TEXAS
Health and Human Services

Texas Department of State Health Services

MAI Service Standards and Quality Management

Pamela Nims & Mauricia Chatman

Objectives

MAI Performance Standards

- Date MAI Performance Standards go into effect
- Topics that may be covered during HE/RR
- HE/RR Curriculum requirements
- Identify types of outreach activities
- Requirements for group outreach
- Requirements prior to closing client file out

TEXAS
Health and Human Services

Texas Department of State Health Services

TEXAS
Health and Human Services

Texas Department of State Health Services

Health Education and Risk Reduction

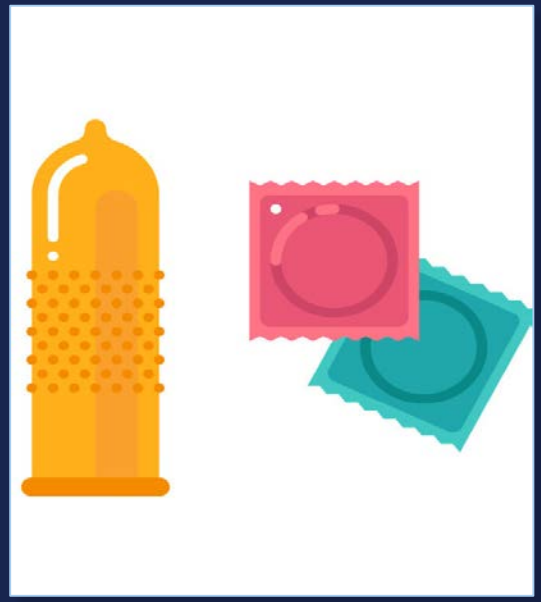
HE / RR

HRSA Definition

TEXAS Health and Human Services

Texas Department of State Health Services

- Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status.



HRSA Definition

TEXAS Health and Human Services

Texas Department of State Health Services

Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as pre- exposure prophylaxis (PrEP) for clients' partners and treatment as prevention
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

Program Guidance: Health Education/Risk Reduction services cannot be delivered anonymously.

Federal to State

TEXAS Health and Human Services

Texas Department of State Health Services

- HRSA sets forth the service standards for the nation
- Each state has the responsibility of implementing, measuring, and monitoring the standard in their state.

Current Standards for HE/RR

TEXAS Health and Human Services

Texas Department of State Health Services

Standard	Performance Measure
Health Educational Assessment and Service Plan: HE/RR staff will complete a health/HIV educational evaluation and plan that will indicate how the client's educational needs will be met. Plan must address: • Methods of HIV transmission • How to reduce risk of HIV transmission ◦ Medication adherence • Available resources to meet needs for recently incarcerated • Available resources to meet client needs • Health literacy	Percentage of clients with documented evidence in the client's primary record of a completed health/HIV education evaluation and plan. Percentage of clients with documented evidence in the client's primary record of a completed plan addressing methods of HIV transmission, risk reduction education, and resources available to meet client's needs.
Health Education/Risk Reduction: HE/RR staff will provide health education/risk reduction curriculum regarding: • Methods of HIV transmission and how to reduce the risk of transmission HE/RR staff will provide health education/risk reduction counseling regarding: • How to improve their health status and reduce their risk of transmission to others.	Percentage of clients with documented evidence in the client's primary record of HE/RR curriculum regarding methods of HIV transmission and how to reduce risk of transmission. Percentage of clients with documented evidence in the client's primary record of HE/RR counseling regarding how to improve health status and reduce risk of transmission.

Current Service Standards for HE/RR

TEXAS Health and Human Services

Texas Department of State Health Services

Resources: HE/RR staff will provide information regarding available medical and psychosocial support services to reduce barriers to care.	Percentage of clients with documented evidence in the client's primary record of HE/RR education provided regarding available medical and support services in the community.
Evaluation of health education/risk reduction counseling: HE/RR staff will administer pre-post test to each client to assess changes in knowledge/attitudes as a result of the health education/risk reduction counseling. HE/RR Staff will ask each client to complete a brief program evaluation after each completion of a course/service plan to assess effectiveness of program.	Percentage of clients with documented evidence in the client's primary record of a pre test to assess client's understanding of disease process. Percentage of clients with documented evidence in the client's primary record of a post-test to assess client's understanding of disease process. Percentage of clients with documented evidence in the client's primary record of increased knowledge of disease process and risk reduction methods. Percentage of clients with documented evidence of participation in course/service plan satisfaction survey.

