GREATER HAMPTON ROADS HIV HEALTH SERVICES PLANNING COUNCIL Quality Improvement & Strategic Planning Committee Minutes Tuesday, May 18, 2021: 4:00 p.m.

Call to Order:

The virtual QISP Committee meeting via zoom was called to order at 4:04 p.m.

Moment of Silent Reflection:

A moment of silent reflection was observed for those infected and affected by HIV/AIDS.

Roll Call

Present:Recipient/PC Support Staff:Jerome CuffeeMarsha Butler – Recipient StaffRhonda RussellJacquelyne Wiggins-Recipient StaffAshley D.D. BrownThomas Schucker-PC Support StaffTanya KearneyDeryk M. Jackson-PC Support StaffSyreeta DawkinsTeresa Malilwe-PC Support StaffDoris McNeill

Guests:

Absent:

Gwendolyn Ellis-Wilson

Christine Donavan – VDH Kimberly Scott – VDH Jonathan Albright Williams – VDH Safere Diawara – VDH Camelia Aspinall – VDH

Confirmation of Notice of Meeting:

There was no response to the notice of meeting posted. However, the notice of meeting was posted on the Norfolk TGA Website: <u>www.ghrplanningcouncil.org</u>.

Review of Minutes from last meeting:

The minutes were reviewed. A motion was moved by Dr. Kearney and properly seconded by Dr. Russell to accept the minutes from the April 20th meeting as written. The motion passed.

Review the Planning Council Activity Timeline (P-CAT):

The committee was on track with the P-CAT for the month of April 2021. For the month of May, the committee will:

- Review P-CAT for progress
- Review Implementation of the Norfolk TGA Integrated HIV Prevention and Care Plan
- Review TGA Quality Assurance Outcomes
- Review and Provide Input for the Recipient's Quality Improvement Plan
- Define Needs Assessment
- Coordinate Data Provisions and Outcomes to the Priorities, Allocations and Policies (PAP) Committee for the PSRA Process.

Parking Lot Items:

Norfolk TGA Triennial Needs Assessment:

The committee was still in the early stages of planning for the Triennial Needs Assessment and reviewing the previous RFP. The committee also discussed funding for the Triennial Needs Assessment. Because of the reduction in the grant award for the fiscal year, Part A will not have sufficient money to fund the Triennial Needs Assessment. Dr. Kearney provided some feedback on the RFP.

For part of this meeting, VDH was supposed to bring back some surveys that have been done over the last couple of years. In order to assist with the Part A Norfolk TGA Needs Assessment process, the committee was going to see if there are some sub-recipients that have done a needs assessment who could share the information. The committee was also going to look at the whole Needs Assessment process for those Ryan White Providers and the non-Ryan White Providers.

VDH did send some surveys which were included in the packet. The committee reviewed and discussed the surveys including the Statewide survey for COVID-19 Needs Assessment.

Ms. Kimberly Scott from VDH gave a brief overview of the surveys which was a quick outreach to the providers network as well as VDH consumers. The surveys were administered to find out what their needs were, what their challenges were, their fears and what services that they had related to the COVID-19 once the pandemic began. The data will show the number of respondents from the surveys that were sent out throughout the State of Virginia.

Ms. Scott responded to questions from the committee members including questions about:

• 67% respondents indicated that seeing their doctor/attending appointments had changed. How did this change?

Ms. Scott noted that the majority of clients, including some of the 67% who responded, began to see their physicians and their clinicians through telehealth. A small percentage of clients opted not to use telehealth and ended up seeing their physicians/clinicians only once that year before the pandemic.

With regard to telehealth and for those patients who did not have access to the technology to do that, many of the physicians, once they learned about this problem, were willing to do it over the phone so that the client could remain engaged in care. Medicaid eventually allowed that to be considered as a service.

• What time period was this done?

Ms. Scott noted that the survey was done in April of 2020.

Ms. Scott noted that VDH received Five Hundred and Nine Thousand Dollars (\$500,009.00) in CARES Act funding and was working to quickly get this funding out in order to determine needs. Whatever needs that could not be met, VDH committed to providing funding with Ryan White Part B funding.

Part B can also share subsequent data, which is not so much through a survey, but through an analysis of Service Utilization data what services VDH saw increase in utilization from the time the survey was done to the end of the past grant year for Ryan White Part B.

Review Service Standards:

The committee continued working on the Part A Norfolk TGA Service Standards by reviewing the Project Officer's comments on the three Service Standards that she provided. The Project Officer reviewed Non-Medical Case Management Standard. In which she advised not to include Performance Measures, but to still include Standard Measures.

The Project Officer was reviewing some of the implementation of the Service Standards and how they are developed to make sure that they are in line with the HRSA/HAB recommendations of creating Service Standards.

However, when creating Service Standards in 2016/2017, the committee adhered to the HRSA/HAB Guidance which requires the following to be addressed in each Service Standard:

- It should have a Service Standard Category Definition.
- It should have an Intake and Eligibility Process
- It should have key components and Activities.
- What a Qualified Personnel Qualification would be
- An Assessment or Service Plan
- Transition and Discharge Procedure
- Case Closure Protocol
- Client Rights and Responsibilities
- Grievance Process
- Cultural and Linguistic Competency
- Privacy and Confidentiality
- Recertification Requirements

During the last revision, most of the components were removed. It was noted that the old Service Standards, which included the above-mentioned components are still available for the committee to re-review and update.

After extensive discussion, Dr. Kearney moved a motion which was properly seconded by Jerome to re-review the old Service Standards that are still available, update them, where appropriate, include COVID-19, telehealth visits, and remote work, and remove all the Performance Measures. The motion passed with:

- o Nays
- o Abstentions

Support Staff will edit the Service Standards as recommended and have them out for review by the committee before the June 15th QISP Committee meeting.

New Business:

Coordinate Data Provisions on Outcomes to the Priorities, Allocations and Policies Committee for the PSRA Process:

The data provision for the PSRA Process:

- At the committee's request, a request was made to VDH for the Data Sources which Christine and Ashley from VDH had conducted and which the committee did review. It was recommended for the committee to review that data and determine if that is the data source the committee would like to use for the PSRA Process.
- Support Staff will make the standard request to the Recipient's Office for the threeyear trending documentation of Service Utilization for 2018, 2019 and 2020 along with funding for each year.
- Support Staff will work with the Program Staff in updating the EIS data.

Support Staff Discussed the different data sets that were used at last year's PSRA Process which will also be included in the process for the upcoming PSRA Session.

Day 1 Packet:

- 2020/2021 Notice of Award. This year, the Planning Council will look at the 2021/2022 Notice of Award.
- The current grant score.
- Last year's Attachment 5 for the grant application. This will identify other funding opportunities in the area, and other funding streams, as well as some other CDC funded Prevention activities that may take place.
- Review 2020/2021 Expenditures and Service Utilization and the 2020 End of Year Data which is the EIS data which will be provided by the Program Staff.
- The PSRA Activity which, this year, participants will rank 1-10, how important a service is.
- There will be a presentation of the epi-profile. Support Staff will make a request to VDH for the epidemiological profile.
- Will look at each demographical breakdowns; that is, a four-year trend of Service Utilization Data.

Day 2:

The Council will start looking at the data sets which will be used to prioritize data. Currently, these are:

- 2018 Red Ribbon Exercise
- 2019 Red Ribbon Exercise
- 2017 Consumer Survey
- 2017 Triennial Needs Assessment: The two question Services most used/Services most needed. These will be updated in accordance with the activity.
- Historical spending (Allocated versus Spending)

The Planning Council will be cognizant of the 75/25 percent split. That is, 75% of the money to be put in core services, and no more than 25% into support services without filing a waiver.

As requested, Support Staff will make a request to the Recipient's Office for the COVID-19 CARES Act funding.

Dates for the Priority Setting and Resource Allocations Session:

The Priority Setting and Resource Allocations Session this year will be:

Day One: Thursday, July 22, 2021 Day 2:

Thursday, July 29, 2021

Announcements/Public Comments/Discussions:

• VDH announced that the Ryan White Program has created a new position called: HCS -HIV CARE Services Clinical Coordinator. Ms. Jasmine Ford is currently in that position. Ms. Scott gave a brief rundown of the responsibilities that go with the position. She also briefly discussed Ms. Ford's professional background. Ms. Ford's contact information will be emailed to Support Staff for dissemination to Council members.

Compile Unresolved Issues in Parking Lot Items:

- Support Staff will edit the old Service Standards and email copies to the committee for review prior to the next committee meeting.
- Support Staff will disseminate the new VDH-HCS employee (Ms. Ford's) contact information to the Council members.

Adjournment:

With no other business to discuss, Dr. Kearney moved a motion to adjourn the meeting and was seconded by Dr. Russell. The motion passed.

Respectfully Submitted:

Syreeta Dawkins - Co-Chair

Ashley D.D. Brown – Co-Chair