

**MN Council for HIV/AIDS Care and Prevention**  
**Meeting Minutes for August 7, 2018**  
**9:00am to 12:00pm**  
**Health Services Building, Room L15**  
**Minutes**

<b>Council Members Present:</b>	Destiny Holiday
Alejandro Aguilera	Rachel Heule
Dennis Anderson	Stephen Jensen (phone)
Robert Andrews	David Neller
Lisa Behr	Lesa Nelson (Council Co-Chair)
Tom Bichanga	Florence Nabeta
Loyal Brooks	Tyrie Stanley (Council Co-Chair)
Evelyn Combs	Matt Toburen
Roger Ernst	John Vener, MD
Terral Ewing (phone)	Johnnie Williams
Ryann Freeman	McKinzie Woelfel (Council Co-Chair)
Raymel Givens	
<b>Council Members Absent:</b>	Val Rubin-Rashaad
Cree Gordon	James McMurray
Gelli Overton	Gwen Velez
<b>Community Members/Guests/Consultants:</b>	Aaron Peterson, Hennepin County
Gloria Smith, DHS	Beth Zemsky (facilitation)
Jared Shenk, MDH (phone)	Melissa Conway, DHS
Anika Kaleewoun, Hennepin County	Megan Mueller, JustUs Health
Jake Maxon, Hennepin County	J Heinz, JustUs Health
<b>Hennepin County (Part A) Representative:</b>	<b>DHS (Part B) Representative:</b>
Jonathan Hanft	Colleen Bjerke
<b>MDH (Prevention) Representative:</b>	<b>MCHACP Staff:</b>
Chrissy Jones	Carissa Weisdorf, Council 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 9:03 a.m. The guiding principles were read and introductions were made.

**Consideration and Approval of Proposed Agenda**

- The agenda was approved by unanimous consent.

**Consideration and Approval of July Meeting Minutes**

- The minutes were approved by unanimous consent.

**II. Co-Chair Update**

- Lesa Nelson announced that there will be no council meeting in September due to a religious holiday.
- The second diversity training with Beth Zemsky and Phyllis Braxton is scheduled for the October council meeting.
- Lesa asked members to bring their materials from today's meeting to the August 14 council meeting.
- Lesa noted that there are now Service Area Review Summaries (SARS) for unfunded service areas; they are included in today's packet of materials.
- The Part B Rebate table is now available and has been included in the materials for today's meeting.

**III. Council Roles and Responsibilities in Resource Allocation**

*Beth Zemsky*

- Beth Zemsky presented the **MCHACP Allocations Retreat: Day One PowerPoint** (a hard copy was provided to members and it was emailed to the council on August 7 by Carissa Weisdorf).

- Beth provided an introduction and explanation of the allocations process.
  - Beth explained that she will facilitate the allocations process, but when motions are formally made, the facilitation will return to Co-chairs.
- Beth reviewed the agenda for today's meeting.
  - Council roles and responsibilities in resource allocation
  - Council's vision and values
  - Guiding Values for the FY 2019 – 2020 Allocations
  - FY 2019 – 2020 Service Area Prioritization Rankings
  - Presentation and discussion of Pre-Award Allocation Proposal with a Waiver
- Beth reviewed the roles and responsibilities of the council.
- Beth reviewed the prioritization and allocations process.
  - The following data is used for decision making in priority setting and resource allocation:
    - Needs assessment findings
    - Demographics of the epidemic (provided by MDH in the annual epidemiological update)
    - Information about the most successful and economical ways of providing services
    - Actual service cost and utilization data (provided by the recipients)
    - Priorities of PLWHA who will use services
    - Use of Ryan White Part A funds to work well with other services like HIV prevention and substance abuse programs, and with the changing healthcare landscape
    - Amount of funds provided by other sources of funding
    - Most recent HIV Care Continuum
- Beth explained what service directives are.
  - Service directives are provided by the council to the recipient based on how best to meet the service priorities it has identified.
    - Colleen Bjerke reminded the council that recommendations, not directives, are made to Part B. Colleen noted that the council's recommendations are usually adopted, but Part B does not have the same legislative requirements as Part A.
  - Beth explained that the planning council cannot pick specific agencies to fund, or make its directives so narrow that only one agency will qualify.

