

Recipient Data:

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Response Summary:

Ryan White Subrecipient Quarterly Performance and Quality Report

Quarterly reports must be submitted electronically on or before the 20th day after the last day of each quarter.

- Part A deadlines are: June 20, September 20, December 20, and March 20.
- Part B deadlines are: July 20, October 20, January 20, and April 20

Q1. 1. Please select the agency you are responding on behalf of from the drop-down menu below.

N/A

Q2. 2. About you

First name	Sample
Last name	Report
Job title	Enter job title here
Phone number	Enter phone number here
Email	Enter email address here

Q3. 3. Which funding source and quarter are you reporting for?

- Part A/MAI Q1: March 1, 2023 – May 31, 2023

Q4. 4. What process(es) and systems (e.g., on paper, in Excel, in an electronic medical record, in CAREWare, etc.) do you use to track your progress towards your goals, outcomes, and quality improvement projects?

Describe your processes and systems here

Q5. 5. When was the last time your data was updated? We recommend tracking data monthly at the minimum.

Describe when your data was last updated

Q6. 6. Who is responsible for tracking progress?

Describe who is responsible for tracking progress

Q7. 7. How do you determine which activities, interventions, and/or quality improvement projects are working and which are not?

Describe how your organization determines which activities and projects are working and which are not

Q8. 8. How do you communicate about your performance and quality improvement projects with your staff?

Describe your communication processes with your staff

Q9. 9. How do you communicate about your performance and quality improvement projects with your leadership?

Describe your communication processes with your leadership

Q10. 10. How do you communicate about your performance and quality improvement projects with consumers/clients/patients?

Describe your communication processes with your consumers

Q10a. 10a. Have you had any staffing or program process changes since you last submitted a quarterly report?

- Yes, staffing and process changes

Q10b. 10b. Please describe your staffing and/or process changes.

If you selected "yes" for staffing and process changes, you will have the opportunity to describe those changes here

Q11. 11. Which services do you provide as a part of the above contract? Select all that apply.

- Early Intervention Services
- Housing Services
- Medical Case Management (MCM)
- Outpatient/Ambulatory Health Services

Q12. 12. How many clients received each Ryan White funded service?

- In the 1st column, write the target for the number of clients served as seen in the outcomes grid in your contract.
- In the 2nd column, write the number of clients you served from the beginning of the fiscal year (March 1 for Part A/MAI contracts, April 1 for Part B/Rebate contracts) to the end of the quarter for which you are reporting (i.e., clients served fiscal year to date).
- For Part A/MAI quarterly reports, only report on clients served by Part A/MAI-funded services.
- For Part B/Rebate quarterly reports, only report on clients served by Part B/Rebate-funded services.

	Target	Served Fiscal Year to Date
<i>Early Intervention Services</i>	15	2
<i>Food Shelf</i>	N/A	N/A
<i>Food: Home-Delivered Meals</i>	N/A	N/A
<i>Food: On-Site meals</i>	N/A	N/A
<i>Health Education/Risk Reduction</i>	N/A	N/A
<i>Home and Community-Based Health Services</i>	N/A	N/A
<i>Housing Services</i>	25	7
<i>Legal Services</i>	N/A	N/A
<i>MCM: Adult Foster Care</i>	N/A	N/A
<i>MCM: Treatment Adherence</i>	N/A	N/A
<i>Medical Case Management (MCM)</i>	35	13
<i>Medical Nutrition Therapy</i>	N/A	N/A
<i>Medical Transportation Services</i>	N/A	N/A
<i>Mental Health Services</i>	N/A	N/A
<i>Non-Medical Case Management</i>	N/A	N/A
<i>Outpatient/Ambulatory Health Services</i>	10	3
<i>Psychosocial Support</i>	N/A	N/A
<i>Substance Abuse: Outpatient Services</i>	N/A	N/A

Q12a. 12a. How are you providing clinical supervision for your Medical Case Managers?

- External consultant in a group supervision setting

Q12b. 12b. What was the date of your last consult?

05/31/2023

Q13. 13. Comments about client counts (e.g., data not available in CAREWare, delayed billing/invoicing, etc.). Leave blank if not applicable. Please indicate if the date range you are reporting on is different from the standard date range (beginning of the fiscal year to the last date of the quarter for which you are reporting).

Describe any comments about client counts here (the counts listed above are samples and not real data)

Q13a. 13a. What time period are you reporting on for EIS measures?

- a. From the beginning of the fiscal year (March 1 for Part A/MAI, April 1 for Part B/Rebate) through the end date of the quarter I am reporting on

Q13b. 13b. What are your contracted targets for Early Intervention Services? This information can be found in your contract outcomes grid.

