

# **Greater Hampton Roads HIV Health Services Planning Council**

## **Quality Improvement & Strategic Planning Committee Meeting**

Norfolk Department of Human Services, 741 Monticello Avenue

**Thursday, April 18, 2019: 4:00 p.m.**

**Call to Order and Roll Call:** The meeting was called to order at 4:07 p.m. The following members were in attendance:

**Present:**

Gwendolyn Ellis-Wilson	Doris McNeill
Todd England	Jerome Cuffee
Ashley Brown	Tanya Kearney
Rachael Artise	Tony Boston

**P.C. Members Present:**

Deryk M. Jackson  
Lisa P. Laurier

**Absent:**

Michael Singleton  
Catherine Derber

**Staff:**

Thomas Schucker-P.C. Support  
Teresa – PC Support Staff

**Welcome/Introduction of Guests:**

The following guests were welcomed to the meeting and asked to introduce themselves:

Jarrell Hargraves  
André Christian-Brown

**Moment of Silent Reflection:** The committee observed a moment of silence and reflection for those affected and infected by HIV and AIDS.

**Confirmation Notice of Meeting Posting:**

There was no confirmed number of Notice of Meeting Postings received.

**Public Comment and Discussion:**

The Chair discussed the process for public comment/s and discussion. André's efforts to raise a question for the commit's review was not encouraged because it was not on the agenda, and therefore, could not be discussed.

**Review of Minutes of Previous Meeting:**

The committee reviewed the minutes from the last meeting.

- Motion: Rachael Artise
- Second: Jerome Cuffee

The minutes were approved as written.

**Review of the Planning Council Timeline:**

The committee's agenda for the meeting was as follows:

- Review Implementation, Objectives, and goals of the Norfolk TGA Integrated HIV Prevention and Care Plan.
- CQM-Review/Provide Input for the Recipients Quality Improvement Plan
- Review/Update Service Category Definitions

- Coordinate Data Provision on Outcomes to PAP Committee for PSRA Process
- Compile Unresolved Issues in Parking Lot.

*Review Implementation, Objectives, and goals of Norfolk TGA Integrated HIV Prevention and Care Plan:* The Norfolk TGA does not have an Integrated HIV Prevention and Care Plan. The TGA aligns with VDH on the Integrated HIV Prevention and Care Plan.

*CQM-Review/Provide Input for the Recipients Quality Improvement Plan:* The CQM Committee met on March 26<sup>th</sup> and finalized the FY 2016 Clinical Quality Management Plan. The TGA's Quality Improvement Project is still; viral load suppression, and sub-recipients are currently submitting their individual agencies' Quality Improvement Plans and Plan-Do-Study-Act. The committee is planning to look at the Medical Case Management Care Plan as an improvement project. However, data should be collected first. The Recipient's Office is planning to conduct the:

- Outpatient Ambulatory Health Services
- Medical Case Management, and
- Oral Health/Dental Services

Site Visits this summer and Fall. They are currently revising the Site Visit tool. The Consumer Satisfaction Survey has been completed and the results will be presented shortly.

*Review/Update Service Category Definitions:*

- *Early Intervention Services (EIS) Standard:*

The committee was requested to review the Early Intervention Services (EIS) Standard because, in the Service Category Definition, it has out of care, and does not have a care marker up to twelve (12) months or more. The chair recommended to change the care marker to six (6) months. At six months, it is easier to find and re-engage them.

According to HRSA/HAB, a care marker is a viral load or CD4 Count and/or a medical visit.

The chair expressed concern for people who are on the edge of going into the out-of-care definition or status and are not caught, or have people assigned to them, until they are closer to the twelve-month mark. It is a lot harder to find someone after twelve (12) months than at three-six months.

According to the interpretation:

- “Out-of-Care client, that was previously in care, but does not have a care marker “up to” twelve months or more...”

There was concern that each EIS provider is doing things differently, which was a frustration to the Recipient Staff. It would be easier if there was a standard of doing the same thing. It was, therefore, agreed that this should be a discussion on the Recipient's side with Providers.

The Recipient's Office also requested the committee to discuss whether the TGA should specifically define EIS as only being EIIHA populations. The committee did not think this was a good suggestion. EIS is funded under MAI and EIS Regular. MAI takes care of the EIIHA population. EIS Regular does not. The recommendation, therefore, was not to narrow EIS specifically to EIIHA populations. EIS under MAI should only look specifically at underserved minority populations. Regular should be for all the other populations.

The committee looked at

- Standard (8):
  - EIS clients are linked to medical care.
- Measure:
  - Documentation that the client had, at least, one medical visit, viral load, or CD4 test within 60 days of first EIS visit/service.
- Goal:
  - 80%

The committee wanted to know why a client cannot have a medical visit, viral load or CD4 test done in less than 60 days. Before revisions are recommended to the Standard, it was agreed that the committee should get quality assurance measures from the Recipient's Office suggesting that the TGA is, at least meeting the 80% goal as stipulated.

