

**MN Council for HIV/AIDS Care and Prevention Meeting**  
**August 8, 2017**  
**9 am-12 pm**  
**Health Services Building, Room L15**  
**525 Portland Ave. S., Minneapolis**  
**Minutes**

<b>Council Members Present:</b>	Valentine Momo
Alejandro Aguilera	David Neller
Robert Andrews	Lesa Nelson (Council Co-Chair)
Lisa Behr	Gelli Overton
Tom Bichanga	Val Rubin-Rashaad
Loyal Brooks	Tyrie Stanley
Roger Ernst (Council Co-Chair)	Matt Toburen
Terral Ewing	Thuan Tran
Robert Gillum, Jr.	Gwen Velez
Bielca Guevara	John Vener, MD
Rachel Heule	Johnnie Williams
Ejay Jack	McKinzie Woelfel (Council Co-Chair)
Florence Kulubya-Nabeta	
<b>Council Members Absent:</b>	
Lenny Hayes	Stephen Jensen
<b>Community Members/Guests/Consultants:</b>	Ryann Freeman, Hennepin County
Ephraim Olani, Sub-Saharan African Youth & Family Services Minnesota	Anika Kaleewoun, Hennepin County
Saehee Lee, Minnesota AIDS Project	Aaron Peterson, Hennepin County
Gage Urvina, Minnesota AIDS Project, Positive Link Program	Nigel Perrote, City of Minneapolis
Drew Rahme, Minnesota AIDS Project	Colleen Bjerke, DHS
Dennis Anderson, Community Member	Jared Shenk, MDH
Walter Urey, Hennepin County	
<b>Hennepin County (Part A) Representative:</b>	<b>DHS (Part B) Representative:</b>
Jonathan Hanft	Rachel Heule
<b>MDH (Prevention) Representative:</b>	<b>MCHACP Parliamentarian:</b>
Chryssie Jones	Pat Reymann, PRP
<b>MCHACP Staff:</b>	
Carissa Weisdorf, Coordinator	Jeremy Stadelman, Admin Specialist (minutes)

Quorum Present? **Yes**

**I. Call to Order, Reading of Guiding Principles, Introductions**

- Roger Ernst called the meeting to order at 9:01 a.m. and read the guiding principles. Introductions were made.

**Consideration and Approval of Proposed Agenda**

- Roger motioned to approve the agenda; the agenda was approved by unanimous consent.

**Consideration and Approval of July 11 Meeting Minutes**

- Roger motioned to approve the minutes; the minutes were approved by unanimous consent.

**II. Co-Chair Update**

- Roger Ernst announced that Council Co-chairs and Ryan White staff attended an exit conference at the end of the recent HRSA site visit.
  - Roger noted that HRSA was generally pleased with the Part A Ryan White program.
  - Roger noted that HRSA highlighted 4 areas for improvement:
    1. Lack of ongoing training to understand mandated roles and responsibilities (including conflict of interest and roles and responsibilities of council members) to participate fully

- Roger announced that the eLearning module is now available on the [Council's website](#) and all members should take it; it addresses some of the findings HRSA has. Roger noted that members can contact council staff if they need access to a computer.
          - Matt Toburen asked what prompted this recommendation.
          - Jonathan Hanft and Lesa Nelson explained that it came out of HRSA's meeting with the Executive Committee and consumers. Consumers in the community need to have a better understanding of the council's purpose.
        - More training opportunities should be offered to better explain the conflict of interest process.
  - 2. Lack of understanding data and trust in data
    - There should be additional training on the proper analysis of data; how to assess what the data means and how to use it to make decisions.
  - 3. Need for mentoring for new and existing members
    - The recommendations from HRSA were to access technical assistance and implement a mentoring/buddy system.
  - 4. Functionality of the Community Voices Committee
    - There is a lack of strong leadership and no clear direction for the Community Voices Committee.
    - Consumers did not know about the planning council.
- A written report will be shared with the council when it's available.

