

**Minnesota Council for HIV/AIDS Care and Prevention Meeting**  
**January 10, 2017**  
**9 am-12 pm**  
**Health Services Building, Room L15**  
**525 Portland Avenue S, Minneapolis 55415**  
**Minutes**

<b>Council Members Present:</b>	
Alejandro Aguilera	Rick Laska
Robert Andrews (phone)	Valentine Momo
Tom Bichanga	David Neller
Loyal Brooks (phone)	Lesla Nelson
Roger Ernst	Tyrie Stanley
Terral Ewing (phone)	Matt Toburen (phone)
Al Frederickson	Thuan Tran
Robert Gillum, Jr.	Gwen Velez
Bielca Guevara	John Vener, MD
Lenny Hayes (phone)	Monica Yugu
Marvin Innes	
<b>Council Members Absent:</b>	
Rachel Heule	Gelli Overton
Florence Nabeta	Val Rubin-Rashaad
<b>Community Members/Guests/Consultants:</b>	
Mary McCarthy, RAAN	Nigel Perrote, City of Minneapolis
Dennis Anderson, Community Member	Augustus Wrayee, CANIAR
Tom Legeros, La Clinica	Mariah Wilberg, MDH
Sam Robertson, MDH	Anika Kaleewoun, Hennepin County
<b>Hennepin County (Part A) Representative:</b>	
Jonathan Hanft	<b>DHS (Part B) Representative:</b>
	Colleen Bjerke
<b>MDH (Prevention) Representative:</b>	
Krissie Guerard	
<b>MCHACP Staff:</b>	
Carissa Weisdorf	Anthony Jacques (minutes)

Quorum Present? **Yes**

**I. Call to order**

- Lesa called the meeting to order at 9:17 am and read the guiding principles. Roger will join us when he can but is still on the road.
- Introductions
- Approval of agenda & November 8 meeting minutes
- Minutes approved

**II. Co-Chair Update**

**III. Grantee Reports**

Part A

- FY2016 Estimated Unobligated Balances

- Estimates typically vary between 20-50k per year, so this is a guide
- We estimate we'll have about 264k unspent
- The way carry over works with legislation is that we can only carry over formula funds to the next year, can only carry over 5% without a penalty
- Final amount won't be determined until July when final financial report is submitted
- Funds have been redistributed to ensure we are spending part a funds first
- Proposing to use carry over funds for outpatient healthcare services and foodbank home-delivered meals
- Council staff hiring update
  - Admin specialist posting closed on Friday, interviews within the next few weeks
  - Another month to 6 weeks before we know
- Core Medical Service Expenditure Waiver for FY2017
  - Legislation requires we spend 75% of our funds on core medical services
  - Under spending is typically in core medical than in support services
  - Process requires a waiver
  - Once the waiver is approved, it doesn't matter what your expenditures for core medical are but;
  - We need a community meeting to discuss the waiver, probably extend a council meeting over lunch next month to accommodate
  - We will cover what goes into waiver request in more detail at next council meeting
- CAEAR Coalition Membership Meeting in March
  - We are a member, passed a few years after Ryan White in 1990
  - Membership meeting is in March

#### Part B

- Colleen said Rachel is not here today, so summing up
- Part A and B fiscal year is one month different
- Will be reporting next month
- Open enrollment is very busy
- Facts and figures will be available next month
- May be more clients than usual that may be forced to change clinics
- Quite a bit of hiring in this area
- New temp position will be posted in the next few days to fill in for someone on leave
  - Temporary jobs mean someone who works less than 6 months, can be extended up to a year
- New RFPs will be released for case management and non-medical case management

#### Prevention

- Roy Nelson retired in May
- Mariah Wilberg will be working on the technical side of communications, website, accuracy, online training modules, social media
- Sam Robertson will be doing work in the community; outreach, events, health education materials online and in paper for community distribution
- Funding update
  - All grant awards came in December
- Co-chair position posted on Friday, closes on the 12th

Jared update on the continuum of care:

- In the past we have 1-2% we received cd4 but no virals
- In reviewing lab data there were 4 facilities receiving cd4 but no viral load
- In 2015 several facilities switched to new reporting algorithms which changed how viral loads were reported
- Switched from a number to a letter, so the reporting system was missing those
- Working on updating 2016 data that was not reported because of data collection systems at labs
- The 4 facilities ID'd have been addressed
- Updated care continuum will be released in about a month

#### IV. Staff Update

- Feb is election period
- Elections for another 2 year term
- Some council members are not seeking a second term so we will hold a celebration next month with cake
- Co-chair election also in February; let Carissa know by Jan 19<sup>th</sup> if interested
- Also going to be holding committee co-chair elections in March
- CCG is here, they provided facilitation training for co-chairs in the past, and they are willing to do so again
- Committee meetings: co-chairs and grantee staff to spend ten minutes after meeting to debrief
- 3 council members have stepped off recently: Mike, Karin and Larry and we have cards to sign for them
- Contacted a professional parliamentarian who is familiar with Roberts's rules of order and meeting procedure; she is outside the government agencies and not a council member but will need to be appointed by the council. Her name is Patricia Reymann and she will start in March
- It is paid position, more of an appointment than an election
- New mileage reimbursement rate: 54.5 cents per mile

