

Disparities Elimination Committee

July 16, 2020

9:30 am – 11:30 am

Remote meeting

Meeting Summary/Minutes

| | |
|--|---------------------------------------|
| Disparities Elimination Committee Members Present | |
| Denis Anderson (Co-chair) | Alfredo Rincon-Gonzalez |
| Charlotte Detournay | Teresa Jones |
| Raymel Givens | Megan Mueller (Co-chair) |
| Cree Gordon | Nafula Namuninia |
| Committee Members Absent: | |
| Tom Kennedy | |
| Guests and Community Members: | |
| Anika Kaleewoun | Tyrie Stanley |
| Aaron Peterson | |
| Hennepin County (Part A) Representative: | DHS (Part B) Representative: |
| Thuan Tran | Fred Ndip |
| | |
| MDH (Prevention) Representatives: | MCHACP Staff: |
| McKinzie Woelfel | Richard Puella (Minutes) |
| | Carissa Weisdorf, Council Coordinator |

Quorum Present? Yes

- I. **Welcome and introductions** Dennis Anderson called the meeting to order at 9:00 a.m. and introductions were made.
- II. **Review, approval of minutes from June meeting and proposed agenda:** The proposed agenda and June minutes were approved by unanimous consent.

III. Part A MAI funds for FY 2021 and 2022 (recommendation was sent back by Planning and Allocations Committee):

Aaron Peterson presented a revised proposal for FY 2021 and 2022 MAI funds and explained why it was sent back by the Planning and Allocations Committee (PAC). He also noted that the amount DEC had allocated was incorrect as there was an error with one of the numbers in the table. The actual amount is \$336,219.

- After DEC made a recommendation on Thursday, June 18, 2020, the recommendation was forwarded by Council staff to the Part A recipient, Hennepin County (HC), who reviewed the recommendation.
- June 2020: PAC received the FY2021 allocation proposal along with Hennepin County's context based on the proposal. PAC chose to send the allocation back to DEC based on this new information.
- Hennepin County emphasized the potential impact the original recommendation DEC made on the core medical expenditure waiver. He explained that without the waiver, 75% of funding must be spent of the on core medical services, however, if requirements are met, HC can apply for an expenditure waiver which has been the case for the past 3 years. A large requirement for the wavier is that all core medical services have to be currently available and accessible within 30 days.

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- The concern after reviewing the original recommendation from DEC, is that a reduction in outpatient services could result in a waiting list for Hispanic clients, which HC would not be eligible for the waiver. Due to immigration status, many Hispanic clients cannot obtain insurance, so Ryan White is the only payer of their HIV medical care.
- After corrections have been made and confirmed, below is what Hennepin County is recommending to DEC.

| Services and Population | HC Proposed |
|--|------------------|
| Medical Case Management (MCM) | \$206,926 |
| -Black | \$40,000 |
| -Hispanic/Latinx | \$166,926 |
| Outpatient/Ambulatory Health Services (OAHS) (Black and Hispanic/Latinx) | \$129,293 |
| Emergency Financial Assistance (EFA) | n/a |
| Total Allocation | \$336,219 |

- Considerations for DEC: If DEC funds Emergency Financial Assistance (EFA) with Part A MAI
 - HC cannot apply for the core medical expenditure waiver unless an equal amount of Part A funded support services(s) is moved to core medical services.
- If DEC adopts the revised proposal or Hennepin County (above):
 - Hispanic clients (some undocumented) will have access to culturally responsive outpatient/ambulatory health services (OAHS)
 - This will insure OAHS are available within 30 days
 - Requirements for the waiver are met.
- Carissa Weisdorf referred to the Planning and Allocations Committee (PAC) minutes to provide DEC with additional information about additional rebate funding going to EFA that influenced PAC’s decision to send this recommendation back.
- Thuan Tran reiterated that fact the health outcomes from OAHS program for Hispanic clients are superb.
- Charlotte Detournay commented as a representative from an organization that serves a large population of people of color and undocumented clients, have never received MAI funding before this year. She felt that it is important to have a funding stream that caters to disproportionately affected clients, but to keep in mind that this is such a small portion of money when considering the whole OAHS under Part A, who serve the undocumented Hispanic clients already.
- Dennis Anderson moved to accept Hennepin County’s proposal as is. Megan Mueller seconded the motion. Megan Mueller found it frustrating that the original proposal didn’t work out when considering the amount of time spent in debate and developing the proposal. Cree Gordon pointed out that it is important to have all the information at the time of decision making. Cree requested that for the future to delay any topics that need to have decisions made if all the information is not present. After discussion, the motion passes and the proposal will be adopted.

| Roll Call | Aye/No |
|---------------------|---------|
| Charlotte Detournay | Abstain |
| Raymel Givens | Aye |
| Cree Gordon | Aye |
| Teresa Jones | Aye |
| Megan Mueller | Aye |
| Fred Ndip | Aye |

IV. Clinical Quality Management Plan and how it overlaps with Disparities Elimination Committee's work:

Carissa Weisdorf provided some background and explained why this was on today's agenda. Earlier this year this committee was reviewing goal 3 of the integrated plan, which is a collaborative plan between the council, the Department of Human Services, the Department of Health, and Hennepin County. The committee was looking at ways to help meet the goal of eliminating disparities. A comment was made that there is an additional plan that is working on the same type of work, and this committee wanted a presentation of the plan to see if there are any overlaps.

- Anika Kalewoun presented, *MN HIV/AIDS Quality Management Advisory Committee's (QMAC) Clinical Quality Management Plan's Points of Disparity Reduction*.

V. Questions and Discussion:

- Dennis Anderson asked what agency could be given as an example, that has culturally specific services and can increase numbers. Anika explained that the clinical quality management subcommittee was very specific about having consumers evaluate their providers. Currently, Thuan Tran and Jeremy Stadelman are working on culturally responsiveness assessment tools which can be helpful to see if our providers are meeting the cultural needs of Ryan White consumers
- Dennis asked if the providers that are being evaluated are existing providers or are these new providers. Anika explained that there are two tracks. First is about increasing the cultural responsiveness of existing providers. Second is about removing barriers and increasing access for not previously contacted providers to apply for Ryan White funds.
- Dennis asked what is planned to get longevity for these programs so that it isn't only around for a few years then stops. What are the next steps once the grant has been approved? Thuan explained that this has been identified through one of their pilot projects, and as Dennis mentioned became a two-year grant because one provider wasn't interested in applying for the grant again, and the other was because they did not meet any goals or objectives. Continued improvement to the assessment of readiness around fiscal management, community engagement, working with DEC to identify ways to improve our technical assistance for our new providers with regards to help them understand contract goals and objectives.
- Dennis pointed out that there are two different goals, one being for the provider, and the other comes from the grant requirements. If the grant and the provider's goals don't line up with each other what happens? Thuan noted that there are a few things that are non-negotiable, and that all efforts that are funded must demonstrate improved health outcomes for Ryan White clients. If the organization's goal is not within the context of improving health outcomes for Ryan White clients, it can't be funded.

VI. New Business/Unfinished Business/Goal Setting: No new business was discussed.

VII. Set agenda for next meeting: Continue the discussion on the Clinical Quality Management Plan how it overlaps with DEC's work.

VIII. Announcements: No Announcements were made.

IX. Adjourn: The meeting was adjourned at 10:31am