### III. Grantee Reports

- **Part A Update**

*Jonathan Hanft, Hennepin County*

- **Assessment of the Administrative Mechanism**

- The instrument developed by the Needs Assessment and Evaluation Committee has been sent to all council members, and it includes information pertaining to:
  - Expected outcomes
  - Measurement objectives
  - Part A Response
- Members are asked to assess if the expected outcome has been met or unmet.
- Members have the opportunity to also provide comments.
- Matt Toburen noted that some dates need to be updated to reflect the current assessment period.
- Jonathan briefly reviewed the instrument.
  - Jonathan informed members that if they need reference docs, they should feel free to ask council staff.
  - Jonathan noted that the assessment is specific to Part A funds.
  - Needs Assessment and Evaluation Committee co-chairs or council staff are available if a member needs assistance completing the assessment.
  - Members are asked to complete the assessment by August 18.
  - The results will be included in the grant application, due in October.
- Questions:
  - Rob Andrews explained that the assessment took a really long time because he couldn't remember many of the items, however, this briefing would have answered many of his questions. He asked that in the future, council/Ryan White staff should offer a refresher to help recall the processes involved with the expected outcomes.
- FY2016 Final Financial Report submitted July 28
- Carryover request due August 27
  - Jonathan referenced the **FY 2016 Part A Unobligated Balances and Carryover** table.
    - Jonathan explained that Part A can carryover formula funds, which amount to \$178,663 for this year.
  - 95% of total funds were spent, but many of last year's carryover funds were not.

- Jonathan explained that underspending is occurring in part because more individuals have insurance coverage for core medical services. Further, additional funds (like rebate) came in the mix this year.
    - Loyal Brooks asked if unspent carryover, carries over.
      - Jonathan explained that, no, carryover funds must be spent in same year they are received.
  - HRSA Site Visit:
    - Jonathan announced that findings from the HRSA site visit will be available in written form. The report will be shared with the council as soon as it's available.
      - Jonathan noted that other areas of the Ryan White program were assessed as well, including administrative and fiscal management.
    - Jonathan announced that HRSA is willing and able to provide technical assistance to address some of the concerns with the council; a new cooperative agreement to provide technical assistance to planning councils has recently been formalized.
- **Part B Update**  
*Rachel Heule, DHS*
  - DHS received their grant award and there was an increase of \$66,000 in funding.
    - There was a smaller increase in ADAP, but that is partly because they had a larger carryover last year.
  - Centralized eligibility effort
    - Rachel explained that the goal of this effort is to reduce administrative burden and save time for clients.
  - Questions:
    - Terral Ewing asked if there were funding decreases in the last few years.
      - Rachel explained that while there have not been decreases in funding, there was a larger carryover available in the past.
    - Matt Toburen asked if people will be affected by the lower availability of carryover funds next year.
      - Rachel replied that they hope not, but they are applying for a waiver that would make insurance costs lower.
- **Prevention Update**  
*Chryssie Jones, MDH*
  - CDC FOA (Funding Opportunity Announcement): Prevention will be working on a grant application with a 5 year funding cycle.
    - Chryssie informed the council that Prevention will definitely see an increase in funding.
      - Chryssie noted that additional perinatal funds will be requested.
      - Matt Toburen explained that Prevention funding was decreased over the last few years because there was an emphasis on high impact funding, so mid/low impacted areas saw a cut. The floor is being raised because Minnesota has been disproportionately impacted by the switch to high impact funding.
  - Prevention has been focused on a syphilis outbreak in Mille Lacs.
  - RFP for HIV testing and syringes was due yesterday (August 7); based on the letters of intent they could potentially receive 85 proposals.
    - Funds will awarded in September.
  - Prevention is applying for a demonstration project grant that would focus on linkage to care and treatment adherence for individuals coming out of jails or rehab centers.
  - Chryssie announced that PrEP will be a huge part of the new FOA.
    - Loyal Brooks asked what this means.
      - Chryssie replied that this means there will be more providers to prescribe PrEP.
        - There will also be more referrals and linkage to providers who prescribe PrEP.
  - Questions:

- Terral explained that in his work with Dr. Alvine Ekame he had an opportunity to discuss North Dakota HIV/AIDS cases at a provider focus group. Terral noted that there have been huge increases in new infections in the last few years, and not all on Minnesota's border. Terral asked if there is anything that MDH is doing to monitor this.
  - Chrissy replied that there have been no additional efforts in Northwestern Minnesota, but noted that MDH has received many more requests for services in that area.
    - Chrissy announced that there will be a [symposium in Fargo on HIV/AIDS, STDs, & Hepatitis in Minnesota and North Dakota](#); she will send out an email to the council.

