

MN Council for HIV/AIDS Care and Prevention Meeting

December 12, 2017

9 am-12 pm

Health Services Building, Room L15

525 Portland Ave. S., Minneapolis

Minutes

Council Members Present:	Lesla Nelson (Council Co-Chair)
Alejandro Aguilera (phone)	Gelli Overton
Dennis Anderson	Nigel Perrote
Robert Andrews	Val Rubin-Rashaad
Lisa Behr	Tyrie Stanley
Tom Bichanga	Matt Toburen
Loyal Brooks	Thuan Tran
Roger Ernst (Council Co-Chair) (phone)	Gwen Velez
Terral Ewing	John Vener, MD
Rachel Heule	Johnnie Williams
David Neller	McKinzie Woelfel (Council Co-Chair)
Council Members Absent:	Valentine Momo
Robert Gillum, Jr.	James McMurray
Stephen Jensen	Florence Kulubya-Nabeta
Community Members/Guests/Consultants:	Mariah Wilberg, MDH
Walter Urey, Hennepin County	Jared Shenk, MDH
Ryann Freeman, Hennepin County	Cree Gordon, MN AIDS Project
Dennis London, DHS	Drew Hockman, MN AIDS Project
Colleen Bjerke, DHS	Stephanie Richardson, MN AIDS Project
Raymel Givens, Community Member	
Hennepin County (Part A) Representative:	DHS (Part B) Representative:
Jonathan Hanft	Rachel Heule
MDH (Prevention) Representative:	MCHACP Parliamentarian:
Krissie Guerard	Pat Reymann, PRP
MCHACP Staff:	
Carissa Weisdorf, Coordinator	Jeremy Stadelman, Admin Specialist (minutes)

Quorum Present? **Yes**

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

- Lesa Nelson called the meeting to order at 9:04 a.m. and the guiding principles were read. Introductions were made.

Consideration and Approval of Proposed Agenda

- Lesa moved to approve the agenda; the agenda was approved by unanimous consent.

Consideration and Approval of November 14 Meeting Minutes

- Lesa moved to approve the minutes; the minutes were approved by unanimous consent.

II. Co-Chair Update

- None.

III. Committee Reports (also provided in written form)

- Executive Committee
 - Roger Ernst announced that the council may consider a proposal to shorten council meetings by a half hour and meet eleven times a year; he noted that there is an opportunity to be more efficient in meetings.

- To save time during meetings, questions for guest speakers should be held until the end of presentations.
- Roger reminded members that comments during council meetings should be on topic.
- Roger reiterated that when making a motion, members should try to think in advance of what they are going to say. If needed, speak to one of the co-chairs/parliamentarian about making a proper motion.
 - Terral Ewing wondered if reducing meeting times will help keep the council on track or just make meetings more difficult to get the work done.
 - Roger suggested that the council can see how this goes and urged members to share feedback on the proposal to shorten meetings.
 - Terral indicated that he is skeptical that the council is going to get things done by reducing meeting times.
 - Alejandro Aguilera indicated that he concurs with Terral.
 - Gwen Velez also concurs.
 - Tyrie Stanley explained that he thinks the council can get work done with shorter meetings if members stop going back and forth so much.
 - Robert Andrews indicated that he agrees with Terral.
 - Alejandro suggested that the council should abandon Robert's Rules of Order if meeting times are going to be reduced.
 - Terral noted that he agrees with canceling one meeting per year.
 - Rachel Heule wondered how many unaligned consumers we are excluding because of the time constraints involved with the council's work.
 - Krissie Guerard agreed that having less meeting time could be a way to bring more people to the council and this is the purpose of the proposed change.
 - Krissie announced that we would also like to put together a group to discuss technological options that can be used to make meetings more efficient.
 - Matt Toburen agreed that it makes sense to reduce the amount of meetings.
 - Matt suggested that rigid attendance rules may be a deterrent for some consumers.
- See ***Committee Report Summaries*** handout
- Community Voices
 - See ***Committee Report Summaries*** handout
- Disparities Elimination
 - See ***Committee Report Summaries*** handout
- Membership & Training
 - **Action Item:** Recommendation to Council about Robert's Rules of Order
 - Loyal Brooks explained that the committee was tasked with reviewing Robert's Rules of Order to see if there are some areas for improvement. To get feedback from council members, the Membership and Training Committee held a Robert's Rules of Order (RRO) focus group and conducted a survey.
 - Matt explained that a motion was made in May 2017 to review the RRO process and to examine what is working and what is not.
 - Data that was used to make the recommendations included: RRO survey, focus group with council members, the Disparities Elimination Committee survey that touched on these issues and recommendations that were made to Membership and Training from the Disparities Elimination Committee.