#### IV. Council Vision and Values

*Beth Zemsky*

- Beth reviewed the ***Council's Mission, Vision, and Values.***
- Beth asked members to think about which values may be challenging for them to adhere to and asked that members commit to following those values during the allocations process.

#### V. Guiding Values for the FY 2019-2020 Allocations

*Beth Zemsky*

- Beth reviewed the ***Guiding Values for the FY 2019-2020 Allocations Process.***
- Beth reviewed the council's timeline for the allocations process:
  - May 8: Guiding Principles for the Allocations Process developed and recommended by the Planning and Allocations Committee were approved by the council
  - May 8: Core Medical Service Area Review Summaries (SARS) were presented by the Needs Assessment and Evaluation Committee
  - June 12: Support Service Area Review Summaries (SARS) were presented by the Needs Assessment and Evaluation Committee
  - June 12: Council received list of services determined by the Disparities Elimination Committee to prioritize Minority AIDS Initiative (MAI) funding for Part A
  - June 20: Prioritization Instrument for core medical and support services and instructions were emailed to council members
  - July 11: Prioritization Instrument for Minority AIDS Initiative (MAI) Services emailed to council members (for Part A funds)
  - August 7: Presentation and discussion of Pre-Award Allocation Proposal with a Waiver

- August 14:
  - Council discusses ideas and evidence
  - Council moves the allocations proposals (debate only)
    - Pre-Award Allocation Proposal with a Waiver
    - Application Proposal

## VI. FY 2019-2020 Service Area Prioritization Rankings

*Carissa Weisdorf and Beth Zemsky*

- Carissa Weisdorf presented the council's **2019-2020 Service Area Prioritization Rankings**.
- Medical Case Management was ranked as the number one core medical service area this year; previously, the AIDS Drug Assistance Program was ranked first.
- Housing was ranked as the number one support service area; previously, Emergency Financial Assistance was ranked first.
- Beth asked members to break into a small group to discuss how their individual prioritization rankings compare to the council's overall rankings.
  - Members were asked to consider the following questions:
    - Do you need anything clarified in the results?
    - Are the results what you expected? Are there any surprises in the results?
    - If the group prioritization results differ from your own, what questions does that raise?
  - Discussion:
    - Rob Andrews asked if ADAP Part B has a separate funding source.
      - Colleen explained that the Department of Human Services (DHS) is awarded the federal Part B grant and a portion of that is segmented exclusively for ADAP (around \$6.4 million). There is no authority to move money out of that fund, but additional funds could be added to ADAP.
      - Jonathan added that in the past, when funds were tighter, the council would reallocate underspending to ADAP. If there is a shortfall in the future, the council has the option to allocate other resources to ADAP. The council can be flexible in this way.
      - Ryann Freeman clarified that when the council allocates funds, they will not be looking at altering the ADAP funds.
    - Beth wondered if the data allows the council to look at HIV care continuum by race and ethnicity.
      - Jared Shenk indicated that yes, this is presented in the care continuum update that he provides to the council on an annual basis.
        - Jared provided the council with a graphic that shows the care continuum broken down by race and ethnicity (this was emailed by Carissa Weisdorf to the council on August 7).
    - Based on the small group discussions, Beth asked the following questions: if these are the council's overall ranked priorities, why not just use these rankings to allocate funds? Additionally, why do some service areas not receive funding even if they rank higher than areas that do?
      - Roger Ernst explained that in the past, funds have been reallocated based on utilization data from less utilized services to areas that had not previously received funding.
      - Lesa Nelson noted that the council does consider other data sources in making allocations decisions.
      - Tyrie Stanley explained that the council is trying to move towards what the community really needs; this might explain the changes in the prioritization rankings.
      - Tom Bichanga noted that other sources of funding often influences whether or not a lower ranked area receives funding.

