Minutes for Miracle of Love Inc.
HIV Services Quality Management Committee

Call to Order

A regular meeting of the Miracle of Love Inc. (MOL) HIV Services Quality Management Committee (HSQMC) was held on March 9, 2020 at Heart of Florida United Way – Dr. Phillips Room. It began at 1:09 PM and was presided over by Vanessa Rivera, with Wyatt Haro as Recorder.

Attendees

Voting members in attendance included Vanessa Rivera, Julian Vega, Maylen Peguero, Wyatt Haro, Angus Bradshaw, Charles Barrett, Alicyn Heinrich, La Dawn Lyons, and Lameisha Kaigler.

Guests in attendance included N/A

Members not in attendance included Nikia Lafontant, Alycia Calderon-Walker, Mulan Williams, Richard Figueroa, and Tanya Chinnery.

Approval of Minutes

No motions made to change minutes from February 2020. Minutes approved as is.

Officers' Reports

Robert's Rules of Order was presented by Maylen Peguero.

HAB HIV Performance Measure Report was presented by Vanessa Rivera.

Status of Ryan White Intensive Case Manager was presented by Angus Bradshaw.

Status of Business Card Revision and Appointment Tracker Cards was presented by Angus Bradshaw.

Review of Organizational Self-Assessment Tool was presented by Angus Bradshaw.

Review of PDSA (Plan, Do, Study, Act) Worksheet 2019-2020 was presented by Angus Bradshaw.

Other Reports

Scheduling conflicts for some committee staff members was presented by Wyatt Haro. The following resolution was adopted: HIV Services Quality Management Committee for Miracle of Love Inc. will be held on the third Thursday each month effective March 10, 2020 (with exceptions made due to meeting space scheduling conflicts or holidays).

Main Motions

Motion: Moved by Angus Bradshaw and seconded by Wyatt Haro that HAB HIV Performance Measures Report Review be tabled to the April 2020 HSQMC meeting due to report inaccuracies. The motion carried with nine in favor and zero against.

Motion: Moved by Angus Bradshaw and seconded by Wyatt Haro that sets criteria for determining clients to be assigned to the Ryan White Intensive Case Manager, using a filter down method starting with highest viral load, unstably housed, substance use and/or mental health issues current, multiple EIS referrals, newly diagnosed, and recent incarceration, removing any clients currently enrolled in Project Zero. The motion carried with nine in favor and zero against.

ROLL CALL VOTE:	Vanessa Rivera	Aye
	Charles Barrett	Aye
	Julian Vega	Aye
	Alicyn Heinrich	Aye
	Maylen Peguero	Aye
	La Dawn Lyons	Aye
	Angus Bradshaw	Aye
	Lameisha Kaigler	Aye
	Wyatt Haro	Aye

Motion: Moved by Alicyn Heinrich and seconded by Angus Bradshaw that Ryan White Intensive Case Management discharge criteria will be defined as Viral Load is Suppressed (<200), Stably Housed, Adherent to HAART, Annual Retention in care (100%), Target minimum with ICM Six Months—Can be reviewed case-by-case if a client is found to need less time with ICM; ICM discharges client to MCM—Client remains with MCM for 30-90 days but Client may opt to skip MCM and go directly to RS; MCM discharges client to RS. The motion carried with nine in favor and zero against.

ROLL CALL VOTE:	Vanessa Rivera	Aye
	Charles Barrett	Aye
	Julian Vega	Aye
	Alicyn Heinrich	Aye
	Maylen Peguero	Aye
	La Dawn Lyons	Aye
	Angus Bradshaw	Aye
	Lameisha Kaigler	Aye
	Wyatt Haro	Aye

Motion: Moved by Angus Bradshaw and seconded by Wyatt Haro that review of the Quality Management Plan 2020-2021 Draft be tabled to April 2020 committee meeting. The motion carried with nine in favor and zero against.

Announcements

Thank you to Chuck (Charles Barrett) and Lameisha (Kaigler) for being at today's meeting and providing important input from a client's perspective, which will help us ensure that we are able to implement quality services to our clients. [from Angus Bradshaw]

AIDS Walk is April 18, it is dog friendly, held at Lake Eola in the morning if anyone is interested in signing up. Registration is $25. [from Alicyn Heinrich]

Organizational Self-Assessment tool FY 2019-2020 and PDSA FY 2019-2020 will be sent out with February minutes so that all members have a copy. [from Wyatt Haro]

Adjournment

Angus Bradshaw moved that the meeting be adjourned, and this was agreed upon at 2:58 PM.