- Matt explained that, overall, members support RRO because it provides a structure and framework to have discussions and make decisions. However, there are areas for improvement.
 - Council members don't want the process of RRO to be a barrier to being able to speak freely and make sound decisions.
- Matt explained that the Membership and Training Committee is making the following recommendations:
 - Consistency; use RRO evenly at every council meeting.
 - Improve how we are using RRO by offering more ongoing trainings.
 - Ensure that members are recognized by the chair before they speak; only those acknowledged should be speaking.
 - a) Other co-chairs should be keeping track of the speakers queue.
 - New members need more RRO training and onboarding.
 - a) The council should develop fact sheets with basic information about using RRO at meetings.
 - The Membership and Training Committee will to continue to monitor RRO.
- Terral noted that there have been months of discussions around this and RRO can work for the council.
- **MOTION:** Loyal Brooks moved that council should continue to use Robert's Rules of Order. It will be implemented fairly and consistently; all members are expected to follow the rules. An agenda will be closely followed at meetings.
 - Discussion:
 - Tyrie noted that he is in favor of the recommendations.
 - Gwen asked if the council is adopting a more relaxed version of RRO.
 - a) Matt explained that there are multiple ways to use RRO in meetings and the council can be more formal when we have a motion on the floor, but it doesn't have to be that way for more informal discussion. The council has agreed to keep RRO as informal as possible, but there needs to be structure to make sure things move along and are efficient.
 - b) Matt noted that being clear about the rules is important.
 - c) Terral noted that it seemed to be the consensus that the council will use the most informal form of RRO as possible.
 - d) Matt added that there are tactics that can be employed during meetings that allow people to ask questions and get conversations back on track.
 - e) Rachel noted that RRO gets more formal than how the council uses it.
 - f) Pat explained that everything should be going through the chair, but there are levels of formality which are usually based on how many people are in the group.
 - a. RRO is really about making sure groups take turns speaking and allowing others to participate before the same person speaks again.
 - b. Members should make a motion and then open it for discussion. Unless there is a conflict of interest, the bylaws say you make motion then have discussion, including questions.

- **VOTE: with 10 ayes and 3 nos; the motion carries.**
- Needs Assessment & Evaluation
 - Alejandro announced that a subcommittee has been formed to explore access to mental health services.
 - Alejandro asked for volunteers to join the subcommittee.
 - Drew Hockman, Matt Toburen, and Rachel Heule volunteered to be a part of the subcommittee.
 - Alejandro noted that the work will be conducted between January and April.
 - The committee continues to work on the PrEP survey with MDH (Minnesota Department of Health).
 - The committee is examining the council's tool for the Assessment of Administrative Mechanism to see if improvements can be made.
 - See **Committee Report Summaries** handout
- Planning & Allocations
 - **Action Item:** Non-Medical Case Management Standards of Care
 - Open discussion:
 - Matt noted that open enrollment is ongoing.
 - Tom Bichanga had a question about the conflict of interest policy; he wondered why there is there a conflict with service standards.
 - Carissa Weisdorf explained that if your agency has a stake in how standards are developed, it could be a conflict. There has been guidance from HRSA around this.
 - Jonathan Hanft added that there could be a conflict because you could advocate developing standards in a way that benefits your agency.
 - Lesa Nelson asked those with a conflict of interest to leave the room.
 - Gelli Overton, Tom Bichanga, Matt Toburen, and John Vener left the room.
 - **MOTION:** Tyrie Stanley moved that the council adopt the **Standards of Care for Non-Medical Case Management**.
 - There was no debate.
 - **VOTE: With unanimous consent, the motion carries.**
 - **Action Item:** FY 2018 Pre-Award Core Medical Services Expenditure Requirement Waiver Allocations Plan
 - **MOTION:** Tyrie Stanley moved that the FY 2018 pre-award core medical services expenditure requirement waiver allocations plan be approved as proposed.
 - Tyrie noted that there was no change from the July 2017 proposal that was approved by the council.
 - The proposal estimates that 72% of Part A funds will go towards core medical services in 2018.
 - Discussion:
 - Matt asked why there were no changes from the previous proposal.
 - a) Tyrie explained that this was just approved in July 2017 and things are on track with that proposal. Once the Ryan White Program receives the 2018 award, the council can make changes if needed.
 - b) Jonathan added that there is no final appropriations for 2018 yet.
 - a. This proposal assumes we will be granted the waiver.
 - b. Contracts start in March 2018.
 - Matt asked if the proposal considers cost of living increases for staff.