Current HE/RR Documentation Requirements

HE/RR encounter must include:

1. Documented evidence in the client's primary record of a completed health/HIV education evaluation and plan.
2. Documented evidence in the client's primary record of a completed plan addressing methods of HIV transmission, risk reduction education, and resources available to meet client's needs.
3. Documented evidence in the client's primary record of HE/RR curriculum regarding methods of HIV transmission and how to reduce risk of transmission.
4. Documented evidence in the client's primary record of HE/RR education provided regarding available medical and support services in the community.
5. Documented evidence in the client's primary record of a pre test to assess client's understanding of disease process.
6. Documented evidence in the client's primary record of a post-test to assess client's understanding of disease process.
7. Documented evidence in the client's primary record of increased knowledge of disease process and risk reduction methods.
8. Documented evidence of participation in course/service plan satisfaction survey.

TEXAS
Health and Human Services
Texas Department of State Health Services

MAI Consideration

Does this current HE/RR interpretation work for the MAI Population?

- Limited access to client
- Limited time with client
- Limited privacy with client
- Unique client needs

The current measure is not meeting needs of incarcerated and recently released PLWH

TEXAS
Health and Human Services
Texas Department of State Health Services

New MAI HE/RR Standard

Just for MAI, effective 4/1/2020

HE/RR with MAI can vary greatly from client status (incarceration vs recently released), client knowledge concerning HIV, and time allowed with client. HE/RR models will vary by MAI provider and will focus on education that is most relevant to the client at the encounter. Each provider shall create a curriculum for service workers to follow during their encounter with the client.

TEXAS
Health and Human Services
Texas Department of State Health Services

New MAI HE/RR Standard

Topics may include (but are not limited to):

- Information regarding medical and psychosocial support services (ex. services available in the client's community and how to access services such as clinic, pharmacy, substance use treatment, family counseling, dentist, mental health)
- How to improve/maintain health status (ex. how to continue medication regimen after release, nutrition and self-care, medical treatment adherence for HIV and co-infections, dental treatment information)
- Available resources to meet needs for recently released (services outside medical and psychosocial such as public transportation, homeless shelters, food banks, social service organizations, employment/vocational development agencies)
- Treatment adherence education (ex. how to continue medication regimen after release, how to fill a prescription, availability of PrEP and PEP for partners, healthy relationship options)
- Methods of HIV transmission and risk reduction
- Health literacy (ex. how to communicate needs and concerns to medical providers, how to read lab reports, medication side effects)
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage, AIDS Drug Assistance Program)

HE/RR shall be provided to people living with HIV and cannot be provided anonymously.

TEXAS
Health and Human Services

Texas Department of State Health Services

New MAI HE/RR Standard

Unit Definition: 1 unit= 15 minutes of service

Service Standard and Performance Measure:

Standard:	Measure:
MAI provider will use agency HE/RR curriculum to provide HE/RR to incarcerated and recently released clients. Topics addressed should be prioritized by the client needs, the incarceration status, the environment services are provided, and the amount of time the provider has to spend with the client.	Percentage of clients with documentation of specific health and risk reduction topics discussed during HE/RR session. Percentage of clients with documentation of specific social service topics discussed during HE/RR session.

TEXAS
Health and Human Services

Texas Department of State Health Services

What does it mean?

- Each Agency shall create a curriculum or guideline of topics that are relevant to the client at the time of the encounter.
- When creating curriculum the agency shall take into account the topics that are most important to the client at that time
- Due to the unique circumstance that a MAI provider may find themselves providing services the curriculum shall be more guidelines than script.
- What topics may be relevant to your MAI services?