Julian Vega, Vice Chair
Miracle of Love Inc. Quality Management Committee

6/18/2020
Approval Date

Wyatt Haro, Recorder
Miracle of Love Inc. Quality Management Committee

March 11, 2020
Prepared Date

Summary of Reports/Presentations

Robert's Rules of Order Review – Maylen Peguero, Parliamentarian

- To keep meeting flow and ensure that everyone is given an opportunity to speak, please wait to be recognized by the chair.
- To make a motion, raise your hand and upon recognition from the chair, you can make your motion. To move forward, the motion must be seconded by another member.

HAB HIV Performance Measures Report Review – Vanessa Rivera, Chair

- Carried over from February 2020 HSQMC meeting
- Report read aloud—current HAB Measures
    - Viral Suppression at 88%
    - Prescription of ART 82%
    - HIV Medical Visit Frequency 61%
    - Gap in HIV Medical Care 21%
    - Annual Retention in Care 82%
- EMA Standards
    - Viral Suppression 90%
    - Prescription of ART 98%
    - HIV Medical Visit Frequency 85%
    - Gap in HIV Medical Care 10%
    - Annual Retention in Care 85%
- The HAB report for February 3, is missing several clients.
- **Motion** made by Angus Bradshaw
    - Motion to table the HAB HIV Performance Measures Report Review to April 2020 HSQMC meeting, due to current report inaccuracies.
    - Seconded by Wyatt Haro
    - **Voice Vote** held
        - Motion carries unanimously

Discussion to offer incentives to ICM clients – Julian Vega, Vice Chair

- Carried over from February 2020 HSQMC meeting
    - Review: Topic for consideration by committee regarding incentivizing the ICM clients for successfully completing ICM and returning to MCM and/or RS.
        - Potential to offer an incentive for a client reaching viral suppression and used as a reminder to keep the client adherent to ART to remain viral suppression.
        - There was concern raised by Angus Bradshaw about the financial aspect of incentives, since funding would be taken from SMART Ride funds.
        - **Information** by Angus Bradshaw:
            - Concern is that incentives could drain the SMART Ride funds, but a conversation can be held to determine the possibility of offering an incentive.
            - Going to defer to Lameisha Kaigler (client), and Charles Barrett (Peer, Artas), to provide opinions on idea of providing incentives for a person that is currently not adherent, not virally suppressed, assigned to the intensive case manager,

and then becomes virally suppressed and is successfully reassigned to MCM and/or RS.

- **Point of information** by Maylen Peguero: Can we take a moment to review the prior discussion regarding the point system used in TOPWA, which was a possible consideration for use with ICM?
    - **Information** by La Dawn Lyons:
        - Each time a client goes to a scheduled visit with doctor or with case manager, they are given a certain number of points—which would have to be determined by the group. The points are tallied, and then incentive offered at the end of ICM based on the guidance set by the HSQMC.
- **Information** by Charles Barrett:
    - Love the idea of some follow-up recognition for the client, the dollar amount might be tough.
    - Concern about what we are classifying as virally suppressed (undetectable by lab, under 200, or just on correct path for suppression). Would not want a person that was unable to achieve viral suppression to be left out.
    - **Additional Information** by La Dawn Lyons:
        - That is where the point system would be helpful. Each client will be at a different level, so the points would allow for recognition of those that may not become virally suppressed, but have worked hard to achieve it.
    - This is a great idea to ensure recognition for the clients that are working hard, but something to show them that they are appreciated for doing what they are doing to achieve suppression and adherence.
    - Whether it be an event, a gathering, or something for the individual, since funds is of concern
    - **Additional information** by La Dawn Lyons:
        - Could offer an event quarterly or similar. Could invite everyone that is at a specific point, to celebrate.
        - People like to be recognized, a pat on the back.
        - Acknowledging the client for making the effort and working to become adherent.
- **Information** by Lameisha Kaigler:
    - Last doctor's appointment with doctor, was found to be undetectable—all other lab results in order.
    - Need to be aware of diabetes, since as a baker, sampling of the product is necessary.
    - **Point of information** by La Dawn Lyons: With the incentive system that we are talking about, even with you being undetectable, even with the diabetes, even with you being compliant with Lisa (HSN Case Manager), how would you feel about an incentive? Would it make you feel good? Would the incentive program be something that you would think is helpful for you and the other clients?
        - **Information** by Lameisha Kaigler:

- Everyone likes being appreciated. Yes, I do think it would.

