

**MN HIV Services Planning Council Meeting**  
**March 10, 2015**  
**9 am-12 pm**  
**Health Services Building, Room L15**  
**525 Portland Ave. S., Minneapolis**  
**Minutes**

<b>Council Members Present:</b>	
Andy Ansell	Florence Kulubya-Nabeta
Michael Behl (phone)	Joe Larson (phone)
Scott Bilodeau	Midnight (phone)
Winston Cavert, M.D.	Valentine Momo
Jared Erdmann	Lesla Nelson
Michael Graham	Asneth Omare
Krissie Guerard	John Salisbury
Bielca Guevara	Matt Toburen
Keith Henry, M.D.	Aaron Wittnebel
Marvin Innes	Monica Yugu
Hank Jensen (Council Co-Chair)	
<b>Council Members Absent:</b>	
Loyal Brooks	Al Fredrickson
Debbie Gazett (Council Co-Chair)	Craig Schmidt
<b>Community Members/Guests/Consultants:</b>	
Emily Dale, Hennepin County	Thuan Tran, Hennepin County
Terral Ewing, Community Member	Nick Vogenthaler, M.D., HCMC
Mary McCarthy, RAAN	Josh Wiechmann, Hennepin County
Jim McNamara, ViiV Health Care	
<b>Part A Representatives:</b>	
Jonathan Hanft, Hennepin County	
<b>Part B Representatives:</b>	
<b>Planning Council Staff:</b>	
Sirry Alang, Coordinator	Carissa Weisdorf, Administrative Specialist (minutes)

Quorum Present? **Yes**

**I. Call to Order**

Hank called the meeting to order at 9 am.

**II. Lighting of the Candle**

Monica lit the candle in honor of National Women and Girls HIV/AIDS Awareness Day on March 10 and on behalf of all women affected by HIV. Monica spoke about Ma Siona Nchotu, the first African born woman in Minnesota who broke the silence about living with HIV.

**III. Consideration and Approval of Proposed Agenda**

The agenda was approved by unanimous consent.

**IV. Review and Approval of February 10, 2015 Minutes**

The minutes were approved by unanimous consent.

**V. Ice Breaker & Welcome and Introductions**

This is the first meeting in a new grant year and we have several new Planning Council members so everyone seated at the table or on the phone introduced themselves and participated in the ice breaker activity.

## VI. Co-Chair Update

- Lesa is co-facilitating with Hank because Debbie is out of town.
- We are in a new fiscal year and have a busy year ahead of us.
- Hank said during this month's HRSA conference call, the topic of council members as content experts was discussed and Hank said everyone here is a great content expert and valuable to the council. He also said they discussed that the Planning Council is a shared decision making process and all members should not be afraid to speak up.
- The council viewed a short video from the CDC about the importance of getting those unaware of their status into care. The video was emailed to the council and is also on our Facebook page.
- Hank reminded everyone to use the provided index cards to ask questions or give comments; they can be turned into staff.
- If anyone has an announcement for the council, please list it on the announcement sheet and the co-chairs will ensure you have time to speak during the announcements portion of the meeting.
- Lesa is now facilitating.

## VII. Part A Report

*Jonathan Hanft, Hennepin County*

- We received a partial award for the new grant year; it is 80% of last year's funding.
- During the Part A HRSA update webinar on Friday we hope to learn when we will receive the full award. There may be some adjustments with allocations after the award is received.
- Ryan White Services report (client level data, all Parts A-D) is due on March 30.
  - Hank asked if best practices are shared among jurisdictions, Jonathan replied yes, not necessarily from this data but jurisdictions share information and provide technical assistance to each other. Jurisdictions doing well with virus suppression are showcased.
- Jonathan informed the council Hennepin County is considered the TGA because the largest clinic serving people living with HIV/AIDS is in Hennepin County (HCMC).
- Jan Callison was voted in as the Chair of the County Board of Commissioners in January and is the new CEO of the Part A Ryan White Program.
- Emily Dale started as the new Quality Management Coordinator. Emily comes to the Ryan White Program with 10 years of experience in Public Health; she managed Quality Improvement programs in developing countries and worked in the state health department and healthcare reform. Emily will sit on the Needs Assessment & Evaluation Committee and lead the Quality Management Advisory Committee (QMAC).
- Jonathan will address the council's request to reconsider the redistribution of funding between service areas. Jonathan cautioned that we need to manage conflict of interest and refrain from advocating for funding for a specific agency. This request counters the legislative mandate which prohibits the council from discussing specific providers. During our recent call with our project officer and the Director of the HIV/AIDS Bureau's Division of Training and Technical Assistance we were told under no circumstance should the grantee or Planning Council members discuss provider specific funding or issues at Planning Council meetings.
  - Ryan White is payer of last resort; funded services are expected to be coordinated, efficient and cost-effective. There are other sources of funding for activities provided by Inreach and agencies must vigorously pursue other funding. Jonathan met with this agency's medical director and suggested ways to continue providing these services.
  - The way the service was being implemented did not meet the requirements for the Medical Case Management Service area, according to the HRSA definition and service specific standards.
  - The appointment reminders and missed appointment check-ins and follow up provided through Inreach are duplicative of the best practices of outpatient ambulatory care and medical case management providers.

