

**Minnesota Council for HIV/AIDS Care and Prevention
Disparities Elimination Committee
Thursday, December 16, 2021
9:30 – 11:00 a.m.
Microsoft Teams Meeting
Meeting Minutes**

Committee Members Present:	
Charlotte Detournay	Megan Mueller (co-chair)
Cree Gordon (co-chair)	Nafula Namuninia
Megan Higdon	Sarah Schiele
Committee Members Absent:	
None	
Guests:	
Calvin Hillary Hylton, co-chair of Membership and Training Committee	Aurin Roy, HIV Disparities Elimination, Ryan White Program (minutes)
Dennis Anderson, People of Color Pride	Ashley Hall
Kim Lieberman, Housing Systems Advocate, Rainbow Health	Allison LaPointe, HIV Surveillance, MDH
Lexus Stokes	
Hennepin County (Part A) Representative:	DHS (Part B) Representative:
None	None
MDH (Prevention) Representative:	MCHACP Staff:
McKinzie Woelfel	None

Quorum Present? **Yes**

I. Welcome and introductions

- Cree Gordon called the meeting to order at 9:39am. Introductions were made.

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

- The November 18 minutes were approved as printed.
- The proposed agenda was approved as printed.

III. Training on Part A MAI funding

- Cree Gordon explained the purpose of this presentation. It will provide a brief history of how Minority AIDS Initiative (MAI) funds started and how the local Ryan White Part A Program has used the funding in the past. Furthermore, it will include a discussion of currently funded service areas and what potential service areas can be funded in the future using MAI funds. HRSA requires that the planning council reviews all the service areas before deciding on allocations for the next fiscal year, and this discussion/presentation will allow DEC to decide how to split up this review into smaller parts. This way, instead of having one large discussion, DEC can look at a couple of key service areas every month and be prepared for allocations.
- Cree Gordon and Megan Mueller presented **MAI DEC Slides**.

- Sarah Schiele asked what the service categories highlighted in yellow are (slide 13). Cree Gordon responded that these service areas have other funding streams beyond Part A funds. The Council and DEC allocate Part A dollars and give recommendations for Part B and Prevention, so the categories in white are funded by Part A. McKinzie Woelfel and Aurin Roy confirmed this.
- Megan Mueller asked if the service areas on slide 13 are ranked in order of priority, as designated by the Council. Cree Gordon clarified that they are indeed ranked based on last year's priority setting process.
- Megan Higdon asked for clarification about the purpose of this discussion. Cree Gordon elaborated that the goal is to have smaller discussions about the service areas. MAI dollars are currently spent on two core medical services, medical case management and outpatient/ambulatory health services, for minority communities. This discussion is for talking about any of the other service areas that DEC may want to fund with MAI dollars as well.
- Cree Gordon asked the committee if it wants any information about any of the other service areas because, if so, the co-chairs can bring that data to DEC each month in order to guide the smaller conversations about the service areas before allocations.
- Megan Higdon said that she is a medical case manager and gets direct information about what services her clients need. The main needs that she hears are around mental health, oral health, and substance abuse. Her organization (The Aliveness Project) struggles with having resources or money to meet clients' needs for these services. Oral health is a major need because insurance coverage is limited, so her organization is always looking for ways to help people with their oral health needs. For mental health, Aliveness is trying to get some services started, but that is limited. Substance abuse is also a major concern because Aliveness does not have a lot of resources or knowledge around that besides giving referrals.
- Cree Gordon said that part of the January agenda is to have Carissa Weisdorf review the Council website with DEC. The utilization data about these service areas is on the website. However, Cree Gordon also took note of the aforementioned concerns so that the co-chairs can research how funding is utilized for these services and whether other sources can fund these service areas, and then bring that back information back to DEC.
- McKinzie Woelfel said that during the previous allocation process, Thuan Tran had brought information about which services are correlated with higher viral suppression rates. Medical case management and outpatient/ambulatory health services may be ranked higher up because they correlate with higher viral suppression rates. McKinzie Woelfel had no suggestions on what service areas to review, she did note that it may be useful to get updated information about which services are tied to higher viral suppression rates.
- Sarah Schiele seconded substance abuse as a key service area, especially with current HIV outbreaks that are highly tied to the use of needles. She also asked if harm reduction is tied to any of these service areas. Harm reduction may not be funded through the Ryan White grant, but Sarah Schiele was curious about whether it is combined with risk management, health education, or early intervention services.