- **Point of information** by Julian Vega: Would something like a grocery gift card be good incentive for you?
  - **Information** by Lameisha Kaigler:
    - It is a good incentive.

- **Point of information** by Vanessa Rivera: How will it be determined who is on ICM and who would be returned to MCM or RS?
- **Motion** made by Wyatt Haro
  - Motion made to table the incentive conversation until after the HSQMC determines the ICM guidelines, which is under the "New Business" section of today's agenda.
  - Seconded by Maylen Peguero
  - **Voice vote** held
    - Motion carries unanimously

Status of Ryan White Intensive Case Manager – Angus Bradshaw, Committee Champion

- One interview last week—two were no show.
- One interview scheduled for tomorrow (March 10) and one for Thursday (March 12).
- We have some good candidates.
- Want to interview a minimum of four to ensure quality candidate is selected.
- The job posting is still active on the MOL website and on Indeed.

Status of Business Card Revision and Appointment Tracker Cards – Angus Bradshaw, Committee Champion

- Managers have been contacted by Bryan to determine who needs the new cards.
- Based on information received by those managers, the order has been placed and the cards should be in soon.
- Appointment Tracker cards have arrived and are with Wyatt, who will get them to Vanessa to distribute to the case managers.
- **Point of information** by Wyatt Haro: Will the appointment trackers need to be distributed to HOPWA as well, or just Ryan White?
  - **Information** by Angus Bradshaw:
    - Just Ryan White since HOPWA does not focus on ADAP

Ryan White Intensive Case Manager Guidelines

- **Motion** by Angus Bradshaw:
  - Motion to set criteria to determine clients to be assigned to Ryan White Intensive Case Manager
  - Seconded by Wyatt Haro
- **Information** by Angus Bradshaw:
  - This is where we discuss the way we will determine who is going to be assigned to the ICM.
  - We will determine what criteria will be used to filter out the list of non-virally suppressed clients to determine which of those would take priority and be assigned to the ICM.
  - During a discussion with Wyatt, we came up with some examples of criteria and methodologies to get the conversation started (list displayed on screens) EXAMPLE 2
    - Viral load >5000
    - Viral load increase of 10,000+

        - Non-adherent
            - Labs
            - ART
            - Medical Visits
            - Eligibility
        - Substance use/Mental health (past/present)
        - Multiple EIS referrals
        - Homeless/Unstable/Temporary
        - Zero income/Repeated financial issues
        - Food voucher or buss pass needed (4+ of 6 months)
        - Sex worker
    - Looking at Example 1, this is an example of top five to filter down from:
        - Highest viral load clients
            - Top 50
        - Age
            - 13 y/o – 44 y/o
        - Housing status
            - Homeless (Unstable or Temporary)
        - Mental Health/Substance Abuse (known)
            - Past or present
        - ART Adherence
    - Back to Example 2, the committee can pick the top five, and it can be from this list, or not.
    - **Point of information** by Alicyn Heinrich: Why is food voucher/bus pass needed on here?
        - **Information** by Wyatt Haro:
            - Part of the discussion was clients that are in constant need, maybe needing more attention than some of the others.
            - This was just something put on there as a consideration of consistent need to interact with case manager.
            - **Additional information** by Alicyn Heinrich:
                - When performing case manager duties in the past, the clients that were in need of a bus pass or food voucher were the ones seen the most, and tended to be most adherent.
    - **Information** by Charles Barrett:
        - Some of the hardest clients to reach are those that are homeless and/or that have substance abuse issues—those seem pretty important.
    - **Information** by Alicyn Heinrich:
        - EIS referrals too, since that means that the client is falling in and out of care.
    - **Point of order** by Maylen Peguero
        - Please remember to speak up so that the recorder can catch everything and try to remember not to speak over each other.
    - **Information** by Julian Vega:
        - Income should be included since it does have an impact on the person and their compliance.
        - **Point of information** by Maylen Peguero: What would be the range of low-income to consider?
        - **Information** by Julian Vega:

