

**MN Council for HIV/AIDS Care and Prevention
Meeting Minutes for August 13, 2019
9:00am to 12:00pm
Health Services Building, Room L15
Minutes**

Council Members Present:	
Dennis Anderson	Fred Ndip
Andrew Bauman	Lesla Nelson
Tom Bichanga	Alex Palacios
Loyal Brooks	Raquelle Paulsen
Thu Danh	Chuck Peterson
Charlotte Detournay	Sarah Schiele
Terral Ewing (Council Co-Chair)	Tyrie Stanley (Council Co-Chair)
Destiny Holiday	Gwen Velez
James McMurray	John Vener, MD
Larry McPherson	Johnnie Williams
Robert Andrews-Mendoza	McKinzie Woelfel (Council Co-Chair)
Florence Nabeta	
Council Members Absent:	
Alejandro Aguilera	Cree Gordon
Lisa Behr	Stephen Jensen
Raymel Givens	Nafula Namuninia
Community Members/Guests/Consultants:	
Tara Carmean, MDH	Matthew Kravitz, Hennepin County
James Flowers, Red Door Clinic	Jake Maxon, Hennepin County
Coral Garner, City of Minneapolis	Margot Schwamb, MDH
Gina Liverseed, MDH	Adrianna Sonnek, MDH (phone)
Jake Melson, DHS	Jo Ann Vertetis, Co-chair, Community Voices Committee
Hennepin County (Part A) Representative:	
Jonathan Hanft	DHS (Part B) Representative:
	Colleen Bjerke
MDH (Prevention) Representative:	
Peggy Darrett-Brewer (phone)	MCHACP Parliamentarian:
	Pat Reymann, PRP
MCHACP Staff:	
Carissa Weisdorf, Coordinator (minutes)	

Quorum Present? **Yes**

I. Call to Order, Introductions, Lighting of the Candle, Reading of Guiding Principles,

- Terral Ewing called the meeting to order at 9:00 a.m. Introductions were made. Terral lit the candle in honor of Lorraine and passed around her memorial ceremony brochure. The guiding principles were read.

Consideration and Approval of Proposed Agenda

- The agenda was approved by unanimous consent.

Consideration and Approval of July 9 Meeting Minutes

- Terral Ewing noted a change to the minutes, under unfinished business, he stated the minutes should read, "Terral Ewing noted one meeting a year is cancelled and maybe we need to have all 12 meetings in a year so we have the time." There were no objections to the change to the minutes. The minutes, with the change noted, were approved by unanimous consent.

II. Co-Chair Update

- Tyrie Stanley asked that presentations to the council are prepared so as not to waste time.

- Tyrie Stanley noted there is a lot of fighting outside of meetings, and that is not the purpose of the council; we are here to prioritize services and allocate resources.
- McKinzie Woelfel said we have a packed agenda today; we want people to be able to speak freely but to be mindful of time.
- Terral Ewing asked that questions for presenters are held until the end of the presentation.

III. Council Staff Update

- None

IV. Committee Reports (also refer to *Committee Report Summaries*)

- Executive
 - Heard reports from each standing committee.
 - The committee referred the action item for the allocations proposal back to the Planning and Allocations Committee for consideration for an electronic vote; this was based on changes to the proposal from Part A and Part B.
 - The committee reviewed the status of the actionable items from our onsite TA that each committee is working on.
- Community Voices (CVC)
 - The next meeting is September 9.
 - There will be a co-chair election.
 - If you work for an agency, please ask clients to attend. It is important to have more voices in the room.
- Disparities Elimination
 - The committee allocated carryover funds for MAI.
 - The letter to providers about updating clients' gender identity will be finalized at the next meeting and will be sent to all Ryan White and prevention providers.
 - Had presentations from Part A and MDH.
- Membership & Training
 - The council viewed the council video at www.mnhivcouncil.org.
 - Loyal Brooks asked for reactions from council members.
 - There was a comment that it seemed sterile and doesn't feel like community members will latch on to it. It seems professional and not accessible to everyone.
 - There was a comment that the video was awesome and beautiful and very professional.
 - Updating the council photo is a good idea.
 - In creating the video, the committee viewed other council videos.
- Needs Assessment & Training
 - The quarterly meeting evaluation will be handed out right before the break and will be available online.
 - Please specify if your comment is about a council meeting or committee meeting so we can properly address concerns.
- Planning & Allocations
 - **Action Item:** Part A Carryover Request Proposal
 - Tyrie Stanley read the rationale on the proposal action item.
 - **MOTION:** Tyrie Stanley moved to approve the Part A Carryover Request Proposal. No second is needed because it comes from committee. No debate.
 - Terral Ewing took a roll-call vote:

