

Care Strategy Committee

Salus Center-Room #1412D

3545 Lafayette Ave.

Meeting Date: Tuesday, November 6, 2018

Time: 10:00 a.m.

Minutes are recorded

Members Attending: T. Hampton (co-chair), L. Mayhew (co-chair), L. Friend, D. Gassett, N. Myers

Guests: J. Martin, D. Sherrod, P. Collins, K. Jupka, M. Goudy, K. Ballard

Staff Attending: R. November, D. Stepney, S. Scroggins

All members are referred to by first initial and last name.

Topic/Discussion
Welcome, Introductions & Announcements <ul style="list-style-type: none">• Welcome• Introductions• Roll Call
Approve Minutes <ul style="list-style-type: none">• 10/02/2018<ul style="list-style-type: none">○ Minutes approved by consensus.
Reports: <ul style="list-style-type: none">• Ryan White Parts Updates<ul style="list-style-type: none">○ No current updates.• 2nd Quarter MO Linkage to Care Report<ul style="list-style-type: none">○ Handout available upon request• 2nd Quarter Early Intervention Services (EIS) Testing Report (available upon request)<ul style="list-style-type: none">○ S. Scroggins presented 2nd Quarter EIS testing.○ Presentation Overview:<ul style="list-style-type: none">▪ Totals▪ Previous STIs▪ Tested Previously▪ Comparing 1st & 2nd Quarters▪ Locations▪ Discussion

FY2019/FY2020 Minority AIDS Initiative (MAI) Workplan

- The Care Strategy Committee reviewed the MAI findings from the HRSA Comprehensive Site Visit report The HRSA Comprehensive Site Visit occurred July 2018.
- The Health Resources and Services Administration is requiring that the Care Strategy Committee and Grants Administration add a little more to the MAI Workplan and make it more specific.
- During the comprehensive site visit, HRSA's finding was that MAI services are not tailored to MAI populations. HRSA does not have an issue with the populations that were chosen, their issue is with the services those populations are receiving.
- The services provided under MAI need to be specific to the population.
- The purpose of the MAI plan is to reduce health disparities for ethnic and minority populations. That would mean looking at what's keeping people from fully engaging in their health care. It could be something relating to their housing, transportation, and if it is one of these issues, how does the Committee correct them. Looking at their health disparities, the services offered under Part A aren't meeting the needs of these populations so identifying those specific needs is necessary.
- Funding the same category in Part A and MAI is possible, but MAI must be substantially different.
- The Committee has had multiple discussion about revisiting what the populations may be going forward.
- Grants Administration is seeking guidance from Care Strategy on how to make any changes to the current services that are being provided under MAI.
- There may need to be a separate workgroup to come up with how the services are going to be tailored.
- The Committee needs to look at what's happening in the current grant year and create a plan for next year to know what the timeline will look like. Grants Administration is working with provider to plan services for next year.
- Since the coalition starts soon, there was a conversation about having a separate MAI workgroup.
- Grants Administration must submit a response to HRSA by the end of the month on how they will address all the findings. While everything does not have to be done, HRSA must be informed on the approach that will be taken to get things done.
- The Committee discussed how to incorporate a review of MAI service needs when the Planning Council is working on Needs Assessments. A different needs assessment technique may need to be employed. What are the struggles for MAI populations? What are the barriers for MAI populations?

- The Care Strategy Committee discussed looking at viral load suppression and instead of only reviewing data for virally suppressed clients, look at data for populations who are not virally suppressed.
- The St. Louis Region is participating in the end + disparities ECHO Collaborative. This is a national initiative to reduce health disparities among four disproportionately affected HIV subpopulations: MSM of color, African American and Latina women, Transgender persons, and youth aged 13-24. Each agency is reviewing their own data for designated populations.
- Care Strategy Committee was not prepared to complete the MAI Workplan so they suggested having another meeting and inviting Needs Assessment and Grants Administration to incorporate needs assessment for MAI populations into the upcoming needs assessment timeline.
- Technical Assistance (TA) will be requested for help with MAI.

Service Standards Revisions

- The Care Strategy Committee reviewed the Service Standards findings from the HRSA Comprehensive Site Visit report The HRSA Comprehensive Site Visit occurred July 2018.
- The Committee has not worked on Service Standards for several months because HRSA had indicated in their site visit findings that some changes needed to be made.
- The service standards did not include all the required components listed in the guidance. They do not ensure the minimal expectation for consumers accessing or receiving Ryan White HIV/AIDS Program funded services within the State, territory, or jurisdiction.
- The key component most often missing from the service standards is maximum client income stated as a percentage of the Federal Poverty Guidelines (FPG).
- Grants Administration reviewed the Oral Health Standards. Grants Administration's feedback on the Oral Health Standards that they were great but HRSA also wants the guidance met using national monitoring standards. The service standards didn't speak about licensures or certificates for providers.
 - Oral Health is one of those service standards that haven't been reviewed in a while so that could be the reason behind certain information lacking.
- HRSA found that the Service Standards were not consumer friendly. A consumer should be able to look at the standards and understand what services are being provided.
- HRSA was very clear that PC shouldn't be the one leading the standards. The standards should be led by GA with PC input.
- A committee member suggested to add separate column that breaks down the language so it's easier to understand.

- The Committee agreed the plan will be to revise one service standard every other month and Grants Administration will provide a calendar of when service standards will be addressed.
- The Committee asked Grants Administration to ask HRSA if there is a service standards template HRSA likes that can be used as an outline.
- The Committee will start with the Universal Service Standards January 2019.
- Technical Assistance (TA) will be requested for help on the Service Standards.

A draft response to address the HRSA Comprehensive Site Visit findings will be created and sent out electronically for people to view and suggest updates.

Subcommittee Reports

- **Case Management Liaison Update**

- All MO Case Managers attended a Narcan training. Narcan is a prescription medicine that blocks the effects of opioids and reverses and overdose.
- MO Case Managers attended Suicide Prevention Training.
- Restructuring Case Management Committee
 - The Grants Manager and the MO Regional Case Management Supervisor have been discussing reorganizing the case management restructure.
 - Earlier in the year a Restructuring Case Management Committee convened. It was a large group that divided into smaller groups to look at HRSA's definition of medical case management and to look at SCOUT data. The smaller groups were to meet and present to the larger group.
 - The Restructuring Case Management Committee members need to be contacted and notified if the structure of the workgroup is going to change. There may be some people who are still interested who want to participate.
 - Consumers also need to be included in the planning process.
 - An intermediate solution needs to be developed while medical case management is being restructured.

- **MO Case Management Capacity Report**

- Handouts are available upon request.
- The Case Management Capacity Report as of September 29th, 2018 and the Direct Enrollment is as of August 31st, 2018.

- **Prevention and Care Subcommittee Update**

- The Prevention and Care Subcommittee met November 5th. The Committee is waiting for mayoral appointments.

- Mayoral appointments should be mailed out by the end of the week.

New Business

- No new business

Adjourn

- T. Hampton adjourned meeting

Next Care Strategy Meeting: December 4, 2018 @ 10:00 a.m. at Salus Center –
Room #1412D