        - Zero to 1,000 for a household of 1.
    - **Point of information** by Vanessa Rivera: If we are looking at income, zero to 100% of the poverty guidelines, they are eligible for Ryan White and ADAP, which means there is no cost to the client. Those above 100, may be eligible for the ADAP ACA. If a client is ADAP, premiums and co-pays are covered, but if they have insurance none of their expenses are covered. Would the people that are in the higher category, who may have financial hardship covering labs, doctor visits, medication, etc., be something to consider?
        - Zero to 100% of the poverty guidelines, the client receives full assistance through Ryan White and ADAP. Any expenses involved in the care of their HIV, are covered.
        - 101 – 400% qualify for ADAP ACA, however if the client has insurance through their employer, then they are responsible for their co-pays
    - **Point of information** by Angus Bradshaw: Should the focus then be on the 0-100 group? Or should income just come off the list?
        - **Information** by Julian Vega:
            - Based off of the information Vanessa provided, income should not be considered.
- **Information** by Vanessa Rivera:
    - Agree with Charles regarding clients that are difficult to reach. Should definitely include housing, since homeless clients are difficult to reach. Those that are homeless or are "unstable" housing. They often do not have a valid contact number or we have a family member's number, and they do not always know where they are.
    - Homelessness is of great concern, regardless of income, because it is much more difficult to keep their eligibility current.
    - Should consider newly diagnosed individuals.
        - First lab tends to be the scariest, and the client is trying to deal with the new diagnosis, stigma, and are the individuals that tend to fall out of care more easily.
        - Should be assigned to the ICM who can give them more attention in that time
    - Should also consider recent incarcerations
        - This is another category of clients that can be hard to locate and keep in care.
    - **Point of information** by Wyatt Haro: Is the idea of assigning newly diagnosed clients to the ICM, the same as linking them with a peer? That is a person that is designed to provide that one-to-one guidance and care in the first part of diagnosis and that gives them that extra attention, at least to my understanding.
        - **Information** by Vanessa Rivera:
            - Sometimes the clients do not want peers, because the stigma, and meeting with a peer means that they have to face it.
            - The client is hoping for as few people as possible because it is less overwhelming for them.
            - Having to do eligibility with a Referral Specialist, then meet with a peer, then meet with a Medical Case Manager, can be too much for them.
            - **Additional information** by La Dawn Lyons:

        - Agree with Vanessa, the clients in the TOPWA program, do not want peers. No matter how often a referral is made for a peer, the client resists. Less contact is better.
- **Seeking input** from Lameisha Kaigler by Vanessa Rivera
    - Question: How impactful was it when you newly informed of your diagnosis and having to deal with all the different individuals in the beginning to getting engaged in care.
    - Response: I was diagnosed in 2003, it is hard to disclose status to family and friends. People find out someone is HIV+ and they have a negative response. When diagnosed, I did not want to let my friends know. Most people that are HIV+ find that their friend circle gets very small. Being HIV+ is something we have to live with and have the rest of our lives.
    - **Point of information** by La Dawn Lyons: Would it be better if you had one person to handle everything, versus several people each handling different things?
        - **Information** by Lameisha Kaigler:
            - I would, personally, not want more than three people, at the most.
        - **Point of information** by La Dawn Lyons: Hypothetically speaking, if you were to have a case manager that could handle 85% of the stuff you deal with, excluding the doctor, since they could not do that, but if you had one person that could handle housing, medication, bus pass, etc., would that be better?
            - **Information** by Lameisha Kaigler:
                - That would be great.
- **Information** by Charles Barrett:
    - Some of the clients that seem to come back and need the peer experience the most, the ones that do not talk to anyone about it, but want to ask about it or find someone that can relate to the experience. As a peer, I work to act as a point person, so the client can call me, and then I will try to set up the appointment with whomever is needed. It does help reduce the number of contacts. With so much going on in the clients' lives, they know they may need something, but not remember which person to call to get it.
- **Information** by Julian Vega:
    - Based on our discussion, counted about seven to eight, important criteria.
    - On newly diagnosed clients, the list of clients is already established, the new diagnoses are going to make the list bigger. In a perfect world we would be able to provide everyone the services, but we are working to get the list reduced, hopefully to zero.
    - **Additional information** by Wyatt Haro:
        - The non-virally suppressed list is constantly changing. When a case manager enters a person's labs, it may remove them from the list, or it may add them. The report is typically updated at the beginning of the month, and then the list used for that month, because keeping the list up to date each day is not possible. And there are a couple on the list that have an extremely high viral load that are not newly diagnosed.

