**Minnesota Council for HIV/AIDS Care and Prevention (MCHACP) Meeting**

**February 14, 2023**

**9:00 a.m. – 12:00 p.m.**

**Hybrid Meeting**

**Meeting Minutes**

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| **Committee Members Present:** |  |
| Joe Amrhein (Needs Assessment and Evaluation) | Larry McPherson (Planning and Allocation) |
| Danielle Brantley (Community Voices) | Amy Miller |
| Charlotte Detournay | Lesa Nelson (Council Co-Chair) |
| Alissa Fountain (Needs Assessment and Evaluation) | Jay Orne (Disparities Elimination) |
| Megan Higdon | Angela Reed |
| Calvin Hillary Hylton | Tyrie Stanley (Council Co-Chair, Planning and Allocation) |
| Julian Hines | McKinzie Woelfel (Council Co-Chair) |
| Annalise Jackson | Gage Urvina (Needs Assessment and Evaluation) |
| Stephen Jensen | John Vener (needs Assessment and Evaluation) |
| **Committee Members Absent:** |  |
| Doug Peterson (Planning and Allocations) | Sarah Schiele (Disparities Eliminations) |
| **Guests:** |  |
| Alejandro Aguilera | Trillian Patneau |
| Shea Amaro | Cody Raasch |
| Heather Brooks | Emily Reimer, DHS |
| Lauri Appelbaum | Darin Rowles |
| Aubrey Hagen, Hennepin County | Kerry Sheets |
| Hannah Kass-Aten | Tristian Sparks |
| Océane Lune | Jo Ann Vertetis |
| Cecilia Martinez | Carissa Weisdorf, Hennepin County |
| James McMurray |  |
| **Hennepin County (Part A) Representative:** | **DHS (Part B) Representative:** |
| Jonathan Hanft | Thomas Blissett, DHS |
| **MDH (Prevention) Representative:** | **MCHACP Parliamentarian:** |
| Peggy Darrett-Brewer, MDH | Pat Reymann, Parliamentarian |
| **Council Staff:** |  |
| Audra Gaikowski, Council Coordinator | Angela McGregor (minutes) |

Quorum Present? **Yes**

1. **Call to order, Welcome & Introductions**  9:00 a.m.

* Lesa Nelson called the meeting to order at 9:02 a.m. Introductions were made.
* The agenda was displayed and approved as printed.
* The minutes from the January 10, 2023, meeting were displayed and approved as printed.

