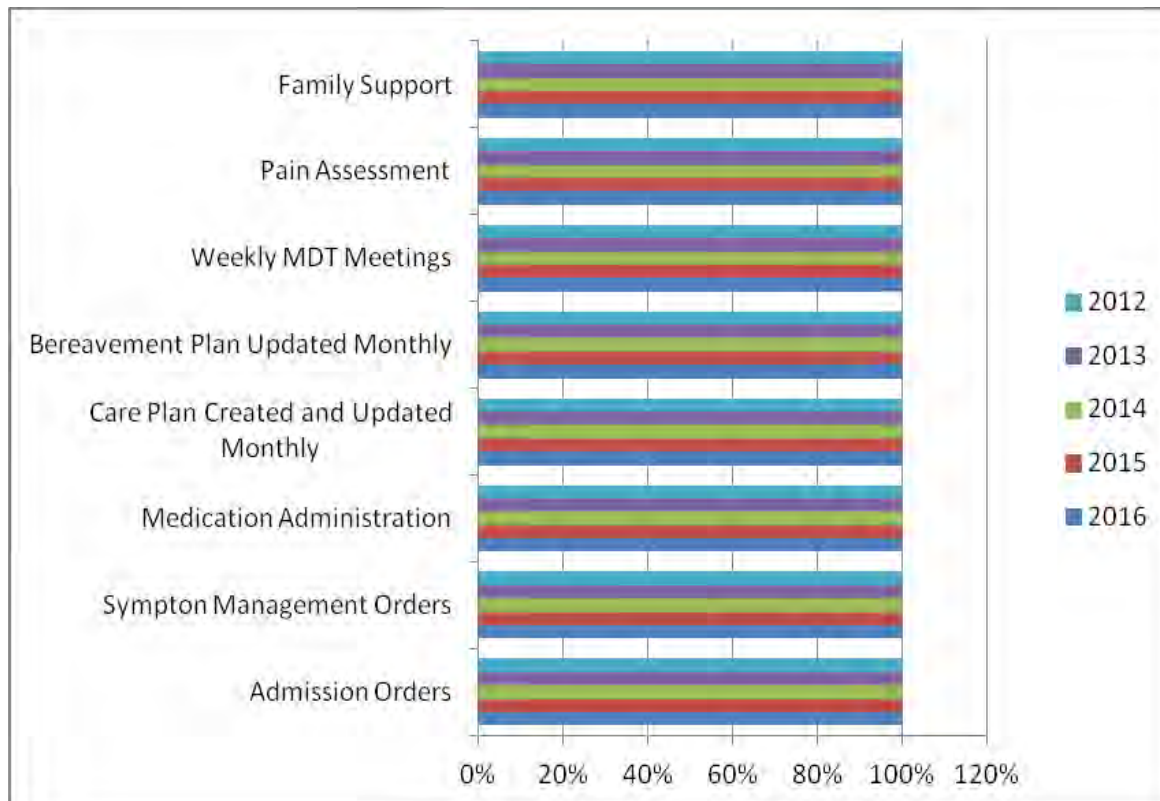
Psychiatric Illness

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

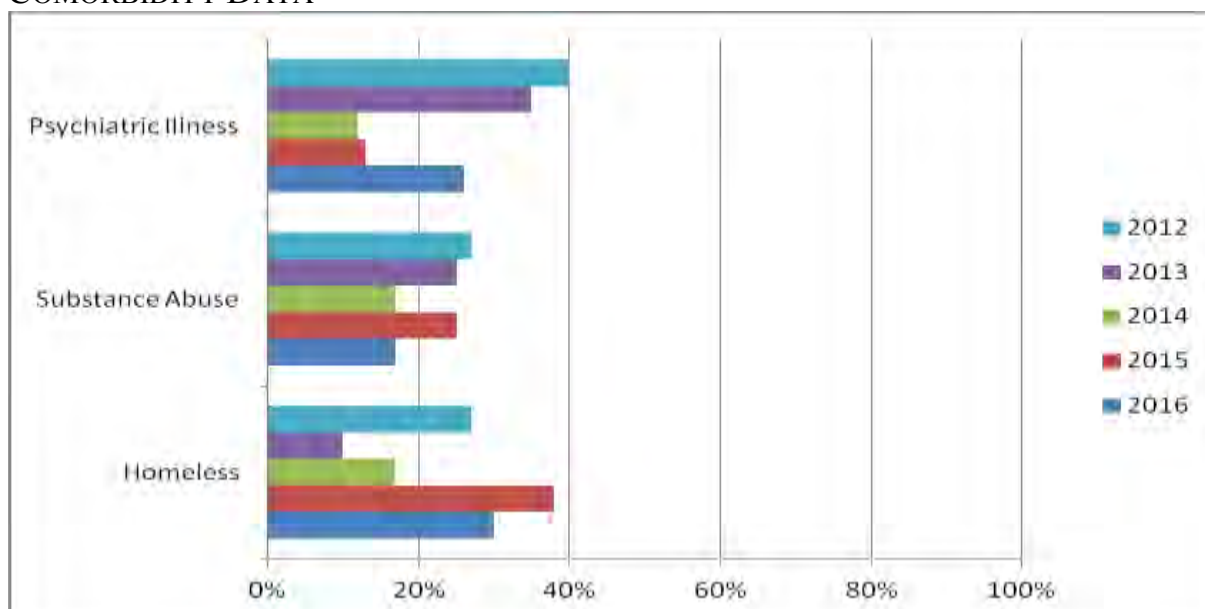
	Yes	No	N/A
--	-----	----	-----

Number of client records that showed evidence of active psychiatric illness (excluding depression).	6	17	-
Clients in hospice services that were reviewed.	23	23	-
Rate	<b>26%</b>	<b>87%</b>	-

### HISTORICAL DATA



### COMORBIDITY DATA



## CONCLUSION

The review showed that Hospice Care continue to be delivered at a very high standard. All nine Standard of Care data elements were scored at 100% compliance, including care plan, symptom management and family support. Of the client records reviewed, 30% (7) of records indicated the client was homeless on admission. This is a decrease from 38% in 2015. Additionally, 17% (4) of records reviewed showed evidence that the client had active substance abuse on admission (decrease from 25% in 2015); 26% (6) of records reviewed showed evidence of active psychiatric illness on admission (excluding depression). This is an increase from 13% in 2015.



MENTAL HEALTH SERVICES  
2016 CHART REVIEW

## PREFACE

### DSHS Monitoring Requirements

The Texas Department of State Health Services (DSHS) contracts with The Houston Regional HIV/AIDS Resource Group, Inc. (TRG) to ensure that Ryan White Part B and State of Texas HIV Services funding is utilized to provide in accordance to negotiated Priorities and Allocations for the designated Health Service Delivery Area (HSDA). In Houston, the HSDA is a ten-county area including the following counties: Austin, Chambers, Colorado, Fort Bend, Harris, Liberty, Montgomery, Walker, Waller, and Wharton. As part of its General Provisions for Grant Agreements, DSHS also requires that TRG ensures that all Subgrantees comply with statutes and rules, perform client financial assessments, and delivery service in a manner consistent with established protocols and standards.

As part of those requirements, TRG is required to perform annual quality compliance reviews on all Subgrantees. Quality Compliance Reviews focus on issues of administrative, clinical, 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 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 314 who accessed mental health services in the measurement. The records of 63 clients were reviewed, representing 20% of the unduplicated population. The demographic makeup of the providers was used as a key to file sample pull.

*NOTES: DSHS changed the file sample percentage which will result in a lower number of files being reviewed in 2016. This service category was reviewed by Germane Solutions.*

## Demographics- Mental Health

2015 Annual		
<b>Total UDC: 331 Total New: 91</b>		
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	6	1.81%
25 - 44 years	138	41.69%
45 - 64 years	177	53.47%
65 years or older	10	3.02%
Unknown	0	0.00%
	331	100%
Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	31	9.37%
Male	299	90.33%
Transgender FTM	0	0.00%
Transgender MTF	1	0.30%
Unknown	0	0.00%
	331	100%
Race/Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	144	43.50%
Black	102	30.82%
Hispanic	70	21.15%
Asian	15	4.53%
Hawaiian/Pacific Islander	0	0.00%
Indian/Alaskan Native	0	0.00%
Unknown	0	0.00%
	331	100%

From 01/01/15 - 12/31/15

2016 Annual		
<b>Total UDC: 404 Total New: 137</b>		
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	11	2.72%
25 - 44 years	176	43.56%
45 - 64 years	200	49.50%
65 years or older	17	4.21%
Unknown	0	0.00%
	404	100%
Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	43	10.64%
Male	354	87.62%
Transgender FTM	0	0.00%
Transgender MTF	7	1.73%
Unknown	0	0.00%
	404	100%
Race/Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	157	38.86%
Black	148	36.63%
Hispanic	75	18.56%
Asian	23	5.69%
Hawaiian/Pacific Islander	1	0.25%
Indian/Alaskan Native	0	0.00%
Unknown	0	0.00%
	404	100%

From 01/01/16 - 12/31/16



## RESULTS OF REVIEW

Psychosocial Assessment

Psychosocial Assessment completed no later than third counseling session.

