

Minnesota Council for HIV/AIDS Care and Prevention
Tuesday, September 14, 2021
9 – 11 a.m.
Microsoft Teams Meeting
Meeting Minutes

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| Council Members Present | |
| Johan Baumeister | Sue Purchase |
| Charlotte Detournay | Jessie Saavedra |
| Alissa Fountain | Jeremy Stadelman |
| Cree Gordon (Council Co-Chair) | Tyrie Stanley |
| Amy Miller | Jo Ann Vertetis |
| Nafula Namuninia | McKinzie Woelfel (Council Co-Chair) |
| Lesa Nelson | |
| Council Members Absent | |
| Nyonbeor Boley | Javier Andrews Mendoza |
| Calvin Hillary Hylton | Sarah Schiele |
| Teresa Jones | Paul Skrbec |
| Larry McPherson (Council Co-Chair) | |
| Community Members/Guests/Consultants: | |
| Alejandro Aguilera, St. Paul – Ramsey County Public Health | Darin Rowles, DHS HIV Community Supports manager |
| Stephen Jensen, Community Member | Amy Yang |
| Anika Kaleewoun, Hennepin County Ryan White Program quality manager | |
| Hennepin County (Part A) Representative: | |
| Jonathan Hanft | DHS (Part B) Representative: Thomas Blissett |
| MDH (Prevention) Representative: | |
| Jose Ramirez | MCHACP Parliamentarian: Pat Reymann, PRP |
| MCHACP Staff: | |
| Richard Puella | Carissa Weisdorf (minutes) |

Quorum Present? **Yes**

I. Call to Order and Reading of Guiding Principles

- McKinzie Woelfel called the meeting to order at 9 a.m. and led the council in reading the Guiding Principles.

II. Welcome and Introductions

III. Consideration and Approval of Proposed Agenda

- The agenda was approved as printed.

IV. Consideration and Approval of August 10 Meeting Minutes

- The minutes were approved as printed.

V. Getting to know each other: breakout rooms

- The Executive Committee added time on the agenda for members to continue to get to know one another by using breakout rooms. The feedback so far is that council members enjoy this activity.

III. Early Identification of Individuals with HIV/AIDS (EIIHA) update

- Anika Kaleewoun introduced herself as the quality manager at the Hennepin County Ryan White Program. She was invited to the meeting today to provide an update of activities related to Early Identification of Individuals with HIV/AIDS (EIIHA), which HRSA requires is presented to the council every year. She said data in her presentation was informed by Aaron Peterson, the Hennepin County data and outcomes coordinator. Questions can be addressed to Anika Kaleewoun and data questions can be directed to Aaron Peterson.
- Anika Kaleewoun presented ***Early Identification of Individuals with HIV/AIDS (EIIHA) presentation to the council.***
- Jessie Saavedra asked why Indigenous Native Americans are not included in the EIIHA goals. Anika Kaleewoun replied the populations of focus included in the EIIHA goals were based on incidence data and informed by the EIIHA annual meeting in July 2020. She also clarified that this plan and the data is only the TGA and not the entire state of Minnesota.
 - Jonathan Hanft said the data available at the time was through 2019 so it was the very beginning of what we knew about the HIV outbreak at the time.
 - Anika Kaleewoun confirmed that there were data delays at the time of the 2020 annual stakeholder meeting due to epidemiologists from Hennepin County and the state being redirected to COVID-19 work.
- Jonathan Hanft said based on what we have learned since this plan for 2021, Hennepin County has included Non-Hispanic American Indian/Alaska Natives as a priority population in their EIIHA work and unmet need for fiscal years 2022 – 2024. Non-Hispanic African Americans and Hispanics are the other two priority populations of focus for Part A.
- Jo Ann Vertetis asked how many consumers currently sit on the Quality Management Advisory Committee (QMAC). Anika Kaleewoun replied currently there are four consumer members and one vacancy. She encouraged applications and provided fliers to council members following the meeting.

She has also reached out to service providers and provided applications at a recent training on quality for consumers.