TEXAS
Health and Human Services

Texas Department of State Health Services

What does it mean?

Effective 4/1/20 there is no longer the requirement:

- Pre and Post test
- Client Survey (more on this later)
- Specific extensive list of topics that have to be covered during session

TEXAS
Health and Human Services

Texas Department of State Health Services

Additional Details

HE/RR – The provision of education to incarcerated and recently released minority individuals living with HIV about HIV transmission and how to reduce the risk of HIV transmission. This includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status.

Contractor will comply with HE/RR MAI Service Standards available on https://www.dshs.texas.gov/hivstd/taxonomy/.

One unit of HE/RR will count as fifteen (15) minutes for purposes of complying with the corresponding Performance Measures.

Contractor shall reference the MAI Service Standards and implement an evidence informed HE/RR curriculum that focuses on the health and social resource topics that are a priority to the MAI population being served at that time. Curriculum shall consider client needs, environment, and time allotted for services to be provided.

TEXAS
Health and Human Services

Texas Department of State Health Services

Additional Details

Contractor will use HE/RR curriculum to provide HE/RR to incarcerated and recently released clients. Topics addressed should be prioritized by the client needs, incarceration status, the amount of time available and environment services are provided in.

HE/RR curriculum shall be available for DSHS review as requested.

Contractor shall keep documented evidence that all MAI service workers have been trained in agency HE/RR curriculum and provided to DSHS upon request.

Documentation in client files shall specify health and social service topics discussed during HE/RR session.

Contractor shall record all HE/RR units provided to individual MAI clients living with HIV in ARIES.

Contractor shall report quarterly HE/RR units and clients serviced on quarterly narrative report to DSHS.

TEXAS
Health and Human Services

Texas Department of State Health Services

Compliance Review Requirements after 4/1/20

- Documentation that agency has written HE/RR Curriculum.
- Documentation that MAI staff have been trained on curriculum.
- Documented evidence in client files shall specify health and social service topics discussed during HE/RR session.
- Contractor shall record all HE/RR units provided to individual MAI clients living with HIV in ARIES.

TEXAS
Health and Human Services
Texas Department of State Health Services

TEXAS
Health and Human Services

Texas Department of State Health Services

HE/RR Questions?

TEXAS
Health and Human Services

Texas Department of State Health Services

Outreach Services

With MAI

MAI Consideration

What is Outreach?

TEXAS
Health and Human Services

Texas Department of State
Health Services

HRSA Definition

TEXAS Health and Human Services

Texas Department of State Health Services

- Outreach Services Description: The Outreach Services category has as its principal purpose identifying PLWH who either do not know their HIV status, or who know their status but are not currently in care. As such, Outreach Services provide the following activities: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options. Because Outreach Services are often provided to people who do not know their HIV status, some activities within this service category will likely reach people who are HIV negative. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.
- Outreach Services must: 1) use data to target populations and places that have a high probability of reaching PLWH who a. have never been tested and are undiagnosed, b. have been tested, diagnosed as HIV positive, but have not received their test results, or c. have been tested, know their HIV positive status, but are not in medical care; 2) be conducted at times and in places where there is a high probability that PLWH will be identified; and 3) be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

HRSA Definition

TEXAS Health and Human Services

Texas Department of State Health Services

- Outreach Services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, TV or radio announcements) that meet the requirements above and include explicit and clear links to and information about available HRSA RWHAP services. Ultimately, HIV-negative people may receive Outreach Services and should be referred to risk reduction activities. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.
- Program Guidance: Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care. Outreach Services must not include outreach activities that exclusively promote HIV prevention education. Recipients and subrecipients may use Outreach Services funds for HIV testing when HRSA RWHAP resources are available and where the testing would not supplant other existing funding.

