Minnesota Council for HIV/AIDS Care and Prevention (MCHACP) Meeting Tuesday, November 14, 2023 9:00 a.m. – 12:00 p.m. Hybrid Meeting

Committee Members Present:	
Jay Orne (DEC co-chair)	Nikki LeClaire
Quay Catalpa	Stephen Jensen (M&T co-chair)
Ellen Ryan	Megan Higdon
Calvin Hillary Hylton (council co-chair)	Terri Wilder
Joe Amrhein (council co-chair, NA&E co-chair)	Lesa Nelson
Tyrie Stanley (council co-chair, PAC co-chair)	Tristian Sparks (CVC co-chair)
James Velek	Doug Peterson
Alejandro Aguilera (NA&E co-chair)	John Vener, MD
Gage Urvina	Deon Kirby
Alissa Fountain	
Committee Members Absent:	
Julian Hines	Carol Labine
Kevin Sitter	Angela Reed
Annalise Jackson	Shea Grutemaro
Danielle Brantley (CVC co-chair)	Moua Xiong
Guests:	
Carissa Weisdorf, Hennepin County	Verneice Acevedo, Community Member
Cody Raasch, Hennepin County	Jonathan Hanft, Hennepin County
Darin Rowles , DHS	Aurin Roy, Hennepin County
Mark Jenkins, Community Member	Aubrey Hagen, Hennepin County
Charlotte Detournay, Hennepin Healthcare	Pat Reymann, Parliamentarian
Ndekela Sakala, MDH	Asneth Omare, DHS
Scott Bilodeau, Hennepin County	Sarah Schiele, City of Minneapolis (DEC Co-chair)
Amy Moser, Consultant	Angela North, Clare Housing
Hennepin County (Part A) Representative:	DHS (Part B) Representative:
Eriika Etshokin	Thomas Blissett
MDH (Prevention) Representative:	MDH (Surveillance) Representative:
Peggy Darrett-Brewer	Hannah Giles
MCHACP Staff:	
Audra Gaikowski, Council Coordinator	Jeremy Stadelman, Admin Specialist (minutes)
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Microsoft Teams meeting

Quorum Present? Yes

I. Welcome and introductions

- Tyrie Stanley called the meeting to order at 9:03 a.m. Introductions were made.
- The agenda was reviewed and approved as written.
- The minutes from the October 10 meeting were reviewed and approved as written.
- Calvin Hillary Hylton took over facilitation.

II. Get to know you activity

III. Recipient Report

- Part A: Eriika Etshokin, Hennepin County Ryan White Program (see written report)
 - Part A/MAI & B Expenditures Report
 - i. Eriika reviewed the FY 23 Part A/MAI & Part B Midyear (Q1-2) Expenditures Report.
 - ii. 49% has been spent across all programs, administration, and quality management activities.
 - Part A MAI Midyear Reallocation Report
 - i. As reported to both Planning & Allocations and Disparities Elimination Committees, the Part A recipient assessed fiscal year 2023 expenditures at the six-month mark. A total of \$33,000 in Part A MAI funds and \$175,678 in Part A funds were reallocated between service categories.
 - ii. Funds were considered for reallocation from service categories where subrecipients had not expended at least 40% of their grant award to categories where spending had exceeded 50% at the six-month mark.
 - iii. Subrecipients were consulted before any funds were removed or added to their contracts.
 - iv. Please see the provided FY23 Part A Reallocation Report for details.
 - State of HIV in Hennepin County and MSP-TGA (Reminder)
 - i. Hennepin County and TGA Epidemiological Update, Trends and Disparities Presentation including Community Discussion will take place on December 4, 2023, from 9-11am.
 - Centralized Eligibility:
 - i. Hennepin County and colleagues at DHS have been meeting with subrecipient providers to discuss successes and challenges with implementing Centralized Eligibility.
 - ii. Consumer feedback will be sought via anonymous surveys and focus groups this winter to inform ongoing improvements and provider communications.
 - 1. Consumers will be surveyed after they have completed eligibility or renewals to ascertain difficulty of the new process.
 - iii. Providers will be checking for eligibility rather than verifying it.
 - HIV outbreak update from <u>MDH Website</u>.
 - i. A member asked what the demographic data is for the Duluth outbreak.
 - Peggy indicated that they are mostly MSM (men who have sex with men). For more information see <u>HIV Outbreak Response and Case</u> <u>Counts</u>.
- Part B: Thomas Blissett, Minnesota Department of Human Services HIV Supports (see written report)
 - More to come on activities that will be coming up in Greater MN.
 - Working on 4-year budget forecast (though FY 27) with more to come in April 2024.
 - Working to extend service contracts through June 30, 2025.
 - i. Engagement activities are ongoing to inform funding decisions for the remaining funds.