Name		COI?	Vote	Name		COI?	Vote
Dennis	Anderson		Aye	Lesa	Nelson		Aye
Robert	Andrews		Aye	Fred	Ndip		Aye
Andrew	Bauman		Aye	Alex	Palacios		Aye
Tom	Bichanga		Aye	Raquelle	Paulsen		Aye
Loyal	Brooks		Aye	Chuck	Peterson		Aye

Thu	Danh		Aye	Sarah	Schiele		Aye
Charlotte	Detournay		Aye	Tyrie	Stanley		Aye
Terral	Ewing		Abstained (facilitation)	Gwen	Velez		Aye
Destiny	Holiday		Aye	John	Vener, MD		Aye
Florence	Kulubya-Nabeta		Aye	Johnnie	Williams		Aye
James	McMurray		Aye	McKinzie	Woelfel		Aye
Larry	McPherson		Aye				

- **Motion passes.**

- **Action Item:** Part A and Part B Allocations Proposal with a Waiver

- Tyrie Stanley read the rationale on the proposal action item.
- **MOTION:** Tyrie Stanley moved to approve the Part A and Part B Allocations Proposal with a Waiver. No second is needed because it comes from committee. DEBATE:
 - It was asked how oral health care services exceeded the previous allocation. Colleen Bjerke replied that all oral health care bills are paid through the MMIS system, and it is not a contracted service. DHS used rebate money to pay for all oral health care bills so no one was turned away.
 - It was asked about the proposal to move the Health Insurance Premium allocation to Emergency Financial Assistance. Colleen Bjerke said ADAP is able to absorb the additional amount for insurance currently paid from this service area; about \$7,000 of the total allocation was used to pay for insurance. This allows additional money to go to other services.
 - No further debate.

- Terral Ewing took a roll-call vote:

Name		COI?	Vote	Name		COI?	Vote
Dennis	Anderson		Aye	Lesia	Nelson		Aye
Robert	Andrews		Aye	Fred	Ndip		Aye
Andrew	Bauman		Aye	Alex	Palacios		Aye
Tom	Bichanga		Aye	Raquelle	Paulsen		Aye
Loyal	Brooks		Aye	Chuck	Peterson		Aye
Thu	Danh		Aye	Sarah	Schiele		Aye
Charlotte	Detournay		Aye	Tyrie	Stanley		Aye
Terral	Ewing		Abstained (facilitation)	Gwen	Velez		Aye
Destiny	Holiday		Aye	John	Vener, MD		Aye
Florence	Kulubya-Nabeta		Aye	Johnnie	Williams		Aye
James	McMurray		Aye	McKinzie	Woelfel		Aye
Larry	McPherson		Aye				

- **Motion passes.**

- It was noted we need to update the roll-call grid to include our newest members.

V. Health Insurance Premium and Non-Medical Case Management Service Area Presentation

- Thu Danh presented the **highlighted service area document**.
- It was asked when we will have data for 2019. Since we are currently in fiscal year 2019, we won't have the information until the summer of 2020, after we close out the fiscal year.
- It was asked what the difference is between non-medical case management and medical case management. Medical case management focuses on ensuring people are getting access to medical care and antiretroviral therapy as well as achieving viral suppression. Non-medical case management doesn't require a focus on medical care but is more focused on wrap-around services that help people stay in

care. Colleen Bjerke said non-medical case management includes specialty services as well, such as benefits counseling.

- It was asked about the HRSA description for non-medical case management, what is “State Pharmacy Assistance Program”. It is when a pharmacist educates a client about taking medications, this is billed to ADAP.
- It was asked about the Trump administration’s new immigration law that if you access public funds it could affect your immigration status. Are we watching this and does ADAP apply to this? Colleen Bjerke replied that NASTAD (National Alliance of State and Territorial AIDS Directors) is watching this and doesn’t think it applies to HIV services and ADAP; this is the guidance given to Part B several months ago. Part B does not need to and does not report anything to immigration. If this changes in the future, she is not sure what would happen.
 - Aaron Peterson stated client utilization and health outcomes are reported to the federal government but there is no client identifying information provided.
 - It was requested that this information is given to providers who may experience ICE breaks – this happened at a provider last year and it was unexpected. It is important to know you don’t have to give ICE access.
 - It was also noted that Mid-Minnesota Legal Aid presented on the public charge to indicate who would be affected by this new rule. Charlotte Detournay can provide info about this.
 - This topic was added to the parking lot.
- It was noted that the client utilization for Health Insurance Premium is very low and it was asked why that is. About fifty percent of people with HIV in Minnesota access Ryan White services, which includes ADAP, so it may demonstrate the need for the service. However, there may be some people who need the service but are not accessing it. Colleen Bjerke said there are better ways to get insurance paid for and that is ADAP; also MA and private insurance pays for health insurance.
- It was asked how we reach people who have an issue accessing medical or dental services, or those who are unaware of their HIV status. Jonathan Hanft said there are efforts to reach people in the community who are not aware of or accessing Ryan White services. It is a council and QMAC goal to increase the number of people statewide who utilize Ryan White services and there are workgroups addressing this goal right now. Please let us know if you are interested in joining one of these workgroups. Additionally, Part A was recently awarded a capacity building grant and will use part of the grant on targeted campaigns. We also look to the council for ways to reach more people. This was added to the parking lot.

