Houston Area HIV Services Ryan White Planning Council

Affected Community Committee Meeting

12 noon, Monday, September 13, 2021

Join Zoom Meeting by clicking on:

https://us02web.zoom.us/j/86426512199?pwd=UitVRDRGbDBXMmtvcWhsM0xhUXVoUT09

Meeting ID: 864 2651 2199

Passcode: 585232 Or call: 346 248 7799

AGENDA

I. Call to Order

Rosalind Belcher and Tony Crawford, Co-Chairs

- A. Welcome
- B. Adoption of the Agenda
- C. Approve the Minutes
- II. Public Comment

(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a living person with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting.)

III. Member Check-In

Rosalind Belcher and Tony Crawford, Co-Chairs

IV. Workgroup on FY22 Standards of Care & Performance Measures

Project Coordinator
Quality Management Development
Ryan White Grant Administration

- V. Announcements
- VI. Adjourn
- VII. Optional: Members meet with committee mentor

Johnny Deal

Houston Area HIV Services Ryan White Planning Council

Affected Community Committee Meeting

12:00 pm, Monday, June 14, 2021 **Meeting Location:** Zoom teleconference

MINUTES

| MEMBERS PRESENT | MEMBERS ABSENT | OTHERS PRESENT |
|----------------------------|----------------|----------------------------------|
| Rosalind Belcher, Co-Chair | Beto Ramirez | Allen Murray, RWPC Chair |
| Tony Crawford, Co-Chair | Trina Wright | Reachelian Ellison, TRG |
| Veronica Ardoin | | Amy Leonard, HHD |
| Ardry "Skeet" Boyle | | |
| Enrique Chavez | | Office of Support |
| Johnny Deal | | Tori Williams, Director |
| Ronnie Galley | | Rod Avila, Assistant Coordinator |
| Holly McLean | | |
| Diana Morgan | | |
| Ashley Barnes | | |
| Josie Rodriguez Jimenez | | |
| Rodney Mills | | |
| Tony Williams | | |

Call to Order: Holly McLean called the meeting to order at 12:08 p.m. McLean invited committee members to introduce themselves, and then asked for a moment of reflection

Adoption of the Agenda: <u>Motion #1</u>: it was moved and seconded (Deal, Boyle) to adopt the agenda. Motion carried unanimously.

Approval of the Minutes: <u>Motion #2</u>: it was moved and seconded (Crawford, Boyle) to approve the May 17, 2021 minutes with the edit that Johnny Deal was present during the May 17, 2021 meeting. Staff will make this correction. **Motion carried unanimously.**

Public Comment: None.

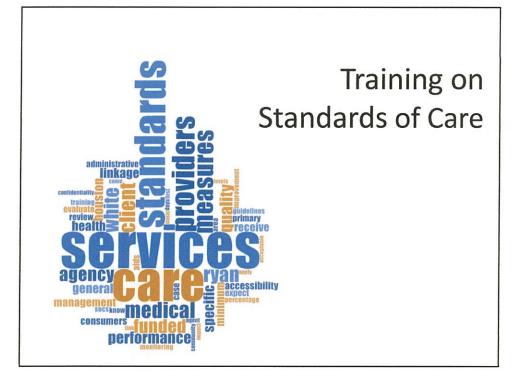
General Business

Join the End the HIV Epidemic Planning Process: Amy Leonard, Coordinator, End the HIV Epidemic for the Houston Health Department gave a presentation about Ending the HIV Epidemic National Initiative and the local planning process; see attached power point presentation.

Project LEAP 2021: Williams updated the committee on Project LEAP updates and efforts to recruit students for Project LEAP 2021.

DRAFT

| Announcements: Murray enco | - | v | the HIV Epidemic |
|---|---------------------------|----------------------------|-----------------------|
| Adjourn: <u>Motion #3:</u> it was mo Motion carried unanimously. | oved and seconded (Ardoin | n, Boyle) to adjourn the n | neeting at 12:53 p.m. |
| Submitted by: | | Approved by: | |
| Tori Williams, Director | Date | Committee Chair | Date |



General Standard 3.2: "Agency has Policy and Procedure regarding client Confidentiality [...] Providers must implement mechanisms to ensure protection of clients' confidentiality in all processes throughout the agency."



"Mrs. Cranley! You need to sign this HIPAA privacy form before the doctor can look at those warts on your stomach!"



All our nurses now have degrees...unfortunately nurse Pilbright's is in the expressive arts!

