

MN Council for HIV/AIDS Care and Prevention Meeting
August 9, 2016
9 am-3 pm
Health Services Building, Room L15
525 Portland Ave. S., Minneapolis
Minutes

Council Members Present:	
Alejandro Aguilera	Valentine Momo
Robert Andrews	Florence Nabeta
Tom Bichanga	David Neller
Colleen Bjerke	Lesla Nelson
Kyle Dulgar	Gelli Overton
Roger Ernst (Council Co-Chair)	Val Rubin-Rashaad
Al Fredrickson	Karin Sabey
Robert Gillum, Jr.	Tyrie Stanley (non-voting until NMO is complete)
Bielca Guevara	Matt Toburen (Parliamentarian)
Marvin Innes	Thuan Tran
Tim Kopischke	Gwen Velez
Rick Laska	John Vener, MD
Larry McPherson (Council Co-Chair)	Monica Yugu
Council Members Absent:	
Mike Behl	Terral Ewing
Loyal Brooks	
Community Members/Guests/Consultants:	
Kip Alms, Hennepin County	Alvine Laure, MDH
Andy Ansell, DHS (phone)	Julie Hanson-Perez, MDH
Jefferson Dennis, AAATF	Nigel Perrote, Minneapolis Health Dept.
Coral Garner, Minneapolis Health Dept.	Gloria Smith, DHS
Keith Henry, MD, Positive Care Center	Anika Walz, Hennepin County
Rachel Heule, DHS	Augustus Wrayee, CANIAR
Hennepin County (Part A) Representative:	
Jonathan Hanft	Colleen Bjerke
MDH (Prevention) Representative:	
Krissie Guerard	
MCHACP Staff:	
Amy Dusek, Interim Council Coordinator	Carissa Weisdorf, Administrative Specialist (minutes)

Quorum Present? **Yes**

- I. **Call to Order, Welcome and Introductions**
 Roger called the meeting to order at 9:05 am. Larry lit the candle in memory of his younger sister who recently passed away. We will introduce ourselves and take a temperature check about the allocations process at the end of the meeting if there is time.
- II. **Review of Meeting Guiding Principles and Working Agreements**
 Roger read the 6 guiding principles aloud. Today we have working agreements as well, it was a suggestion from the consultants and the leadership team; Roger read the *Working Agreements* aloud. We will use the word *jellyfish* to help stay on topic. Amy said we have notecards available to ask questions.
- III. **Consideration and Approval of Proposed Agenda**
 The agenda was approved by unanimous consent.
- IV. **Consideration and Approval of July 12 Meeting Minutes**

The minutes were approved by unanimous consent.

V. Co-Chair Update

- Larry referred to the ***Making a motion/RRO cheat sheet***.