VI. Part A Assessment of Efficiency of Administrative Mechanism

- Carissa Weisdorf presented **Part A Assessment of Efficiency of Administrative Mechanism** and asked every member to complete the assessment by August 30 so the results can be included in the Part A grant application. This is a legislative requirement and a standard of membership.
- Carissa Weisdorf asked if there are any questions.
 - It was asked if responses to the provider survey are anonymous. Yes, both the provider survey and assessment of the administrative mechanism are conducted by a third-party and no identifying information is attached to the aggregate responses.
 - It was asked if we will ever survey consumers, in addition to providers and council members. The Needs Assessment and Evaluation Committee develops the assessment and can consider this feedback.
 - Does the Part A assessment include contracts in Greater Minnesota that Part A administers? No, this is only for services received in the TGA.

BREAK

- McKinzie Woelfel took over facilitation after the break.

VII. Health Disparities Calculator

- Matthew Kravitz introduced himself as the Ryan White Program intern and said he has been working over the summer to enter data into the Center for Quality Improvement and Innovation (CQII) health

disparities calculator. He presented **Health Disparity Calculator for Minneapolis – St. Paul Transitional Grant Area**.

- **Health Disparities Calculator Discussion Worksheet: MSP-TGA** was distributed and council members were asked to have a discussion about how we improve viral suppression rates for black African American men who have sex with men and black African American women in the MSP-TGA. Matthew will collect the responses and he also presented responses from the Quality Management Advisory Committee (QMAC), for the council's reference. The council's ideas included:
 - HIV testing
 - PTSD: we store trauma in our bodies so there is no coincidence that people with the most trauma are also being the most physically affected; for example, in achieving viral suppression, health outcomes, and accessing health. It is invisible but so powerful. Trauma-informed care needs to be included in outreach work, for example.
 - How can we include greater Minnesota in this data? Topics and ideas included in the root cause can apply to others. There may be some different needs, but we are likely to find similar root causes. Also, we are not able to release data where there are less than 100 cases, for example, transgender populations. It was noted that the provider letter the Disparities Elimination Committee is developing aims to solve this issue because we know there are more transgender people with HIV than the data shows.
 - Cultural responsiveness: the system needs to focus on how we treat people with HIV. Providers may have an employee who is trained in cultural responsiveness but this person is not likely to be the first person a client encounters; we risk losing a client if they have a negative experience.
 - Matthew Kravitz recommends we go out to communities experiencing disparities to better understand how we can serve the people in that community.
 - Racism: how people look at you and treat you.
 - Stigma associated with HIV.
 - What does it look like to break down stigma in Minnesota? What can agencies do?
 - Press Ganey surveys are surveys conducted in hospitals about patient treatment. Poorly performing hospitals are penalized. We could use this survey with providers who serve black African American clients to find out which agencies are poor performers. There is a worry that this could lead to policing certain agencies.
 - This applies to what we are doing with having more time during council meetings addressing hard topics.
- Aaron Peterson said to contact him if an agency or government recipient wants to use the calculator.

VIII. Facilitated process to determine list of hard or hot topics

Sarah Schiele and Coral Garner, facilitators

- McKinzie Woelfel turned over facilitation to Tyrie Stanley.
- This will be a focused conversation led by Sarah Schiele.
- Sarah Schiele opened up the conversation and asked council members, *what is the goal of having "hard topic" conversations?*
- We will go around in popcorn-style form to hear from everyone.
- Sarah Schiele gave the background of how the council decided to come to this decision. *What are words, key points, ideas from these initial conversations?*
 - We talked about housing, food insecurity, transportation; council members wanted space to talk about these topics.
 - Have conversations around these topics so we can make informed decisions when we are setting our allocations.
 - Can help fill vacancies on the council – lets prospective members know we have meaningful discussions and people have the opportunity to share.
 - Moving beyond the data – why are we not making progress in reducing new infections and increasing viral suppression rates for all people? Often times we don't look at the root causes like racism, lack of housing.