IV. Recipient reports

Part A

- Jonathan Hanft provided the report on behalf of Part A (Hennepin County Ryan White Program). He said the carryover request that the council approved at the last meeting was submitted to HRSA. This is unspent Part A funds from fiscal year 2020 that will be carried over to fiscal year 2021.
- Hennepin County Ryan White Program staff are actively working on the Part A grant application for FY 2022 – 2024. This is the first year it is a three-year grant application.
- As of September 8, 2021, there are 80 cases associated with the HIV outbreak in the metro area and 20 in the Duluth area outbreak. This includes two additional cases added to both outbreaks since the last council meeting.
 - Jeremy Stadelman from the Hennepin County Ryan White team is leading a housing technical workgroup convened by Hennepin County as part of the response to the outbreak to develop lower barrier models or pathways from unsheltered homelessness to safe, stable, desirable housing.
 - There is now additional capacity from Hennepin County Public Health to provide medical care in the field from Healthcare for the Homeless nurses, including providing antiretroviral medications. Also, Red Door Clinic is expanding disease investigation and partner services for new cases identified in the outbreak.

Part B

- Thomas Blissett provided the report on behalf of Part B and ADAP (Minnesota Department of Human Services HIV Community Supports). He reminded people the Program HH COVID-19 waiver ended July 1, 2021 and the normal closure process resumed September 1, 2021. Clients who do not complete an annual renewal will be closed for non-renewal. Letters were sent to open clients and multiple verbal and written reminders have been sent to providers. This will continue every month for clients who do not submit an annual renewal.
- Open enrollment process has started and DHS staff is currently learning more about the plans that will be offered on the exchange, and what plans will be available for Medicaid and Medicare clients. Medicare clients received a letter in August 2021 encouraging them to apply for low-income subsidies if they are eligible.

- The Program HH customer service phone line is now live and a customer care specialist has been onboarded. Callers may be routed to voicemail in the case the person is unavailable and calls will be returned within two business days.
- A new data analyst will start this week. Her name is Emily Reimer and she will be introduced to the council in the coming months.
- HRSA's notice of funding opportunity for the Part B formula award is due November 8 and work has started.
- Work on the upcoming request for proposal (RFP) is near completion and DHS is hoping to release it this fall.
- All Part B site visits will be conducted virtually this year in accordance with DHS procedures.
- All DHS staff will continue to work virtually until at least January 2022.

Prevention

- McKinzie Woelfel reported that Jared Shenk has left his position at the HIV surveillance unit to take a new position within MDH. The vacant HIV Care and Prevention Epidemiologist position has been submitted to MDH's Human Resources for review and consideration for future posting of this vacancy.
- Jose Ramirez provided the report on behalf of Prevention (Minnesota Department of Health STD/HIV/TB Unit) since Peggy Darrett-Brewer is currently on medical leave. He said they are six-months into their grant year and they are seeing improved numbers in HIV testing capacity. Some grantees have already exceeded their targeted testing goals and all are on track to reach their goals this year. Last year they saw about a 50% reduction in HIV testing due to circumstances related to the COVID-19 pandemic. They are also reviewing progress reports and setting up site visits with grantees.
- MDH has seen issues in discordant test results (false positives) when using the INSTI bioLytical test and they want people to report any issues to MDH. They are updating their policies and procedures to ensure people are following proper protocols.
- An HIV testing training is scheduled for October and anyone interested is encouraged to register soon as there are only a few spots left.
- Policies for COVID-19 mitigation while working with clients are being updated and will be released soon.

V. Council staff report

- Carissa Weisdorf reminded members to take the post-meeting evaluation after today's meeting. This was a recommendation from the HealthHIV assessment to ensure members are understanding the information that is

presented. We also want to make sure members feel respected and heard during meetings. The link was shared in the chat.

- Carissa Weisdorf shared two updates to council membership:
 - Raymel Givens had to be removed from the council by the Membership and Training Committee due to the attendance policy. The Membership and Training Committee tracks members' attendance at council and committee meetings and contacts members who are getting close to violating the attendance policy through a phone call and letter.
 - Antony Stately notified council staff that he needs to resign from the council citing significant changes in the demands on his time professionally.
- Richard Puella thanked members for completing the Assessment of the Administrative Mechanism. 21 of 22 members completed it and the results will be shared at the next council meeting.

VI. Committee reports (also provided in written form)

- **Executive Committee and Co-chair Update**
 - Cree Gordon provided the report on behalf of the council co-chairs and referred to ***Committee Report Summaries*** for a summary of the Executive Committee meeting. Cree informed the council that Larry McPherson had a family emergency and has to step away from the work of the council for now.
- **Planning and Allocations**
 - The next meeting is October 27.
- **Community Voices**
 - Jo Ann Vertetis provided an update on the meeting last night. She said a nutritionist and nutrition intern from The Aliveness Project attended the meeting and provided education on nutrition. They are also available for appointments.
 - The committee is looking for ideas for what people are interested in learning about and discussing. Send your ideas to the committee co-chairs or council staff and we will try to find someone to educate or lead discussions.
- **Disparities Elimination**
 - No further update.
- **Membership & Training**
 - No further update.
- **Needs Assessment & Evaluation**
 - No further update.

VII. Legislative update:

- Due to a scheduling error, this was postponed to the October 12 meeting.

VIII. Unfinished Business / New Business

- Nothing discussed.

IX. Open Forum

- Members took a few minutes to discuss what they learned during the breakout room session.

X. Announcements

- Please look over the information sent by Carissa Weisdorf on today's hard topic discussion. We will come back together at 11 a.m. for the council's first hard topic discussion.

XI. Adjourn

- McKinzie Woelfel adjourned the meeting at 10:30 a.m.

XII. Hard topic discussion: Black people living with HIV/AIDS who do not have access to complete information about services and benefits available.

- Cree Gordon introduced the topic and said they will serve as the facilitator using a focused conversation method. Jessie Saavedra is the co-facilitator and will manage the chat and hands raised. The head goal, heart goal, and the questions that will be asked are available in the handout **Hard topic facilitator worksheet (first topic)**. Cree Gordon encouraged active participation as this is a conversation and not a presentation.
- Question one: What do we see in the data about retention in care and who is accessing Ryan White services?
 - We are not enrolling non-White individuals in Ryan White services, and it is perhaps something about our outreach or inspiring people to access Ryan White services.
 - The rates of new HIV cases in Blacks are astronomically higher than other groups.
 - We do not have enough representation from Black consumers on the council.
- Question two: Where is there more work needed? How can we improve our ways of outreach?
 - We can invite grantees and providers working in the community to get feedback from them directly.

- A barrier is providers have requirements for which communities they need to serve but then are confined to working in certain areas, by zip code or county. They find that people who live in certain zip codes may not spend their time in those zip codes.
- People with ties to the community should be doing the work since they are a familiar and trusted face, especially in Black and Black African-born communities.
- Question three: What are some options that are open to us? What difference does having community buy-in make?
 - Use the radio to allow people of color to speak about their own experiences and from their own perspective.
 - The Black community is not a monolith and we need to acknowledge the spectrum and ranges of experiences within communities as this can impact how an individual is best reached.
 - Evaluate our efforts to reach communities of color and make sure our messaging is appealing to Black people.
 - Utilize the photos of real Minnesotans that were taken for the END HIV MN anti-stigma campaign.
- Question four: What are some things that we as a council want to see? What role does the council play in reaching these folks?
 - The council is diverse and we should utilize our members to talk on the radio and promote local ASOs (AIDS Service Organizations).
 - Use inclusive language and people-first language. For example, stop using the term "target populations" in our planning. The CDC recommends using "high-risk groups" or "groups that have been economically or socially marginalized".
 - Pen a letter signed by the council, or the government agencies, and share it with providers and community members and invite people to a larger conversation about this topic. People who are well-known in the community can help identify needs of their community.
 - Invite someone to attend a council meeting to talk about their experience accessing HIV services, what worked and what didn't work.
 - Find more consumers to join the Disparities Elimination Committee.
 - Need to employ people who contribute to the work and provide feedback, not just rely on them to do it unpaid. Also, make sure they know about the council and invite them to serve as a council member.
 - Keep this topic in mind as we continue the work in our committees.

Meeting Summary

- The council received an update of activities related to Early Identification of Individuals with HIV/AIDS (EIIHA).
- The council received updates from each standing committee, council staff, and government recipients.
- The council engaged in its first hard topic conversation and will continue to hold them every other month, following the council meeting.

Documents distributed before the Meeting:

- Proposed agenda
- August 10 meeting minutes
- September Committee Report Summaries
- Hard topic facilitator worksheet (first topic)
- Hard topic discussion data points

Documents displayed during the meeting:

- Early Identification of Individuals with HIV/AIDS (EIIHA) presentation to the council
- Part A Update

CW