

Screen 1

HENNEPIN COUNTY  
MINNESOTA

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



Screen 2

Select the agency you are responding on behalf of.

### About you

First name

Last name

Job title

Phone number

Email

Which funding source and quarter are you reporting for?

Part A/MAI: Q1: Mar 1, 2022 - May 31, 2022

Part A/MAI: Q2: Jun 1, 2022 - Aug 31, 2022

Part A/MAI: Q3: Sept 1, 2022 - Nov 30, 2022

Part A/MAI: Q4: Dec 1, 2022 - Feb 28, 2023

Part B/Rebate: Q1: Apr 1, 2022 - Jun 30, 2022

Part B/Rebate: Q2: Jul 1, 2022 - Sep 30, 2022

Part B/Rebate: Q3: Oct 1, 2022 - Dec 31, 2022

Part B/Rebate: Q4: Jan 1, 2023 - Mar 31, 2023

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

How often do you update your data?

Who is responsible for tracking progress?

How do you figure out which activities, interventions, and/or quality improvement projects are working and which are not?

How do you communicate about your performance and quality improvement projects with **your staff**?

How do you communicate about your performance and quality improvement projects with **your leadership**?

How do you communicate about your performance and quality improvement projects with the **consumers/clients/patients**?

How do you communicate about your performance and quality improvement projects **with your peers**?

## Which services do you provide as a part of the above contract?

<input type="checkbox"/> Early Intervention Services	<input type="checkbox"/> MCM: Treatment Adherence
<input type="checkbox"/> Food Shelf	<input type="checkbox"/> Medical Case Management
<input type="checkbox"/> Food: Home-delivered Meals	<input type="checkbox"/> Medical Nutrition Therapy
<input type="checkbox"/> Food: On-Site Meals	<input type="checkbox"/> Medical Transportation Services
<input type="checkbox"/> Health Education/Risk Reduction	<input type="checkbox"/> Mental Health Services
<input type="checkbox"/> Home and Community-Based Health Services	<input type="checkbox"/> Non-medical Case Management
<input type="checkbox"/> Housing Services	<input type="checkbox"/> Outpatient/Ambulatory Health Services
<input type="checkbox"/> Legal Services	<input type="checkbox"/> Psychosocial Support
<input type="checkbox"/> MCM: Adult Foster Care	<input type="checkbox"/> Substance Abuse: Outpatient Services

How many clients received each Ryan White funded services? In the **1st column** write the target for number of clients served as seen in the outcomes grid in your contract. In the **2nd column** write the **number of clients you have served** from the beginning of the fiscal year (March 1st for Part A contracts, and April 1st for Part B/Rebate contracts) to the date at the end of the quarter for which you are reporting for (clients served fiscal year to date).

	Target	Served Fiscal Year to Date
Early Intervention Services	<input type="text"/>	<input type="text"/>
Food Shelf	<input type="text"/>	<input type="text"/>
Food: Home-delivered Meals	<input type="text"/>	<input type="text"/>
Food: On-Site Meals	<input type="text"/>	<input type="text"/>
Health Education/Risk Reduction	<input type="text"/>	<input type="text"/>
Home and Community-Based Health Services	<input type="text"/>	<input type="text"/>
Housing Services	<input type="text"/>	<input type="text"/>
Legal Services	<input type="text"/>	<input type="text"/>
MCM: Adult Foster Care	<input type="text"/>	<input type="text"/>
MCM: Treatment Adherence	<input type="text"/>	<input type="text"/>
Medical Case Management	<input type="text"/>	<input type="text"/>
Medical Nutrition Therapy	<input type="text"/>	<input type="text"/>
Medical Transportation Services	<input type="text"/>	<input type="text"/>
Mental Health Services	<input type="text"/>	<input type="text"/>
Non-medical Case Management	<input type="text"/>	<input type="text"/>
Outpatient/Ambulatory Health Services	<input type="text"/>	<input type="text"/>
Psychosocial Support	<input type="text"/>	<input type="text"/>
Substance Abuse: Outpatient Services	<input type="text"/>	<input type="text"/>

Comments about client counts. (example: data not available in CAREWare, delayed billing/invoice). Leave blank if not applicable.

**Please indicate if the date range differs from the date range of beginning of the fiscal year to the last date of the quarter for which you are reporting.**

**Screen 6: EIS only**

What time period are you reporting on for EIS measures? Is it the fiscal year to date?

From beginning of fiscal year (Part A: 3/1/22, Part B: 4/1/22) through end date of the quarter I am reporting on

Other

**Early Intervention Services (EIS) Performance Measures.** What are your contracted targets for early intervention services (it can be found in your contract's outcome grid)?

Case Finding Target

HIV Test Target

How many people of these populations have you served fiscal year to date (from the beginning of the fiscal year, March 1st for Part A/April 1st for Part B/Rebate, through the end of the quarter or through the most recent date for which you have data)?