- Alejandro Aguilera noted that the Needs Assessment and Evaluation committee has done a lot of work to educate the council on all of the service areas, and this might be reflected in the new rankings.
- Destiny Holiday asked if housing includes families. She explained that when she ranked service areas, she tried to consider services for families.
  - Jonathan Hanft replied that it would be useful to look at the data to determine the household size of those receiving Ryan White housing services. Jonathan noted that the service can be provided to anyone who is eligible, single individuals or families.
    - Aaron Peterson provided household size data for those receiving housing services in calendar year 2017:
      - In total, 17 individuals received housing services in 2017. Among those, 14 were single; one had a household of two; and two had a household of five members.
- Lisa Behr emphasized that some service areas are reaching more phases of the care continuum than is indicated; for example, outreach services can affect the viral suppression rates of clients.
  - Anika Kalewoun explained that the care continuum is based on the HRSA descriptions of the service areas; she referenced the [crosswalk developed by HRSA](#).
  - Rachel Heule emphasized that a service area can affect more of the care continuum than what is indicated by the crosswalk.

## BREAK

### VII. Presentation of Pre-Award Allocations Proposal with a Waiver

*Jonathan Hanft, Hennepin County Ryan White Program*

*Colleen Bjerke, Minnesota Department of Human Services HIV/AIDS Unit*

- Jonathan presented the ***Pre-Award Allocations Proposal with a Waiver***.
  - Some assumptions about the proposal:
    - Funding will likely be flat for Part A in FY 2019.
    - There is an administrative cap of not more than 10% for Part A.
    - Up to 5% of the Part A cap can go towards Quality Management.
    - Total funding available for services in FY2019 is \$13,693,119.
    - All of DHS Ryan White Program administration costs now come from rebate.
      - All Part B funds currently going towards administration will now go towards services.
        - This represents an increase of \$293,521 for services in FY19.
    - There is not much change in Part A administration costs for FY19.
    - Part A will apply for a waiver for FY19 so this proposal has less than 75% of Part A funds in core medical services; it is likely Part A will receive a waiver for FY19.
      - The proposal indicates that about 71% of Part A funds will go towards core medical services in FY19.
  - Proposal for 2019:
    - Part A started with same allocations plan from FY2018, then made the following proposed changes:
      - Increase housing by \$184,500 for a housing to care project, which will use CAREWare data to find individuals who are unstably housed and are not virally suppressed; the funds would be used to find housing for these Ryan White clients.
      - Increase of \$109,000 to Medical Case Management (MCM).
      - There is no reduction in funding proposed for any service area.
        - Questions/comments:

- Matt asked why an increase to MCM is being proposed; is there a higher need?
  - a. Jonathan explained that there is high utilization in some MCM programs, some of which have received carryover funds. Jonathan noted that it would be nice to sustain these additional funds from the carryover.
- Matt asked why this particular housing project is being proposed.
  - a. Jonathan explained that one factor is administrative simplicity since Part A would not need to create any new contracts; the project would work with current service providers.
- Lisa noted that for housing only 96% was spent last year and asked why Part A feels that there is a need.
  - a. Jonathan explained that 96% spent is considered high for a program. He noted that the leftover amount could be because of staff turnover or other program issues, not because of demand.
  - b. Jonathan noted that there is a waitlist for housing programs, which indicates that there is a need.
- Tyrie asked if there are additional support service areas that have waiting lists.
  - a. Jonathan replied that he is not aware of any other waiting lists.
- Lisa noted that oral health care spent more than its allocation and asked why there is no proposal to increase funding.
  - a. Colleen explained that DHS spent about \$100,000 on oral health care, but because it is billed through the MMIS system, all eligible claims are paid. Additional funds are added from rebate when needed.
  - b. DHS is in the process of developing a new oral health care program.
  - c. Colleen reiterated that all clients who need the service receive funding for it.
  - d. Lisa wondered why the council funds oral health care at all if rebate pays for most of it.
    - i. Jonathan explained that rebate is not guaranteed funding, so the council may not want to remove funding from oral health completely.
  - e. Alejandro asked why the rebate table does not show the full amount (\$100,000) cited by Colleen.
    - i. Colleen indicated that they are still closing out oral health care for the last fiscal year, so the numbers will change somewhat.
- Jonathan noted that we do not know how much Medicare pays for in each service area.
- Ryan White funding is the minority of resources that go into all of HIV/AIDS care.
- Alejandro noted that it would be nice to know what Part B is covering in each service area.
  - a. Jonathan explained that this information is on the quarterly expenditure reports and it is broken out on the allocations proposal.

