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

**Disparities Elimination Committee**

**Thursday, December 15, 2022**

**9:30 – 11:30 a.m.**

**Microsoft Teams Meeting**

**Meeting Minutes**

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| **Committee Members Present:** |  |
| Megan Higdon | Jay Orne (co-chair) |
| **Committee Members Absent:** |  |
| Antwon Davis | Sarah Schiele (co-chair) |
| Charlotte Detournay | Meg Thomas (Mueller) |
| Jim Mitulski | Océane Lune |
| **Guests:** |  |
| Aubrey Hagen (Hennepin County) |  |
| **Hennepin County (Part A) Representative:** | **DHS (Part B) Representative:** |
| Jonathan Hanft | Thomas Blissett |
| **MDH (Prevention) Representative:** | **MDH (Surveillance) Representative:** |
| McKinzie Woelfel | None |
| **MCHACP Staff:** |  |
| Audra Gaikowski, coordinator | Christine Ashley-Norberg (minutes) |
| Carissa Weisdorf |  |

Quorum Present? **No**

1. **Welcome and introductions**

* Jay Orne called the meeting to order at 9:30 a.m. Introductions were made.

1. **Review, approval of minutes from** **November 17 meeting.**

* The minutes from the November 17 meeting were reviewed. Minutes were not approved due to quorum not being met. November minutes will be reviewed and approved in the January DEC meeting (pending).
* The agenda for the meeting was approved as printed.

1. **Presentation about** [**Cope: mental health emergencies**](https://www.hennepin.us/residents/emergencies/mental-health-emergencies) *Kafayat Julmat*, *Hennepin County Cope co-supervisor*

* Kafayat Julmat presented ***Mental Health Mobile Crisis Services.***
* Kafayat will email the external referral form a digital copy of their flyer in several languages to the council coordinator.
* Jonathan Hanft asked if Cope providers have HIV specific referrals. He can send an information sheet about how to connect with Ryan White services for the Cope program.
  + Kafayat stated that state providers manage resources and referrals, so she is not certain, but they are aware of the Ryan White services.
* Carissa Weisdorf asked how the nationwide number 988 differs from the statewide crisis number 274747 that will reach your local county crisis team.
  + Kafayat responded that 988 is strictly phone support and they will do crisis assessments, but would either call 911 or do a warm transfer to Cope if face to face help is needed.

1. **Planning for** **mental health and psychosocial support services forum.**

* The committee began the discussion of planning for the mental health and psychosocial support services form.
* The forum could be an opportunity to gather folks from the community and staff at organizations to talk about some of the service gaps and culturally specific disparities.
* The forum could include different providers to share how their services are run, how they want referrals, what their lists look like, and how they move clients through.
* Needs assessment data could be presented.
* Different organizations that work with people in the HIV and mental health community could be asked to share the issues they are encountering to see if there are systemic level changes that can be addressed.
* Audra will include in her follow-up email to ask committee members to think of the names of contacts to invite and the questions to send out prior to the forum.
* Jonathan Hanft will talk to Cody Raasch, Ryan White Data Analyst, and Emily Reimer, HIV Supports Data Analyst about pulling together a presentation about the needs assessment data, and if there are specific questions, they can find those answers.
* A possible resource to consider for the forum is the National Alliance on Mental Illness (NAMI). NAMI offers training specifically for providers and professionals and has resources for multicultural and LGBTQ+ communities.
* The committee discussed the format of the meeting and who the audience would be.
* Carissa suggested that if they are asking questions of a group of professionals working in the mental health field it could be a panel depending on how many people are invited.
* Jay added that he sees it as a forum to bring together different groups to brainstorm and find common themes that DEC and other systems level folks at Ryan White would be interested in hearing about.
* Jonathan added as a part of a forum, a panel of providers of mental health services to people with HIV could speak about the issues that emerge in their practice, what they see as some of the needs and barriers for people with HIV to access mental health services. The forum could provide a rich discussion for providers, case managers, harm reduction folks, and those working in the community.
* The committee discussed the format of the forum. The meeting could start with a short presentation of systems level data that show the needs and disparities regarding mental health in these populations. Then 3 types of HIV service organizations could offer their perspectives such as a group from case management, another that provides services, and another from housing, for example. At the end there could be 30-45 minutes for discussion.
* Jonathan added that May is a few months away, but it will be mental health awareness month.
* Jay added that waiting until after winter might encourage more in-person attendance, which is better for discussions.