- Working on 2024 non-compete progress report.
- Received more supplemental funding than anticipated. Had to acquire legislative authority to use these funds. That has been received and more news to come in December or January.
- Open enrollment for ADAP and MA (Minnesota's Medical Assistance program) is currently ongoing.
 - i. Reaching out to clients to make sure they enroll in ADAP and MA.
- The End HIV Minnesota Coordinator should be hired by the end of November.
- Providers should go to MDH's SharePoint for to learn more and receive updates about Centralized Eligibility.
- Questions:
 - i. Tristian asked for an update on the HOPWA funding question he had from last month.
 - 1. Darin explained that DHS has amended their contract with Rainbow Health to continue funding for housing in Greater MN and noted that an RFP (request for proposals) has also been sent out for additional opportunities.
- Prevention: Peggy Darrett-Brewer, Minnesota Department of Health HIV/STD/TB
 - Staffing updates:
 - i. Hiring a student to assist PrEP, SSP, Nurse specialist and testing coordinators.
 - ii. The harm reduction coordinator position should be filled by the end of the year.
 - <u>PrEP RFP</u> is open. Its focus will be to spread PrEP in rural MN counties and is due December 6.
 - <u>SSP RFP</u> is open. The target population is for those currently unhoused and is due December 15.
 - MPOX RFP has closed; providers have been selected and award letters have been sent out.
 - <u>Condom distribution</u> orders are due November 21.
 - i. Please allow 4-6 weeks to receive shipments.
 - Questions:
 - i. Joe asked if MDH has reached out to subrecipients about condom distribution and Peggy replied that this information has been sent out to all grantees and widely distributed in the community.

IV. Committee reports (see written reports)

- Executive and Co-chair Update
 - Heard reports from each standing committee, council co-chairs, recipients, and council staff.
 - The council co-chair election is coming in February 2024.
 - i. To qualify, nominees need to have served a minimum of one year on the council.
 - ii. The council can have up to three co-chairs; one must be someone living with HIV who is public about their status, and at least one must be from the TGA.
- Community Voices Committee (CVC)
 - Met virtually on November 13, 2024.
 - Brainstormed meeting locations for the next fiscal year. Jeremy is going to gather information on the locations so that the committee can vote in January on where to hold meetings next year.

- Discussed and provided feedback on the council's reflectiveness grid. This information will be provided to the Membership & Training Committee to help inform their decisions around updating the grid.
- The committee was provided an update on the World AIDS Day Breakfast on December 1, 8:30-10:30am at The Aliveness Project. We encourage all council members to attend the event. There are flyers available at today's council meeting that you can share with your networks. If you would like a copy of the flyer, please email Jeremy.
- Membership and Training Committee
 - Reviewed attendance and selected committee members to contact council members who had missed meetings.
 - Reviewed applications and compared applications against current vacancies.
 - Discussed recruitment for the upcoming fiscal year.
 - Reviewed a new representation and reflectiveness grid and discussed options for how to best count multi-racial council members. Membership & Training Committee is requesting feedback from DEC & CVC before making a final decision on the grid.
 - We are seeking applications from people who fill the following vacancies:
 - i. Unaligned consumers, Black men and Black women
 - ii. Greater MN
 - iii. People who work in the HIV field or who are passionate about ending the epidemic who are Black or African American
 - iv. Representative of individuals who formerly were federal, state or local prisoners, were released from the custody of the penal system during the preceding three years, and had HIV/AIDS as of the date on which the individuals were released
 - v. Young person (18-25) at risk or living with HIV
 - vi. Religious leaders or representatives from faith communities
 - vii. Representative from the Department of Corrections
 - viii. Representative from the Department of Education
- Needs Assessment and Evaluation Committee
 - Met during the combined PAC, DEC, and NAE Integrated Plan Monitoring Table meeting on October 25, from 9:30am-11:30am. Received the annual update from data analyst staff on 2022 data for the integrated plan monitoring table.
 - Upcoming meetings will be focused on the PSRA (priority setting and resource allocation) process and the Comprehensive Needs Assessment to be distributed in 2025.
- Disparities Elimination Committee (DEC)
 - Met during the combined PAC, DEC, and NAE Integrated Plan Monitoring Table meeting on October 25, from 9:30am-11:30am. Received the annual update from data analyst staff on 2022 data for the integrated plan monitoring table.
 - Received an update from Part A staff on Q1-Q2 spending and Part A MAI reallocations that were made, per the <u>updated resource reallocations process</u>.
- Planning and Allocation Committee
 - Met during the combined PAC, DEC, and NAE Integrated Plan Monitoring Table meeting on October 25, from 9:30am-11:30am. Received the annual update from data analyst staff on 2022 data for the integrated plan monitoring table.

• Received an update from Part A staff on Q1-Q2 spending and Part A MAI reallocations that were made, per the <u>updated resource reallocations process</u>.

V. Council Staff Report

- Reminder that the council will have a racial equity training at its January meeting. The meeting has been extended by one hour (9:00am-12:00pm). All council members are invited (no need to RSVP), but there are only 40 spots so others will have to register. Audra will send out a link to non-members to register at the end of November/early December.
- See the council's website for <u>council vacancies</u> and <u>application</u>.

