

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

Council Members Present	
Cree Gordon (council co-chair)	Paul Skrbec
Alissa Fountain	Nafula Namuninia
Charlotte Detournay	Sue Purchase
Jeremy Stadelman	Tyrie Stanley
Larry McPherson (council co-chair)	McKinzie Woelfel (council co-chair)
Lesla Nelson	Jo Ann Vertetis
Nyonbeor Boley	Calvin Hillary Hylton
Sarah Schiele	Amy Miller
Community Members/Guests/Consultants:	
Anika Kalewoun, Hennepin County Ryan White Program	Kim Lieberman, Rainbow Health
Aurin Roy, Hennepin County Ryan White Program (minutes)	Allison LaPointe, Minnesota Department of Health, STD and HIV Section Epidemiology and Surveillance Unit
James McMurray, community member	Darin Rowles, Minnesota Department of Human Services HIV Community Supports
Stephen Jensen, community member	Thuan Tran, Hennepin County Ryan White Program
Brenda Senyana, Hennepin County Ryan White Program	Aaron Peterson, Hennepin County Ryan White Program
Hennepin County (Part A) Representative:	DHS (Part B) Representative:
Jonathan Hanft	Thomas Blissett
MDH (Prevention) Representative:	MCHACP Parliamentarian:
Peggy Darrett-Brewer	Pat Reymann
MCHACP Staff:	
Carissa Weisdorf	

Quorum Present? **Yes**

I. Call to Order

- Cree Gordon called the meeting to order at 9:00am.

Welcome & Introductions

- All participants introduced themselves and answered the check-in question.

Reading of Guiding Principles

- Cree Gordon led the council in reading the Guiding Principles.

Approval of Agenda

- The member spotlight of Jo Ann Vertetis (agenda item II) was moved to later in the morning because she couldn't attend until later. The agenda was approved with this slight modification.

Approval of October 12 Meeting Minutes

- The minutes were approved as printed.

II. Member Spotlight: Jo Ann Vertetis

- This agenda item was passed over.

III. Recipient reports

Part A

- Jonathan Hanft provided the report on behalf of Part A (Hennepin County Ryan White Program). The **Part A Update – 2021.11.09** report was displayed.
- The **Situation Update for COVID-19** was displayed. COVID-19 is surging in Minnesota, with no signs of slowing down. The **Swiss Cheese Model of COVID-19 Prevention** was displayed and reviewed.
- Vaccination incentives for people with HIV are still available, including for boosters and third shots. The CARES funding officially ended on October 31st, 2021, but the vaccination incentives are still available. The remaining funds (about \$8000) were allocated to additional capacity for home delivered meals.
- There were an additional 4 cases added to the Hennepin and Ramsey counties HIV outbreak, for a total of 85 cases in the two counties. From MDH's most recent report, there are 22 cases associated with Duluth. You can sign up for regular case updates through MDH's website (see the **Part A Update – 2021.11.09** document for the link).
 - The community outbreak response in Minneapolis was featured on the CDC's cluster detection and response website. The link is here: <https://www.cdc.gov/hiv/programresources/guidance/cluster-outbreak/index.html>
- There was a meeting with Housing and Urban Development, the HOPWA (Housing Opportunities for Persons with AIDS) office, and their Catastrophe Response office. They will provide technical assistance on site for outbreak response with regards to getting people experiencing homelessness into safe and stable housing.
- The Hennepin County response operations was expanded to 5 teams, which include an outreach and prevention team, a health care team, two housing