	All Populations	Men of color who have sex with men	Black/African-born	American Indian	People experiencing homelessness	Transgender	People who inject drugs
Number of HIV tests done	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of newly diagnosed case findings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of out of care case findings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

	Fiscal Year to Date
Number of people newly diagnosed	<input type="text"/>
Number of people who attended an HIV medical appointment within 30 days of their new diagnosis	<input type="text"/>

How many out of care or previously diagnosed clients have been reconnected to care?

	Fiscal Year to Date
Number of out of care case findings	<input type="text"/>
Number of people found out of care who were reconnected to care	<input type="text"/>

Comments about EIS performance measures. Leave blank if not applicable.

**Screen 7:**

Does your agency have a waiting listing for services?

Yes

No

**Screen 8, if yes on screen 7**

Which services currently have a waiting list? Select all that apply.

Early Intervention Services

Food Shelf

Food: Home-delivered Meals

Food: On-Site Meals

Health Education/Risk Reduction

Home and Community-Based Health Services

Housing Services

Legal Services

MCM: Adult Foster Care

MCM: Treatment Adherence

Medical Case Management

Medical Nutrition Therapy

Medical Transportation Services

Mental Health Services

Non-medical Case Management

Outpatient/Ambulatory Health Services

Psychosocial Support

Substance Abuse: Outpatient Services

**Screen 9, if any services are ticked in screen 8**

How many people are currently waitlisted for each service?

Early Intervention Services	<input type="text" value="1"/>	Medical Transportation Services	<input type="text"/>
Food Shelf	<input type="text"/>	Mental Health Services	<input type="text"/>
Food: Home-delivered Meals	<input type="text"/>	Non-medical Case Management	<input type="text"/>
Food: On-Site Meals	<input type="text"/>	Outpatient/Ambulatory Health Services	<input type="text"/>
Health Education/Risk Reduction	<input type="text"/>	Psychosocial Support	<input type="text"/>
Home and Community-Based Health Services	<input type="text"/>	Substance Abuse: Outpatient Services	<input type="text"/>
Housing Services	<input type="text"/>		
Legal Services	<input type="text"/>		
MCM: Adult Foster Care	<input type="text"/>		
MCM: Treatment Adherence	<input type="text"/>		
Medical Case Management	<input type="text"/>		
Medical Nutrition Therapy	<input type="text"/>		
Medical Transportation Services	<input type="text"/>		



Screen 10

Which most recent 12-month period do you have the most complete data for ART and/or viral suppression? Use this 12-month period for answering the following questions.

**Viral suppression.** For all services except EIS please report on percent of clients with a HIV viral load less than 200 copies/mL at their last HIV viral load test. Please complete with values for all of your Ryan White clients, include all services and all funding sources. You do not need to break these down in any way.

All Ryan White Services, all clients. Target: 90%

# of clients in the last 12-months

Number of clients served with a viral load in MN CAREWare

Number of those clients virally suppressed

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

Screen 11: OAHS Providers

**Outpatient/ambulatory health services (OAHS) Performance**

**Measures.** Outpatient/ambulatory health services (OAHS) viral suppression = viral load less than 200 copies/mL at their last HIV viral load test during the past twelve months. Target: 94%. Viral load completeness= Percentage of OAHS clients missing a viral load in CAREWare in the past twelve months. Target: >95%

	# of clients in the last 12-months
Total OAHS clients served	<input type="text"/>
OAHS clients with a viral load	<input type="text"/>
Number of OAHS clients virally suppressed	<input type="text"/>

OAHS | Antiretroviral therapy. Indicator: "Percentage of Eligible Persons regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the past twelve months." Target: 98%

	# of clients in the last 12-months
Number of OAHS clients served	<input type="text"/>
Number of OAHS clients with an ART Prescription in CAREWare	<input type="text"/>

Comments about OAHS performance measures. Leave blank if not applicable.

**Screen 12:**

What, new from last quarterly report, if any, technical assistance or training do you need to feel you can be most successful in this contract?

What, new from last quarterly report, if any, contractual issues, concerns, and/or challenges occurred during this quarter?

Any additional questions, comments, and/or suggestions?

**Screen 13**

Next, we'll ask you to describe your Quality Improvement goals. You'll be able to enter up to four goals.

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

Screen 14

What's your 1 SMART (specific, measurable, attainable, relevant, and time bound) quality improvement goal?

What was your baseline or starting point before you began this project?

What progress did you make towards your goal in this quarter?

What did you learn this quarter?

What new thing did you try this quarter to help you achieve your goal?

Have you met your goal?

Yes

No

**Screen 15, if you haven't met your goal**

Are you on track to achieve this new SMART goal by the end of the fiscal year?

Yes

No

**Screen 15 if you have met your goal**

What is your new SMART goal?

Are you on track to achieve this new SMART goal by the end of the fiscal year?

Yes

No

**Screen 16 if you aren't on track to meet your goal**

What new thing will you try next quarter to help achieve your goal?

Do you need any additional support from us in order to meet your Q1 goals?

Yes

No

Screen 17 If you need additional support for your QI Goals

If so, what kinds of support or services do you need?

QI Training

QI Tools

Literature Review on Best Practices

Other