VI. Part A Update

Jonathan Hanft, Hennepin County

- Jonathan referred to the ***Part A Update***.
- Part A has a proposed carryover for council approval today.
- Reports submitted in July; Program Terms and Carryover Request due in August.
- Work on the integrated plan started in February and PAC and DEC are nearly finished with Section 2 of the plan which is the goals, objectives and activities.
 - The two committees received a final version and input is due tomorrow and then it will be complete.
 - Veronica Schulz is helping to write the sections since we are short staffed.
 - The council will need to approve the plan at the September 13 meeting. A draft will be sent on September 2 and it is important for council members to focus on section 2. Section 1 is epi data and work completed by the Needs Assessment & Evaluation Committee.
 - The completed plan is due to HRSA and CDC on September 30.
- The Hennepin County Part A Ryan White Program will be featured in HRSA's 2016 Ryan White HIV/AIDS Program Biennial Report.
- The Council coordinator posting closed and interviews will begin next week; the council co-chairs and other grantee leaders will be involved in the interviews.
- Jonathan referred to the ***Unmet Needs Rebate Allocations*** which is funding dedicated to target populations. Disproportionately affected communities are overrepresented when we look at incidence and prevalence of HIV. The table shows the allocations for two years of funding; these funds are out in the community this year. The last council prioritized and allocated funds and this is another source of care funding. When we look at Part A and Part B funding we should keep these other resources in mind.
- Referred to ***Part A and Part B Combined Spending*** report which is money spent in FY15 (March 1, 2015-February 28, 2016 for Part A and April 1, 2015-March 31, 2016 for Part B). Most services were 95%+ spent; 97% of Part A funds were spent and there was underspending in Part B ADAP. ADAP was 75% spent and is our largest service area.
 - Marvin asked why and Gloria said part of the reason is the Affordable Care Act (ACA) plus HRSA requires them to spend rebate funds first so these were used.
 - Rebate money that came in during the grant year was spent.
 - Matt asked what happens to unspent ADAP funds and Gloria said Part B can submit a carryover request and estimates about \$2.5 million in carryover (\$2 million for ADAP).
 - DHS anticipates spending more this year plus there was a recent formulary expansion.
 - Roger said there are some approved drugs not directly related to HIV but can, for example, treat opportunistic infection, and asked where funding for these medications comes from. Gloria responded either federal funds or rebate funds, it's the same pot and the ADAP formulary covers these types of medications.
 - Alejandro said the formulary expansion was due to unspent rebate funds and DHS significantly increased the amounts of new medications that are covered. We will see the impact after the fiscal year.
 - Matt asked if DHS is spending federal ADAP funds first and Gloria said yes, at the same time. All funds were utilized at end of state's fiscal year on June 30.
 - Kyle asked if we can reallocate the extra money for ADAP and Jonathan said the fiscal year ended.
 - Gloria said it was an unusual year with staff vacancies so there are less contracts in place and they didn't anticipate the underspending.
 - Marvin asked if ADAP can cover PrEP. Colleen said we can't use ADAP funds for PrEP; Krissie said some states, like Minnesota, are using rebate funds. Ryan White funds can only be used for people living with HIV and in some circumstances care givers. Rebate money is program income and not grant funding since it's generated by spending grant funds.

- Alejandro said there is a PrEP ADAP Program in Washington which we should keep it in mind.
- Roger said we can take this to HRSA.
- Alejandro said a lot of states don't want to rock the boat right now because they don't want to see their grant award reduced significantly. Doesn't anticipate states with ADAP carryover requests will ask for changes.
- Colleen said rebate dollars can be spent on Ryan White services, prevention was using special state rebate funds; Gloria agreed and also wanted to clarify this. Krissie said PrEP is funded by state rebate funds not federal rebate funds. There will be no more state rebate funds in the future.
 - Roger said we are getting away from the agenda so we will move on for the sake of time.
- Jonathan said on December 1, 2015 we submitted an estimated balance of \$120,000 for underspent funds but it is greater than we estimated. Therefore, we have more funds to carryover and he referred to **Sources of Unobligated Funds**; we have formula funding, supplemental funds and MAI funds. The grantees propose we allocate these funds to MCM, OAMC, Food Bank. HRSA will approve in October and the funds will be spent in the community November-February.
 - Marvin asked why we didn't spend money that can't be carried over. Jonathan said there is a severe penalty if we don't spend 95% of the supplemental funds so we are conservative to not reach this threshold.
 - This is our proposal for the council to approve or motion to amend. **MOTION:** Matt motioned to approve the **Carryover Request** and Tom seconded. **DISCUSSION:**
 - Karin asked for the rationale for using in Latino population; there is more demand and they are significantly over case load.
 - Matt asked what happens to these services next year; we could look at redistributing to these services.
 - Gwen asked if the council's conflict of interest (COI) policy comes into effect with this vote; Jonathan said we are approving an entire plan so since it is a slate of services it is ok. If a provider wants to amend the motion then COI comes into play. Our Parliamentarian said that is the way our bylaws are written.
 - Al said MCM, OAMC are underspent and Jonathan said it is due to staff vacancies at certain agencies.
 - Council members in attendance voted:

Name	COI?	Vote	Name	COI?	Vote
Al Fredrickson		Yes	Marvin Innes		Yes
Alejandro Aguilera		Yes	Matt Toburen		Yes
Bielca Guevara		Yes	Monica Yugu		Yes
Colleen Bjerke		Yes	Rick Laska		Yes
David Neller		Yes	Robert Andrews		Yes
Florence Kulubya-Nabeta		Yes	Robert Gillum Jr.		Yes
Gelli Overton		Yes	Roger Ernst		Abstain (facilitation)
Gwen Velez		Yes	Thuan Tran		Yes
John Vener, MD		Yes	Timothy Kopischke		Yes
Karin Sabey		Abstain	Tom Bichanga		Yes
Kyle Dulgar		Yes	Val Rubin-Rashaad		Yes
Larry McPherson		Yes	Valentine Momo		Yes
Lesa Nelson		Yes			

23-0, 2 abstained. Motion carries.

VII. Part B Update

Colleen Bjerke, DHS

- Due to time Colleen asked the council to read the written **Part B report**.

- Rachel Heule is the new ADAP Coordinator and she replaces Andy Ansell. Rachel will take Colleen's place on the council so this is Colleen's last meeting. She said it has been a pleasure to be here especially during the formation of this new council.
- Alejandro referred to the Part B spending report and asked why Mental Health is 7% spent. It is historically underspent because the ACA covers it and Ryan White is the payer of last resort. Alejandro asked if it could be used for alternative therapies; only if it's HRSA allowable.
- Karin thanked Andy for all he has done in the state. Roger thanked Colleen as well.
- Outreach is underspent as well; Gloria said the Hennepin County invoices are directed to rebate.

VIII. **Prevention Update**

Krissie Guerard, MDH

- Krissie spoke at the NASTAD meeting about our integrated planning and said we are the only state in the country to combine Part A, Part B and Prevention.
- MDH reposted the Planning & Prevention Coordinator position and it closed yesterday.
- Julie Hanson-Perez is the assistance section manager and she introduced Alvine Laure as the new statewide HIV strategy planner.

IX. **Council Staff Update**

- Amy said DEC and PAC are reviewing section 2 of the integrated plan and deadline to submit feedback is tomorrow; she has received some feedback from committee members. A final version for review will be sent to the council on September 2.
- Amy will send the Membership & Training meeting reminder email on Monday.
- We had a 100% return on the paired comparisons.
- There is a card to sign for Rob P.

X. **Committee Reports (provided in written form, no discussion)**

- Executive
- Community Voices
- Membership & Training
- Needs Assessment & Evaluation
- Planning & Allocations
- Disparities Elimination Committee

XI. **Assessment of Administrative Mechanism**

We have hard copies of the ***Assessment of the Administrative Mechanism*** which is an evaluation of the Part A grantee on fulfilling the council's allocation plan based on priorities; there are 4 outcomes and each outcome has 1-2 measurement objectives. We will add last month's PowerPoint to the website for your referral. Use this hardcopy or the electronic copy Amy will send out today. If you mark an objective is unmet please provide your comments or suggestions. Contact Jonathan our council staff with any questions or need additional information. Please return in 2 weeks (Friday, August 26) so we can include the results in our grant application. Amy said this is updated from the version sent yesterday; it includes a box to mark met or unmet for Objective B.

XII. **Open Forum**

None

BREAK

- Reintroductions for those who came in after introductions.

XIII. **Introductions & Explanation of Process**

Emil Angelica and Linda Hoskins, Community Consulting Group

- Roger said Emil and Linda will facilitate this portion of the meeting and when it is time for voting then Roger will facilitate again; the purpose is to allow co-chairs to participate in the discussion.
- Emil went through the agenda for the rest of the day. We have built in breaks to give members time to think about the materials and give a chance to make motions.
- Emil distributed a pop quiz and members answered the questions aloud.

XIV. Review of the 2016 Prioritization & Allocation Processes

- Emil reviewed the ***Biennial Prioritization and Allocations Process*** PowerPoint to review the process the council has completed so far to get us to today's allocations vote.

