

MN Council for HIV/AIDS Care and Prevention Meeting
October 10, 2017
9 am-12 pm
Health Services Building, Room L15
525 Portland Ave. S., Minneapolis
Minutes

Council Members Present:	James McMurray
Alejandro Aguilera	Valentine Momo
Dennis Anderson	David Neller
Robert Andrews	Lesla Nelson (Council Co-Chair)
Lisa Behr	Gelli Overton
Tom Bichanga	Nigel Perrote
Loyal Brooks	Val Rubin-Rashaad
Roger Ernst (Council Co-Chair)	Tyrie Stanley
Terral Ewing	Matt Toburen
Robert Gillum, Jr.	Gwen Velez
Rachel Heule	John Vener, MD
Destiny Holiday	Johnnie Williams
Stephen Jensen	McKinzie Woelfel (Council Co-Chair)
Council Members Absent:	Ejay Jack
Bielca Guevara	Thuan Tran
Florence Kulubya-Nabeta	
Community Members/Guests/Consultants:	Dr. Leslie Baken, North Memorial Health
Walter Urey, Hennepin County	Colleen Bjerke, DHS
Cree Gordon, MN AIDS Project	Jared Shenk, MDH
Drew Hockman, MN AIDS Project	Stephanie Richardson, MN AIDS Project
Japhet Nyakundi, MDH	Hilary Zander, Clinic 555
Mona Deoferio, Hennepin County	
Hennepin County (Part A) Representative:	DHS (Part B) Representative:
Jonathan Hanft	Rachel Heule
MDH (Prevention) Representative:	MCHACP Parliamentarian:
McKinzie Woelfel	Pat Reymann, PRP
MCHACP Staff:	
Carissa Weisdorf, Coordinator	Jeremy Stadelman, Admin Specialist (minutes)

Quorum Present? **Yes**

I. Call to Order, Reading of Guiding Principles, Introductions

- Roger Ernst called the meeting to order at 9:05 a.m. and the guiding principles were read. Introductions were made.

Consideration and Approval of Proposed Agenda

- Roger moved to approve the agenda; the agenda was approved by unanimous consent.

Consideration and Approval of September 12 Meeting Minutes

- Roger moved to approve the minutes; the minutes were approved by unanimous consent.

II. Co-Chair Update

- Roger updated the council on the Minnesota HIV Statewide Strategy and announced that he was in the process of looking at other HIV/AIDS strategic plans, like those from the council and Positively Hennepin.
 - Roger noted that the council should have Dr. Alvine Ekame return for an update on the strategy.

III. Staff Update

- Jeremy Stadelman distributed updated council contact sheets and asked that the information not be shared with individuals who are not part of the council.

- Jeremy announced that council members now have access to two laptops for council related business.
- Carissa Weisdorf announced that there is a Robert's Rules of Order focus group after today's meeting and encouraged members to attend.
- Carissa announced that Lenny Hayes resigned from the council because he was busy with his consulting business and had limited time available for council activities.
- Carissa asked members to let her know if they are members of a federally recognized Indian Tribe to ensure that we are capturing demographic information accurately.

