

Nassau-Suffolk HIV Health Services Planning Council
Clinical Quality Management Committee
June 26, 2025

MINUTES

MEMBERS PRESENT:

Angie Partap, Co-Chair
Susan Baldridge
Carmen Feliciano
Ana Huezo
Joseph Pirone
Denise Ragsdale
Jacqueline Rivera
Hope Sender
Kerry Thomas
Crissy Witzke

MEMBERS ABSENT:

Maria Mezzatesta, Co-chair
Jody Brinson
Lisa Corso
Cathy Martens
June Tappan
John Van

GUESTS

Avis Giddiens
Lenny Spada
Melissa Schwartz
Julia Adams
Vanessa Carolina

STAFF:

Georgette Beal
JoAnn Henn
Nancy O’Keefe
Myra Alston

STAFF Absent:

Katie Ramirez

NC Staff:

Shauna Bednar

I. Welcome & Moment of Silence

Ms. Partap, Co-chair began the meeting at 10:10am. She requested a moment of silence to remember those whom we lost and those who have come before.

II. Approval of April 24, 2025 meeting minutes

Mr. Pirone made a motion to accept the minutes as read. Ms. Sender seconded the motion
7 Approved 1 Abstained 0 Opposed Motion carried.

III. Follow-up on MNT CQI Project Update

The purpose of the Medical Nutrition Therapy CQI project was to increase awareness of and participation in Medical Nutrition Therapy Services. Two components of this project were the MNT conference and creation of a nutrition assessment tool for MCM providers.

The feedback from the March MNT conference was favorable. Many participants appreciated the information, materials, and takeaways shared at the conference. Especially popular was the My Plate presentation and tool to help visualize portions of food groups and encourage the consumption of more fruits and vegetables. Some of the attendees planned to speak to their medical providers about obtaining a referral for MNT provider. Overall, individuals were committed to eating healthier and walking more.

The CQM committee also worked with the Part A nutritionist to develop a Nutrition Assessment tool for MCM providers. A survey was sent to MCM providers requesting feedback on the new assessment tool for MNT. Results are due on July 1st. So far, initial responses include suggestions to have the MNT programs reach out to interested clients and to make sure that Creole and Spanish-speaking staff are available. There is some concern that clients, feeling neither confident nor comfortable, may be reluctant to take the first step by calling. Therefore, the recommendation is to have MNT staff initiate contact and conversations with clients. While MNT assessment is a useful tool, it does present a challenge as MCM staff are already at capacity and stretched thin.

IV. Choosing a 2025-2026 QI Project.

Discussion began with two potential topics for an EMA wide QI Project in 2025-26, mental health and raising awareness of Part A funded services. Committee members did not have any other topic suggestions.

Mental Health- Consumers are experiencing deep anxiety about rising costs, proposed benefit cuts, precarious immigration status, as well as the impact of possible budget cuts and layoffs for family and friends during these challenging times. With this anxiety comes an increased demand for mental health services. It is important to understand the capacity of the EMA's funded mental health programs to accommodate additional clients, serve those who speak languages other than English and provide services to clients who need to see psychiatrists. The need for mental health services was mentioned during the community forums, limited availability, and long wait times were often cited.

Raising Awareness of Part A Funded Services- Throughout the year, we hear from consumers of Part A services, that they are unaware of the availability of some of our funded services and how to access them. This is especially apparent during the community forum discussions. While consumers are aware of the services they receive, they are not as knowledgeable as to the funding source of these services. Interestingly, they are often unaware that they are receiving Part A services. Consumers are dealing with many issues, challenges and worries and would benefit from utilizing federally funded services, but they need to know about them and how to access them. A proposed quality project would be to raise awareness of available HIV/AIDS programs and resources to enhance consumer knowledge and access to these services. As part of this project, consumers would receive some type of handout such as a brochure, business or palm card listing the service they are receiving as well as other services that are available.

After some discussion, the committee agreed that the next Clinical Quality Improvement project would be the latter, how best raise awareness of funded services (especially Part A) among consumers.

Initial suggestions on how to raise awareness included:

- Creating a brochure or flyer, including a QR code would help to access the information easily on a phone or computer. For those not as computer savvy, a tangible copy could serve as quick reference.

- Sharing and disseminating this information through existing CABs, funded agencies, health facilities, other identified locations. Those newly diagnosed need to know where to access services, long-term survivors may need a refresher as well.
- Producing a video that could be displayed in medical waiting rooms to inform and educate about funded services.

It was recommended to avoid grant speak /and acronyms to make the information easier to understand and less overwhelming. Also how is the raised awareness to be tracked? Increased utilization, pre or post surveys, asking how clients heard about the service and more people visiting the Planning Council website were suggestions as to how assess the success of this CQI project. More planning and details to follow.

V. Subrecipient CQM Monitoring

Providers are asked to submit updates on their program work plans and goals annually. Different agencies have different goals to improve their programs and better serve their clients. Some goals are specific to their priorities, such as mental health and medical nutrition therapy. The 2024-2025 CQM review focused on the subrecipient work plan goal status. Providers are working hard to ensure their programs meet the needs of their clients. There were 36 goals among 13 subrecipients (providers) and 29 were successfully completed. There were various reasons for goals not being met including a goal spanning a two-year performance period, staffing shortages, and low client numbers.

The 29 goals which were completed successfully, represented the implementation of some key improvement initiatives including: increased consumer involvement, revision of program forms to comply with service standards, increased VLS (Viral Load Suppression) rates through close follow up with clients, streamlining of data resulting from new process, CQM (Clinical Quality Management) plan revisions to drive and guide the provision of Part A services, greater retention in care due to increased support from program staff, and strong collaboration among staff within funded organizations by implementing regularly scheduled meetings.

Upon review of subrecipient goals and progress, the quality manager learned that some subrecipients created work plans that were missing a reference frame or had no data on what number they wished to increase, or proof that a process even needed improvement. These concerns were addressed during technical assistance provided to subrecipients during which it was stressed that work plan goals must be measurable so that CQM staff can track outcomes. The focus now is to build on baselines and have measurable goals that have an impact and benefit on clients.

VI. Trended Data

In the interest of time, the presentation on trended data was tabled until the next meeting

VII. Announcements/Adjournment

June 27th is National HIV Testing Day. There is a Health and Wellness Fair hosted by Family & Children's Association, at 126 N. Franklin Avenue in Hempstead on June 27, 2025 from 12pm-4pm. There will be HIV testing at the event. Thursday's Child, PFY and other agencies will be participating.

Ms. Feliciano made a motion to end the June 26, 2025, CQM meeting. The motion was seconded by Ms. Sender. All in favor-motion carried.

Membership Sub-Committee

Current membership is 31 members. Five members, all consumers, will be cycling off their second term at the end of September of this year. If all things remain constant, the HRSA 33% requirement of unaligned consumer membership will still be met, although ongoing recruitment is always encouraged.

The membership subcommittee met to review eleven Planning council applications which included three new applications and eight second- term nominations. The new applicants will help to improve the reflectiveness of the membership as well as fill specific required categories. All applications were approved for balloting at the July Planning Council meeting. Proxies will be sent to ensure quorum. The required documentation will then be sent to the respective counties for Council appointment after the balloting.