However, a client that is newly diagnosed, when their lab goes into the system, if their viral load is over 200, they will automatically go on the list. Currently, date of diagnosis is not tracked, but if, for example, it was filtered by viral load, a newly diagnosed person with an extremely high viral load will appear on the top of the list.

- **Point of information** by Wyatt Haro:
  - Referring back to the peer, is it something that a client could be given an option about? Say, if the client is willing to work with a peer, rather than taking a slot on the ICM case load, could the client make that choice?
  - **Information** by Angus Bradshaw:
    - The ICM can invite the peer into the relationship, but because the ICM is going to be monitoring a variety of things for adherence and to help overcome barriers to care, it would not be something that we would want to give the client the option to opt out of ICM.
- **Additional information** by Vanessa Rivera:
  - When Preschard was a peer, he seemed to have much more success retaining clients in care when he was teamed up with a case manager. Especially, when meeting with clients. The reason would be that both, the peer and the case manager, would hear the information from the client together, rather than when the client tells the peer one thing and then has a different answer for the case manager, which creates barriers to care.
  - **Additional information** by Charles Barrett:
    - Some of our most successful clients have been in that exact setting, with the peer working directly with the case manager. Have been working with Gabrielle (MCM), and recently met with a client, which was more a peer meeting, but she was present at the meeting, and it was helpful for everyone.

- **Point of information** by Wyatt Haro: I am not sure how I would track newly diagnosed or recently incarcerated unless it was known by the case manager and marked in the system, like under demographics. How would I track that?
  - **Information** by Vanessa Rivera:
    - The Ryan White program does have a person that is working at 33rd (Orange County Detention Center), and when a person gets released from there, the case manager (Sandra Ramos) does a referral for services to the agency of choice by the client, so there is a way to track if they were recently incarcerated.
    - The relationship close date, would indicate their date of release.

- **Information** by Angus Bradshaw:
  - Based on the list of items that have been discussed and are displayed on the screen, we need to prioritize what order the items will be in.
    - Viral Load
    - Unstable/Temporary Housing

- Substance use/Mental Health (Current)
- Multiple EIS
- New Diagnosis
- Recent Incarceration

- This would then be the filter order for determining what cases will be assigned to the ICM.
- **Additional information** by Vanessa Rivera:
  - For the purposes of tracking, the information regarding incarceration and newly diagnosed is available through the RDA or Acuity Assessment. This information can be found in those to add to the non-virally suppressed tracking list.
  - **Additional information** by Lameisha Kaigler:
    - Many drug users are in denial and will not admit to using.

- **Information** by Julian Vega:
  - Feel that we cannot overlook mental health. This is an item that needs to be included.
  - **Additional information** by Vanessa Rivera:
    - In the original list, it was grouped with substance use. So it can be grouped into that again so that it is used in the filter.
    - When a referral is made to an agency for mental health or substance abuse help (i.e., Aspire, Turning Point), they will make several attempts to contact the client, and if they are unable to get the client to show up for an appointment or will not return calls, they will notify the RW case manager typically.
    - If a client is not engaging with the providers, it is a good sign that they are not ready for help on those fronts.
- **Information** by Wyatt Haro:
  - Once the guidelines are set by the committee, the criteria can be added to the list of clients not virally suppressed, and used to filter down based on the priorities set by committee. That may produce more than 30 clients, however, during the QM meeting with leadership, we can look at the clients more in depth to determine cases for the ICM.
  - Additionally, I will be screening out any clients that are a part of Project Zero, since they are in a pilot program.

