

**MN Council for HIV/AIDS Care and Prevention
Allocations Retreat, Day One
August 4, 2020 9am – 11am
Virtual Meeting**

Meeting Summary/Minutes

Council Members Present:	
Andrew Bauman	Tom Kelly, Jr.
Lisa Behr	Tom Kennedy
Thu Danh	Larry McPherson (Council Co-Chair)
Charlotte Detournay	Javier Andrews-Mendoza
Alissa Fountain	Fred Ndip
Raymel Givens	Asneth Omare
Alfredo Rincon-Gonzales	Sarah Schiele
Cree Gordon (Council Co-Chair)	Jeremy Stadelman
Stephen Jensen	Jo Ann Vertetis
Teresa Jones	James McMurray
Council Members Absent:	
Dennis Anderson	Austin Phillips
Destiny Holiday	McKinzie Woelfel (Council Co-Chair)
Nafula Namuninia	
Community Members/Guests/Consultants:	
Ann Bensen	Gloria Smith
James Flowers	Allison Steffenhagen
Audra Gaikowski	Thuan Tran
Miranda Kunz	Beth Zemsky
Jacob Melson	
Hennepin County (Part A) Representative:	
Aaron Peterson	DHS (Part B) Representative:
	Collen Bjerke
MDH (Prevention) Representative:	
None	MCHACP Parliamentarian:
	Pat Reymann, PRP
MCHACP Staff:	
Richard Puella (minutes)	
Carissa Weisdorf, Council Coordinator	

- I. **Call to order and Introductions, Read Guiding Principles and Agenda and July minutes approval:**
The guiding principles were read, and one change to the agenda was noted. Aaron Peterson will be providing the Hennepin County update in lieu of Thuan Tran and with that, the minutes and agenda were approved with unanimous consent.

- II. **Resource Allocation Process for Ryan White HIV/AIDS Programs Funds and Council Vision and Values:**
Cree Gordon turned over facilitation to Beth Zemsky. Beth reviewed the documents that were sent to Council members and referred to specific documents needed for today's meeting, which are the *agenda*, *MCHACP resource allocation process (3)*, *MCHACP mission, vision, values (4)*, *the 2021-2022 service area prioritization ranking (2)*, and *the FY2021 Council Proposed allocation plan (1)*.
 - **The Council will make the resource allocations decisions with the following in mind:**
 - Reducing HIV related disparities and promoting health equity

- All Ryan White HIV/AIDS Program eligible clients have access to core medical services
- At the forefront our goals, objectives, and activities laid out in the Minnesota and the Transitional Grant Area (TGH) Integrated HIV Prevention and Care Plan
- Use an equitable, data-based process that manages conflict of interest
- All voting council members will participate actively in decisions about priority setting and resource allocation
- Allocate funds only to prioritized services categories that are legislatively approved for funding
- The Council are the decision makers for Ryan White HIV/AIDS Program Part A funds and directives
- The Council provide recommendations for Ryan White Program Part B funds
- **The Criteria:**
 - Contribute to geographic parity in access to care for all people with HIV in Minnesota and the 13-county TGA
 - Consider the needs of specific populations, including disproportionately impacted and traditionally underserved groups, and groups that experience HIV-related health disparities
 - Reduce the proportion of people who know their status but are not in care
 - Contribute to an improvement in HIV care continuum performance for all Ryan White HIV/AIDS Program clients and eliminate or reduce disparities along the HIV care continuum
 - Be data-based, with greater weight given to data that have larger samples and are more representative
- **Services Directives:**

Directives will be provided as a guide for Part A recipient on how best to meet priorities by focusing on geographic and population targeting, access to care, and services models. Due to the fiscal implications that directives have, the Council will try its best to complete and adopt them prior to resource allocations because:

 - The cost of implementing a directive needs to be included in the allocation for the affected service category
 - Adding funds to one service category may require reducing funds to another services category

III. FY 2021-2022 Service Area Priorities:

Beth handed this over to Carissa Weisdorf to review the FY 2021-2022 Services Area Priorities. Ryan White HIV/AIDS Legislation mandates that the Council members prioritize service areas.

- Based on needs assessments, utilization data, and epidemiology data, Council members in June and July decided what is most important for those living with HIV in the TGA and state of Minnesota.
- Earlier in the year the Council decided to prioritize all eligible Ryan White HIV/AIDS Program service areas regardless if those were funded in FY 2019/2020.
- 20 out of 25 Council members returned their priorities for core medical services, and 19 out of 25 Council members returned their support services.
- Carissa Weisdorf informed the council there is one change on the slide from what was emailed and mailed. Health Insurance Premium and Cost Sharing Assistance was not funded by the council in FY 2020; Part B recommended the Council move all the funding from Health Insurance Premium (HIP) and it was absorbed into AIDS Drug Assistance Program (ADAP).

