

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

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

Norfolk Department of Human Services, 741 Monticello Avenue

**Thursday, May 19, 2016– 4:00 p.m.**

**Call to Order:** The meeting was called to order at 4:04 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:** The following committee members were in attendance:

**Present:**

Gwendolyn Ellis-Wilson  
Todd England  
Katrina Fontenla  
Nysheena Daniels

Doris McNeill  
Jerome Cuffee  
Devilna George  
Tanya Kearney

**Members Excused:**

Catherine Derber  
Rachael Artise  
Gloria Anderson

**Members Absent:**

Andre Christian

**Staff:**

Marsha Butler-Grantee Staff  
Thomas Schucker-P.C. Support

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

**Review of Minutes:**

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

**Introductions/Welcome:** The following introduced themselves:

- Ms. Nysheena Daniels, a new committee member. Ms. Nysheena Daniels is the ADAP Coordinator for the City of Norfolk.
- Mr. Thomas A Kinsey-Virginia Department of Health. Mr. Kinsey is the Eastern Epidemiologist for HIV for this region. Katrina invited Mr. Kinsey because he has ties with some providers such as the VA. Katrina stated that she invited Mr. Kinsey because the Planning Council has, in meetings, talked about some sites where it is hard to get information, such as the VA or Portsmouth Naval. Mr. Kinsey has some of that information or can give the Council a contact person to get data from.
- Ashley Veal-Minority AIDS Support Services, Inc.

**Review the P-CAT:** The committee reviewed the Planning Council Activity Timeline (P-CAT). The committee is on track based on activities outlined on the P-CAT.

The committee's agenda for the meeting included the following items:

- Review Implementation of Health Care Reform/National HIV/AIDS Strategy impact to RW
- Update Service Category Definitions
- Review the Comprehensive Plan
- Refine Standards of Care
- Review National HIV/AIDS ('NHAS') and Norfolk TGA Performance
- Coordinate Data Provision on Outcomes to PAP Committee for PSRA Process
- Determine Focus of Standard of Care/Performance Measure Site Visits
- Compile Unresolved Issues in Parking Lot

### **Old Business:**

- *RFP Development for Needs Assessment:*  
The committee agreed, at the last meeting, to have a finalized Scope of Work (SOW) for the Needs Assessment RFP to the grantee for procurement by June 2016.

At the May meeting, the committee submitted the following data request to Part B:

- Clients who have been linked to care and have no evidence of a 2<sup>nd</sup> care marker +90 days from linkage. The time period to be used is March 1, 2015 to February 29, 2016.

In response, Katrina gave the following report:

- There were 230 out of 280 persons newly diagnosed, in the Norfolk TGA, in 2015 who were linked to care in 90 days. That is 82%. Of the 230 persons who were linked to care in 90 days in the Norfolk TGA, 178, which is 77%, had a care marker within the 90 days following their first linkage to care marker.

The committee asked Katrina if the data can be mapped.

The committee's chair distributed a rough draft of the Scope of Work for Needs Assessment RFP and asked the committee to discuss the draft after going through the samples they were given from San Antonio, Cleveland, and Dallas. The committee wanted to target a high risk population for the RFP-African-American, males and females, and Hispanics. The question was: individuals were linked to care, why did they fall out of care?

A data request was also submitted to the Part A Grantee's Office. In response, the Support Staff gave the following report, which was received from the Grantee Staff: Out of 659 Outpatient Ambulatory Medical Care clients for FY 2015, 334 were linked to care and have no evidence of a second care marker in 90 days.

In writing the Scope of Work, the committee should develop a theme. And it was agreed that the theme should be to find individuals who do not have a second care marker in 90 days following their first linkage to care marker; who are enrolled in Outpatient Ambulatory Medical Care. The committee will, therefore, look at the Scope of Work, an outline of what the Contractor will complete when doing the Needs Assessment. With regard to the timeline; the administration of the survey instrument should be completed by this grant year; that is, by February 28, 2017. The committee, therefore, recommended to breakdown the project into four phases, as follows:

**Phase 1:**

- Planning:
  - Create a tool
  - Committee review,
  - Pilot the tool,
  - Identify qualitative and quantitative methodologies for administering.
  - Identify the target population – The target population will be individuals who have been linked but have no evidence of a second care marker within 90 days of linkage.
  - Create an Epi profile of the target population

**Phase II:**

- Implementing and Administering:
  - The committee discussed, extensively, the various survey expectations of the target population. The committee felt that it should be more than 10% surveyed and the committee agreed to peg the expectation at 15% surveys of the target population; which would be about fifty people. It was felt that this will be a realistic and more statistically significant number.
  - Weekly progress reports. The reports will be given to the committee chair, and the Grantee. The report will include administration of the tool as well as the focus groups, a draft report and presentation at the end of the administration to the committee, and the final report for presentation to the committee and the Planning Council.

**Phase III:**

- Final Report.

The committee reviewed the San Antonio sample; starting from Scope of Work, for guidance. The timeline along with staff responsibilities will be submitted by the contractor. From the San Antonio sample, assignments were given to committee members for completion before the next committee meeting. The assignments were given as follows:

- Devilna: Scope of Work
- Todd: Needs Assessment
- Gwen: Draft Report
- Katrina: Final Report and Deliverables
- Doris: Progress Reports and Progress Contact
- Doris: Other Required Contact
- Jerome: Description and Capability
- Jerome: Experience with HIV Infected and Affected Populations
- Grantee: Timeline, Work Plan and Itemized Budget

On completion of the assignments, members were requested to email the work to Support Staff by June 3<sup>rd</sup>. The committee agreed that it was important to have a finalized Scope of Work for the Needs Assessment RFP to the Grantee for procurement by July 1, 2016.

## **New Business**

Due to time constraints, and lengthy discussion of the RFP for the Needs Assessment, some agenda items were tabled and will be brought up for discussion at the next meeting. The committee will, next focus on the following:

- Determine Specific Plan-Do-Study-Act ('PDSA') Initiatives and review results. The Grantee Staff on the committee will take the lead on this project.
- Update Service Category Definitions. There are some service definitions that the committee will need to update to HRSA standards starting in October
- Refine Service Standards. Due to the PSRA Session in July, the committee will start work on the Standards of Care in August.
- Review of the Comprehensive Plan: Since the TGA is involved in the Statewide Plan, the committee will review the Plan once it is completed and either adapt or amend the Plan.

## **Any Other Business:**

There was no other business to discuss.

**Date of Next Meeting/Adjournment:** The next meeting will be on Thursday, June 16<sup>th</sup>, at 4:00 p.m. With no further business, a motion was moved by Katrina and properly seconded by Jerome to adjourn the meeting. The motion passed.

Respectfully submitted:

Doris McNeill-Committee Chair