#### V. Committee Reports (also provided in written format)

- Executive
  - **Action Item: Collaborative Partner Understanding**
    - Vote: passes unopposed
- Disparities Elimination
  - **Action Item: Target Populations for Prevention**
    - Vote: passes unopposed
- Community Voices
  - No update, didn't meet
  - The only current chair is not seeking re-election
- Membership & Training
  - We will interview a couple candidates a week from Friday
  - Will go over people who want second terms and pass them on to the February meeting
  - New brochure
- Needs Assessment & Evaluation

- Read a letter from Karin Sabey
- Planning & Allocations
  - Didn't meet, no update
  - This committee has openings so please let us know if you're interested

## VI. Open Forum

- Question about enrollment
  - Public health director is getting involved, not sure
  - Karin submitted a letter to Rachel
  - 10k deductible for about 200 patients – so anyone who is hospitalized this year, the hospital won't get paid
  - Medication is also a big issue, potentially could lose 200 patients, or patients just won't get meds b/c of inconvenience
  - We are committed to coming up with short and long term plan
  - Ryan White is payer of last resort, so providers need to do their best to ensure patients are insured
  - Proposing some of the carry over funds to cover those out of pocket costs
  - We do have over 800k in part a funds for such costs b/c we anticipate those costs may go up
- Cost of medication through ADAP count towards deductible
  - Overlap between medical assistance and inpatient? Immigration status?
  - Pharmaceutical companies will provide meds to you at no or low cost if you don't have insurance, that does not apply toward deductible – ADAP does
  - If someone is uninsured or underinsured, ADAP can play a role
  - Unsure how many of these clients Allina can absorb
  - Spanish speaking clients are nervous
- Letter written by Roger Ernst
  - Not even sure if this would be appropriate to come from the council
  - As a council, you cannot do this, however, any citizen at any time, you can always express concerns to a legislator, and you can express that you are a part of the council and therefore have a level expertise
  - Asked if Matt and Carissa could gather a list of legislators and senators to contact
  - This will be sent out to everyone on the council
    - Face to face is best
    - Letter is second best
    - Phone call is okay
    - Email still has significance
  - We all know there are problems with insurance exchange, changes are needed, but we don't want to throw out the baby with the bath
  - We know of at least of 1k people or more who lose their insurance if the ACA goes away, and have also calculated possible new infections in that scenario

## BREAK

## VII. MDH Hepatitis Update

- Kristin Sweet's presentation

- Q&A:
  - Why do baby boomers have higher risk?
    - Blood transfusion prior to 1992, injected drug use, sex with partners who injected drugs, etc.
  - More of an equal distribution between new cases for men and women now, where it skewed toward male during the baby boomer generation
  - Transmission rate for babies born to HCV positive mothers?
    - 4-6%
    - No current procedures to prevent or treat children at this time
  - Did the # go up significantly because they started automatically testing for HCV?
    - Heard that from folks, but not from systems or facilities directly, only anecdotally
    - Haven't seen a significant increase after that recommendation went in place
    - Also think that nationally there is a high proportion of people with HCV who don't know their status
  - Rate in MN of HIV cases with HCV as well?
    - Unsure at the moment, will send #'s out on that
    - We do check to see if the numbers remain consistent
    - Usually depends on how it falls into our priorities, usually every 5 years
  - Resolved cases: are any of them being re-infected?
    - Difficult question: the data is separated out
    - Some are undetectable, but we don't have good reporting techniques to establish if these are due to failed treatment or re-infection.
    - 2016 was the first year we acknowledged cases can be resolved in the data and tracking
  - More info on needle exchange data relative to HCV
    - Opioid use also relevant to this data
    - Recommend speaking with Nate since that is part of his focus
  - How many people need to be infected for this to be considered an epidemic and get the govt's attention?
    - This is an ongoing question with many parts
    - Long term healthcare costs
    - Cost effectiveness of treatment has been proven
    - Most progress seems to be coming out of opioid epidemic rather than HCV
    - It's difficult to have all these new tools and resources and yet nothing seems to change
  - Any idea why the spike in the younger age group?
    - Related mainly to opioid injected drug use, but also methamphetamines

### **XIII. Announcements**

- Still accepting consumer applicants to quality management advisory committee

- Looking for someone to fill community supervisor of red door clinic

#### **XIV. Adjourn**

The meeting adjourned at 11:30 a.m.

#### **Meeting Summary:**

- The council approved the Collaborative Partners Understanding
- The council approved the 2017 Prevention RFP Prioritized Populations
- The council received a Hepatitis Update presentation from MDH

#### **Documents Distributed Before the Meeting:**

- Proposed Agenda
- November 8 Meeting Minutes
- Committee Report Summaries
- **Action Item:** Collaborative Partners Understanding
- Collaborative Partners Understanding
- **Action Item:** 2017 Prevention RFP Prioritized Populations
- 2017 Prevention RFP Prioritized Populations

#### **Documents Distributed At the Meeting:**

- Part A Update
- Ryan White Part A Unobligated Balance Report and Carryover Request
- MDH Update
- MCHACP Leadership Duties and Responsibilities

**AJ/cw**