- Another change was with outreach, which is strictly funded through Part B Minority AIDS Initiative (MAI), and the previous outreach funding was put into Early Intervention Services (EIS). It was found that (EIS) was more effective at getting people who were out of care back into care. These changes are reflected in the FY 2021 allocations proposal.
- At this point Beth announced that council members will go into breakout rooms to discuss the new council priorities. The questions members were asked to discuss are below.
 - What are your reactions to the prioritization results? Are they what you expected? Are there any surprises in the results?
 - How does the group's prioritization compare to your results? If they differ from your own, how come you prioritized the way you did? What questions do you have for others regarding their prioritization?
- Members rejoined the meeting and Beth asked about the breakout room discussions.
- Tom Kelly, Jr. asked about the status of the current budget, and could Federal and State funding be impacted by COVID? Carissa Weisdorf explained that the Council should operate under the assumption of flat funding and noted that Ryan White funding in the past has been very stable. Collen Bjerke also mentioned that Part B has been given any indication that funding will be affected.
- Jo Ann Vertetis said her group talked about childcare, and how the childcare system is set up. Her group felt that allocating funds to childcare is not possible because it's too complicated. Despite there being a need for childcare, childcare is setup in a way that isn't practical. She asked if that is something we can investigate for the future, because she hears the need from other women and their struggles finding care for their kids. Speaking from personal experience, she knows the difficulty of trying to see a medical provider or a support group or a counselor and have children with.
- Jo Ann Vertetis mentioned that she was informed that the Needs Assessment hasn't reflected a need for childcare, and she questions if there was a proportionate number of women in those needs assessments. She wonders if those taking the survey are considering their needs with enough foresight, or are they answering the survey in the moment?
- Beth Zemsky thought that would be a good question for the Needs Assessment and Evaluation Committee to consider how the questions are being asked, what the sample groups are, and how much in advance do the people get to think about the assessment questions.
- Beth Zemsky mentioned that she recalls this exact same conversation around childcare happening at the previous allocations meeting. JoAnn agreed that that was also mentioned in her group, and they felt that the childcare issue is not going away. With COVID there is less childcare available, it's more expensive and feels it may be a greater need now.
- Sarah Schiele shared her group's discussion, and most were surprised to see medical case management ranked first. Her group would prefer to see other services like substance abuse and mental health prioritized higher because clients who are struggling with those issues would need to be addressed before focusing on HIV care. Collen Bjerke responded and explained that clients do not need to be in care to be in medical case management. A medical case manager will work with a client and help clients get into care.

IV. Present Allocations Proposal:

Aaron Peterson presented *the FY 2021 Council Proposed Allocation Plan*.

This proposal was reviewed and forwarded by the Planning and Allocations Committee at their last meeting, and includes the Disparities Elimination Committee's recommendation for Part A Minority AIDS

Initiative (MAI) funds. The Council makes allocations decisions for Part A funding and provides recommendation for Part B, with the exception of Part B Minority AIDS Initiative (MAI) funds and AIDS Drug Assistance Program (ADAP) because these funds are set and cannot be altered. Collen Bjerke confirmed that ADAP funds can only be used for ADAP. Regarding Part B MAI, those funds can only be used for outreach and education for individuals around having medications paid.

- Aaron pointed out that the additional information for State and rebate funding was provided so members can see all funding sources for service areas so members can see where/if there is still a gap when all funding sources are considered. However, the Council does not allocate State or rebate funds.
- Collen Bjerke wanted to point out that on the proposal it appears that funding for mental health has been reduced by 7%; however, that is not the case, the money was moved from Part B and replaced with rebate funding.

V. Discuss Allocations Proposal:

A member asked, what happens if there is no flat funding and the Council must consider an increase or decrease? Carissa Weisdorf responded by referring to handout 3, the *Resources Allocation Process* document, has the procedure for this, which states, “when the actual grant award is received, and, if adjustments need to be made, any increase or decrease to services categories will first go through committee and then brought to the Council for approval and will be based on our principles and criteria.”

- JoAnn mentioned that she received her packet the other day and hasn't really had the time to absorb that information, and does not have questions at the time, but is sure she will as she goes through the information.
- Cree Gordon noted that if members wanted to meet before the next allocations meeting to have a Q&A session, Council staff can coordinate that. For those who are unable to attend the Q&A session, questions can be sent to Richard Puella or Carissa Weisdorf.

VI. Open Forum:

No further discussions followed

VII. Next steps: Preparation for Day Two:

Carissa Weisdorf went over the documents that were in the packets that each member received. Beth Zemsky suggested keeping document # 3 *Minnesota Council for HIV/AIDS Care and Prevention Resources Allocation Process* on hand during the discussions.

- As Carissa discussed the HIV care continuum, Jo Ann mentioned that there is a lot of different information out there on how COVID is affecting HIV, and she would like to know the specifics in Minnesota. Jo Ann asked how COVID affects HIV clients medically. Also, how has the pandemic and the economic downturn affected service access for Ryan White clients.

VIII. Adjourn:

Meeting was adjourned at 11:00am

Documents Distributed for the Meeting:

- Agenda
- July 28, 2020 MCHACP minutes

- (1) FY 2021 Council Proposed Allocation Plan
- (2) FY2021-2022 Service Area Prioritization Ranking
- (3) Minnesota Council for HIV/AIDS Care and Prevention Resources Allocation Process
- (4) MCHACP Mission, Vision, Values
- (5) Part A, Part B, and combined expenditure report for fiscal year 2019
- (6) Part A TGA Resources Inventory
- (7) DHS Part B FY 2020 allocations plan (federal, rebate, and state dollars)
- (8) Understanding Ryan White HIV/AIDS Program service categories
- (9) 2018 HIV Care Continuum
- (10) HIV Care Continuum with core medical service areas
- (11) HIV Care Continuum with support service areas
- (12) Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Users of Funds
- (13) Consumer Needs Assessment Results

RP/cw