

Minnesota Council for HIV/AIDS Care and Prevention
Tuesday, August 2, 2022
9 – 11 a.m.
Microsoft Teams Meeting
Meeting Minutes

Council Members Present:	
Joseph Amrhein	Lesla Nelson (council co-chair)
Charlotte Detournay	Jay Orne
Alissa Fountain	Sue Purchase
Megan Higdon	Angela Reed
Calvin Hillary Hylton	Tyrie Stanley (council co-chair)
Stephen Jensen	Gage Urvina
Larry McPherson	John Vener, MD
Amy Miller	Jo Ann Vertetis
Rev. Jim Mitulski	McKinzie Woelfel (council co-chair)
Council Members Absent:	
Julian Hines	Doug Peterson
Annalise Jackson, RN, MSN, PH	Sarah Schiele
Community Members/Guests/Consultants:	
Shea Amaro, DHS	James McMurray, Community Member
Dennis Anderson, Community Member	Emily Reimer, DHS
Chéré Bergeron, Clare Housing	Darin Rowles (DHS)
Danielle Brantley, Community Member	Gloria Smith (DHS)
Sokun Derosier, DHS	Fatoumata Traore, Hennepin County
Hannah Kass-Aten, MDH	Beth Zemsky, Facilitator
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, Coordinator	Bryan Bick, Administrative Specialist (minutes)

Quorum Present? **Yes**

I. Call to Order, Welcome and Introductions

- Lesa Nelson called the meeting to order at 9:04 a.m. Introductions were made.
- Lesa led the council in reading the guiding principles.
- The proposed agenda was reviewed and approved as printed.
- The minutes from the July 12, 2022 meeting were reviewed and approved as printed.

Lesla Nelson passed facilitation of the meeting to Beth Zemsky.

- II. Introduction to resource allocation process, MCHACP vision and values:** Beth Zemsky displayed and walked through the ***MCHACP Allocations Meeting Day One*** presentation.
- A council member asked about the guidelines for data-based decision making. They asked if cost is to be given greater weight than the other guidelines that were listed.
 - Beth replied that she understands all the values are to be equally weighted.
 - Beth added that when making tough decisions with values that are equally weighted, those values are often in tension with one another.
- III. Present and discuss FY 2023-2024 service area priorities:** Carissa Weisdorf displayed the ***Prioritization Rankings for FY 2023 – 2024.***
- Carissa reminded the council that guidance from the Health Resources and Services Administration (HRSA) says to prioritize every service area.
 - Carissa explained that resource allocation amounts do not always match the ranking of service area priorities because there may be other sources of funding, the cost per client of the services varies, and the needs of the community differ across the service categories.
 - A council member asked why the services are divided into core medical services and support services.
 - Jonathan Hanft explained that Ryan White legislation requires that 75% of Part A funds be spent on core medical services. HRSA decided which services are core medical and which are supportive.
 - Jonathan shared that Ryan White legislation allows Part A jurisdictions to request a waiver of the 75% requirement if they can prove there are no waiting lists for core medical services and that the AIDS Drug Assistance Program (ADAP) is able to provide HIV medications for anyone who is eligible and in need.
 - Jonathan added that the Minneapolis/St. Paul Transitional Grant Area (TGA) meets those criteria and has applied for the waiver for the last several years. It has received the waiver each time and will apply again in 2023.
 - Jonathan stated that receiving the waiver gives the TGA flexibility to reallocate funds from core medical services to support services if a new need arises.
 - A council member asked if the services highlighted in yellow on the prioritization rankings won't be funded in 2023.
 - Carissa explained this means that they were not funded last year, and the current allocations proposal does not include funding for those services.
 - Carissa added the council has the option of funding a new service area through the resource allocation process.
 - A council member shared they were surprised and pleased that some of the issues they discussed in the Disparities Elimination Committee, such as the need for non-medical case management and mental health services, are reflected in the council's prioritization rankings.
 - A council member observed that the cost of residential substance abuse services for one person might be close to the entire budget for a service area. They felt that would be important to consider when making allocation decisions.
 - A council member asked if the AIDS Drug Assistance Program (ADAP) covers only HIV medications or if they include other classes of medications like antidepressants that can directly affect how well people living with HIV/AIDS can manage their medication adherence.