1. **Recipient reports**  9:15 a.m.
   1. **Part B,** *Thomas Blissett, Minnesota Department of Human Services HIV Supports*
      * Thomas Blissett displayed the ***Budget Update – DHS HIV Supports Section*** presentation.
      * The Ryan White HIV/AIDS Program Part B provides grants to states and territories to improve HIV health care. Part B grant provides funding to two area which is the AIDS Drug Assistance Program (ADAP) and HIV Core Medical and Support Services.
      * The ADAP program provides FDA-approved medication to low-income people with HIV who have limited or no health coverage from private insurance, Medicaid or Medicare. Grant recipients can also used ADAP funds to buy health insurance for eligible clients and to provide services that improve access to or adherence to and monitoring of drug treatments.
      * Part B funds HIV Core Medical and Support Services through contracts with community organizations, and some funds are passed through Hennepin County and the Minnesota Department of Health.
      * Part B Minority AIDS Initiative (MAI) funds are restrictive for Part B programs and can be used to fund outreach and education services designed to increase access for people who identify in minority populations for HIV/AIDS.
      * The State of Minnesota also provides funding to DHS for HIV services.
      * ADAP programs are eligible to apply with HRSA to become a 340B entity, which allows these jurisdictions to collect rebate on drug claims for all ADAP eligible consumers.
        + Rebate is the difference between what a retail pharmacy bills the DHS ADAP program and a negotiated agreement on the purchase price for a drug. This is not an award or a federal grant and the amount of revenue varies year by year.
        + Rebate must follow Part B guidance with some exceptions, including that there is no cap on administrative costs and is not required to adhere to the 75%/25% split between core medical and support services.
        + Rebates must be spent within one year of receiving it, and it must be used before drawing down on Part B awards.
      * Part B’s federal grant year 2022 runs from April 1, 2022 – March 31, 2023. The base award was $6,503.433. The carryover from FY2021 was $2,352.472, creating a total award of $8,657.905 for FY2022 from ADAP funding.
      * The Part B formula award was $2.211,724 in FY2022. There was a carryover of $104,889, creating a total of $2,316,613.
      * The MAI funds awarded was $64,815.
      * The total award from federal funds was $11,039,333, including carryover.
      * Part B did not apply for supplement from 9/2022-9/2023, but they will be applying next year.
      * Part B received $1,156,161 for medical case management and $1,063,678 from the State of Minnesota budget.
      * In State Fiscal Year 2022, DHS encumbered $20,964,464. The community expended $16,106,308. Meaning, the community spent 77% in SFY 2022. SFY2 022 is one of the highest expended rates in recent years.
      * In 2017, DHS had $25,000,000 in accumulated rebate funds. The Health Resources and Services Administration requires that rebate must be used in the year that it is earned, and because of this, DHS had to spend those dollars down.
        + In SFY 2017, rebate revenue brought in $6,181.048, and the community spent $6,468,996, which left DHS with an ending balance of $25,848,645.
        + In SFY 2022, the rebate revenue brought in $9,503,428, and the community spent $17,688,878, which left DHS with an ending balance of $11,118,363. This required DHS to spend more of the accumulated rebates than they had forecasted.
      * DHS is anticipated only receiving $10,000,000 in revenue. They are projected that the community will spend $17,954,606, which will leave the estimated ending balance to be $3,884,049. This balance will be what will start SFY 2024, and if projections continue, rebate expenditures will be $20,466,937, leaving an estimated shortfall of $6,650,888.
      * Factors that impact rebates include the invoicing and receipt of rebates, the COVID-19/public health emergency, 340b covered entities, internal systems (MMIS) and insured and uninsured.
      * DHS is going to continue with an exploration of options to increase program resources, internal steps to reduce administrative expenses, and an exploration of options to reduce contracted services. Part B is currently working with DHS and MMB leadership to finalize what their operational budget will look like over the next two fiscal years. Even with additional resources, Part B at DHS will need to reduce some of the overall HIV budget since they no longer have accumulated rebates expended into budgets.
      * John Vener asked where the funds come from? Do each pharmaceutical companies right the check, or does it come from a pharmaceutical management system?
        + Thomas responded that they rebate directly with the pharmaceutical companies. For example, Gilead would write a check to DHS.