- teams (one led by Healthcare for the Homeless and the other led by the county's housing stability area), and the epidemiological team.
- Staff changes: there is a Council Administrative Specialist vacancy, and Aurin Roy will be supporting the council with administrative tasks for the next few weeks.
 - Part A is applying for a core medical services expenditure waiver so that the council can spend more than the allotted 25% on support services. HRSA HIV/AIDS Bureau has streamlined the process for waiver, and it is now a one-page attestation form. There will be a community input meeting on December 14. A flyer was sent out, and community members are encouraged to attend as possible. The corresponding **Public Input Meeting – 2021.12.14** flyer was displayed (also included in the email).
 - There is a 6-month expenditure report and Jonathan will present a combined report for Part A and B. The **Council Expenditure Report FY2021 Q1-Q2** report was displayed and reviewed. There are also separate reports for Part A and Part B. ADAP (AIDS Drug Assistance Program) is first covered by rebate money so there is not much spending for Part B for the first two quarters. Currently, expenditure is at 37% out of an expected 50%, but ADAP has a large allocation (3/4 of Part B) that will be spent later in the year and will bring up expenditures.
 - Darin Rowles clarified that ADAP must be fully expended by the end of the fiscal year, but it must be spent in a certain order to fulfill HRSA requirements.
 - Tyrie Stanley asked about a reported 168% spending for food vouchers. Thomas Blissett offered to research that because the percentage may not be accurate due to the grant/fiscal year starting in July. Darin Rowles noted that rebate is layered into that activity, so there may be an error in reporting but there are resources to cover those allocations. Jonathan Hanft clarified that currently, Part A is not funding food vouchers; they are covered by Part B and rebate funding, so that funding information is not in the Part A report. Part A and Part B funds are always expended first so that funding is not lost, and rebate funds are expended later in the fiscal year.
 - Thomas Blissett clarified that this report did not cover rebate funding. This is another funding stream that covers the activities that are not being reported in this report.
 - Jonathan Hanft asked if it would be helpful to point out which services receive rebate funding. A few people decided that it would be helpful.

Part B

- Thomas Blissett provided the report on behalf of Part B and ADAP (Minnesota Department of Human Services HIV Community Supports). The **Part B Report** was displayed and read out loud by him.
- The RFP (Request for Proposals) for Part B Ryan White core medical and support services was released on October 25 and will remain open until January 10. Open enrollment is currently going on from November 1 to January 15, and Program HH has no plan changes for this period.
- The Ryan White Part B notice of funding opportunity was submitted on Monday for the next 5-year funding cycle from HRSA.
- Darin Rowles gave a summary of [PCN-21-02](#), which was released by HRSA to serve as a program guidance and policy clarification. This is HRSA's response to take steps to reduce client and administrative burden without compromising the integrity and scope of the Ryan White program.
 - Some key changes with this policy notice are:
 - Elimination of the 6-month recertification requirement. This was replaced with the flexibility to have timely recertifications and eligibility confirmations.
 - New guidance to improve and streamline initial eligibility determination and ongoing eligibility confirmation policies.
 - An affirmation that immigration status is irrelevant for eligibility for Ryan White services.
 - This will result in policy changes to better align with the PCN, and some will require research about implementation. Darin Rowles will continue to communicate with the Council and create spaces for feedback to define and solidify changes. Darin Rowles will release a written summary with a link to the PCN to Carissa Weisdorf, who will then distribute this information via email.
 - Larry McPherson asked about dental care updates. Thomas Blissett clarified that legislations were just passed this year for the start of the next state fiscal year to increase the pay rate for dental providers. This change was not implemented for Medicaid, but it will apply to Program HH. At the January 10 Community Voices Committee meeting, DHS will present about this dental change.
 - James McMurray asked to clarify if the 6-month recertification requirement was going away. Darin Rowles responded that they are working on confirming that the 6-month process can be eliminated entirely and will then clarify what ongoing rectification process can be taken after the initial eligibility is determined. With ongoing eligibility

processes, they encourage people to report changes in eligibility status. There is still discussion about what that could look like.

- Jonathan Hanft said that eligibility is still required because Ryan White is the payer of last resort. This policy report allows for more flexibility. There will still be responsibility on Ryan White service providers to provide updates on eligibility changes.

Prevention

- Peggy Darrett-Brewer will start giving monthly prevention updates moving forward.
- The condom distribution project is starting. It is yearly a prevention strategy to increase the availability of condoms. Peggy Darrett-Brewer will share the link to the condom distribution project with Carissa. Contact McKinzie Woelfel if you are interested.
- Anna Bosch was hired as the harm reduction program specialist at MDH starting November 8. She was formerly the HIV testing coordinator and will send an introduction to the grantees.
- HIV/syphilis ads were created in response to the HIV and syphilis outbreaks, and they are airing across the state. Cree Gordon can send copies of the ad to people who are interested.
- Cree Gordon had to leave the meeting and Lesa Nelson stepped in to chair.