XV. Prioritization Results

- Kip presented the prioritization results from the core medical and support services paired comparison ranking; the results are very similar to 2014. There were some services that changed by one ranking but the total numbers show it didn't shift significantly.
- Gwen asked if services that weren't ranked were funded and Kip replied no. This year the council decided to include all HRSA allowable services in the prioritization process.
- Alejandro said he appreciates the opportunity to see the total numbers of each service area. There could have been biases for services not previously ranked. Larry asked what happens if we don't fund a service; Kip said if they weren't funded no one received the service. There are multiple reasons why some services are not funded: other funding sources or too costly or no provider to administer.
- Emil asked groups of two to complete the ***Worksheet for Prioritization Results***.
- Roger asked why we don't have data on services not prioritized and how do we make a decision. Jonathan said we may not have this information. What about a pilot program? This could happen but then funding is taken elsewhere. Need to make a case for why you want to fund another service.
- Marvin asked the difference between outpatient and residential substance abuse services (SAS) in core medical and support services. It is a HRSA decision doesn't know for sure but could be SAS-Residential is very expensive so they may have been hesitant to include as a core medical service.
- Gwen said mental health was vastly underspent but ranked number 5. Jonathan said to consider other sources of funding. Prioritization is what is needed in the community and allocations is funding. We can discuss this more during allocations. Karin said the money doesn't follow the prioritization so number 1 ranked service may not get the most money.
- Marvin asked how this compares to how the community ranked the services; this information is on the SARS and we have extra copies today. It's good to review other sources of funding as well. We only have SARS for funded services.
- Alejandro said there may be cultural reasons for underspending if some cultures don't access mental health services. Lesa asked if it is an issue with billing delays. Gloria said there could be other sources of funding.
- Bielca asked the definition of permanency planning; it is end of life planning, i.e. taking care of children.

XVI. Brief Review of Guiding Values

- Emil reviewed the ***2016 Guiding Values for the Prioritization/Allocation Processes***. This process was developed by PAC and approved by the council in May 2016.

XVII. Presentation of Pre-Award Allocations Proposal

Jonathan Hanft, Hennepin County and Gloria Smith, DHS

- Jonathan referred to ***FY 2017 Application Allocations Proposal***. This is funding starting March 1, 2017 for Part A funds and April 1, 2017 for Part B funds and the council will determine the Part A and Part B allocations and a small amount of rebate dollars. This proposal comes from DHS and Hennepin County. The 2nd page is the detail of different funding sources. Current allocations for 2016 compared to proposal for 2017. These amounts will go out into community starting in 2017. At the bottom of the page is the funds we have to work with; we assume flat funding which means we anticipate the same grant award will be received.

