

MN Council for HIV/AIDS Care and Prevention Meeting
October 11, 2016
9 am-12 pm
Health Services Building, Room L15
525 Portland Ave. S., Minneapolis
Minutes

Council Members Present:	
Alejandro Aguilera	Valentine Momo
Tom Bichanga	Florence Nabeta
Loyal Brooks	David Neller
Roger Ernst (Council Co-Chair)	Lesa Nelson
Terral Ewing	Gelli Overton
Al Fredrickson	Karin Sabey
Robert Gillum, Jr.	Tyrie Stanley
Bielca Guevara	Matt Toburen (Parliamentarian)
Lenny Hayes	Thuan Tran
Rachel Heule	Gwen Velez
Rick Laska	Monica Yugu
Council Members Absent:	
Robert Andrews	Larry McPherson (Council Co-Chair)
Mike Behl	Val Rubin-Rashaad
Kyle Dular	John Vener, MD
Marvin Innes	
Community Members/Guests/Consultants:	
Dennis Anderson, Community Member	Chryssie Jones, MN Dept. of Health
Jessica Berry, MN Dept. of Health	Rob Kacheroski, MN Dept. of Human Services
Peggy Darrett-Brewer, MN Dept. of Health	Anika Kaleewoun, Hennepin County
Carol Cavazos, Hennepin County	Thomas Ley, MN AIDS Project
Jillian Chmiel, MN AIDS Project	Japhet Nyakundi, MN Dept. of Health
Kari Irber, MN Dept. of Human Services	Nigel Perrote, City of Minneapolis
Michael Graham, MATEC	Jared Shenk, MN Dept. of Health
Dan Hanson, MN Dept. of Health	David Wood, Hennepin County
Keith Henry, MD, Positive Care Center	
Hennepin County (Part A) Representative:	DHS (Part B) Representative:
Jonathan Hanft	Rachel Heule
MDH (Prevention) Representative:	MCHACP Staff:
Krissie Guerard	Carissa Weisdorf, Administrative Specialist (minutes)

Quorum Present? **Yes**

- I. Call to Order, Welcome and Introductions**
 Roger called the meeting to order at 9:10 am. Roger said Larry will take a short break from the council so he can care for his father in Georgia; Alejandro will fill in as co-chair today. Rick read the guiding principles and introductions were made.
- II. Consideration and Approval of Proposed Agenda**
 The agenda was approved by unanimous consent.
- III. Consideration and Approval of September 13 Meeting Minutes**
 Matt motioned to approve the minutes and Al seconded; the minutes were approved by unanimous consent.
- IV. Co-Chairs Update**

- Roger said Michael Graham will make an announcement about the meeting and lunch to review the MATEC provider brochure. Everyone is welcome to attend.
- The December Council meeting will be held at Concordia College in St. Paul for the All Provider Meeting; additional details will be sent out.
- Chryssie Jones and staff from MDH will present about prevention today.
- Most of the business of the council is done by committees and DEC will take the lead for prioritizing prevention populations; NA&E and PAC are involved as well so they will receive invites to the October-December DEC meetings. All council members are invited to attend; it is the last major task of the year. Roger asked for any questions.

V. Part A Update

Jonathan Hanft, Hennepin County

- Jonathan wished a happy National Coming Out Day and displayed a graphic by Keith Haring in 1982; he was an AIDS activist and graffiti artist.
- Working on the Part A Grant Application and it is due next Tuesday.
- At the next council meeting we will look at reallocations of Part A funds following the six month expenditure assessments; will propose to PAC and then council will vote on it.
- Carissa Weisdorf is the new council coordinator and we will hire a temporary staff person to fill in for the administrative assistant.

VI. Part B Update

Rachel Heule, DHS

- DHS grant application is due in the end of November.
- Supervisor interviews are held this week, will know soon.
- Grants management position closed.
- Working on 2017 insurance enrollment.
- Will provide a Part B rebate forecast today.

VII. Council Staff Update

- Carissa is excited to serve as council coordinator.
- Let us know if you are interested in serving a 2nd two-year term.

VIII. Committee Reports (provided in written form, no discussion)

A. Executive

B. Community Voices

- Rick said CVC was a great meeting, new faces and it was held off-site.
- We had a send-off for Amy Liebl and thanked her for all of her help.
- Will work on details for the next meeting and try to coordinate it with other events, likely at Aliveness Project.
- Need a second CVC co-chair.

C. Membership & Training

- Revising MCHACP brochure with more pictures and cleaner writing.
- Recruiting for new members.

D. Needs Assessment & Evaluation

- Want to poll members about having two half-day meetings during the next allocations process in two years; one week between the two half-day meetings so there is time to think of an amended motion. Previously received this type of feedback.
 - Matt suggested members present their proposal to the council at the first meeting and then vote at the second meeting. Any changes must meet the goals of the integrated plan.
 - We took a vote by a show of hands; the majority are in favor of breaking it up into two meetings.