- Cree reiterated that there are certain harm reduction-related things that can or cannot be bought with Ryan White funds. Harm reduction can be included as part of other service areas, but there are strict rules around what the funds can be used for, even though this may not reflect what the community needs. Other funds may have to be used to cover harm reduction services. Megan Mueller added that MDH also funds prevention services, including harm reduction.
- Charlotte Detournay said that transitional housing is a key service. Shelters are not an option for many people and the waitlists for permanent housing are too long. Her organization is serving a high number of individuals who are homeless and there are limited resources around getting them into housing, so transitional housing is crucial. Another thing that is important is cash (emergency financial assistance). People need cash to be able to purchase essential items, and there is a huge demand for COVID-19 at-home test kits and other essential items.
 - Cree Gordon said there might be additional funding from other resources that were used towards emergency financial assistance, but the COVID-19 pandemic has highlighted that there is even more of a greater need for emergency financial assistance. This may be the first year where emergency financial assistance was funded from other sources, so the co-chairs can look into how that has been working.
- Megan Higdon seconded transitional housing. Another aspect of that is that some clients are not ready for housing. She asked if there are any resources for supportive housing services.
 - Cree Gordon responded that Kim Lieberman's presentation, which is the next agenda item, will be focused on this issue. Cree Gordon offered to connect Megan Higdon with Kim Lieberman, and also reiterated that this is a key issue because many people struggle with transitioning to being housed.
- Cree Gordon closed the discussion because the list was comprehensive. The co-chairs will bring information about 2-3 items each month throughout the next year so that there can be conversations about how these services are funded and utilized. This will prepare DEC for the allocation process at the end of next year.

IV. HIV Housing Systems Advocacy

- Kim Lieberman introduced herself. She is the Housing Systems Advocate at Rainbow Health and has been there for 5 years, and was in a similar position when it was the Minnesota AIDS Project. In her current position, she provides training and resources for HIV providers across the state; participates in a wide range of statewide housing groups around policy, advocacy, systems change, etc.; and works at the intersection of HIV and housing. Her position is not about direct services, but rather about supporting providers.
 - There is also a new Housing Advocacy Coordinator position at Rainbow Health that is in the hiring process. This is a temporary contract with Rainbow Health and the position is to support the HIV Housing Coalition with leading their HIV housing plan. This is also not a direct service position.

- Kim Lieberman presented about her training and resources work.
 - There is a [Housing Information newsletter](#) that interested parties can subscribe to, and this resource can also be shared with others. This is a weekly newsletter, and subscribers can also purview previous newsletters within the searchable newsletter archive. The newsletter has many resources. Many different types of people are subscribed to it, so not all of the information will be relevant to everyone. The list is not limited to HIV providers because there is a big need for housing in general. This list also creates a network for both non-HIV and HIV providers, which allows for greater linkage of people with HIV to care.
 - Kim Lieberman noted that she is available to do trainings with anyone who is interested. These trainings can be either on a group or individual level, and they are tailored/streamlined to what the trainees need.
 - Kim Lieberman said that she also offers consultations for specific housing-related situations. Again, she is not involved in direct service and will not accept personal client information, but she can help provide resources for specific situations.
 - Contact Kim Lieberman via email if you are interested in any of her services, and please share this information with anyone who may be interested.
- Kim Lieberman presented about her work around housing groups. She works at a statewide-level and by using the housing care continuum as a guide.
 - All the state Department of Housing and Urban Development (HUD) and other statewide funding is channeled through the 10 housing care continuum areas, and there are housing groups for each area. Kim Lieberman is part of all 10 committees.
 - Kim Lieberman noted that she works with smaller grassroots groups, as well as regional and statewide groups. Part of her work is to get information about housing resources throughout the state, and the other part is to communicate the needs of people with HIV to these housing groups.
 - Kim Lieberman said that she is part of the HIV Housing Coalition, which meets on the third Thursday of every month in the morning. This is a multi-disciplinary group that is open to all interested parties. This group is guided by an HIV housing workplan, which has 5 main goals: more HIV housing, advocacy and education, representation, data and coordination, and partnerships. There is a workgroup within the coalition that makes progress on that plan, and it meets every 2 weeks.
- Kim Lieberman shared her advocacy and policy work, which is both within the HIV community and the housing community.
 - Kim Lieberman works in partnerships with housing advocacy groups, like Homes for All, Minnesota Coalition for the Homeless, etc. so that legislatures are more inclined to listen to housing issues.
 - Kim Lieberman said that she is working on changing city ordinances and zoning laws. For example, she is working on pushing an ordinance in St. Paul to change zoning laws to include multi-family homes in originally single-

family zoned areas. Minneapolis recently passed a similar zoning law and also passed an ordinance allowing single-room occupancy housing. Such zoning changes allow for cheaper housing and greater housing availability.