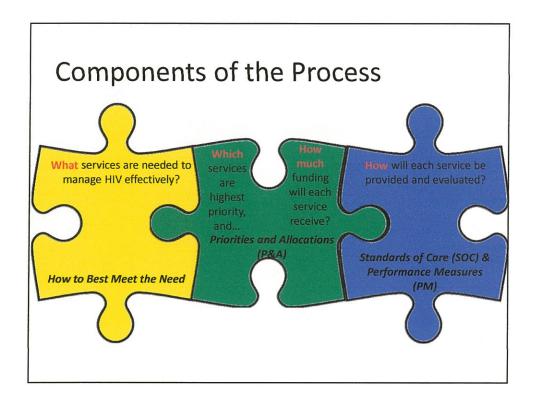
Primary Medical Care 1.1:
"Medical care for [PLWH]shall
be provided by MD, NP, CNS or
PA licensed in the State of Texas
and has at least two years paid
experience in HIV/AIDS care
including fellowship."

Oral Health 2.8: "Oral hygiene instructions (OHI) should be provided annually to each client."



To help emphasize good oral hygiene in kids Dr. Remford installed a dental floss zipline in his office

2





Houston Has Standards!

If you were planning on buying a car, what are some basic features you would expect to "come standard" with a good quality car?

- · A working engine
- · Steering wheel
- Brakes
- Seatbelts
- Air conditioner A must-have in Houston!

Just as you would expect basic features to "come standard" when buying a car, you can also expect basic levels of quality to "come standard" with HIV care services in Houston. We call these Standards of Care (SOC).



Official Definitions

Standard of Care (SOC)

A *statement* of the minimal acceptable levels of quality in HIV service delivery by Ryan White funded providers in a local jurisdiction.

· Performance Measure (PM)

A *measurement* of the impact of HIV care, treatment, and support services provided by Ryan White funded providers in a local jurisdiction.



A Little Background on SOC...

- First developed in 1999 as a way to monitor provider contracts
- Every year since, workgroups are held to review the Standards with the community that include physicians, nurses, case managers, administrators, and consumers
- Based on
 - 1. Accepted industry guidelines
 - 2. On-site program monitoring results, and
 - 3. Provider and consumer input
- Apply to services funded by Ryan White Parts A and B, and State Services.
- Maintained by the Administrative Agents (AAs)
 - RW/A = Ryan White Grant Administration
 - RW/B and State Services = The HIV Resource Group



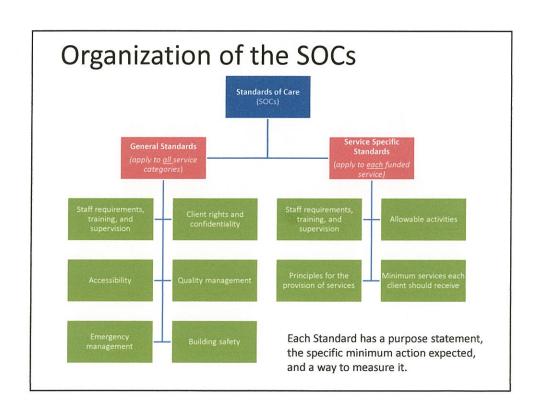
What SOC Are

- A way of letting providers and consumers know what constitutes quality care and services for PLWH
- A tool for making sure Ryan Whitefunded services are delivered according to minimum industry standards and guidelines
- One of many data sources for measuring how well Ryan Whitefunded services are meeting overall community goals



What SOC Aren't

- A way to evaluate how a specific Ryan White-funded agency conducts business (Agency monitoring is done by the AAs)
- A way to decide which agency in Houston gets Ryan White money (RFPs and agency contracts are coordinated by the AAs)
- Guidelines for HIV services provided by non-Ryan White-funded agencies



| GENERAL | 3 | LA | ND | At | w | |
|---------|---|----|----|----|---|--|
| | | | | | | |

| | Standard | Measure | | |
|-----|--|---|--|--|
| 1.0 | Staff Requirements | | | |
| 1.1 | Staff Screening (Pre-Employment) Staff providing services to clients shall be screened for appropriateness by provider agency as follows: Personal/Professional references Personal interview Written application Criminal background checks, if required by Agency Policy, must be conducted prior to employment and thereafter for all staff and/or volunteers per Agency policy. | Review of Agency's Policies and Procedures Manual indicates compliance Review of personnel and/or volunteer files indicates compliance | | |
| 1.2 | Initial Training: Staff/Volunteers Initial training includes eight (8) hours HIV/AIDS basics, safety issues (fire & emergency prepareduess, hazard communication, infection control, universal precautions), confidentiality issues, role of staff/volunteers, agency-specific information (e.g. Drug Free Workplace policy). Initial training must be completed within 60 days of hire. | Documentation of all training in personnel file. Specific training requirements are specified in Agency Policy and Procedure Materials for staff training and continuing education are on file Staff interviews indicate compliance | | |
| 1.3 | Staff Performance Evaluation Agency will perform annual staff performance evaluation. | Completed annual performance evaluation kept in employee's file Signed and dated by employee and supervisor (includes electronic signature) | | |
| 1.4 | Cultural and HIV Mental Health Co-morbidity Competence Training/Staff and Volunteers All staff tenured 0 – 5 year with their current employer must receive four (4) hours of cultural competency training and an additional one (1) hour of HIV/Mental Health co-morbidity sensitivity training annually. All new employees must complete these within ninety (90) days of hire. | Documentation of training is maintained by the agency in the personnel file | | |

