Disparities Elimination Committee Meeting
Thursday, June 15, 2023
9:30 a.m. – 11:30 a.m.
Microsoft Teams Meeting

Committee Members Present:	
Sarah Schiele (co-chair)	James Velek
Océane Lune	Gage Urvina
Alejandro Aguilera	
Committee Members Absent:	
Charlotte Detournay	Calvin Hillary Hylton
Nikki LeClaire	Tristan Sparks
Jay Orne (co-chair)	
Guests:	
Jonathan Hanft, Hennepin County	Thomas Blissett, 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 9:34 a.m. Introductions were made.

II. **Review, approval of minutes from April 20 and May 18 meeting and proposed agenda**
   - The minutes from the April 20 and May 18 meeting were reviewed and approved.
   - The agenda for the meeting was approved with one change noted below:
     - The committee agreed to discuss the results of meeting format survey rather than MAI allocations.

III. **Update on mental health subcommittee**
   Jonathan Hanft, Hennepin County Public Health Ryan White Program
   Thomas Blissett, Minnesota Department of Human Services
   McKinzie Woelfel, Minnesota Department of Health
   - Jonathan provided an update on Part A's activities since the recommendations were made.
     - On further Assessment and Evaluation:
       - Medical case managers all use a standard acuity assessment that includes mental health and transportation (Standard 3). The acuity assessment was updated in 2019.
     - On Standards of Care:
       - Medical case managers are to recommend inclusion of mental health care in a clients care plan if the acuity assessment identifies a need for mental health treatment and assist the client in linking to a mental health provider. (Standards 3, 4, and 6)

- Mental health standards of care (revised in 2019) require the provider to complete a diagnostic assessment. To receive Ryan White HIV/AIDS Program funding for mental health services, a client must have a mental health diagnosis. The diagnostic assessment includes assessment of substance use disorder. (Standard 1.1 and 1.2)
- Psychosocial support standards (revised in 2019) require the provider to receive clinical consultation for clients presenting with signs of mental distress or illness and conduct a mental health screening based on recommendation of the clinical consultant. (Standard 2.1 and 2.2)
  - On Prisons:
    - In 2019, Hennepin County's Positively Hennepin Implementation Coordinator worked with Adult Corrections to incorporate HIV questions in a pilot release program to identify client needs and referrals for care post-incarceration.
    - In 2023 Hennepin County's Ryan White Program Coordinator met with the medical director of the Hennepin County Adult Detention Facility to learn about the assessment process for medical care while incarcerated and discuss release planning for PWH.
  - Questions/comments:
    - Did the mental health subcommittee conduct focus groups for psychosocial and mental health providers in 2019?
      - No, but the recent mental health forum has rich information.
        - Lack of access to psychiatric care remains an ongoing problem for those seeking mental health care in the state.
    - There is an additional assessment for suicidality is in the diagnostic assessment.
    - In the substance use disorder (SUD) standards update there will be language about linking those with SUD to medications.
- McKinzie provided an update for Prevention:
  - Minnesota Department of Health (MDH) funding is very specific and mental health is hard to work into funding programs. MDH has funded psychosocial programs in the past, but it is not happening now. Current prevention funding focuses on those experiencing homelessness and harm reduction programs. Prevention funding is typically focused on immediate needs.
    - Disease Intervention Specialists work the most with community members, but these interactions are brief not typically recurring.
      - They rely on infectious diseases clinics for referrals to mental heath care.
  - Questions:
    - Early Intervention Services (EIS) focus on testing and getting individuals linked to initial visits and Medical Case Management (MCM). New cohorts could be trained to provide referrals to mental health care if a client presents with symptoms.
      - McKinzie can bring this back to her colleagues who are conducting the trainings to make sure this is included in the curriculum.
      - Océane noted that this is already in place. EIS specialists are also asking about homelessness and other support services that are needed.
        - However, there are not many opportunities for follow-up under EIS. Clients are often seen just one-time.

