

MN HIV Services Planning Council Meeting
July 14, 2015
9 am-12 pm
Health Services Building, Room L15
525 Portland Ave. S., Minneapolis
Minutes

Council Members Present:	
Andy Ansell	Marvin Innes
Scott Bilodeau	Valentine Momo
Loyal Brooks	Florence Kulubya-Nabeta
Winston Cavert, M.D.	Lesla Nelson (Council Co-Chair)
Daphne Cooper	Asneth Omare
Terral Ewing	Matt Toburen
Al Fredrickson	Gwen Velez
Krissie Guerard	Aaron Wittnebel
Bielca Guevara	Monica Yugu
Keith Henry, M.D.	
Council Members Absent:	
Alejandro Aguilera	Midnight
Jared Erdmann	Rob Pioli
Hank Jensen (Council Co-Chair)	John Salisbury
Joe Larson	Craig Schmidt
Community Members/Guests/Consultants:	
Emily Dale, Hennepin County	Mary McCarthy, RAAN
Amy Dusek, Hennepin County	Bonnie Rossow, DHS
David Finwall	Rob Yaeger, MDH
Jim Mara, Hennepin County	
Part A Representatives:	Part B Representatives:
Jonathan Hanft, Hennepin County	Nick Metcalf, DHS
Planning Council Staff:	
Sirry Alang, Coordinator	Brett Burnham, Ryan White Intern (minutes)

Quorum Present? **Yes**

I. Call to Order and Introduction

Lesla called the meeting to order at 9:09 am and introductions were made.

- Lesla called for members to introduce themselves and announce their colors for the buddy system

II. Consideration and Approval of Proposed Agenda

The agenda was approved unanimously.

- Lesla stated that an overview of the integrated planning guide will be introduced when Jonathan Hanft provides his Part A update

III. Review and Approval of June 9, 2015 Minutes

The minutes were approved unanimously.

- Andy motioned to approve the minutes with the addition of Al's name in the minutes

IV. Co-Chair Update

- Marvin filled in as the Co-Chair for Hank
- Lesla reminded the Planning Council that this is her first meeting as Co-Chair
- Lesla explained the buddy system for connecting new Planning Council members with established members

V. Part A Report

Jonathan Hanft, Hennepin County

- Jonathan provided an overview for the HRSA/HAB Reports that are due on July 30th
 - This is a high reporting time for Part A
 - Annual Progress report for Fiscal Year 2014 are due this month
 - Annual expense report for 2014 is also due this month
 - The Annual Expense Report tell us what funds are left over from underspending—we need to submit this to HRSA to be considered for reallocation of these funds
- We spent 98% of our 2014 funds
- Jonathan will submit a final report of 2014 expenditures and share this with the Planning Council
- An Assessment of the Administrative Mechanism (Grantee Evaluation) overview PPT provided
 - This assess the efficiency of the administrative mechanism to rapidly allocate funds in the areas of greatest need, which falls within the procurement of services and monitoring/evaluation of the grantee
- 5 outcomes are measured in the Assessment of the Administrative Mechanism
 - A) The awards to service providers were completed in a timely manner
 - B) The awards to service providers were determined according to established criteria
 - C) Appropriate justification was made for service area/activity sole source contracts for services not included in a Request for Proposal (RFP) process.
 - D) The grantee secured sufficient providers for all service areas receiving allocations.
 - E) The awarding of funds matched the service areas/ activities established in the allocation (this was completed in August of 2013 by the Planning Council)
- Each outcome will have measures, and there will be information provided on how to evaluate measures
- If outcomes are not met, we need input on how to better meet outcomes for the 2016 grantee application
- This Assessment of the Administrative Mechanism is only for Part A evaluations; Part B evaluation will be later.
- We are expecting our grant application guidelines to be released by HRSA in the next few weeks, and then there are 60 days to complete the grant application for 2016
- Planning Council staffing update: Sirry's vacant position will open up in a week, and will be open for 2 weeks and this information will be sent out to the planning council
- Jonathan reminded everyone that this is Sirry's last Planning Council meeting, and that she will be employed elsewhere in less than 4 weeks
 - Marvin asked who will take over Sirry's duties when she is gone, Jonathan informed the Planning Council that Carissa and other support staff will fill in for her in the interim
- Jonathan described Sirry's outstanding work in addressing health disparities while in her role with the Planning Council , and thanked her for her exemplary service and wished her all as the best as she prepares for a professorship in Pennsylvania
- Jonathan presented Sirry with an award and offered cake at the break to celebrate Sirry's service

VI. Overview of Integrated Comprehensive Plan

Jonathan Hanft, Hennepin County

- A Summary of Joint HRSA/HAB & CDC Guidance PPT was provided describing the required HRSA 2017-2021 Integrated HIV Prevention and Care Plan

- This plan includes the: 1) prevention of new infections; 2) increasing access to care and improving health outcomes; 3) reducing HIV-related health disparities
- 1.5 years ago HRSA encouraged integrated planning for HIV care and prevention
- Hennepin County is currently working on a 5 year plan (2017-2021) which identifies specific HIV/AIDS prevention and care needs locally, as well as existing resources and barriers in addressing the care and prevention of HIV/AIDS in this jurisdiction
 - This Integrated Comprehensive Plan utilizes the HIV Care Continuum (a.k.a. the Treatment Cascade)
 - This plan must be submitted to HRSA and the CDC by September 20, 2016
- Jonathan informed the Planning Council that a Statewide Coordinated Statement of Need is now a part of the comprehensive plan in which the following information for this jurisdiction must be included:
 - an epidemiological overview
 - HIV care continuum
 - Financial and human resources inventory
 - Needs assessment, gaps and barriers
 - Sources of data
- Jonathan described how the Integrated HIV Prevention and Care Plan must include: Goals, Objectives, Strategies, Activities and Resources
- Additionally, it was discussed that community collaboration and involvement of stakeholders is critical, including PLHA
- Next steps in completing the Integrated HIV Prevention and Care Plan include:
 - 1) Convene joint Planning Council/CCCHAP workgroup to develop work plan to create an integrated plan
 - 2) The new Planning body will use the work plan to develop the new comprehensive 5 year work plan
 - Terral asked a question about how to better collaboration for HIV care and prevention as to not duplicate efforts and better utilize existing resources
 - Jonathan answered Terral by talking about the utilization of other integration plans already completed and implemented by other jurisdictions to better support collaborated HIV care and prevention services

VII. Part B Report

Andy Ansell, DHS

- This is a busy time for part B with reporting , with the WICY report and the Program Progress reports both due by the end of July
- There is a WICY report being worked on currently
- The customer care position at DHS will ostensibly be reduced from 75% to 20% if changes are to occur
- There was a lot of feedback from the community to keep the customer care position intact as-is, which has helped to keep the position intact for now, with the main focus on customer care for clients
 - The customer care position is useful in that it can address both provider and client needs
- Marvin mentioned that he likes seeking the current Customer Care person out in the community and said that it established positive rapport with the community
- Dennis London will be doing QI work in addition to CAREWare work
 - Nick is a new Part B administrator, and will no-longer do QI work

- It was mentioned that Hank previously requested ADAP updates; Thus, Andy reported that 49 clients have been able to access ADAP due to increased FPG
 - Marvin asked about Dave Rompa, Andy said he is back to work at DHS
 - Terral requested to see site visit reports to see how well providers are meeting their obligations and also to understand their though processes better
 - The contract management position will be posted in a few weeks, and may take a few months to fill

VIII. Prevention Update

Krissie Guerard, MDH

- All grant notices have come in so MDH will be applying for prevention funds and other related funds for TB, and STDs/STIs, etc.
- 32 Million dollar cut in STD funding will occur in 2016 across the nation
 - A 20-30% cut will be expected in MN
 - This means less disease investigators and real funds that reach communities
- Many professionals and community members have written to State and Federal policymakers to ask legislators for these cuts not to happen. Krissie encourages us all to continue these efforts.
- NASTAD and NCSO and others have lobbied against these cuts
- Mary from CCCHAP said NMAC will be doing Hill visits in September in DC, and asked Krissie if this will be too late? Krissie believes that a decision to cut funds will be complete on September 30th, but could be prolonged through December 31st
- Aaron asked if will there be a supplemental fund contingency provided by the State of Minnesota to supplement lost funds, Krissie was unsure about this
- Matt announced that MAP will offer support to lobby the Federal Government and State Government to keep funding intact
- Until awards are given on December 31st, MDH will not know what the final award number is for HIV and STD/STI Prevention, but overall STD has been dwindling
- Matt announced that MAP lost all HIV prevention funding from the CDC

IX. HIV Prevention Model in MN

Rob Yaeger, MDH

- **A PPT of the HIV Prevention Model in MN was provided along with several handouts**
- Several questions were asked about how to reduce new infections
- Rob described how providing a robust sexual health education in the public schools will help to prevent HIV and reduce stigma amongst youth
- Aaron shared that sexual health education is being eliminated in MN schools as rigorous testing standards are causing a higher need to teach more mathematics, reading, writing and science
- Monica posed a question about prevention among high risk negative youth and also people of color; is there one day the possibility to have an HIV prevention HIV cascade just as we have a treatment cascade? Jonathan provided an answer to Monica's question by tracking those who are unaware HIV, or their risks of infection.

X. Legislative Update

Matt Toburen

- A legislative update was requested last month
- MN currently has a split government with about a 2 billion dollar surplus
- There was not much agreement on any way to spend these surplus monies
- Clare Housing worked on successful legislation that will remove barriers for people with disabilities, which will provide more housing—and thus they will likely receive funding
- Premium increases for affordable housing have gone up, and the surplus will offset these increased costs for consumers

- At MAP's needle exchange, a Naloxone (a.k.a. Narcan) initiative has begun to prevent overdose
- \$275K appropriation to equip first responders on how to use Naloxone was budgeted
- Terral asked what the cost of Naloxone is; Matt answered by stating that the price has gone up due to recent legalization
- Mary from CCCHAP commented, stating that funding is geared more towards first responders for Narcan and not for personal injection drug users
- Narcan antagonizes opioids in the body to neutralize them
- Medicaid eligibility audits are done through an outside firm that tags out those who are undocumented, and some who are legally able to use Medicaid have been wrongfully removed as recipients
- The State of Illinois was studied to look at auditing Medicaid users who there, as Illinois has figured out how to correct such wrongful Medicaid removal, so MN has been learning how to improve Medicaid enrollment from best practices in IL
 - DHS is working on a Medicaid auditing reform to ensure that no eligible clients are denied care wrongfully
- Terral described the issue with homeless Medicaid recipients, and the barriers they face with responding to Medicaid through the US mail system as they typically lack physical addresses
- MN care is a program that is good for those with HIV, which is a program for persons who make too much for Medicaid, but do not make enough money to fund Open Enrollment health insurance plans
- There is a 1.5 billion dollar surplus for the next legislative year
- 300 new people are infected with HIV each year
- We need to work with legislators to bolster a robust school health education initiative

BREAK

- Cake for Sirry's professional departure was served

XI. Reintroductions

- The buddy system with colors was explained once more for those who came in late
- 3 community members and 6 Planning Council members were introduced after the break

XII. Staff Report

Sirry Alang, Planning Council

- Moving forward, many changes are happening with integration, but a good foundation has been set to make moving forward successful
- Sirry thanked all who helped as ambassadors for the Needs Assessment
- It was announced that Marvin and Lesa will attend the US Council on AIDS conference in DC, and will report back to the Planning Council about their experience there
- It was again announced that Carissa and Hank were not present

XIII. Committee Reports (also provided in written form)

- **Community Voice (CVC)**
 - Please refer to handout
- **Executive**
 - No further updates
- **Needs Assessment & Evaluation**
 - Please refer to handout
- **Operations**
 - Provided a Robert's Rules overview
 - Debbie left as the Operations Co-Chair, and Aaron applied to be the Co-Chair in her place, which was accepted
 - **Action Item:** Operations Co-Chair Election. Ballots were circulated for Aaron's candidacy and he was unanimously voted-in as the new committee co-chair
 - A presentation on Robert's Rules of orders will be presented at each meeting:

The topic at this meeting, Call to Order

- First you need to make a motion to call a question by raising your hand
- Then you need to move to call a question or make a motion
 - Moving to call a question can be used to shut down a debate
- You are only allowed to speak twice to a motion
- Calling a question elicits an immediate vote
- 2/3 of the body must agree to call the question by vote; the 2/3 threshold will stop the debate
- Asneth asked about discussion that comes before a motion, such as that required by conflict of interest. Scott provided rules for this.
- **Planning & Priorities**
 - Please refer to handout

XIV. CROI Update

Keith Henry, MD

- A PPT of the CROI Update was provided
- Those treated earlier after infection with HIV have much better lifetime health outcomes
- Major health disparities exist in early HIV detection and diagnosis, whereas whites fare best and people of color, especially foreign-born Africans, fare the worst
- Paying people does not encourage them to increase HIV testing
- Youth are far more likely to have later linkage to care than those who are adults
- Jonathan commented that NY state increased their funding by \$10 million and NYC increased funding by \$5 million following the NY State HIV Strategy release
- MN average CD4 counts are between 357-383 (this is somewhat high)
- On-Demand PrEP in high risk MSM is effective
- San Francisco does the best in the nation for PrEP care and HIV prevention
- Minneapolis TGA has a 1-2% PrEP penetration, whereas San Francisco has greater than a 30% PrEP penetrance
- When one HIV infection is avoided, the CDC estimates that some 230K is saved
- Put functional cures and new drug research on the agenda for the next meeting from Dr. Keith Henry