- It was determined that 1/3 of the clients funded through Inreach had a case manager resulting in duplicative services. For clients not receiving Ryan White funded case management, care coordination activities are reimbursable for patients on MA (60% of these clients are on MA).
  - Clients needing more than an appointment reminder or missed appointment follow up because of multiple barriers require a coordinated referral to medical case management.
- Hank requested a copy of Jonathan's response and Jonathan replied it will be in the minutes.
- Hank says he has a conflict of interest and asked if the requirements for MCM changed. Jonathan replied no but funding for this as a separate funding source cannot continue. Jonathan cannot speak to whether these activities will continue and cannot discuss provider specific information with the council as it relates to contracts and standards of care.
- Dr. Henry said our Cascade shows there is a 28% drop-off in retention to care and with the Inreach program in place there is a smaller drop-off. He asked what can be done that will result in improvement and retention in care if we are not doing a good job of that. Jonathan replied that 91% of case managed clients funded through Ryan White are retained in care; case management is staying the same and these funds are moving to case management.
- Monica asked what the need was in case management that it needed additional funds; Inreach is a unique program and she feels if it is rolled into case management it will not have the same effect. Can we redefine Inreach services to fit in the funding requirement? Jonathan replied these activities will continue in many primary care programs and other HIV primary care providers are doing this as a standard practice. Monica believes clients at HCMC are different; Jonathan said these clients should be case managed if there are other co-occurring conditions like chemical abuse or mental health. Jonathan reiterated 30% of Inreach clients were in case management, sometimes at other providers.
- Aaron asked that we move on from this discussion. We received our response and provider specific questions should be asked directly to the grantee.
- Dr. Cavert said the council is engaged in democratic participation; the grantee takes input from the council in an open way and feedback on particular programs may require the council to step over the line.
- Jonathan attended the CAEAR Coalition meeting on February 23-24; it is a national organization that advocates for Part A and C funding. While in Washington DC he visited six offices of congressional staff, four of which were greater MN. Staff was very positive of Ryan White in MN and the results we have.
  - Congressman Rick Nolan of the 8<sup>th</sup> district is interested in advocating for HIV resources. He spoke about 'Dear Colleague' letters in Congress. He wants to see funding for Ryan White continue because it is an important program and requested people in his district write to him about the importance of this funding. It is very important that his constituents contact him because Congress is working on appropriations for 2016.

## VIII. Part B Report

*Andy Ansell, DHS*

- Part B award not yet received, expect full award at award notice.
- Empowering Heroes Conference has been postponed until 2016 because two staff members are out on leave and DHS needs to maintain their core programs.
- The data position was reposted but is now on hold.
- Andy reviewed the document **Program HH Open Enrollment Summary** which shows the number of clients that potentially needed to transition to open enrollment. 443 clients needed to transition and 419 (94%) were successfully transitioned. 98% of undocumented clients transitioned. The success in transitions was due to collaboration between staff, case managers and benefits counselors.
- Andy provided an update on drug formularies: 2 new medications received FDA approval and combo therapies were added to the Program HH formulary. The next formulary committee meeting is Wednesday, April 29 at MAP, 6 pm.

- It was asked how DHS being short staffed will affect rebate spending. Andy said they raised the FPG and are paying MA and MNCare premiums. Continued spending of rebate funds is unknown and Andy will wait for an official response.
- It was announced that Dave Rompa, program administrator, is on leave; the duration and nature is unknown. Nick Metcalf is stepping in for day to day operations and Andy is the Planning Council contact.

#### **IX. Prevention Update**

*Krissie Guerard, MDH*

- Two upcoming data releases: STD is April 16 and HIV is April 20. Both webinars will be from 2-3 pm.
- A symposium will convene in 2016 between MDH and the state health departments of ND and SD. It will likely be in Fargo on April 5 and 6. It is geared towards providers servicing STDs and HIV. Krissie will provide additional information at future meetings.

#### **X. Integrated Planning Update**

- The Integrated Planning workgroup is meeting on Thursday to develop the work plan; it will be brought to both planning bodies to receive feedback. Amy Dusek is the project manager and the workgroup meets every other week.
- Dr. Henry asked if providers can be involved in the planning; Jonathan said yes, through the planning council and CCCHAP.
- Andy said our Part A and B joint planning process has benefited the HIV community because we are finding ways to maximize and coordinate funding; integration with prevention will strengthen the process. Care and prevention will work side by side.
- CCCHAP members are encouraged to come to Planning Council meetings and vice versa. CCCHAP meets quarterly; May is the next meeting and we will send out a meeting invitation.

