

**MN Council for HIV/AIDS Care and Prevention
Executive Committee
Meeting Minutes for February 13, 2018
9-12
Health Services Building, Room L15
Minutes**

Council Members Present:	James McMurray
Dennis Anderson	Lesa Nelson (Council Co-Chair)
Tom Bichanga	Gelli Overton
Lisa Behr	Nigel Perrote
Loyal Brooks	Tyrie Stanley
Roger Ernst (Council Co-Chair)	Matt Toburen
Terral Ewing (phone)	Thuan Tran
Robert Gillum, Jr.	Gwen Velez
Rachel Heule	John Vener, MD (phone)
Stephen Jensen	Johnnie Williams
Florence Kububya-Nabeta	
Council Members Absent:	David Neller
Alejandro Aguilera	Val Rubin-Rashaad
Robert Andrews	McKinzie Woelfel (Council Co-Chair)
Community Members/Guests/Consultants:	Aaron Peterson, Hennepin County
Walter Urey, Hennepin County	Jared Shenk, MDH
Ryann Freeman, Hennepin County	Cree Gordon, MN AIDS Project
Anika Kaleewoun, Hennepin County	Drew Hockman, MN AIDS Project
Colleen Bjerke, DHS	Stephanie Richardson, MN AIDS Project
Raymel Givens, Community Member	Destiny Holiday, Community Member
Kim Lieberman, MN AIDS Project	Chryssie Jones, MDH
Chuck Peterson, MN HIV Housing Coalition	Mona Deoferio, Hennepin County
Hennepin County (Part A) Representative:	DHS (Part B) Representative:
Jonathan Hanft	Colleen Bjerke
MDH (Prevention) Representative:	MCHACP Parliamentarian:
Krissie Guerard	Pat Reymann, PRP
MCHACP Staff:	
Jeremy Stadelman, Admin Specialist	Anthony Jacques, Hennepin County (minutes)

Quorum Present? **Yes**

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

- Lesa Nelson called the meeting to order at 9:06 a.m., and called for the lighting of the candle. The guiding principles were read and 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 January 9 Meeting Minutes

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

II. Co-Chair Update

- There were some questions about issues at the HCMC Parking Ramp and Jeremy Stadelman will get more information and get back to council.
- There are two upcoming webinars that council members should consider participating in; February 21 on planning council roles and responsibilities & February 28 on tools and strategies to strengthen interior relationships between council staff and committee members.
- Effort to pass legislation for statewide AIDS elimination plan; first report is out now, second report due out Jan 2019. Anyone interested in more information should let Matt Toburen know.
- AIDS action day on Monday April 23.

- Roger offered an update on the Statewide State Strategy: there may be an effort to reconvene focus groups/broaden participation to present strategy and get feedback from consumers and providers, understand implementation resources, especially collaboration agreements between agencies and the state (9 regions)

III. Staff Update

- Roger has been term limited out of co-chair position, so the council is looking for new community co-chair. Those interested should contact Jeremy by end of day Wednesday 2/15/18. For the open community co-chair spot a member needs to have been on council as voting member for at least a year, and needs to be from the TGA (HRSA requirement).
- Reminder about reimbursements for 2017 – needed by Feb 28 (for the TGA) or March 31 (for greater MN).
- Updated community voices fliers with dates are available for distribution.
- Carissa had her baby Jan 28 at 3:08 pm!