- Give opportunity to share what you feel or think – may make some people uncomfortable. Members should feel this is a safe space to share freely.
- Misunderstanding each other – sometimes we walk on eggshells and fear expressing ourselves.
- Find innovative ways of making things better – get something done and make progress, not just same results.
- Build consensus on where council stands on particular issues.
- Want to address feeling of neglect of clients in greater Minnesota.
- Want to ensure what is said here is shared with others.
- Consumers need to give input, there is a lack of input from consumers in consumer input meetings.
- We all share the goal of seeing an end to the HIV epidemic. These conversations will fill in the holes. Create unified approach to end the 300 new HIV cases every year.
- Additional hard topics for discussion: understanding bias, unification, prejudice, destruction of conversation, and gossip.
- We talk about it, we identify problems, but we don't come to solutions.
- We are one community and want to create equity across the board.
- Could help us understand each other better and help create bonds.
- *Think about what is the most critical of these goals.* Sarah asked to hear from each group of stakeholders.
 - Make healthy decisions for people with HIV. There is a lot of division. People need to come to the table and leave their egos behind – address needs of the community, not individuals, or individual agencies. Understanding purpose of why we are here.
- *What makes you most excited and what are you worried about including these hard topics into our meetings.*
 - Worry to get side tracked.
 - Culture of the space and having conversations without acknowledging we all come with certain points of privilege. We are not at a level playing field and defining these topics will help level the field.
 - Will help us learn, grow, and speak about our differences.
- *What is your gut reaction to adding these hard conversations to the agenda?*
 - Egos will come into the room and we won't be on a level playing field, we'll get side tracked and division will continue.
 - Need mechanisms in place to keep this constructive and focus on people with HIV.
 - Excitement – these will lead to interesting conversations.
 - Forgetting purpose of the council – we have specific tasks like allocating resources and we do accomplish a lot. We get side tracked with big issues like housing which is tough to tackle.
 - Follow through and organization – need to take one topic at a time and address topics related to people with HIV.
 - Reduce stigma for people with HIV.
- *What difference will this make?*
 - It won't make a difference if we don't participate and could lead to the same things happening.
 - Inform allocations – maybe we will move allocations around.
 - We are already seeing a difference by beginning this conversation.
 - Our hearts and minds need to change and we need to remember why we're here. Keep personal matters out.
 - More comprehensive view of what is going on in communities we serve and service areas. Give qualitative information to help make decisions around prioritization and allocation.
- Coral Garner provided a summary of the conversation:
 - The goals are to inform the allocation process; help with member recruitment; explain what is behind the data; creating a safe space; level the playing field – less division of consumers, providers, greater Minnesota, TGA. Keep focus on people with HIV who we are here to serve.
 - Why it will make a difference. Be committed to the process and allow conversations to affect allocations. Have authentic and honest conversations. Provide council with more comprehensive

view of qualitative and quantitative data. Critical that leadership is committed to the process and keeping people on task and not get side tracked.

- Did this process adequately answer the question about our goals of the hard topic discussion? We have captured the concerns and aspirations and need to determine the mechanism – who is delegated to lead the process? Conversations should focus on eliminating HIV. Take off your “hat” as provider or consumer in order to level the playing field. Solution-driven. Next step is determining the process.
- Sarah Schiele proposes the next step is to hold a consensus workshop to help decide what the conversation may look like – i.e. determine mechanisms to hold the conversations and prioritize our hard topics.
- This will be added to the agenda for next month.

IX. Recipient Reports

- See Part A and Part B written reports below.
- Jonathan Hanft added the Hennepin County Ryan White Program RFP was released yesterday. Applications are due October 1. Seeking subrecipients to apply for funding – will be shared broadly today. Process is also online.
- Colleen Bjerke added that \$6.9 million in rebate revenue was recently released in one quarter. This is unusual and she doesn’t anticipate it will happen again; it was catch up all the way back from 2017.
- Colleen Bjerke said the END HIV MN (statewide strategy) coordinator is being hired. The process for developing the strategy included listening sessions statewide and the process to implement the strategy will include going back those regions. Information will be sent to the council and other stakeholders.

