**Minnesota Council for HIV/AIDS Care and Prevention**

**Disparities Elimination Committee**

**Thursday, November 17, 2022**

**9:30 – 11:30 a.m.**

**Microsoft Teams Meeting**

**Meeting Minutes**

|  |  |
| --- | --- |
| **Committee Members Present:**  |  |
| Antwon Davis | Jay Orne (co-chair) |
| Charlotte Detournay | Sarah Schiele (co-chair) |
| Megan Higdon |  |
| **Committee Members Absent:**  |  |
| Jim Mitulski | Meg Thomas (Mueller) |
| **Guests:**  |  |
| Raisin Johnson (Rainbow Health) | Aubrey Hagen (Hennepin County) |
| Chris Lorenzo (Rainbow Health) | Cody Raasch (Hennepin County) |
|  | Emily Reimer (DHS) |
| **Hennepin County (Part A) Representative:**  | **DHS (Part B) Representative:**  |
| None | Thomas Blissett |
| **MDH (Prevention) Representative:** | **MDH (Surveillance) Representative:** |
| McKinzie Woelfel | Hannah Kass-Aten |
| **MCHACP Staff:** |  |
| Carissa Weisdorf, Coordinator | Christine Ashley-Norberg (minutes) |

Quorum Present? **Yes**

1. **Welcome and introductions**
* Sarah Schiele called the meeting to order at 9:30 a.m. Introductions were made.
1. **Review, approval of minutes from** **September 15 meeting and combined committee meeting on October 16.**
* The minutes from the September 15 meeting and combined committee meeting on October 16 were reviewed and approved as printed.
* The agenda for the meeting was approved as printed.
1. **Overview of Ryan White mental health and psychosocial support service areas:**
* Thomas Blissett presented an overview of the mental health and psychosocial service areas. Thomas explained that the way we are using psychosocial in Minnesota is more of a mental health service. It is supposed to have interventions to help people have specific health outcomes relating to social determinants of health and the holistic well-being of an individual.
* Thomas added that mental health services relating to PCN 16-02 are to provide counseling therapy and one-on-one interventions that an individual would go to a licensed therapist for, such as prescriptions for mental health services. We are now funding the intake for mental health assessments and then we will refer them over to a licensed therapist and they can use program HH for a billable service, such as finding a therapist or counselor.
* Thomas added that there are ways to develop support groups that is allowable with funding, but there needs to be an intervention or scientifically based model that can be used to measure health outcomes.
* Jay Orne said it is useful to know what the funding streams are supposed to be paying for and the difference between practice and the intent of the legislation.
* Thomas clarified that Program HH does fund mental health visits for those clients who are underinsured and uninsured allocated on the Part B side. Program HH does fund individual agencies to provide mental health services. If a therapist is contracted with Medicaid, clients can go to those therapists and then that can be billed through Program HH.
* Thomas reminded the committee that our population is heavily insured so a lot of clients use their health insurance for mental health services which would not be captured in Program HH or CAREWare because it is a copay.
* Jay asked if there is anything in the mental health service category that we don't currently typically fund that could be allowable.
* Thomas responded that a productive use of time would be to bring in some of the source service organizations and ask them what kind of interventions they would like to do, and then you can bring that to DHS and ask what service category the interventions fit under.
1. **Mental health services and psychosocial support services data presentation.** Emily Reimer and Cody Raasch presented ***Psychosocial Support & Mental Health Services****.*
* Emily clarified that the data in the presentation are about clients that receive services only, so it is harder to look at disparities and barriers. If there is interest for a future meeting, they could also look at access to different services as shown in the needs assessment conducted in 2020.
* Jay Orne commented that if there are race/ethnic groups with so few people using a service that we can't even display the data, that seems like a huge disparity.
* Jay Orne added that it's worth doing a survey of which providers are out there that are offering these services and to whom.
* A committee member commented that the presentation points to a service gap in providing supportive services to people that don't qualify for medical case management. If a person falls under the line to get a medical case manager, they can be pushed into a lot of services, but if they don't qualify are they might still struggle and not have navigation to get to get these other services.
* Cody agreed that some people aren't receiving medical case management, but really could be a great candidate for psychosocial support services.
* Emily Reimer wonders if clients receive some of the basic needs like food bank and home delivered meals, if it would it make them more likely to receive mental health services and psychosocial support.
* A committee member added that they are going towards the conversation that we want today which is how we're going to start reaching these disparities that are shown on the on the charts.
* Megan Higdon asked how we are going to start addressing the disparities shown. She needs help understanding the options and how this all works. It’s difficult in the meetings to have data shown but not talking about the issues as much or how to change these numbers.
* Jay concluded the discussion by stating that we can see some disparities in what's not presented and in some of the utilization rates. The needs assessment tells where the needs are and then this is telling us who's using those. Perhaps the direction that we should take the conversation is in looking at the overlaps between services in terms of where coordination is missing.
1. **Mental health resources and need gaps. *Raisin Johnson and Chris Lorenz, Rainbow Health******, Care Coordination of Mental Health Services***
* Raisin presented information about Rainbow Health care coordination of mental health services. She is a mental health care coordinator serving clients living with HIV. Her caseload includes about 60% people of color, and 50% identify as part of the LGBTQ community. She does short-term crisis therapy and support in the interim until they're able to get connected to a longer-term support in the mental health field.
* A committee member commented that at the Positive Care Center they’ve expanded the mental health program so there are two dedicated psychotherapists. One of them is seeing that the social determinants of health are so complex that most of the therapy sessions are social work before being able to engage in therapy. They are trying to figure out how to navigate this because they can’t get to the therapy for patients.
* Jay Orne stated that the needs that Raisin pointed out also points to the gaps seen in the needs assessment data. Without redoing the data collection again, it’s really time to see what the process is for figuring out which of these solutions would have the most impact.