Current Standards for Outreach

TEXAS Health and Human Services

Texas Department of State Health Services

Standard	Measure
Referral: Identified HIV positive individuals will be referred to Early Intervention Services or Medical Case Management Services to facilitate transition and linkage to Outpatient/Ambulatory Health Services. Outreach providers will follow-up with referrals to EIS and/or MCM to ensure HIV+ individuals attended EIS and/or MCM appointment for linkage to OAHS.	Percentage of clients identified as HIV+ have documented evidence of referrals made to EIS and/or MCM services in the Outreach provider primary record. Percentage of referrals to EIS and/or MCM services with documented evidence of follow-up to determine PLWH linkage to OAHS in the Outreach provider primary record.

Current Outreach and MAI

1. MAI is only funded for HE/RR and Outreach
2. 1 unit Outreach= 1 encounter
3. Make sure you document follow up!

TEXAS
Health and Human Services

Texas Department of State Health Services

New MAI Outreach Standard

Just for MAI, effective 4/1/2020

Outreach with the MAI program requires prolonged time and effort with incarcerated and recently-released clients. Outreach is often provided through multiple client visits and in a variety of methods.

Outreach can specifically apply to MAI in the following ways:

All activities related to connecting an incarcerated or recently-released individual with HIV to community HIV care coordination upon release and following up that re-engagement had occurred. These activities can include (but are not limited to) providing medical and support service referrals to the client, assisting with medication access, completing Pharmacy Assistance Program (PAP) and Texas HIV Medication Program (THMP) applications, attending medical appointments with client, verifying eligibility, providing transportation, and emergency financial assistance, and linkage to patient and medication assistance programs.

TEXAS
Health and Human Services

Texas Department of State Health Services

New MAI Outreach Standard

When outreach is provided to groups of individuals who may not know their status, the purpose should be to re-engage clients into care. When these activities identify someone living with HIV, eligible clients should be re-engaged to HIV services. For MAI, locations with a high probability of encountering people living with HIV may include (but are not limited to) correctional facilities, parole and probation offices, and community housing for recently-released. Services cannot be delivered anonymously.

Activities related to re-engaging (or attempting to re-engage) a previously-incarcerated client in care is considered outreach. Attempts at re-engagement include communicating with clients who are lost to care by letter, telephone, or seeking out the client at a last known address and frequent hang out. Communicating with partner agencies such as the Texas Department of Criminal Justice (TDCJ), probation, parole, medical providers, or THMP can be used in attempts to re-engage client into care.

TEXAS
Health and Human Services

Texas Department of State Health Services

New MAI Outreach Standard

Effective 4/1/2020

Unit Definition: 1 unit= 15 minutes of service

TEXAS
Health and Human Services

Texas Department of State Health Services

Incarceration MAI Outreach Standard

Incarceration:	Measure:
Identify eligible PLWH who are incarcerated and within 180 days of being released. Provide Transitional Discharge Planning to include the following: • Completion and submission of PAP and THMP applications to DSHS THMP along with completed medical certification form. • Scheduling post-release HIV medical appointment. • Scheduling post-release HIV support service appointment. • Identify additional post-release needs client may have and complete referrals as needed. Follow up within 30 days after client is released from incarceration to make sure client re-engaged into medical care and utilized referrals.	Percentage of clients with documentation that client is incarcerated and is anticipated to be released within 180 days. Percentage of clients with documented completed PAP or THMP application. Percentage of clients with verified submission of THMP application with medical certification form prior to client release from custody. Percentage of clients with documented scheduled post-release HIV medical appointment. Percentage of clients with documentation that relevant client information as provided to chosen community HIV medical provider, as authorized by client. Percentage of clients with documented scheduled post-release HIV support service appointment. Percentage of clients with documentation of referrals to meet specific needs client may have after release. Percentage of clients with documentation of post-release follow up (within 30 days) to ensure re-engagement into medical care and referral utilization.