- **Move the previous question** made by Maylen Peguero
  - Seconded by La Dawn Lyons
  - By voice vote, move to vote on motion unanimous
- **Chair** calls for **Roll Call Vote**
- **Motion** by Alicyn Heinrich to set Intensive Case Management discharge guidelines
  - Seconded by Angus Bradshaw
- **Information** by Angus Bradshaw:
  - This criteria is what will be used to determine the success of the Intensive Case Manager, as well as define what satisfactory completion of Intensive Case Management is for the client.
- **Information** by Julian Vega:
  - The criteria from intake should be met, but in reverse. Virally suppressed, housed, etc. Fixing all the things that got a client into Intensive Case Management.
  - **Point of information** by Wyatt Haro: Is it possible for a client to meet all of those criteria in six months? Viral load can be suppressed, but the ICM position is only set for six months, so how would we be able to evaluate the ICM program?

- **Information** by Angus Bradshaw:
  - The first two can be achieved in six months. Viral load can definitely be suppressed and HOPWA can even pay the rent, if the client found a place. Julian also has a master lease program that he is running that could be used if necessary. As for the others, they are ongoing and may be more difficult.
  - **Point of information** by Wyatt Haro: For housing, would "Temporary" housing be considered acceptable? Temporary meaning like transitional housing or similar? (Noted that Wyatt is being very technical today by Angus Bradshaw)
    - **Information** by Vanessa Rivera:
      - Technically a client that is in transitional housing, such as X-tending Hands, is considered Stably Housed.
      - HRSA defines virally suppressed as less than 200. If that is used as the primary determination, even if they have other pending issues, they can then be linked to a Medical Case Manager.
      - It is best to use the ICM to maximize our outcome measures, which are the HAB measures.
      - **Point of information** by Wyatt Haro: Would utilizing the HAB measures be a better guide to determining discharge? Such as virally suppressed, ART adherence, etc.
        - **Information** by Vanessa Rivera:
          - Using the viral load and then ART adherence and HIV medical appointments would be a good assessment of success.
  - **Point of information** by Wyatt Haro: With a couple of the clients in the high viral load category residing in surrounding counties, will the ICM be travelling to Lake, Osceola, and Seminole as well?
    - **Information** by Angus Bradshaw:
      - MOL has office space in both Lake and Osceola counties—yes the ICM would be travelling to work with clients in our service area.
      - The counties were not specified in the job description when posted, but with reimbursement for mileage and office spaces available for them to utilize, they will be working all four counties.
      - We are still early in the interview process, so that discussion can still be had with the candidates to ensure that it is understood.
- **Point of information** by Angus Bradshaw: Is there a way to monitor ART adherence?
  - **Information** by Vanessa Rivera:
    - Each client is to be engaged in a conversation with the case managers about ART. Almost every client should be on an ART regimen, which is why the measure is set at 98%, because not everyone needs ART.
    - The viral suppression goes hand-in-hand with the ART—if they are adherent to ART, they will be virally suppressed and vice versa.
  - **Information** by Wyatt Haro:
    - In terms of the HIV medical appointments, there are two measurements with different requirements, one being a two-year review, with appointments at least 60 days apart, and one is a one-year review, with two appointments at least 90 days apart.

- For purposes of this program, the assumption is that we would use the one-year measure, and require that two HIV medical appointments are kept, with at least 90 days in between.
- Currently the list we use has documentation for the annual retention in care guideline, which is two in one year, with 90 days of separation, with some people on the list having their first appointment in the end of the year, on the list, several have not met this criteria.

▪ **Point of information** by Julian Vega: On the report that is maintained, does it document three appointments in the year?

- **Information** by Vanessa Rivera:
  - It only tracks two since it is two appointments per year required.
- **Point of information** by Julian Vega: In the system it is tracking three? It is for all referrals?
  - **Information** by Angus Bradshaw:
    - All appointments can be tracked in Provide, and there can be more than two, but the HAB measures only require there be two in the year, each calendar year.
    - Only the HAB says two, but the case managers should be documenting all appointments in Provide.

