

Minnesota Council for HIV/AIDS Care and Prevention
Tuesday, October 10, 2022
9 – 11 a.m.
Hybrid In-Person/Microsoft Teams Meeting
Meeting Minutes

Council Members Present:	
Joseph Amrhein	Amy Miller
Antwon Davis	Rev. Jim Mitulski
Charlotte Detournay	Lesla Nelson (council co-chair)
Alissa Fountain	Jay Orne
Megan Higdon	Doug Peterson
Calvin Hillary Hylton	Angela Reed
Annalise Jackson, RN, MSN, PH	Sarah Schiele
Stephen Jensen	Tyrie Stanley (council co-chair)
Larry McPherson	John Vener, MD
Council Members Absent:	
Julian Hines	McKinzie Woelfel (council co-chair)
Gage Urvina	
Community Members/Guests/Consultants:	
Verniece Acevedo, Community Member	Mary McCarthy, RAAN
Danielle Brantley, Community Member	James McMurray, Aliveness Project
Sokun Derosier, DHS	Lizzie McNamara, Minnesota Management and Budget
Michael Grewatz, Aliveness Project	Jo Ann Vertetis, Community Member
Hannah Kass-Aten, MDH	Bob Wickoren, Merck Pharmaceutical
Hennepin County (Part A) Representative:	DHS (Part B) Representative:
Jonathan Hanft	Amy Miller
MDH (Prevention) Representative:	
Peggy Darrett-Brewer	
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 9:07 a.m. Introductions were made.
- Lesa led the council in reading the guiding principles.
- Tyrie Stanley lit the candle and explained that it is in remembrance of loved ones and anyone living with HIV/AIDS who has passed away. The council observed a moment of silence.
- The proposed agenda was reviewed.
 - Lesa Nelson stated she wanted to amend the agenda by striking out the MCHACP Policy and Procedure document that was listed under Unfinished Business. She

explained it will be covered instead during the report from the Membership and Training Committee.

- No one objected to the change and the agenda was approved as modified.
- The minutes from the September 13, 2022 meeting were reviewed and approved as printed.

II. Integrated plan goals and objectives: Lizzie McNamara presented on the goals and objectives of the Integrated HIV Prevention and Care Plan.

- Lizzie reminded the council that there is a steering committee which is bringing plan components to the council as they are developed to get reactions and feedback.
- Lizzie displayed **Section V: 2022-2026 Goals & Objectives**.
- Lizzie asked meeting attendees for reactions, and recommendations for the numbers on some of the goals where they are not established.
 - A council member asked how viral suppression is calculated.
 - Lizzie explained that the values have footnotes that describe how the numbers were calculated.
 - The figures for viral suppression use the Minnesota Department of Health (MDH) definition.
 - Hannah Kass-Aten clarified that the care continuum will be reviewed today and that will provide more background on some of these goals.
 - A council member mentioned that long-lasting injectable antiretroviral therapy could be a tactic to increase rates of viral suppression.
 - A council member was glad to see a specific need in the Respond section about the HIV outbreak in Duluth.
 - A council member pointed out that there is no goal percentage set for people reporting they have trouble paying medical bills. Lizzie agreed that some of the goals have a baseline number, but they are still missing the goal number.
 - A member of the Disparities Elimination Committee (DEC) said they appreciated seeing DEC's feedback being incorporated into the goals and that baselines for disparity reduction are included.
 - They wondered if it is helpful to be somewhat vague with the goals about disparities so that a variety of tactics can be used.
 - Lizzie responded that some populations are too small to be reported on it is harder to recognize disparities in those groups. For example, needs assessment data proves that transgender individuals are reporting barriers, but they do not show up in HIV surveillance data.
 - A council member asked if goals for "preventing further transmission" are overly ambitious since it may not be possible to completely prevent further transmission.
 - A council member said they were glad that access to mental health services, food, and housing are in the integrated plan.
 - A community member asked for further detail on what some of the goals about "addressing disparities" mean. They used goal 2.4b as an example.
 - Lizzie McNamara explained that the monitoring table shows the baseline percentages, from needs assessment data, and lower percentages of some priority populations reported not having trouble paying medical bills than the

general population of people living with HIV (PLWH), so addressing disparities would mean increasing those percentages.

- She encouraged meeting attendees to suggest clearer ways to word the goals and objectives.
- Jonathan Hanft suggested adding men who have sex with men and who inject drugs to some of the goals because that population is overrepresented in the current HIV outbreaks. It would be good to see how their rates of linkage to care, retention in care, and viral suppression compare to the general population of PLWH.
- Lizzie announced that there will be a combined meeting of the Disparities Elimination Committee, the Planning and Allocations Committee, and the Needs Assessment and Evaluation Committee on October 26 at 9:30 a.m. to further discuss the goals and objectives. She said council members can send any additional feedback ahead of that meeting to lizzie.mcnamara@state.mn.us.
- Lizzie announced that a final plan will be shared at the November council meeting, and the integrated plan steering committee will ask for concurrence from the council. The deadline to submit the integrated plan is December 9.

