

**Minnesota Council for HIV/AIDS Care and Prevention  
Disparities Elimination Committee  
Thursday, August 18, 2022  
9:30 – 11:30 a.m.  
Microsoft Teams Meeting  
Meeting Minutes**

<b>Committee Members Present:</b>	
Charlotte Detournay	Jay Orne (co-chair)
Jim Mitulski	Sarah Schiele (co-chair)
Megan Mueller	
<b>Committee Members Absent:</b>	
Megan Higdon	Océane Lune
<b>Guests:</b>	
Shea Amaro (DHS)	Lizzie McNamara (Minnesota Management and Budget)
Sokun Derosier (DHS)	Darin Rowles (DHS)
<b>Hennepin County (Part A) Representative:</b>	
None	<b>DHS (Part B) Representative:</b> Thomas Blissett
<b>MDH (Prevention) Representative:</b>	
McKinzie Woelfel	<b>MDH (Surveillance) Representative:</b> Hannah Kass-Aten
<b>MCHACP Staff:</b>	
Carissa Weisdorf, Coordinator	Bryan Bick, Administrative 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 and approval of minutes from August 4 meeting and proposed agenda**

- The minutes from the August 4, 2022 meeting were reviewed and approved as printed.
- The agenda for the meeting was approved as printed.

**III. Integrated plan needs assessment:** Lizzie McNamara led a discussion of identifying priorities for the integrated HIV care and prevention plan.

- Lizzie explained that the plan is being developed in collaboration with the council, the Minnesota Department of Health (MDH), the Minnesota Department of Human Services (DHS), and Hennepin County.
- The steering committee for the integrated plan has gone through a needs assessment process, examining data from a variety of sources, including the 2020 Needs Assessment survey and the 2021 epidemiologic data from MDH.
- The steering committee is now working on identifying priorities to inform the goals and objectives in the integrated plan.
- Lizzie added a link in the meeting chat to a [virtual bulletin board](#) and invited the committee members to take time to review it. She asked them to give the listed priorities a thumbs up or thumbs down, add comments, or add new priorities that have not already been identified.

- A committee member asked for clarification on the two outbreaks that are mentioned. Lizzie explained they are HIV outbreaks, one occurring in Hennepin and Ramsey Counties and the other in the Duluth region.
- Lizzie was asked if the committee should be choosing or ranking the listed priorities. She answered that there is no limit to the number of priorities that can be included in the integrated plan, and today's activity is not a ranking exercise. She is asking for feedback on the priorities that have been identified or suggestions for priorities that are missing from the current list.
- Lizzie asked if there were any priorities missing from the virtual bulletin board.
  - A committee member said that mental health and substance abuse struggles contribute to difficulties with retention in care and medication adherence.
    - A comment was added to the bulletin board stating that criteria to access services are too rigid.
    - A committee member mentioned that service models for mental health and substance abuse treatment might not fit with the populations that need them.
    - Substance use issues may not rise to the level of need for intensive outpatient or inpatient treatment, but they can still affect medication adherence and access to care.
  - A committee member emphasized lack of psychiatry access. They mentioned that many patients at Hennepin Healthcare who see the in-clinic psychotherapist have mental health issues that require care from a psychiatrist, but those providers are not available.
  - A committee member added lack of coordination between systems to the bulletin board. They stated there is a lot of duplication and disconnect between partner organizations.
    - They added that centralized eligibility for Ryan White services may improve that, but there are also partner agencies that aren't part of the Ryan White system.
    - They observed that many people living with HIV/AIDS have so many concerns and socioeconomic barriers, and the different providers who try to help are not coordinating well.
  - A committee member stated that the Disparities Elimination Committee should stay aware of monkeypox and how inequitable access to vaccines and treatment is impacting priority populations.
    - Health care providers in the committee mentioned the challenges of helping people with monkeypox navigate unstable housing, stigma, and the challenges of isolating for weeks after their diagnosis.
    - A committee member asked if the integrated plan could emphasize the role of new and emerging health care issues on HIV care and prevention.
    - Carissa Weisdorf stated that there will be two sessions from the Integrated HIV/AIDS Planning Technical Assistance Center at the upcoming National Ryan White Conference. The sessions might provide an opportunity to see how other jurisdictions are addressing the issue of new health crises.

