

**MN Council for HIV/AIDS Care and Prevention**  
**Meeting Minutes for June 11, 2019**  
**9:00am to 12:00pm**  
**Health Services Building, Room L15**  
**Minutes**

<b>Council Members Present:</b>	
Alejandro Aguilera	Stephen Jensen
Dennis Anderson	James McMurray (phone)
Robert Andrews	Fred Ndip
Andrew Bauman	Larry McPherson
Lisa Behr	Lesa Nelson
Tom Bichanga	Florence Nabeta
Loyal Brooks	Nafula Namuninia (phone)
Thu Danh	Chuck Peterson
Charlotte Detournay	Sarah Schiele
Terral Ewing (Council Co-Chair) (phone)	Tyrie Stanley (Council Co-Chair)
Ryann Freeman	John Vener, MD
Raymel Givens	Gwen Velez
Cree Gordon	Johnnie Williams
Destiny Holiday	McKinzie Woelfel (Council Co-Chair)
<b>Council Members Absent:</b>	
Alex Palacios	Raquelle Paulsen
<b>Community Members/Guests/Consultants:</b>	
Anika Kaleewoun, Hennepin County	Jo Ann Vertetis, Co-chair, Community Voices Committee
Aaron Peterson, Hennepin County	Matthew Kravitz, Hennepin County
Jake Melson, DHS	James Flowers, Red Door Clinic
Bob Wickoren, Merck	Ephraim Olani, Sub-Saharan African Youth & Family Services
<b>Hennepin County (Part A) Representative:</b>	
Jonathan Hanft	<b>DHS (Part B) Representative:</b> Colleen Bjerke
<b>MDH (Prevention) Representative:</b>	
Peggy Darrett-Brewer (phone)	<b>MCHACP Parliamentarian:</b> Pat Reymann, PRP
<b>MCHACP Staff:</b>	
Jeremy Stadelman, Admin Specialist (minutes)	
Carissa Weisdorf, Council Coordinator	

Quorum Present? **Yes**

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

- McKinzie Woelfel called the meeting to order at 9:03 a.m. The guiding principles were read and introductions were made.

**Consideration and Approval of Proposed Agenda**

- The agenda was approved by unanimous consent.

**Consideration and Approval of May Meeting Minutes**

- The minutes were approved by unanimous consent.

**II. Co-Chair Update**

- McKinzie welcomed the council's new members: Andrew Bauman, Charlotte Detournay, and Sarah Schiele.

**III. Council Staff Update**

- Carissa Weisdorf provided an update:
  - The review of the council's bylaws is complete. Carissa asked members to review the *MCHACP Bylaws List of Updates*. We also have hard copies of the bylaws available.

- Colleen Bjerke noted that the Department of Human Services (DHS) is sending the amended bylaws to their legal department and she will let the council know if there are any suggested changes.

#### IV. Committee Reports

- Executive
  - 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 & Training
  - See ***Committee Report Summaries*** handout
- Planning & Allocations
  - See ***Committee Report Summaries*** handout

#### V. Substance Abuse Services Presentation

- Alejandro Aguilera and John Vener presented on ***Substance Abuse Services- residential and outpatient.***
  - Substance Abuse Outpatient Care
    - John noted that the Minnesota State Legislature has passed a \$20 million tax to help combat the opioid epidemic; the tax is to opioid manufacturers.
      - John noted that it is hard to administer funds to help combat the epidemic because many jurisdictions may not have the infrastructure to do so.
    - Questions:
      - Rob Andrews wondered if RFPs (request for proposals) stipulate which types of programs are being funded (i.e. abstinence vs. harm reduction).
        - Jonathan Hanft responded that he believes harm reduction is included in the standards of care, but that is an example of a directive the council could make to ensure that a harm reduction approach is available to clients.
  - Substance Abuse Residential Care
    - It was noted that the council does not currently fund this service area.
    - Chuck Peterson noted that substance abuse is often a reason why someone may lose their housing because he has seen this at Clare Housing.
      - Substance abuse can be very destabilizing to an individual and they may struggle to keep housing.
      - Chuck noted that substance abusers are often treatment adherent despite misconceptions to the contrary.
    - Tyrie Stanley wondered why this service is ranked so low by the council. Tyrie inquired if the service is being funded elsewhere.
      - Colleen explained that the service is provided via the consolidated fund so sometimes MA (medical assistance) pays for it.
        - Colleen added that inpatient care is very expensive and may not be able to help many individuals.
      - Jonathan noted that there are other sources that pay for residential substance abuse services, including private insurance.
        - For Ryan White programs, “just in time access” or placement into programs is the focus of the efforts.
        - Jonathan noted that the council would need to move funds from another service area if the council wants to fund this.
    - Tyrie wondered if there is data that shows where residential treatment is being funded.

