

MN Council for HIV/AIDS Care and Prevention Meeting
January 9, 2018
9 am-12 pm
Health Services Building, Room L15
525 Portland Ave. S., Minneapolis
Minutes

Council Members Present:	
Dennis Anderson	Lesla Nelson (Council Co-Chair)
Robert Andrews	Gelli Overton
Tom Bichanga	Nigel Perrote
Roger Ernst (Council Co-Chair)	Val Rubin-Rashaad
Terral Ewing	Tyrie Stanley
Robert Gillum, Jr.	Matt Toburen
Rachel Heule	John Vener, MD
Stephen Jensen	Johnnie Williams
Florence Kububya-Nabeta	McKinzie Woelfel (Council Co-Chair)
David Neller	
Council Members Absent:	Valentine Momo
Alejandro Aguilera	James McMurray
Lisa Behr	Thuan Tran
Loyal Brooks	Gwen Velez
Community Members/Guests/Consultants:	Mary McCarthy, RAAN
Walter Urey, Hennepin County	Jared Shenk, MDH
Ryann Freeman, Hennepin County	Cree Gordon, MN AIDS Project
Anika Kalewoun, Hennepin County	Drew Hockman, MN AIDS Project
Colleen Bjerke, DHS	Stephanie Richardson, MN AIDS Project
Raymel Givens, Community Member	Julie Wilbert, Hennepin County
Dawn Ginzl, MDH	Sarah Gordon, MDH
Alyssa Temte, MDH	
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

- McKinzie Woelfel called the meeting to order at 9:10 a.m. and the guiding principles were read. Introductions were made.

Consideration and Approval of Proposed Agenda

- McKinzie moved to approve the agenda; the agenda was approved by unanimous consent.
 - Due to a scheduling conflict, the Prevention update from Krissie Guerard occurred after the Co-chair update.

Consideration and Approval of December 12 Meeting Minutes

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

II. Co-Chair Update

- Roger Ernst announced that Peter Golden, a Case Manager with the Minnesota AIDS Project in Duluth, passed away; Roger called for the council to celebrate his memory.
- Roger indicated that there were no updates from the most recent call with HRSA.

- Roger announced that the Executive Committee unanimously approved extending Pat Reymann's contract for another year; Pat is the the council's Parliamentarian.
 - Roger announced that a review of the bylaws will take place and that each committee will update their relevant bylaw section.
 - There is a list of updates to consider that the Executive Committee will review.
 - There will be a review of the council's mission, vision, and values statement at the February Executive Committee meeting; Roger urged members to attend the meeting if they would like to participate in the review.
- **Prevention update from Krissie Guerard, MDH**
 - Krissie provided a funding update:
 - HIV Prevention was awarded \$2.4 million, which represents an increase of about \$500,000.
 - Surveillance received \$535,000, which was an increase of about \$35,000.
 - There will be level funding for 5 years.
 - There was a \$45,000 decrease in funding for STD prevention.
 - Funding for TB (tuberculosis) saw an increase of about \$40,000.
 - Overall, Krissie indicated that MDH was satisfied with 2018 funding.
 - Matt Toburen asked what MDH is planning to do with its increase in funding.
 - Krissie replied that additional funds will go to:
 - An increase in HIV staff
 - More funding made available in RFPs
 - More funding for events
 - More funding for condom distribution
 - Jonathan Hanft asked if there is funding included for the rapid ART project.
 - Krissie replied that this project was a category B component and MDH will not know anything about that category until March.

III. **STD, TB and Hepatitis C Updates from Minnesota Department of Health**

Dawn Ginzl, STD Surveillance Coordinator

Sarah Gordon, TB Controller/TB Unit

Alyssa Temte, Viral Hepatitis Prevention and Community Outreach Coordinator

- Dawn Ginzl presented on the status of syphilis in Minnesota (a PowerPoint of her presentation was emailed to the council by Jeremy Stadelman on 01/10/2018).
 - There were 853 cases in MN in 2016.
 - Dramatic increases in syphilis in Minnesota since 2012; a similar trend has been observed throughout the country.
 - The increase in cases is concerning because it was near elimination.
 - Highest concentration is in Minneapolis, but some rural areas have high rates.
 - 42% of cases are in Minneapolis
 - 18% in greater MN
 - Shift in increase for suburban and rural areas
 - The highest rate is among 20-24 year old males.
 - There are large disparities by race/ethnicity.
 - American Indian and Black, Non-Hispanics have rates 7x higher than whites.
 - Co-infection rate with HIV is decreasing; now 30% overall and 44% among MSM (men who have sex with men).
 - One reason for this is that people on PrEP are being screened more regularly for syphilis.
 - Dramatic increase among women starting in 2014; we are seeing rates not reached since the early 1990's.
 - There are large disparities by race:

- 39% of cases were among Black, Non-Hispanic individuals.
 - Matt asked if African-born were included in the Black, Non-Hispanic category.
 - Dawn replied yes because MDH does not get enough data to differentiate between groups.
 - There are screening guidelines in place for pregnant women; 7 cases of congenital syphilis were identified in 2016.
- Current trends:
 - Increase among drug users
 - Current outbreak located primarily in Greater MN
- Sarah Gordon presented on the status of TB and multi-drug resistant (MDR) TB in MN (a PowerPoint of her presentation was emailed to the council by Jeremy Stadelman on 01/10/2018):
 - 1-3% of people with latent TB will develop active disease
 - Active TB can develop in people with diabetes, HIV/AIDS, kidney disease, weakened immune system, substance abuse, smoking, malnutrition
 - TB is slowly declining in the US; MN is around the national average
 - More TB cases are found in individuals not born in the United States
 - Majority of cases are in the metro area
 - There has been an outbreak in Hennepin County, among the homeless shelter community
 - Undocumented community in rural county in Southern MN has also experienced an outbreak
 - MDR outbreak in East Metro:
 - Mostly among Hmong community; 9 cases in 2017
 - Largest MDR outbreak in the continental US
- Alyssa Temte presented on the status of Hepatitis C in MN (a PowerPoint of her presentation was emailed to the council by Jeremy Stadelman on 01/10/2018):
 - Increase in incidence rate in MN
 - Increase of 251% in deaths due to Hepatitis C in MN
 - There are 35,623 people living with Hepatitis C in MN
 - Greater MN has 41% of cases in MN
 - Median age of those infected is 57
 - Large disparities seen by race; especially among American Indians and Black, Non-Hispanic individuals

IV. Questions

- Syphilis in MN:
 - Terral Ewing asked if there have been any links established between the incidence rate in Greater MN and in the Twin Cities.
 - Dawn indicated that drug use and partners that travel between Greater MN and the Twin Cities are factors in increasing incidence rates for Greater MN.
 - Terral asked if MDH has the resources to send staff to provide education about STDs to groups throughout the state.
 - Krissie indicated that MDH has two staff members who can do presentations for the community.
 - Tyrie Stanley asked what MDH plans to do about the outbreak.
 - Dawn explained that MDH has been holding testing events, providing outreach and education, communicating with treatment centers, and implementing a jail center program to screen prisoners.
 - Robert Gillum Jr. asked if the CDC's STD guidance will change to include syphilis.

- Krissie noted that the current STD grant included chlamydia, but will probably be focused on syphilis in new 2018 guidance.
 - The MN State Legislature approved contingency funding for syphilis.
- Krissie noted that drug use is increasing and fueling outbreaks.
- TB:
 - Terral asked if TB in the lungs is the only contagious form of the disease.
 - Sarah indicated that this was correct.
 - Tyrie asked if there have been any TB cases linked to HIV.
 - Sarah indicated that there has one case linked.
 - Rachel Heule asked if there have been any inroads made globally with MDR TB.
 - Sarah indicated that there has been a slight increase in cases globally due to war and famine.
 - XMDR (extremely resistant) and TBR (totally resistant) have also been observed globally.
- Hepatitis C:
 - Jonathan asked how many individuals with Hepatitis C are co-infected with HIV.
 - Alyssa replied that the number is around 6% - 9% of cases.
 - John Vener asked how death rate is calculated.
 - Jared Shenk replied that the rate is based on the number of deaths directly attributed to Hepatitis C; which occur mostly from chronic infection.
 - Jonathan asked if it's true that some insurance companies that won't cover treatment for Hepatitis C.
 - Alyssa replied that access to treatment is based on priority groups and that some are being denied treatment completely.
 - Alyssa noted that prisons cannot afford to treat everyone.
 - Mary McCarthy noted that some providers won't see patients unless they are being abstinent.

BREAK

V. Committee Reports (also provided in written form)

- Executive Committee
 - Based on the feedback received by the Executive Committee, the clickers from Turning Tech will not be purchased at this time.
 - Tyrie asked when the council can revisit this decision.
 - Roger suggested that the council wait until after the election of co-chairs in April and May to revisit the technology.
 - Tyrie indicated that he would like to reconsider purchasing the clickers in 3 months, which will be in April 2018.
 - See ***Committee Report Summaries*** handout
- Community Voices
 - See ***Committee Report Summaries*** handout
- Disparities Elimination
 - See ***Committee Report Summaries*** handout
- Membership & Training
 - See ***Committee Report Summaries*** handout
- Needs Assessment & Evaluation
 - See ***Committee Report Summaries*** handout
- Planning & Allocations
 - **Action Item:** Universal Standards

- Tyrie briefly described the process for developing the universal standards and noted that an unaligned council member sat in on the meetings for consumers and providers.
- **MOTION:** Tyrie Stanley moved that the council adopt the attached Standards of Care for Universal Standards. **With unanimous consent, the motion carries.**