#### IV. Staff Update

##### *Carissa Weisdorf, Hennepin County*

- Jeremy Stadelman asked that council members send him the dates of any workshops they organize so that they can be added as external events on the council's calendar. He asked members to check the council's calendar before scheduling meetings or workshops.
  - Bielca Guevara wondered if it would be good to find out the schedules of each individual member so that we know when it would be best to schedule events/meetings.
  - Terral wondered if there is a simple way to determine the best times for scheduling events.
  - Colleen Bjerke encouraged members to record events when possible so that others can access them on their own time.
- Roger Ernst reminded the council that there is a planned Statewide Strategy focus group after today's meeting. He encouraged all to participate, and added that it's an opportunity for members to share their wisdom and get their voice heard.
- Roger announced that council staff will send out a link to the eLearning Module and noted that it works best on Internet Explorer.
- Roger announced that the Assessment of Administrative Mechanism is due August 18. He asked members to let council staff know if they need assistance, and he reminded members that completing it is a requirement of membership.
- Carissa asked that if anyone is attending USCA ([United States Conference on AIDS](#)) to let her know so she can inform HRSA.
  - Alejandro noted that he is going.
  - Several individuals from the Minnesota AIDS Project are also attending.
- Carissa announced that she is pregnant and is due February 8, 2018. She will be on maternity leave for several months.

#### V. Committee Reports (also provided in written form)

- Executive Committee
  - See ***Committee Report Summaries*** handout
- Community Voices
  - See ***Committee Report Summaries*** handout
- Disparities Elimination
  - See ***Committee Report Summaries*** handout
- Membership & Training
  - **Action Item:** Membership Recommendations
    - **MOTION:** Loyal Brooks moved that Dennis Anderson, Destiny Holiday, James McMurray, and Nigel Perrote be approved for membership by the council. There was no discussion. Ballots were distributed and collected by Jeremy Stadelman and Carissa Weisdorf.
      - Ballots were tallied by Anika Kaleewoun, Loyal Brooks, and Jeremy Stadelman.
      - **Results:**
        - Number of ballots: 23