	Target
<i>Case Finding Target</i>	20
<i>HIV Test Target</i>	150

Q13c. 13c. How many people from these populations have you served from the start of the fiscal year through either the end of the quarter you're reporting on OR the most recent date for which you have complete data?

	All Populations	Men of color who have sex with men	Black/African-born	American Indian	People experiencing homelessness	Transgender	People who inject drugs
<i>Number of HIV tests done</i>	50	10	3	11	16	2	15
<i>Number of newly diagnosed case findings</i>	6	2	0	2	0	0	1
<i>Number of out of care case findings</i>	4	1	0	2	0	0	2

Q13d. 13d. How many people who were newly diagnosed attended an HIV medical appointment within 30 days of their new diagnosis?

	Fiscal Year to Date
<i>Number of people newly diagnosed</i>	6
<i>Number of people who attended an HIV medical appointment within 30 days of their new diagnosis</i>	5

**Q13e. 13e. How many out-of-care or previously diagnosed clients have been reconnected to care?
Fiscal Year to Date**

<i>Number of out of care case findings</i>	4
<i>Number of people found out of care who attended an HIV medical appointment within 30 days of when you determined they were out of care</i>	4

Q13f. 13f. Comments about EIS performance measures. Leave blank if not applicable

Describe any comments about EIS performance measures here if applicable (the counts listed above are samples and not real data)

Q14. 14. Does your agency have a waiting list for services?

- Yes

**Q14aa. 14a. If your agency has a waiting list for any of your Ryan White services, please enter the number of clients that were on the waiting list at the end of the quarter you are reporting on for each applicable service.
Number on waiting list**

<i>Early Intervention Services</i>	N/A
<i>Food Shelf</i>	N/A
<i>Food: Home-Delivered Meals</i>	N/A
<i>Food: On-Site meals</i>	N/A
<i>Health Education/Risk Reduction</i>	N/A
<i>Home and Community-Based Health Services</i>	N/A
<i>Housing Services</i>	3
<i>Legal Services</i>	N/A
<i>MCM: Adult Foster Care</i>	N/A
<i>MCM: Treatment Adherence</i>	N/A
<i>Medical Case Management (MCM)</i>	N/A
<i>Medical Nutrition Therapy</i>	N/A
<i>Medical Transportation Services</i>	N/A
<i>Mental Health Services</i>	N/A
<i>Non-Medical Case Management</i>	N/A
<i>Outpatient/Ambulatory Health Services</i>	N/A
<i>Psychosocial Support</i>	N/A
<i>Substance Abuse: Outpatient Services</i>	N/A

For all services except Early Intervention Services, please report on the percentage of clients with an HIV viral load less than 200 copies/mL at their last HIV viral load test (i.e., virally suppressed). Report on all Ryan White clients, including all services and funding sources, regardless of which quarter you're reporting on. You do not need to break these down in any way.

Q15. 15. For which 12-month period do you have the most recent and complete data for viral suppression and/or ART? Use this 12-month period to answer the following questions. For example, if you have most recent and complete data until May 31, 2023, the 12-month period used for reporting is June 1, 2022 – May 31, 2023.

5/1/22 to 4/30/23

Q16. 16. How many of your clients are virally suppressed? For the target viral suppression rate, see your contract outcomes grid.

of clients in the last 12-months

Total number of clients served	47
Number of clients served with a viral load in MN CAREWare	45
Number of those clients virally suppressed	42

Q17. 17. Comments about any viral suppression measure(s). Leave blank if not applicable

Describe any comments about viral suppression measures here if applicable (the counts listed above are samples and not real data)

Please fill in these performance measures for Outpatient/Ambulatory Health Services (OAHS) clients specifically. Use the same 12-month period as above to answer the following questions

Q18. 18. How many of your OAHS clients are virally suppressed? For the target viral suppression rate, see your contract outcomes grid.

of clients in the last 12-months

Total OAHS clients served	12
OAHS clients with a viral load	11
Number of OAHS clients virally suppressed	10

Q18a. 18a. How many of your eligible OAHS clients, regardless of age, were prescribed antiretroviral therapy (ART) for the treatment of HIV infection?

of clients in the last 12-months

Number of OAHS clients served	12
Number of OAHS clients with an ART prescription in CAREWare	11

Q18b. 18b. Comments about OAHS performance measures. Leave blank if not applicable.

