**Progress Report Form** FY 2019-2020

Agency:       Submitted by:

Date submitted:

**Reporting period:  Quarter 1 and 2 (July 1-Dec 31, 2019)**

**Due: Jan 31, 2020**

**Quarter 3 and 4 (Jan 1-June 30, 2020)**

**Due: July 31, 2020**

HIV case management providers are required to submit progress reports to the HIV Community Services Program in order to provide a program narrative of each Agency’s service delivery system, including strengths, challenges, outcome performance measurement, and Quality Management efforts. The HIV Community Services team reviews these reports and follows up with providers on identified items and offers technical assistance and training. Report information is used for program planning and evaluation purposes.

**Section I: HIV Home Test Kit Inventory**

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| a. | Did your Agency have any Home Test Kits left over from last reporting period? |  |
| b. | Did your Agency order any Test Kits this reporting period? |  |

If a. or b. are “yes”, please email your completed “Home Test Kit Inventory” excel worksheet.

**Section II: Performance measures narrative**

HIV Community Services will provide your Agency’s performance measure data in the below tables by the 10th of the month following the end of the reporting period. Once you receive your performance measure data[[1]](#footnote-1), **complete an Agency narrative below** describing your current and/or future plan at reaching, maintaining or exceeding the identified goal for each performance measure below.

You are encouraged to include the following information in your plan: data analysis for health disparities across different demographics; client outreach/referral, service delivery evaluations and/or changes, assessment of barriers, quality improvement project, and/or request for program TA/training.

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| HIV Care Continuum[[2]](#footnote-2) Performance Measure: | **Linked to Care** | | |
| Goal | 85% (by 2021) of newly diagnosed clients are in medical care within **30 days**, as defined as having CD4 or VL test after date of diagnosis. | | |
| CAREWare Custom Report: New HIV Dx Linkage to Medical Care (Dk11162016) | | | |
| **Your Agency Outcome**: | % | Part B Agencies Outcome: | % |
| Your Agency *N:* | *Numerator (N)* description:  Clients with 1 CD4 or VL test at least 1 day after their diagnosis date within **30 days** of the HIV+ date in CW | | |
| Your Agency *D:* | *Denominator (D)* description:  # of clients who received a service and had an enrollment date within **30 days** after the HIV+ date in CW | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Linked in**  **7 days:** | **#**  % | **Linked in**  **14 days:** | **#**  % | **Linked in**  **21 days:** | **#**  % |   **Agency Narrative**  Your clients **did** reach the 85% goal: describe your agency or program’s successes with reaching this goal. Include any challenges and/or barriers encountered for the remaining clients who did not reach this goal of being linked to medical care within 30 days. Also describe any projects or changes you are planning in the next six months to assist these clients to obtain a medical visit:    Your agency’s clients **did not** reach the 85% goal: describe your Quality Improvement project or any changes you are planning (or currently completing) in the next six months to identify and address agency, program, systemic, and/or social determinants of health-related challenges and/or barriers to reaching this goal and in linking clients to medical care within 30 days: | | | |

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| HIV Care Continuum  Performance Measure: | **Virally Suppressed** | | |
| Goal | 90% of clients will have a HIV viral load less than 200 copies/mL at last HIV viral load test. | | |
| CAREWare Performance Measures Worksheet: SC or SR - 01 | | | |
| **Your Agency Outcome**: | % | Part B Agencies Outcome: | % |
| Your Agency *N:* | *Numerator (N)* description:  Clients VL lab entry in CW in the last 12 months was under 200 copies/mL | | |
| Your Agency *D:* | *Denominator (D)* description:  Clients who received a service this reporting period **and had a VL lab entry in CW in the last 12 months**. | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **All Clients who received a service (N) and were virally suppressed (D)** | N=  D=  % | **All Clients who received a service (N) and did have a VL lab in 12 mo. (D)** | N=  D=  % | **All Clients who received a service (N) and did not have a VL lab in 12 mo. (D)** | N=  D=  % |   **Agency Narrative**  Your clients **did** reach the 90% goal: describe your agency or program’s successes with reaching this goal. Include any challenges and/or barriers encountered for the remaining clients who did not reach this goal of viral suppression or did not have a viral load lab in the last 12 months. Also describe any projects or changes you are planning in the next six months to assist these clients to obtain their viral load labs and viral suppression:    Your clients **did not** reach the 90% goal: describe your Quality Improvement project or any changes you are planning (or currently completing) in the next six months to identify and address agency, program, systemic, and/or social determinants of health-related challenges and barriers to reaching this goal and for clients to obtain viral load labs and viral suppression: | | | |

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| HIV Care Continuum  Performance Measure: | **Retained In Care / In Care**  **(previously:** No Gap in medical visits in 12 months) | | |
| Goal | 90% of clients have a medical visit in the last 12 months | | |
| CAREWare Performance Measures Worksheet: SC or SR - 05 | | | |
| **Your Agency Outcome**: | % | Part B Agencies Outcome: | % |
| Your Agency *N:* | *Numerator (N)* description:  Clients who had a CD4 or Viral load lab entry in the last 12 months | | |
| Your Agency *D:* | *Denominator (D)* description:  Clients who received a service this reporting period | | |
| **Agency Narrative**  Your clients **did** reach the 90% goal: describe your agency or program’s successes with reaching this goal. Include any challenges and/or barriers encountered for the remaining clients who did not reach this goal of being retained in medical care. Also describe any projects or changes you are planning in the next six months to assist these clients to obtain a medical visit:    Your clients **did not** reach the 90% goal: describe your Quality Improvement project or any changes you are planning (or currently completing) in the next six months to identify and address agency, program, systemic, and/or social determinants of health-related challenges and barriers to reaching this goal and for clients to assist these clients to obtain a medical visit: | | | |

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| Performance Measure: | **RN Care Plan** | | |
| Goal | 90% of Medical Case Management (MCM) clients have a RN Care Plan developed and/or updated 2 or more times a year. | | |
| CAREWare Performance Measures Worksheet: SC or SR - 12 | | | |
| **Your Agency Outcome**: | % | Part B Agencies Outcome: | % |
| Your Agency *N:* | *Numerator (N)* description:  Clients with at least one of the following service entries in CW this reporting period:  Regional=RN Care Plan County=RCP-RN Care Plan | | |
| Your Agency *D:* | *Denominator (D)* description:  Clients who received a Medical Case Management service this reporting period and the client’s most recent Acuity was one of the following:  Regional=Acuity RN 3 or RN 4 County=Acuity 1-4 | | |
| **Agency Narrative**  Your agency **did** reach the 90% goal: describe your agency or program’s successes with reaching this goal. Include any challenges and/or barriers encountered for the remaining MCM clients who did not reach this goal of having a RN Care Plan. Also describe any projects or changes you are planning in the next six months to ensure MCM clients have an RN Care Plan documented every six months:    Your agency **did not** reach the 90% goal: describe your Quality Improvement project or any changes you are planning (or currently completing) in the next six months to identify and address agency, program, systemic, and/or challenges and barriers to reaching this goal and ensure compliance with the Standards of Services: | | | |

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| Performance Measure: | **Stable Housing** | | |
| Goal | 95% of clients have stable housing. | | |
| CAREWare Performance Measures Worksheet: SC or SR – 12 | | | |
| **Your Agency Outcome**: | % | Part B Agencies Outcome: | % |
| Your Agency *N:* | *Numerator (N)* description:  Clients CW Annual Tab “Housing Arrangement” entry is listed as “*stable/permanent*” | | |
| Your Agency *D:* | *Denominator (D)* description:  Clients who received a case management or housing this reporting period | | |
| **Agency Narrative**  Your clients **did** reach the 95% goal: describe your agency or program’s successes with reaching this goal. Include any challenges and/or barriers encountered for the remaining clients who did not reach this goal of being stably housed. Also describe any projects or changes you are planning in the next six months to assist these clients to obtain stable housing:    Your clients **did not** reach the 95% goal: describe your Quality Improvement project or any changes you are planning (or currently completing) in the next six months to identify and address agency, program, systemic, and/or social determinants of health-related challenges and barriers to reaching this goal and for clients to become stably housed: | | | |

**Section III: Program narrative**

**Please answer the following eight sections for this reporting period:**

1. **Service delivery** 
   1. Describe your agency and/or program’s strengths and/or improvements in delivering services:

* 1. Describe your agency and/or program problems and/or challenges in delivering services:

1. **Community Resources and Referrals**
   1. Describe efforts undertaken by your Agency and/or case manager(s) to build and/or maintain relationships with community resources and ensure Ryan White funds are payer of last resort:

1. **Client Access to Services**

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| **Enrolled Clients** (in this reporting period) | | **# of clients** |
| a) | # of Newly Enrolled clients (new in CAREWare) |  |
| b) | # of Newly Diagnosed clients |  |
| c) | # of All Clients who received a service (includes above newly enrolled and newly diagnosed clients) |  |

* 1. Newly Enrolled Clients (from table above): describe efforts and services provided specifically to newly enrolled clients this reporting period in the following areas:
     1. Newly enrolled—Successes and/or barriers:
     2. Were all newly enrolled clients given an Acuity 4 (CC 4) if they were incarcerated within 90 days of enrollment or homeless at the time of enrollment? How are you monitoring and tracking to ensure you are meeting this Standard of Service?
     3. Newly enrolled—Special client populations/emerging needs:
     4. Newly enrolled—any challenges/barriers with engagement/communication with non-English speaking clients?

* 1. Newly Diagnosed Clients (from table above): describe efforts and services provided specifically to newly diagnosed clients this reporting period in the following areas:
     1. Newly diagnosed—Successes and/or barriers:
     2. Were all newly diagnosed clients given an expedited Intake process (less than 2 weeks), as well as an expedited Psychosocial Screening and Nursing Assessment, and referral to CAREAssist? How are you monitoring and tracking you are meeting this Standards of Service?
     3. Were all the newly diagnosed clients listed in the table given an automatic Acuity 4 (or CC 4)? Were these clients then reassessed in 60 days to determine if they should continue to be an Acuity 4 (or CC 4)? How are you monitoring and checking to ensure you are meeting this Standard of Service?
     4. Regular case conferences are strongly encouraged for clients newly diagnosed, in particular to address viral suppression, homelessness, or having a high acuity life area in housing, mental health and substance use. How are you monitoring and tracking to ensure newly diagnosed clients are receiving case conferencing for these issues/needs?
  2. All Clients who received a service (from table above): describe efforts and services provided to enrolled clients who received a service this reporting period in the following areas:
     1. Were “All clients who received a service” given an Acuity 4 (or CC 4) if they had been incarcerated within the last 90 days or currently homeless? How are you monitoring and checking to ensure you are meeting this Standard of Services?
     2. All Clients who received a service—Special client populations/emerging needs:
     3. All Clients who received a service—Communication with non-English speaking clients:

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| **Closed Clients**  **Enrollment Status at closing (Reason)** | | **# of closed cases** |
| Referred or discharged | |  |
| Removed | |  |
| Incarcerated | |  |
| Relocated | |  |
| Deceased | |  |
| **Total** | |  |
| d) | Of the Total above, # that were **Lost to Follow-up:** |  |

1. Of the number of “Closed Clients” in above table d) who were **Lost to Follow-up** *(County based programs, enter the # in the table)*: describe efforts, successes and challenges, to providing follow up and engagement with clients who were at risk of following out of care or were lost to follow-up. Include your current QA and/or QI efforts to reduce the number of Lost to Follow-up.

1. **Quality Management**
   1. Describe your Quality Assurance (QA) activities or projects[[3]](#footnote-3) to become or remain in compliance with the Support Services Guide, data requirements outlined in the CAREWare User Manual, and/or the Standards of Services. Include changes made or planned to improve QA compliance:

* 1. Describe your current or upcoming Quality Improvement (QI) activities or projects[[4]](#footnote-4) to improve client care, health outcomes and/or client satisfaction. If your agency or program does not currently have a specific QI project, describe how you are ensuring you are using performance measure data to identify needed changes to improve client care or health outcomes.

* 1. Describe what type of formal client complaints/grievances agency leadership received and if it was resolved (no client name or specifics). What program changes or QI activities are planned to address client satisfaction for this type of complaint/grievance received:

1. **Trauma Informed Care**
   1. Describe efforts made by your agency or case manager(s) to implement the principles of trauma informed services: safety, trust, empowerment, choice, and collaboration.

1. **Training and technical assistance**
   1. Describe training received/attended by your agency or case manager(s):

* 1. Provide information on changes to your training program. Include specific changes made to the onboarding training process for new staff:

* 1. List any training or technical assistance needs you have at this time:

1. **Service Delivery: Staffing**:
   1. Has your staff supervision or agency program structure changed? If yes, explain the changes and attach a current Organizational chart showing the new structure.

* 1. Provide information on changes to a position’s FTE (full time equivalency) or new position(s) that have been added or eliminated. If there are changes to report, attach a current Organizational chart showing these changes.

* 1. List all the staff positions that were vacated and how long it took to fill the position(s). Include any service delivery disruptions that may have occurred and your agency’s plan or how you addressed the vacancy:

1. **Recommendations or improvements**
   1. Please provide any recommendations or improvement ideas (related to case management standards, policies, forms, technical assistance, CAREWare, Reporting, communication, etc.) you have for the HIV Community Services Program.

1. Performance Measure data is preliminary and may not match final annual figures due to data entry delay, end of the year data clean-up, and exclusions. [↑](#footnote-ref-1)
2. End HIV Oregon performance measure [↑](#footnote-ref-2)
3. Examples of QA activities: site visits (compliance plan), data entry and chart reviews, service utilization reviews/committee, and other data quality evaluations. [↑](#footnote-ref-3)
4. QI activities are aimed at improving client care, health outcomes, and client satisfaction. [↑](#footnote-ref-4)