IV. Part A Housing Update

- Aaron Peterson presented ***Housing and the Ryan White HIV/AIDS Program 2017-2020*** to the council.
- Peggy Darrett-Brewer asked about recommendations for low-barrier housing and whether the housing was “wet” or “dry”. Jeremy Stadelman answered that this is not at the recommendations stage yet, but that is a harm reduction practice that is being actively considered. Jonathan Hanft also added that this is an identified gap in housing that has been brought up in collaborative meetings with housing partners. There is an aim to have housing programs for folks who are actively using drugs.
- Jonathan Hanft displayed the ***2021 Housing Resources for People with HIV*** table that breaks down funding sources for housing resources for PWH.
- Calvin Hylton asked if the data will be sent out with the numerators and denominators. Aaron Peterson confirmed yes.
- Sue Purchase asked if this information applies to the northern areas/Duluth outbreak. Aaron Peterson responded that Hennepin County does not cover that area, so Peggy Darrett-Brewer volunteered to find that answer.

- Sue Purchase said that Laurie Dearborn is a new case manager up in Duluth. Sue would like to include Laurie in any groups.
- Jonathan Hanft said that someone who has been involved in housing briefings is Josh Leopold from MDH, so he could also be brought into discussions about housing needs in Greater Minnesota because he covers the state. A technical working group will continue this work and will see how to get resources to implement more responsive housing programs. Sue Purchase reiterated that this work is crucial.

V. **Committee reports (also provided in written form)**

- **Executive Committee and Co-chair Update**
 - Carissa Weisdorf pulled up ***Committee Report Summaries***. Executive Committee updates were skipped because nobody was available to present.
- **Planning and Allocations**
 - Tyrie Stanley reviewed summary document.
- **Community Voices**
 - At the Community Voices meeting, Mariah Wilberg from DHS talked about getting involved in END HIV MN strategy meetings throughout the months of December and January. These meetings are open for everyone.
 - There was a dedicated question time, and information was shared about Program HH and dental care (also shared earlier in this meeting by Thomas Blissett).
 - Moving forward, CVC will come up with specific meeting topics to encourage people to attend meetings. The January 10 meeting will be about Program HH and dental care.
 - Carissa covered the 5-year strategic plan with the CVC.
 - There are meetings scheduled for January 10 and March 14 in 2022. James McMurray invited people who want to meet in person to come to The Aliveness Project during the meetings. The CVC meetings will still be online, but those who are interested in meeting in person can go to the Aliveness Project during the scheduled meeting time.
- **Disparities Elimination**
 - Referred to report.
- **Needs Assessment & Evaluation**
 - Lesa Nelson reviewed the summary document.
- **Membership & Training**

- Stephen Jensen talked about the interview policy. The **Council Membership Selection Criteria** document was presented. Stephen Jensen opened up the floor for questions.
- **Action Item: New Membership Election** Tyrie Stanley introduced the action item for the Membership and Training Committee to recommend Joseph Amrhein, Annalise Barghini, Moncies Franco, Megan Higdon, and Angela Reed for consideration of membership to fill unexpired terms ending on February 28, 2023. The candidates were interviewed and fit the categories the council is looking for. The **2021.11.09 Action Item New Membership Election** document was displayed and it details the action item.
 - **MOTION:** Tyrie moved the above action.
 - **VOTE:** Council members received an electronic ballot by email. The motion carries unanimously (10-0). The elected members will start December 1, 2021.

VI. Council Staff Report

- Carissa Weisdorf announced that Jessie Saavedra (representative for Ramsey County which is part of the Intergovernmental Collaborative Agreement) stepped down from the council because he has a new role at Ramsey County and will be replaced by Annalise Barghini (head nurse at Clinic 555). Teresa Jones stepped off the council due to health reasons. Johan Baumeister recently had a job change and cannot dedicate time to the Council anymore, so he also resigned. There is active recruiting for new council members. There are promotional materials available for recruiting, so contact Carissa Weisdorf for them. The Aliveness Project, Red Door Clinic, and AAATF have some promotional materials that Carissa sent them.
- There is a scheduled focused conversation training in January 2022. Carissa Weisdorf played a video by Sandy Green on the **Focused Conversation Method**. The link for the training sign-up will be distributed after the meeting.
- 2 new council co-chairs will be elected in February.
- A post meeting evaluation will be distributed after the meeting.