- Lizzie asked if any of the priorities stand out as particularly important or surprising. A committee member expressed that statewide health data on transgender populations and the barriers they experience is inadequate.
  - The numbers in the data are small because health providers are often not gathering data about gender identity in a culturally competent way.
  - The impacts are a lack of services for the transgender community, and transgender individuals continuing to be misgendered and traumatized in health care settings.
  - Lizzie pointed out that the 2021 epidemiologic data does not show disparities for transgender populations along the care continuum. The 2022 needs assessment survey shows a different picture when individuals can self-identify their gender.
  - Hannah Kass-Aten agreed that there are shortcomings with the way gender identity is reported in the HIV surveillance system. She said the Minnesota Department of Health (MDH) continues to work with the Disparities Elimination Committee (DEC) on efforts to improve.
- A committee member mentioned that it has been very difficult to update client records in CAREWare when someone's gender identity is incorrectly reported.
  - Darin Rowles added that centralized eligibility should help with data completeness and de-duplication. Certain identifying variables will only be updated by the eligibility navigators at the Department of Human Services.
  - Online forms that are being implemented will provide an easier way for a client, or a provider on behalf of a client, to initiate a change in their gender.
- Darin Rowles mentioned that the steering committee is using the SMARTIE framework (specific, measurable, attainable, relevant, time-bound, inclusive, and equitable) to build goals and objectives for the integrated plan. He felt that DEC's input can help the steering committee make sure inclusiveness and equity are being considered in each of the plan's steps.
- A committee member asked what DEC can do to continue supporting the development of the integrated plan. Lizzie answered she would like to meet again with DEC in October as the steering committee continues its work on the goals and activities in the plan.
- Lizzie reminded the committee members to complete the survey that was sent to council members. She also shared her email address for questions: [lizzie.mcnamara@state.mn.us](mailto:lizzie.mcnamara@state.mn.us)

#### IV. **Mental health services and psychosocial support services data needs**

- Jay Orne reminded the committee that at its last meeting they discussed what data DEC needs as it continues to collaborate with the Ryan White recipients in addressing barriers to mental health and psychosocial support services. The committee is considering directives to reduce disparities in access to these services.
- Jay explained that they and Sarah Schiele filled out a draft of the ***HIV/AIDS System of Care and Prevention Internal Data Request Form***. The draft was displayed, and Jay asked the government representatives in attendance to help the committee understand what data they have that would be useful.
  - Hannah mentioned that MDH does not have data on utilization of mental health services or psychosocial support services.

- Hannah Kass-Aten said that if surveillance data is needed it can be compiled within about two weeks of a request, but more time is always better.
- Charlotte Detournay explained that Hennepin Healthcare's Positive Care Center (PCC) is a recipient of Ryan White funding for mental health services.
  - She said that PCC was using a model of mental health services that was not effective for their patient population.
  - They changed the model to provide more psychotherapy and they are seeing huge growth in utilization.
  - Because one of their two psychotherapy positions is not paid through PCC's Ryan White grant, that person's services are not reported to CAREWare.
  - Charlotte said that PCC can provide demographic and service utilization data for all their patients who use PCC's psychotherapy services. This may provide a better picture of the need for those services than the CAREWare data alone.
- Darin Rowles shared that the first step might be to make an initial data request to the Department of Human Services (DHS) and to Hennepin County to assess what data they collect that would be helpful. He said DHS might have access to broader databases like MMIS (Medicaid Management Information System) that might have pertinent data.
- Thomas Blissett added that the data on Ryan White mental health services would be for patients who are uninsured or underinsured. Some Ryan White consumers might get copays or deductibles for mental health services paid through the emergency financial assistance service category.
- Thomas added that Part A is working on a mapping process for referring unstably housed individuals to permanent affordable housing. That process might give more data about mental health needs among people who are experiencing housing instability.
- Thomas suggested that Emily Reimer from DHS come to the next Disparities Elimination Committee (DEC) meeting to share more in-depth information about the data they have that might be useful.
- Darin Rowles encouraged DEC to submit the data request to DHS even if it is still in draft form so they can begin working on it.
- Charlotte added that the Positive Care Center is trying to leverage resources to secure more time for psychiatry services, but it is difficult because salaries for psychiatrists are so high. They can only secure a small amount of a psychiatrist's time with their grant award.
- A committee member asked if data is available on how many people utilize Ryan White funded support groups. She pointed out that organizations had struggled to maintain attendance at support groups even before COVID and wondered if that service model is not the right fit anymore.

