

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

Council Members Present:	
Alejandro Aguilera	Keith Henry, M.D.
Andy Ansell	Marvin Innes
Scott Bilodeau	Hank Jensen (Council Co-Chair)
Loyal Brooks	Florence Kulubya-Nabeta
Winston Cavert, M.D.	Midnight
Daphne Cooper	Lesla Nelson
Jared Erdmann	Asneth Omare
Al Fredrickson	Rob Pioli
Krissie Guerard	John Salisbury
Bielca Guevara	Matt Toburen
Council Members Absent:	
Michael Graham	Gwen Velez
Joe Larson	Aaron Wittnebel
Valentine Momo	Monica Yugu
Craig Schmidt	
Community Members/Guests/Consultants:	
Jessica Brehmer, MDH	Mary McCarthy, RAAN
Emily Dale, Hennepin County	Karin Sabey, HCMC
Amy Dusek, Hennepin County	Thuan Tran, Hennepin County
Terral Ewing, Community Member	Josh Wiechmann, Hennepin County
Part A Representatives:	Part B Representatives:
Jonathan Hanft, Hennepin County	Nick Metcalf, DHS
Planning Council Staff:	
Sirry Alang, Coordinator	Carissa Weisdorf, Administrative Specialist (minutes)

Quorum Present? **Yes**

I. Call to Order and Introduction

Hank called the meeting to order at 9:00 am and introductions were made.

II. Consideration and Approval of Proposed Agenda

Andy asked to move the Part B rebate report to later in the agenda because Carrie Erber is on her way and will answer questions. The agenda, with the change, was approved by unanimous consent.

III. Review and Approval of April 14, 2015 Minutes

Marvin motioned to approve the minutes and Al seconded; the minutes were approved by unanimous consent.

IV. Co-Chair Update

- Last week an email was sent out notifying the council that Debbie resigned from the Planning Council. We will have a card for her to sign next month. She will be missed by the community and council; Hank thinks she will send an update to the council.
- Hank referred to Robert's Rules of Order, 11th Edition, section 7.5 about parliamentary procedure. He said the council is guided by Robert's Rules of Orders and our conflict of interest policy does not match up with Robert's Rules of Order. Hank asks that the Operations Committee take a look at this to make it somehow come together as one.

- Calling the question: this is the last thing someone can do regarding a topic and a 2/3 majority vote is required. Point of privilege is if 2/3 of people can call off the discussion. If you don't feel like your point of view has been properly raised then an individual can call point of privilege to continue a debate about a particular topic. This is to ensure both sides of discussion are heard properly.
 - Jared asked if this is like a wild card, to be played once per meeting.
 - Asneth asked for more context and how it relates to the council. Hank replied a few months ago during a service category discussion someone asked why we are debating this if a decision was already made which ended the conversation. This body operates by people raising their hands and the co-chairs must keep track of this. Members need to abide by this policy and co-chairs may dismiss a member if they continue to speak out of turn.
 - Andy asked if a call to question is made after someone is able to say what they want to say how much does point of privilege open up the conversation. Entirely, Hank said. It is an extreme parliamentary matter to call a point of privilege.
 - Matt said we will need to do more research; point of privilege is not debatable and takes 2/3 majority because it is a higher order and then the debate is done. He doesn't think this reopens the debate if the body just voted to end the discussion.
 - We don't have the ability to filibuster because we are tied to our agenda.
 - Hank reiterated raising your hand before speaking and avoiding side conversations.
- Hank requests the Part A and B updates in advance in order to be fully prepared for the meeting.
- There is a card going around for Dave Rompa, former Part B supervisor. Dave had a stroke two weeks ago and is recovering at home with outpatient speech and mobility rehabilitation. We are unsure of Dave's long term goals to return to work.

V. Part A Report

Jonathan Hanft, Hennepin County

- We did not receive our award yet.
- No further update.