• Written reports

Part A

Jonathan Hanft, Hennepin County Ryan White Program

- HRSA/HAB Part A Reports:
 - FY2018 Federal Financial Report (FFR) submitted July 30.
 - Total FY2018 unobligated balance = \$124,207
 - FY 2018 carryover request due within 30 days of FFR submission.
 - Formula carryover = \$95,825
 - MAI carryover = \$21,475
 - FY 2020 Part A grant application is due September 30; the funding ceiling is \$6,129,315 this year.
 - FY 2020 core medical services waiver request public meeting scheduled for September 10, 2019 from 12:00 – 1:30 p.m., it will follow the council meeting.

Part B

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

- Contract Training: Part B will hold a training for current DHS Part B subrecipients on August 26. Program Managers and financial staff are invited. Training on state and federal requirements in contracting.
- Submitted the AIDS Drug Assistance Program Drug Report (ADR) in June and the Annual Progress Report (APR) for Part B in July to HRSA. Just sent in annual report for NASTAD (August 12).
- Rebate – In FFY 2018 (April 1, 2018 to March 31, 2019) we received \$4,369,790 in rebate revenue. From April 2019 to June 2019 we received \$6,907,242 in rebate revenues. While the total for the FFY 18 was less than usual (we have been receiving on average \$6.5 million per year), we received more than a year’s worth of rebate in the last quarter. This was primarily due to one pharmaceutical company catching up with delayed rebates. This amount is not expected to continue but it does illustrate the difficulty of planning for and managing rebate revenues.
- END HIV MN (formerly known as Statewide Strategy)
 - Finalizing hiring of Coordinator
 - Engaged some consultants from MN Management and Budget to work on initial activities.
- Centralized Eligibility

- Moving to birthday/half-birthday enrollment in September. This will be for Program HH clients only (but that is most clients). First implementation phase in moving towards centralized eligibility.
- CE will go live in winter 2020.
- **Prevention**
 - Quarterly updates: next update in September

X. Unfinished Business / New Business

- Terral Ewing introduced a new item of business and said consumer input is focused on the Community Voices Committee. He asked if we can we mandate consumer input at every agency.
- **MOTION:** Terral Ewing moved to form an ad hoc committee for consumer involvement to ensure consumer input at every agency and government agency above the HRSA standard. The ad hoc committee would consist of council members, especially consumers; a report, with recommendations on how to better improve consumer involvement, would be requested by the January council meeting. Larry McPherson seconded. **DISCUSSION:**
 - We referred to 4.4 of the bylaws: An ad hoc committee may be formed to work on time-limited special projects that address the charge of the council. Recommendations for the creation of an ad hoc committee may be made by the community co-chairs, an individual member, or an existing committee. Such recommendations must include a description of the roles and responsibilities of the proposed ad hoc committee. Such recommendations should be brought first to the Executive Committee for review.
 - Tyrie Stanley is not in favor because the role of the Community Voices Committee is to bring in consumer involvement and he believes this is out of the purview of the council to mandate providers.
 - Alex Palacios would like to see something in writing so it can be reviewed more thoroughly and they don't understand the purpose of this ad hoc committee; Sarah Schiele agreed.
 - Terral Ewing will bring his written recommendation to the Executive Committee.
 - The council voted 7-3 if this should be brought to the Executive Committee. Motion passes.

XI. Open Forum

- There was a difference in opinion at the Executive Committee meeting and members are not here to fight with each other.

XII. Announcements

- The Transgender Stellar Awards are on Saturday between 1 – 3 p.m. This is put on by the Monarch Program at Red Door. Encourage everyone to come support.
- People of Color Pride is this weekend and there are various activities throughout the weekend. Dennis Anderson has additional information.
- Destiny Holiday has a new book available for pre-order.

XIII. Adjourn

- The meeting adjourned at 12:10 p.m.

Documents Distributed Before the Meeting:

- Proposed Agenda
- July 9 Meeting Minutes
- August 13 Committee Report Summaries
- **Revised Action Item:** FY 2020 pre-award allocations proposal with a waiver
- Revised FY 2020 application allocations proposal with a waiver
- **Action Item:** Part A Carryover proposal

- August 13, 2019 council procedure and monitoring plan evaluation
- September 10, 2019 public input meeting flier
- September 9, 2019 Community Voices Committee meeting flier

Documents Distributed at the Meeting:

- Non-medical case management and health insurance premium and cost-sharing assistance for low-income individuals highlighted service area documents
- Assessment of the Efficiency of the Administrative Mechanism PowerPoint
- Part A Update
- Part B Update
- Health Disparities Calculator Discussion Worksheet: MSP-TGA

cw