	Yes	No	N/A
Clients with assessment completed no later than the 3 <sup>rd</sup> appt.	56	-	2
Client records reviewed that included in this measure.	56	-	2
Rate	<b>100%</b>	-	-

Psychosocial Assessment: Required Elements

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

	Yes	No	N/A
Clients with assessment completed no later than the 3 <sup>rd</sup> appt.	56	-	2
Client records reviewed that included in this measure.	56	-	2
Rate	<b>100%</b>	-	-

Treatment Plan

Treatment Plan completed no later than third counseling session.

	Yes	No	N/A
Clients with treatment plans completed no later than the 3 <sup>rd</sup> appt.	51	-	7
Client records reviewed that included in this measure.	51	-	7
Rate	<b>100%</b>	-	-

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 therapist.	51	-	7
Client records reviewed that included in this measure.	51	-	7
Rate	<b>100%</b>	-	-

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.	36	2	20
Client records reviewed that included in this measure.	38	38	20
Rate	<b>95%</b>	<b>5%</b>	-

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.	54	-	4



Client records reviewed that included in this measure.	54	-	4
Rate	<b>100%</b>	-	-

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.	55	-	3
Client records reviewed that included in this measure.	55	-	3
Rate	<b>100%</b>	-	-

Services Provided: Medical Care Coordination

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

	Yes	No	N/A
Clients with care coordinated across team.	56	-	2
Client records reviewed that included in this measure.	56	-	2
Rate	<b>100%</b>	-	-

Referrals: Referrals Made As Needed

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

	Yes	No	N/A
Clients with referral needed and made.	3	-	55
Client records reviewed that included in this measure.	3	-	55
Rate	<b>100%</b>	-	-

Referrals: Referrals Outcome

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

	Yes	No	N/A
Clients with referral document with outcome of referral.	3	-	55
Client records reviewed that included in this measure.	3	-	55
Rate	<b>100%</b>	-	-

Discharge Planning

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

	Yes	No	N/A
Clients with documented discharge planning.	22	-	36
Client records reviewed that included in this measure.	22	-	36
Rate	<b>100%</b>	-	-

Discharge

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

	Yes	No	N/A
Clients with documented reason for discharge.	22	-	36
Client records reviewed that included in this measure.	22	-	36
Rate	<b>100%</b>	-	-

HISTORICAL DATA

Not applicable for 2016 Chart Review as this is the first time this service category has been reviewed under the new DSHS Standards. Sufficient data elements changed to prevent historical comparison.

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%. Although 100% of clients had an appropriate treatment plan, 95% (36) had their plan reviewed and/or modified at least every ninety (90) days.



ORAL HEALTH CARE SERVICES  
2016 CHART REVIEW

## PREFACE

### DSHS Monitoring Requirements

The Texas Department of State Health Services (DSHS) contracts with The Houston Regional HIV/AIDS Resource Group, Inc. (TRG) to ensure that Ryan White Part B and State of Texas HIV Services funding is utilized to provide in accordance to negotiated Priorities and Allocations for the designated Health Service Delivery Area (HSDA). In Houston, the HSDA is a ten-county area including the following counties: Austin, Chambers, Colorado, Fort Bend, Harris, Liberty, Montgomery, Walker, Waller, and Wharton. As part of its General Provisions for Grant Agreements, DSHS also requires that TRG ensures that all Subgrantee's comply with statutes and rules, perform client financial assessments, and delivery service in a manner consistent with established protocols and standards.

As part of those requirements, TRG is required to perform annual quality compliance reviews on all Subgrantee's. Quality Compliance Reviews focus on issues of administrative, clinical, 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 HIV infected individuals 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. 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 2,949 clients who accessed oral healthcare services in the measurement year. The records of 212 clients were reviewed, representing 7% 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 2016.*

## Demographics- Oral Healthcare Services

2015 Annual
-------------

**Total UDC: 3125 Total New: 576**

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	2.85%
25 - 44 years	1173	37.54%
45 - 64 years	1669	53.41%
65 years or older	194	6.21%
Unknown	0	0.00%
	3125	100%
Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	807	25.82%
Male	2295	73.44%
Transgender FTM	1	0.03%
Transgender MTF	22	0.70%
Unknown	0	0.00%
	3125	100%
Race/Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	586	18.75%
Black	1595	51.04%
Hispanic	894	28.61%
Asian	40	1.28%
Hawaiian/Pacific Islander	3	0.10%
Indian/Alaskan Native	7	0.22%
Unknown	0	0.00%
	3125	100%

**From 01/01/15 - 12/31/15**

2016 Annual
-------------

**Total UDC: 3153 Total New: 2088**

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	2.09%
25 - 44 years	1155	36.63%
45 - 64 years	1719	54.52%
65 years or older	213	6.76%
Unknown	0	0.00%
	3153	100%
Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	846	26.83%
Male	2288	72.57%
Transgender FTM	1	0.03%
Transgender MTF	18	0.57%
Unknown	0	0.00%
	3153	100%
Race/Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	554	17.57%
Black	1600	50.75%
Hispanic	950	30.13%
Asian	37	1.17%
Hawaiian/Pacific Islander	3	0.10%
Indian/Alaskan Native	9	0.29%
Unknown	0	0.00%
	3153	100%

**From 01/01/16 - 12/31/16**



## RESULTS OF REVIEW

### Health History

Percentage of HIV-positive client records that had client initial health history

	Yes	No	N/A
Client records that showed evidence of a client initial health history.	210	2	-
Clients in oral health services that were reviewed.	212	212	-
Rate	<b>99%</b>	<b>1%</b>	-

### Health History Update

Percentage of HIV-positive client records that had client health history updated in the past 12 months.

	Yes	No	N/A
Client records that showed evidence of a client health history updated every 6 months.	203	9	-
Clients in oral health services that were reviewed that had over 6 months of oral care.	212	212	-
Rate	<b>96%</b>	<b>4%</b>	-

### Allergies and Drug Sensitivities

Percentage of HIV-positive client records that had allergies and drug sensitivities documented.

	Yes	No	N/A
Number of client records that showed evidence of a client's allergies and drug sensitivities.	212	0	-
Number of HIV-infected clients in oral health services that were reviewed.	212	212	-
Rate	<b>100%</b>	<b>0%</b>	-

### Vital Signs Assessment

Percentage of HIV-positive client records that showed vital signs assessed at every visit

	Yes	No	N/A
Client records that showed evidence of vital signs assessment at every visit.	212	0	-
Clients in oral health services that were reviewed.	212	212	-
Rate	<b>100%</b>	<b>0%</b>	-

### Medication Review

Percentage of HIV-positive client records that had HIV and NON-HIV medication documented

	Yes	No	N/A
Client records that showed evidence of client medication documentation.	212	0	-
Clients in oral health services that were reviewed.	212	212	-
Rate	<b>100%</b>	<b>0%</b>	-

Primary Care Provider (PCP) Contact Information

Percentage of HIV-positive client records that had client PCP contact information

	Yes	No	N/A
Client records that showed evidence of client PCP contact information.	212	0	-
Clients in oral health services that were reviewed.	212	212	-
Rate	<b>100%</b>	<b>0%</b>	-

Clinical Tooth Chart

Percentage of HIV-positive client records that had a clinical tooth chart marked and up to date

	Yes	No	N/A
Client records that showed evidence of a client clinical tooth chart marked and up to date.	205	7	-
Clients in oral health services that were reviewed.	212	212	-
Rate	<b>97%</b>	<b>3%</b>	-

Hard and Soft Tissue Exam

Percentage of HIV-positive client records that had a hard and soft tissue exam in the last 12 months

	Yes	No	N/A
Client records that showed evidence of an intraoral exam.	203	9	-
Clients in oral health services that were reviewed.	212	212	-
Rate	<b>96%</b>	<b>4%</b>	-

Annual X-Rays

Percentage of HIV-positive client records that had annual x-rays taken

	Yes	No	N/A
Client records that showed annual x-rays in medical chart.	201	11	-
Clients in oral health services that were reviewed.	212	212	-
Rate	<b>95%</b>	<b>5%</b>	-

Annual Oral Health Education and Instructions

Percentage of HIV-positive client records that had annual oral health instructions documented

	Yes	No	N/A
Client records that showed evidence of oral health instructions.	196	11	5
Clients in oral health services that were reviewed.	207	207	-
Rate	<b>95%</b>	<b>5%</b>	-

Alcohol Use Assessment

Percentage of HIV-positive client records that had been assessed for alcohol consumption