VI. Part B Report

Andy Ansell, DHS

- Andy referred to the **Part B Update**.
- Site visit reports are being completed.
- July 23 HRSA review.
- DHS is adding a contract manager position to help with new services from rebate funding. It will be posted next month.
- DHS HIV/AIDS unit is rebranding to Ryan White Part B Program.
- Nick, Julie and Andy will travel to DC for the NASTAD meeting.
- Carrie Erber will present the rebate report when she arrives.
- DHS will use information from the SCSN/rebate planning meeting to target MN's unmet needs.
- Asneth asked the reason for rebranding. Andy said to have the area in which they work reflected in the name. Part B Ryan White is what they do/are.
- Part B rebate report, Carrie is the budget manager for continuing care and works on the operation budget and works with HIV; she worked with forecasters to put together this rebate forecast. Andy went over the forecast and said Carrie can answer any questions. There are two documents, the **HIV Summary-May 2015** spreadsheet and **HIV Forecast Talking Points- May 2015**. Andy gave background information and the rebate revenue forecast is provided twice a period, per the MOU. Part of it is running numbers and trends and adjusting expenditures and revenue.

- The top lines are revenue lines, streams of money coming into program. The next line is expenditures, money going out the door. The bottom line is the money left over. Andy explained for a number of years more money came in through drug rebate money than was spent and the pot was growing. Now they no longer have the ability to carry over revenue generated from year to year and they must spend rebate funds within 12 months.
 - The current reserve is not subject to this new HRSA guidance.
 - In FY 15, there was a one-time withhold from the legislators for appropriations and it will not be paid back.
 - Drug revenue/rebate revenue is down.
 - Insurance payments dropped significantly due to ACA and price has decreased for insurance- formerly high risk insurance pool and new insurance premiums are significantly less plus there are tax credits. Paying about \$175-200 compared to nearly \$500.
- Dr. Henry asked if premiums are likely to increase after a few years of the ACA. Andy said expanded Medicaid will not go away but he can't speak to if costs will increase; he doesn't expect to see people shifting off Medicaid to another program. Dr. Henry asked if the state will decrease funding and Ryan White funds will need to be used; Andy said this will not happen.
- Loyal said the Republicans are trying to phase out Medicaid and things could change with a new president. Andy said he is discussing the forecast and is not an expert on federal level ACA. If there are changes in Medicaid funding, it will be up to the state to figure it out and they won't come to Ryan White for money.
- Karin asked if we are in FY15; yes we are. She referred to the talking points and said there is a discrepancy in FY15. Carrie said the \$5.5 million is rebate funding and separate from federal money and the \$10.7 million includes federal money (Ryan White funds) and rebate money.
- Matt asked for a breakdown on the federal and rebate side. Carrie didn't have exact information with her but said it is about \$5.7 million for drug revenues and insurance was about \$500,000. The forecast says it will remain the same. Matt asked if supplemental rebate funds have gone away; Andy will ask Gloria and send it out to the Planning Council. Carrie said she will get the exact breakout and will send it to the council.
- Dr. Henry said two years ago legislators passed a bill for 340B funding which is a state Medicaid programs for uninsured patients. The funding went to UMN and some clinics and he is unsure if this money was given to the rebate pool. He said HCMC was down \$1 million and asked where this money went in the state's pool. Andy replied if it is Medicaid program then he doesn't know and he would need to ask the Medicaid program. HCMC purchases medications at a reduced rate so Program HH doesn't collect rebate money. Karin said 15% goes to HCMC and 85% goes to state. DHS does not get this revenue, it goes to Medicaid program.
- Dr. Cavert asked if there are expectations for the remaining balances in FY18 and 19. Andy said this money will be held in reserve and is subject to appropriation. The reserve is nine months of drug coverage and six months of premiums and they will want to keep this money in the rebate fund. Dr. Cavert asked how they came up with this time frame. Andy said they looked at what others do and looked at the NASTAD listserv. Some were more and some were less so they took a middle of the road approach. FY18 and 19 projected expenditures if it is not $\frac{3}{4}$ (9 months) where will this money go? It appears there will be more like a 12 month reserve. Carrie said people think this is a reasonable amount for reserve and this money can fluctuate. Andy said it is hard to predict where we will be at in 3-4 years and it could change so they agreed to keep \$12 million in reserve. If program expenses decrease then the department can revise.