- a) Jonathan explained that the council assumes flat funding, but there is the possibility for increases if we receive an increase in funding. Providers can increase wages for staff if they so choose.

- Council members present voted as follows:

Name		COI?	Vote	Name		COI?	Vote
Alejandro	Aguilera		Aye	Gelli	Overton		Abstained
Dennis	Anderson		Aye	Nigel	Perrote		Abstained
Robert	Andrews		Aye	Val	Rubin-Rashaad		Aye
Lisa	Behr		Aye	Tyrie	Stanley		Aye
Tom	Bichanga		Aye	Matt	Toburen		No
Loyal	Brooks		Aye	Thuan	Tran		Aye
Roger	Ernst		Aye	Gwen	Velez		Abstained
Terral	Ewing		Abstained	John	Vener, MD		Aye
Rachel	Heule		Aye	Johnnie	Williams		Aye
David	Neller		Aye	McKinzie	Woelfel		Aye
Lesa	Nelson		Abstained due to facilitation				

- **Vote: with 15 ayes and 1 no the motion carries.**

IV. Recipient Reports

- **Part A Update**

Jonathan Hanft, Hennepin County

- The core medical waiver request will be submitted by the end of the calendar year.
- Part A is required to estimate underspending by the end of the year and submit a carryover request to HRSA which the council co-chairs will sign.
 - The council will consider the carryover plan in June or July of 2018.
 - Formula funds (about 70% of the total) can potentially carryover.
 - These funds are strictly based on HIV prevalence in the jurisdiction.
 - 25% is supplemental funding and can't carryover.
 - These funds are considered competitive funding; Part A needs to make the case about need.
 - 5% is MAI (Minority AIDS Initiative) and can carryover, but we are on track to spend these funds.
 - MAI funding came from the 1999 reauthorization of the Ryan White Act; the Congressional Black Caucus secured this funding.
- Reallocations: \$14,000 was reallocated from mental health services to medical case management based on what the council approved at the last meeting.
- The one year anniversary of Positively Hennepin was on December 1; Jake Maxon is creating an annual report.
- 2017 site visit report:
 - The findings about the council were not unusual for a Part A TGA (transitional grant area).
 - Part A is currently working on a corrective action plan to address the findings, which for the council include:
 - Improve consumer engagement; we looking for a more robust strategy for reaching consumers, and not just for the planning council.
 - Improve outreach and education regarding the council; especially for communities with disparities.
 - Improve council member training, especially around roles and responsibilities and the conflict of interest policy.