IV. State PrEP Implementation Update

Japhet Nyakundi, Minnesota Department of Health PrEP Coordinator

- Japhet presented **What is the state of PrEP Implementation in Minnesota?** (the PowerPoint presentation was emailed to the council after the meeting on October 10).
- Japhet noted that the HIV/AIDS epidemic has plateaued at about 300 new cases per year in Minnesota.
- One of the goals in the National HIV/AIDS Strategy is to increase the use of PrEP.
 - The goal is to have 56,250 people on PrEP by 2020.
- PrEP implementation in Minnesota started in 2013.
 - Children's Hospital was the first clinical site in Minnesota to receive MDH (Minnesota Department of Health) funding for PrEP.
 - A pilot program to distribute PrEP was introduced at Red Door Clinic in 2013.
 - There was an expansion in 2016, with 5 new programs added.
 - Japhet noted that the numbers provided in his presentation only include programs funded by MDH; other clinics are and have been providing PrEP.
 - 474 individuals were prescribed PrEP 7/1/2016-6/30/2017 via MDH funded programs.
- Japhet noted the importance of providing culturally appropriate questions for screening purposes.
- Japhet noted that PrEP is reaching the young, which mirrors the epidemic.
- Planned Parenthood is also providing PrEP at all of its sites in Minnesota.
- Hilary Zander, a Health Educator at Clinic 555, explained that most of her time working as a PrEP coordinator is devoted to navigation issues with insurance companies, which includes securing insurance coverage and connecting patients to programs that make PrEP affordable.
 - Hilary noted that for screening purposes, she uses a more humanist/less intrusive approach; asking questions like, "can you please tell me about your sex life?"
 - Hilary explained that of those who discontinue the use of PrEP most do so because of a lack of follow-up. She noted that PrEP is not always a priority for patients and there are challenges around accessing the medication.
 - Other reasons people discontinue the use of PrEP:
 - People move out of state.
 - Change in life circumstances:
 - Losing a job or insurance; the \$1500/month cost of PrEP is not affordable for most people.
 - No longer at risk.
- Questions/Comments:
 - Loyal Brooks noted that there were a few cases where those taking PrEP became positive and asked why this might happen.
 - Japhet explained that this may be because people did not take the medication as prescribed, but we don't know for sure.
 - Tyrie Stanley asked if the data showed what percentage of the black community using PrEP was heterosexual.
 - Japhet noted that the data is not tracked that way, but heterosexuals are not one of the target populations and represent a low number of PrEP users.

V. Committee Reports (provided in written form)

- Executive Committee

- Roger announced that the council is now utilizing a parking lot to capture topics that should be discussed further at another time.
- Roger announced that the ***Council Operations and Monitoring Plan Evaluation*** would be again distributed at today's meeting.
- Roger reminded the council that sidebar conversations can be distracting and should be kept to a minimum and be related to council business.
- Roger reminded the council that we need to start promptly at 9am.
- Roger reminded the council about cell phone use; the focus should be on the meeting and phone use should be avoided.
- Roger reminded council members to take the eLearning module if they have not already done so.
- See ***Committee Report Summaries*** handout
- Community Voices
 - See ***Committee Report Summaries*** handout
- Disparities Elimination
 - See ***Committee Report Summaries*** handout
- Membership & Training
 - See ***Committee Report Summaries*** handout
- Needs Assessment & Evaluation
 - See ***Committee Report Summaries*** handout
- Planning & Allocations
 - See ***Committee Report Summaries*** handout

VI. Mental Health Services and Psychosocial Support Services Area Presentation

Needs Assessment and Evaluation Committee

- Gwen Velez presented the ***Service Area Presentation: Psychosocial Support Services***.
 - Questions/Comments:
 - Matt Toburen asked how many providers are funded for Psychosocial Support Services.
 - Gwen indicated that there are four funded providers.
 - Matt asked if the council thinks we have enough support groups, or if this is something we should do more of.
 - Rob Andrews replied that this is maybe a question for the Needs Assessment and Evaluation Committee.
 - Gwen agreed with Rob and suggested that the Needs Assessment and Evaluation Committee can look at data to examine this further.
 - Alejandro Aguilera noted that the Needs Assessment and Evaluation Committee is currently looking at both Psychosocial Support Services and Mental Health Services to determine what may be best for the community.
 - Alejandro noted that there are not many of these activities available in Greater Minnesota.
 - Roger agreed and noted that there is a need; none of the support groups in Greater MN are funded through the Ryan White Program.
 - It is difficult to find a licensed counselor to work in greater Minnesota.
 - Tyrie asked if this service is being funded elsewhere and wondered if this is the reason for its low utilization.
 - Colleen Bjerke noted that DHS (Department of Human Services) is going to start funding some of these programs.
 - Health education and risk assessment activities fund similar groups.
 - McKinzie Woelfel noted that MDH funds some of these activities.

