

Franklin EHE Advisory Committee 10.1.2020

Attendance

Tara Britton	Charles Abernathy	Sean Hubert
Emily Campbell	Sterling	Thomas Sampson
Taneisha Fair	Matty Ellwood	Matthew Wilmot
Audrey Regan	Dwayne Steward	Stacy Herman
Brandon Chapman	L.S.D.	N. Brooks
Jenn Sims	Samyell Terry	

Agenda

- I. **Completion of Strategic Design Spreadsheet for EHE Plan (Care Section)**
 - a. **Focus case management services towards high acuity persons who need to achieve viral suppression**
 - i. Recognize difference between someone who has long-term needs versus incremental needs (i.e. someone with housing needs who is virally suppressed can be sent to someone outside of just medical case manager)
 - ii. Need care team model focused on strengths of the client
 - iii. Considerations
 1. Keep in mind that some patients have barriers that may keep them from being able to respond to outreach
 2. Make it clear to clients that they have the option to stop case management if they no longer need it, to help lighten caseloads and be able to provide longer-term assistance
 3. Increase health literacy to lower acuity
 - b. **Increase the number and availability of linkage coordinators**
 - i. Expand to all kinds of facilities so that patients can have freedom to go to ANY kind of provider (i.e. ER's, larger medical center systems); and try to create "one-stop shop"
 - ii. Can connect patients to an agency with linkage to care (passive) or have them embedded at usually non-traditional locations (aggressive)
 - iii. Is innovative for Franklin and has been done successfully other places
 - iv. Impact
 1. Would help them get linked into care faster
 2. Opportunity for L2C to provide more education on HIV services/programs
 - v. Considerations
 1. Educate nurses and ER staff to understand what situations they believe renders testing for HIV and syphilis

- c. Create programs that are specific for transgender individuals, not programs designed for men who have sex with men that are tweaked.**
 - i. Being done on the ground, but not always through funders; need to have conversations with HRSA/CDC to discuss the consequences of some contract language
 - ii. Have those PLWHA placed in positions to assist others like them in programs; and be trained to be able to do the job
 - iii. Don't reinvent the wheel and use other models that are already being used around the country that work; could invite those individuals to share w/ Franklin on their experiences
- II. Small Groups
 - a. Could do small groups to review the other two pillars
 - i. Have a few scheduled at different times so that everyone can be able to participate
- III. October 15th meeting potentially cancelled due to Equitas conference