- A list of mental health care resources can be compiled and sent out to providers receiving EIS funding. Many providers just don't know where to refer clients for mental health care.
  - This could go to CVC for feedback.
- The council could present on service areas and what the components of each are, which has been done in the past.
- **[*The Ryan White System of Care Fact Sheet*](#)** is currently being updated. This will be a great resource for those seeking Ryan White Services.
      - Jonathan suggested that Part A can do more on the prevention side. Hennepin County has recently submitted an application for a HRSA grant to develop a status neutral approach to HIV care. Part A hopes to work with community partners and public health clinics to focus on young African American men, trans women, and other groups who have HIV or are at high-risk. This would include efforts to link more individuals to services and PrEP.
        - A part of this work could include creating a resource for providers working with those who are at high risk to help them better access preventative care.
- Thomas provided an update for Part B.
  - Two questions were added to the 2020 needs assessment about mental health.
  - MCM uses the same assessment tool now, which includes an assessment of access to transportation.
  - Mental health funding is available, and Part B is gathering an inventory of that funding. Providers should look at the DHS funding website for more opportunities for funding.
  - Questions:
    - Is it possible to survey all MCMs to ask about access to mental health and its barriers?
      - The acuity scale addresses some of this, but a survey may be possible.

IV. Debrief mental health forum, draft directives
- Psychotherapy now offers unlimited sessions, which is an important change to note.
- It was great to see providers show up and give candid input. We are starting to see common barriers in delivering mental health services.
- Are the standards of care creating barriers?
- Shame and stigma continue to be an issue around these areas:
  - SUD
  - Mental health
  - HIV
  - Cultural stigmas
  - Homelessness
- Things that stood out from the forum:
  - There is a need to think outside of the box; mental health is more than a one-on-one 50-minute session. Other services may be more responsive to those we are trying to reach.
    - Working on ways to make those other activities billable.
  - There is a disconnect with Program HH not providing psychotherapy even though it appears it does.

- There were unique perspectives, but commonalities of apparent barriers were illuminated.
- A panelist noted that at the Positive Care Center, 97% of patients do not have insurance; why aren't people being linked to Program HH?
- Potential directives:
  - Capacity training around gender and non-binary equity.
  - Suggestion to look at the forum notes and pull potential directives from each question. The co-chairs will meet with council staff to summarize the data in a more digestible way.

V. Meeting format survey
- Audra displayed the ***results of the meeting format survey.***
- Audra noted that DEC was hybrid in the fall but voted in January to go back to virtual because very few committee members were showing up in person.
- Committee preferences:
  - James prefers in person because he gets more out of meetings.
  - Océane asked where meetings would be hosted.
    - Could be at Hennepin County's Health Services Building (HSB) or at a community location.
  - Sarah prefers hybrid and likes the idea of going to community locations.
  - Alejandro prefers hybrid because of the flexibility it provides.
  - McKinzie would prefer to focus on the council to be in person, with committees virtual.
  - **MOTION**: Alejandro Aguilera moved that the Executive Committee provide a deadline to make a decision. James Velek seconded.
  - **DEBATE**:
    - Océane wondered if this motion would affect all committees or just DEC? Can we just come up with our own deadline?
    - Audra suggested that it might make sense to have DEC make their own deadline because the Executive Committee is not asking for a report be made back their committee.
    - Sarah suggested that it might make sense to have a vote next month about the meeting format.
  - **VOTE: There was no vote because Alejandro rescinded his motion.**
  - The committee agreed to decide at the July 2023 meeting about whether to have hybrid or virtual meetings.

VI. New business / Unfinished Business
- None

VII. Set agenda for July meeting
- Continue mental health draft directives discussion.
- Part A MAI allocations recommendations.
- Continue meeting format discussion.

  For the August meeting:
  - The ESCALATE training update will be presented to the full council, so does the committee still want its own presentation?
    - Alejandro would like a tailored presentation from ESCALATE.

- o This can be moved from August to September on the workplan.
- Focus group RW enrollment update:
  - o The Hennepin County's intern's last day is in August, so it makes sense to have this in August.

VIII. Announcements
- None

IX. Adjourn
- Sarah Schiele adjourned the meeting at 11:07 a.m.

Documents shared before the meeting:
- 2023.06.15 DEC agenda
- 2023.04.20 and 2023.05.18 DEC minutes
- FY2023 DEC workplan

Documents shared during the meeting:
- [The Ryan White System of Care Fact Sheet](#)
- [Minnesota and Minneapolis - St. Paul TGA Integrated Plan for 2022-2026 (mnhivcouncil.org)](#)
- Results of the meeting format survey

JS/ag