VII. Unfinished Business / New Business

- None

VIII. Open Forum

- Stephen Jensen presented **Attendance Policy and Proxy Voting Handout** and covered some key points. These points were that council members get

called after 2 missed meetings in a row and are removed from the council after 3 missed meetings in a row. There have been conversations around amending this attendance policy.

- Tyrie Stanley is in favor of the current attendance policy but noted that he believes there is a loophole because he thinks government representatives and providers do not have to follow the attendance policy. Tyrie Stanley does not agree with the loopholes for government representative and providers.
- Jo Ann Vertetis said that there should be check-ins after one missed meeting so that people feel cared for. Jo Ann has seen this work successfully in other types of meetings and thinks it is more inclusive than the current policy of calling after 2 missed meeting.
- Paul Skrbec said that something that has been helpful in the past is to create a report of attendance as a standard report at meetings to create transparency about who is attending. Paul Skrbec supported what Tyrie Stanley said earlier and added that non-voting members should have some attendance requirements as well. Paul also reiterated that providers particularly deprioritize the council, so there should be an attendance policy that is inclusive of them.
- Nafula Namuninia said the virtual meetings change dynamics around attendance. It can be harder for providers to attend the meeting and be present when they also get pulled into work responsibilities.
- Tyrie Stanley reiterated that there is a commitment for the council that is described before people accept membership. People depend on council members to fulfill their commitments.
- Pat Reymann asked about whether proxy voting was discussed. Tyrie Stanley voiced not being in favor of proxy voting in a setting like this as an unaligned consumer. Lesa Nelson and Jo Ann Vertetis agreed with this sentiment.
- Paul Skrbec said that a critical part of voting is discussion, and most of the Council's voting items depend on a discussion. If someone cannot participate in that discussion, they cannot vote. If the voting items were clear-cut, a proxy vote could be okay, but once there is an element of discussion as part of the voting process, a proxy vote is not okay. Tyrie Stanley agreed with this in the chat.

IX. Announcements

- Carissa Weisdorf reminded the Council about the hard topics discussion after the meeting. James McMurray will be facilitating the meeting and Carissa Weisdorf will provide technical support.

- Carissa Weisdorf presented the **Ryan White Service Standards Consumer Input Meeting** flyer.
 - Lesa Nelson asked if this is for all of Minnesota. Carissa said yes.
 - There is a separate meeting for providers. Providers should have received information about the provider input meeting.

X. Adjourn

- Lesa Nelson adjourned the meeting at 10:58am.

XI. **Hard Topic Discussion:** What role do harm reduction activities and Ryan White services play in the current HIV outbreak in Hennepin and Ramsey counties, as well as in Duluth?

- Carissa Weisdorf introduced the discussion and will be one of the facilitators. James McMurray is the other facilitator and introduced the topic and the head and heart goals. The information was given out yesterday and is available in the **Hard Topic Facilitator Worksheet**.
- Question 1: What is currently being done around harm reduction within the state of Minnesota, Hennepin and Ramsey counties, and Duluth?
 - Some clarification was given about what harm reduction entails. The MDH page on harm reduction was presented. This page is specific to injection drugs and needle exchange, but the idea of harm reduction is also open-ended and could be interpreted in different ways.
 - There should not be judgement behind needle exchange.
 - Harm reduction is based on treating people with dignity and respect, on recognizing that people are the experts in their own lives, and that the definition of recovery is any positive change as people describe it for themselves. Needle exchange is one of the most effective harm reduction programs.
 - It is a challenging and rewarding opportunity to work in harm reduction.
 - With regards to the HIV outbreak in Duluth, the best thing to do is to get sterile syringes into communities that are desperately in need of them. Also, there is a need for smoking supplies to reduce the harm from syringes.
- Question two: What role do harm reduction activities play?
 - A needle can be used in multiple ways, so harm reduction addresses all of the related harms that can result from reusing needles.
 - Harm reduction is a major priority and need. There was a strong consensus that it is critical that harm reduction be integrated into all of

the work done around the HIV outbreak and around HIV work in general (e.g., as it related to housing).