	Yes	No	N/A
Client records that showed evidence assessment for alcohol.	212	0	-
Clients in oral health services that were reviewed.	212	212	-
Rate	<b>100%</b>	<b>0%</b>	-



Recreational Drug Use Assessment

Percentage of HIV-positive client records that had evidence of assessment for Recreational drug use

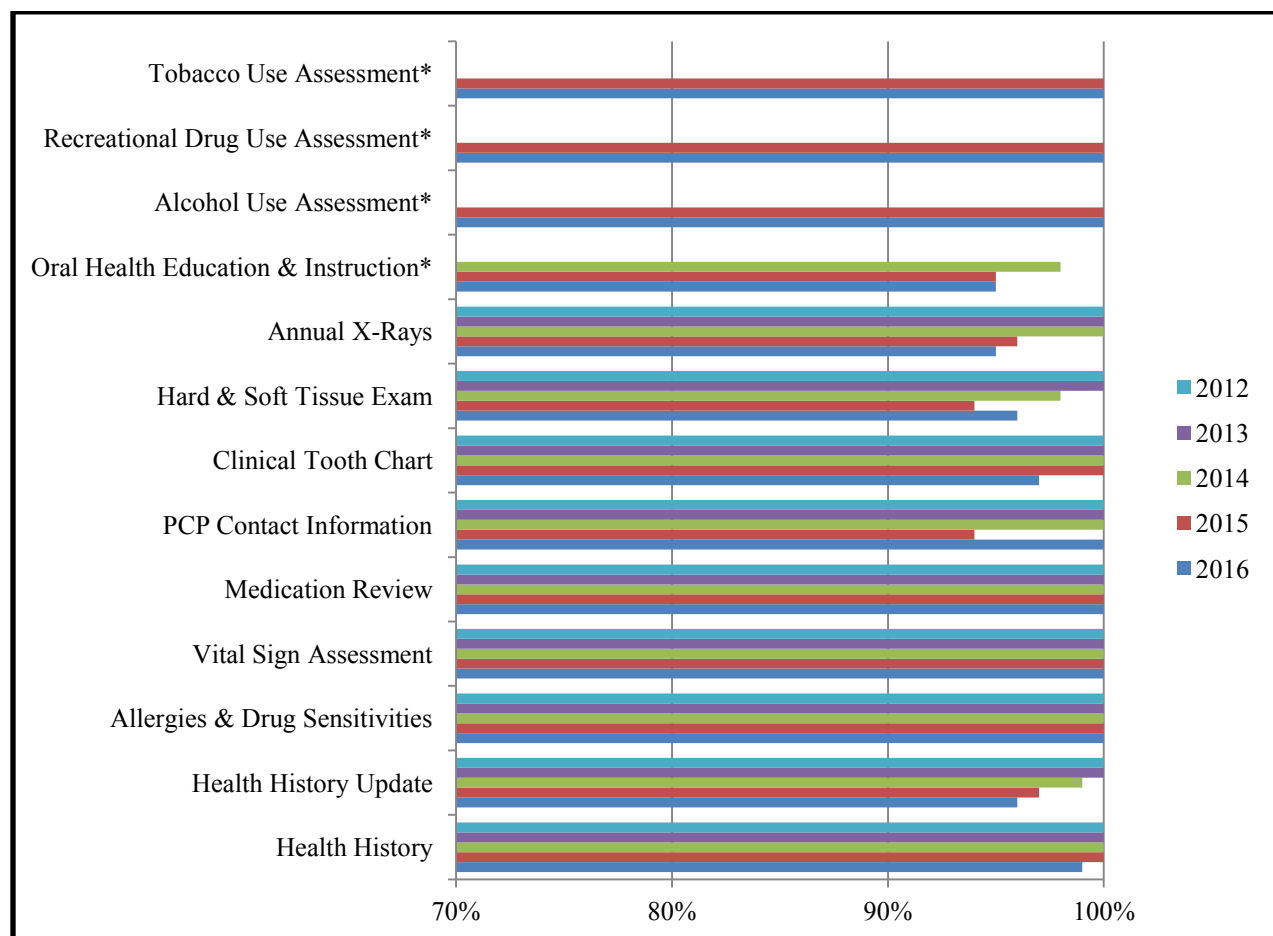
	Yes	No	N/A
Client records that showed evidence assessment of recreational drug use.	212	0	-
Clients in oral health services that were reviewed.	212	212	-
Rate	<b>100%</b>	<b>0%</b>	-

Tobacco Use Assessment

Percentage of HIV-positive client records that had assessment of tobacco use

	Yes	No	N/A
Client records that showed evidence assessment of tobacco use.	212	0	-
Clients in oral health services that were reviewed.	212	212	-
Rate	<b>100%</b>	<b>0%</b>	-

## HISTORICAL OVERVIEW



## CONCLUSIONS

The 2016 data shows a continuation of excellent overall oral healthcare services. Seven (7) data elements reviewed were completed at a rate of 100%, including all assessments and medication review. The data elements reviewed (*Annual X-rays and Oral Health Education and Instruction*) at the lowest completion were completed at a rate of 95%. Health history and updates, while not completed at 100%, were appropriate and timely. Allergies and medication sensitivities were well documented. The newest data elements (*Assessment for Tobacco Use, Recreational Drug Use and Alcohol Use*) were completed at a rate of 100%.

**FY 2018 HOW TO BEST MEET THE NEED WORKGROUP SCHEDULE** (Revised 03/16/17)  
Houston Ryan White Planning Council, 2223 W. Loop South; Houston, TX 77027

**TRAINING FOR ALL PARTICIPANTS:**

**1:30 p.m. ~ Thursday, April 13, 2017 ~ 2223 West Loop South, Room 532**

**SPECIAL WORKGROUPS:**

**Monday, April 17, 2017**

**10:00 a.m. Emergency Financial Assistance – Steven Vargas & Teresa Pruitt**

**1:00 p.m. Making Services More Accessible to the Transgender Community – R. Noble & V. Santibanez**  
**2223 West Loop South, Room 532**

All workgroup packets are available online at [www.rwpcHouston.org](http://www.rwpcHouston.org) on the calendar for each date below (packets are in pdf format and are posted as they become available).

<b>Workgroup 1</b>	<b>Workgroup 2</b>	<b>Workgroup 3</b>	<b>Workgroup 4</b>
<b>10:30 a.m.</b> <b>Tuesday, April 25, 2017</b> Room #416	<b>1:30 p.m.</b> <b>Tuesday, April 25, 2017</b> Room #416	<b>3:00 p.m.</b> <b>Wednesday, April 26, 2017</b> Room #416	<b>11:00 a.m.</b> <b>Tuesday, May 16, 2017</b> Room #240
<b><u>Group Leaders:</u></b> Skeet Boyle & Gloria Sierra	<b><u>Group Leaders:</u></b> Tracy Gorden & Isis Torrente	<b><u>Group Leaders:</u></b> Ted Artiaga & Tom Lindstrom	<b><u>Group Leaders:</u></b> Nancy Miertschin & Curtis Bellard
<b><u>SERVICE CATEGORIES:</u></b>  Clinical Case Management Non-Medical Case Management (Service Linkage at Test Sites) <b>Vision Care</b> <b>Outreach Services</b> <b>Ambulatory/Outpatient Medical Care</b> (includes Local Pharmacy Assistance, Medical Case Management and Service Linkage) – Adult and Rural  Ambulatory/Outpatient Medical Care (includes Medical Case Management and Service Linkage) – Pediatric Only	<b><u>SERVICE CATEGORIES:</u></b>  Health Insurance Premium & Co-pay Assistance Home & Community-based Health Services (Adult Day Treatment) <sup>‡</sup> Hospice Linguistic Services <sup>‡</sup> Medical Nutritional Therapy and Supplements Mental Health Services (Professional Counseling) <sup>‡</sup> Oral Health – Rural & Untargeted <sup>‡</sup> Substance Abuse Treatment/ Counseling	<b><u>SERVICE CATEGORIES:</u></b>  Early Intervention Services (Incarcerated) <sup>‡</sup> Transportation (Van-based – untargeted & rural)	<b><u>SERVICE CATEGORIES:</u></b>  Blue Book

Part A categories in **BOLD** print are due to be RFP'd.

<sup>‡</sup> Service Category for Part B/State Services only; Part B/State Services categories are RFP'd every year. **To confirm information for Part B/State Services, call 713 526-1016.**

## Non-Medical Case Management Service Standard

**HRSA Definition:** Non-Medical Case Management Services (N-MCM) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case management services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This services category includes several methods of communication (e.g., face-to-face, phone contact, and any other forms of communication) as deemed appropriate by the Texas DSHS HIV Care Services Group Ryan White Part B program.