VI. Recipient Reports

• Part A Update

Jonathan Hanft, Hennepin County

- Part A hopes to submit the core medical waiver request by February 1.
- Part A expects the award notifications timeline to be about the same as last year.
- Part A FY 2017 carryover:
 - Part A submitted a request for carryover and will know the official amount in June or July.
 - Jonathan will bring the official amount to the council for consideration.
 - Based on utilization, a tentative proposal has been made to spend the carryover on medical case management and food bank/home delivered meals
 - Matt asked where the increase in medical case management is going.
 - Jonathan replied that it will be focused on African-born immigrants and among youth.
 - Jonathan reminded the council that supplemental funds cannot be carried over.
- A [PrEP access map](#) has been added to council's website.
 - The map is also available on [Positively Hennepin's site](#) and on the [Red Door Clinic's site](#).
 - Tyrie asked if other providers or groups can use the link to the map on their websites.
 - Carissa replied yes, but to contact Jake Maxon (jake.maxon@hennepin.us) about it first.
 - Roger asked if there are any plans to create a PrEP map for Greater MN.
 - Jonathan noted that MDH should be working on this; follow up with Japhet Nyakundi for more information.

• Part B Update

Rachel Heule, DHS

- Part B is preparing for their HRSA site visit scheduled for Feb 27-March 1.
 - Health HIV is conducting a mock site visit and helping to organize a consumer lunch at the Minnesota AIDS Project.
- HCMC contracts are being finalized.
- DHS is looking to fill three contract management positions.
 - Jeremy to forward the job announcement to the council.
- DHS will offer medical case management trainings in May.
- Open enrollment:
 - Clients were able to stay in their plans from the previous year, but Program HH has not received all updates about premium increases; please contact DHS with this information.
 - Blue Cross Blue Shield closed enrollment on December 15 without warning; DHS is working with clients to roll over their insurance if they missed the deadline.
 - HCMC, HealthPartners and Part A outpatient providers are available for those who will not have access to insurance.
 - If clients receive letters about being cancelled, please contact Program HH to follow up.
 - Many individuals did not understand that they needed to renew MNCare during open enrollment.
 - Terral wondered whom to contact if a client gets a bill that has a portion not paid.
 - Rachel suggested that clients should contact Program HH at (651) 431-2414 or (800) 657-3761.
 - Roger asked if gross income is used to determine eligibility.
 - Rachel indicated that it was.
 - Robert Gillum asked if there is insurance available via disability services.
 - Rachel directed Robert to [MA-EPD](#).

VII. Staff Update

- Jeremy reminded council members that they should submit any outstanding reimbursements to him before the end of fiscal year, which closes on February 28.
- Carissa introduced Julie Wilbert, who will be helping the council with the allocations and prioritization process while Carissa is on maternity leave.
- Carissa noted that council meeting calendars will be updated and available at next month's council meeting.
- Council Co-chair election will be held in March.
 - Lesa Nelson is eligible to run again
 - Looking for a council member to serve as a community co-chair, since Roger will be stepping down.
- Committee co-chair elections will be held in March.
 - Committees will review co-chair succession planning this month.

VIII. HIV Testing & Outreach and Syringe Services Programs

Needs Assessment and Evaluation Committee

- McKinzie presented the PowerPoint on HIV Testing & Outreach and Syringe Services Programs (emailed to the council by Jeremy Stadelman on 1/10/2018).
- Syringe services:
 - \$576,000 have been allocated for 2018; this represents a 36% increase.
 - McKinzie noted that the number served could be redundant, with clients utilizing the service multiple times.
 - Jonathan asked if syringe providers are required to provide HIV testing.
 - Mary indicated that they are.
- HIV Testing & Outreach:
 - Funding has gone down in recent years.
 - Tyrie wondered if there is a way to separate the testing from the outreach numbers.
 - McKinzie noted that there might be a way to Jared Shenk to do it, but it is not how numbers are reported to MDH.
 - Jonathan noted that the care continuum for this service area should include three stars to the right.

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

- Matt Toburen announced that AIDS Action Day will be held on April 23 at the Capitol in St. Paul.
 - Anyone who wants to help plan, please let Matt know (matt.toburen@mnaidproject.org).
- Terral Ewing announced that he will be travelling to Washington, DC at the end of January to speak with representatives about the current state of HIV resources, especially for Greater MN.
- Matt announced that a meeting with Rep. Jason Lewis' staff is being scheduled.
- McKinzie Woelfel announced that MDH is recruiting for AIDS Review Material Board.
 - The Board needs one additional person; let her know if you have someone in mind (McKinzie.Woelfel@state.mn.us).

XII. Adjourn

- **MOTION:** McKinzie moved to adjourn the meeting. With unanimous consent, the meeting adjourned at 11:43am.

Meeting Summary:

- The council was briefed on the status of STDs, TB, and Hepatitis C in Minnesota by the Minnesota Department of Health.
- The council approved the Standards of Care for Universal Standards.

Documents Distributed Before the Meeting:

- Proposed Agenda
- December Meeting Minutes
- January Committee Report Summaries
- Action Item: Universal Standards
- Universal Standards
- Estimated FY17 Unobligated Balance Report and Carryover Request
- Community Co-chair responsibilities
- Council Operations and Monitoring Plan Evaluation

Documents Distributed At the Meeting:

- Service Area Presentation: HIV Testing & Outreach and Syringe Services Programs
- Part A Update
- Part B Update

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