IV. Committee Reports

- Executive
 - See **Committee Report Summaries** handout
- Community Voices
 - See **Committee Report Summaries** handout
- Disparities Elimination
 - **Action Item:** Co-chair election
 - **MOTION:** Gelli Overton moved to approve Dennis Anderson as co-chair of the Disparities Elimination Committee. There was no discussion. **With unanimous consent, the motion carries.**
- Membership & Training
 - **Action Item:** Returning Member Election
 - **MOTION:** Loyal Brooks moved that all council members eligible for a second term be approved by the council for membership. There was no discussion.
 - Paper ballots were distributed and collected by Jeremy Stadelman.
 - Ballots were tallied by Anika Kaleewoun, Ryann Freeman, and Stephen Jensen.
 - **Results:**
 - Number of ballots: 18
 - Number needed for approval of membership: 10
 - a) Alejandro Aguilera received 16 votes
 - b) Robert Andrews received 17 votes
 - c) Tom Bichanga received 18 votes
 - d) Loyal Brooks received 16 votes
 - e) Roger Ernst received 17 votes
 - f) Terral Ewing received 16 votes
 - g) Florence Nabeta received 18 votes
 - h) Lesa Nelson received 16 votes
 - i) Tyrie Stanley received 18 votes
 - j) Gwen Velez received 17 votes
 - k) John Vener received 17 votes
 - All individuals on the ballot were approved for a second two-year term beginning on March 1, 2018 and ending on February 29, 2020.
 - **Action Item:** New Member Election
 - **MOTION:** Loyal Brooks moved that E. Combs, A. Gebrehiwat, R. Givens, C. Gordon, and D. Holiday be approved for membership by the council. There was no discussion.
 - Paper ballots were distributed and collected by Jeremy Stadelman.
 - Ballots were tallied by Anika Kaleewoun, Ryann Freeman, and Stephen Jensen.
 - **Results:**

- Number of ballots: 18
 - Number needed for approval of membership: 10
 - a) Evelyn Combs received 17 votes
 - b) Abiel Gebre received 17 votes
 - c) Raymel Givens received 17 votes
 - d) Cree Gordon received 16 votes
 - e) Destiny Holiday received 16 votes
 - All five individuals on the ballot were approved to fill a two-year term beginning on March 1, 2018 and ending on February 29, 2020.
- Needs Assessment & Training
 - See ***Committee Report Summaries*** handout
- Planning & Allocations
 - **Action item:** List of Service Areas for 2018 Prioritization Process
 - Discussion:
 - Matt: It feels unrelated to the statewide coordinated care and prevention plan with its very specific goals; not sure how these two interact, but we need to have another discussion about how service areas interact with the prevention plan.
 - Was this put on the calendar for the Executive Committee in time to review data and progress towards goals?
 - Jeremy indicated that this would be ongoing.
 - Jonathan: one of the goals of the needs assessment service area presentations was to think about where services impact the care continuum – indicators and outcome are closely related to care continuum – what kind of data do you need to connect those services to the outcomes, to evaluate impact of programs ability to contribute towards strategy.
 - Tyrie clarified that this action item is about which service areas to include in the prioritization ranking process, and there will be no voting yet about the rankings.
 - Needs Assessment and Evaluation Committee will address service area summaries with better information on how to prioritize service areas with respect to goals.
 - Tyrie referred to the ***Core Medical and Support Services descriptions*** provided to the council.
 - Given the answers we've heard, does this address the concerns about matching the goals?
 - The current process may not make sense now given the recently developed plan on how to achieve goals we have laid out.
 - We also use budgets and utilization to choose service areas.
 - This is what needs assessment reviews when choosing/ranking service areas – everyone will get this info before they do their ranking.
 - For these new service categories, where do we get data for how utilization?
 - That is something that the Needs Assessment & Evaluation Committee will address because if the council has not funded an area, the data will be limited. However, from past experience, the council doesn't get requests for those services either; the council needs to be aware of state programs that provide those services that are not funded by the council.
 - Jeremy mentioned that the council will have needs assessment surveys from 2010 and 2015 to look at – though it will not be the same exact data.
 - Tyrie reminded the council that this action is just to put all service areas on the table, not to rank, they still may get ranked last and not receive funding.