- Number needed for approval of membership: 12
      - a) Dennis Anderson received 21 votes
      - b) Destiny Holiday received 23 votes
      - c) James 23 received votes
      - d) Nigel 21 received votes
    - All four individuals on the ballot were approved for to fill an unexpired two year term beginning on September 1, 2017 and ending on February 28, 2019.
- Needs Assessment & Evaluation
  - See **Committee Report Summaries** handout
- Planning & Allocations
  - **Action Item:** 2018 Guiding Values for the Allocations Process
    - Roger Ernst explained that three changes to the **2018 Guiding Values for the Allocations Process** were small changes and one change was about increasing the FTE (full-time equivalent) minimum from \$50,000 to \$80,000. The Executive Committee recommended that the changes be considered in two motions by the council; one motion pertaining to the small changes and one about the increase in the minimum FTE.
      - Matt Toburen asked how the \$80,000 FTE minimum figure was determined.
        - Roger replied that you cannot fund a FTE at \$50,000, so this body directed Planning and Allocations Committee look into this amount.
        - McKinzie Woelfel explained that Carissa looked at new Part A contracts and the average FTE was about \$78,000.
        - Colleen Bjerke noted that this does not direct an agency to pay a certain amount, but pertains to the council funding a new service area.
    - **MOTION:** Tyrie Stanley moved that the FTE (full-time equivalent) minimum for new Ryan White contracts be increased from \$50,000 to \$80,000. There was no further discussion. **With unanimous consent, the motion carries.**
    - **MOTION:** Tyrie Stanley moved that the updated 2018 Guiding Values for the Allocations be approved by the council. There was no further discussion. **With unanimous consent, the motion carries.**
  - **Action Item:** Standards of Care for Treatment Adherence
    - Tyrie presented the **Standards of Care for Treatment Adherence**.
      - Roger asked that those with a conflict of interest leave the room once a motion to approve the standards is made.
      - Carissa discussed the process of developing the standards.
      - David Neller asked what the grey areas mean, and Carissa explained that it denotes that the item is a HRSA requirement and cannot be changed.
    - **MOTION:** Tyrie Stanley moved that the Standards of Care for Treatment Adherence be approved by the council. Those with a conflict of interest left the room. There was no debate. **With 21 ayes, 0 nos, and 2 abstentions** (Ejay Jack abstained due to a conflict of interest, Loyal Brooks was out of the room during the vote and Roger Ernst abstained due to facilitation), **the motion carries.**
  - **Action Item:** FY2018 Allocations Proposal
    - Jonathan explained 5 steps in the process, as described in the rationale of the action item:
      - Assumed flat funding, with no waiver. Ryan White Part A plans to apply for a waiver in December and the council will consider it at that time.
      - Started with FY2017 council allocations before we received the 2017 Part A award.
      - Added the increases the council approved at their July 2017 meeting based on the actual 2017 grant award:
      - Reduced Home and Community-based Health Services based on their spending levels; by \$52,600.

- Increased Food Bank/Home Delivered Meals by \$52,600 to preserve at least part of the increase to this service in FY2017 included in the waiver request, but assuring that the allocations plan that the Council approves for the FY2018 Part A grant application meets the 75% core medical services expenditure requirement.
- **MOTION:** Tyrie Stanley moved that the FY2018 Allocations Proposal be approved by the council.
  - Discussion:
    - Lisa: if we get the waiver, do we do this process again?
      - a) Jonathan: yes, we will ask the council to consider changes.
    - Matt: can you walk through the items that were changed?
      - a) Jonathan: we reallocated \$52,600 from home and community-based health services, which was based on their spending, to food bank/home delivered meals because of the high utilization of that service.
    - Lisa: historically, have we applied for a waiver? Do we usually get it?
      - a) Jonathan: yes, we are counting on it, but 2017 was first year we applied for it. HRSA can say no.
    - Alejandro: how will this affect providers for home and community health services?
      - a) Jonathan: the cut is based on utilizations; we believe funds will meet the need for home and community-based health services.
    - Ejay: the SARS go back to 2014; do you look back at all years?
      - a) Jonathan: yes, but data is limited because if a services reaches 100% spending, we don't necessarily know demand beyond that.
    - Ejay: do we have qualitative data that might explain why home and community health services was underspent?
      - a) Jonathan: no, but we know there is no waiting list for this service.
    - Thuan noted that at 6 months, Ryan White asks providers to explain why they are underspending or overspending.
    - Jonathan explained that we cannot have a waitlist for core medical services if we apply for a waiver.

Name	COI?	Vote	Name	COI?	Vote
Alejandro Aguilera		Aye	Florence Kulubya-Nabeta		Aye
Robert Andrews		Aye	Valentine Momo		Aye
Lisa Behr		Aye	David Neller		Aye
Tom Bichanga		Aye	Lesa Nelson		Aye
Loyal Brooks		Aye	Gelli Overton		Aye
Roger Ernst		Abstain (facilitation)	Val Rubin-Rashaad		Aye
Terral Ewing		Aye	Tyrie Stanley		Aye
Robert Gillum Jr.		Absent	Matt Toburen		Aye
Bielca Guevara		Aye	Thuan Tran		Aye
Lenny Hayes		Absent	Gwen Velez		Aye
Rachel Heule		Aye	John Vener, MD		Aye
Ejay Jack		Abstain	Johnnie Williams		Aye
Stephen Jensen		Absent	McKinzie Woelfel		Aye

**With 21 ayes, 0 nos, and 2 abstentions, the motion carries.**

**BREAK**

**VI. FY Carryover Request**

- Jonathan Hanft referenced the **2017 Carryover Allocations Proposal**.