      * Jay Orne asked if Thomas to discuss more about the MMIS issue that impacted rebate revenue.
        + Thomas responded that DHS is looking at everything from systems and budget to address this issue. There are some internal conversations happening within DHS, such as an RFP to streamline some services.
        + Darin Rowels responded that they are also looking at system modernization.
      * Joe Amrhein asked if there is a particular pharmaceutical company that is slow to play.
        + Thomas responded that all pharmaceutical companies are slow to pay. If pharma companies can keep money on their books, they will do so. However, some companies do pay within a quick timeframe.
   2. **Part A**, *Jonathan Hanft, Hennepin County Ryan White Program*
      * See written update
   3. **Prevention**, *Peggy Darrett-Brewer, Minnesota Department of Health HIV/STD/TB*
      * See written update
2. **Committee reports** 9:30 a.m.
3. **Executive and Co-Chair Update**
   * The co-chairs had a call with their project officer call.
   * Audra Gaikowski displayed the ***2023.02.14 action items for bylaw amendments.***
   * **Action item:** Bylaw amendment 4.3 e.
   * **MOTION:** Tyrie Stanley read the action item rationale and moved to amend bylaw 4.3 e by “striking out “The two persons serving as community co-chairs of the council.” and inserting “Two persons serving as co-chairs of the council.”
   * **DEBATE:** There was no debate.
   * **VOTE:** The motion passed with a vote of 13 ayes and 0 nos.
   * **Action item:** Bylaw amendment 5.5 l.
   * **MOTION:** Tyrie Stanley read the action item rationale and moved to amend bylaw 5.5 l by “at the recommendation of the chairperson with approval of the Executive Committee.” and inserting “at the recommendation of the Executive Committee to the appointing authority.”
   * **DEBATE:** There was no debate.
   * **VOTE:** The motion passed with a vote of 13 ayes and 0 nos.
   * **Action item:** Bylaw amendment 5.6 e.
   * **MOTION:** Tyrie Stanley read the action item rationale and moved to amend bylaw 5.6 e. by striking out “The individual will be provided with written notification of the proposed action and the basis for the recommended action.” and inserting “The individual will be provided with written notification of the recommended action to be considered by the Executive Committee and the basis for recommended action. The individual will have 10 calendar days to respond to the recommended action by providing a written response to the council coordinator; the individual’s written response will be provided to the Executive Committee before the Executive Committee considers the recommended action.”
   * **DEBATE:** There was no debate.
   * **VOTE:** The motion passed with a vote of 12 ayes and 0 nos.
   * **Action item:** Bylaw amendment 5.6 f. and 5.6 j.
   * **MOTION:** Tyrie Stanley read the action item rationale and moved to amend bylaw 5.6 f. and 5.6. j. by striking out Bylaw 5.6 f. “Recommended action is subject to review by the full membership of the council.” Amend Bylaw 5.6 j. by striking out “All actions taken to address misconduct of inappropriate behavior will be reported to the council, including the investigation by the Executive Committee and its results, and recommended actions, subject to review by the council.” and inserting “The Executive Committee will report that an investigation was made and whether action was taken, including if a recommendation for removal was made to the appointing authority.”
   * **DEBATE:** Joe Amrhein asked if the Executive Committee will be conducting the investigated? Lesa Nelson responded that yes, the Executive Committee will be conducting the investigation. Audra Gaikowski responded in agreement that it will be the Executive Committee as will. Pat Reymann responded it will probably be done by the Executive Committee, but the bylaw amendment will open it up for information from other sources. There was no other debate.
   * **VOTE:** The motion passed with a vote of 15 ayes and 0 nos.
   * **Action item:** Bylaw amendment 5.6 g.
   * **MOTION:** Tyrie Stanley read the action item rationale and moved to amend bylaw 5.6. g. by 5.6 g. by striking out “The council may recommend to the appointing authority that any member, including a co-chair, be removed from membership, and must send the basis for this recommendation along with the recommendation. In all cases, the appointing authority will make the final decision and take the required action as appropriate, which may include removal from council membership.” and inserting “If the Executive Committee recommends to the appointing authority that any member, including a co-chair, be removed from membership, it must provide the basis for recommending removal. In all cases, the appointing authority will make the final decision on removal from council membership.”