* Chris Lorenz presented ***Rainbow Health: Chemical Health***. They are a provider of Ryan White funds. He stated that Program HH is supposed to be an umbrella service. The clients have both mental health needs and substance use disorders. But when you get above 133% of the amount Program HH allows and no other insurance, just Medicare, these clients aren't getting the services that they qualify for.
* Chris would like to be able to see Program HH provide services that are comparable to at least the behavioral health fund in MN. He would like to see clients that have Program HH to qualify for that suite of services that behavioral health funding provides or MA.
* Jay Orne said there is an incredible overlap in those who need chemical and mental health services as we see in the needs assessment as well.
1. **Discuss presentations and next steps**
* Jay Orne led the discussion about next steps. The committee has seen some data on utilization and the needs assessment data. There have been conversations with folks that have on the ground experience about what some of the needs are. He asked what do we want to do about it?
* Sarah Schiele added that she learned from the meeting with Chris and Raisin a couple weeks ago, gambling addiction is also a co-occurring problem with folks living with HIV.
* Chris Lorenz commented that they are looking at expanding services but still trying to figure out if there's enough need and making sure that once we put it into CAREWare it is appropriate and reimbursable.
* Sarah Schiele said she gets lost in the coverage aspects it seems that they could focus on systematic changes needed.
* Jay said we are only seeing a certain percentage of the true utilization, but the needs assessment shows huge needs. There are waitlists and needs for short-term crisis therapy, while those things would be billed to insurance if they have it, the problem is that he’s not sure how to get the data that would let them do something. This goes back to the issue that the committee makes recommendations and can issue directives, but he feels at a loss about what can be done to address clear needs.
* Carissa responded that there are government representatives that sit on the committees and hear the discussions and see the presentations. Through these community conversations they are expanding the awareness of government recipient staff as well.
* Carissa also said one thing that is actionable from what Raisin discussed was making sure that other providers are aware of the mental health services that are available to their clients. Slide #4 could possibly be brought to a provider meeting which the government recipients put on every year so that could be a topic that could be recommended. Carissa said there were phases identified for this topic, and the last is a needs assessment, so there could be additional questions included for the next one.
* Jay Orne added in terms of next phases, a couple clear needs are popping up. The need for folks to receive some sort of mental health services and the need for care coordination.
* Megan Higdon would like for the committee to meet on how to get some of these disparities addressed within our communities, and to talk about how and where the state is gathered to discuss what we can do to start reaching these areas.
* Jay added that he and Sarah can add the issues discussed in the meeting to the next committee report to the council.
* Jay suggested that when the needs assessment is adding new questions or thinking about different areas, he and Sarah could talk to them about what they’ve heard and what data we might need. This should be added to the notes.
* Carissa said it is an excellent suggestion the next needs assessment will be rolled out in 2025, but it takes a year to get the assessment going.
* Jay Orne suggested for the January meeting, the committee could invite providers and anyone who is interested to participate in a forum to discuss the disparities mentioned today and get information out into the community. Sarah agreed this is a good idea.
* Carissa displayed the ***FY 2022 DEC Workplan***. Jay moved the “moving the conversation beyond the table” to January.
* Carissa mentioned that Brenda from Positively Hennepin would like to attend a committee meeting to provide a final report on a capacity building grant that had done working with people in the community to address various disparities. With the end of that grant, it could be something that the committee would be interested to hear more about. She can confirm a date with her for next year, perhaps in February.
* A committee member asked about the origin of the data presented earlier about mental health services. Cody Raasch explained it is from CAREWare. If someone utilized Ryan White services, it is added into the CAREWare data and can be extracted and analyzed for demographic and service details. It only includes providers that receives Ryan White funding and enters the information about clients.
* Cody also explained that when a client receives a service and then finds out that insurance is not covering it completely, or if they don't have insurance, then that would be entered into CAREWare. There isn’t a way to know about clients who get a service and then use emergency financial assistance for a medical cost if it's a copay for mental health services or for any number of different kinds of medical costs.
* Charlotte Detournay added the Hennepin County grant is FTE based and not unit-based. Because of that, the psychotherapist is going to work with anybody who is Ryan White eligible even if they have insurance. Perhaps someone who is an FTE based position is more able to meet some of the disparities in this area than the unit-based system.
* Chris Lorenz said absent of a Ryan White eligible fund that is allocated to a specific provider, the gap at service and disparities needs to be addressed by that payer of last resort. He needs to be redirected to the appropriate sources within Program HH to talk to them about health disparities of services.
1. **New business / unfinished business**
* Nothing discussed
1. **Set agenda for next meeting:**
* Carissa asked how the committee felt about holding future meetings in-person, hybrid, or remote. The committee agreed in-person provides a better format for discussion.
* Jay will try to get a conference room on December 15 at Aliveness Project. He suggests that the committee can do some planning at that meeting about the January forum.
1. **Announcements**

There were no announcements.

1. **Adjourn**
* Jay Orne adjourned the meeting at 11:30 a.m.

**Meeting Summary:**

* Thomas Blissett provided an overview of Ryan White mental health and psychosocial support service areas.
* Emily Reimer and Cody Raasch provided a presentation about mental health services and psychosocial support services data.
* Raisin Johnson and Chris Lorenz provided a presentation about Rainbow Health mental health resources and need gaps.

**Documents distributed before the meeting:**

* Proposed agenda for November 17, 2022 meeting
* September 15, 2022 DEC minutes
* October 26, 2022 combined committee minutes
* FY 2022 DEC workplan

**Documents displayed during the meeting:**

* Rainbow Health, Care Coordination of Mental Health Services
* Psychosocial Support & Mental Health Services

**CAN/cw**