1. **New business / unfinished business**

* The committee discussed the prior meeting presentations.
* Jay Orne asked how the committee can follow up on issues presented about data on the services side and how services are being navigated. The disparity between the data showing who was getting services and the needs assessment showing a lot of folks saying that they needed services and then not being able to get them, speaks to a real need for more education and navigation.
* Megan Higdon commented that after clients were referred to Rainbow Health, they moved through with mental health services. The care coordination of mental health services was beneficial.
* Jonathan Hanft asked if the committee has done a deep dive into the needs assessment data in mental health?
* Jay Orne replied that they did discuss the needs assessment data about mental health when the process started, and this became a priority of the council.
* Jonathan added that DEC can request a presentation about the needs assessment findings about mental health. For example, one finding shows due to mental health, respondents in transitional housing, or temporarily housed, are two times more likely to miss HIV medical appointments. The other one is due to mental health younger respondents were more likely to have problems with HIV medication adherence.
* Jay said this points to why mental health is important for the council. He added that the assessment also showed because of mental health issues trans folks were less likely to take their medication, and that there are some chemical help issues for folks that were unstably housed or in transitional housing.
* Jay stated that maybe a good way to start out with forum would be to get this needs assessment piece out into the community and then get their reactions.
* Jonathan added that Hennepin County is working on SHAPE data, which is a community health assessment for Hennepin County residents. It is not HIV specific, but it does have questions on mental health and demographic data including LGBT identity. He hopes once the SHAPE data analysis is there will be presentations in the community, specifically on LGBTQ and other demographic groups as well.
* He also mentioned that a census report shows that LGBT people are more likely to have depression, and this disproportionately impacts the population with HIV.
* Thomas Blissett asked if Aliveness or Rainbow Health are credentialed with the insurance products that are offered. He suggests that some of the administrative burden is driven by the doctor's office or the therapist office, not necessarily the insurance company. In talking about disparities, it might be more of a systems and administrative issue and there could be ways the Ryan White providers can narrow the gap in care.
* Megan Higdon said as case managers they do spend time navigating the mental health system. They don’t have too many clients waiting for mental health therapy, but there are times there is a back-up in availability.
* Jay Orne commented that systemically it is very difficult still to figure out who is taking new clients, and to find out where they are and if they are culturally specific. He asked if the needs assessment data is broken out to show whether the person is receiving case management or not. A lot of these folks that are reporting that they have mental health issues might not have access to case management.
  + Jonathan Hanft added that the needs assessment data does not have that data, but CAREWare data might show the proportion of clients who are getting mental health services who are also getting case management services.
* Jay added that there may be an argument to take some of the money that is not currently being utilized in mental health services and putting into getting more people into case management. If that is driving people being able to more mental health services, it might be a roundabout way to make that happen.

1. **Set agenda for next meeting.** The ***FY 2022 DEC workplan*** was displayed

* The committee will continue planning for the upcoming mental health and psychosocial support services forum.
* Co-chair succession planning to prepare for the March co-chair election.
* Part A Capacity Building Grant update will be scheduled.
* A topic from the workplan that has not yet been covered is the needs of the African born community.
  + Jonathan suggested that they can reach out to the Sub-Saharan Youth and Family Services in Minnesota to see if someone would be interested to talk about their experience with the committee.

1. **Announcements**

There were no announcements.

1. **Adjourn**

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

**Meeting Summary:**

**Documents distributed before the meeting:**

* Proposed agenda for December 15, 2022 meeting
* November 17, 2022 DEC minutes
* FY 2022 DEC workplan

**Documents displayed during the meeting:**

* Covid19 Cope flyers in Bengali, English, Hindi, Hmong, Somali, and Urdu.
* External Referral for Hennepin County Cope Stabilization
* Mental Health Mobile Crisis Services Remote

**CAN/cw/ag**