TEXAS
Health and Human Servi
Texas Department of Sta
Health Services

Recently Released MAI Outreach Standard

Recently Released:	Measure:
Identify PLWH who are recently released from incarceration, or previously incarcerated PLWH who have become lost to care, and re-engage them into HIV services. Outreach services include: • Verify client eligibility and assist client in obtaining eligibility documents • Assisting client in enrolling in PAPs and THMP • Re-engaging client in HIV medical care. • Identify additional needs client may have post-release and assist client in obtaining referrals and services.	Percentage of client files with all required eligibility documentation. Percentage of clients enrolled in THMP. Percentage of clients re-engaged in HIV medical care. Percentage of clients with documentation of referrals and services designed to meet specific post-release needs of client. Percentage of clients lost to care with at least three (3) attempts to contact client utilizing multiple methods of contact.
• Attempts to locate and re-engage a lost to care client in HIV services. Groups: Identify groups of recently-released individuals who are considered high risk, with the purpose of re-engaging PLWH in HIV services.	Percentage of clients with follow up documentation to ensure re-engagement into medical care and referral utilization. Groups: Percentage of clients with documentation of re-engagement in HIV services after receiving outreach services. Documentation that outreach services were not delivered anonymously.

TEXAS
Health and Human Servi
Texas Department of Sta
Health Services

Additional Details

Contractor will comply with Outreach MAI Service Standards available on https://www.dshs.texas.gov/hivstd/taxonomy/.

One unit of outreach will count as fifteen (15) minutes for purposes of complying with the corresponding Performance Measures.

All activities related to connecting an incarcerated or recently released individual who is living with HIV to community case management upon release and following up that re-engagement had occurred is outreach. These activities can include (but are not limited to) providing medical and service referrals to the client, assisting with medication access, completing THMP applications, attending medical appointments with client, verifying eligibility, providing transportation and emergency financial assistance.

When outreach is provided to groups of individuals who may not know their status, the purpose should be to re-engage PLWH into care. When these activities identify someone with HIV, eligible clients should be re-engaged to HIV services. For MAI, locations with a high probability of encountering people living with HIV may include (but are not limited to) correctional facilities, parole and probation offices, and community housing for recently released. Services cannot be delivered anonymously.

TEXAS
Health and Human Services

Texas Department of State Health Services

Additional Details

Documented follow up is required for all individual outreach services. Follow up can be with client, medical clinic, or the social service client was referred to.

Activities related to re-engaging a recently-released client into care is considered outreach. Attempts at re-engagement include communicating with clients by letter, telephone, or seeking out the client at a last known address or frequent hang out. Communicating with partner agencies such as the Texas Department of Criminal Justice, probation, parole, medical providers, or THMP can be used in attempts to re-engage client into care.

Communication with client family, friends, and associates in an attempt to re-engage a client in care is considered outreach. Confirmation and documentation of client authorization is required prior to communicating with outside persons. Documentation of authorization shall be kept in client file and available to service worker prior to communication. Authorization documentation shall be provided to DSHS upon request.

For outreach providers in the community: prior to closing a client file who has become lost to care the contractor shall make three attempts to contact client utilizing multiple methods of contact. The client shall have 30 days from the initial contact to respond.

Contractor shall record all outreach units provided to individual MAI clients living with HIV in ARIES.

Contractor shall report quarterly outreach units and clients serviced on quarterly narrative report to DSHS.

Outreach may be provided to groups of recently released individuals who are considered high risk with the purpose of re-engaging PLWH in RW services. Documentation shall be confirmed that group outreach services were not delivered anonymously with a group sign in sheet. Group sign in sheets shall be provided to DSHS upon request.

TEXAS
Health and Human Services

Texas Department of State Health Services

Compliance Review Requirements after 4/1/20

- Documented evidence in client file of specific outreach services provided (referral, THMP application, etc).
- Documented evidence in client file of outreach follow up.
- Availability of sign in sheet for group outreach.
- Documentation of three attempts to reach lost to care client in community prior to closing file.
- Client file shall not be closed prior to 30 days from initial attempted contact.
- Contractor shall record all outreach units provided to individual MAI clients living with HIV in ARIES.

TEXAS
Health and Human Services

Texas Department of State Health Services

TEXAS
Health and Human Services

Texas Department of State Health Services

Outreach Questions?