- Tom asked to please explain the allocations by activities; Jonathan said for example MCM also includes treatment adherence and adult foster care. Also food bank is split up into activities. Tim asked the significance of the red writing for ADAP; Jonathan said this is what is believed to be needed and can't be changed. ADAP funds can only be used for ADAP.
- Marvin asked if we always receive flat funding how we can operate with flat funding. Salaries need to go up; Jonathan said we have limited funding.
- Tim asked when the guiding values come into play. Jonathan said if our funding increases or decreases then the council needs to adjust allocations based on these values.
- Jonathan projected a revised version of the ***FY 2017 Application Allocations Proposal*** which has a decrease of \$15,000 in Emergency Financial Assistance which was being spent on medical costs and an increase of \$26,700 to Health Insurance Premium/Cost Sharing Assistance. This is combined Part A and Part B money.
- Monica asked how integrated plan relates to this proposal, there are a lot of objectives related to EIS, for example, but there are no changes here. Jonathan said there are additional rebate funds that may be used to fund these services; rebate funds are for 2016 and 2017.
- If someone proposes to make a change to the proposal there must be an increase to one service area and a decrease to another area and the over/underobligated line must total zero. Kyle asked if we propose a change do we increase and decrease and Jonathan replied yes you need to think about where the reduction comes from and think about the impact on this service area. Use documents to make the decision, i.e. funding tables and SARS.
- Tom asked if we make a change to a core medical service does it need to come from core medical. We need to keep the 75/25 split in mind because if we ask for a waiver we have to guarantee that anyone can access core medical services within 30 days. Rachel asked if we currently meet this and Jonathan replied yes, that is the expectation for the providers and we ask for this information because we can't have waiting lists.
- Jonathan asked for any other questions about the proposal or process.
- Kyle asked if we can be specific, i.e. funding for disproportionately affected communities. Yes, you can give the grantees directives and ask for additional information to find out how or who utilizes the service.
- Bielca asked if we always request more information; Jonathan said yes we always do and we always score very highly on the grant application, above 95% the past few years. Can't control epi and HIV incidence may impact formula funding. 2017 formula could go down because in 2014 we had less new HIV infections in the state.
- Dr. Henry said there are other states in the country with incidence going up and no Medicaid expansion so they may receive increases. Likely to see Ryan White money shifting in the future.
- Alejandro asked if we can fund SAS-residential since it ranked above linguistics. Jonathan said yes, that is an option.
- Emil said we were going to break for lunch now to give time to think about this. We can take some time to talk in small groups. Marvin said to also keep the continuum of care in mind, we want to get people virally suppressed.

LUNCH

XVIII. Discussion of Pre-Award Allocations Proposal

- Emil called the meeting back to order and said we are going to think through making motions. Ask questions and think these through. He asked what ideas or thoughts members have after reading through the proposal.
- Kyle said thinking of the continuum of care, there are a number of people who aren't retained in care or virally suppressed; health education/risk reduction is fully spent and perhaps more money can be added to this service.
 - Rachel asked if it is only related to funding or are there other barriers?
 - Bielca said transportation pays for clinical care rides but not for services such as health education so this is also a barrier.
 - David said to think about the people who need the help, we need to reach them rather than expect them to come to us. Need to address new trends.
 - Roger said it's hard to know how much money it takes. During the motion we need to have a dollar amount in mind. Jonathan said if it takes a full time employee (FTE) and it's a new staff person we allocate a minimum of \$50,000, this is part of the guiding principles.

- Matt said he has knowledge about this service area and it's important to find people who are out of care and he thinks MN is behind the curve a little bit. There is some funding from other sources, like MDH. Data to care is important with this type of work. He would like to make sure there will be an impact if we take money from another service area.
 - Gwen said we have more access by reaching people where they're at but we don't do this in MN. When do we decide we are going to change this? She said support services can help people get core medical service and proposes we begin to do planning around this. Also, \$50,000 to support a program was what we said 15 years ago and she said it doesn't support an FTE. We have 82% allocated to core medical so she thinks it's more strategic to think about using the additional funding in support services.
 - Roger said it's his professional experience that outreach is prescriptive with how it can be used, i.e. high risk populations and finding people and getting them into care.
 - Krissie ditto's what Matt says, there will be planning for care and prevention to become more integrated especially with the state HIV strategy. We can look at epi data in more ways. Anticipates future prevention funding money will go to PrEP and linkage to care.
 - Jonathan said we are starting to use data to care to find people who are out of care and this is funded through outreach. Also, the council recently allocated more money to EIS.
 - Robert G. said on the east coast there are community navigators to keep people into care. MCM can also be prescriptive on what they can and can't do so there is a need for this additional staff person.
- David said the SARS indicate outreach was allocated \$250,000 and served few clients, mostly white.
- David wants to see a report on prevention spending at MDH. Krissie has shared this with the council in the past and can pull it up right now.
- Monica indicated a trend: non-medical medication adherence counseling. Communities of color are not as virally suppressed as the majority population. This could overcome the barrier and could be peer led. Possible to do home visits. African American, African born and Hispanic communities, especially young people.
- Matt said regarding David's question, he looked into it and the SARS didn't show the complete picture for this service area. Colleen said the numbers are representative of the work and asks NA&E to think about this.
 - Roger said can we take a look at our definition of outreach? Not sure if HRSA allows this.
 - Jonathan said regarding outreach there were 1800 contacts to find 66 people. It will always be a challenge in a low-to-moderate incidence state. Ryan White funds need to be used on people who are positive so can't be used at community health events, for example.
- Emil asked to hear from those who haven't had a chance to speak yet.
- Bielca said the peer educator model worked in another state she worked in.
- Kyle wants to clarify the council's role: doesn't make systemic changes, i.e. more people entered in CAREWare. Jonathan confirmed that is the grantee's role. Karin said it is council's role to say to the grantee we don't have the data we need to make informed decision.
- Monica spoke of the definition of a high risk population and said we need to consider foreign born as a risk factor; the data confirms this. Viral load is high in this community. Karin said the epi data supports this. Thuan said the issue isn't the amount of work to reach these 66 people, the question is why we aren't reaching populations who are experiencing disparities in retention in care. Jonathan said people born outside of the US tend to test later; 40% received an AIDS diagnosis within one year (definition of late testing). Big question is why aren't we reaching these individuals earlier?
- Rick asks people to think about how the population living with HIV is growing. Increases in IDU, ages 13-29. Can the roles in these agencies flex to addresses these changes?
- Robert G has seen duplication of services in different agencies. If we all go to the same places then it's duplication.
- Bielca said those who test positive for other STDs should receive HIV health education. Can this be part of outreach?
- Emil said we will take a few more minutes before we take a break and begin the motions.
- Colleen said referral or EIS could focus on populations with high health disparities. Something to think about. Thuan said EIS is to identify those who are unaware of their status so wouldn't meet some needs.

