

Prevention and Care Strategy Committee

Salus Center
3545 Lafayette Ave.
Room #1412D

Meeting Date: Tuesday, December 4, 2018

Time: 10:00 a.m.

Minutes are recorded

Members Attending: T. Hampton (co-chair), L. Mayhew (co-chair), S. Donovan, L. Friend, J. Jones, L. Lewis, N. Myers, D. Sherrod, J. Allen

Guests Attending: P. Collins, K. Ballard, K. Hill, J. Martin, R. Smith

Staff Attending: R. November, D. Stepney

All members are referred by first initial and last name.

Topic/Discussion
Welcome, Introductions & Announcements <ul style="list-style-type: none">• Roll Call• Introductions
<ul style="list-style-type: none">• Care Strategy Minutes<ul style="list-style-type: none">○ 11/06/2018<ul style="list-style-type: none">▪ Minutes approved by consensus.• Prevention and Care Subcommittee Minutes<ul style="list-style-type: none">○ 11/05/2018<ul style="list-style-type: none">▪ Minutes approved by consensus.
Ryan White Part Update <ul style="list-style-type: none">• No current updates.
Prevention and Care Strategy Committee Duties <ul style="list-style-type: none">• A handout is available that outlines the duties on the Prevention & Care Strategy Committee.<ul style="list-style-type: none">○ Discussion:<ul style="list-style-type: none">• Is there a point where the Regional Prevention Plan is reviewed?<ul style="list-style-type: none">▪ The plan is to have RPAG attend this committee's meetings to sort of integrate them into this body.• When Prevention & Care broke off as a subcommittee to Care Strategy because there was too much work for one body. Have we discussed that since both Prevention and Care & Care Strategy had full agendas through

the year, how we'll make those things mesh so that everyone is getting their objectives met in a joint committee meeting?

- The Prevention & Care Subcommittee's focus for the past few years was the integration so they weren't doing any other work. Two working items that will come off the Care Strategy agenda are the Early Identification of Individuals with HIV/AIDS (EIIHA) plan and the Minority AIDS Initiative (MAI) Plan. They are two separate workgroups that will meet outside of this group.
- What's the process for getting a workgroup up and running?
 - It's typically a sign up but more conversation needs to happen pertaining to workgroup logistics.
- Does everybody know what an MAI Plan and EIIHA Plan are?
 - L. Mayhew explained the what the MAI and EIIHA plans are and challenges with both. A summary of the discussion is listed below.
 - **MAI Plan**
 - The region receives a separate pot of funding under the Minority AIDS Initiative. This Initiative was set up with the purpose to address health disparities among minority populations. The guidance from HRSA isn't very clear on what to do with the money so many of the Committee's questions were answered and some direction was provided during the latest site visit.
 - The region cannot address disparities unless we can identify them so the MAI Plan has always been done separately. The Committee is trying to get ahead and complete the MAI Plan before the grant application is due.
 - Grants Administration (GA) is talking to current MAI providers to get them thinking about how they can target their services to the needs of the minority populations they're supposed to be serving. A MAI plan was also submitted with the 2019 grant that will start March 1, 2019.
 - GA will be able to work more with providers on how the services are delivered to the targeted minority populations. At the same time the Committee needs to start looking at our Needs Assessment data to see what

the health disparities are among different minority populations. For the MAI Plan, you pick 3 target populations to focus on. The Committee isn't sure that the current target populations are the ones with the greatest disparities.

- Needs Assessment data needs to be reanalyzed. Every step of the regular Priority Setting and Resource Allocation process should have an MAI component.
- **Early Identification of Individuals with HIV/AIDS (EIIHA) Plan**
 - EIIHA is the Early Identification of Individuals with HIV/AIDS. This a third (1/3) of the grant score for the Ryan White Part A application so it is a very important component.
 - In past years when GA would write the grant they would pull together some prevention people, look at the data, and identify the populations to target.
 - The Committee's work is to monitor how the plan gets implemented through all prevention funding, how we target these populations, and how are we making sure that our Ryan White testing is targeting different populations than what prevention is testing, and looking at the data to see if we are reaching our goals for the EIIHA populations. Getting reports from prevention has been a little challenging but R. Smith from the Health Department has been working on that.
- The Planning Council will have to learn about the Regional Prevention Plan. How does that plan get built into our planning process?
 - That plan is already done. It is a 5-year plan that ends in 2022.
 - In 2022, will we have to figure out how we'll update the new one?
 - Yes.

Open Co-chair Nominations

- The Care Strategy Co-chairs moved to open co-chair nominations.
- L. Friend nominated L. Lewis.
 - P. Collins seconded the nomination. L. Lewis accepted the nomination.
- Co-chair nominations will remain open until a motion is made to close nominations.

Minority AIDS Initiative (MAI) Follow-Up

• **Needs Assessment Committee Meeting and Next Steps**

- The Care Strategy co-chairs attended the Needs Assessment meeting a couple week ago where they talked about MAI, the data that's needed, and how it fits into the PSRA timeline.
- Based on the Needs Assessment timeline, there's not enough time from the time new Needs Assessment data is collected to the time that the MAI Plan has to be developed. Development of the MAI plan includes creating a well thought out plan, picking the target populations, and developing any programmatic changes that need to happen to address the needs of that population.
- The Needs Assessment Committee discussed using old data, data that we already have, and seeing how can look at it for MAI to see what we can present with the Needs Assessment in 2019. This includes going back and looking at EPI Data, Needs Assessment Data, SCOUT data, and other old data instead of trying to gather new data, analyze it, and present it. This would give the Prevention and Care Strategy Committee less than a month or two to develop a MAI plan, including programming to be put in the Grant application.

• **Action Item:**

- Members and attendees of the Prevention and Care Strategy Committee were asked to review the current client survey and be prepared to discuss the questions they would like to see analyzed at the January Prevention and Care Strategy Committee meeting.

Subcommittee Reports

• **Case Management Liaison Update**

- K. Jupka will be reaching out to everyone that was previously participating on the Case Management Restructure Workgroup to see if they're still interested in participating.

• **Case Management Capacity Report**

- The IL October Case Management Capacity Report was provided.
- The MO Case Management Capacity Report will be emailed out.

New Business

- Due to the New Year holiday, the Prevention and Care Strategy Meeting has been moved to January 8, 2019.

Adjourn

- T. Hampton adjourned the meeting.

Next Meeting: Tuesday, January 8, 2019 at 10:00 a.m. at the Salus Center- Room #1412D.