Disparities Elimination Committee Meeting
Thursday, April 20, 2023
9:30 a.m. – 11:30 a.m.
Microsoft Teams Meeting

Committee Members Present:	
Sarah Schiele (co-chair)	Jay Orne (co-chair)
Océane Lune	Calvin Hillary Hylton
Alejandro Aguilera	Tristan Sparks
Mohamedkader Mohamed	
Committee Members Absent:	
Gage Urvina	Meg Thomas (Mueller)
Charlotte Detournay	James Velek
Nikki LeClaire	
Guests:	
Hank Jensen, DHS Asneth Omare, DHS	
Hennepin County (Part A) Representative:	**DHS (Part B) Representative:**
Eriika Etshokin	Amy Miller
MDH (Prevention) Representative:	**MDH (Surveillance) Representative:**
McKinzie Woelfel	Hannah Kass-Aten (MDH – Epi)
MCHACP Staff:	
Audra Gaikowski, coordinator	Jeremy Stadelman, admin specialist (minutes)

Quorum Present? Yes

I. **Welcome and introductions**
    - Sarah Schiele called the meeting to order at 9:30 a.m. Introductions were made.

II. **Review, approval of minutes from March 16 meeting and proposed agenda**
    - The minutes from the March 16 meeting were reviewed and approved.
    - The agenda for the meeting was approved as printed.

III. **Mental health resources through Program HH**
    - Asneth Omare and Hank Jensen from the Minnesota Department of Human Services (DHS) attended the meeting to highlight the mental health resources available through Program HH.
    - Hank presented a PowerPoint titled, ***Program HH Mental Health Benefits***.
        o Hank reminded the committee that Ryan White is the payor of last resort.
        o Diagnostic assessment is necessary to determine a member's eligibility for mental health services.
        o Psychotherapy now offers unlimited sessions.
        o A new DHS policy change is that providers do not have to submit authorization requests for psychotherapy sessions. This helps with access.
        o "Eligible providers" can be located in the Minnesota Health Care Programs (MHCP) Provider Directory.

- The directory is updated daily, but call to be sure providers accept clients with MHCP coverage.
- Hank demonstrated for the committee how the search directory works.
  - Challenges with mental health services:
    - There are certain needs that should be met like social appropriateness considerations.
  - As with any Program HH services being requested, a client's best friend is the MHCP Member ID Card.
  - Substance abuse therapy is not covered by Program HH.
  - Medications are not covered by Program HH.
- Questions from the committee:
  - Mohamedkader asked if there are linguistic or cultural appropriate resources available.
    - Hank has not heard complaints that there are a lack of providers for certain groups.
    - Asneth noted that DHS works with providers with Ryan White funding because they will be able to provide more specific types of resources.
  - Tristan asked if Program HH will be affected by current telehealth expansion efforts.
    - Hank indicated that telehealth is likely not going anywhere, so no drastic changes should be expected.
    - Asneth noted that Ryan White does allow telehealth; it's just an issue of how it is billed.
  - Tristan asked if it is possible for a Greater MN clients to receive services in the Twin Cities?
    - With Program HH and Medicaid, generally there are no limitations
    - In regards to Program HH and private insurance, there can be limitations imposed by the private or primary insurance of the client.
    - Jay explained that the reality is that the list of providers is more limited for each individual based upon their needs and insurance status.
      - Other limitations include primary insurance requirements and what providers want to offer (i.e. some do not want to work with those with substance use disorder).
        - Asneth noted that DHS has not heard about any access issues.
        - Jay suggested that a potential directive from the council could be that a certain percentage of providers should not have limitations around substance use disorder in the patients they treat.

IV. Finalize mental health provider discussion
- Audra noted that 4 providers have now been confirmed to participate in the mental health panel.
  - Rainbow Health
  - SAYSFM
  - Aliveness
  - Positive Care Center
- Audra displayed the ***flyer advertising the panel*** with the changes requested by the committee.
  - Do we want to add a link to the virtual session on the flyer?
    - There was a suggestion that there could be one version that includes the link we can share virtually and one that is printed so that providers have the information to share at their agencies.
      - Sarah suggested adding a QR code and having one flyer.