- Matt said the new rebate RFPs are targeting certain populations, we need to monitor the effectiveness of these pilot programs. Jonathan said along with allocations you can provide directives. I.e. funding for certain demographics.
- Rick said as a mental health provider, he has seen PLWH fall out of care. Can mental health services also be considered as linkage services? Rob A dittoed. Can we be innovative or ask providers to be innovative?
- Alejandro identified services where money could be pulled from: mental health, outreach.
- We will take a 10 minute break to take time to think about any motions.

BREAK

XIX. Motion on Pre-Awards Allocation Proposal

- **MOTION:** Monica motioned to allocate \$50,000 to fund treatment adherence counseling in support services. Take \$25,000 from medication adherence/MCM (core) and \$25,000 from outreach. All seconds. **DISCUSSION:**
 - Colleen asked Jonathan if treatment adherence is part of health education/risk reduction (HE/RR). Yes, that is HRSA’s new definition. Karin said the point is the same.
 - Matt asked the difference between treatment adherence and MCM? MCM needs to meet certain criteria like care plan and retention. We read the definition in the SARS. Peer program to meet cultural barriers.
 - Roger asked if what Monica is describing is in the appropriate service area. Yes, HE/RR includes treatment adherence education.
 - Karin supports this and it could be an opportunity to reach people who “don’t show up”. We need to change service delivery to improve outcomes.
 - Gelli said taking money from outreach is counterintuitive to her. Some of these services discussed are covered by MCM. Gwen agrees it is part MCM and case managers visit clients where they’re at.
 - Karin clarified that Monica is proposing a peer model and it fits in two places.
 - Roger said unless your point is new then we need to call the question.
 - Kyle agrees with this motion but can’t see where the \$50,000 will be deducted. Can we pull from a core medical service?
 - Bielca said mental health was underspent, can we take money from there?
 - Karin called for a point of order, this would need to be a new motion and our Parliamentarian said we need to vote on the original proposal first. Can we go back to it? Monica accepts it.
 - Thuan said Monica wants to increase viral suppression which is core and support services remove barriers. There are less barriers to providing this service if it’s not MCM.
 - Council members in attendance voted:

Name	COI?	Vote	Name	COI?	Vote
Al Fredrickson		Yes	Marvin Innes		Yes
Alejandro Aguilera		Yes	Matt Toburen		No
Bielca Guevara		No	Monica Yugu		Yes
Colleen Bjerke		Abstain	Rick Laska		Yes
David Neller		Yes	Robert Andrews		No
Florence Kulubya-Nabeta		No	Robert Gillum Jr.		Yes
Gelli Overton		No	Roger Ernst		Abstain (facilitation)
Gwen Velez		No	Thuan Tran		No
John Vener, MD		No	Timothy Kopischke		No
Karin Sabey		Yes	Tom Bichanga		Yes
Kyle Dulgar		Yes	Val Rubin-Rashaad		No
Larry McPherson		Yes	Valentine Momo		Yes
Lesa Nelson		No			

12-11, 2 abstained. Motion carries.

- **MOTION:** Rick motioned for \$75,000 to be designated to linkage and retention in mental health care. Jonathan confirmed it fits in the definition and guidelines of the service standards of care but is unsure if this will solve what Rick is trying to accomplish. Psychosocial support services include a mental health assessment and

referral and it could also occur with outreach. Rick withdrew his motion. Lesa asked for if there is a COI if you work for a mental health provider. Jonathan said he didn't motion to move money around but to provide directives. Karin asked if we created these standards can we amend them. Jonathan replied yes.

- **MOTION:** Kyle motioned to increase EIS by \$50,000 by removing \$2,382 from home and community based services, \$17,382 from mental health services, \$15,000 from outreach, \$2,382 from MNT and \$2,618 from medical transportation services. Gwen seconds. DISCUSSION:
 - Kyle said this goes back to what he was saying earlier; if we are also focusing on prevention, access to these services are a great benefit, especially in people of color and IDU.
 - \$50,000 is the benchmark for creating a new position.
 - John is concerned with taking funds from mental health; reimbursement to providers is so low they may refuse to take clients.
 - Colleen said we just reduced outreach in the last proposal so that concerns her. She doesn't agree with taking any money from transportation as this is the greatest need in Greater MN. Last month we voted to increase home services because there was a waiting list.
 - Alejandro asked if we are duplicating services since there is MDH funding for EIS.
 - Kyle said someone else can figure out the reduction but wants to see the money go to EIS.
 - Marvin asked why take money from outreach and put it in EIS?
 - Bielca said we need to find the clients through outreach. Gwen said outreach can happen in other service areas.
 - Jonathan said we are \$10,000 short in reductions for this proposal.
 - Kyle withdraws the motion as it stands and asked if anyone else would like to increase EIS funding.
- Roger asked for any additional amendments.
- **MOTION:** Robert A motioned to take \$30,000 from mental health and add it to psychosocial support with a directive for referral, retention and mental health screening. Kyle seconded. DISCUSSION:
 - We have been talking about mental health services being underspent and we think it's due to clients not getting the right referral or screening so let's take this money and be specific about how we fund these services. It gives more direction.
 - Rick would like to make a friendly amendment: increase it to \$60,000. Robert accepts the friendly amendment.
 - Gwen doesn't want us to change psychosocial support so much that it becomes mental health which some clients don't want to access. We read the psychosocial support definition; Jonathan said screening is part of the psychosocial support standards of care and the motion fits with the standard.
 - Marvin asked if we have room to move \$60,000. Some can be from Part B so we can maintain the 75/25 split.
 - Matt said he shares the goal of wanting to improve mental health education but isn't there on this specific proposal. We would move more money out of mental health than has been underspent so less mental health services will be provided. Not clear what this new position is and is it better to have one person or multiple entry points.
 - Rick looked at the numbers and sees a downward trend over the last year, most likely due to ACA.
 - A designated person can meet the mental health needs of challenging clients.
 - Tim asked what if it perpetuates. Rick replied you have to be there for them no matter how many times.
 - John said one reason mental health is underspent is because what the funding can be used for is not being accepted by providers. His experience is these clients can be difficult to refer. If we reduce the payment we are going to make the problem worse. Rick asked if we can impact this by changing the reimbursement rates.
 - Gwen said mental health service is clinical and additional funds were given to psychosocial support. It allows us to take in more marginalized communities.
 - Council members in attendance voted:

Name	COI?	Vote	Name	COI?	Vote
Al Fredrickson		Yes	Marvin Innes		No
Alejandro Aguilera		No	Matt Toburen		No
Bielca Guevara		Abstain	Monica Yugu		

Colleen Bjerke		No	Rick	Laska		Abstain
David Neller		No	Robert	Andrews		Yes
Florence Kulubya-Nabeta		Yes	Robert	Gillum Jr.		Yes
Gelli Overton		Abstain	Roger	Ernst		Abstain (facilitation)
Gwen Velez		Abstain	Thuan	Tran		Abstain
John Vener, MD		No	Timothy	Kopischke		No
Karin Sabey		Abstain	Tom	Bichanga		No
Kyle Dulgar		Yes	Val	Rubin-Rashaad		Yes
Larry McPherson		No	Valentine	Momo		
Lesa Nelson		No				

6-10, 6 abstained. Motion does not carry.

- **MOTION:** Matt moves a directive to the grantees to monitor continued spending of mental health and bring it to the committee that monitors it at the 6 month mark for Part B in order to reevaluate current mental health spending. Rick seconds. The council voted **13-2; motion passes.**

XX. Final Consideration (Vote) on Pre-Awards Allocations

- **MOTION:** Marvin motioned to approve the grantee's proposal and Matt seconded. DISCUSSION:
 - Monica motioned to amend (see above) with amendment to HE/RR.
 - Council members in attendance voted:

Name	COI?	Vote	Name	COI?	Vote
Al Fredrickson		Yes	Marvin Innes		Yes
Alejandro Aguilera		Abstain	Matt Toburen		Yes
Bielca Guevara		Yes	Monica Yugu		
Colleen Bjerke		Yes	Rick Laska		Yes
David Neller			Robert Andrews		Yes
Florence Kulubya-Nabeta		Yes	Robert Gillum Jr.		
Gelli Overton			Roger Ernst		Abstain (facilitation)
Gwen Velez		Yes	Thuan Tran		Yes
John Vener, MD			Timothy Kopischke		Yes
Karin Sabey		Yes	Tom Bichanga		Yes
Kyle Dulgar		Abstain	Val Rubin-Rashaad		Yes
Larry McPherson			Valentine Momo		Yes
Lesa Nelson		Yes			

16-0, 3 abstained. Motion carries

XXI. Wrap Up and Evaluation

- The Needs Assessment & Evaluation Committee has a meeting evaluation for the prioritization and allocations process.

XXII. Announcements

- Please complete the evaluation and give to staff.
- Roger said the co-chairs determined their term of office and Roger is taking the one year co-chair term and Larry will have two years. The process to elect another co-chair is being discussed in the Membership & Training Committee.

XXIII. Adjourn

The meeting adjourned at 3 pm.

Meeting Summary:

- The council completed their biennial prioritization and allocation process.

- The council approved the grantee's *Pre-Award Allocations Proposal* with an additional \$50,000 to fund treatment adherence counseling and a reduction of \$25,000 from medication adherence/MCM and \$25,000 from outreach.

Documents Distributed Before the Meeting:

- Proposed Agenda
- July 12 Meeting Minutes
- Part A Update
- Part B Update
- Prevention Update
- 2016 Overall Ranking
- 2016 Guiding Values for the Allocations Process
- 2016-2017 Unmet Need Rebate Allocations
- FY15 Q4 Expenditures
- FY2017 Allocations Proposal
- Making a motion/RRO cheat sheet
- Part A Grantee Evaluation (Assessment of Administrative Mechanism)

Documents Distributed At the Meeting:

- Committee Report Summaries
- Working Agreements
- Support Services Service Area Review Summaries (SARS)
- Core Medical Services Service Area Review Summaries (SARS)
- Allocations Retreat Evaluation

cw/ad