



HIV Community Services Program FY 2015-2016
Quarterly Progress Report Form

Agency:

Submitted by:

Date submitted:

- Quarter: 1 July 1-Sept 30, 2015 (Due: Oct 31, 2015)
 2 Oct 1-Dec 31, 2015 (Due: Jan 31, 2016)
 3 Jan 1-Mar 31, 2016 (Due: Apr 30, 2016)
 4 Apr 1-June 30, 2016 (Due: July 31, 2016)

SECTION I: DATA

1. Food Bank

a.	Number of clients referred to the local food bank (documented in CW referral tab)	
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2. Health Outcomes

a.	Number of clients who have not had an HIV lab report (CD4 or Viral load) recorded in CAREWare (CW) for more than 6 months	
b.	Number of clients that are not virally suppressed (HIV viral load in CW was more than 200 copies/mL at last HIV viral load lab test within the last 12 mo.)	

3. Non-client specific units of service (1 unit = 15 minutes)

NOTE: Do not report client specific units of service already entered into CAREWare.

a.	Number of case management units conducting HIV case management related work not linked to a specific client(s) (such as trainings or administrative time):	
b.	Number of HIV case management program related supervision units:	

3 c. Attach a "Non-Client Specific Units of Service" summary form detailing the specific activities for the units of service reported in 3a. and 3b. The attached form must include the month, date, number of units, activities and staff person separately for case management and supervision. A template excel form is available upon request.

4. REGIONAL AGENCIES ONLY:

Is your agency information (contact and services) up to date with 211? Yes No

SECTION II: NARRATIVE (Due each Quarter)

1. Of those clients listed in 2 a. above who did not have an HIV lab test (CD4 or VL test) for more than 6 months, describe efforts made to identify which of these clients have not been attending medical appointments, and what referral challenges and successes you've encountered connecting these clients to medical providers and/or to obtain their labs this quarter.
2. Of those clients who are prescribed ART but are not virally suppressed, describe efforts made to assist these clients in achieving medication adherence this quarter. Include any challenges and successes.
3. What outreach efforts have taken place to ensure people with HIV living in your community are aware of the services available through your agency this quarter?
4. Describe the Quality Assurance/Quality Improvement activities (including ongoing CAREWare data clean-up efforts and chart review outcomes) that have been completed, are currently being monitored, and/or that are in progress during this quarter:
5. Did you receive or identify a need for technical assistance or training this quarter?

Section III: NARRATIVE FOR THE CONTRACT YEAR
Due with the 4th Quarterly Progress Report Form Only

1. What successes and barriers have you encountered in partnering with/referring to benefits counselors (such as with the WIN Network through Centers for Independent Living) or employment services providers (such as Vocational Rehabilitation, WorkSource or Supported Employment) this contract year?
2. What successes and barriers have you had working with clients and partnering and coordinating with your local food banks this contract year?
3. Describe activities undertaken with your local Coordinated Care Organizations (CCOs) for the purposes of referral and linkage, coordinating client care, addressing barriers to HIV care and treatment this contract year.
4. Describe any efforts made by the agency or case manager(s) to increase trauma awareness or deliver services that are trauma informed this contract year.
5. This contract year, what overall program and/or service delivery improvements are in progress or have been accomplished this year? Include technical assistance and Quality Assurance/Quality Improvement activities that resulted in process and/or systemic changes that have contributed to these improvements.