Equally, the committee, including the sub-recipients, should be getting outcomes from every single service category, every single year. The committee agreed to submit a formal request to the Recipient's Office, asking for quality assurance measures on all the RW Part A's Service Standards. In preparation for the upcoming PSRA Session, the committee will ask for EIS data related to:

- Standard No. 8:
  - EIS clients are linked to medical care
- Measure:
  - Documentation that the client had, at least, one medical visit, viral load, or CD\$ test within 60 days of first EIS visit/service.
- Goal:
  - 80%

The data will be required for review at the June meeting.

In preparation for meetings, the committee will request, from the Recipient's Office, data on any Service Standard on the agenda, ahead of the upcoming meeting for review. Please note that the committee will meet every other month. This will give sufficient time to the Grantee Staff to provide the required service standard data.

Support Staff gave HRSA's definition of a Medical Visit as:

- A doctor's visit/lab visit
- A viral load
- CD4 Count

Coordinate Data Provision on Outcomes to PAP Committee for PSRA Process: At the Priorities, Allocations and Policies Committee meeting, the committee discussed the data sets the Planning Council will utilize for the Priority Setting and Resource Allocations Process in July. The Council will look at:

- 2016, 2017 and 2018 Service Utilization Data
- 2016 Non-Virally Suppressed Needs Assessment
- 2016/2017 Triannual Needs Assessment. The data sets will include:
  - Services most used
  - Services needed or that were hard to get

With regard to the 2016 Non-Virally Suppressed Needs Assessment survey, fifty-six (56) responded, and the number one ranked service as the most important was:

- Outpatient Ambulatory Health Services.

With regard to the 2016/2017 Triannual Needs Assessment:

- *The Service most used was:*
  - Medical Case Management
- *The Service needed or hard to get was:*
  - Outpatient Substance Abuse Services

The Council will also utilize the:

- 2019 Red Ribbon Exercise.

The Red Ribbon Exercise activity will be conducted at a Consumer Forum. Participants will be asked to indicate the most important service consumers utilize to stay in care. As has been the case before, the Planning Council, service providers, consumers and the general public will be asked to indicate the most important service utilized during the Red Ribbon Exercise.

The committee reviewed and discussed the previous year's Resource Allocations which included service utilization data for the number of unduplicated clients for 2015, 2016 and 2017. Support Staff discussed the data under MAI Newly Diagnosed 2017. And also discussed data under EIS Regular; that is out of the Regular Part A funding.

At the Priorities, Allocations and Policies Committee meeting, it was reported that currently, the TGA has expended 95% of the funds. It was stated that there might be some issues with the Outpatient Ambulatory Health Services if the TGA continues to cut the funding. At the request of the Priorities, Allocations and Policies Committee, Support Staff will reach out to the service providers in general to come and present, at the next Priorities, Allocations and Policies Committee meeting, June 20<sup>th</sup>, their observations on trends they see in service, impact of shortcomings in funding, that is reducing the amounts of funding available to certain service categories.

**Planning Council Support with Collaboration from Grantee's Office:**

Planning Council Co-Chairs will roll off every other year. The Norfolk TGA Part A Planning Council elections will be conducted in May for Planning Council Co-Chair. In accordance with the Bylaws, someone has to have served as Co-Chair of a committee for, at least, one year to be eligible for Planning Council Co-Chair. Support Staff will send out a reminder to Council members of individuals who are eligible to be Co-Chair of the Planning Council. Both nominations and elections will be conducted at the May meeting. Below are names of eligible individuals:

1. Gwendolyn Ellis-Wilson
2. Gregg Fordham
3. Todd England
4. Doris McNeill
5. Beverly Franklin
6. Lisa Laurier
7. Michael Singleton

**Announcements by Members:**

Minority AIDS Support Services is in the final week of running a testing event for the month of April. People come in to get tested and get entered into a drawing for two/three day passes for the *Something in the Water Musical Festival* at the Ocean Front.

**Public Comment and Discussion:**

Mr. André Christian introduced himself. He asked for clarity about Public Comment and Discussion and how to get on the agenda. Some suggestions of how this should be done included:

- Guests be allowed to add issues to “The Parking Lot” for discussion at the meeting.
- Gwendolyn also recommended that individuals attend Community Access Committee meetings and bring some of their issues to the committee for discussion.
- The information about how to get on the agenda should be posted on the Norfolk TGA website, under the FAQ.
- Support Staff noted that members of the public should contact the Support Staff, at least, a day or two before the meeting to ask for their issue to be relayed to the committee co-chair and possibly be included on the agenda.

**Any Other Business:**

There was no other business to discuss.

**Date of Next Meeting;**

The next meeting will be Thursday, June 20<sup>th</sup>, at 4:00 p.m.

**Adjournment:**

Meeting adjourned:

- Motion: Rachael Artise
- Second: Gwendolyn Ellis-Wilson

Respectfully submitted:

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Doris McNeill - Co-Chair

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Michael Singleton - Co-Chair