- Thomas Blissett explained that the AIDS Drug Assistance Program (ADAP) has an open formulary which includes mental health medications.
- Thomas added that the Department of Human Services (DHS) also funds medical case management (MCM) with medication adherence as a wraparound service.
- Darin Rowles stated that the ADAP formulary mirrors the formulary for Medical Assistance. The only exception is controlled substances like narcotics because ADAP does not have the ability to monitor those prescriptions.
- A council member asked if the resource allocation is only for Part A, or for Part A and Part B combined.
 - Jonathan Hanft answered the council completes allocation for Part A and Part B combined, and that for Part A it is decisive while for Part B it is a recommendation. Historically DHS follows the council's recommendations for Part B resource allocation.
 - Jonathan added that the allocations proposal includes combined numbers and additional detail for how they are divided between Part A and Part B.
- A council member observed that linguistic and legal services seem vital for persons living with HIV/AIDS (PLWHA) to maintain access to core medical services, especially in the populations that the Disparities Elimination Committee (DEC) is trying to prioritize. They asked why funding those services is not a higher priority.
 - Carissa Weisdorf explained that linguistic services is funded by rebate dollars so Ryan White funding is no longer needed.
 - Carissa said that legal services are now under the umbrella of other professional services, and is funded.
 - Jonathan clarified both legal and linguistic services also receive rebate funds.
- Beth Zemsky referred to the decision-making criteria presented earlier and said this discussion can illustrate how important they are. She reminded the council that Ryan White is the payer of last resort, and other funding sources and utilization data need to be considered as the council makes its allocations decisions.
- Thomas clarified that the Ryan White Part B funding that was shared with the council is not specifically rebate funds; it represents all the funding that DHS put out into the community. Thomas said DHS felt it was more helpful to the council to see DHS funds by service category regardless of whether those funds come from the Part B grant, state funds, or rebate.

IV. Present allocations proposal: The ***Part A and Part B Council Allocations Proposal*** was displayed and presented by Jonathan Hanft.

- Jonathan Hanft explained that there are not many changes in the FY 2023 allocations proposal from what the council just approved with the FY 2022 post-award allocation plan.
- Jonathan highlighted the change in Part A Minority AIDS Initiative (MAI) funding. He explained that the proposal contains a shift of \$14,800 in Part A MAI from outpatient ambulatory health services (OAHS) to medical case management (MCM). Part A MAI-funded OAHS was underspent over the last couple years.
- Jonathan mentioned that there is an assumption of flat funding in 2023 compared to 2022.

V. Discuss allocations proposal

- A council member asked for clarification on the amount being allocated to medical case management (MCM) in the proposal. Jonathan explained there are three subcategories of MCM, and each has its own line. The total allocation for MCM is right below the three subcategories.
- A council member observed there seems to be a disconnect between the service prioritization the council just completed and the allocation proposal from Part A and Part B. They mentioned some service areas were prioritized more highly by the council, but the proposal does not contain more funding for them.
 - Jonathan said he does not think there is a disconnect when other sources of funding are considered. As an example, he discussed non-medical case management, which was ranked higher by the council. A very large portion of rebate funding is allocated to that service area.
 - Jonathan reminded the council that prioritizing all services allows for reallocation of funds if trends emerge that require new resources.
 - Jonathan reviewed the example of housing services which the council allocated an increase to using the 2022 post-award increase. That increase in being sustained in 2023 and there is also a large allocation of rebate funds by the Department of Human Services (DHS) for housing services.
 - The council member who brought this concern forward said they felt like the council had made its priorities known without them having an impact on the allocation proposal.
 - Carissa added [a link in the meeting chat](#) to a document describing what changes the council had made during recent funding decisions, including the final FY 2022 allocations plan.
 - Thomas Blissett gave examples of how the council has influenced decisions around allocations. He said that emergency financial assistance (EFA) was increased to almost \$3,000,000 during the pandemic to address food insecurity. He stated that the recipients have not used any data that has not been shared with the council in their decision making.
- A council member asked for a description of MAI. Jonathan explained that MAI is the Minority AIDS Initiative and makes up about 6% of the total Part A grant. He said MAI funds must be used to address disparities experienced by communities of color.
- A council member asked for clarification on the funding that a subrecipient receives to respond to the HIV outbreak in the Duluth region. Thomas confirmed that DHS allocated state funds to a comprehensive outreach case management program to address the Duluth area outbreak.
- Jonathan concluded that council members should use the available data to help make decisions about how to best use the limited resources provided by Ryan White Part A and Part B funding. As an example, he cited ambulatory outpatient medical care, which was a lower priority for the council this year. He said it is a critical core medical service that is geared toward filling the gap for people who are categorically ineligible for public health insurance.

