**Minnesota Council for HIV/AIDS Care and Prevention**

**Community Voices Committee Meeting**

**Monday, November 7, 2022**

**4:00 – 6:00 p.m.**

**Hybrid In-Person/Microsoft Teams Meeting**

**Meeting Minutes**

|  |  |
| --- | --- |
| **Committee Members Present:**  |  |
| Verneice Acevedo | Stephen Jensen |
| Virginia Blom | Lesa Nelson |
| Danielle Brantley (co-chair) | Sherry Outten |
| Antwon Davis | Tristian Sparks |
| Lia Evans | Tyrie Stanley |
| Belinda Charleston-Greene | Jo Ann Vertetis (co-chair) |
| Calvin Hillary Hylton |  |
| **Community Members/Guests/Consultants:** |  |
| Shea Amaro, DHS | Lizzie McNamara, Minnesota Management and Budget |
| Rachel Heule, ADAP policy coordinator  | Asneth Omare (DHS) |
| Aubrey Hagan, Ryan White Public Health Associate |  |
| **Hennepin County (Part A) Representative:** | **DHS (Part B) Representative:**  |
| None | Thomas Blissett  |
| **MDH (Prevention) Representative:** | **MCHACP Staff:** |
| None | Carissa Weisdorf, Coordinator |
|  | Christine Ashley-Norberg (minutes) |