- Harm reduction is not just one activity; it is all of the things that can be done to support people where they are in their lives.
- The primary focus for the outbreak is engaging with people who do harm reduction on the ground. Any service around the outbreak should be integrated into harm reduction because otherwise it is not accessible to someone who uses drugs.
- Safe needle disposals and clean needles are a must. Individuals must be met at where they are in their journeys.
- Question three: What role do Ryan White services play?
 - Housing creates a safe space for people, and food is also important.
 - For folks providing Ryan White services, they should feel confident and be able to refer people to providers giving harm reduction services if they are not able to do it internally.
 - Federal funding cannot be used for essential supplies like sterile syringes. SSPs are using a myriad of funds, but there is no consistent reliable fund for those supplies.
- Question four: What feelings does this bring up for you? What about this reminds you of your own experiences, either professionally or personally?
 - There is a lot of wait time in getting hold of people at agencies. That can be a challenge for unhoused people or people who may be going through a lot.
 - There are feelings of hope around housing-related work, like the low-barrier technical housing workgroup, because it is an opportunity to get it right from the beginning.
- Question five: What does this all mean? What impact does this have on our work? What are the values we are holding here? What kind of changes will we need to make?
 - Harm reduction needs are required to keep people housed, and whatever model that is developed will be used by other agencies. So, it is important to create a model that works for everybody. What are things that outbreak cases need? How do we extrapolate for the whole population?
 - This has a huge impact on our work. The outbreak was identified, not in an emerging population, but rather in one that was previously not focused on. One of our goals is to end HIV, and to achieve that goal, we need to figure out better ways to provide people (who are experiencing homelessness and using substances) with services. This is

- where our epidemic is moving. We must make sure that people have what they need and want to be successful.
- Some important values are meeting people where they are in their lives and having resources that they want and will benefit from, from their own perspectives.
 - There should be conversations around disposing syringes safely and ensuring the safety of people. Housing providers should be engaged in harm reduction. That is also a big opportunity.
 - Law enforcement is a big factor in all of this. There is a lot of lack of information. The war on drugs mindset used by law enforcement is not serving anybody. There needs to be less focus on the syringe and more focus on the person.
 - Question six: What is this issue really about? What have we learned here? Where will we go from here?
 - This is a real issue, and it impacts all of us. We cannot sweep it under the rug. If this is contributing to the spread of HIV, we have a role in it.
 - The point about police departments also applies to other departments across the state. What kind of social support is there to answer calls? Should the police be accompanied by social workers?
 - If it's happening in our state, it could be happening in other states as well.
 - People doing harm reduction work are not necessarily welcomed in some places. For example, in Duluth, the police departments think that having social workers work with them is the end all be all of their efforts, and they do not engage with harm reduction workers.
 - Injection drug use is rampant in many rural areas, especially up north, and the HIV epidemic cannot be addressed without harm reduction.
 - Some next steps are to publicize and share information about harm reduction through different channels (professional, social media, etc.).
 - MDH is happy to share surveillance information around the outbreak and response, as well as resources around harm reduction.
 - There is a need for policy efforts to lift the federal ban on syringes and to get a harm reduction unit in the CDC. People can write letters to their representatives. We need to get help on all levels.

Meeting Summary

- Part A and Part B recipients presented their reports. Prevention also gave an update.
- Part A presented the housing update, and there was a discussion afterward about low-barrier housing.

- Committee reports were given. Membership and Training presented action item around voting in 5 new members, and it passed unanimously.
- There was a council staff report and an introduction to focused conversations.
- There was an open forum discussion about the attendance policy and proxy voting.
- Announcements were given about upcoming meetings.
- There was a hard topics discussion about harm reduction following the Council meeting.

Documents distributed before the meeting:

- Proposed agenda for today's meeting
- October 12 meeting minutes
- Part B report
- November 9 committee report summary
- Council membership selection criteria
- November 9 action item: new membership election
- Attendance policy and proxy voting handbook
- December 14 public input meeting flyer
- November 9 standards input meeting flyer
- Hard topic facilitator worksheet (second topic)
- Hennepin County public health HIV outbreak update
- Hard topic discussion data points and background

Documents displayed during the meeting:

- Part A Update
- Situation Update for COVID-19
- Swiss Cheese Model of COVID-19 Prevention
- Council Expenditure Report FY2021 Q1-Q2
- Housing and the RWHAP 2017-2020
- 2021 Housing Resources for PWH
- Focused Conversation Method

AR/cw