Objectives

MAI Performance Standards

- Date MAI Performance Standards go into effect
- Topics that may be covered during HE/RR
- HE/RR Curriculum requirements
- Identify types of outreach activities
- Requirements for group outreach
- Requirements prior to closing client file out

TEXAS
Health and Human Services

Texas Department of State Health Services

Up Next……

Mauricia Chatman and Quality Management

TEXAS
Health and Human Services

Texas Department of State Health Services

TEXAS
Health and Human Services

Texas Department of State Health Services

Quality Management

Mauricia E. Chatman, MPH
HIV Coordinator
Department of State Health Services
Region 6/5S

Goal of Quality Management (QM) Implementation

TEXAS
Health and Human Services
Texas Department of State Health Services

To establish and maintain coordinated and comprehensive service delivery across the HIV treatment care continuum by:

1. Reducing gaps and disparities
2. Increase medical retention an viral load suppression for PLWH

The Ryan White clinical quality management (CQM) legislative mandate, guides DSHS to ensure that services are consistent with the latest Health and Human Services (HHS) HIV treatment guidelines

Health Resource Service Administration (2018). Clinical Quality Management Policy Clarification Notice (PCN) #15-02. Retrieved on January 6, 2020 from the World Wide Webhttps://hab.hrsa.gov/sites/default/files/hab/Global/CQM-PCN-15-02.pdf

Components of Quality Management

- Specific aims based in health outcomes;
- Support by identified leadership;
- Accountability for CQM activities;
- Dedicated resources; and

Use of data and measurable outcomes to determine progress and make improvements to achieve the aims cited above.

QM Data Management and Reporting

Recipient will be responsible for demonstrating the ability and capacity to meet the following Data Management requirements:

TEXAS
Health and Human Services

Texas Department of State Health Services

Data Management and Reporting

TEXAS
Health and Human Services
Texas Department of State Health Services

- Submit data on all program activities and client contacts using:
  - Systems, formats and submission deadlines specified by DSHS.
    - * DSHS may change the program reporting requirements or formats during the project period based on program evaluation or reporting needs.
      - *For example, use of the AIDS Regional Information and Evaluation System (ARIES) to enter client-level data for services provided to persons living with HIV;*
- Ensure that all data submitted to DSHS is complete and accurate.
- Ensure client privacy is maintained and data is collected confidentially.

Data Management and Reporting

- Use data collected for:
  - program planning,
  - evaluation,
  - quality assurance,
  - and monitoring consistent with confidentiality restrictions in state and federal law.

- Recipient shall use **evaluation**, **quality assurance** and **monitoring of data** to make appropriate adjustments to program activities so that the Recipient performs quality services and meets performance standards

- Monitor and report service delivery data as specified by DSHS.

Program Monitoring and Progress Reports

- Cooperate with the direct monitoring by DSHS. Monitoring will be conducted via **on-site visits** using DSHS monitoring tools and may be announced or unannounced.

- Submit required Interim and Annual Progress Reports in a format approved by DSHS and by deadlines given by DSHS.

TEXAS
Health and Human Services

Texas Department of State Health Services

Minority AIDS Initiative Quality Management

- All recipients are required to utilize Quality Management measures to *inform program implementation strategies* and *improve MAI programs*.

- Quality Assurance(QA) and Quality Improvement (QI) activities should consist of two parts:
    1. Internal Standards
    2. Client Services

TEXAS
Health and Human Services

Texas Department of State Health Services

Quality Management Expectations

TEXAS
Health and Human Services
Texas Department of State Health Services

Performance Monitoring:

- DSHS Monitoring tools
- DSHS Standards of Care
  - Current Standards(https://www.dshs.texas.gov/hivstd/taxonomy/)
  - New Standards effective 4/1/2020
- Health Resources and Services Administration (HRSA) National Monitoring Standards (https://hab.hrsa.gov/sites/default/files/hab/Global/fiscalmonitoringpartb.pdf)
- Monthly submission of THMP report, including reviewing matches and developing strategies to over come barriers that could prevent clients from enrolling in THMP.

