

## *Group 1*

### #1

- No core medical service wait list
- Collaboration w/non-Ryan White agencies, i.e., religious institutions
- Intentional w/reaching out to different populations in MN
- Planning or HIV/AIDS prevention + care no longer siloed
- Syringe exchange
- Consumer involvement in planning

### #2

- Use of supportive services – which are prioritized + allocated by MCHACP – increase access to core services
- Options & availability of public transportation
- Many agencies that provide culturally competent HIV/AIDS services
- Medical case management prioritized #2 receives a lot of funding to help RW clients address barriers to access & retention
- Emergency financial assistance

### #3

- Linguistic services
- Food services
- Medical Transportation
- Peer supportive services
- Housing
- Emergency financial assistance
- Psychosocial support services
- Referral for healthcare/supportive services

### #4

- Peer supportive services, i.e., Psychosocial support
- Food services
- Emergency Financial Assistance
- Food vouchers (eliminate the lottery system)
- Non-medical case management

## Group 2

### #1 Preventative

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- Recognizing the role of housing in keeping people in adherence/accessing care
- Public health prep program (podcast)
- Outreach services esp to populations at greatest risk (i.e., hired people rep of the community) – creating a flow of information & outside the box on where to reach people
- ACA has had a huge impact – concern for what will happen if ACA is dismantled biggest impact on Medical Program
- Care: leveraging resources – RW \$ + Medicaid for ensuring coverage BUT there are gaps (esp in RW\$)
- Following the epidemiology has helped us – follow who is becoming infected, out of care \$ should be targeted/starting to do so

### #2

- From housing perspective w/wraparound services – all people eligible for RW are getting
- How are we reaching the native Am community? We don't seem to have the data – doesn't show the people who need support
  - What we need is people to answer this question who are underserved or not
  - Ask them

### #3

- What is keeping people detectable? (have to research) (ex: can't swallow pills? Is this adherence to counseling? Care med)
- Legal services for undocumented

### #4

- Flexible housing support services \$
- More education + awareness leading to culturally competent providers (don't ignore 'failures' those who don't come back – find out why)
- Imbed basic needs w/in funded services
  - Flexibility/lenient definitions of services
  - Meeting person-centered needs not tied to regulations (EX # served to get paid)

### *Group 3*

(Possibly missing a page?)

#2 Greater MN people are having trouble accessing services

- Transportation
- Educated medical providers
- Not enough services for 2-spirit people + transgender

#3 Link and Retain

- \*Housing – it's about support/wraparound services
- Mental health
  - Need flexibility in how \$ are used to support services (EX need 24/7 support – cm + mh professionals can't meet this need)
  - More crisis service – not on-going/daily
- Hard to get people to access mh + cd services
- What are the services that don't get reimbursed (EX crisis, quick consult)
- GAP Analysis

#4

- Chemical use
  - Education on harm reduction since very few people can completely quit (make this accessible)
  - Not only
  - \* It's about the definitions + boxes – but we need accurate data which is about check the boxes

### *Group 4*

1)

- NOT sure it's increasing, there are still individuals not getting care. Needs improvement.
- Has all needed programs, problem is informing individuals about services available to them.
- Providers are doing a better job in communicating challenges with each other
- Data has improved with the development of the combined council

2)

- Transportation has improved access to services.
- Word of mouth. – More sharing
- Newly diagnose individuals are receiving better Case Management – has improved in connecting individuals to core services.

3)

- \*Housing without need to be long-term homeless. \*-Also needs to be affordable!
- Transportation – Accessing it
- Emergency Funding
- Emotional Support
- Should be more childcare services – for appointments

4)

- Housing \*
- Mental/social support
- EFA
- Case management regardless of financial status.
- Legal services. EX: immigration-receiving care based on status
- Health Education & Risk Reduction to help combat stigma.

## *Group 5*

### 1. Minnesota's success in increasing access to HIV services

- Culturally sensitive healthcare
- Care coordination across org.& disciplines throughout the TGA
- Targeted outreach that connects people to care.
- Ryan White Funded providers Serve undocumented immigrants

### 2. How is access to Ryan White core services in the TGA?

- Greater difficulty in more rural parts of the TGA
- Easy in Minneapolis to access core services
- More funding for care education
- Some core services are already being provided

### 3. Support services that help link to care + retain

- Emergency Financial assistance
  - Would like to expand this
- Housing services
- Food Bank Services
- Medical transportation
- Support services help keep consumers in care & utilizing core services

### 4. More Funding For Support Services

- Transportation
- Legal services
- Emergency Financial Assistance
- Housing
- Health Edu/risk ?? / connecting why condoms/PREP are important
- Outreach services
- Case management : training + reducing turn over