- Andy will provide a response to why there is \$12 million. Dr. Cavert asked who made the decision and Andy said the Assistant Commissioner. The reserve money is only state rebate money, not federal money; there are two pools: federally generated funds and some state appropriation dollars. Rebate dollars are state funds.
- Dr. Cavert asked if there are restrictions for spending federal funding. Carrie will check into this.
- Hank asked about the impact of raising the FPG from 300% to 400%. 36 individuals are now covered and impact is reflected in these numbers.
- The council will have a role in rebate planning which hadn't been formally announced to the council until today. Nick said they are planning for \$12 million from the rebate funds. They took the unmet needs from the three meetings and went to agencies; for example MDH will receive all of the prevention money. Core medical and support services will be allocated with the Planning Council's help. There is a framework for this which is based on the cascade. Part of the mandate is a need to meet the needs of greater MN which came out DHS's site visit. Need to determine needs of greater MN. Contract manager position will organize and staff these projects and rebate money will pay for a lot of overhead expenses like staffing, CAREWare and supports to the system. Nick said this is soft money and once it is gone it is gone. Nick will present to the council next month.

VII. Prevention Update

Krissie Guerard, MDH

- MDH is applying for a new CDC grant. It is for PrEP and is for 3 years. 32 states or jurisdictions were eligible and they are offering 26 awards between \$500,000 and \$7 million; the average is \$2.5 million per year. The application is due on June 1 and effective August 1. Andy asked if it will be used to pay for PrEP; Krissie said no because CDC funds cannot be used to pay for PrEP so it would be staff time, etc.
- The STD/HIV/TB section is looking at refocusing to high impact intervention for all STDS and HIV. They were asked for section input and will also look for community input over the next 4-6 weeks; they are hoping to utilize Planning Council by either having time on the next agenda or over email.
- The quarterly CCCHAP meeting is May 28; please attend and RSVP if you want lunch. The meeting is 9 am-2:30 pm.

VIII. Staff Update

- Sirry welcomed three new council members in attendance today. Rob is back on the council and Alejandro and Daphne are new members.
- Today is the last day to submit an application for the USCA. We have hard copies available today.
- The revised COI form needs to be returned to staff and extra copies are available.
- We accepting nominations through today to serve as co-chair with a term through the end of the year. Conversations we have had with HRSA indicate we need to engage unaligned consumers in the council and in council leadership.
- The Operations Committee is in need of additional committee members and a co-chair. Hank is no longer part of the committee and Debbie was previously on the committee and served as co-chair. Hank will continue to sit on Executive, the co-chair meetings and the Part A Project Officer phone call.
- Jonathan asked for volunteers to be a part of the selection committee to select USCA applicants. Let Sirry or Carissa know if you are interested.
- Hank reminded everyone to raise their hands if they wish to speak.

IX. Integrated Planning Update and Project Work

- Krissie said the Integrated Planning Workgroup continues to meet every other week and we appreciate all of the input last month. Members of the workgroup left the room so people felt comfortable speaking freely and it was helpful to hear the different perspectives and needs.
- Following the facilitated conversation with the council the workgroup decided we weren't doing well with transparency. We are going to share the workplan today and there is now an Integrated Planning

tab on the Planning Council website and all of the documents will get posted. CCCHAP will also have an Integrated Planning tab on the MDH website.

- The documents **Integration FAQ** and **Integrated Planning Workgroup workplan** were distributed and Amy Dusek introduced herself as the project manager; Amy also attended last month's meeting as part of the facilitated conversation on integrated planning. Amy said she previously served as the interim Planning Council coordinator from May-August, 2014 and when she heard this project was available in her department she asked her supervisor to be assigned to this project because the council left a mark.
- Previously the **Integrated Planning Timeline** was shared and is under Part A Grantee Documents on the website; it is now included on the Integrated Planning tab.
- The **Integration FAQ** and **Integrated Planning Workgroup workplan** are living documents and additional information will likely be added. There is an orange sheet of paper to fill out questions for the project manager and Amy's email is on the sheet.
- Amy reviewed the workplan; it is broken down into section; we are completing the research/design/communication phase and are moving into the build phase. The workgroup is assigned certain tasks as subject matter experts.
- Amy will attend future meetings to give updates.
- Loyal said it is his understanding that both groups are being dissolved but asked if it is a merging. The two groups are not merging but integrating into one group and this is on the FAQ. Hank said a merger would include more members which this will not.
- Hank said he does not see where CCCHAP or the Planning Council is approving anything and said this will be a big hurdle to get over. Jonathan said our plan is to get involvement and input at key decision points. The Intergovernmental Agreement (IGA) is between Hennepin County, DHS, MDH and local jurisdictions (St. Paul and Minneapolis) and this agreement will create the new planning body. These governmental agencies created the council in 1995 and this needs to continue because it is a Ryan White legislation requirement. Since we are broadening the scope of the planning body we need to revise and execute a new IGA. This will create the body but not create bylaws and we will seek input for term limits, etc. from both groups. Planning Council and CCCHAP will be invited to future workgroup meetings when bylaws, committees, etc. will be structured. The membership selection committee will include members from CCCHAP and the Planning Council. There will be at least 3 workgroup meetings that will include members of both councils.
- Loyal asked how many members the new group will have; the current draft of the IGA proposes 33 members. CDC requires a MDH representative serves as a tri-chair. Also, the Hennepin County grantee will have a seated member. Loyal said there will be cuts in membership; Jonathan said yes it is a new group that will have 33 members.
- Midnight said this committee has no input and doesn't feel like Jonathan's response gives community input. He said he is worried that the grantees will put paper in front of us to vote on. Krissie said someone needs to create a framework to solicit comment; this is a short time frame to get a lot of work done. Midnight wants more involvement in the process and members can give a lot of input. Loyal said this is the initial stage and there is more to come.
- Hank asked for a raise of hands to continue the discussion or go to break. The majority wanted to break.
- Carissa announced a naming contest for the new planning body. A flyer is available with additional information and it is also on the website. The person who creates the winning name will receive a \$50 gift card.