#### **V. Hard topic discussion follow-up**

- Sarah Schiele reminded the committee that she and Jay Orne facilitated the council's most recent Hard Topic discussion on how to expand opportunities and decrease barriers so communities of color, women and trans folk are more involved in HIV care and prevention planning systems. The ***July 19, 2022 Hard Topics Discussion minutes*** were displayed.

- One idea that came from the discussion was a town hall with organizations representing priority groups. It could be held in Duluth to get more representation from Greater MN.
  - Jim Mitulski said he would like to convene local providers who might be interested in a town hall. He felt he could do this before Labor Day.
  - He said he would like to plan an event around World AIDS Day on December 1.
- Sarah Schiele said another idea that came out of the Hard Topic conversation was for the council to attend more community events.
  - Carissa Weisdorf mentioned that the Membership and Training Committee (M&T) is reviewing the council's recruitment brochures and postcards and can consider creating a poster.
  - She added that M&T is making sure council materials are available at all the providers' locations, and that the council application is being revised and a QR code for the application will go on the materials.
- Sarah asked if the council or the care and prevention recipients have ever held a town hall.
  - Carissa said the Department of Human Services (DHS) brought together stakeholders for its Statewide Coordinated Statement of Need planning. There were also large meetings when DHS was planning how to spend rebate funding.
  - Carissa added that the council has discussed having a breakfast event on World AIDS Day. This can be discussed more at the council meeting in September and a planning committee can be assembled.
- A committee member suggested that each member of the Disparities Elimination Committee (DEC) member can think of one person who might be able to fill one of the council vacancies and reach out to them about applying.
- Carissa reviewed the ***Minnesota Council for HIV/AIDS Care and Prevention Vacancies***.

#### **VI. New business / unfinished business**

- Sarah asked how the committee felt about holding future meetings in-person, hybrid, or remote. She asked about possible meeting spaces.
- The committee agreed it can continue to hold hybrid meetings if the meeting space is reserved with enough notice. The Aliveness Project, the Minneapolis Public Service building, and Hennepin County's Health Services building are all options.

#### **VII. Set agenda for next meeting:** Carissa displayed the ***FY 2022 DEC Workplan***.

- Carissa mentioned that in October three committees (DEC, Planning and Allocations, and Needs Assessment and Evaluation) are scheduled to review the monitoring table for the 2017-2021 integrated plan.
  - Carissa mentioned that the three committees could meet on October 26 at 9:30 a.m. during the regular Planning and Allocations Committee meeting time.
  - This would happen in lieu of a DEC meeting in October.
- Carissa suggested that a presentation from Emily Reimer at DHS and initial conversations about the goals and objectives for the integrated plan can be added to the September agenda.

- Jay Orne proposed adding follow-up on the Hard Topic conversation and planning for a town hall event in Duluth to the agenda.
- Carissa added council recruitment goals to the agenda for September.
- Carissa asked the committee members if they wanted to make a formal motion to combine their October meeting with the other two committees.
  - **MOTION:** Jay Orne moved to, in lieu of the October meeting, have the Disparities Elimination Committee meet with the Planning and Allocations Committee on October 26 to discuss the integrated plan monitoring table. The motion was seconded.
  - **DEBATE:** Sarah Schiele asked for any debate on the motion. There was no debate.
  - **VOTE:** A voice vote was held. The motion passed unanimously.

**VIII. Announcements and adjourn**

- Jay announced that the Aliveness Project is cosponsoring an Overdose Awareness Day vigil in Loring Park on August 31 from 7:00 to 9:00 p.m.
- Sarah Schiele adjourned the meeting at 11:22 a.m.

**Meeting Summary:**

- Lizzie McNamara, consultant for the HIV Care and Prevention Integrated Plan process, led a discussion on priorities for the 2022-2026 integrated plan.
- The committee discussed next steps for requesting data from the government partners that could illustrate how to close gaps in access to mental health and psychosocial support services for disproportionately impacted populations.
- The committee discussed follow-up actions from the Hard Topic conversation that took place in July.

**Documents distributed before the meeting:**

- Proposed agenda for August 18, 2022 meeting
- August 4, 2022 DEC minutes
- FY 2022 DEC workplan

**Documents displayed during the meeting:**

- [Needs Assessment Priorities – Disparities Elimination Committee virtual bulletin board](#)
- HIV/AIDS System of Care and Prevention Internal Data Request Form (DEC draft)
- July 19, 2022 Hard Topics Discussion minutes
- Minnesota Council for HIV/AIDS Care and Prevention Vacancies

**BB/cw**