- The proposal recommends that the carryover go towards two areas:
  - Early Intervention Services (Core Medical)
    - \$25,000
  - Food Bank/Home Delivered Meals (support)
    - \$153,663
- Loyal Brooks asked if the carryover is always made available to the program.
  - Jonathan replied that carryover has always been given to Ryan White.
- Matt Toburen asked how the number of additional HIV tests can be completed with only the proposed \$25,000.
  - Jonathan explained that it helps to fully fund a program that is not at the newly approved \$80,000 FTE.
- Jonathan noted that this proposal did not go through committee (due to time) and it will need a motion and a second to move forward.
  - Jonathan also noted that there are no conflicts of interest associated with the proposal because it is considered a slate; all council members can vote on it.
- **MOTION:** Loyal Brooks moved that the 2017 Carryover Allocations proposal be approved by the council. Roger Ernst seconded. Lesa Nelson called for discussion:
  - Discussion:
    - Matt asked why this proposal did not go through the Planning and Allocations Committee.
      - Jonathan explained that we did not have final spending figures until after the Planning and Allocations Committee met and we need to submit it to HRSA by August 27.
    - Alejandro Aguilera noted that Early Intervention Services received a 199% increase in 2016, and asked if those funds were fully spent in the previous fiscal year.
      - Jonathan replied that the funds were spent.
    - David Neller asked where these funds are coming from.
      - Jonathan explained that the funds that were unspent funds from the 2016 grant award.
    - Ejay Jack emphasized that there appears to be no correlation between where these funds came from and where they are going.
    - Gwen Velez asked for clarification about where these funds are coming from.
      - Jonathan explained these are unspent funds from 2016; and mostly from outpatient health care, medical case management, and mental health services. There were smaller amounts from other areas.
    - Matt asked what the activity rates for testing are.
      - Jonathan explained that it depends on the area, but we're hoping for 2%; older programs may exceed this rate, while newer programs will likely have lower rates.
    - Alejandro noted that oral health services were overspent, but Early Intervention Services (EIS) were underspent, and asked why EIS programs were receiving additional funds.
      - Jonathan explained that there were two new EIS programs introduced in 2016, and they didn't get up and running until later in the year. Going forward, we expect EIS to be fully spent.
    - Roger emphasized that the highest risk communities will be the focus for carryover spending.

Name	COI?	Vote	Name	COI?	Vote
Alejandro Aguilera		Aye	Florence Kulubya-Nabeta		Aye
Robert Andrews		Aye	Valentine Momo		Aye
Lisa Behr		Aye	David Neller		Aye
Tom Bichanga		Aye	Lesa Nelson		Abstain (facilitation)
Loyal Brooks		Aye	Gelli Overton		Absent
Roger Ernst		Aye	Val Rubin-Rashaad		Aye
Terral Ewing		Aye	Tyrie Stanley		Aye
Robert Gillum Jr.		Aye	Matt Toburen		Aye
Bielca Guevara		Aye	Thuan Tran		Aye

Lenny	Hayes		Absent	Gwen	Velez		Aye
Rachel	Heule		Aye	John	Vener, MD		Aye
Ejay	Jack		Aye	Johnnie	Williams		Aye
Stephen	Jensen		Absent	McKinzie	Woelfel		Aye