- **MOTION:** Tyrie Stanley moved that the council prioritize all HRSA allowable service areas during the 2018 prioritization process. **With unanimous consent, the motion passes.**

V. Recipient Reports

- **Part B Update**

Colleen Bjerke, DHS

- Still finishing up with open enrollment; will have numbers next month.
- Colleen gave a presentation on Part B Supplemental (the PowerPoint was email to the council by Jeremy Stadelman on 2/15).
- Discussion
 - Question: Is it possible to fund service areas with a waiting list (emergency financial assistance, food vouchers)?
 - Answer: Yes.
 - Question: how will this be administered?
 - Answer: Through current contracts with providers that will be expanded to cover new funds
 - Comment from Matt: please don't underestimate the huge opportunity presented today; the last 5 years, millions have been left on the table because they are not spending their full Part B federal award.
 - Comment: a lot of things other states have done were one time funding opportunities, i.e., a testing vehicle.
 - Comment: last year the ceiling for the ask was \$32million per state, most states can't manage that amount (Iowa was \$9 million last year).
 - Question from Destiny Holiday:
 - is there any funding for the Greater MN area?
 - Yes, it is available statewide.
 - Q: Is there an opportunity for special funding for programs for women?
 - Yes, it just has to fit under list of HRSA service activities.
 - Comment from Tyrie: there used to have a big weekend conference for people who were positive every year; we could bring that back. Also love the mobile unit idea as well; investing in programs that exist into things they are not able to get that could be a one-time thing to benefit clients. Also housing, which is the number one thing for people in vulnerable positions who have to go into shelters for two weeks before they can get into housing.
 - Tyrie would like to see capacity building, technical assistance, more support for African American men and associated groups.
 - Would be good to see an increase in Early Intervention Services for African American Same Gender Loving men.
 - Comment from Lisa Behr: it's hard to tell on current budget where we ran over last year and where there are areas of need. Ramsey County also does a lot of work with corrections, it's a missed opportunity to address high risk and lack of care in corrections.
 - Question: can we send ideas later on?
 - Answer: Yes, contact via colleen.bjerke@state.mn.us.
 - Corrections would be a good area to invest more into; it's hard to get in and hard to provide education. There is a pilot for syphilis in a small institution, but even that is difficult. It would be interesting to get a penitentiary to pilot something.
 - With corrections the missing piece is follow up, we are doing the testing but the HIV piece lacks any follow up.
 - Also, navigation coming out of the prison and testing within Greater MN.
 - Medical case managers can start working with people in corrections 6 months before discharge; not utilized very much.

- There is a state law that anybody going into treatment has to have HIV education, and providers also have to have HIV education (alcohol and drug abuse programs).
 - Comment from Colleen: we need to be prepared if funding is decreased, but bear in mind it may not happen anytime soon
 - Comment from Colleen: supplemental cannot fund PrEP medication, but some education can include information about PrEP.
 - Supplemental can fund care, but not prevention.
 - We can do education and risk reduction with positives.
 - Funds can be used to get people back into care; have talked about using funds for ELR, lab costs, getting lab work faster.
 - Question: for clients that get linked to care but don't stay in care, any ideas how to re-engage them with care?
 - Those people fall out of care because the barriers (housing, substance abuse) aren't being addressed, so they fall off the grid (not address, cell phone, contact).
 - There is a lack of engagement and care needs to focus on harm reduction; if people can't stay clean they lose their housing and fall out of the care system.
 - There was a suggestion that we need more street managers, or people that relate to people who are out of care; have diverse faces, people they can relate to. It is also important to build relationships with people who serve the types of clients we want to serve.
 - some people also have community case management so they can relate to the communities they serve
 - We need to continue to work on disparities in this state.
 - We need to work on cultural competency in MN.
 - Positive peer navigator programs are having success in places like NYC.
- **Prevention Update:**
Krissie Guerard, MDH
 - Started a new funding cycle; new grantees started in January; working on strategy and EIS funding to expand HIV testing in specific zip codes; if you are trying to reach in anyone in prevention staff feel free to contact Krissie Guerard.
- **Part A Update:**
Jonathan Hanft, Hennepin County
 - Expenditure waiver should be submitted Friday
 - We did get a partial grant award notice for 2018 (fiscal year) passed a resolution through march 23, final award this year will probably be very late
 - This year we received 33% for part A formula funding, 21% of MAI funding, smallest we have received
 - If it happens late, we have a very short time to get funds out, fast track allocation changes
 - National Ryan White Conference in Washington, Dec 11-14; have more slots this year, would like to send all 3 co-chairs to the conference
 - Webinar updates: Feb 21, 2pm, Feb 28, 2pm
 - Consumer engagement TA planning call with co-chairs on Feb 21
 - 3 provider openings for QMAC – meet quarterly – any interested providers submit an application – collaborative among all partners
 - Membership rep from Hennepin County for Part A – Thuan will move on, Ryann will be voting member starting March 1