III. Committee reports: The ***Committee Report Summaries*** document was displayed.

A. Executive and Co-Chair Update

- Tyrie Stanley thanked council members and guests for participating in the hybrid meeting today. He said the council will hold a hybrid meeting again in November.
- Tyrie reported there is still not an assigned project officer from the Health Services and Resources Administration (HRSA).
- Larry McPherson presented ***Action Item: New Bylaw 2.9 Leave of Absence.***
 - **MOTION:** Larry moved to amend the council bylaws to include a new bylaw 2.9 Leave of Absence, which states that a council member may take a leave of absence by notifying the council support staff or Membership and Training Committee. A leave of absence may not exceed two months. Persons not returning within 30 days after the end of the two-month period will be presumed to have resigned. The number of members required to establish a quorum shall be adjusted to exclude members on leaves of absence. A maximum of one leave per person may be taken within 12 months.
 - **DEBATE:** Tyrie Stanley stated he is not in agreement with some of the language in the amendment.
 - **MOTION TO AMEND:** Tyrie Stanley moved to amend the motion by striking out “a council member may take a leave of absence by notifying the council support staff or Membership and Training Committee” and inserting “a council member may apply to take a leave of absence by notifying the council support staff or Membership and Training Committee. The member shall indicate the reason(s) for the leave of absence which may be medical, family, or personal. The Membership and Training Committee shall consider the request at their next meeting.”

- The motion to amend did not receive a second. Lesa Nelson stated that the motion dies for lack of a second.
- **VOTE:** Lesa Nelson called for a roll call vote. Carissa Weisdorf explained that the motion to amend the bylaws requires a 2/3 vote. The motion passed with a vote of 12 ayes and 3 nos. Carissa Weisdorf announced the new bylaw will go into effect immediately.

Name			Vote		
Joe	Amrhein	Aye	Amy	Miller	Aye
Antwon	Davis	No	Jim	Mitulski	Aye
Charlotte	Detournay	Aye	Lesla	Nelson	Abstain due to facilitation
Alissa	Fountain	Aye	Jay	Orne	Aye
Megan	Higdon	No	Doug	Peterson	Aye
Calvin	Hillary Hylton	Not present at time of vote	Angela	Reed	Aye
Annalise	Jackson	Aye	Sarah	Schiele	Aye
Stephen	Jensen	Not present at time of vote	Tyrie	Stanley	No
Larry	McPherson	Aye	John	Vener	Aye

B. Community Voices Committee

- Danielle Brantley announced that Jo Ann Vertetis will become the community co-chair of the Community Voices Committee (CVC). Danielle is applying for council membership and could hold the role of council member co-chair.
- There were no other updates from CVC.

C. Disparities Elimination Committee: Sarah Schiele referred the council to the **Committee Report Summaries** for the update.

D. Membership and Training Committee

- James McMurray stated there were no additional updates from the Membership and Training Committee.
- Lesa Nelson announced that the Membership and Training Committee wants to wait until the biannual revision of the council bylaws is complete before working further on the council practices and procedures document.
- Lesa asked if there were any objections to that plan. There were no objections.

E. Needs Assessment and Evaluation Committee

- Joe Amrhein reported that he will be speaking with a representative from Centurion Health Care about the medical care it provides for persons living with HIV at the Hennepin County Adult Correction Center in Plymouth.
- That call is scheduled for October 13 at 9:30 a.m. Joe asked council members to let him know if they have any questions he should ask or concerns to raise.

F. Planning and Allocations Committee

- Larry McPherson referred the council to the **Committee Report Summaries** for the update.

- Tyrie Stanley added that a combined meeting of the Planning and Allocations Committee (PAC), the Disparities Elimination Committee, and the Needs Assessment and Evaluation Committee will take place on October 26 at 9:30 a.m. Any other council members or guests are welcome to join.
- Tyrie asked the other committees to review the results of the Priority Setting and Resource Allocation (PSRA) evaluation and pass their feedback to PAC.