As of October 2, 2015

SERVICE SPECIFIC STANDARDS OF CARE

Case Management (All Case Management Categories)

Case management services in HIV care facilitate client access to health care services, assist clients to navigate through the wide array of health care programs and ensure coordination of services to meet the unique needs of PLWHA. It also involves client assessment to determine client's needs and the development of individualized service plans in collaboration with the client to mitigate clients' needs. Ryan White Grant Administration funds three case management models i.e. one psychosocial and two clinical/medical models depending on the type of ambulatory service within which the case management service is located. The scope of these three case management models namely, Non-Medical, Clinical and Medical case management services are based on Ryan White HIV/AIDS Treatment Modernization Act of 2006 (HRSA)² definition for non-medical and medical case management services. Other resources utilized include the current National Association of Social Workers (NASW) Standards for Social Work Case Management³. Specific requirements for each of the models are discussed under each case management service category.

| 1.0 | Staff Training | |
|-----|---|--|
| 1.1 | Required Meetings <u>Case Managers and Service Linkage Workers</u> Case managers and Service Linkage Workers will attend on an annual basis a minimum of four (4) of the five (5) bi-monthly networking meetings facilitated by RWGA. | Agency will maintain verification of attendance (RWGA will also maintain sign-in logs) |
| | Case Managers and Service Linkage Workers will attend the "Joint Prevention and Care Coordination Meeting" held annually and facilitated by the RWGA and the City of Houston STD/HIV Bureau. | |
| | Medical Case Management (MCM), Clinical Case Management (CCM) and Service Linkage Worker Supervisors will attend on an annual basis a minimum of five (5) of the six (6) bi-monthly Supervisor meetings facilitated by RWGA (in the event a MCM or CCM supervises SLW staff the MCM or CCM must attend the Supervisor meetings and may, as an option, attend the networking meetings) | |

As of October 2, 2015

19

²US Department of Health and Human Services, Health Resources and Services Administration HIV/AIDS Bureau (2009). Ryan White HIV/AIDS Treatment Modernization Act of 2006: Definitions for eligible services
³ National Association of Social Workers (1992). NASW standards for social work case management. Retrieved 02/9/2009 from www.socialworkers.org/practice/standards/ww case mgmt asp

Organization of the PMs

All **Performance Measures** (PMs) are servicespecific

- Each PM is a system-wide measure that helps evaluate the impact of HIV services on the health status of the people living with HIV in the Houston area.
- PMs are based on current U.S. Department of Health and Human Services (HHS) Guidelines for HIV health care and community input.
- In general, PMs assess the percentage of consumers who, following receipt of a specific service:
 - 1. Entered into and/or were retained in HIV medical care
 - 2. Experienced improvement in HIV health indicators like CD4 counts and viral load suppression
 - 3. Received recommended medical, oral, and optical screening, care, and follow-up
 - 4. Were screened for and received mental health or substance abuse services if needed
 - 5. Obtained housing if homeless or unstably housed
 - 6. Secured 3rd party health care coverage (insurance) if uninsured, and/or
 - 7. Other service-specific measures

Ryan White Part A HIV Performance Measures FY 2016 Report

Clinical Case Management All Providers

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

| HIV Performance Measures | FY 2015 | FY 2016 | Change |
|---|----------------|----------------|--------|
| A minimum of 75% of clients will utilize Part A/B/C/D primary care two or more times at least three months apart after accessing clinical case management | 402 (39.5%) | 685 (48.7%) | 9.2% |
| Percentage of clinical case management clients who utilized mental health services | 247 (24.3%) | 360 (25.6%) | 1.3% |
| 75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200) | 382 (73.0%) | 501 (69,0%) | -4.0% |
| Percentage of clients who were homeless or unstably housed | 267 (26.2%) | 322 (22.9%) | -3.3% |

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

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

*Data was not collected in FY 2015

12



Take-Home Messages

- Standards of Care set the minimum acceptable levels of quality of HIV care, treatment, and support services provided to PLWH by Ryan White funded providers
- Performance Measures provide a way to evaluate the system-wide impact of HIV services on the health status of the people living with HIV in the Houston area.
- SOCs and PMs do not evaluate a specific individual provider or agency, nor do they determine which provider/agency receives Ryan White funds
- Consumers have an important role in the SOC/PM process.
 They review the standards and make recommendation for improvements, and they serve as a voice of the consumer in defining quality of HIV care.