



Care Strategy Meeting Minutes

- Meeting May 24, 2011
- Call to order: 7:27 pm
- Minutes April 25, 2011 were approved with noted corrections.
- Reviewed data for Needs Assessment, testing and referral. The following items were discussed:
 - Materials distributed by DIS when working with HIV+ patients
 - The local HIV Resource Guide is not given to clients by DIS.
 - In the TGA it is average 2 years 4 months from a client getting their results to getting into care.
 - Reviewed parameters of MAI carryover funding: 5 month or so, MAI only activities, only for EIS services, current service providers.
 - Develop work plan for MAI Early Intervention Services.
 - Having a person going to these other testing providers to help link.
 - DIS really has a different role and responsibility. The skill of this linking person is critical, should be the most skilled person a contractor has.
 - The referred to care among black and Hispanic are lower than white and the lowest in the state.
 - It should be a bridging linking person/function
 - There should be options for clients that would not meet the MAI criteria.
 - Person available at time of results, in a place that needs this linkage.
 - Having some documentation of the number of people met with and the number of successful linkage to primary medical care, also a link to supportive care (case management and or other support).
 - Should be time limited, not universal to all clients, based on client need.
 - Charlotte made a motion 'to have a person or persons available at time of results to serve as a link from results in to care. It should be time limited based on client need.' Vote: 3-favor; 0-opposed; 0-abstentions, motion passed.
 - Additional instruction and guidance provided to Administrative Agent.
- Adjourn: 8:18pm