- Fill the open Medicaid position.
 - Standards of care need to be reviewed and updated every year.
 - We will work with CCG (Community Consulting Group) to figure out a simplified way to review and make changes to standards of care on an annual basis.
 - The Community Voices Committee needs stronger leadership and better guidance.
- **Part B Update**
Rachel Heule, DHS
Colleen Bjerke, DHS
 - Open enrollment update from Rachel Heule:
 - Rachel announced that there is a mechanism for auto-enrollment this year, which means that the insurance market is stabilizing.
 - Clients will still have to verify their income to receive tax credits.
 - Clients are required to take the tax credit.
 - Rachel requests feedback from case managers to make sure clients don't lose coverage.
 - December 20 is the deadline to sign up for MNsure and the open market to make sure coverage starts on January 1, 2018.
 - After December 20, coverage won't start until February 1, 2018.
 - If you hear of clients being closed out for non-payment, let DHS know; call customer care at 651-431-2398.
 - Part B update from Colleen Bjerke:
 - Part B completed their annual federal financial report and it appears they are on track to fully spend Part B and MAI funds.
 - Part B received \$900,000 in supplemental funding.
 - \$800,000 was directed to EIS (early intervention services).
 - \$100,000 was directed to ADAP funding.
 - The supplemental award was just approved by a legislative committee last week, so they may not be able to spend all supplemental by the end of the fiscal year.
 - Supplemental cannot be carried over.
 - Disability Support Division is hiring a new manager.
 - The Part B HRSA site visit is scheduled for February.
 - A lunch meeting with clients will be scheduled. Part B is working to identify a cross-section of individuals to attend the lunch.
 - Tyrie asked how they are finding these clients.
 - Colleen indicated that there will be outreach to Part B contracted agencies and other consumers.
- **Prevention Update**
Krissie Guerard, MDH
 - Krissie noted that there have been outbreaks that have kept her from council meetings, but she hopes to be more present next year.
 - Outbreaks include drug-resistant tuberculosis (TB) and syphilis.
 - Prevention plans to provide an update to the council on STIs (sexually transmitted infections) and TB early next year.
 - There is no funding update for 2018; funds should come in within the next week.
 - The HIV statewide strategy is going to the commissioner level within the next week and to the legislature by the end of January.

V. **Undetectable = Untransmittable community partnership**

Mariah Wilberg, Minnesota Department of Health

- Mariah Wilberg presented a PowerPoint on the **Undetectable = Untransmittable** campaign (the PowerPoint was emailed to the council by Jeremy Stadelman on December 13, 2017).
 - Mariah explained that there has never been a documented case of HIV being transmitted from someone who was virally suppressed.

- Minnesota is third state to sign onto this campaign.
- Mariah noted that this is a campaign will help individuals receive factual information about their own bodies.
- Key messages of the campaign:
 - Adherence to treatment is key to remaining virally suppressed.
 - Treatment as prevention is only one tool in the fight against HIV.
 - Only applies to sexual transmission of HIV, not perinatal or IDU (intravenous drug use).
 - Does not protect against STIs or pregnancy.
- Please get in touch with Mariah (Mariah.Wilberg@state.mn.us or 651-201-5096) if you want more information to share with your clients/agency.
- The campaign is a multi-faceted educational effort.
- Questions:
 - Rachel asked if there are any ongoing studies about Undetectable = Untransmittable.
 - Mariah replied that she is not aware of any ongoing studies, but there is consensus that this is a medical fact.
 - Lisa Behr asked if it is recommended that providers teach clients about this campaign right after diagnosis.
 - Mariah replied that people will need to hear these messages multiple times; it's never too early to share this with people.
 - Terral wondered if there are any legal issues to consider; like criminalization laws, for example.
 - Krissie noted that state enforcement has been limited to education for those who knowingly transmit HIV.
 - There are new questions to consider, however; like, do we still need to look at partners of those who are virally suppressed?
 - Cree Gordon indicated that the criminalization statute is not usually enforced unless it's combined with another crime.
 - Loyal asked if the CDC (Center for Disease Control) has endorsed this campaign.
 - Yes, the CDC endorsed the science as of September 2017.
 - Matt noted that Lynn Michelson at the Minnesota AIDS Project (MAP) offers legal services, if needed.
 - MAP signed on to the campaign about a year ago.
 - Tyrie asked Carissa to resend information from a September email about this.
 - Tyrie agreed that the council should sign onto this.
- **Action Item:** Undetectable = Untransmittable Community Partnership
 - **MOTION:** Lesa Nelson moved that the council sign-on as a community partner and endorse the consensus statement of the Undetectable = Untransmittable campaign.
 - **VOTE: with unanimous consent, the motion carries.**

VI. Child Care Services, Referral for Health Care and Support Services, Home and Community-Based Health Services Needs Assessment & Evaluation Committee

- Dennis London presented the Service Area Presentation PowerPoint (emailed to the council by Jeremy Stadelman on December 13, 2017).
 - Child Care Services:
 - Matt asked why this was not funded by the council.
 - Dennis and Jonathan indicated that the last time there was an RFP (request for proposals), there was no agencies that applied for funding.
 - Tom asked if there is a need for child care services.
 - Carissa noted that the council can look at the most recent needs assessment surveys which ask this question.
 - Gwen asked when the last time child care services were funded.
 - Jonathan replied that it has been about 10 years.
 - Gwen wondered if the need has changed since the last RFP.