**Limitations:** Non-Medical Case Management services do not involve coordination and follow up of medical treatments.

Non-Medical Case Management is a service based on need, and is not appropriate or necessary for every client accessing services. Non-Medical Case Management is designed to serve individuals who are unable to access, and maintain in, systems of care on their own (medical and social). Non-Medical Case Management should not be used as the only access point for agency services. Clients who do not need Non-Medical Case Management services to access and maintain in systems of care should not be enrolled in N-MCM services, and if they are enrolled in N-MCM services, they should be graduated from Non-Medical Case Management services.

Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services whereas Medical Case Management services have as their objective improving health care outcomes.

Referrals for health care and support services provided by staff providing case management services (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

**Services:** Non-Medical Case Management services provide guidance and assistance to clients to help them to access needed services (medical, social, community, legal, financial, and other needed services), but may not analyze the services to enhance their care toward improving their health outcomes.

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

In addition to providing the psychosocial services above, Non-medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges)

## Service Standard and Performance Measure

The following Standards and Performance Measures are guides to improving healthcare outcomes for PLWH throughout the State of Texas within the Ryan White Part B and State Services Program.

Standard	Performance Measure
<p><b>Initial Assessment</b></p> <p>The Initial Assessment is required for clients who are enrolled in Non-Medical Case Management services. It expands upon the information gathered during the intake phase to provide the broader base of knowledge needed to address complex, longer-standing access and/or barriers to medical and/or psychosocial needs.</p> <p>The 30 day completion time permits the initiation of case management activities to meet immediate needs and allows for a more thorough collection of assessment information:</p> <p>a) Client's support service status and needs related to:</p> <ul style="list-style-type: none"> <li>• Nutrition/Food bank</li> <li>• Financial resources and entitlements</li> <li>• Housing</li> <li>• Transportation</li> <li>• Support systems</li> <li>• Partner Services and HIV disclosure</li> <li>• Identification of vulnerable populations in the home (i.e. children, elderly and/or disabled) and assessment of need (i.e. food, shelter, education, medical, safety (CPS/APS referral as indicated)</li> <li>• Family Violence</li> <li>• Legal needs (ex. Health care proxy, living will, guardianship arrangements, landlord/tenant disputes, SSDI applications)</li> <li>• Linguistic Services, including interpretation and translation needs</li> <li>• Activities of daily living</li> <li>• Knowledge, attitudes and beliefs about HIV disease</li> <li>• Sexual health assessment and risk reduction counseling</li> <li>• Employment/Education</li> </ul> <p>b) Additional information</p> <ul style="list-style-type: none"> <li>• Client strengths and resources</li> <li>• Other agencies that serve client and household</li> <li>• Brief narrative summary of assessment session(s)</li> </ul>	<p>Percentage of clients who access N-MCM services that have a completed assessment within 30 calendar days of the first appointment to access N-MCM services and includes all required documentation.</p> <p>Percentage of clients that received at least one face-to-face meeting with the N-MCM staff that conducted the initial assessment.</p> <p><del>Percentage of clients whose relevant information was not received by the end of the 30 calendar days of the initiated comprehensive assessment.</del></p> <p><del>Percentage of those clients who are missing information who were contacted to follow up on completion of the assessment.</del></p> <p>Percentage of clients have documented Initial Assessment in the primary client record system.</p>
<p><b>Case Management Acuity Level and Client Contact</b></p> <p>NMCM clients have a documented acuity level using an approved acuity scoring tool with</p>	<p><del>Percentage of clients who have a completed acuity level within 30 days of the comprehensive assessment.</del></p>

<p><del>the comprehensive assessment.</del></p> <p><del>Acuity and frequency of contact is documented in the primary client record system. See policy number 231.004 “Documenting CM Actions in ARIES” for further details</del></p>	<p><del>Percentage of clients whose acuity score is based on the results of the initial assessment and is documented in the client primary care record.</del></p> <p><del>Percentage of clients with documented evidence of acuity and frequency of contact by N-MCM in the primary client record.</del></p>
<p><b>Care Planning</b></p> <p>The client and the case manager will actively work together to develop and implement the care plan. Care plans include at a minimum:</p> <ul style="list-style-type: none"> <li>• Problem Statement (Need)</li> <li>• Goal(s) – no more than three goals</li> <li>• Intervention <ul style="list-style-type: none"> <li>○ Task(s)</li> <li>○ Referral(s)</li> <li>○ Service Deliveries</li> </ul> </li> <li>• Individuals responsible for the activity (case management staff, client, other team member, family)</li> <li>• Anticipated time for each task</li> <li>• <del>Client signature and date, signifying agreement</del> Client acknowledgment</li> </ul> <p><i>The care plan is updated with outcomes and revised or amended in response to changes in access to care and services at a minimum every 3 months.</i> Tasks, referrals and services should be updated as they are identified or completed – not at set intervals.</p>	<p>Percentage of non-medical case management patients, regardless of age, with a diagnosis of HIV who had a non-medical case management care plan developed and/or updated two or more times in the measurement year. <i>(DSHS Performance Measure)</i></p> <p><del>Percentage of client records with issues noted in the care plans that have ongoing case notes that match the stated need and the progress towards meeting the goal identified.</del> Percentage of client records with documented follow up for issues presented in the care plan.</p> <p>Percentage of Care Plans documented in the primary client record system.</p>
<p><b>Referral and Follow-Up</b></p> <p>Case management staff will work with the client to determine barriers to referrals and facilitate access to referrals.</p> <p>Case management staff will ensure that clients are accessing needed referrals and services, and will identify and resolve any barriers clients may have in following through with their Care Plan</p> <p>When clients are referred for services elsewhere, case notes include <del>not only</del> documentation of follow-up. <del>but also level of client satisfaction with referral.</del></p>	<p>Percentage of N-MCM patients with documented referrals initiated <del>immediately</del> upon identification of client needs and with the agreement of the client. Referrals denied by the client should also be documented in the primary client record system</p> <p>Percentage of N-MCM patients with referrals have documentation of follow up to the referral. <del>including appointment attended and the result of the referral.</del></p> <p><del>Percentage of N-MCM patients with documented evidence of a referral tracking mechanism to monitor completion of all case management referrals.</del></p>
<p><b>Case Closure/Graduation</b></p> <p>Clients who are no longer engaged in active case management services should have their cases closed based on the criteria and protocol outlined below.</p>	<p>Percentage of N-MCM patients with closed cases includes documentation stating the reason for closure and a closure summary (brief narrative in progress notes and formal discharge</p>

<p>Common reasons for case closure include:</p> <ul style="list-style-type: none"> <li>• Client is referred to another case management program</li> <li>• Client relocates outside of service area</li> <li>• Client chooses to terminate services</li> <li>• Client is no longer eligible for services due to not meeting eligibility requirements</li> <li>• Client is lost to care or does not engage in service</li> <li>• Client incarceration greater than 6 months in a correctional facility</li> <li>• Provider initiated termination due to behavioral violations</li> <li>• Client death</li> </ul> <p>Graduation criteria:</p> <ul style="list-style-type: none"> <li>• Client completed case management goals for increased access to services/care needs</li> <li>• Client is no longer in need of case management services (e.g. client is capable of resolving needs independent of case management assistance)</li> </ul> <p>Client is considered non-compliant with care if 3 attempts to contact client (via phone, e-mail and/or written correspondence) are unsuccessful and the client has been given 30 days from initial contact to respond. Discharge proceedings should be initiated by agency 30 days following the 3rd attempt. Make sure appropriate <i>Releases of Information and consents are signed by the client and meet requirements of <a href="#">HB 300</a> regarding electric dissemination of protected health information (PHI).</i></p> <p>Staff should utilize multiple methods of contact (phone, text, e-mail, certified letter) when trying to re-engage a client, as appropriate. Agencies must ensure that they have releases of information and consent forms that meet the requirements of <a href="#">HB 300</a> regarding the electric dissemination of protected health information (PHI).</p>	<p>summary).</p> <p>Percentage of closed cases with documentation of supervisor signature/approval on closure summary (electronic review is acceptable).</p> <p>Percentage of clients notified (through face-to-face meeting, telephone conversation or letter) of plans to discharge the client from case management services.</p> <p>Percentage of client with written documentation explaining the reason(s) for discharge and the process to be followed if client elects to appeal the discharge from service.</p> <p><del>Percentage of documentation that other service providers are notified and this is documented in the client's chart.</del></p> <p>Percentage of clients with information about reestablishment shared with the client and documented in primary client record system.</p> <p>Percentage of clients provided with contact information and process for reestablishment as documented in primary client record system.</p> <p>Percentage of clients with documented Case Closure/Graduation <del>is documented</del> in the primary client record system.</p>
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## **Non-Medical Case Management Service Standard**

**HRSA Definition:** Non-Medical Case Management Services (N-MCM) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case management services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This services category includes several methods of communication (e.g., face-to-face, phone contact, and any other forms of communication) as deemed appropriate by the Texas DSHS HIV Care Services Group Ryan White Part B program.