E. Planning & Allocations

- **Action Item:** Standards of Care for Medical Transportation
 - Terral asked what changes PAC made; Al said it was minor wordsmithing.
 - Thuan said the major change is clients must be screened for metro mobility which is part of the provider standards that already existed.
 - Terral said mileage used to be reimbursed by check and believes a gas card is also a cash payment. Clients pay out of pocket for travel and a gas card is not sufficient.
 - Thuan said this is HRSA's requirements and defers to Part B as well.
 - Karin asked for a motion; Matt said we can't have a discussion until a motion and our bylaws state anyone who has a COI or could have one in the future need to leave the room. Those with a conflict of interest left the room.
 - **MOTION:** Al motioned to approve the Standards of Care for Medical Transportation.
 - Alejandro took over facilitating.
 - Thuan read from the standards; it is HRSA's language.
 - Rachel agrees this is the language and visa cards equal cash but she hears what Terral is saying.
 - Terral asked if we can give the gas card to consumers before a visit. Rachel will ask the Part B project officer.
 - Thuan said the process is HRSA's policy so is non-negotiable at this time; we have spoken to our project officer that a specific gas company card is not acceptable and will continue to discuss with our project officer. The council co-chairs can also bring this up during their call. Hopes it doesn't prevent people from approving the standards. Alejandro held up *ditto*.
 - Krissie agrees to talk to the project officers; we are a rural state and she has seen approval for gas cards to be given before the visit in other states. Mention to our project officers that other rural states have done this.
 - Terral said historically we were allowed to reimburse with checks and with a new project officer it changed.
 - Thuan said the standards are written with the current policy and isn't prescriptive about the dissemination of gas cards. We also have the opportunity to update the standards.
 - David asked how he can raise the issue that this standard allows for two gas cards.
 - Alejandro asked if we completed the discussion on the first issue.
 - Al doesn't want this to fall off the radar if we approve the standards.
 - Terral said he will continue to talk about it and CAC will continue to bring it up.
 - Rachel will report it to her project officer.
 - Terral asked if someone from greater MN who is affected can join the call. Rachel understands the issue and council co-chairs can bring it up.
 - Regarding David's question, Thuan said it is about health equity and some clients may have greater needs. There is a finite dollar amount and core medical service appointments are prioritized. Clients can communicate to the clinician about other medical appointments; demonstrate need for allowable services.
 - David said the agreement is signed so clinicians already know the need and it should be automatic.
 - Tyrie said providers aren't telling clients about this possibility. Thuan said after the standards are approved all contracted providers will receive a reminder that clients will receive up to two cards per month.

- Thuan said the standards are about support services and reducing barriers to access to care.
- David agrees providers need this reminder and Alejandro dittoed. Providers gave input into these standards.

○ Members in attendance voted:

Name		COI?	Vote	Name		COI?	Vote
Alejandro	Aguilera		Abstain (facilitation)	Rick	Laska		Yes
Tom	Bichanga	Yes	Abstain	Valentine	Momo		Yes
Loyal	Brooks		Yes	Florence	Nabeta		Yes
Roger	Ernst	Yes	Abstain	David	Neller		Yes
Terral	Ewing		Yes	Gelli	Overton	Yes	Abstain
Al	Fredrickson		Yes	Karin	Sabey	Yes	Abstain
Robert	Gillum Jr.	Yes	Abstain	Tyrie	Stanley		Yes
Bielca	Guevara	Yes	Abstain	Matt	Toburen	Yes	Abstain
Lenny	Hayes		Yes	Thuan	Tran		Yes
Rachel	Heule		Yes	Gwen	Velez	Yes	Abstain

11-0; 9 abstained. Motion carries.

○ Request to remind providers clients may receive up to two bus cards a month for eligible services.

- **Action Item:** PAC co-chair election

○ Al said Larry offered to serve as co-chair so we have an action item today.

○ **MOTION:** Al motioned to approve the co-chair nomination and no second is needed. **DISCUSSION:** Karin asked if Larry's break will affect this decision; Al said we have another co-chair and someone can fill in. All in favor, motion passes.

F. Disparities Elimination Committee

- Upcoming meetings with data presented by MDH.