- Roger wondered if the council can survey case managers to see if there is a need.
- Tyrie wondered if individuals might be getting these resources from someplace else, like DHS.
- Alejandro noted that there hasn't been a provider interested.
- Jonathan located the 2010 and 2015 needs assessments and noted that only 1% indicated that they needed child care services, but weren't able to access them.
 - Jonathan announced that the [Minnesota Financial Investment Program](#) may provide some funding for child care services.
- Lisa asked if a stipend can be given to families to help cover child care costs.
 - Rachel explained that we can't give cash to clients.
 - Gwen wondered if a stipend is considered cash and asked if the council can revisit this.
 - Rachel noted that she has checked with HRSA on this and they are not allowed to give cash to clients.
 - Terral suggested that we push HRSA on this.
- Referral for Health Care and Support Services:
 - Colleen noted that the utilization number appears low because many people use the service anonymously but only individuals who are confirmed as HIV positive are counted. It's a much bigger program than what it looks like.
 - About 3000-4000 calls come in to the AIDSLine per year.
 - Matt indicated that the number shown only includes those who are identified as HIV+ and linked to care/Ryan White services.
 - Jonathan noted that this service is in the purview of Prevention; DHS took on full funding after budget cuts.
- Home and Community-Based Health Services:
 - No comments.

VII. Staff Update

- Carissa announced that a member election period is coming up; there is a need for more African American unaligned consumers. The Membership and Training Committee is hoping to get applications in by the end of the year.
- Switching committees is an option for committee members; Needs Assessment and Evaluation needs additional members.
 - Let council staff know if you are interested in switching committees.
 - Alejandro is available to answer questions about the work of the Needs Assessment and Evaluation Committee.
- Carissa will be on maternity leave from February 2018 to June 2018.
 - There will be project assistance from Julie Wilbert to help with the prioritization and allocations process.
 - Jeremy Stadelman will fill the role of council coordinator in Carissa's absence.

VIII. Robert's Rules of Order training tidbit: The role of a chair in council vs. committee meetings

Pat Reymann, MN Council for HIV/AIDS Care and Prevention Parliamentarian

- Pat presented ***The Role of a Chair in Council and Committee Meetings.***

IX. Unfinished Business/New Business

- Parking Lot:
 - Psychosocial Support Services- examine utilization and services available
 - Sustainability of existing PrEP Programs
 - Mental Health Service and stigma

X. Open Forum

- None.

XI. Announcements

- None.

XII. Adjourn

- **MOTION:** McKinzie moved to adjourn the meeting. With unanimous consent, the meeting adjourned at 12:00pm.

Meeting Summary:

- The council approved the recommendations from the Membership and Training Committee regarding Robert's Rules of Order.
- The council approved the Standards of Care for Non-Medical Case Management.
- The council approved the FY 2018 Pre-Award Core Medical Services Expenditures Requirement Waiver Allocations Plan.
- Mariah Wilberg from the Minnesota Department of Health presented on the Undetectable = Untransmittable community partnership and the council approved of signing on as a community partner.

Documents Distributed Before the Meeting:

- Proposed Agenda
- November Meeting Minutes
- December Committee Report Summaries
- Action Item: Recommendation to the Council about Robert's Rules of Order
- Robert's Rules of Order Survey Results
- Robert's Rules of Order Focus Group Minutes
- Disparities Elimination Committee Recommendations for Membership and Training Committee
- Action Item: Standards of Care for Non-Medical Case Management
- Non-Medical Case Management Standards
- Action Item: FY 2018 Pre-Award Core Medical Services Expenditure Waiver Allocations Plan
- FY 2018 pre-award waiver application allocations plan
- Action Item: Undetectable = Untransmittable Community Partnership

Documents Distributed At the Meeting:

- Service Area Presentation: Child Care Services, Referral for Health Care and Support Services, and Home and Community-Based Health Services
- Part A Update
- Parliamentary Tip: The Role of a Chair in Council and Committee Meetings

JS/cw