   * **DEBATE:** Stephen Jensen asked who is the appointing authority? Tyrie Stanley responded that the appointing authority is the Chair of the Hennepin County Board of Commissioners, the DHS Commissioner, and the MDH HIV/STD/TB Section Manager. Joe Amrhein asked if the council will still have authority to make recommendations, as the final recommendation will be made by the appointing authority? Jonathan Hanft responded that the Executive Committee will make the recommendation, but the final decision will be made by the appointing authority. There was no further debate.
   * **VOTE:** The motion passed with a vote of 13 ayes and 0 nos.
   * Audra Gaikowski displayed the ***Executive Committee biennial review of council bylaws.*** Tyrie Stanley shared that there is one proposed bylaw amendment this was reviewed with council members. The council will vote on them at the next council meeting.
4. **Community Voices Committee**
   * Danielle Brantley shared that CVC has a meeting coming up on March 13 at the Aliveness Project. CVC will be planning to get a team together to plan a breakfast for World AIDS Day in December.
     1. Joe Amrhein asked if CVC will consider having the meeting at Clare Housing, where many people live with HIV?
     2. Danielle responded that they haven’t discussed this but that they can discuss it in a future meeting.
5. **Disparities Elimination Committee**
   * Jay Orne stated that DEC has continued planning for a panel discussion with mental health providers and administrators. The panel will take place on May 18th and they invite the council to attend.
6. **Membership and Training Committee**
   * **Action Item:** Returning membership election
     1. Calvin Hillary Hylton read the action item rationale and stated that the Membership and Training Committee deliberated over the eligible candidates and forwards the following names for consideration for a second two-year term, March 1, 2023 – February 28, 2025 (in alphabetical order): Joe Amrhein, Megan Higdon, Annalise Jackson, Lesa Nelson, Angela Reed, Tyrie Stanley.
     2. Lesa Nelson stated that the election will be by ballot and that you may vote for the entire slate at once or for member individually. Vote for as many members as you like. Each person much as the majority of the ballots cast. Results will be reported later in the meeting.
     3. Audra Gaikowski emailed the returning membership ballot to council members and displayed a QR code on the screen that will take members to the ballot.
   * **Action Item:** New membership election
     1. Calvin Hillary Hylton read the action item rationale and stated that the Membership and Training Committee interviewed and deliberated over the eligible candidates to assure reflectiveness and representation. The Membership and Training Committee makes the following recommendation for consideration of membership for a term starting March 1, 2023 and ending on February 28, 2025 (in alphabetical order): Alejandro Aguilera, Charlene Leach, Ellen Ryan, James Velek, Kevin Sitter, Mohamedkader Mohamed, Moua Xiong, Nikki LeClaire, Quay Catalpa, Shea Amaro, Terri Wilder, Tesha Johnson, Tristian Sparks, and Zoe Neba Caboret.
     2. Lesa Nelson stated that the election will be by ballot and that you may vote for the entire slate at once or for member individually. Vote for as many members as you like. Each person much as the majority of the ballots cast. Results will be reported later in the meeting.
     3. Audra Gaikowski emailed the new membership ballot to council members and displayed a QR code on the screen that will take members to the ballot.
     4. Amy Miller stated that Terri Wilder’s name was not on the ballot. Audra edited the ballot so Terri’s name was included on the ballot.
   * **Action Item:** Council co-chair election
     1. Calvin Hillary Hylton read the action item rationale and stated that the Membership and Training Committee reviewed the names of the nominated co-chairs and forwards the following people for consideration in the election of co-chair of the Minnesota Council for HIV/AIDS Care and Prevention for a term of March 1, 2023 – February 28, 2024 (in alphabetical order): Tyrie Stanley. Any council member who is interested in running for co-chair, and meets the eligibility above, is encouraged to do so during the call for open nominations at the February 14 council meeting.
     2. Lesa Nelson asked if there is anyone interested in open nominations for the council co-chair position?
        1. Joe Amrhein asked if what the extra time commitment is for council co-chairs?
           1. Lesa Nelson responded that council co-chairs attend the Executive Committee, a half hour meeting before the Executive Committee meeting, and a project office call once a month.
        2. Larry McPherson nominated Calvin Hillary Hylton for the council co-chair position.
           1. Calvin asked for clarification on the role for council co-chairs.