If OAHS was a selected service, you will have the opportunity to fill out this section and describe any comments about OAHS measures here, if applicable (the counts listed above are samples and not real data)

Q19. 19. Do you need any new training or technical assistance to be most successful in this contract? If so, please describe what you need below. Note that all CAREWare training requests should be submitted to the CAREWare help desk at health.cwpems@state.mn.us. Leave blank if not applicable.

Describe any training or technical assistance requests here, if applicable

Q20. 20. Did you have any new contractual issues, concerns, and/or challenges this quarter? If so, please describe them below. Leave blank if not applicable.

Describe any contractual issues or concerns here, if applicable

Q21. 21. Do you have any additional questions, comments, and/or suggestions? If so, please describe them below. Leave blank if not applicable

Describe any additional questions or comments here, if applicable

Next, we'll ask you to report on your quality improvement (QI) goals. You'll be able to enter up to four goals.

Q22. 22. How many SMART goals would you like to report on? Please enter a number in this format: 1, 2, 3, or 4.

1

N/A

1_Q23. 23. What is your N/A?

Describe your quality improvement goal here

1_Q24. 24. What is the updated measurement from your baseline (e.g., updated viral suppression rate, updated client counts, etc.)? If you're not sure what this is, look back at the outcome measure/target you chose for this goal in your QI plan.

Describe your updated measurement here

1_Q25. 25. What activities did you work on this quarter from your implementation plan? If there were other activities you worked on this quarter that were outside of your implementation plan, how did they support this goal?

Describe any activities you worked on here

1_Q26. 26. What did you learn this quarter? How will that impact or change your work on this goal moving forward?

Describe what you learned here and how you will make adjustments to your implementation plan based on what you learned

1_Q27. 27. If you tried something new or had any notable success this quarter for this goal, please share so below. Leave blank if not applicable.

Describe any notable successes or new strategies here, if applicable

1_Q28. 28. Have you met your goal?

- Yes

1_Q29. 29. What is your new SMART goal?

If you've met your quality improvement goal, you'll have the opportunity to describe your new goal here (if you select "no" for the question above, this question will not appear)

1_Q30. 30. Are you on track to achieve this goal by the end of the fiscal year?

- No

1_Q31. 31. What strategies will you use to make progress on your goal?

If you're not on track to achieve this goal, you'll have the opportunity to describe what strategies you'll use to get back on track (if you select "yes" for the question above, this question will not appear)

1_Q32. 32. Do you need any additional support from us in order to meet this goal?

- Yes

1_Q33. 33. Tell us more about what kinds of support you need from us. Some examples of areas in which we can provide support include: QI training, QI tools, literature review on best practices, data support, or anything else you might need.

If you need additional support, you'll have the opportunity to describe what support you need here (if you select "no" for the question above, this question will not appear)

1_Q34. 34. If you would like to respond to any feedback or questions we had left for you in your previous quarterly report, please do so below. Leave blank if not applicable.

Describe any additional questions you have or your response to feedback previously left on quarterly reports, if applicable

Q57. This report was completed by:

Sample Report

Q58. This report was completed and submitted on:

06/05/2023

After submitting this survey, please save a copy of your responses for your records.

Efficiency measures for funded services:

Targets: 25% of client target met by Q1, 50% of client target met by Q2, 75% of client target met by Q3, and 100% of client target met by Q4

Percentage of clients served out of the target for funded services indicated.

Early Intervention Services: 13.3%

Housing Services: 28%

Medical Case Management (MCM): 37.1%

Outpatient/Ambulatory Health Services: 30%

For Early Intervention Services

Percent of tests completed out of the target number of tests: 33.3%

Percent of case findings out of the target number of case findings: 30%

Percent of newly diagnosed clients linked to care within 30 days: 83.3%

Percent of out of care case findings linked to care within 30 days: 100%

Percent overall viral load completeness: 95.7%

Percent viral suppression rate: 93.3%

Percent OAHS viral load completeness: 91.7%

Percent OAHS viral suppression rate: 90.9%

Percent OAHS with ART prescription in CAREWare: 91.7%

Embedded Data:

%CF_CF_EIS	30%
%ClientServed_EIS	13.3%
%ClientServed_HS	28%
%ClientServed_MCM	37.1%
%ClientServed_OAHS	30%
%ND_30_EIS	83.3%
%OAHS_ART	91.7%
%OAHS_VLC	91.7%
%OAHS_VSR	90.9%
%OOC_30_EIS	100%
%Tests_Tests_EIS	33.3%
%VLC	95.7%
%VSR	93.3%
FS_EIS	Early Intervention Services:
FS_HS	Housing Services:
FS_MCM	Medical Case Management (MCM):
FS_OAHS	Outpatient/Ambulatory Health Services: