

MN HIV Services Planning Council Meeting
August 11, 2015
9 am-12 pm
Health Services Building, Room L15
525 Portland Ave. S., Minneapolis
Minutes

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

Quorum Present? **Yes**

I. Call to Order and Introduction

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

II. Lighting of the Candle – Terral Ewing

Connie, the founder of Camp Benedict, passed away 2 weeks ago due to complications from AIDS, the candle is lit in her honor

III. Welcome and Introductions

IV. Consideration and Approval of Proposed Agenda & July 14th meeting minutes

The minutes and proposed agenda were approved unanimously

V. Co-Chair Update

- Lesa is going to Washington, DC for the US Conference on AIDS (USCA) with Marvin
- Hank—none

VI. Part A Report

Jonathan Hanft, Hennepin County

- Jonathan mentioned that 2 reports were submitted in July which closed out fiscal year 2015
- We reported to HRSA all expenditures including Carry-Over funds

- 2015 MAI funds to address disparities among disproportionately affected communities of color—medical case mgt. for African Americans and Latino and Ambulatory medical care
- Submitting program terms to HRSA—a revised budget based on the award is due at the end of the month
 - Jonathan reported the final expenditure for Part A and B funds combined (FY 2014 Spreadsheet Handout)
- All 2014 allocations there were \$52K in carry over funds
- In FY 2014 for most areas, spending was in the 90s or better
- Only a few areas such as psychosocial support services were funded under 90% (i.e. psychosocial services, etc.)
- This year, we plan to spend down these Carry-over funds
- 98 % of Part A funds were spent last year
- Karin—under Medical Case Management, the medical set-aside is \$160K in the hole
 - Andy will answer this question at a later time
 - Asneth—ADAP treatment on pg. 1 is 67%
 - Andy—Carry-over funds will be employed to use these funds
- Monica—Medical Nutrition therapy always seems to be underspent, why?
 - Jonathan—utilizations have not been high for various reasons
 - Thuan—Allocation for this was increased a few years ago for food bank home delivery standards, but no increased utilization was observed
 - Jonathan—if there are underused allocations mid-year, we typically reallocate for foodservices
- Hiring update—we will be interviewing candidates this week and next week.
 - There were 31 applicants
 - 20 people meet the minimum qualifications
- Carry-Over Plan for HRSA
- New numbers were plugged into the framework based on underspending, ~128K
- We want to make as much of this as possible formula funds, which can become Carry-Over Funds, we cannot Carry-Over Supplemental funds
- We can carry over all of these funds (128K) from 2014 to 2015
- We estimated we could carry over \$111,000K
- Jonathan described where the additional carry-over funds will go for various service areas
- Hank—we are increasing linguistics funds?
- Jonathan—we spent more than what we allocated in 2014, the need for these services was great
- Hopefully Carry-Over funds will be approved in Sept. and can be used as soon as Oct. 1st

VII. Part B Report

Andy Ansell & Nick Metcalf, DHS

- WICY report submitted on July 29th
- Final expend reports due
- ADAP funds were underspent (68%)
- We need to utilize our rebate funds
- This year we were unable to use all of our ADAP funds
- We will apply for carry over to expend these funds
- We will work with the formulary committee to cover more disease states not covered by formulary
- We are in the middle of the states in terms of what we cover for disease states

- We are looking at medications for Disease and aging
- We are looking at paying co-pays and deductibles for out of pocket medical expenses
- MAEPD payments are going to be paid with ADAP, which will spend down our additional ADAP funds
- MAEPD program is going through a process for payout for those with outstanding balances, we are now paying down these funds—rolling back premium increases and zeroing out client balances
- We are paying MN Care premiums, and additional ADAP funds will be used for this
- Terral—how sustainable are these carry-over funds for the future
- Andy—MAEPD Premiums and MN Care projections reveal that we will be able to sustain these efforts
- We have few clients these days without insurance
- Terral—if this will only last a year or two we want let clients know
- Terral mentioned that RAAN payed HIV client premiums in Greater MN for a time, but it was not necessarily sustainable
- Hank—asked that we not mention providers by name
- Loyal—what does a MAEPD double or triple increase look like
- Andy—Some pay about \$300.00/month
- Monica—concerned about ADAP as we don't use rebate or carry over funds well
- Monica—there are gaps in ADAP and rebate monies, we only have 1 clinic that can spend that money down
- Andy—we want to avoid not using out rebate or carry-over funds, technically we can send the money back to the drug manufacturer
- Andy—has worked for Part B for 10 years, and this is the first time he has seem rebate funds
- Using rebate funds first before ADAP is rare, but necessary in this situation
- Andy—the unmet needs planning process is underway in which rebate reserve funds are being considered
- Dr. Henry—several years ago the State Legislature repealed the 2% tax increase that would cover uninsured patients for 340 B pharmacy program. This makes it more difficult to spend ADAP dollars
- Since raising the FPG, we've enrolled 52 new clients
- The customer care position is useful in that it can address both provider and client needs

VIII. Prevention Update

Krissie Guerard, MDH

- MN did not receive federal PrEP funding (\$1.8 million)
- PrEP expansion in MN will not happen now
- 2 handouts about the National HIV/AIDS Strategy until 2020 was passed out
- There have been updates from 2010
- A CDC assignee started in this section, she will be looking at Syphilis in MN for the next 3.5 years
- This person will do needs assessments and will build capacity in MN
- The HIV grant is due Sept. 1st as well are several other grants, so it's been a busy season
- Dr. Henry—This funding could help for advertising, increasing awareness and promotion
- There will be a new RFP process next year for HIV prevention, which may include more of an emphasis for the roll out of PrEP

IX. Staff Report

Carissa Weisdorf, Hennepin County

- The new conflict of interest grid is on the back of today's agenda, and this is going to be included in future agendas
- The HE/RR voting represents a conflict of interest, so those listed with a conflict should abstain from voting

- In October Dr. Henry will finish the CROI report and give a clinical update
- Hank—can we change the conflict of interest list to not reveal who is a consumer and who is not

X. Committee Reports (Provided in written format)

- A. Community Voice**
 - Meeting Next Thursday with food provided
 - We prefer an RSVP
 - Carissa—we are working on an agenda after today’s meeting
- B. Executive**
- C. Needs Assessment & Evaluation**
- D. Operations**
- E. Planning & Priorities (ACTION ITEMS- Standard of Care for HE/RR and Allocations Proposal)**
 - Hot pink sheet contains the HE/RR Standards of Care Action Item
 - We revised the HE/RR Standards with consumer feedback
 - What is in grey is required by HRSA, what is in white is not required
 - Hank—any questions about the HE/RR standards?
 - Hank—those with conflicts on the grid, please step into the hallway for a brief moment until voting is over
 - We will vote with a show of hands
 - Monica—risk reduction in the standards includes PLWHA, what about negative partners?
 - Karin—Ryan White Part A requires funds to be used
 - **Motion:** The action items comes from a committee so does not need a second. The council voted **18-0** with two abstentions.
 - Lesa—we reviewed the application allocation for Ryan White
 - Jonathan—Part A and B is due this fall
 - There will be no changes in funding between 2014 and 2015 according to this proposal
 - The proposal highlights that there are no funding changes in the application
 - Marvin moves to approve the 2016 allocation of funds
 - Midnight—represents CVC and communities of color
 - Midnight wants to bring the Application Allocation back to Planning & Priorities to reevaluate how communities of color have been left out; Midnight cannot vote in good confidence as he feels that this Application Allocation leaves out communities of colors
 - Midnight moves to bring back the FY 2016 Application Allocation to Planning & Priorities to reconsider the funding
 - Hank—there is a motion already on the table.
 - Karin—urges Midnight to look at the Service Areas and budget as it is problematic to redistribute finds
 - Midnight chose to recuse himself from the meeting
 - **Motion:** Hank called a vote for the motion. Council members in attendance voted:

Name	COI?	Vote	Name	COI?	Vote
Alejandro Aguilera		Yes	Marvin Innes		Yes
Andy Ansell		Yes	Hank Jensen		Abstain (facilitation)
Scott Bilodeau		Yes	Valentine Momo		Yes
Loyal Brooks		Yes	Florence Nabeta		Yes
Winston Cavert		Yes	Lesla Nelson		Yes
Jared Erdmann		Yes	Asneth Omare		Yes
Terral Ewing		Yes	Rob Pioli		Yes
Al Fredrickson		Yes	John Salisbury		Yes
Krissie Guerard		Yes	Matt Toburen		Yes
Bielca Guevara		Yes	Gwen Velez		Yes
Keith Henry		Yes	Monica Yugu		Yes

21-0, 1 abstained due to facilitation. Motion carries.

- Hank—based on the documents we have, we cannot tell which funding is going to which communities
- Gwen—We’ve lost an important voice (Midnight) at the table, so how do we address the concerns arisen in a way that show that we are here to serve the African American Community
- Florence—is there a break-down to show what communities are getting what funding to illustrate that we are not leaving communities out?
- Jonathan—we need to make information more accessible
- Integrated planning—we are building a disparities committee with the new planning body
- Brett has conducted a lot of research on how disparities are addressed in other jurisdictions
- We need to understand our funding and who we are serving—especially in working with new members
- Marvin—suggests we promote CVC and other meetings with City Pages and asks for input on how to best promote community involvement
- Bielca—it is hard to get people involved
- Terral—It’s sad that the CVC has small attendance #'s, and most come from Greater MN
- Andy—How can the PC address sensitivity issues with terms we use such as disproportionately impacted communities, this language is not preferred and can exacerbate the situation
- Andy—We are trying to serve all communities with the money that we have, and we do target those communities that are disproportionately impacted
- Dr. Henry—Data on funding for disproportionately impacted communities is available, we should make tables/graphs and display this on our website; remove opinions and include data
- Gwen—We should look at why we cannot engage the community impacted; word of mouth in the African American community is very important as this is a story-telling community
- Hank--Does CVC distribute anything on what is discussed at the meetings?
- Marvin—CVC does not do this, but can
- Karin—Epi data does not take income into account (comparing Ryan White services to the epi data is like comparing apples and oranges)
- Marvin—believes that people of color are receiving a large chunk of Ryan White funding
- Al—We should put up posters at each meeting about the demographics served to help us make decisions
- Monica—PLWHA are mostly from the majority in terms of numbers, but new infection rates are disproportionate among people of color; what is the procedure for voicing concerns
- Marvin—Grievance Committee
- Gwen—how do we invite Midnight back into the fold; who will take this charge?
- Hank—Either Carissa or someone else can reach out to Midnight
- Hank—mentioned that Midnight has walked out on two meetings
- Mary—Midnight walked out on a Planning & Priorities meeting, and she does not know if anyone reached out to Midnight
- Alejandro—Wants to reengage Midnight and bring him back into the fold
- Jared—Not all of us at the table have a population based or public health based approach; the tragic flaw in public health—you put money out there for the general population, and the dominant culture in a geographic area and the majority steps in to take the funds; to what extent can we highlight culturally-based approaches for reaching specific groups through funding.

BREAK

XI. Reintroductions

- 5 people joined us

XII. Assessment of the Administrative Mechanism Part A

Jonathan Hanft, Hennepin County

- There are 5 major outcomes that we must achieve as grantees
 - Outcomes and Measure objectives were described

- The Council will decide whether the objective was met (which can have several measurements)
- If you believe the objective measurement was unmet, please provide suggestions on how the Part A Grantee can properly meet the Measurement Objectives
- Jonathan forgot to delete numbers on the table template for outcome C, please strike these numbers out
- Reference documents: The 2nd quarter expenditure report and final expenditure report and application allocations from last Sept and the Post Award allocation done in May (these will be made available on the website)
- You can respond electronically or via hard copy by the 25th of August
- Carissa—filing out the Assessment of the Administrative Mechanism Evaluation of Part A Grantee is a standard of membership

XIII. Allocations Proposal for Rebate Funds - Planning and Priorities

Asneth Omare, Planning and Priorities Committee

- We approved regular funding previously, now we must decide how to allocate rebate funds
- A PowerPoint presentation was provided
- Additional rebate funding expenditures is short term funding that can be spent in 5 years
- Some funds go to MDH for Housing Coalition; Some go to DHS, and some goes to the Council for allocation
- The Planning and Priorities Committee discussed how to spend these funds
- In June Planning & Priorities discussed how to reallocate funds
- African American and Latino Gay/Bi/MSM workgroups and the African Leaders workgroup were invited to Planning & Priorities to recommend allocations for Core Medical and Support Services in July
- Additional considerations: unmet needs, service gaps, services that are under-utilized/over-utilized
- Perhaps additional capacity-building funds can be utilized
- Karin—Program innovation—how does that factor into this funding? If we want to improve our outcomes, we need to look at innovations, not just pumping more money onto the existing service infrastructure
- Dr. Henry—those out of care is the biggest gap; reengagement in care will have the most impact, and Dr. Henry does not believe that this allocation plan adequately addresses the reengagement of those out of care
- Asneth, 20-30% of these funds are being targeted for those communities who are disproportionately impacted
- Jonathan—Core Medical and Supportive services—each of the 2 years of additional funding, \$89K must be spent on populations disproportionately impacted; Supportive Services (\$78K) must be spent on disproportionately impacted populations.
- Jonathan—for Medical Case Management it costs \$93K to support an FTE (full-time employee), we need funding for full-time staff and these additional funds will be added to additional funds to support a full FTE
- HE/RR is something that Planning & Priorities has prioritized and we will add additional funds to support an FTE
- Monica—are we tying service areas to percentages in the Prioritization and Allocation of rebate dollars? We need to target funds for innovations in care to improve outcomes.
- Asneth—Funds not provided in the current regular funding structure will be RFP'd where rebate dollars will enhance services
- Loyal—things in the parking lot on page 2 of the handout have not been addressed, how can we address these?
- Jonathan—MAI funding addresses #5
- Loyal--#4 seems to address innovation, how can we assure this is done?
- Jonathan—an RFP will address #4

- Karin—We can be innovative, but being tied to current service standards makes this hard to do; it's a struggle to be innovative with stringent standards; we need demonstration projects that are exempt from following stringent service standards if we want to see innovation
 - Jonathan—a parameter in place is that we have to follow HRSA guidelines
 - Karin—grantees need to think outside of the box
 - Emily—there are existing services that can address (ASK HER WHAT SHE SAID)—she cited Dr. Henry
 - Lesa—this came from a committee, so we don't need a motion to pass the proposed Rebate Allocation.
- Council members in attendance voted:

Name	COI?	Vote	Name	COI?	Vote
Alejandro Aguilera		Yes	Marvin Innes		Yes
Andy Ansell		Abstain	Hank Jensen		Yes
Scott Bilodeau		Yes	Valentine Momo		Yes
Loyal Brooks		Yes	Florence Nabeta		Yes
Winston Cavert		Yes	Lesla Nelson		Abstain (facilitation)
Jared Erdmann		Yes	Asneth Omare		Yes
Terral Ewing		Yes	Rob Pioli		Yes
Al Fredrickson		Yes	John Salisbury		Yes
Krissie Guerard		Yes	Matt Toburen		Yes
Bielca Guevara		Yes	Gwen Velez		Yes
Keith Henry		No	Monica Yugu		No

18-2, 2 abstained (1 due to facilitation). Motion carries.

- Jared—the Assessment of the Administrative Mechanism and Prioritization and Allocation of Rebate Dollars address Midnight's concerns (specifically in Outcome D in the Assessment of the Administrative Mechanism); Jared suggests a line item for funding to explicitly eliminate disparities; what are we doing to try to reach disproportionately impacted communities? We can do better!
- Al—the caution in a line-item is that we will spend only what is listed in the line item?
- Jared cautions that we already list line items via MAI funding
- Gwen is afraid if we put names on funding recipients it will make it seem as if we do not serve everyone; if we pinpoint, it can marginalize
- Asneth—some of the strategies that work well with some populations don't work well with others; how do we fund efforts to help particular communities?
- Jared—we do a good job of broad funding; we do a poor job of naming specific strategies to reach communities
- Gwen—where do we go from here to address targeting efforts to disproportionately affected populations?
- Hank—reach the co-chairs and staff
- Andy—the last issue was unresolved; we should find a way to address Midnight's concern.
- Matt—motioned that the Planning & Priorities Committee address this concern
- Terral—seconded Matt's motion
- Gwen wishes to be invited to Planning & Priorities meetings
- Jonathan—will add Gwen to the invite

XIV. Integrated Planning Update

Amy Dusek, Hennepin County

- Amy passed out orange half sheets for questions
- The new name of the next planning body is MN Council for HIV/AIDS Care and Prevention
- Alejandro won the naming contest and was provided a gift card

- Carissa—June 25th bylaws feedback was incorporated when possible and the notes from that meeting are posted on the website
- The Workgroup has met twice since the last Planning Council meeting
- Jonathan—Part A must have an intergovernmental agreement, and we have drafted this; an agreement to procure services has been completed (Cities of Minneapolis and St. Paul and Hennepin County and Ramsey County must approve)
- Krissie— Planning Council and CCCHAP applications and interview questions were used to draft the new application and interview questions
- Membership Selection Committee meeting is August 12
- Planning Council is still looking for Medicaid, CCCHAP is missing Corrections reps
- We are looking at deficiencies to see where we need to target recruitment
- We will recruit for the new body via an email sent next Monday at the latest
- Paper and electronic copies will be submitted to Carissa
- Oct. 1st is the deadline
- Interview dates and times are listed in advance
- Matthew Stewart moved back to VA to go back to school so there is an opening on the committee for a CCCHAP member
- Hank—why are preferred committee choices not included in the application
- Krissie—Committee choices are not listed as they have not yet been finalized by the Structure Committee
- Hank—no consent signatures required in the new application, this is a problem
- Carissa—there is language in the application that you provide consent when you sign the application
- Andy—the Structure Committee is up; we have all of the same committees now with the addition of the disparities committee
- Copies of the updated workplan are on the back table for your use
- FYI: An MOU is not required, there is now going to be a Charter between the government agencies instead
- Executive Committee will look at closing of Planning Council business in the fall
- Workgroup meetings are open for all to attend, and the last 10 minutes is an open forum
- Dates and locations of open meetings are subject to change, you can call council staff for up to date information
- Amy—upcoming meetings are Wednesday, August 12 at DHS 3130 9:30-11 am and Thursday, September 3 at MDH B213 9:30-11 am
- Karin—where are you posting minutes from the meetings; the workgroup will discuss this
- This is a culture change for everyone, and we are all here with good intentions and everyone can be involved with the new planning body
- Reminder: Please get in touch with Amy for any comments/questions/concerns, etc.

XV. Open Forum

None

XVI. Recognition/Announcements from the Floor

- Emily—next week is the 25th anniversary of Ryan White legislation
- Hank—Clare Housing and HCMC are hosting dinner from 6pm-8pm for professionals in corrections and providers for HIV/HCV

XVII. Adjourn

Hank adjourned the meeting at 11:55 am

Meeting Summary:

- The council approved the standards of care for Health Education/Risk Reduction
- The council approved the Application Allocations

- The council approved the Allocation of Rebate Dollars
- The Assessment of the Administrative Mechanism was distributed and will need to be returned by August 25

Documents Distributed Before the Meeting:

- Proposed Agenda
- Minutes from July 14th meeting
- Part A update
- Part B update
- Committee Report Summaries
- Ryan White Part A and B Combined Spending Quarterly Report by Service Area
- **Action Item:** Heath Education and Risk Reduction (HE/RR) Standards
- FY 2016 Application Allocations
- FY 2016 Party A, Part B and ADAP Rebate Application Allocation
- MN HIV Services Planning Council Prioritization and Allocation of Rebate Dollars

Documents Distributed At the Meeting: (Keep handouts)

- Integrated Planning Workplan
- National HIV Strategy Updated to 2020
- Orange half-sheet (questions/comments for Amy Dusek)

bb/CW