Tyrie Stanley responded that co-chairs attend a leadership meeting at 12:30pm before the Executive Committee meeting, the Executive Committee meeting, a project officer call, and preparing for meetings.

Calvin accepted the nomination for council co-chair.

* + - 1. There were no further nominations.
      2. Pat Reymann said that there will be a vote for the co-chair election because the council can have 2, up to 3, co-chairs. Council members can vote for all or 2 of the members nominated.
    1. Lesa Nelson stated that this will be an election by ballot. Vote for 2, up to 3 people. The results will be available later on in the meeting.
       1. Audra Gaikowski emailed the ballot to council members and displayed the co-chair ballot on the screen.

1. **Needs Assessment and Evaluation Committee** 
   * Joe Amrhein stated that committee co-chairs are having ongoing conversations on the needs of people incarcerated living with HIV/AIDS. They are investigating an IT issue that is preventing automatic enrollment into ADAP for people who are incarcerated.
2. **Planning and Allocations Committee**
   * Larry McPherson responded that they did not meet.
   * Tyrie Stanley responded that they will not meet until April or May.

1. **Council staff report** 10:00 a.m.
   * + Audra Gaikowski stated that meeting invitations for fiscal year have been sent out. If you didn’t receive an invitation that you were expecting to receive but did not, please email Audra Gaikowski and she will send those to you.
     + Executive Committee invites go out through April, so they ask that you remain on the Executive Committee through April until new committee co-chairs are elected in the March committee meetings. New invitations for the Executive Committee will go out in May.
     + If anyone is interested in switching committees, please email Audra before 10am on 2/17. Membership and Training will be doing committee assignments in their next meeting so if you would like to request switching committees, email Audra.
     + The last survey done regarding meeting format was in April 2022, which covered the upcoming 12 month. In April 2023, the council will do a survey again to determine if the council will continue with a hybrid format. Audra will also include a question about meeting length as the council has voted to increase meeting time to fit in presentations and this will continuing coming up in the near future.
       1. Tyrie Stanley asked if the survey will take place after new members start.
       2. Audra responded that yes, the survey will go out after new members have started in April 2023.
       3. Joe Amrhein responded that the invitations do not clearly state the in-person meeting location. Indicating that may generate more in-person attendance.
     + Because of attendance policy, Antwon Davis was removed from being a voting member on the council. A reminder that the Membership and Training Committee does notify members when they are at risk of removal from the council.
     + Audra shared an email from Jim thanking the council for their time and dedication to the council and people with HIV.
     + Audra put a link in the chat from the Self-Management Resource Center on the needs of older people living with HIV.
2. **Focus group recruitment input** 10:05 a.m.
   1. Aubrey Hagen from the Hennepin County Ryan White program is requesting volunteers to provide feedback on a screening survey used to recruit focus groups for increasing enrollment of people living with HIV in the Ryan White program. The survey is intended for people to express interest in participating in the focus group. Aubrey is looking for people to provide feedback on the questions. Aubrey put their email in the chat.
   2. Audra will email out Aubrey’s contact info after the meeting as well.
3. **Membership recognition** 10:10 a.m.
   1. Audra displayed the ***Certificates of Appreciation*** presentation and thanked our members who are terming off the council for their time and dedication to the council. We hope that you continue with the council through community membership.
   2. Lesa Nelson thanked members for their time on the council and encourage them to reapply after their year off.
   3. Tyrie Stanley thanked the members for their dedication and work on the council. Please stay involved with your committees as you can still participate. Tyrie thanked McKinzie for serving as council co-chair for the past 5 years.