- Cree Gordon reiterated that Kim Lieberman is a great resource. She is knowledgeable about housing resources outside of HIV and is also aware of Greater Minnesota resources. Email Kim Lieberman if you need any information about housing resources in Greater Minnesota.
- Dennis Anderson asked about the training presentations that Kim Lieberman does. There is a big issue with housing and helping people adjust from being unhoused to being housed.
 - Kim Lieberman told Dennis Anderson to reach out to her. She cannot do direct service, but she can meet with providers to discuss housing resources. She is also interested in hearing what clients' needs are because that informs her policy work.
- Cree Gordon sent an email to the committee with Kim Lieberman's email and the link to sign up for her housing newsletter.

V. New business/unfinished business/goal setting

- None.

VI. Set agenda for next meeting

- Aurin Roy displayed ***FY 2021 DEC Workplan***. Cree Gordon said that the agenda for January looks good because there are a lot of things scheduled for that meeting. There was no further discussion about the January meeting agenda.

VII. Announcements

- McKinzie Woelfel said that MDH is in the planning process for getting a Request for Proposals (RFP) out for 2023-2028. Generally, MDH brings data around that for review by DEC and PAC first before bringing it to the whole Council. McKinzie Woelfel asked the committee if there is any kind of data that it wants to look at in order to review the plans for the RFP, specifically around priority populations.
 - Normally, the data would be presented at this meeting for feedback and then go to the whole Council in January. However, MDH's surveillance unit is understaffed, so the data is delayed, and McKinzie Woelfel noted that there will be more information to present at the next DEC meeting. The RFP is currently in its early planning phase, and McKinzie Woelfel is focused on getting data and funding information.
 - McKinzie Woelfel's team will be meeting with Mariah Wilberg in early January to go over feedback from strategy sessions so that that information can be included in the RFP. This data will probably be presented to the Council in February.
- Dennis asked what the RFP is for. McKinzie Woelfel said it is for the 5-year grant cycle. This year it will be about the same programs as the last RFP, but with more funding for PrEP and syringe service programs. MDH will also get early intervention

services (EIS) funding from DHS to fund HIV testing programs. There has been an oversaturation of HIV testing programs, so there will not be as many programs between the HIV funding and DHS EIS funding. Another thing that is being pushed for the RFP is having a capacity building track. There is still uncertainty about what that will look like, but it will hopefully help smaller and newer programs get funding and build their capacity. If are interested in having a conversation about the capacity building track, reach out to McKinzie Woelfel directly.

- Calvin Hillary Hylton noted that he was happy about the move to reduce the oversaturation of HIV testing programs.
- Cree Gordon said that, in the past, DEC has offered suggestions for smaller organizations to be more competitive and they asked if there will be changes in the with the new RFP to increase competitiveness. McKinzie Woelfel responded that yes, all previous feedback is being taken into consideration. There is uncertainty about what this will look like, but there will be a separate track for smaller organizations that need more technical assistance and have different requirements. The whole unit is advocating for this change, and it is currently figuring out best way to implement it.
- If you have any thoughts/questions about the RFP process, reach out to McKinzie Woelfel directly.

VIII. Adjourn

- Cree Gordon adjourned meeting at 10:54am.

Meeting Summary:

- There was a training about MAI funding and a corresponding discussion about what service areas the committee wants to review and further discuss throughout the next year.
- There was a presentation about housing resources and support by Kim Lieberman from Rainbow Health.
- The agenda was set for the next meeting.
- There were announcements about MDH's RFP process and the progress that was made around that.

Documents distributed before the meeting:

- Proposed agenda for December 16 meeting
- November 18 DEC minutes
- Fiscal Year 2021 DEC workplan

Documents displayed during the meeting:

- Proposed agenda for December 16 meeting
- November 18 DEC minutes
- MAI DEC presentation
- Fiscal Year 2021 DEC workplan

AR/cw