**With 22 ayes, 0 nos, and 1 abstention due to facilitation, the motion carries.**

## VII. Service Area Presentation

### *Needs Assessment and Evaluation Committee*

- Alejandro presented the ***Oral Health Services and Linguistic Services PowerPoint***.
- Oral Health Care:
  - Questions/Comments:
    - Rachel Heule informed the council that there are no Part B funds for oral health care services because DHS utilizes Medicaid funds for these services.
    - Tyrie Stanley asked why the utilization has dropped, but spending has gone up.
      - Rachel explained that there are more expensive services now being covered.
    - Bielca Guevara observed that she has noticed that some clients are being referred elsewhere when a provider finds out they are HIV positive.
      - Rachel emphasized that if things like that are happening, they should be reported to DHS; providers who are receiving Medicaid funding should be adhering to certain standards, and they should not be turning clients away.
- Linguistic Services:
  - Questions/Comments:
    - John Vener noted that medical care providers are required to provide translation services, and asked if providers are utilizing Ryan White services for this.
      - Thuan Tran explained that the majority of linguistic services are used for case management and other non-clinical needs, and they not required by law to provide linguistics services.
    - Thuan noted that translation services are not being captured in the number served figure because it includes things like brochures in other languages.
      - Gwen added that many clients bring their own interpreters, so the number served that is indicated may not speak to the actual need of the service.

## VIII. MN HIV Care Continuum

### *Jared Shenk, Minnesota Department of Health*

- Jared presented a PowerPoint on the ***2016 HIV Care Continuum in Minnesota***.
- There are 4 measures that are incorporated into the care continuum:
  - Estimate of those unaware of their status
    - 1100 in Minnesota
  - New diagnoses and time to linkage to care
  - Retention in care
  - Virally suppressed
- CAREWare and the national HIV surveillance database are used to gather data, but have different capabilities; providers can update client data in CAREWare, but not in the national HIV surveillance database.
- Matt observed that to get to the HIV/AIDS National Strategy goal of 90% of cases being diagnosed, we would need to identify about 1200 new cases.
  - Jared added that the figure is an estimate and is somewhere between 1000-1500.
- Rachel asked how the “unaware” number is calculated.
  - Jared explained that it is based on available incidence and prevalence data; state demographics are also considered. He noted that this calculation comes from the CDC.
- Rachel asked if when a provider knows that a client has left the state, should they be reporting that.
  - Jared replied that it should be reported in a new case report.



- Jared noted that the CDC reconciles unique client codes every 6 months (routine interstate duplicate review).
- Bielca wondered if Ryan White’s proposed centralized eligibility database would help track interstate cases.
  - Jared replied that, no, centralized eligibility is only for Ryan White clients (only about half of the state’s HIV population).

**IX. Unfinished Business/New Business**

- None.

**X. Open Forum**

- None.

**XI. Announcements**

- Johnnie Williams announced that his church, Full Proof Ministry, is having a civic engagement event on August 26, 2017, 11:00am to 4:00pm.
- Tyrie Stanley announced that there is consumer training (Leading the Change) on August 9, 10am to 1pm, at the Aliveness Project.

**XII. Adjourn**

- **MOTION:** Lesa Nelson moved to adjourn the meeting. The meeting adjourned at 11:54am.

**Meeting Summary:**

- The Council voted on and approved four individuals (Dennis Anderson, Destiny Holiday, James McMurray, and Nigel Perrote) for membership on the Council.
- The Council approved the 2018 Guiding Values for the Allocations Process.
- The Council approved the Standards of Care for Treatment Adherence.
- The Council approved the FY2018 Allocations Proposal.
- The Council approved the FY2017 Carryover Allocations Proposal.
- Jared Shenk briefed the Council on the 2016 Care Continuum in Minnesota.

**Documents Distributed Before the Meeting:**

- Proposed Agenda
- July 11 Meeting Minutes
- August Committee Report Summaries
- **Action Item:** Membership Recommendation
- **Action Item:** 2018 Guiding Values for the Allocations Process
- 2018 Guiding Values for the Allocations Process
- **Action Item:** Standards of Care for Treatment Adherence
- Treatment Adherence Service Area Standards
- **Action Item:** FY18 Allocations
- FY2018 Application Allocations- No Waiver
- FY16 4<sup>th</sup> Quarter Expenditures
- 2017 Rebate Allocations
- 2016-2018 Service Area Prioritization Ranking
- August 8 MDH Focus Group Flyer
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**Documents Distributed At the Meeting:**

- Part A Update
- Part B Update