   4. McKinzie Woelfel thanked everyone and said that she will be continuing with some committee meetings.
4. **Unfinished Business / New Business** 10:15 a.m.
   1. Lesa Nelson asked Audra if the ballots are ready.
      * Audra responded that they are not ready but they will be read later on in the meeting.
5. **Open Forum**  10:20 a.m.
6. **Announcements**  10:25 a.m.
   1. Larry McPherson thanked everyone on the council for their service and hard work. He hopes you all continue the hard work and shared that he will be back to continue the work.
   2. Tristian Sparks asked that the pandemic assistance will be ending in March and has heard that the telehealth assistance for mental health assistance rural areas will no longer be available for people who are receiving Medicaid and other assistance. Could someone responded how these services will be affected?
      * Jonathan Hanft responded that the public health emergency is ending in May and provisions under the COVID-19 pandemic are unwinding. All states are expected in a 12-year time period to re-instate their system for certification for eligibility for medical assistance, and for Minnesota also Medicaid. Depending on whether or not you are eligible, it could be that if you are no longer eligible for Medicaid, you would need to find another alternative. Program HH staff will help people find insurance, through another program or insurance exchange. Also, any benefits counselor that we fund in the Ryan White program can help people find coverage.
      * Amy Miller responded that she will take this back to DHS to find more information from Asneth Omare or Thomas Blisset.
7. **Break** 10:30 a.m.
8. **Aging and HIV**  10:40 a.m.
   1. Cody Raasch*,* Data Analyst from Hennepin County Ryan White Program displayed the presentation ***Data from CAREWare and the 2020 HIV Needs Assessment***
      * The 2020 HIV/AIDS Needs Assessment Data had 55% of respondents being from people who were 50 years or older.
      * The percentage of Ryan White consumers ages 50+ continues to increase year by year.
      * Ryan White consumers aged 50 or older are much more likely to be non-Hispanic white. Younger Ryan White consumers are more demographically diverse.
      * Ryan White consumers aged 50 or older are more likely to be male compared to ages 0-49.
      * There are similar transmission risks between ages 0-49 and 50 and older. However, when looking just at male or trans-men for ages 0-49 are more likely to be MSM and MSM IDU. The non-MSM IDU category is much higher for men ages 50 and older.
      * Based on the most recent Needs Assessment data, respondents aged 50 or older are more likely to be stably housed and less likely to have used a shelter in the last 12 months. Younger clients are much more likely to report being unstably housed. However, clients aged 50+ reported lower levels of income. Additionally, clients aged 50+ are less likely to have no income, but more likely to live below 300% of the Federal Poverty Guidelines (FPG).
      * Ryan White consumers aged 50+ are more likely to utilize Emergency Financial Assistance, Adult Foster Care, and Homemaker Services.
      * There are major differences in service utilization between clients who are 50+ and clients who are between 0-49. Homemaker services, adult foster care, oral health care, and home delivered meals are used more heavily by clients aged 50+.
      * Needs Assessment data shows that clients aged 50+ are more likely to report having a viral load and being virally suppressed. Clients aged 50+ often have much higher viral suppression and retention rates.
      * Ryan White consumers aged 50+ are much more likely to have a CDC defined AIDS diagnosis.
      * There is a projected increase of clients who are 50 or older.
      * Joe Amrhein said that 30% of people under 50 years old report having no income, and asked where this sample size came from?
        + Cody responded that this information came directly from CAREWare. Providers enter financial information from each consumer. This sample size is all consumers that receive Part A or Part B service.
9. **Aging and HIV**  11:00 a.m.
   1. Dr. Kerry Sheets, Geriatrician, and Lauri Appelbaum, Psychotherapist/Social Worker, both from the Positive Care Center. introduced themselves.
   2. Kerry Sheets displayed the ***HIV and Aging*** presentation.