XV. Integrated Planning Update

Amy Dusek, Hennepin County

- A PPT and handout for feedback was provided
- Sirry stated that we met on June 25th and reviewed the proposed bylaws for Planning Council and CCCHAP feedback
- We are considering all feedback for incorporation, when this is complete we will post the feedback for all to see
- Jonathan described the intergovernmental agreement as pertaining to the integrated body
- Andy described how the Membership Selection Committee will be selecting new members through a new application that will incorporate both Planning Council and CCCHAP application materials
 - On the Membership Selection Committee: From the Planning Council— Loyal, Terral, Lesa, From the IP Workgroup — Andy, Krissie and Carissa and CCCHAP— Mariah, Matthew and Roger.
- The Structure Committee reviewed responsibilities of planning bodies as to ensure that during integration all minimum requirements are met
- Someone asked for more information on what minimum requirements must be included for CCCHAP
- Proposals for bylaws edits and additions were submitted and will be considered
 - The Structure Committee members — From the Planning Council— Alejandro, Asneth, Aaron, From the IP Workgroup — Andy, Jonathan and Chryssie and CCCHAP— Chris, May and Wendi.
- 20 Names were sent to Carissa for the Naming Competition, the Integration Work Group narrowed this to 3 selections
- A Survey Monkey questionnaire with the 3 names will be circulate to both CCCHAP and Planning Council Members no later than Wed July 15th, and on July 22nd the results will be tabulated

- Paper ballots (in the form of a notecard) were also distributed and some members voted on a new name for the integrated body immediately
- Minnesota Alliance for HIV Care and Prevention (MAHCP); Integrated HIV Prevention & Care Planning Council of Minnesota (IHCPC); Minnesota Council for HIV/AIDS Care and Prevention (MCHACP)
- An updated copy of the Work Plan will be Provided for both CCCHAP and the Planning Council
 - A timetable graph will also be provided
- Announcement: Integrated Planning Workgroup meetings are open to the public
 - The next meeting will be held in Room 911 at the Hennepin County Health and Human Services building (525 Portland Avenue S., Minneapolis, MN) from 1:00pm-2:30pm on Wednesday, July 29.
- Integrating creates a culture of change for everyone, please provide your constructive feedback
- Amy explained to the group that she is available to chat anytime, and should be emailed whenever needed

XVI. Open Forum

- Mary from CCCHAP mentioned that the Red Ribbon Ride is happening this week and that Tom Kennedy and Andy Ansel need more donations
- Bielca asked when will applications for the new Body arrive, and Andy replied that they will arrive in September or October of 2015

XVII. Recognition/Announcements from the Floor

- Sirry reminded everyone to please fill out the Needs Assessment and Evaluation survey
- Sirry was recognized for her service with the Planning Council
- Terral talked about Connie Statz, who contracted HIV via a blood transfusion 33 years ago, she founded camp Benedict in Brainerd, MN, and is currently very ill and may perish, let's keep her in our thoughts
 - Keith Peterson put together a 20 minute documentary about Connie and Camp Benedict, which Terral encouraged us all to view

XVIII. Adjourn

Lesia adjourned the meeting at 11:48 am.

Meeting Summary:

- This is Sirry's last Planning Council Meeting, and her last day of employment with the Planning Council will be on August 8th, 2015
- A 5 year Integrated Comprehensive Plan for HIV care and prevention will be completed by Sept. 2016
- Funding for HIV and STI/STD funding in MN is due to be cut by 20%-30% in the next grant cycle
- Aaron was elected Co-Chair for the Operations Committee
- Both CCCHAP and Planning Council members will vote on a name for the new planning body—the new name will be announced on July 22nd

Documents Distributed Before the Meeting:

- Proposed Agenda
- Minutes from June 9 meeting
- Part A update
- Part B update
- Committee Report Summaries
- **Action Item:** Operations Co-Chair Election
- Integrated Work Plan
- Integration FAQ

Documents Distributed At the Meeting: (Keep handouts)

- Hennepin County HIV Strategy 2021 Framework

- Hennepin County HIV Strategy Task Force
- CDC HIV Planning Guidance for HIV Planning Groups
- MDH Funded HIV Prevention Grantees – By Track
- Allocations for Program Track and Target Populations 2013-2016
- Integrated Planning Feedback (half-sheet)

BB/SA