Quality Management Expectations

TEXAS
Health and Human Services
Texas Department of State Health Services

Demonstrate evidence of actions to measure, monitor, and improve quality of care, including the utilization of (client-specific) to improve

- Access
- Availability
- Continuity
- Effectiveness
- Efficiency
- Patient satisfaction
- Timeliness of care
- Environmental safety
- Health disparities
- All other quality indicators of services

Quality Management Expectations

TEXAS
Health and Human Services
Texas Department of State Health Services

- Identify outcomes and efforts at improving identified barriers through the development and implementation of measurable goals and objectives for each specific strategy.

- Provide evidence of programmatic and management improvements. To include documentation of:
  - Revisions to program administration
  - Policies and procedures
  - Committee actions
  - Other applicable initiatives impacting quality of services

Quality Management Expectations

- Review contract objectives *quarterly* and develop strategies to improve objective outcomes in underperforming areas.

- Assess all service needs, barriers to services, service gaps, and unmet needs for HIV-related medical care within the geographical service area

- Establish multiple mechanisms for stakeholder input into provided services (i.e., focus groups, interviews, round table discussions)

Quality Management Expectations

- Collect data on the outcome of service delivery as specified by DSHS (i.e., meeting performance measures)
- Implement Corrective Action Plan in accordance with yearly DSHS compliance review findings.
- Maintain ongoing quality management to guide and continuously improve the program
- Gain the participation of physicians in quality management functions, when applicable.

TEXAS
Health and Human Services
Texas Department of State Health Services

Implementation of Quality Management

TEXAS
Health and Human Services
Texas Department of State Health Services

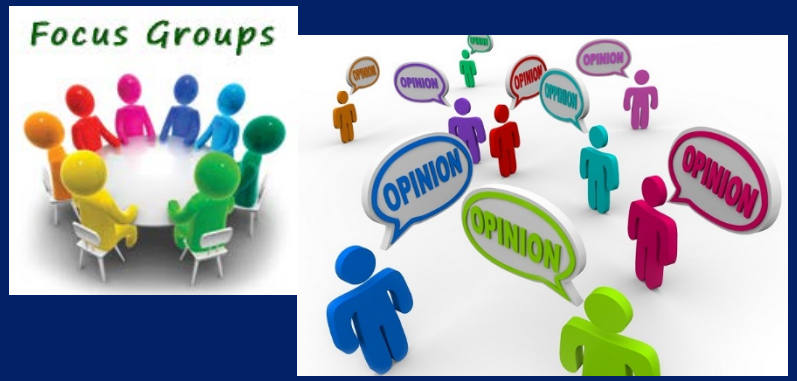
Recipients will implement client service quality improvement by:

1. Developing a yearly method of research client satisfaction and needs to determine program areas that may nee growth or improvement (Internal Standards)

2. Project should have consumer level involvement (affected population) (Client Services)

Implementation of Quality Management

Client surveys



Client Focus Groups

Client Interviews

Implementation of Quality Management

1. Research methodology and results should be reported to DSHS via the quarterly narrative report, and yearly workplan.

2. Please contact your MAI Coordinator for more information:

Pamela Nims
Minority AIDS Initiative Coordinator
Care Services Group
Department of State Health Services
Cell: 512-560-1190
Office: 512-533-3063
PO Box 149347, Mail Code 1873
Austin, TX 78714-9347
pamela.nims@dshs.texas.gov

TEXAS
Health and Human Services
Texas Department of State Health Services

HRSA Ryan White HIV/AIDS Program

CENTER FOR QUALITY IMPROVEMENT & INNOVATION

The Center for Quality Improvement and Innovation helps Ryan White HIV/AIDS Programs structure and implement **quality improvement** projects. The **Center** is here to help you use your data and implement **quality improvement** projects

https://targethiv.org/cqii

Clinical Quality Management **Quality Improvement** **HIV Continuum** **Retaining in Care**	**Adolescent &Youth** **MSM** **Transgender** **Women**

TEXAS
Health and Human Services

Texas Department of State Health Services

Thank you

Mauricia E. Chatman, MPH
HIV Coordinator (Region 6/5S)
Department of State Health Services
(Office) 713-767-3414
Mauricia.Chatman@dshs.Texas.gov