- **Information** by Angus Bradshaw:
  - We are looking at the following as the ICM discharge criteria:
    - Virally Suppressed
    - Adherent to ART medication
    - Attended two HIV medical appointments with 90 days minimum separation
  - **Point of information** by Charles Barrett: Are we saying that the time with the ICM would be a year?
    - **Information** by Angus Bradshaw:
      - It could be less. It could be three months if that is all it takes for a client to meet the discharge criteria.
      - **Point of information** by Alicyn Heinrich: Is three months enough time to ensure that someone will remain compliant without having their hand held?
        - **Information** by Angus Bradshaw:
          - No. It is not.
          - **Point of information** by Alicyn Heinrich: Would it be best to make it at least six months with the ICM? It does not seem like less time would be sufficient to prevent the client from returning to previous behavior when discharged, and then needing to return to ICM, and it is just a cycle of going back and forth.
            - **Information** by Angus Bradshaw:
              - Currently the position is termed for six months, although it may last longer than that.
            - **Point of information** by Wyatt Haro: Are we saying that we want to set a minimum amount of time that a client would be with the ICM?
              - **Information** by La Dawn Lyons:

        - It should be the full six months, but there can be a case-by-case review.
        - It is important to also be where the client is, and if they are not ready in six months, it is not like we would kick them off ICM—and the client is most likely not going to meet all the criteria in two or three months.
    - **Information** by Julian Vega:
        - If a client seems ready before the six months, then a meeting with the client should happen informing them of the situation, talking to them about continued adherence, and asking if they are comfortable being discharged from ICM.
        - Could possibly have the client sign something acknowledging that they understand what is happening and that they are comfortable and feel they are ready to move out of ICM, into regular case management with an RS or MCM.
- **Point of information** by Wyatt Haro: When the client is discharged from ICM, would it make sense to do a graduated step down from ICM to MCM to RS, rather than having a case manager that is holding their hand and working with them constantly, then being assigned to an RS only, which they would only see every six months?
    - **Information** by Angus Bradshaw:
        - If they score a 1 on the RDA, then Vanessa can override and note that they just came off of ICM and assign them to an MCM.
    - **Information** by La Dawn Lyons:
        - To add on to that, since the client is within Ryan White, the team could meet to discuss the client's needs and determine if a client may need to have an MCM or can go right to an RS.
        - Expanding on the case-by-case evaluation we talked about earlier.
        - For the sake of the client, it is also important for a soft-transfer to happen, rather than just move the case from one person to another, and cause

confusion for the client—and do it for every client leaving ICM.

- **Information** by Vanessa Rivera:
  - There is going to be some clients that feel like they do not need a case manager—some project zero clients that are not virally suppressed already feel like they do not need a case manager and they are fine.
  - If a client is motivated and is given an opportunity to show they are motivated and wanting to continue to be adherent, then the client may be with the MCM for 30-90 days and be stepped down one more time to just having an RS.

- **Information** by Wyatt Haro
  - To review, so far, we have determined the following would be the criteria to discharge from ICM
    - Viral Load is Suppressed (<200)
    - Stably Housed
    - Adherent to HAART
    - Annual Retention in care (100%)
    - Target minimum with ICM – Six Months
      - Can be reviewed case-by-case if a client is found to need less time with ICM
    - ICM discharges client to MCM
      - Client remains with MCM for 30-90 days
      - Client may opt to skip MCM and go directly to RS
    - MCM discharges client to RS
- **Move to previous question** by Wyatt Haro
  - Seconded by Maylen Peguero
  - By voice vote, move to vote on motion unanimous
- **Chair** calls for **Roll Call Vote**

Quality Management Plan FY 2020-2021 – Angus Bradshaw, Committee Champion

- **Motion** by Angus Bradshaw to table this discussion to April 2020 committee meeting
  - Seconded by Maylen Peguero
  - **Voice vote** held
    - Motion carries unanimously

Organizational Self-Assessment Tool – Angus Bradshaw, Committee Champion

- **Information** by Angus Bradshaw:
  - This is the tool that is used to show the grantee office where our agency is on our Quality Management Plan.

- This tool has not been completed for FY 2020-2021.
- Doing a quick review of the FY 2019-2020 assessment, the agency was at just getting started, and some of these are farther along now.
  - Most of the scores were at zero
  - It appears that most of the categories will be at a three, with some at four
- The agency has come a long way since we started meeting six months ago.
- Final review of the FY 2020-2021 organizational assessment will happen at April 2020 committee meeting.

- **Information** by Wyatt Haro:
  - It should be noted that along with the organizational assessments, agendas and minutes, can be found in a binder in the alcove by the copy machine area.
  - This information is accessible to all MOL staff.
  - You are welcome and encouraged to share that information with your staff.
  - Clients can request to see the binder, and can be arranged by Angus or Wyatt
- **Information** by Angus Bradshaw:
  - We have made substantial progress and all of the committee's hard work is very much appreciated
    - Special note to La Dawn confirming that this statement was appreciative enough, to which La Dawn approved (with a hearty laugh from the committee)
      - **Move** to applaud La Dawn made by Wyatt Haro – committee did so.