- Tyrie asked if it is possible to get utilization for rebate funds.
  - a. Carissa explained that this information was not provided in time to put on the SARS, but can be provided in the future.
- Lisa noted that the proposal increases funding for the service areas that were ranked number one by the council.
- Jonathan explained that at next week's allocation retreat, the council can change the allocations proposal in real time to see the effect of moving funds. He reminded members that if you add funds to a service area, you will also need to remove funds from another area.
  - Beth added that council members should make data driven decisions for allocations changes, for both increases and decreases.

## VIII. Discussion of Pre-Award Allocation Proposal with a Waiver

- Beth proposed the following questions for discussion:
  - How come you are suggesting this change?
  - What evidence do you have to support your suggestion?
  - What do you need to formulate a proposal and gather evidence to support your proposal?
- Matt asked how the Planning and Allocations Committee (PAC) moved this proposal forward.
  - Tyrie noted that the committee's rationale is outlined on the action item.
  - Matt asked to know how the housing program was presented to the committee.
    - Lisa indicated that there was strong support for the increase to housing in the committee. She noted that she is listening to the consumers and their needs.
      - Lisa explained that she advocated for childcare services at the PAC meeting.
    - Matt observed that it is an interesting idea to use viral suppression data to make allocations decisions.
      - Ryann agreed and added that the proposed housing project is data driven and shows we are getting better at using data.
    - Colleen explained that DHS agreed to the housing proposal because the data shows that for homeless individuals, viral suppression is more difficult to achieve. She also noted that during site visits, providers indicated that there is a crisis in housing among Ryan White clients.
    - Matt noted that trying to house people in this market is difficult and clients often have other barriers, like not being attractive candidates for landlords. It may take time to find landlords willing to participate in this housing project.
      - Matt added that something to think about is how we can incentivize landlords renting to individuals with barriers.
      - Jonathan explained that the idea is to see how we can improve housing stability and increase viral suppression.
        - Housing services can include coordination and rental assistance, but it can also provide additional services to get people into housing, like providing wrap around services.
    - David noted that this is a commendable change because there is a lack of affordable housing in the Twin Cities. David explained that people who have housing instability do fall out of care. This is a good move to meet the needs of the consumers, and not providers.
- Childcare Service Area:
  - Jonathan explained that many years ago there was a small amount allocated to childcare services, but it was difficult to find a provider.
    - Jonathan noted that there are other sources of funding for childcare services, including MFIP (Minnesota Family Investment Program) and local resources.
    - Carissa was asked to read the HRSA definition for childcare services:

- The RWHAP supports intermittent child care services for the children living in the household of HIV-infected clients for the purpose of enabling clients to attend medical visits, related appointments, and/or RWHAP-related meetings, groups, or training sessions.
- Allowable use of funds include:
  - A licensed or registered child care provider to deliver intermittent care
  - Informal child care provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)
- Previous prioritization rankings for childcare:
  - The council's 2016 ranking was 13<sup>th</sup>
  - The council's 2018 ranking was 12<sup>th</sup>
  - Consumers ranked childcare 11<sup>th</sup> in 2018
  - The 2015 needs assessment ranked childcare 8<sup>th</sup>
    - The needs assessment indicated that 1% needed childcare services, but were unable to access them.
      - a. Lisa wondered how many of the respondents were men; women are more likely to need childcare services.
        - i. Carissa indicated this is in the results of the [2015 needs assessment survey](#); 27% of respondents were female and, in 2015, 24% of PLWH in Minnesota were female.
- Rachel noted that newly funded service areas need a minimum amount of funding (\$80,000 per 1.0 Full Time Equivalent (FTE)) according to the guiding values and wondered if the council would need to allocate the minimum for childcare services.
  - Jonathan explained that childcare would not necessarily need a full FTE, but recipients can determine this during the RFP process.
  - Colleen emphasized that FTE does not necessarily pay for an individual, but is used to pay for the program.
  - Beth asked if the council decided it wanted to allocate funds to childcare, would it need it be at some rate of FTE?
    - Colleen replied yes, but it could also be more than \$80,000.
    - Beth emphasized that it is not the council's responsibility to decide how a provider uses the money, but the allocations need to be high enough to fund a new program.
    - Alejandro reiterated that when funds were available for childcare services, there was no provider interested. This is something to keep in mind, but there does appear to be a need, especially among disparately impacted communities.
  - Lisa asked if gift cards could be used to reimburse for childcare services.
    - Rachel explained that gift cards are tied to specific things.
    - Jonathan noted that clients who receive Ryan White services cannot be given cash, which includes gift cards.
      - a. You could pay a neighbor, including a gift card, however.
    - Matt asked where the gaps are that Ramsey County is seeing in this service area.
      - a. Lisa explained that there is a two year waiting list for MFIP and that day care for women is essential who are seeking Ryan White services.

- Rob noted that childcare would only be available to access Ryan White services.
- Beth asked members what data they might need to consider such a proposal.
  - Administrative rules for reimbursements
  - Would reimbursements be tied to the MFIP rate?
- Outreach Services:
  - Roger noted that there is no Ryan White funding that allows providers to inform the community about available services.
    - Jonathan explained that Ryan White funding is only for those who have been diagnosed, but the recipient has a responsibility to inform the community of available services.

#### **IX. Unfinished Business / New Business**

- Tyrie noted that PAC needs to look at the guiding principles to see if a clarification about the FTE minimum is needed.
- Jared provided the council with the information that was requested on the care continuum, including a breakdown of the data by race and ethnicity.
  - Jared noted that for linkage to care by subpopulation, it can be hard to analyze the variations because smaller groups provide less reliable data. One year's data is not necessarily enough to make sweeping generalizations.
  - Jared noted that, in general, white Minnesotans have higher retention of care rates than People of Color.
- Carissa asked members to visit the [council's website](#) for more information about the comprehensive needs assessment survey and other relevant materials for the allocations process.

#### **X. Open Forum**

- Tyrie asked that providers not wear any clothing that promotes their agency or organization at next week's allocations retreat.

#### **XI. Announcements**

- None.

#### **XII. Adjourn**

- **MOTION:** The meeting adjourned at 11:56 a.m.

#### **Documents Distributed Before the Meeting:**

- Proposed Agenda
- July 10 Meeting Minutes
- The Council's Mission, Vision, and Values
- FY 2019-20 Guiding Values for the Allocations Process
- FY 2019-20 Service Area Prioritization Ranking
- Action Item: Pre-Award Allocations with a Waiver
- FY 2019 Pre-Award Allocations with a Waiver Proposal
- 2017 Core Medical SARS
- 2017 Support Service SARS
- SARS for Service Areas Not Currently Funded
- FY 2017 4<sup>th</sup> Quarter Expenditure Report
- State FY 2017-18 Rebate Expenditures
- Part A TGA Resource Inventory

#### **Documents Distributed at the Meeting:**

- MCHACP Allocations Retreat: Day One PowerPoint
- HIV Care Continuum Cross with Core Medical and Support Services