**Limitations:** Non-Medical Case Management services do not involve coordination and follow up of medical treatments.

Non-Medical Case Management is a service based on need, and is not appropriate or necessary for every client accessing services. Non-Medical Case Management is designed to serve individuals who are unable to access, and maintain in, systems of care on their own (medical and social). Non-Medical Case Management should not be used as the only access point for agency services. Clients who do not need Non-Medical Case Management services to access and maintain in systems of care should not be enrolled in N-MCM services, and if they are enrolled in N-MCM services, they should be graduated from Non-Medical Case Management services.

Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services whereas Medical Case Management services have as their objective improving health care outcomes.

Referrals for health care and support services provided by staff providing case management services (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

**Services:** Non-Medical Case Management services provide guidance and assistance to clients to help them to access needed services (medical, social, community, legal, financial, and other needed services), but may not analyze the services to enhance their care toward improving their health outcomes.

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

In addition to providing the psychosocial services above, Non-medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges)



### Service Standard and Performance Measure

The following Standards and Performance Measures are guides to improving healthcare outcomes for PLWH throughout the State of Texas within the Ryan White Part B and State Services Program.

DSHS		RWGA Part A	
Standard	Performance Measure	RWGA Part A Standard  Performance Measures are maintained separately	Comparison  The differences between DSHS and RWGA Part A are noted in this column.
<p><b>Initial Assessment</b> The Initial Assessment is required for clients who are enrolled in Non-Medical Case Management services. It expands upon the information gathered during the intake phase to provide the broader base of knowledge needed to address complex, longer-standing access and/or barriers to medical and/or psychosocial needs.</p> <p>The 30 day completion time permits the initiation of case management activities to meet immediate needs and allows for a more thorough collection of assessment information:</p> <p>a) Client's support service status and needs related to:</p> <ul style="list-style-type: none"> <li>• Nutrition/Food bank</li> <li>• Financial resources and entitlements</li> <li>• Housing</li> <li>• Transportation</li> </ul>	<p>Percentage of clients who access N-MCM services that have a completed assessment within 30 calendar days of the first appointment to access N-MCM services and includes all required documentation.</p> <p>Percentage of clients that received at least one face-to-face meeting with the N-MCM staff that conducted the initial-assessment.</p> <p><del>Percentage of clients whose relevant information was not received by the end of the 30 calendar days of the initiated comprehensive assessment.</del></p> <p><del>Percentage of those clients who are missing information who were contacted to follow up on completion of the assessment.</del></p>	<p><u>Service Linkage Worker Assessment</u></p> <p>Assessment begins at intake. The service linkage worker will provide client and, if appropriate, his/her personal support system information regarding the range of services offered by the case management program during intake/assessment.</p> <p>The service linkage worker will complete RWGA - approved brief assessment tool within five (5) working days, on all clients to identify those who need comprehensive assessment. Clients with mental health, substance abuse and/or housing issues should receive comprehensive assessment. Clients needing</p>	<p><b>Part A</b> standards go in to greater detail regarding the qualifications of sub-recipient staff and timeliness of service to clients. Additionally, Part A outlines how assessments will be handled, along with the transfer of clients and supervision.</p> <p><b>DSHS</b> standards are more specific surrounding the needs of clients and 'wrap-around-services', including but not limited to food, housing, vulnerable partner ID, HIV disclosure, etc.</p>

<ul style="list-style-type: none"> <li>• Support systems</li> <li>• Partner Services and HIV disclosure</li> <li>• Identification of vulnerable populations in the home (i.e. children, elderly and/or disabled) and assessment of need (i.e. food, shelter, education, medical, safety (CPS/APS referral as indicated))</li> <li>• Family Violence</li> <li>• Legal needs (ex. Health care proxy, living will, guardianship arrangements, landlord/tenant disputes, SSDI applications)</li> <li>• Linguistic Services, including interpretation and translation needs</li> <li>• Activities of daily living</li> <li>• Knowledge, attitudes and beliefs about HIV disease</li> <li>• Sexual health assessment and risk reduction counseling</li> <li>• Employment/Education</li> </ul> <p>b) Additional information</p> <ul style="list-style-type: none"> <li>• Client strengths and resources</li> <li>• Other agencies that serve client and household</li> <li>• Brief narrative summary of assessment session(s)</li> </ul>	<p>Percentage of clients have documented Initial Assessment in the primary client record system.</p>	<p>comprehensive assessment should be referred to a licensed case manager. <b><u>Low-need, non-primary care clients who have only an intermittent need for information about services may receive brief SLW services without being placed on open status.</u></b></p>	
<p><b>Care Planning</b> The client and the case manager will actively work together to develop and</p>	<p>Percentage of non-medical case management patients, regardless of age, with a diagnosis of HIV who had a non-medical case</p>	<p><b><u>Service Linkage Worker Reassessment</u></b></p>	<p>Both standards allude to a collaborative model between the client and staff member regarding a care plan.</p>

<p>implement the care plan. Care plans include at a minimum:</p> <ul style="list-style-type: none"> <li>• Problem Statement (Need)</li> <li>• Goal(s) – no more than three goals</li> <li>• Intervention <ul style="list-style-type: none"> <li>○ Task(s)</li> <li>○ Referral(s)</li> <li>○ Service Deliveries</li> </ul> </li> <li>• Individuals responsible for the activity (case management staff, client, other team member, family)</li> <li>• Anticipated time for each task</li> <li>• <del>Client signature and date, signifying agreement</del> Client acknowledgment</li> </ul> <p><i>The care plan is updated with outcomes and revised or amended in response to changes in access to care and services at a minimum every 3 months.</i> Tasks, referrals and services should be updated as they are identified or completed – not at set intervals.</p>	<p>management care plan developed and/or updated two or more times in the measurement year. (<b><i>DSHS Performance Measure</i></b>)</p> <p><del>Percentage of client records with issues noted in the care plans that have ongoing case notes that match the stated need and the progress towards meeting the goal identified.</del></p> <p>Percentage of client records with documented follow up for issues presented in the care plan.</p> <p>Percentage of Care Plans documented in the primary client record system.</p>	<p>Clients on <b><u>open status</u></b> will be reassessed at six (6) month intervals following the initial assessment. A RWGA/ TRG-approved reassessment form as applicable must be utilized.</p>	<p>DSHS’ standards outline the criteria in more detail. Part A provides general guidance to sub-recipients but does not delineate the protocol of how each client should be handled as each client and their needs are different.</p>
<p><b>Referral and Follow-Up</b></p> <p>Case management staff will work with the client to determine barriers to referrals and facilitate access to referrals.</p> <p>Case management staff will ensure that clients are accessing needed referrals and services, and will identify and</p>	<p>Percentage of N-MCM patients with documented referrals initiated <del>immediately</del> upon identification of client needs and with the agreement of the client. Referrals denied by the client should also be documented in the primary client record system</p> <p>Percentage of N-MCM patients with referrals have documentation of</p>	<p><b><u>Transfer of Not-in-Care and Newly Diagnosed Clients</u></b> (COH Only)</p> <p>Service linkage workers targeting their services to Not-in-Care and newly diagnosed clients will work with clients for a maximum of 90 days. Clients must be transferred to a Ryan White-funded primary</p>	<p><i>Not specifically addressed in DSHS’ Standards</i></p> <p>DSHS’ standards primarily focus on <b><u>clients who are in-care</u></b> and not those who have been <b><u>lost-to-care</u></b> or <b><u>disengaged from care</u></b>. RWGA Part A funds City of Houston (COH), specifically</p>

<p>resolve any barriers clients may have in following through with their Care Plan When clients are referred for services elsewhere, case notes include <del>not only</del> documentation of follow-up. <del>but also</del> level of client satisfaction with referral.</p>	<p>follow up to the referral. <del>including appointment attended and the result of the referral.</del></p> <p><del>Percentage of N-MCM patients with documented evidence of a referral tracking mechanism to monitor completion of all case management referrals.</del></p>	<p>medical care, clinical case management or medical case management program, or a private (non-Ryan White funded) physician within 90 days of the initiation of services.</p> <p>Those clients who chose to access primary medical care from a non-Ryan White funded source may receive ongoing service linkage services from provider or from a Ryan White-funded Clinic or Medical Case Management provider.</p>	<p>for Service Linkage which then transfers/connects clients to care.</p>
<p><b>Case Closure/Graduation</b> Clients who are no longer engaged in active case management services should have their cases closed based on the criteria and protocol outlined below.</p> <p>Common reasons for case closure include:</p> <ul style="list-style-type: none"> <li>• Client is referred to another case management program</li> <li>• Client relocates outside of service area</li> <li>• Client chooses to terminate services</li> <li>• Client is no longer eligible for services due to not meeting eligibility requirements</li> </ul>	<p>Percentage of N-MCM patients with closed cases includes documentation stating the reason for closure and a closure summary (brief narrative in progress notes and formal discharge summary).</p> <p>Percentage of closed cases with documentation of supervisor signature/approval on closure summary (electronic review is acceptable).</p> <p>Percentage of clients notified (through face-to-face meeting, telephone conversation or letter) of plans to discharge the client from case management services.</p>	<p><b><u>Primary Care Newly Diagnosed and Lost to Care Clients</u></b></p> <p>Agency must have a written policy and procedures in place that address the role of Service Linkage Workers in the linking and re-engaging of clients into primary medical care. The policy and procedures must include at minimum:</p> <p>Methods of routine communication with testing sites regarding newly</p>	<p>Commonalities of both standards include the protocols to try to contact clients before case closure.</p>