VI. Integrated Plan Update

Carissa Weisdorf, Hennepin County Public Health

- Carissa explained that the Integrated Plan has been updated based on feedback from our federal funder and the council.
- Carissa demonstrated on the website on how to access the Integrated Plan.
- The goal is to present the Integrated Plan tracker to the council twice a year and the next update will be in April 2024.
- Carissa presented the 2022-2026 Integrated HIV Care & Prevention Plan Strategy tracking.
 - There are 4 pillars that are tracked:
 - i. Diagnose
 - ii. Prevent
 - iii. Respond
 - iv. Treat
- Carissa asked council members if this tool is an appropriate way to present this information to the council.
 - Tyrie wondered why April was chosen to present next and noted that new members may not have enough information to understand the data.
 - i. Carissa explained that October is typically when data is finalized, and April was chosen because it is 6 months forward from October.
 - In reference to strategy 2, Joe asked for more clarity around increasing opt-out testing and wondered if people are falling through the cracks.
 - i. It was noted that opt-out is another way to describe automatic testing; all will receive testing unless they opt-out.
 - ii. Noted barriers include lack of resources and staff time, especially in jails. There may be an opportunity to go to MN Legislature to increase funding for more resources.

VII. ESCALATE Update

Joseph Amrhein, Council Co-chair & Aurin Roy, Hennepin County Public Health

- Joe and Aurin presented a PowerPoint titled, **ESCALATE Report Back**.
- The ESCALATE Training will be coming to Minneapolis in July 2024.
- Questions:
 - Question 1: Are there any obstacles or policies in your organization or model of care that may be creating stigma for clients?

- i. John noted that being from rural area, he is cognizant of discrimination. Barriers include:
 - 1. If you are perceived to be gay in a small town some might assume you have HIV.
 - 2. Transportation is an issue because they spend a lot of money on taxis (100 miles or more in some instances). This can bring unwanted attention to individuals in a small community.
- Question 2: How can we work collaboratively both within our organizations and across systems to combat stigma and be (more) inclusive?
 - i. Stephen wondered how to combat stigma in the African American/Black community?
 - 1. Show people that their participation matters and is meaningful for them.
 - 2. Tyrie added that stigma will be there until HIV/AIDS is more understood by the community. Find a way to market this information widely to the community.
 - ii. Nikki has observed that people see HIV as a death sentence and need more education. There is fear of anything relating to medical care based on previous trauma experienced by these communities. AICHO (American Indian Community Housing Organization) and St. Louis County are collaborating with Native Americans to gain trust to better gather data. HIV has been neglected and people need to know more about available care services, as well as prevention for at-risk people. Everyone should be receiving information/education and not just in targeted areas.
 - A member noted that they received less stigma from straight people within the Native American community (during the 2018 Hiawatha encampment).
- Question 3: How does stigma impact local NA populations specifically? People who are incarcerated? Older people living with HIV?
 - i. Stephen noted that data oftentimes cannot be reported on the Native American community because it is a smaller population; how can we address this?
 - 1. By adequately reaching out to Native American organizations to make sure we are gathering all the appropriate data.
 - 2. Strategies at Hennepin County include changing the way they count Native Americans (e.g., for multi-racial Native American individuals, include them in the Native American category rather than in the multi-racial category).
- Question 4- Has this discussion brought up anything for you?

VIII. Break

IX. DHS HIV Funding Engagement

Amy Moser, Consultant

• Darin Rowles presented a PowerPoint titled, *Funding Rapid Engagement*.

• Council members participated in an engagement process to help inform the use of \$3-5 million in resources.

X. Unfinished Business/New Business

• None.

XI. Open Forum

• None.

XII. Announcements

- CVC's World AIDS Day Breakfast is on December 1, 8:30-10:30 am at The Aliveness Project. All council members are encouraged to attend.
- The Sarah Simmons Showcase will be held on December 1, 4:00-8:00pm at 3801 1st AVE S., Minneapolis, MN 55458. This is an in-person talent showcase, featuring STI and HIV testing, COVID-19 testing and vaccinations, and a town hall discussion.

XIII. Adjourn

• Meeting adjourned at 11:49 am.

Meeting Summary:

- Part A, Part B, and MDH updates were provided.
- Committee updates were reported to the council.
- The council received an update on the Integrated Plan.
- The council received an update on the ESCALATE training that Aurin Roy and Joe Amrhein participated in.
- The council participated in an engagement process to help inform the use of \$3-5 million in resources.

Documents distributed before the meeting:

- Proposed agenda
- October 10 meeting minutes
- November 14 Committee Report Summaries
- 2023 Integrated Plan Monitoring Table
- FY 2023 Part A Reallocations Report
- Integrated Plan Codebook
- Ryan White Part A Q1-Q2 Expenditures
- Draft Templated for Strategy Tracking- Integrated Plan 2022-2026
- Funding Rapid Engagement PowerPoint
- Part A Update

Documents distributed after the meeting:

• ESCALATE Report Back PowerPoint

JS/ag