BREAK

- Reintroductions

IX. Prevention Presentation

- Krissie said they are close to fully staffed; DIS position is open and two communications staff.
- Chrissy introduced staff members from the Minnesota Department of Health (MDH) STD/HIV/TB prevention and capacity building unit.
- Chrissy said the council requested to know more about prevention activities and presented **HIV Prevention PowerPoint**; we'll send the PowerPoint to the council.
- Dr. Henry said other states are focused on people out of care since most new infections come from this population, approximately 2,500 in Minnesota. MDH is looking at targeting this group in the next RFP process, want everyone to get virally suppressed. This is the focus on the FOA from CDC as well as linkage and retention. Also need to focus on testing.
- Dr. Henry said the Discover study at HCMC is a PrEP study for high risk individuals. Will send out info.
- Matt said the council needs to use allowable Ryan White and prevention funding to increase linkage and retention. He asked what MDH will do to improve our rates; Chrissy replied focus on routine testing and using PrEP and supportive services to keep people retained in care; i.e. a person at the clinic who can check in with clients.
 - Japhet said targeted testing to high risk individuals. Others can be tested through primary care.

- Jonathan said Early Intervention Services (EIS) funding was increased and is currently used for targeted testing in North Minneapolis. The All Provider Meeting will include a presentation from Dr. Demetre Daskalakis to increase our public health approach to HIV and what they are doing in New York. Krissie said Bob Bongiovanni from Colorado will also talk about linkage and retention, utilizing DIS and partner services.
- Dr. Henry has seen rapid access to a clinic when testing positive work well and providing a week's worth of medication.
- Krissie said care and prevention are in two separate areas so it is a difficult approach in Minnesota.
- Michael Graham said mental health services and substance using services.
- Robert said the HE/RR clinic in North Minneapolis is dispensing HIV meds 7 days/week which helps retention in care.
- Bielca said we need to use social media and ads to get rid of stigma and include treatment=prevention. Look at what is done in San Francisco.
- Gwen said we have rebate funding to look at what works; put money in housing, mental health services and substance abuse services. Look at new ways to do things.

X. Part B Rebate Forecast

- Kari Irber, budget manager at DHS, referred to ***Minnesota Part B Updated Forecast*** and ***Total Funding by Source***.
- Rachel said DHS is running a little behind up to now but contracts are set up and the money is going out.
- Matt is concerned federal funds are in jeopardy if we have less expenditures than money coming in. The rebate balance is higher than 3 years ago when the state legislator told DHS to spend down the balance. It looks like there is no need for HIV funding in the state and what is the plan for the unspent ADAP funds.
 - Rachel said we are here today to educate council and community members about what is happening beyond the dollar amount. We all do the work together. Also checking with other states about ADAP dollars.
 - Kari said carryover money needs to be approved by HRSA. Money will likely go to other states due to our state's demographics.
- HRSA says rebate funds accrued need to be spent in the year. Krissie asked if there is leeway on this; members confirmed it in writing this year.
 - Kari said carryover funds need to be spent on ADAP: insurance and medications.
- Bielca said we have a lack of HIV trained physicians, especially in rural areas, suggests money is spent on training more MDs.
- David wants specific information on what ADAP can be used for.
- David said add MDs to go out to rural MN.
 - Rachel will look into this.
 - Dr. Henry said an HIV trained physician is now practicing in Duluth and wants 2-3 more around the state.
- Terral said rebate planning included innovative programs and improvement on dental and vision services but doesn't see this included.
 - Rob Kacheroski is working on bringing the dental benefit back to where it was before MA coverage.
 - Karin said dental programs cap the number of publicly funded clients; Rob said their clients are able to find dentists. CAC suggested a list of providers or call Rob for referrals.
- Terral said expand on PrEP and syringe exchange in greater MN.
 - Japhet said all MDH funded clinics are doing testing and will also include PrEP referrals.
- Federal rebate funding is tied to the same rules as Ryan White.

- Lenny asked if there is collaboration with Native American tribes. Partnering with White Earth and looking for other suggestions. Lenny said this is an underserved population with a lot of history of trauma and suggests a Native American person is the one to go into the community; the Greater MN Native American population is underserved. Contract managers are funded at Indigenous Peoples Task Force which is TGA.

XI. Open Forum

None

XII. Announcements

- Matt said there is a community forum on the 2016 election and what is at stake for the HIV community. It will take place at Aliveness Project on Monday, 1-2:30 pm, and they will register people to vote. Will send the info to the council.
- Terral said Minnkota doubled the amount of support groups in MN; there are new groups in Hibbing and Rochester. Will send out info to share with clients in greater MN.

XIII. Adjourn

The meeting adjourned at 12:00 pm.

Meeting Summary:

- The council approved the Standards of Care for Medical Transportation.
- The council approved the PAC co-chair nominee.
- The council received a presentation from MDH about prevention activities.
- The council received a presentation from DHS about rebate spending.

Documents Distributed Before the Meeting:

- Proposed Agenda
- September 13 Meeting Minutes
- **Action Item:** Standards of Care for Medical Transportation
- Medical Transportation Standards of Care
- **Action Item:** Planning & Allocations Co-Chair Election
- Committee Report Summaries
- August 9 MCHACP Retreat Evaluation Results

Documents Distributed At the Meeting:

- Part B Update
- Minnesota Part B Updated Forecast and Total Funding by Source

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