- - o The committee agreed with this change and Audra indicated that she will add a QR code that will take an individual directly to the virtual meeting.
  - Jay and Alejandro urged the committee to share the flyers with providers and distribute them in the community.
  - Sarah asked about parking reimbursements for non-committee members.
    - o Audra indicated that she will follow up on this.
    - o Parking can be a barrier.
  - Alejandro suggested inviting Reclaim to the event to either attend or participate.
    - o Alejandro agreed to reach out to the organization to ask.
  - Audra noted that all Part A and Part B providers have been invited.
    - o No one from La Clinica is able to attend.
  - Jay and Océane are co-moderators and will connect to run through the forum.

V. Directives training
- Directives can be used as a way to address underutilization and access issues.
- Audra shared the following resources regarding directives:
  - o https://targethiv.org/sites/default/files/media/documents/2022-02/StepsandSoundPractices_V2.pdf
  - o https://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/resource_allocation_process.pdf
- Audra presented a ***PowerPoint to the committee on developing directives*** (Audra sent the PowerPoint to the committee on April 20).
  - o Directives can be developed year-round, but are best completed and adopted before resource allocation because they often have fiscal implications.
    - ▪ DEC should issue any directives by June.
  - o Directives should address a documented need, often data/analyses based on information gathered by the council (i.e. the needs assessment).
  - o Purposes of directives:
    - ▪ Ensuring availability of services in all parts of the jurisdiction.
    - ▪ Ensuring services are appropriate for specific target populations.
    - ▪ Overcoming barriers that reduce access to care.
    - ▪ Calling for the testing or broader use of a particular service model.
  - o Directives must not:
    - ▪ Have the effect of limiting open procurement by making only 1-2 providers eligible.
  - o The council should work with the recipient to explore cost implications.
  - o After a directive is approved:
    - ▪ Recipient must follow directives in procurement and contracting but cannot always guarantee full success
    - ▪ Recipient should be asked to provide updates on implementations
    - ▪ Council should work with recipient to review results of the directive implementation.
- Jay provided examples of potential directives that the council can explore:
  - o Access to services in Greater MN
  - o Disparities in access in particular areas related to cultural appropriateness
  - o Intersection around substance use and mental health services
  - o Issues around administrative burden

o   Testing of a successful service model
- Can directives be changed or adjusted?
    o   Once approved by the council, it would be unlikely for changes be made to it.
        - There could be changes made by other committees and the council before it is approved.
- Audra noted that Jonathan Hanft will be coming to the June meeting to discuss what has been accomplished since the mental health recommendations were developed and passed by the council.

VI. **Council training needs**
- Audra noted that DEC provides input every year about what trainings the council should have.
- Audra shared the *FY 2023 Training Schedule* for Council Members.
- Audra noted that Tanisha Lewis is working to provide an advocacy training for CVC that could be also provided to the council.
    o   Tristan noted that stigma is still a major issue, especially in Greater MN and asked if this can this be addressed in an advocacy training.
        - The committee would like to discuss these issues further at a future meeting.
- Jay suggested that a training on the research regarding the root causes of the issues (i.e. stigma) that we are seeing in HIV prevention, especially around youth and POC, would be beneficial for the council.
    o   Hannah agreed and indicated that she will bring this back to the surveillance team to see if there are any ideas about how this might be implemented.
    o   Jay knows some researchers that might have some insight into this.
    o   Audra will bring this possible training topic to Membership and Training.

VII. **New business / Unfinished Business**
- Audra reviewed the *religious holiday calendar* to determine if there are any conflicts that need to be addressed.
    o   If you have a conflict please let Audra, Jay, or Sarah know.

VIII. **Set agenda for June meeting**
- Debrief forum
    o   This could be multiple meetings
- Discuss possible directives
    o   Have draft by the end of June and send directive to PAC in July
- FY 24 Part A MAI allocations recommendations
- FY 23 MAI post-award adjustments
- Part A/B update on mental health subcommittee
    o   The committee would prefer to prioritize the other agenda items; this item may be moved to July as time allows.

IX. **Announcements**
- Alejandro is participating in an Elevate Training- May 8-12
- Jay is an editor for https://www.highlyfavoredmagazine.com – call for submissions

X. **Adjourn**

- Jay Orne adjourned the meeting at 11:28 a.m.

<u>Documents shared before the meeting:</u>
- 2023.04.20 DEC agenda
- 2023.03.16 DEC minutes
- FY2023 DEC workplan

<u>Documents shared during the meeting:</u>
- Program HH Mental Health Benefits PowerPoint
- Flyer advertising the mental health panel
- Developing directives PowerPoint
- FY 2023 Training Schedule
- Religious holiday calendar

JS/