Care Strategy Minutes from the April 25, 2011 meeting

- Start: 6:08 pm

- Minutes from March 21, 2011: were approved with no corrections.
- Members in attendance: Christopher Hamilton, Leah Graham, and Charlotte Simms.
- Community members in attendance: Jeremy Riddle and Mathilde Flores.
- Staff in attendance: Kimberly Pemberton and Mark Peppler.

Update on EIS activities:

- Mark presented flow chart on testing and referral.

- What screenings are the DIS doing? What information are they giving out? Who are they referring to? What do they say to clients? What are the referral types between DIS and medical providers? Is it calling the other provider and giving the client's name, or telling someone to go somewhere.

- There is one case manager at the CD unit that fills out the David Powell intake form, but wants to stop because of no time. This point should be doing this and doing it for all agencies, helping to ease intake at agencies. There are 4 medical case managers in the CD unit, they are doing EIS activities.

- ASA got expanded funding (DSHS) for 1,000 more tests to get MSM and IDU. They are going to pair them with their outreach people. Want to test at bars, sex shop, and events like splash.

- ASA is working on establishing relationship with four community care clinics so that as soon as they identify someone as positive, ASA will be on the spot for warm handoff of client.

- SAMHSA testing is for African Americans who are recently released.

- ASA got 6 calls from Brackenridge hospital this year alone, people that are hospitalized.

- MHMR does about 4,000 tests a year, 2000 at Del Valle jail, remaining at other locations including other jails, events, clinics, etc. When identify, try to have DIS at results, but rarely happens. Other providers are ensuring to high levels that people are being linked to medical care and other services.

Review testing and referral data:

- Develop plan for EIS MAI carryover with AA

- MAI funding is 5 month, take into consideration the link from testing to care, look at the division between tested and untested. Think about the populations in our EIIHA matrix that are untested (IDU, MSM, AA women, recently released).

- Parameters: $75,000, target minorities, 5 or so months, current contractors.
- Identifying, informing, referring, and linking. Leah says she sees a lot of people being lost between the referral and linking.

- From needs assessment, how long it took from results to medical care.

Next steps:

- The community planning effort will inform a lot of the continuum of care. Members should probably attend and look at the players and the info provided.

- Could have a stationary FTE to Travis and a half time traveler be present at informing of results and then getting them linked to care. We can have a checklist of if they have met with DIS, if they have medical appointment scheduled, have they made it to appointment, etc. Also needs to have this position coordinate with the DIS to make sure they are not duplicating, and that everything is covered.

- We need to have an MAI plan voted on at July meeting.

- We will review all the data we have, needs assessment, linkage rates from testing to medical care, testing and informing data.

- Adjourn 8:17 pm