- Terral Ewing noted that this was a big topic at the meeting in DC; these services are lacking in Greater MN.
 - Destiny Holiday noted that there is a need for support for African American women in Greater MN.
- Gwen presented on the **Service Area Presentation: Mental Health Services**.
 - Questions/Comments:
 - Alejandro noted that the council's prioritization ranking for Mental Health Services was 5 out of 12 service areas.
 - Psychosocial Support Services was ranked 6 out of 16 service areas.
 - Alejandro observed that Psychosocial Support Services have been utilized more often by POC (People of Color) because there is a stigma about receiving mental health care services.
 - Matt asked what gaps these funds are filling.
 - Colleen replied that these funds could be utilized by people who don't have insurance, or who have limits on the number of visits that are paid for.
 - Colleen noted that Program HH provides these services and currently it is not marketed at all.
 - Matt asked to add an item to the parking lot: he would like to be able to explain what services are available in these areas and to identify services we might not know about.
 - Gwen noted that the utilization for Mental Health Services has dropped significantly from 2014 to 2016.
 - Rob noted that some of these services are being denied because providers don't have the required licensure.
 - Terral noted that the drop could be related to the ACA (Affordable Care Act); more people have access to insurance.
 - Alejandro asked members to call or email him if they have more input on these services because the Needs Assessment and Evaluation Committee is going to be reviewing them.
 - Carissa announced that the Planning and Allocations Committee is going to look at spending in these services at their meeting this month.

BREAK

VII. HIV Treatment Update

Leslie Baken, M.D., North Memorial Health

- Dr. Leslie Baken presented an **Update on Treatment of HIV** (the PowerPoint was emailed to the council after the meeting on October 10).
- Questions/Comments:
 - Rachel Heule asked if the injectable treatments would require doctor visits.
 - Dr. Baken replied that this is not determined yet, but it is technically feasible to train people to provide their own injections.
 - Jonathan Hanft asked what is considered a normal level of CD4.
 - Dr. Baken explained that each lab sets what is normal, but there is quite a wide range; around 300 to above 1000.
 - This number varies with age as well.
 - Loyal asked if there are any ongoing studies for those who have been diagnosed for 25+ years.
 - Dr. Baken noted that some promising studies indicate that it might be possible for those taking 3 medications to be able to reduce down to 2 (1 hasn't been so promising yet).
 - Tom Bichanga asked if some of these long term injectables might show up in drug tests.
 - Dr. Baken replied that she hasn't heard of any issues with the new medications, but if it cross-reacts with something that tests positive for drug abuse it could become an issue.

- Jonathan asked what Dr. Baken thinks of “test and treat,” where a patient walks out of an office visit with medications immediately after diagnosis.
 - Dr. Baken sees potential advantages to it; namely, getting people in care when they are engaged.
 - From an epidemiological perspective, getting those who are newly exposed would be good to target because patients are most contagious when first exposed to the virus.
 - Some disadvantages would be that we don’t yet have specific regimens that would treat all. We would also have to have a way to assure that patients would come back and not fall through the cracks.
 - Side effect issues would need to be considered.
 - Does this approach take psychosocial outcomes into considerations?
- Gwen asked if the CD4 count has anything to do with lifestyle.
 - Dr. Baken indicated that alcohol abuse might reduce CD4, but she is not sure of other factors.
 - Genetics and stress are also possible factors.
- Rachel asked if there any treatments to mitigate or reverse the effects that older drugs had on those who have been living with HIV/AIDS for a long time.
 - Dr. Baken replied that there is not a lot that can be done to reverse adverse effects, but specific things can be done to help with longevity (like reversing renal failure).
- Lisa Behr asked if Dr. Baken knew anything about an implantable rod being studied for treatment.
 - Dr. Baken explained that she didn’t know about this treatment specifically, but with nanotechnology, this is possible.
- Terral asked if Dr. Baken knew of anything being done to mitigate rashes and soreness from injectables.
 - Dr. Baken noted that one of the biggest problems with injectables is injection site reactions, but some of the new drugs are promising in reducing this side effect.

VIII. Recipient Reports

- **Part A Update**

Jonathan Hanft, Hennepin County

- Jonathan informed the council that Part A submitted the Program Terms Report.
- Jonathan announced that they are working on the Part A grant application for FY 2018. This is the first year that there is a ceiling amount; Hennepin County’s is about 5% greater than current grant award. Part A plans to apply for the ceiling by increasing each service area by a proportional amount.
 - Part A will update the council when the actual grant award is received.
- Jonathan reviewed the **2nd Quarter Expenditure Report**.
 - The report does include carryover.
 - Jonathan noted that by the end of August, you’d want to see 50% spent.
 - Service areas have spent 44% of funds.
 - 45% of all of Part A has been spent.
 - Jonathan noted that Outpatient Healthcare Services are on a 3 month delay.
 - Outpatient Healthcare Services will always be a quarter behind; the last quarter is always the most spent.
 - Jonathan explained that if service area spending is at 40% or less, we can consider the reallocation of funds. Jonathan explained the process:
 - Providers are contacted first to get more information about the underspending.
 - If redistribution within a service area isn’t warranted, we can consider reallocating funds.
 - Mental health services may be underspent for this year.

- Once we have more information about underspending, we will bring a proposal to the Planning and Allocation Committee. Once they approve a plan, it will be forwarded to the council for consideration.
 - Part A cannot fund the greater MN Set-Aside.
- **Part B Update**
Rachel Heule, DHS
 - ADAP (AIDS Drug Assistance Program) is currently making decisions about insurance plans for next year.
 - Part B received approval for the State Innovation Grant Waiver, but they lost \$369 million for MNSure; they are working with the federal government to see if this can be reversed.
 - Funds are good through 2018, however.
 - Two providers are testing applications to find bugs in the centralized eligibility effort; Rachel plans to provide an update at the All Provider meeting.
 - The alcohol and drug abuse division is looking for areas of collaboration.
 - The 2017 budget and quality reports have been submitted to HRSA.
 - An annual update instead of the annual grant application were required this year.
 - MNSure open enrollment is November 1- January 14.
- **Prevention Update**
McKinzie Woelfel, MDH
 - HIV Prevention projects have been reviewed and announcements about funding will be made next week.

IX. Unfinished Business/New Business

- Gwen asked Japhet if he could provide a demographic breakdown of African-born and African American utilization of PrEP.
 - Japhet indicated that the data is not collected that way.
- Tyrie asked what PrEP outreach MDH plans for heterosexual men, or men who don't identify as men who have sex with men.
 - Some of the programs doing outreach might be broader going forward, but there are no plans for specific targeting to heterosexual men.
 - 25% of funding for PrEP is reserved for anyone, beyond the target populations.
- Parking Lot:
 - Psychosocial Support Services- examine utilization and services available
 - Sustainability of existing PrEP Programs
 - Mental Health Service and stigma

X. Open Forum

- None.

XI. Announcements

- Carissa announced that there will be a public input meeting for the Part A core medical expenditure waiver on November 14.
- Tom announced that African Worlds AIDS Day is on October 14.

XII. Adjourn

- **MOTION:** McKinzie moved to adjourn the meeting. With unanimous consent, the meeting adjourned at 12:00pm

Meeting Summary:

- Japhet Nyakundi, Minnesota Department of Health PrEP Coordinator, briefed the council on the state of PrEP Implementation in Minnesota.

- Dr. Leslie Baken, North Memorial Health, provided an update on HIV treatment.

Documents Distributed Before the Meeting:

- Proposed Agenda
- September Meeting Minutes
- October Committee Report Summaries
- Service Area Presentations: Mental Health Services and Psychosocial Support Services

Documents Distributed At the Meeting:

- Part A Update
- Part B Update
- FY2017 2nd Quarter Part A Expenditure Report
- Update on Treatment of HIV
- 2017 All Provider Save the Date and RSVP Flyer

JS/cw