<ul style="list-style-type: none"> <li>• Client is lost to care or does not engage in service</li> <li>• Client incarceration greater than 6 months in a correctional facility</li> <li>• Provider initiated termination due to behavioral violations</li> <li>• Client death</li> </ul> <p>Graduation criteria:</p> <ul style="list-style-type: none"> <li>• Client completed case management goals for increased access to services/care needs</li> <li>• Client is no longer in need of case management services (e.g. client is capable of resolving needs independent of case management assistance)</li> </ul> <p>Client is considered non-compliant with care if 3 attempts to contact client (via phone, e-mail and/or written correspondence) are unsuccessful and the client has been given 30 days from initial contact to respond. Discharge proceedings should be initiated by agency 30 days following the 3rd attempt. Make sure appropriate <i>Releases of Information and consents are signed by the client and meet requirements of <a href="#">HB 300</a> regarding electric dissemination of protected health information (PHI).</i></p>	<p>Percentage of client with written documentation explaining the reason(s) for discharge and the process to be followed if client elects to appeal the discharge from service.</p> <p><del>Percentage of documentation that other service providers are notified and this is documented in the client's chart.</del></p> <p>Percentage of clients with information about reestablishment shared with the client and documented in primary client record system.</p> <p>Percentage of clients provided with contact information and process for reestablishment as documented in primary client record system.</p> <p>Percentage of clients with documented Case Closure/Graduation is <del>documented</del> in the primary client record system.</p>	<p>diagnosis and referred individuals</p> <p>Description of service linkage worker job duties conducted in the field</p> <p>Process for re-engaging agency patients lost to care (no primary care visit in 6 months)</p>	
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Staff should utilize multiple methods of contact (phone, text, e-mail, certified letter) when trying to re-engage a client, as appropriate. Agencies must ensure that they have releases of information and consent forms that meet the requirements of <a href="#">HB 300</a> regarding the electric dissemination of protected health information (PHI).			
		<p><b><u>Service Linkage Worker Supervision</u></b></p> <p>A minimum of four (4) hours of supervision per month must be provided to each service linkage worker by a master's level health professional. ) At least one (1) hour of supervision must be individual supervision.</p> <p>Supervision includes, but is not limited to, one-to-one consultation regarding issues that arise in the case management relationship, case staffing meetings, group supervision, and discussion of gaps in services or barriers to services, intervention strategies, case assignments, case reviews and caseload assessments.</p>	<i>Not addressed in DSHS' Standards</i>
		<b><u>Caseload Coverage – Service Linkage Workers</u></b>	<i>Not addressed in DSHS' Standards</i>

		Supervisor ensures that there is coverage of the caseload in the absence of the service linkage worker or when the position is vacant. Service Linkage Workers may assist clients who are routinely seen by other CM team members in the absence of the client's "assigned" case manager.	
		<p><b><u>Case Reviews – Service Linkage Workers.</u></b></p> <p>Supervisor reviews a random sample equal to 10% of unduplicated clients served by each service linkage worker at least once every ninety (90) days, and concurrently ensures that all required record components are present, timely, legible, and that services provided are appropriate.</p>	<i>Not addressed in DSHS' Standards</i>
		<p><b><u>Timeliness of Services/Documentation</u></b></p> <p><b><u>Client Eligibility – Service Linkage targeted to Not-in-Care and Newly Diagnosed (COH Only)</u></b></p> <p>In addition to general eligibility criteria individuals must meet the following in order to be eligible for non-medical case management services:</p>	While DSHS' standards indicate 90 days of reassessment, RWGA Part A indicates 180 days for newly diagnosed clients who are not receiving primary care services or 180 days for newly diagnosed clients who are not receiving case management services.

		<p>HIV+ and not receiving outpatient HIV primary medical care services within the previous 180 days as documented by the CPCDMS, or</p> <p>Newly diagnosed (within the last six (6) months) and not currently receiving outpatient HIV primary medical care services as documented by the CPCDMS, or</p> <p>Newly diagnosed (within the last six (6) months) and not currently receiving case management services as documented by the CPCDMS</p>	



# Affected Community Committee Report

# What is the “How To Best Meet the Need” process?

Council members use data from needs assessments, client utilization reports, alternative funding sources and more to design services that are within HRSA guidelines and best meet the needs of the local consumers.

- ⌘ MARCH 20: The Affected Community Committee hosts a training for consumers and others on the How To Best Meet the Need process.
- ⌘ APRIL 13: Members of all committees are invited to come together to review information about service needs and alternative funding sources. The training starts at 1:30 pm, immediately after the April Council meeting adjourns.
- ⌘ NEW: APRIL 17: In 2016, the Council will host two special workgroups to address issues of concern that impact many services. At 10 am there will be a special workgroup to discuss the possibility of reinstating the *Emergency Financial Assistance* service category. At 1 pm there will be a special workgroup to look at ways to *Make Services More Accessible to the Transgender Community*.
- ⌘ APRIL 25 and 26: The Quality Assurance Committee hosts workgroups where all members of the community are invited to review each Ryan White funded service and recommend:
  - If the service should be funded with Ryan White dollars.
  - If the service needs to be changed so that it will better meets the needs of local consumers.
  - The financial eligibility for that service.

All who attend the workgroup meetings must declare their conflict of interest and, although agencies can send more than one staff person to participate in the workgroup, only one agency representative can vote. No one can vote on a particular service category if they have a conflict of interest with that service category.

## EXAMPLE OF A HRSA SERVICE CATEGORY:

**Substance abuse services outpatient** is the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel.

**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 Judge Ed Emmett 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 Services, 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 86) 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?

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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.

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.



Ryan on ABC News  
with Ted Koppel

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 and AIDS 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 HIV positive.

The goal is to train people living with HIV/AIDS so that they can participate in local HIV/AIDS 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 713-572-3724 or visit [www.rwpcHouston.org](http://www.rwpcHouston.org)**

## 2017 Road 2 Success/Camino hacia tu Salud

(Affected Community Committee Approved 02-27-17)

**Proposed change:** Move Road 2 Success/Camino hacia tu Salud under the auspices of the Affected Community Committee.

**Goal:** Increase participation in Road 2 Success by:

- Hosting 2 two- hour Road 2 Success meetings in partnership with other consumer groups between February and October 2017. These meetings will be held at the location where the partner typically hosts meetings with consumers. Example: a large support group, community advisory group (like Thomas Street Advisory Council), HIV housing complex, etc.
- In November 2017 and January 2018 the Committee will host 3 four-hour Road 2 Success events. Advertise to those who attended the shorter classes, as well as the general HIV community, to increase participation and build momentum for the half day classes. The location for the four-hour classes could continue to be the Montrose Center and the Leonel Castillo Community Center.

**Format for the two-hour Road 2 Success meetings:**

**Hour 1:** A speaker and a consumer will team up to present information that is relevant to the partner group.

**Hour 2:** A focus group in which consumers can talk about barriers to their care and ways to improve services. The Health Planner for the Office of Support and the Project Coordinator for Ryan White Grant Administration will facilitate the focus group portion of the class. The findings from the focus groups and the *We Are Listening* class will be reported to the Affected Community Committee in February of each year so that the findings can be used in the How To Best Meet the Need process and to develop content for future Road 2 Success/Camino classes.

**Affected Community Committee Meeting Schedule:**

See page 2.