#### **XI. Staff Update**

- Sirry welcomed three new Planning Council members who were elected at the February Planning Council meeting.
- There is an event on Thursday where clergy leaders and politicians will meet to discuss the HIV/AIDS crisis in the African American community. Sirry will send the flyer out to everyone.
- The 2015 Needs Assessment survey will launch at the end of month. Ambassadors are needed to go out the community and recruit people to take the survey; training is available. Promotional materials will be distributed at the April Planning Council meeting. We especially need young MSM individuals and members of minority groups to take the survey because we typically do not receive a lot of feedback from them.
- Carissa distributed a new contact list to the council.
- Please take a look at your color group in your name tent because some colors have changed. We will have a brief check-in with our buddy groups after the break.
- Staff recognized the following individuals with perfect attendance at Planning Council meetings from March 2014-February 2015: Andy Ansell, Scott Bilodeau, Winston Cavert, MD, Jared Erdmann, Hank Jensen and Lesa Nelson. The following individuals had perfect attendance at their committee meetings during the same time period: Debbie Gazett, Hank Jensen and Asneth Omare.
- Mike asked if the 75/25 split will change with integration. Andy said it will not change.

#### **BREAK**

#### **XII. Buddy Check-In**

- Take 10 minutes to find your buddy and get to know each other.
- At future meetings, use it to check in with each other; the buddy system is good resource for new members to learn more from more experienced members.

### **XIII. Committee Reports**

#### **a. Community Voice (CVC)**

- Marvin said the committee discussed taking attendance and minutes at meetings and decided to do so because they are an official committee of the Planning Council.
- A draft of the CVC brochure was reviewed by the committee. Bielca suggested we include a clause stating CVC members cannot solicit funds.

#### **b. Executive**

- The committee discussed implementing a buddy system for incoming co-chairs and assigned each new/newer co-chair a buddy.

#### **c. Needs Assessment & Evaluation**

- The committee provided a **Guest Speaker Summary** which is a summary of the listening sessions the committee held with members of populations disproportionately affected by HIV: Hispanic/Latino, African-born and young MSM. The document lists the set questions each group was asked and notes from the sessions are listed here for the council's reference.

#### **d. Operations**

- The committee is reviewing applications for Planning Council membership; 2 people were recently interviewed and 9 interviews are scheduled for March 20. There are 5 open slots for membership so the committee is keeping reflectiveness in mind; one slot is saved for someone in the Medicaid office.
- The committee developed an exit interview questionnaire to determine what worked and didn't work for people leaving the council.

#### **e. Planning & Priorities**

- The committee is discussing the upcoming comprehensive plan.
- Standards of care for Housing Rental Assistance and Early Intervention Services (EIS) are being developed and the committee will review a draft at this month's meetings.

### **XIV. EIIHA Update**

- Jonathan presented a Part A Early Identification of Individuals with HIV/AIDS (EIIHA) plan update; this came out of the Ryan White reauthorization bill of 2009. Jonathan said this relates to the CDC video we watched earlier because data shows the majority of new infections come from people out of care.
- Marvin suggested EIIHA meet more often, perhaps quarterly.
- Dr. Henry recommended focusing on patients on PREP; 20% of people who drop out of PREP become infected with HIV so this is a high risk group.
- Bielca suggested outreach for people in nursing homes. This gets back to routine HIV screening.
- Marvin said primary care doctors need more education on HIV. There are barriers with routine HIV testing and MDH and Hennepin County are looking into this, greater education is needed for MDs. Routine HIV testing as a quality improvement activity/measure. Routine screening is based on 2006 CDC guidelines: once in a lifetime for everyone aged 18-65. High risk groups need testing at least once a year. False positives are very low and are less of a concern today.

### **XV. Open Forum**

None

### **XVI. Recognition/Announcements from the Floor**

- Matt Toburen, from MAP, said April 15 is AIDS Action Day 2015 at the Capitol. MAP can help you set up appointments with your legislators individually or groups can to meet with legislators. Legislators are not hearing anything about HIV so they do not know how many people are impacted. There is a lot of value in your legislators hearing about HIV, ADAP and care and prevention services. They determine every year if funding is still available.
  - The online system will be up in the next day or two and we will send a link to the council.
  - Lobby coaches are available to sit with you during meeting with legislators.
  - Ask staff if you have questions about what you can say or can't say when advocating.

- Capacity for HIV clinics in the state is very good and we need to know if there are roadblocks for people to be seen by a clinician. Dr. Henry said HCMC is the payer of last resort because they do not turn anybody away.

**XVII. Adjourn**

Marvin motioned and Matt seconded. Meeting was adjourned at 11:15 am.

**Meeting Summary:**

- The Part A fiscal year changed to Year20.
- The council received an update on Early Identification of Individuals with HIV/AIDS (EIIHA).

**Documents Distributed Before the Meeting:**

- Proposed Agenda
- Minutes from February 10 meeting
- Committee Report Summaries
- Guest Speaker Summary
- Part A Update
- Part B Update
- Program HH Open Enrollment Summary

**Documents Distributed At the Meeting:**

None

**cw/sa**