

Greater Hampton Roads HIV Health Services Planning Council

Quality Improvement & Strategic Planning Committee Meeting

Norfolk Department of Human Services, 741 Monticello Avenue

Thursday, January 19, 2017: 4:00 p.m.

Call to Order: The meeting was called to order at 4:10 p.m.

Moment of Silent Reflection: A moment of silent reflection was observed for those affected and infected by HIV and AIDS.

Welcome/Introductions/Roll Call: Attendance was called as follows:

Present:

Robert Bailey
Doris McNeill
Jerome Cuffee
Tony Boston
Rev. Ted Lewis

Ashley Veal
Rachael Artise
Kanedra Nwajei
Pierre Diaz
Drake Pearson

Members Excused:

Catherine Derber
Todd England

Gwendolyn Ellis-Wilson
Tanya Kearney

Members Absent:

None

Staff:

Jacquelyne Wiggins-Grantee Staff
Thomas Schucker-P.C. Support
Teresa-P.C. Support Staff

Visitors:

Valda Branch-SEVHS
Jermel Ford-SEVHS

The chair welcomed Ms. Branch and Ms. Ford and thanked them for coming to attend the meeting. Ms. Branch and Ms. Ford, both from Southeastern Virginia Health Systems (SEVHS) were attending the meeting as Oral Health Services Providers. The committee was meeting to, among other things, review the Oral Health Services Standard.

In order to get broad input for the Standards, the committee chair invited the Planning Council members to the meeting for review of the following two Care Standards::

- Oral Health Care Service Standard,
- Early Intervention Services (EIS) Standard

Copies of the two Care Standards were emailed to Planning Council members for review prior to the meeting and she thanked the Council members who were in attendance at the meeting.

Review of Minutes:

The committee reviewed minutes from the last meeting. A motion was moved by Robert and properly seconded by Drake to approve the minutes as written. The motion passed.

Old Business:

Refine Standards of Care:

Oral Health Care Service Standard: The Support Staff re-formatted the Care Standards to make it easier for the Planning Council and Service Providers to read and follow. The new format will also make it easier to understand the expected HRSA-HAB outcomes and monitoring standards.

The committee reviewed the following:

- Service Category Definition
- Client Intake and Eligibility:
 - In 2015/2016 it was advised that client intake and eligibility should be included in all the Care Standards.
- Personnel Qualifications
- Care and Quality Improvement Outcome Goals
- Service Standards, Measures, and Goals:
 - These Service Standards are the basic HRSA-HAB Measures.
- Clients Rights and Responsibilities:
 - This is standard from the Universal Care Standards
- Client Records, Privacy, and Confidentiality
- Cultural and Linguistic Competency
- Client Grievance Process
- Case Closure Protocol
 - This is a new addition which HRSA is suggesting but not requiring yet.

The committee noted that this was the TGA's baseline year and the Council will ensure that we are hitting every HRSA-HAB measure, and that the Grantee's Office is going out monitoring the Standards so that the TGA has an outcome. It will be, at least, a year or two before the TGA gets good hard data.

After extensive discussion, which also included the Conflict of Interest issues, a motion was presented by Robert and properly seconded by Drake to approve the revised Oral Health Service Standards. The motion passed. The Standard will be emailed to Planning Council members for review prior to the meeting and will be presented at the Council meeting for final approval.

Early Intervention Services (EIS) Service Standard: The committee noted that the EIS service standard under review is similar to what is already in place. During the review, the committee made slight corrections to the Care Standard which included the review of the following:

- Service Category Definition.

The four components the Ryan White HIV/AIDS Program (RWHAP) Part A EIS Services must include are:

- Targeted HIV testing to help the unaware learn their HIV status and receive referrals to HIV care and treatment services.
- Referral services to improve HIV care and treatment services at key points of entry
- Access and linkage to HIV care and treatment services
- Outreach services and Health Education/Risk Reduction related to HIV diagnosis

Services to be targeted to the following populations:

- Newly Diagnosed

- New to Care
- Out of Care
- Unaware of HIV Status.
- EIS programs must have signed linkage agreements to work with key points of entry.
- EIS programs must coordinate with prevention services, counseling and testing centers as well as other RW subrecipients.

With regard to how long a client can be kept in EIS, the committee agreed that EIS clients who are active and meet EIS goals should be transitioned to Medical Case Management or Non-Medical Case Management within six months of initial services

The committee also reviewed:

- Client Intake and Eligibility, including
- Personnel Qualifications

Care and Quality Improvement Outcome Goals:

- Service Standards, Measures, and Goals.
- Client Rights and Responsibilities were also discussed
- Clients Records, Privacy, and Confidentiality
- Cultural and Linguistic Competency
- Client Grievance Process and
- Case Closure Protocol were all reviewed and discussed.

After extensive discussion and review, a motion to approve the EIS Care Standards as corrected was presented by Robert and properly seconded by Jerome. The motion passed.

Revisions to the EIS Care Standard will be made by Support Staff and will be emailed to Planning Council members for review prior to the meeting. The Standard will be presented at the Council meeting for final approval.

At the next meeting, scheduled for Thursday, February 16th, the committee will review the following Standards:

- Medical Case Management
- Non-Medical Case Management
- Emergency Financial Assistance (EFA)

Any Other Business:

The committee had a brief discussion regarding the Affordable Care Act and how, if it was repealed, will affect clients in the region.

Date of Next Meeting/Adjournment: The next committee meeting will be on Thursday, February 16th at 4:00 p.m. With no further business, a motion was moved by Robert and was properly seconded by Rachael to adjourn the meeting. The motion passed.

Respectfully submitted:

Doris McNeill-Committee Chair