* Those with accentuating aging conditions follows similar pattern as those living without HIV, with some caveats.
* It’s estimated that over half of PLWH are over age 50.
* Many older adults with HIV have had HIV for some time; the number of new HIV diagnoses are highest between aged 25 to 34.
* There is a debate in the field right now if PLWH have accelerated of accentuated aging. There is some data that suggests aging is accelerated, but there is some data that aging is just accentuated (meaning aging will follow the same trajectory, but that some PLWH will experience some aging conditions earlier).
* A model of geriatrics care includes mobility, mind, medications, multicomplexity, and matters most, which was developed in 2018 by the Geriatrics Society.
  + Mobility accesses if people need functional status and is caregiver assistance needed. Fall prevention is expected to be very important for older adults with HIV.
  + Mind is identifying and addressing changes in cognition, mental health, vision, and hearing. PLWH are at high risk for neurocognitive disorder and Alzheimer disease. It may happen earlier in PLWH, but it remains to be seen. Changes need to be identified early so interventions can be made.
  + Medications need to be tailored to individual goals and preferences, and PLWH should avoid high risk medications. It’s estimated that PLWH are taking 5, 10 or 12 medications, and it’s important to ensure safe medication taking behaviors.
  + Multicomplexity related to navigating healthcare settings. Patients need help navigating healthcare settings, i.e. transitions from home, hospital, back to home. Older adults with HIV tend to have multiple chronic conditions, and need assistance in managing all conditions.
    - Women with HIV who are 60 or older had more than 4 or more medical conditions and that the prevalence of the multimorbidity was more common in women with HIV than women without.
    - Social isolation, loneliness, stigma, stress, strained family relationships, housing insecurity, and substance use contribute to health.
  + Matters most addresses the idea that care and services should be tailored for each individuals aging goals and what they consider to be a good function status. Patients should discuss their current health goals and healthcare preferences and to address advance care planning.
* There 3 intiatives at the Positive Care Center: 50+ HIV support group, new monthly HIV and aging seminars, and a new HIV and aging program card that is being developed to provide patients, providers, case managers, therapists, etc, to help educate everyone on HIV and aging topics.
  + The support group has been running since September 2021. The group is primarily long-term survivors, but it is not exclusive to long-term survivors, which has made for interesting conversation.
  + The focus is on skill building, but it is very community focused and people are encouraged to get together outside of the support group. Giving people permission to connect outside of the group has been important to building community.
  + The support group addresses current stressors, such as long-term survivor guilt, COVID-19 stressors, how people manage relationships with family, friends, and acute and long-term loss.
  + A significant issue is struggles with technology, and the lack of resources for older folks to learn how to use their phones and other tech devices. The support group has not been able to provide remote groups to folks because they don’t have the financial resources, and because so many people do not know how to use technology.
  + One issue that has come up in the group is the loss of HIV providers to retirement. Several HIV doctors have retired over the past several years, and many more are expected to retire. These are often providers who have worked with them since their initial diagnosis. This comes with a loss of history and relationships. As a larger community, this need to be addressed, as new providers are likely younger and weren’t around during the beginning of the epidemic.
* The monthly seminars started in January. They are open to any patients who are 50 and older. The first seminar was on dance therapy and movement. Patients were very engaged in learning how they can add more movement to their lives. The next seminar is tomorrow where Dr. Sheets will be presenting on aging and the brain and what people can do to support themselves as they are aging.
  + The seminar next month will be addresses HIV care as it’s effected by aging. Future seminars will be on nutrition, mental health, etc. The ideas for topics are generated in the support group.
* They have developed an HIV and aging bingo card to help patients and providers be aware of what we should be checking-in with people on. This includes meeting with Dr. Sheets for an aging assessment, getting a cardiovascular screen and a bone density scans, directives, reviewing meds, housing and benefits check-in, fitness check-in, community resources, sexual health, substance use check-in, dental care, vision, nutritionist, labs check-in, etc.
  + Dr. Sheets added that the bingo card really mirrors the 5 M’s and it’s a way to implement this in a practical way.
  + Danielle Brantley asked what the third community support group was?
    - Lauri responded that it is Quatrefoil Library, which offers activities and opportunities to meet. It’s a LGBTQ library located in South Minneapolis.
  + Jo Ann Vertis asked if people can just attend the meeting tomorrow regarding brain health.
    - Lauri responded that it is at the Positive Care Center and that people can just come to the lobby and they will escort people back to the conference room. Lunch will be provided for all of the seminar. They are hoping to partner with a community center in the future.
    - Jo Ann followed up for when the support group meets.
    - Lauri responded that it meets every Tuesday at 2:30pm. It does involve some pre-connection with Lauri, who will do a brief screening and fill out a form. They do also offer transportation for the support group and the seminars, so if people need them they can contact Lauri. For the focus group, they are managing the size because of COVID-19.
  + Tyrie Stanley asked Lauri to send this information to Audra so she can email it out to the council.
  + Larry McPherson asked Lauri to include the address for where the support groups and seminar takes place.
  + Jonathan Hanft asked as HIV doctors retire, have the Positive Care Center developed a protocol or plan to navigate that transition?
    - Dr. Sheets responded that there are plans for the logistics of the transition, but they are not aware of any programming to help with anything other than logistics.
    - Lauri responded that this is something that they’ve just realized over the past couple of weeks and that patients are feeling well cared for, but that history is still missing.
  + Larry McPherson thanked Lauri and Dr. Sheets for the presentation and for sharing this information.