Break

VI. HIV Housing Strategy and HOPWA Update

- *Chuck Peterson from the Minnesota HIV Housing Coalition gave a presentation on the HIV Housing Strategy in Minnesota (the PowerPoint was emailed to the council by Jeremy Stadelman on 2/14).*

VII. Questions

- Question (Q): Why are we seeing such a drop in stable housing?
 - Answer (A): There was a change in how data was collected.
- Q: Remind us, what is income eligibility for HOPWHIV?
 - A: 80% of AMI, majority are 30% or below AMI (80% is HUD, MN programs have a lower threshold (50% or so))
- Q: Does this mean there are not enough physical units of housing, or affordable?
 - A: It's a combination of both, there aren't enough affordable units, and most developers are building market rate housing, and even within that working community, many are still cost-burdened.
- Q: I'm always trying to figure out what resources it would take, do we need to build more, more subsidies?
 - A: I hope we can answer that this year. We need to determine the number that will get us to functional zero for HIV housing plan.
- Q: The other thing critical to know is not only how many, but where? There needs to be a statewide plan.
 - A: This is the statewide plan, we just haven't gotten to that level of detail.
- Q: Does this include families?
 - A: We don't have that specific data, but we do serve families in our current plan. This is growing population which is harder to serve.
- Q: To help people maintain housing, is there any housing case management going on?
 - A: In our programs, yes. Can't speak to other programs, but we have those protections in place.
- Q: Can anyone in the public be a part of this group?
 - A: Yes, anyone.
- Q: How much involvement is there on this committee of people of color, people of disparately impacted communities, and people from Greater Minnesota?
 - We have not addressed Greater Minnesota as much. The coalition historically hasn't gone deep into issues like that, but the hope with this housing plan is that we will be.
- Q: The housing unit that went up in Robbinsdale, is that part of this coalition?
 - A: Yes.

VIII. AIDS Drug Assistance Program (ADAP) and Emergency Financial Assistance (EFA)

- Gwen Velez gave a presentation on ADAP and EFA (the PowerPoint presentation was emailed to the council by Jeremy Stadelman on 2/14).
 - These numbers indicate not just drugs, but also insurance purchasing, so 1507 might be a misnomer; I can look at getting a breakdown of that for the council.
- Due to time, EFA will be presented at a future council meeting.

IX. Unfinished Business / New Business

- None.

X. Open Forum

- None.

XI. Announcements

- Keep in mind dates on Jonathan's handouts about webinars
- AIDS Action Day is on April 23rd

XII. Adjourn & Cake

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

Documents Distributed Before the Meeting:

- Proposed Agenda
- January 3 Meeting Minutes
- **Action Item:** Retuning Member Election
- **Action Item:** New Member Election
- **Action Item:** List of Service Areas for 2018 Prioritization Process
- Core Medical Services Descriptions
- Support Service Descriptions
- 2016-2018 Service Area Prioritization Rankings
- **Action Item:** Co-chair election
- Collaborative Partner Understanding Agreement
- Mission, Vision, and Values Statement

Documents Distributed at the Meeting:

- None

AJ/JS