PDSA (Plan, Do, Study, Act) Worksheet 2019-2020 – Angus Bradshaw, Committee Champion

- **Information** by Angus Bradshaw
  - Informed by grantee office that there were seven clients that were perinatal and not virally suppressed.
    - Grantee office mandated a PDSA regarding this category of client
  - Vanessa Rivera and Angus Bradshaw drafted the PDSA
    - All clients assigned to MCM Tai Johnson
  - Out of the seven, three clients are no longer with MOL, but the remaining four are being worked with on the PDSA.

- **Motion** made by Wyatt Haro
  - Motion to further table the Intensive Case Manager Incentives discussion to April 2020 committee meeting.
  - Seconded by Maylen Peguero
  - **Voice vote** held
    - Motion carries unanimously

- **Motion** made by Wyatt Haro
  - Motion to hold committee meetings different day of the week to accommodate all of the staff on committee, and remedy a scheduling conflict recently arising for a committee member
  - Seconded by Angus Bradshaw

- **Amendment** made by Angus Bradshaw to move committee meetings to third Thursday of each month at 1:00 PM.
  - Seconded by Wyatt Haro
  - **Voice vote** held for amendment
    - Amendment carries unanimously
- **Voice vote** on original motion with amendment: HIV Services Quality Management Committee for Miracle of Love regular schedule meeting to be held third Thursday of each month beginning in April 2020.
  - Motion carries unanimously

APPENDIX A

POWER POINT PRESENTATION

10 pages inserted

HIV Services Quality Management Committee

MARCH 9, 2020

PLEASE SILENCE YOUR ELECTRONIC DEVICES AT THIS TIME

All committee meeting audio is recorded.

CALL TO ORDER – Moment of Silence

Chairperson

INTRODUCTIONS – Roll Call

Please introduce yourself. State your name, position/role with Miracle of Love, Inc., and role on committee.

MARCH MEETING AGENDA

Recorder

FEBRUARY MEETING MINUTES

Recorder

Robert's Rules of Order -- Review

Parliamentarian

HAB HIV Performance Measure Report Review

Vanessa Rivera, Director of Client Services

Discussion to offer incentives to ICM clients

Julian Vega, HOPWA Program Manager

Status of Ryan White Intensive Case Manager

Angus Bradshaw, Executive Director

Status of Business Card Revision and Appointment Tracker Cards

Angus Bradshaw, Executive Director

Ryan White Intensive Case Manager Guidelines

Define criteria for Intensive Case Management clients entering and completing Intensive Case Management

EXAMPLE 1 – Filter Down

- Highest Viral Load Clients
  - Top 50
- Age
  - 13 y/o – 44 y/o
- Housing Status
  - Homeless (Unstable or Temporary)
- Mental Health/Substance Abuse (known)
  - Past or present
- ART Adherence

Example 2 – Three or more

- Viral Load >5000
- Viral Load increase of 10,000+
- Non-adherent
  - Labs
  - ART
  - Medical Visits
  - Eligibility
- Substance Use/Mental Health (past/present)
- Multiple EIS referrals
- Homeless/Unstable/Temporary
- Zero income/Repeated financial issues
- Food voucher or bus pass needed (4+ of 6 months)
- Sex worker

Case Management Guidelines Discussion

PLEASE WAIT TO BE RECOGNIZED BY THE CHAIR BEFORE PRESENTING

Quality Management Plan (QMP) FY 2020-2021

The Quality Management Plan (QMP) is the document the governs the HIV Services Quality Management Program (HSQMP) and Committee (HSQMC)

Organizational Self-Assessment Tool

Review of Organizational Self-Assessment

PDSA Worksheet 2019-2020

Review PDSA worksheet completed for FY 2019-2020

ANOUNCEMENTS – Open Floor

PLEASE WAIT TO BE RECOGNIZED BY THE CHAIR BEFORE PRESENTING

NEXT HSQMC MEETING

April 20, 2020

1:00 PM

Heart of Florida United Way – Dr. Phillips Conference Room