**(OVER)**

***PROPOSED***  
**2017 Affected Community Committee Meeting Schedule**

- January - 2 four-hour Road 2 Success Classes (*Camino* and *We Are Listening*)
- February – Committee orientation and training.
- March - Training for the How To Best Meet the Need process (HTBMN).
- April - No meeting so members can participate in HTBMN training & workgroups.
- May – Organizational meeting for 2 two-hour Road 2 Success Classes
- June – FIRST 2-HOUR ROAD 2 SUCCESS CLASS @ Thomas St. Health Center?
- July – SECOND 2-HOUR ROAD 2 SUCCESS CLASS in Spanish @ Chris Escalante's support group?
- August - Standards of Care Training
- September - Consumer-Only Workgroup on Standards of Care
- October - Organizational meetings for December and January Classes
- November – One 4-hour Road 2 Success/Camino Classes
- December – One 4-hour Road 2 Success/Camino Classes - in Spanish?
- January - One 4-hour Road 2 Success Class (*We Are Listening* format)



## Greeters for 2017 Council Meetings

(Revised: 02-13-17)

<b>2017 Meeting Dates</b> (Please arrive at <b>11:45 a.m.</b> Unless otherwise noted, the meetings are held at 2223 W. Loop South)	<b>Greeter #1</b> External Member	<b>Greeter #2</b>	<b>Greeter #3</b>
Thurs. March 9		Curtis	John
Thurs. April 13		Isis	Allen
Thurs. May 11	Alex	Denis	John
Thurs. June 8	Alex	Curtis	John
Thurs. July 13			
Thurs. August 10			
Thurs. September 14			
Thurs. October 12			
Thurs. November 9 External Committee Member Appreciation			
Thurs. December 14			

# Operations Committee Report

LIST OF COUNCIL MEMBERS WHO HAVE NOT SUBMITTED THEIR  
OPEN MEETINGS ACT TRAINING CERTIFICATE  
(as of 03-16-17)

NAME	Certificate in Chart	Missing Certificate
Cecilia Ross, Chair	X	
John Lazo, Vice Chair	X	
Carol Suazo, Secretary	X	
Ted Artiaga	X	
Connie L. Barnes	X	
Curtis W. Bellard	X	
David Benson	X	
Ardry "Skeet" Boyle, Jr.	X	
Bianca Burley	X	
Ella Collins-Nelson	X	
Amber David	X	
Johnny Deal	Submitted 02/03/17	
Denny Delgado		X
Evelio Salinas Escamilla	X	
Herman L. Finley III	X	
Tracy Gorden	X	
Paul E. Grunenwald	X	
Angela F. Hawkins	X	
Arlene Johnson	X	
J. Hoxi Jones	X	
Denis Kelly	X	
Peta-gay Ledbetter	X	
Tom Lindstrom	Submitted 02/16/17	
Osaro Mgbere	X	
Nancy Miertschin	X	
Rodney Mills	X	
Allen Murray	X	
Robert Noble	X	
Shital Patel		X
John Poole	X	
Tana Pradia	X	
Teresa Pruitt	X	
Venita Ray	X	
Viviana Santibanez	Submitted 02/15/17	
Gloria Sierra	X	
Krystal Shultz	Submitted 03/16/17	
Isis Torrente	X	
Steven Vargas	X	
Larry Woods	X	

# Training Topics for 2017 Ryan White Planning Council Meetings (updated: 03-21-17)

## DRAFT

Shading = may be room on agenda for a second speaker

Month	Topic	Speaker
January 26 2017	Council Orientation	N/A
February 9	END HIV Houston Crosswalk: END HIV Houston and 2017 Houston Area HIV Prevention and Care Comp. Plan	Venita Ray, Coordinator, END HIV Houston, Legacy Amber Harbolt, Health Planner, Office of Support
March 9	2017 HIV Comprehensive Plan: Council Activities How To Best Meet the Need Process & Training	Amber Harbolt, Health Planner, Office of Support Robert Noble & Gloria Sierra, Quality Improvement
April 13	Houston HSDA HIV Care Continuum	Ann Dills, Texas Dept. of State Health Services
May 11	DSHS Legislative Update (include ADAP update)	Shelly Lucas, Texas Dept. of State Health Services
June 8	Project LEAP Presentation	Project LEAP 2017 Students
July 13	Priority Setting and Allocations Processes	Ella Collins-Nelson & Paul Grunenwald, Co-Chairs, Priority & Allocations
August 10	DSHS Budget & Program Update TENTATIVE: Southern Cities Initiative	Shelly Lucas, Texas Dept. of State Health Services Carin Martin working on a speaker
September 14	Prevention Of Domestic & Sexual Violence	RW Grant Administration staff
October 12	TENTATIVE: Update on ACA EIIHA Update	Carin Martin, RWGA Amber Harbolt, Health Planner
November 9	We Appreciate Our External Members Election Policy	Chair, Ryan White Planning Council Operations Committee
December 14	Elections for the 2018 Officers	Co-Chairs, Operations Committee

Requests: DSHS Updates (2/year) Training in reading Council reports  
 Training in how to be a good committee participant: keep questions related to the topic

# HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL (RWPC)

EST. JUL 15, 1998

REV April 13, 2017

POLICY No. 100.01

## PUBLIC COMMENTS

### PURPOSE

This policy establishes guidelines by which public comments will be received by the Houston Area HIV Health Services Ryan White Planning Council.

### AUTHORITY

The RWPC through adoption of its bylaws ensures that there will be a procedure for receiving public comments.

### INTENT

The Houston Eligible Metropolitan Area (EMA) HIV Services Planning Council represents the HIV/AIDS affected six county area (EMA). The RWPC does not act on behalf of individuals from affected communities nor agencies serving these communities. The PC identifies the needs of all affected communities, prioritizes those needs and allocates limited Ryan White Part A (formerly known as Title I) funds to meet a portion of those needs. Per a request from the Texas Department of State Services, the PC also makes recommendations regarding the priorities and allocation of funds for Ryan White Part B and State Services funding. The Planning Council does not allocate funds to individuals or to agencies except as allowed in limited circumstances within the Ryan White Program. While a "Comprehensive Needs Assessment" is completed every 2-3 years when required by Health Resources and Services Administration (HRSA), "Needs" are assessed on an ongoing basis through various HIV/AIDS Needs Assessment processes.

~~The work of prioritizing needs and allocating Ryan White Part A and B funds to meet these needs is achieved annually through the Priority and Allocations Committee (See RWPC Policy No.400.01) and approved by the whole Planning Council. The RWPC also is active in planning a better HIV/AIDS system of care for the Houston EMA. When required, A a comprehensive care plan is produced every three to five years with adjustments to the plan each year or as needed to address advances in treatment, new and emerging needs, and changes in the populations affected by HIV/AIDS. This activity is handled by the Comprehensive HIV Planning Committee (Policy No.400.01). The final plan is approved by the whole Planning Council.~~

### PROCESS

All RWPC meetings are open to the public (see Policy No. 200.03) and are announced and conducted in accordance with the Open Meetings Act. There will always be a place on the Agenda for public comments. The RWPC can at any time determine where on the agenda public comments can be made. At the Planning Council meetings, only members of the Planning Council can vote on agenda items. However, official external members can vote on items at the

committee level on which they serve (Policy No. 400.01). Public comments may be limited to 3 minutes per individual. At the discretion of the Chair, public comments may be limited to a shorter, or expanded to a longer period of time, but the amount of time must be announced at the beginning of the public comment portion of the agenda and a uniform amount of time must apply equally to all who are giving comments at the meeting. Only during the Public Comment portion of the meeting are Council members asked to refrain from engaging in dialogue with or asking questions of individuals who are providing public comment at Council meetings. The Chair of the Council will refer public comments that need additional follow up to the appropriate committee. Council members will abide by the Public Information Act. See staff policy regarding the distribution of information. (See Staff Personnel notebook.)

## **SPECIALLY SCHEDULED PUBLIC COMMENTS**

During the year, the standing committees will announce requests for Public Comment on key work products before going to the whole PC for final approval. In addition, the PC may also announce requests for Public Comments on key issues.

## **HOW DECISIONS ARE MADE**

The PC will NOT make decisions on information presented to the PC during public comments unless it relates to an item that has followed the appropriate Council process. It will hear comments and then assign follow-up to the appropriate standing committee (see RWPC Policy No. 400.01). All business for decision by members of the full Planning Council will be handled in the following fashion:

- Introduce the business item at a Steering Committee Meeting (unless item has already been assigned to/undertaken by the appropriate committee)
- Steering assigns the task to the appropriate committee
- Chair of the appropriate committee may:
  - Create a sub-committee
  - Create a work group
  - Seek public input
  - Set a time limit as to resolution
- Report the recommended action back to Steering
- Steering includes the Committee's recommended action on the Council Agenda for Council Meeting if Committee's recommended action passes Steering.
- Full council votes

All items on the agenda for vote by the full council will become official by majority vote.

## **The Public Information Act**

FROM: The Texas State Library and Archives Commission, updated 12-18-15

**The Public Information Act, Texas Government Code Chapter 552**, gives you the right to access government records; and an officer for public information and the officer's agent may not ask why you want them. All government information is presumed to be available to the public. Certain exceptions may apply to the disclosure of the information.

Governmental bodies shall promptly release requested information that is not confidential by law, either constitutional, statutory, or by judicial decision, or information for which an exception to disclosure has not been sought.