- Colleen explained that there is data that shows how many Ryan White clients were referred to treatment.
- Jonathan suggested that the council could request this data from the state. Jonathan noted that this information can be found in MMIS (Medicaid Management Information System).
- Destiny Holiday suggested that the council look at harm reduction and how it relates to housing.
- Council members indicated that they would like Rick Moldenhauer from the Department of Human Services, Behavioral Health Division, to present [data related to substance abuse treatment in Minnesota](#).

## VI. Measuring Client's Movement along the HIV Continuum

- Aaron Peterson presented his work on the HIV care continuum to the council (Jeremy Stadelman emailed Aaron's PowerPoint to the council on 06/11/2019).
  - Lisa Behr asked what the definition of retained in care is.
    - Aaron responded that Part A defines retention in care as having a medical appointment at least once per year.
  - Gwen Velez wondered if Aaron looked at geographic areas because she is noticing that low income individuals are being pushed out of the city center, which gives them less access to services.
    - Gwen noted that this is especially true if clients do not have access to reliable transportation.
  - Lisa suggested that providers should be addressing housing at a client's one appointment per year.

## VII. Questions about presentation

- Aaron presented discussion questions for the council:
  - Are there any suggestions for permanent housing solutions?
    - Chuck Peterson explained that providing permanent housing is not an easy lift. In the current market, it is getting harder to house those coming out of homelessness and those with criminal histories.
      - Chuck added that for those with unstable housing there are often comorbidities with mental health and substance abuse issues. Chuck suggested that more work could be done to focus on this group in order to keep them housed.
        - Chuck noted that Clare Housing currently has a waitlist of 350 people; "there are just not enough housing units."
  - Gwen Velez added that it is critical to look at services that help keep people permanently housed.
  - Larry McPherson noted that until housing is addressed, there will not be an end to the AIDS epidemic.

## BREAK

## VIII. EIIHA (Early Identification of Individuals with HIV/AIDS) Update

- Anika Kalewoun presented an update on 2019 EIIHA (Jeremy emailed the PowerPoint to the council on 06/11/2019).
  - Questions:
    - Loyal Brooks asked how the unaware estimate is calculated.
      - Jared Shenk explained that it is a standardized calculation done at the state level and run on EHARS (Enhanced HIV/AIDS Reporting System), which uses statewide census data. Jared noted that this just an estimate with a high confidence interval.
    - Loyal wondered if some of the positive tests were among people already diagnosed.

- Jared noted that about 50% have tested positive before, but it is a good opportunity to reconnect an individual to care.
- Jared explained that those who are newly diagnosed are verified as new clients.
- John Vener noted that he does not think RAAN (Rural AIDS Action Network) is still getting funding for testing.
  - Anika agreed to remove RAAN from her presentation.
- Alejandro Aguilera noted that targeted testing has become more common recently.
- Jonathan Hanft confirmed that Part A is able to combine EIS (early intervention services) and outreach services under one service umbrella. Jonathan added that the same expectations will be relevant for both areas.
  - Part A will be proposing combining EIS and outreach for the August allocations.
- Lisa Behr asked about getting clients linked to care more rapidly.
  - Jonathan noted that this a part of Positively Hennepin strategy.
  - Aaron explained that there is currently a 30-day time expectation to connect to care.
  - Jonathan noted that, within Hennepin County, the goal will be to get clients into the Hennepin County health system within 24-48 hours after diagnosis and that clients should be able to walk out with their ART (antiretroviral therapy) medications.
    - Lisa wondered if there were any efforts statewide.
      - Anika said conversations have not yet been had for a statewide plan.
    - Jonathan suggested that the council could consider adding rapid ART to its integrated plan.
      - The council can provide directives to Part A grant recipients and recommendations to Part B.
  - Loyal asked about the idea of removing competition from the grant process.
    - Cree Gordon noted that it is hard to develop programming because resources are spread too thin. Competition can make it difficult to reach highly affected communities.
  - Destiny wondered how to get people of color more involved in the process to increase testing in highly affected communities. Destiny noted that communities of color lack opportunities for education and testing.
    - Jonathan noted that Part A has been awarded a supplemental grant to work with communities to prioritize HIV as a health issue.
      - There will be targeted awareness campaigns in African American and African-born communities.
    - Cree wondered if there is any testing funding going to Greater Minnesota. Cree suggested that community based organizations need to be able to test. The council could do more to encourage testing in Greater Minnesota.
      - Cree noted that 1 in 4 new infections are in Greater Minnesota.
      - Colleen noted that there is some funding going towards testing in Greater Minnesota.
        - Colleen noted that this may be a discussion to be had with MDH (Minnesota Department of Health).
          - It was noted that Planned Parenthood receives funding for testing statewide.
        - Cree clarified that there is no testing for community-based organizations targeting people of color in Greater Minnesota.
          - Destiny noted that many people prefer to go to their own communities and people for these services.