BREAK

The meeting was called to order at 10:28 am and Lesa said she is now facilitating. Introductions were made for people who came in after introductions.

X. Committee Reports (also provided in written form)

a. Community Voice (CVC)

- The next meeting is Tuesday, May 19. The co-chairs are establishing the agenda after this meeting if anyone would like to join.

b. Executive

- The committee determined a co-chair succession plan and the need for an Operations co-chair.
- Asked committee co-chairs to be cognizant of government representation in meetings because we are cognizant of unaligned consumers to feel welcome in the room. Hank said he has felt uncomfortable at two recent meetings because of the number of government representation in the room; the grantees had a response but Hank asked everyone to please share if they felt this way.

c. Needs Assessment & Evaluation

- Monitoring the progress of the survey.
- Service Area Review Summaries (SARS) review. Co-chairs asked at the Executive Committee meeting if SARS will need to be done in the new body and requested direction from Amy. Marvin asked what the SARS are; they are used in the prioritization and allocation process to provide data by service area so members can make allocations. Hank said it is a cliff's notes of service areas. The SARS are on the website.

d. Operations

- The committee formalized a process for a number of things and they are printed on the back of the **Committee Report Summaries**. Scott said to keep this document for referral.
- As part of Conflict of Interest (COI) management an email was sent to Planning Council members who have a COI with the housing service area because housing standards will be voted on today. It was a decision made by committee but since the policy relates to the entire council it should be reviewed by the council. After the April Planning Council meeting the council asked Operations to formalize the COI policy with regard to leaving the room. The COI policy was approved by a vote by the council and the procedure practicalities was left to Operations. Sirry will let people know if they will need to leave the room for a vote.
 - Hank wants further instruction and wanted Planning Council input for the procedure. He has unanswered questions about where the members go when they leave the room. Scott said Operations can have additional conversations about these issues.
- **Action Item:** Membership Recommendation. Terral Ewing is on the ballot for Planning Council membership and Scott said Operations forwarded his name to Executive for the Planning Council to vote on today. Emily Dale, Scott and Krissie tallied up the votes and Lesa announced Terral was voted in for membership.
- Hank asked Scott to give a description of the Operations Committee in case anyone is interested in switching to the committee. Scott said Operations looks at processes, member conflict, recruitment, council functioning, reflectiveness and membership retention.
- Midnight asked why we are voting new members in if we are dissolving the council. Hank said one of most important mandates is 1/3 unaligned consumer representation on the council and we needed to fill an opening so this election helps us maintain our reflectiveness. We want to make sure that all of our reflectiveness is met as mandated by HRSA.
 - Loyal asked if committees are bound by this rule too; he thinks it is important because the work is done in the committees.
 - Scott said we look at the balance and needs of committees when assigning committees.
 - Marvin said everyone on the council is on a committee.
 - Al said committees do not make decisions the council does. He asked how do we know which committees include unaligned consumers; this information is confidential.
 - Jonathan said the reflectiveness requirement is a minimum and written into the law and we are working on representation and leadership needs to include this reflectiveness.

e. Planning & Priorities

- **Action Item:** Housing Rental Assistance. Planning & Priorities recommended forwarding the service area standards to the council after the committee reviewed it. The entire service standard is available as handout **Housing Rental Assistance Standards**. DISCUSSION:
 - The 24 month limit is considered short term.
 - Matt asked what the changes are. This is brand new and was not done in the past; the council allocated \$100,000 to housing during the last allocation. Grey highlights are

HRSA requirements and cannot be changed. The process included community and provider input and it was reviewed a few times by Planning & Priorities.