IV. 2021 HIV Care Continuum: Hannah Kass-Aten presented ***Demographic Breakdowns of the HIV Care Continuum in Minnesota.***

- Jonathan Hanft clarified that the data for the 11-county metro area represents the portion of the Part A jurisdiction that is in Minnesota. The Part A jurisdiction also includes two counties in Wisconsin.
- Hannah was asked if the denominator for the viral suppression data includes clients who have missing viral load numbers. Hannah explained that it does, but only those individuals with a reported viral load under 200 will be in the numerator.
- A council member asked why rates of viral suppression aren't higher among the general population of people living with HIV (PLWH) compared to those enrolled in Ryan White services. Hannah shared that the data nationwide shows the same trends.
- A council member commented on the "in care but not virally suppressed" information.
 - It highlights that not everybody will achieve viral suppression.
 - They asked if there is data about whether those individuals report taking their medication, or if there a barrier that medical case management might help with.
 - Hannah said that the partner services team might have anecdotal answers to that, but HIV surveillance does not capture that info.
- Hannah was asked if there is data to show how the intersection of race and mode of transmission might compound disparities on care continuum outcomes. Hannah said low numbers make it hard to look at trends and generalize about those intersections.

V. Recipient reports

A. Part A: Jonathan gave the recipient report and displayed ***Part A Update 2022.10.11.***

- Jonathan spoke about the HIV outbreak in the Metro area and said more information needs to be collected on how public health is addressing men who have sex with men and who use injection drugs, but do not have a connection to homeless encampments.
- A council member asked for more info on molecular analysis.
 - Jonathan explained that most people with HIV will get a test looking at the genes of the HIV virus to see if there is resistance to any HIV medications.
 - That test can also be used to see if the virus among different people is related, which shows an increased association.
 - The molecular analysis doesn't show who transmitted HIV to whom, but it can show if cases are part of a cluster or network. The Centers for Disease Control and Prevention (CDC) has guidance on how to monitor those clusters and to how to escalate a response.

B. Part B: Amy Miller presented the **Part B Administrative Updates.**

C. Prevention: Peggy Darrett-Brewer provided the Minnesota Department of Health's (MDH) prevention update.

- The disease investigation and partner services unit has hired a new care link services supervisor, and partner services has hired two new DIS investigators.
- The HIV prevention request for proposals (RFP) received a much larger volume of proposals than in the last grant cycle due to early intervention services (EIS) being competitive. There are 38 proposals to be reviewed.

VI. Council staff report

- Carissa Weisdorf thanked those who completed the assessment of the administrative mechanism (AAM).
 - The AAM is a requirement of council membership, and the results are reported in the non-competing continuation report.
 - 16 out of 22 members responded.
 - No corrective actions were identified from the AAM. The results will go to the Needs Assessment and Evaluation Committee for their review and will also be presented to the council at a future meeting.
- The council is looking for more council or community members to serve as mentors for new members and Carissa encouraged members to reach out to here if they are interested.
- Carissa Weisdorf announced that Jo Ann Vertetis has stepped off council due to taking a new role at a funded provider. The council bylaws give a limit to how many people from a certain provider can serve as council members. Carissa thanked Jo Ann for her service and said we are glad she will continue as co-chair of the Community Voices Committee (CVC).
- Carissa shared that Danielle Brantley will apply to the council and could serve as the council-member co-chair of CVC if she is elected.
- Bryan Bick reminded council members who will complete their first term on February 28, 2023 to let him know if they plan on seeking reappointment to a second term.

VII. Unfinished Business / New Business

- No unfinished business was discussed.
- No new business was discussed.

VIII. Open Forum: Nothing was discussed during the open forum.

IX. Announcements

- Tyrie Stanley announced that Minnesota People of Color Pride is providing at-home COVID tests. Visit mnpocpride.org if you want one.
- Angela Reed announced that there will be a substance use disorder summit on Thursday. It will be a statewide opportunity to gather information in a listening session format.
- Angela also announced a two-day gun buyback event starting October 28 at 2924 4th Ave S in Minneapolis.

X. **Adjourn:** Lesa Nelson adjourned the meeting at 10:55 a.m.

Meeting Summary

- Lizzie McNamara presented to the council on the goals and objectives of the HIV Prevention and Care Integrated Plan.
- The council voted in favor of a motion to add new bylaw 2.9 regarding leave of absence to the council bylaws.
- Hannah Kass-Aten gave a presentation on ***Demographic Breakdowns of the HIV Care Continuum*** in Minnesota.

Documents distributed before the meeting:

- Agenda for October 11, 2022 Meeting
- September 13, 2022 meeting minutes
- October 11, 2022 Committee Report Summaries
- Section V—Integrated Plan Goals and Objectives Draft
- ACTION ITEM: New Bylaw 2.9 Leave of Absence
- Part B Administrative Updates

Additional documents displayed during the meeting:

- Demographic Breakdowns of the HIV Care Continuum in Minnesota presentation

BB/cw