- Beth Zemsky asked Jonathan which sources he would direct council members to as they prepare for next week's meeting.
 - Jonathan highlighted the data dashboard, the 2020 needs assessment, and the information about other sources of funding for the service areas including the total outlay from the Department of Human Services (DHS). Council staff reminded members to find this information on the council website at <https://www.mnhivcouncil.org/2022-psra.html>.
- A council member asked for confirmation that the allocations proposal as presented will not disrupt existing services for people living with HIV/AIDS (PLWHA) and their families. Jonathan explained that if the council makes significant changes from 2022 it could have a negative impact on PLWHA who are currently receiving services.
- A council member asked if motions to make amendments to the priority setting or allocation proposal can be made today. Carissa Weisdorf replied that this meeting is a good time to talk about any amendments the council wants to make so that it can also decide what data it needs to support those amendments.
- A council member stated they intend to make a motion to adjust the priority ranking for one of the core medical services.
 - Another council member pointed out that 19 out of 22 council members completed their paired comparison worksheets and the priority rankings came from that.
 - A council member asked if the paired comparison worksheets have been scientifically validated. They said they have asked previously about changing the process and did not get a response.
 - Pat Reymann stated that the council voted a couple months ago to approve the paired comparison method to prioritize services. Since the process had already been approved by the council, a change now would require a 2/3 vote.

Beth Zemsky passed facilitation of the meeting to Lesa Nelson.

- **MOTION:** Larry McPherson moved to change the prioritization ranking for outpatient ambulatory health services (OAHS) to the #1 ranking for core medical services. The motion did not receive a second and was declared dead by Lesa Nelson.

Lesla Nelson passed facilitation of the meeting to Beth Zemsky.

- A council member asked how the priority setting and resource allocation (PSRA) process can be revised.
 - Pat said that it has already been decided for this year. It should come up again when there are new members on the council and the council starts to prepare for the next round of PSRA.
 - Pat also explained that a motion can be made now to investigate other ideas, and that work would probably be turned over to a committee.
 - A council member clarified that this process starts with the Planning and Allocation Committee (PAC), and that is where changes can be made when the process starts again.

- Carissa Weisdorf added there will be an evaluation of the Priority Setting and Resource Allocation (PSRA) process. She encouraged council members to complete the evaluation and be specific about their concerns and ideas. The Planning and Allocations Committee will start the next priority setting and resource allocation (PSRA) cycle planning by reviewing those results.

VI. Preparation for August 9, day two of allocations meetings

- Beth Zemsky concluded by reminding the council that they should look at available information between now and next week, including the council's service priorities, the allocations proposal, and expenditures.
- Beth stated that amendments to the allocation proposal must include both what service area will receive an increased allocation and what service areas will receive reduced funding to compensate.

Beth Zemsky passed facilitation of the meeting to Lesa Nelson.

VII. Adjourn: Lesa Nelson adjourned the meeting at 11:05 a.m.

Meeting Summary

- Council staff reviewed the council's prioritization rankings for FY 2023-2024.
- Hennepin County and DHS presented the FY 2023 Part A and Part B allocations proposal
- The council reviewed the allocations proposal and asked questions to prepare for the second resource allocation meeting on August 9.

Documents distributed before the meeting:

- Agenda for Allocations Meeting, Day One
- July 12, 2022 meeting minutes
- Part A and Part B Council Allocations Proposal, FY 2023
- Prioritization Rankings for FY 2023-2024
- Resource Allocation Process for Ryan White HIV/AIDS Program Funds
- MCHACP Mission Vision Values
- Minneapolis St. Paul Part A TGA Resource Inventory
- Ryan White Part B Funding July 1, 2022 – June 30, 2023
- Quick Guide to RWHAP Part A-Fundable Service Categories
- 2020 HIV Care Continuum
- Minnesota's HIV Care Continuum: Core Medical Service Areas
- Minnesota's HIV Care Continuum: Support Service Areas
- PCN 16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

Additional documents displayed during the meeting:

- MCHACP Allocations Meeting Day One presentation

BB/cw