

**OVERVIEW**

**Attendance:** Please refer to attendance chart on the last page of this summary

**Location:** Hill Health Center, Room 390, New Haven, CT

**Start Time:** 12:00 p.m. – 2:00 P.M.

**End Time:** 1:54 p.m.

**Presiding Chair:** Ric Browne

**Recorder:** Tracy Kulik

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**Meeting Accomplishments**

1. Approval of November 16, 2007 Quality Improvement Meeting Summary
2. Final report on FY 2007 Quality Improvement Accomplishments
3. Emerging Mandates for Quality Improvement from HRSA
4. Discussion of FY 2008 Focus
5. Request to hold February 15, 2008 meeting to hear results of Primary Medical Care pod

**Committee Member Assignments**

- Active discussion and input into emerging roles of Quality Improvement
- Committee members will continue to attempt to engage new members for the QI committee.

**Next Meetings**

February 15th: Final Overview of Primary Medical Care pod findings at Hill Health Center, Room 390

March 28<sup>th</sup> (CHANGE IN DATE): FY 2008 Scope of Work at Chase Wellness Center, Bridgeport, CT

**Meeting Summary/Minutes****Welcome, Overview and Moment of Silence**

Ric Browne welcomed meeting participants, asked everyone to introduce themselves, and held a moment of silence to honor individuals affected, infected, or who have died from HIV/AIDS.

Ric Browne reminded people that the meetings are open and members of the public and press may be present. Persons wishing to maintain confidentiality of their HIV status should consider the public nature of the meeting.

**Approval of Meeting Summary**

Ric asked meeting participants to review the November 16th meeting summary and asked committee members for additions or corrections. Further detail was requested on the lively discussion held by consumers regarding Mental Health. Tracy Kulik stated that she would request that of Helen Lansche, recorder for the November 16<sup>th</sup> meeting, and distribute amended minutes.

**Ryan White Office Quality Management Report**

Tracy Kulik reported for the Ryan White Office that activities are currently centered on assessing the emerging mandates from HRSA for Quality Improvement and responding accordingly.

**Emerging Mandates:**

- 1) Severity of Need Index – being developed as standardized way to measure severity, impact on grant application, ‘Complexity & Cost’ of care**
- 2) More structure in Quality Management Plan to document activities (last New Haven-Fairfield Counties TGA plan completed in 2005)**
- 3) Conversion in Quality Improvement projects to interdisciplinary processes that reflect systemic issues of multiple service categories**

Discussion occurred about the recurrent issues with Mental Health and the inability for many providers to have this service category fully comply with Standards of Care despite vigorous efforts. The practice of clients not showing for their second appointment makes linked data or outcomes measurement of improvement in GAF scores virtually impossible, lack of assessments by Primary Medical Care and therefore, low referral rates all complicate this service. Ric Browne spoke to the problem with over-medication, Department of Correction issues, and differing assessments and service plans. Jose Aquino discussed the lack of protocols from methadone clinics and issues relating to the homeless. Charlotte Burch discussed the health status of clients and their inability to discern what is right due to their mental health issues. Adaline DeMarrais discussed how the reality of these clients is a day-to-day existence with tendency to self-medicate using drugs or alcohol to treat underlying, often undiagnosed or misdiagnosed, mental health problems. The group concurred that Mental Health would be the likely candidate for an interdisciplinary approach to problem solving.

Tom Kidder reflected that this approach is reminiscent of ‘tracer technology’ or the JCAHO method of selecting one patient and tracing them through the interlocking systems of care to determine where the patient can become lost or fail to meet desired outcomes. This is even more essential since, as Adaline pointed out, many clients suffering from mental health problems are confrontational, angry, confused and tend to disappear for spans of time. This makes them more probable to ‘get lost’ in the system.

**New and Old Business**

Ric Browne asked the committee members if there were any additional items they would like to raise. No items were referenced.

The group requested that a meeting be held on Friday, February 15 from noon to 2 p.m. to hear the results of the final deliberations of the Primary Medical Care pod. This group is holding their final meeting next Friday, January 25<sup>th</sup>.

**Adjournment**

The meeting was adjourned at 1:54 p.m.

**Next Meeting**

The next meeting will be held on February 15<sup>th</sup> at Hill Health Center, Room 390 to hear the findings of the Primary Medical Care pod.

**Meeting Attendance by Month**

Date of Meeting		1/19	2/16	3/16	4/20	8/24	10/19	11/16	1/18
<b>Committee Members</b>									
Stacy Hooker (prior co-chair)	PCPM	●	●	○	○	●	○	○	○
Thomas Kidder (prior co-chair)	PCPM	●	●	●	●	●	●	●	●
Ric Browne (current co-chair)	PCM	●	●	●	●	●	●	○	●
Christine Romanik (current co-chair)	PCM					●	●	●	●
Jose Aquino	PCM		●	●	●	●	●	○	●
Carlos Barbier	PCM				●	●	●	●	●
Henry Bethea	PCM							●	○
Charlotte Burch	PCM			●	●	●	●	●	●
Linda Cooney	M	●	●	○	○	○	●	○	○
Adaline DeMarrais	PCPM	●	●	○	○	●	●	●	●
Jack Doyle	M						●	○	○
Sara Nichols	PCPM	●	●	●	●	Exc	Exc	Exc	Exc
Magalys Perez	M	-	-	●	●	Exc	Exc	Exc	Exc
James Pitts	PMC							●	○
Bob Sideleau	PCM	●	●	●	●	●	●	●	○
Angela Young	M						●	○	○
Linda Faye Wilson									○

		1/19	2/16	3/16	4/20	8/24	10/19	11/16	1/18
<b>Other Participants</b>									
Part A Office, Thomas Butcher		●	●	●	●	●	●	●	○
Tracy Kulik, Collaborative Research		●	○	●	●	●	●	○	●
Jeff Daniel, Collaborative Research		●	●	●	○	○	○	○	○
Helen Lansche, Collaborative Research						○	○	●	○
Planning Council & Primary Committee Member	= PCPM								
Planning Council Member	= PCM								
Committee Member	= M								