1. **Council conversation**  11:30 a.m.
   1. McKinzie Woelfel shared the teller’s report report:
      * Returning Members: The number of ballots cast is 16. The number needed for election (a majority) is 9. There were no illegal ballots cast. No debate. VOTE: Joe Amrhein (16), Megan Higdon (16) , Annalise Jackson (16 ), Lesa Nelson (15) Angela Reed (16), Tyrie Stanley (16).
      * New Members: The number of ballots cast is 18. The number needed for election (a majority) a 10. There were no illegal ballots cast. No debate. VOTE: Alejandro Aguilera (14), Charlene Leach (14), Ellen Ryan (13), James Velek (15), Kevin Sitter (14), Mohamedkader Mohamed (15), Moua Xiong (14), Nikki LeClaire (14), Quay Catalpa (14), Shea Amaro (16), Terri Wilder (12), Tesha Johnson (14), Tristian Sparks (14), Zoe Neba Caboret (13).
      * Co-chair: The number of ballots cast is 18. The number needed for election (a majority) is 10. No debate. VOTE: Tyrie Stanley (14), Joe Amrhein (14), Calvin Hillary Hylton (15).
      * Tyrie Stanley asked if Audra can send out the date and time for the New Member Orientation for current members if they would like to attend. Tyrie asked if Audra could make a certificate for Carissa Weisdorf who has previously served as council staff.
      * Jo Ann Vertetis asked if there are going to be mentor for the new members?
        + Audra responded that Membership and Training Committee does have a mentorship program and they will be looking at it in the coming months. If you are interested in serving as a mentor, please email Audra.
      * Audra stated that we put council conversation on the agenda in replacement of hard topics, but there are only a few minutes left of the meeting. It’s open time to discuss and debrief on the presentations today, so if anyone has comments, please feel free to share.
        + Jo Ann Vertetis responded that she was pleased to have the Positive Care Center present today.
        + Jonathan Hanft asked if there is any other information or data that the council would like to see?
          1. Tyrie Stanley asked if we could focus on long-term survivors, as there are some people who are long-term survivors but aren’t yet 50, defined as someone who has lived with HIV for 15 years or more.
          2. Cody responded that this data may be available in CAREWare or the Needs Assessment.
          3. Joe Amrhein responded if nutrition or exercise could be presented to the council.
2. **Adjourn**  12:00 p.m.
   1. Lesa Nelson adjourned the meeting at 12pm.

**Meeting summary:**

* The council voted on 5 bylaw amendments.
* The council voted in the returning member, new members, and council co-chair election.
* The council heard presentations on HIV and aging from Hennepin County and the Positive Care Center.

**Documents distributed before the meeting:**

* 2023.02.14 MCHACP agenda
* 2022.01.10 MCHACP minutes
* 2023.02.07 Executive Committee review of bylaws
* 2023.02.14 action items for bylaw amendments
* 2023.02.14 action item council co-chair election
* 2023.02.14 action item new membership election
* 2023.02.14 returning membership election
* Council co-chair position description
* February 14 committee report summaries
* Prevention written update
* Part A written update

**Additional documents displayed during the meeting:**

* Budget Update – DHS HIV Supports Section presentation
* Certificates of Appreciation
* Data from CAREWare and the 2020 HIV Needs Assessment
* HIV and Aging

**AM/ag**