- Jared asked for clarification of bullets 1 and 2 on the definition page. Jonathan said the definitions are direct from the HRSA/HAB definitions and means you can fund programs that have supportive services or you can fund programs that don't.
- Jared said we discussed vouchers for people and wants to know where it is addressed. Jonathan said these standards are around rental assistance aka a voucher program.
- People in conflict with the service area left the room for the vote.
- **MOTION:** Planning & Priorities motioned to approve the Housing Rental Assistance Standards; the council voted 14-1 and one person abstained. Motion passes.
- There is no May meeting.

XI. HIV/AIDS Epidemiology and Cascade Update

Jessica Brehmer, HIV/AIDS Surveillance Epidemiologist at MDH, presented the 2014 HIV/AIDS Epidemiology in MN and updated Cascade to the council.

XII. Open Forum

- The council decided to continue the discussion on Integrated Planning. Any future written material should be emailed to the council in the meeting announcement.
- Jared wanted to follow up on Midnight's comment earlier. He said it needs to be communicated to the council how feedback on proposed plans influences decisions. He understands that the work needs to get done but suggested an overlapping period where the Planning Council can give input after the new body convenes. He appreciates the opportunity to provide feedback but wants more consideration how this body will operate concurrently.
- Bielca asked why we are doing it this way. Hank said the sheer numbers are prohibitive of having such a large body. For example, he said Atlanta has a 100 person planning body and he doesn't know how any work can get done.
- Jonathan encouraged community membership in committees which will continue in the new body.
- Jared said there is a time investment in developing tools and wants communication from grantees about what work needs to continue. Al said the committees can tell grantees what tools are important and what might not be needed.
- Hank encouraged community membership and attending CCCHAP to see if you will be interested in the new prevention and planning body.
- Matt Toburen, Public Policy Director at MAP, provided a legislative update.
 - He said AIDS Action Day was very successful and encouraged attending next year and becoming involved in the planning process.
 - He provided the Legislative Agenda; there has not been a lot of success moving new legislation forward and they are working to protect MNCare.
 - The legislation budget is drawing closer and he doesn't anticipate any cuts to HIV this year.
 - Letter to chairs and legislative leaders outline the concerns of the HIV/AIDS community and discontinuing Medicaid and care programs can be detrimental. He gave the example of Chicago. Matt doesn't think MNCare will go away. MA-EPD premiums changed last year and he thinks it will get covered (paid for) in this new budget. Hank asked if this letter went out; yes but more people can add their names.
 - Last year the legislative budget did not give money for 2015; however, funding for the next two years budget was restored.

XIII. Recognition/Announcements from the Floor

- Share your ideas for updating the National HIV/AIDS strategy. Carissa will send details out by email and post on Facebook. Hank encouraged signing up for AIDS.gov blog.
- AIDS walk on Sunday.

XIV. Adjourn

Hank motioned to adjourn and Alejandro; the meeting adjourned at 12 pm.

Meeting Summary:

- The council approved the Operations Action Item for new membership.
- The council approved the Planning & Priorities Action Item for Housing Rental Assistance Service Standards.
- The council was presented with the 2014 HIV/AIDS Epidemiology in MN and updated Cascade.

Documents Distributed Before the Meeting:

- Proposed Agenda
- Minutes from April 14 meeting
- Committee Report Summaries
- HIV Summary-May 2015
- HIV Forecast Talking Points- May 2015
- **Action Item:** Membership Recommendation
- **Action Item:** Standards of Care for Housing Rental Assistance
- Housing Rental Assistance Standards

Documents Distributed At the Meeting:

- Part B Update
- Integration FAQ
- Integrated Planning Workgroup workplan
- Naming Contest flyer

cw/sa