## IX. Recipient Reports

### • Part A

*Jonathan Hanft, Hennepin County Ryan White Program*

- HRSA/ HAB Part A Reports:
  - FY 2018 Annual Progress Report submitted May 29
  - FY 2018 Part A and MAI expenditure table submitted May 29
  - FY 2018 Federal Financial Report (FFR) due July 29
  - FY 2018 Carryover request due within 30 days of FFR submission
- [FY 2018 4<sup>th</sup> Quarter Parts A & B combined expenditure report](#)
  - Jonathan noted that the numbers still might change, but not by more than 1%.
  - Part A is at about 97% spent for the year.
  - Destiny asked about what is being spent in Greater Minnesota.
    - Jonathan explained that the following programs and services in Greater MN include:
      - Greater MN Set aside (which funds medical case management and food vouchers)
      - Health insurance premium coverage
      - Mental health through Program HH
      - Transportation, which can be used to go to support groups
    - Jonathan noted that Part B plans to present on Greater MN spending at the July council meeting.
  - Larry asked why oral health was so overspent.
    - Colleen explained that Part B pays all claims that come to them through MMIS.
    - The Part B grant is no longer paying for administrative costs, which are now funded by rebate, so there is more money for services.
    - Oral health care is paid through Program HH, but a client must be enrolled in MA and find a dentist that accepts it.
    - Rob asked for an update on the plan to improve oral health care services access.
      - Colleen explained that there was no legislative solution, but the state is working to establish a baseline of data.
        - Colleen noted that they may need to release an RFP to find more providers.
- CAEAR Coalition membership meeting and Hill visits June 17-19
  - Jonathan will be meeting with congressional staff from reps and senators from Minnesota.
- HIV Services Planner staff transition
  - Ryann Freeman is moving to Uganda for a year for a fellowship program and her last day is June 27.
- Jonathan introduced Matt Kravitz, Ryan White Intern
  - Matt is working on entering data into a health disparities calculator and will present his work to the council.

### • Part B

*Colleen Bjerke, Minnesota Department of Human Services HIV/AIDS Unit*

- Part B Supplemental goes until September 30
  - Colleen noted that for this year, they have asked for \$5 million in supplemental.
    - \$2 million of that will be for ADAP (AIDS Drug Assistance Program).

- Part B continues its partnership with MDH and they have established EIS contracts throughout the state.
- **Prevention**
  - Peggy Darrett-Brewer provided an update:
    - There are no funding changes at this time.
    - HIV testing programs have tested about 1,500 people so far this year.
    - Congenital syphilis is on the rise; the state is working to develop a board which will make recommendations to providers to prevent transmission from mothers to newborns.
    - Injury Harm Coordinator Syringe service programs are meeting with local law enforcement to encourage collaboration and to discuss benefits of harm reduction programs.
    - Minnesota has seen an increase in drug overdoses and deaths this year.
      - Syringe service participants are receiving access to Narcan.
      - RAAN does community trainings on how to use Narcan.
    - Aaron wondered how the state is conducting opioid surveillance.
      - Peggy explained that the data they have was reported via the news from the police. MDH does not do surveillance for drug overdoses.
    - Alejandro wondered if MDH has explored securing alternative funding for PrEP programs.
      - Peggy noted that she would have to get back to the council about this.
      - MDH does fund two STD clinics (Clinic 555 and Red Door).

#### X. Unfinished Business / New Business

- Destiny explained that she would like the council to have more discussions about stable housing, food needs, and harm reduction.
  - Destiny would like to discuss solutions about these issues in the community, especially in neighborhoods of color.
  - Rob noted that substance use reform is underway and he plans to bring this up at a Disparities Elimination Committee meeting.
  - Loyal agreed that the council needs to have hard conversations about these issues.
  - Cree agreed that they would like to have more collective conversations about the issues.
  - **MOTION:** Larry McPherson moved that the council agendas should be split between presentations and hard conversations about pertinent topics. Destiny Holiday seconded.
    - Discussion:
      - What are the hard topics the council would like to discuss?
        - Housing stability
        - Food insecurity
        - Harm reduction
        - Transportation
      - Rob suggested that each topic could be discussed at the end of every meeting until conversation is complete.
      - McKinzie suggested that it might be best for the council to do some brainstorming on how meetings could be changed going forward.
      - **AMENDMENT:** Cree Gordon amended the motion to add that the council should use its next meeting to decide what mechanisms will work for the body to accommodate the suggested changes to meeting agendas. Loyal Brooks seconded.
        - Discussion:

