

Needs Assessment and Evaluation Committee
Tuesday, October 26, 2021
9:00 – 11:00 a.m.
Microsoft Teams Meeting
Meeting Minutes

Committee Members Present:	
Alissa Fountain (co-chair)	John Vener, MD
Lesa Nelson (co-chair)	
Guests:	
Alejandro Aguilera, Ramsey County	Emily Reimer, HIV Supports Data Analyst
Calvin Hillary Hylton, Council Member	Aurin Roy, Ryan White Program
Hennepin County (Part A) Representative:	DHS (Part B) Representative:
None	Dennis London
MDH (Prevention) Representative:	MDH (Surveillance) Representative:
McKinzie Woelfel	Cheryl Barber
MCHACP Staff:	
Carissa Weisdorf (minutes)	

Quorum? Yes

I. Welcome and introductions

- Lesa Nelson called the meeting to order at 9:05 a.m., and introductions were made.

II. Review and approval of past meeting minutes and proposed agenda

- The September 28, 2021 minutes were approved as printed.
- The proposed agenda was approved as printed.

III. Review data for Goals 2 and 3 of the integrated plan

- Data analysts from Minnesota Department of Health, Minnesota Department of Human Services, and Hennepin County Public Health updated the monitoring plan with data from 2020 and presented ***Integrated Plan: 2020 Data Update***. Data in goals one, two, and three were presented to the committee and indicated as met, not met, or on-track.
- Dennis London asked MDH about the positivity rate for HIV diagnosis, it's about 0.3%, and he asked if there is anything that can be done to increase positivity rate. He asked if we are testing the wrong people. Cheryl Barber replied throughout the past several years the positivity rate has been low and the testing team can look into how we can reach people. Organizations are testing people in encampments during the HIV outbreak and can look at who they are targeting and try to better find people who are unaware of their HIV status. She doesn't know how this compares across jurisdictions.

- McKinzie Woelfel said MDH is going through the RFP process right now and are seeking ideas about this. The next RFP will focus more on PrEP and SSPs (syringe service programs). Also, testing has shifted more to the outbreak by following populations more affected by the outbreak so this has impacted programs.
- Calvin Hillary Hylton asked if there is correlation with the positivity rate and the methods that people are infected. We are a lower incidence state so in places where there is huge community transmission their positivity rate is much higher. Cheryl Barber confirmed we are considered a moderate incidence state for CDC prevention funding.
 - McKinzie Woelfel said because of the low positivity rate they are discussing going outside of the subpopulations of focus. They are working individually with agencies that request to test others, especially those who want to be tested and need to be tested, and allowing more flexibility. She anticipates changes in the next RFP process as far as the specifications of populations.

IV. Review and update report on the status of the monitoring plan

- Carissa Weisdorf displayed **Report on Goals 1-3 for MCHACP** and said this report has been used in conjunction with the monitoring plan since 2017 to help monitor the progress of the goals and come up with new strategies that can be used to help impact the goals. The committee can update and add to the report today and it will be sent to the Planning and Allocations Committee next.
- Alejandro Aguilera asked about the capacity building and technical assistance listed under new strategies and activities in 1.1. Carissa Weisdorf said this work is done through a capacity building grant that Part A has from HRSA and there are defined populations and work that is being done around this. After the meeting, Carissa Weisdorf shared the work plan for the capacity building grant and the key community partners by email to the committee.
 - Alejandro Aguilera suggested additional populations could be included in this work in the future like Latino men who have sex with men, Native Americans, and people who are trans.
- Alejandro Aguilera asked if additional providers have been funded for PrEP and McKinzie Woelfel said there are two providers funded for PrEP right now. In the next RFP, MDH plans to focus more on PrEP and SSPs (syringe service programs) so it is possible more agencies will be funded for this starting in 2023.
 - Cheryl Barber said there was a pilot program for PrEP done by Healthcare for the Homeless and it was successful. She suggested Sarah Jane Keaveny from Healthcare for the Homeless is asked to report on successes and challenges of the program.
- Alejandro Aguilera asked about the status of on-the-field PrEP interventions and wondered if it had been successful. If so, we should look at implementing this

strategy further. Carissa Weisdorf added the link [Spotlight: Minneapolis, Minnesota | CDR Stories from the Field | Policy, Planning, and Strategic Communication | HIV | \(cdc.gov\)](#) to the status report following the meeting.

- A change for the next iteration of the integrated plan could be to add a column to a report like this about the status of the implementation of these strategies and recommendations.
- Alejandro Aguilera asked about the status of the legislation being introduced in the state to allow PrEP to be accessed over the counter, without a prescription. Carissa Weisdorf said the council recently had a legislative update but this was not mentioned and she didn't know the status. McKinzie Woelfel said she could check with Japhet Nyakundi about this. After the meeting, Carissa Weisdorf updated the report with the last action recorded on this bill: House, Feb 08, 2021, introduction and first reading, referred to Health Finance and Policy. She also added: Minnesota Statute eliminates co-payments, coinsurance, and deductibles for PrEP and PEP from medical assistance and MinnesotaCare starting in 2022.
- Alejandro Aguilera recommended Minnesota work more with pharmaceutical companies who are willing to help. McKinzie Woelfel said she will find out the new PrEP representative from Gilead for Alejandro.
- For objective 1.6, we will need to explore adding data on transgender populations and people who use intravenous drugs since this was not added to this monitoring plan.
- Dennis London noted the definition for retained in care is different for the state versus the Ryan White system. He wondered what other states do so it can be more comparable. Carissa Weisdorf said Aaron Peterson provided additional information to the Disparities Elimination Committee and added this to the chat.
 - Cheryl Barber said statewide retention in care is calculated as the percentage of people age 13 and older who had ≥ 1 CD4 or viral load test results reported to MDH during the follow-up year among those alive and living in Minnesota during the entire calendar follow-up year.
 - Cheryl Barber said the denominators are different between the two since the Ryan White measures only include clients enrolled in at least one Ryan White service. Additionally, a challenge for Minnesota is the prevention and care systems are housed at two different state agencies.
 - Cheryl Barber said of the people who are retained in care, the viral suppression rate is 90%.
- Alejandro Aguilera asked when data for 2021 is available. Cheryl Barber said MDH needs 18-months of data to calculate measures in the HIV care continuum data so this is released mid-year for the previous year and there is lag time in the data. New infection data comes out in the spring.
 - Carissa Weisdorf said we could consider reviewing certain data as it becomes available for the next five-year plan.
- Alejandro Aguilera referred to an activity in the integrated plan **Goals, Objectives and Activities (Section II)** for 2.1-2.4: Fund or support training to providers to increase/enhance their understanding, knowledge, and skills in assessing the

needs of individuals living with or at risk of HIV, particularly for behavioral health. He thinks Hennepin County and Ramsey County should be funded for mental health to provide people with a connection to mental health services and recommends exploring reconvening the mental health subcommittee.

- Alejandro Aguilera asked how providers demonstrate they provide culturally competent services. Carissa Weisdorf referred to the [universal standards](#) on the council's website which include cultural responsiveness standards which all Ryan White funded agencies must meet.
- Alejandro Aguilera asked about the status of the workgroups. Carissa Weisdorf said they have sunsetted and have gone off on their own but there is new work being done with the capacity building grants. The Disparities Elimination Committee had previously received quarterly updates about the work in these workgroups.
- Alejandro Aguilera referred to 3.4c: Evaluate satisfaction of participants' involvement on the Council and other supported workgroups and committees. This is currently done in the council and committee operations evaluation as well as a survey done by the Disparities Elimination Committee a few years ago. Alejandro Aguilera wondered if the committee could do more around this.
- Alejandro Aguilera asked if we could review 2021 data before the next meeting and discuss it again. Emily Reimer said we will not have lab data and this is needed for most of the data that was reported today. Cheryl Barber agreed that the data would not be as accurate because the lab data would be way behind.
- Carissa Weisdorf suggested we review this data when it becomes available when developing the next integrated plan, for example, the annual epi update.

V. Unfinished Business / New Business

- Nothing discussed

VI. Set agenda for next meeting:

- The committee decided to review the council and committee operations evaluation by email and cancel the next meeting.
- November and December meetings are canceled and we will reconvene in January 2022.

VII. Announcements

- None

VIII. Adjourn

- Lesa Nelson adjourned the meeting at 10:50 a.m.

Meeting Summary

- Reviewed goals 1 – 3 of the integrated plan monitoring table.
- Reviewed the report on Goals 1 and 2 of the integrated plan monitoring table.

Documents distributed before the meeting:

- Proposed agenda
- September 28 meeting minutes
- Monitoring plan reporting table
- Report on Goals 1-3 for MCHACP
- FY 2021 Work plan

Additional documents displayed during the meeting:

- [Integrated Plan: 2020 Data Update](#)
- [Goals, Objectives and Activities \(Section II\)](#)

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