1. **Welcome**
* Jo Ann Vertetis called the meeting to order at 4:05 p.m. and introductions were made.
* The proposed agenda was reviewed and approved as printed.
* The September 12 meeting minutes were reviewed and approved as printed.
1. **Community questions and concerns:** Jo Ann reviewed the topics that were brought up in the September meeting and topics people wanted to discuss further.There were no questions or discussion.
2. **Integrated Plan 2022-2026.** Lizzie McNamara presentedthe ***2022-2026 Integrated HIV Prevention & Care Plan.***
* A committee member asked what the priority populations are.
* Lizzie McNamara responded that the priority populations that were identified in the integrated plan are BIPOC (Black, Indigenous, People of Color), young people, MSM, black women, transgender people, folks experiencing homelessness or housing instability, people who inject drugs or people who use drugs, and people in Greater Minnesota.
* A committee member asked how many more new organizations will there be to address the disparities.
	+ Lizzie McNamara responded she does not know exactly how many new organizations would be needed. There are specific strategies that have to do with building the capacity of new small, culturally specific organizations. For small organizations, the ones that are new, or the ones that might be culturally specific, it can be hard to access grant funding that comes out of DHS and MDH.
	+ DHS, Hennepin County, and MDH are working to provide grant funding to smaller organizations so that they can get their capacity up to be able to take in more grant funding and serve even more people.
	+ There are a lot of strategies that have to do with making sure that providers are providing culturally responsive, culturally specific services to folks in a trauma-responsive way, using harm reduction principles.
* A participant commends the work done in Minnesota. They commented that as a person of color from the south there are not high retention numbers as there are here and a lack of funding, mental health services, care linkage, etc.
	+ Lizzie McNamara said that she appreciates that on behalf of the people who are actually doing all of this work. Minnesota is a low incidence state, but there are some places where great work is happening and also some really serious places where there is a lot of work to do.
	+ Lizzie thinks addressing the racial disparities in Minnesota is one of the most important things to focus on. Unfortunately, racial disparities persist across a lot of health outcomes across education outcomes and employment outcomes.
* A participant commented the plan doesn't feel like it's just dead weight or goes off to die somewhere. It's refreshing to hear a living, breathing entity that is constantly adapting, changing, and evolving with the times and not just a relic that's written, set in stone, put up on a shelf and we come and just brush the dust off and look at it and revise it.
* Lizzie replied that every state is required to do one of these plans. It is a question of how involved people were in developing it and does it become a living document.
* Tyrie Stanley said if anybody has any opposition against this plan, please come forward. They will listen to your issue and will vote correctly on this plan. The plan is for the people, and a lot of people worked on it. As for the next five years, it is a living document, it could change and be updated. Ryan White has good quality management that makes sure the plan is followed.
* A participant said a new testing site just opened and asked if that would be part of what Disparities Elimination Committee would talk about for funding.
	+ Lizzie said the plan is supposed to direct how the agencies make decisions about funding. MDH just went through a process of having folks apply to receive grant funding for things like testing.
	+ In the plan there are objectives and metrics related to where services are happening and making sure that testing is being done and focused on folks from priority populations.
* A participant asked is that geographical as well.
	+ Lizzie responded it depends on who applies for grant funding, but MDH makes sure to make decisions about funding so that there is geographic coverage. One of the challenges can be if there aren't providers from those areas that are applying for funding. The idea behind having some capacity building funding is to help organizations get up and running so that they can provide those services in the future.
1. **Ryan White HIV/AIDS Program and Program HH.** RachelHeule, ADAP policy coordinator, presented information about Program HH.
* A participant asked if the 400% Federal Poverty Guideline eligibility for Program HH increase is due to the 9% cost of living?
* The presenter responded that the program increases will be determined by what Congress determines in January. Every year they come up with what 100% of the Federal Poverty Guideline will be. When that is in place that will be retroactive to January 1 for clients. There's a possibility that could be a big increase, but we won't know until January once that's been determined.
* A committee member asked how you advertise to people that need to be enrolled who need the service but aren’t taking advantage of the service. Is there some kind of marketing or advertisement besides the clients that are already enrolled?
* Rachel responded there are benefits counselors that are out in the community and different agencies that do outreach to try to draw as many people as they can during open enrollment that are eligible. They work with providers, case managers, benefits counselors, and the people who work with the clients to help them get enrolled. They are actively enrolling new people as they go throughout the season.
* The clients that are enrolled in Program HH and the clients that are enrolled in ADAP are different. ADAP is a much smaller subset of Program HH clients. In addition, people in Program HH have ongoing assessments of their insurance needs to identify people who have fallen off insurance, or those who need to enroll during open enrollment, to people who have lost their insurance and didn't come in during that period of time.
* They’ve tightened up systems internally to be able to look at that full umbrella as opposed to just the people that were serving so to reach out directly to those clients and get them fully enrolled for the year.
* There is no specifc outreach to people who aren't enrolled or previously enrolled in Ryan White Services. They are open to any sort of ideas about how to expand on that.
* A committee member commented out of all the components of ADAP, advertisement is missing and that's a big point for people living with HIV.
* Rachel responded that once they go to centralized eligibility, they will be able to sweep up folks not currently in the system. They will be able to do assessments for clients to identify when they lost insurance and when ADAP would be appropriate. They don't want to wait until people come to their door, but instead find them and reach out to them directly.
* A committee member asked the timeline for completing open enrollment.
* Rachel responded that there's a technical component. Improvements have been made along the way that will make sure that new clients are integrated into the system and in a proactive way.
	+ Thomas Blissett responded that they have been working to get the requirements and data sharing agreements in place to be able to share client level data in compliance with HIPAA. That has been keeping centralized eligibility stalled. They are now at the point for final approvals.
	+ The committee member replied that it has been five years of waiting with no progress. As a user of the services, it is not working for him or his community.
* A participant asked what ADAP is.
* Rachel responded that AIDS Drug Assistance Program (ADAP) is a part of the Part B Ryan White funding. It purchases HIV antiretroviral drugs and health insurance for people who are uninsured or underinsured so that they have access to healthcare or health insurance throughout the year.
* If a person has insurance through Medicare or other areas where that's all taken care of, then they don't need to access that benefit, but it's there if it’s needed. If there was some sort of interruption and medications are needed right away as a member of Program HH they can then turn on the drug benefit in time to access your medications.
* A participant asked if that means the drug benefit can be turned on.
* Rachel responded that it can as long as they have enrollment. The pieces are the dental, mental health, nutritional services and medication management services under one section. There's the additional benefit of the ADAP and the insurance premium assistance if it's needed.
* A participant asked how do they determine with HH how much money amount a person is allotted?
* Thomas said there is no cap on insurance premiums that are paid. As long as it’s cost effective in the aggregate then they pay for the health insurance premiums and some of the premiums are based on the age and other factors about the client. It’s different than emergency financial assistance where there is a cap.
* Due to time, the presentation about Ryan White services was moved to the next meeting.
1. **Connecting the Work:** This section was moved to the next meeting due to time constraints.
2. **Wrap-up**
* Unfinished or new business
	+ No unfinished business was discussed.
	+ No new business was discussed.
* Jo Ann Vertetis encouraged participants in today’s meeting to consider joining the council.
* A participant announced the Membership Advisory Committee (MAC) will have an opportunity for members to sell crafts and they will be sending out an e-mail about that.

**Meeting summary:**

* Lizzie McNamara presentedthe 2022-2026 Integrated HIV Prevention & Care Plan.
* RachelHeule, ADAP policy coordinator, presented information from Program HH.

**Documents distributed for the meeting:**

* Proposed agenda
* September 12, 2022 Community Voices Committee meeting minutes
* November 2022 CVC Meeting flier
* Integrated Plan 2022-2026 Goals and Objectives for Council review

**Documents distributed during the meeting:**

* Program HH Overview and Open Enrollment 2023 PowerPoint

**CAN/cw**