### **Rights of Requestors**

You have the right to:

- Prompt access to information that is not confidential or otherwise protected;
- Receive treatment equal to all other requestors, including accommodation in accordance with the Americans with Disabilities Act (ADA) requirements;
- Receive certain kinds of information without exceptions, like the voting record of public officials, and other information;
- Receive a written statement of estimated charges, when charges will exceed \$40, in advance of work being started and opportunity to modify the request in response to the itemized statement;
- Choose whether to inspect the requested information (most often at no charge), receive copies of the information or both;
- A waiver or reduction of charges if the governmental body determines that access to the information primarily benefits the general public;
- Receive a copy of the communication from the governmental body asking the Office of the Attorney General for a ruling on whether the information can be withheld under one of the accepted exceptions, or if the communication discloses the requested information, a redacted copy;
- Lodge a written complaint about overcharges for public information with the Office of the Attorney General. Complaints of other possible violations may be filed with the county or district attorney of the county where the governmental body, other than a state agency, is located. If the complaint is against the county or district attorney, the complaint must be filed with the Office of the Attorney General.

### **Responsibilities of Governmental Bodies**

All governmental bodies responding to information requests have the responsibility to:

- Establish reasonable procedures for inspecting or copying public information and inform requestors of these procedures;
- Treat all requestors uniformly and shall give to the requestor all reasonable comfort and facility, including accommodation in accordance with ADA requirements;

- Be informed about open records laws and educate employees on the requirements of those laws;
- Inform requestors of the estimated charges greater than \$40 and any changes in the estimates above 20 percent of the original estimate, and confirm that the requestor accepts the charges, has amended the request, or has sent a complaint of overcharges to the OAG, in writing before finalizing the request;
- Inform the requestor if the information cannot be provided promptly and set a date and time to provide it within a reasonable time;
- Request a ruling from the Office of the Attorney General regarding any information the governmental body wishes to withhold, and send a copy of the request for ruling, or a redacted copy, to the requestor;
- Segregate public information from information that may be withheld and provide that public information promptly;
- Make a good faith attempt to inform third parties when their proprietary information is being requested from the governmental body;
- Respond in writing to all written communications from the Office of the Attorney General regarding charges for the information. Respond to the Office of the Attorney General regarding complaints about violations of the Act.

## **Procedures to Obtain Information**

1. Submit a request by mail, fax, email or in person according to a governmental body's reasonable procedures.
2. Include enough description and detail about the information requested to enable the governmental body to accurately identify and locate the information requested.
3. Cooperate with the governmental body's reasonable efforts to clarify the type or amount of information requested.

## **Information to be released**

- You may review it promptly, and if it cannot be produced within 10 working days the public information officer will notify you in writing of the reasonable date and time when it will be available.
- Keep all appointments to inspect records and to pick up copies. Failure to keep appointments may result in losing the opportunity to inspect the information at the time requested.



## Office of Support Staff Policies – 02-13-13

- 3.) Have the recipient sign the Office receipt book for the amount received.
- 4.) Write the receipt number on the upper right hand corner of the reimbursement form.
- 5.) File the receipt forms.
- 6.) At least once a month, submit the receipt forms to the Manager of the Office of Support for reconciliation and submission to the County Auditor's Office for reimbursement.

### **Cash Advances**

Harris County Policy does not allow cash advances.

Failure to adhere to these policies may result in the employee becoming personally responsible for the expense.

### **REQUESTS FOR INFORMATION**

All requests for information under the Open Records Act will be submitted to the County Attorney for opinion prior to the release of information requested. The Office of Support will attempt to make all public information available upon request according to Harris County policy. Information that is required to be confidential will not be released from the Office.



Staff members must seek direction from the Manager before releasing any information that has not already been approved for public release and distribution.

### **Line of Communication**

The Manager is not the official spokesperson of the Ryan White Planning Council. However, the Manager may represent the Council on its behalf as requested and/or directed.

When a request is made of the Manager that may require interaction with the County, the Manager, as the designated County interface with the Planning Council, will determine the appropriate line of communication within the County structure.

Only the Manager may speak officially on behalf of the Office of Support, unless he/she has directed another staff person to do so.

### **Data Collection and Evaluation**

The Office of Support will assure that all client specific data is maintained in accordance with applicable State and Federal laws, rules and regulations concerning confidentiality and access to records. Procedures for protecting the confidentiality of individuals who participate in evaluation and assessment activities conducted by or directed under the auspices of the Office of

# HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

EST. JUL 15, 1998

REV April 13, 2017

POLICY No. 600.01

## QUORUM, VOTING, PROXIES, ATTENDANCE

### PURPOSE

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

### AUTHORITY

The adoption of the Houston Area HIV Health Services (Ryan White) Planning Council Bylaws Rev. 12/07 Article VI; Sections 6.01-6.04).

### PROCESS

#### QUORUM:

A majority of the members of the Council are required to constitute a quorum. A minimum of one (1) self-identified HIV+ member must also be present to constitute a quorum. **If quorum is not met, the Council Chair, in consultation with the Office of Support staff, will determine when to dismiss those present. In the event that there is not a quorum, the council meeting can begin discussions but no official business of the body can be conducted or approved. Once quorum is established then the Chair will end discussions up to that point and put forth a motion to adopt items needed to be approved by a majority before business can continue.** To constitute a Standing Committee quorum, at least two (2) committee members and a Chair must be present; one of these must be a self-identified HIV positive member.

#### VOTING:

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

the information will be forwarded to the Steering Committee for resolution.

**ALTERNATE PARTICIPATION:**

During committee meetings any HIV+ full council member may serve as an alternate on a committee for any absent HIV+ committee member. The Chair of the Committee will communicate to the rest of the committee that the alternate HIV+ person is there to conduct business. Alternates have full voting privileges. This rule is not applicable in full council meetings.

**CONFLICT OF INTEREST AND VOTING AMONG EXTERNAL MEMBERS:**

External members must declare a conflict of interest.

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

**ROLL CALL VOTE:**

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

**ATTENDANCE:**

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

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

If for two consecutive months the Office of Support is unable to make contact with a Council or external committee member by telephone and receives returned email and/or mail sent to that member, staff will send a certified letter requesting the member to contact the Office of Support by telephone or in writing to update their contact information. If the member does not respond to the certified letter within 30 days, or if the certified letter is returned to the Office of Support, the Operations Committee will be notified at their next regularly scheduled meeting. At the request of the Operations Committee, the Chair of the Planning Council and the CEO will be informed

of the situation and the steps taken by the Council to address the situation. As stated above, the CEO has the sole authority to terminate a Council member and will notify said member in writing, if that is his/her decision. The CEO or the Chair of the Planning Council has the authority to terminate an external committee member and will notify said member in writing, if that is his/her decision.

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

**PROXIES:**

There will be no voting by proxy.

# **HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL (RWPC)**

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**EST. OCT. 2002**

**REVISED DECEMBER 13, 2007**

**POLICY NO. 1200.00**

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## **HONORARIUMS**

### **PURPOSE**

The purpose of this policy is to establish guidelines by which honorariums or other forms of gratuity are received by Ryan White Planning Council members.

### **PROCESS**

No member of the Ryan White Planning Council, or any other Council-related volunteer, may accept an honorarium or other form of gratuity for services performed in connection to his or her service to the Council. This does not pertain to reimbursements for travel, meals, hotel or other expenses incurred in performance of these services. If an honorarium is sent, the recipient is to turn it in to the Office of Support who will return the check with a letter declining the check and a suggestion that the money be distributed to an HIV/AIDS organization, such as those listed in the Blue Book.

**FYI**



# *SAVE THE DATE*

for our

Hepatitis C Annual Workshop Event

to be held

Thursday, May 4, 2017 from 9:00 AM to 1:30 PM (CST)

United Way - Greater Houston  
50 Waugh Dr.

Houston, TX 77007

The Mission of the Houston Viral Hepatitis Task Force is to come together as a community and discuss current concerns in Hepatitis and Public Healthcare, educate on the prevention & transmission of Hepatitis and to improve the health and well-being of affected people and communities in Houston.

This year's overview will provide current Hepatitis C treatment updates, emphasize the importance of efficacy and simplicity in curing individual patients, discuss important strategies for eliminating HCV infection across our Houston community and updates regarding Hepatitis C policies within Texas.



# Northeast Adolescent Program

A Community-Based Educational Initiative

# Coalition Meeting

Wednesday March 29th, 2017

9-11am

3815 Cavalcade Street, Houston, Tx 77026



## Adolescent Relationships in Urban Settings

Presented by:

Dr Jannis Moody  
Assistant Professor of Psychology  
Texas Southern University



A partnership since 1990 between Harris County Precinct One-Baylor Teen Clinic-Harris County Public Health & Environmental Services-Houston Independent School District  
-Aldine ISD