

Needs Assessment and Evaluation Committee
Tuesday, November 22, 2022
9:00 – 11:00 a.m.
Microsoft Teams Meeting
Meeting Minutes

Committee Members Present:	
Joe Amrhein (co-chair)	Gage Urvina
Lesla Nelson	John Vener, MD
Committee Members Absent:	
Alissa Fountain	Julian Hines (co-chair)
Angela Reed	
Guests:	
Alejandro Aguilera	Audrey Hagen
Trillian Patneau	Allison LaPointe
Hennepin County (Part A) Representative:	
Josh Stillwell	DHS (Part B) Representative:
	Dennis London
MDH (Prevention) Representative:	
McKinzie Woelfel	MDH (Surveillance) Representative:
	Hannah Kass-Aten
MCHACP Staff:	
Carissa Weisdorf, Coordinator	Christine Ashley-Norberg (minutes)

Quorum? Yes

- I. **Welcome and introductions:** Joe Amrhein called the meeting to order at 9:09 a.m. Introductions were made.

- II. **Review and approval of August 23 meeting minutes and combined committee meeting on October 26. Review and approve proposed agenda.**
 - The August 23, 2022 minutes were approved with an edit made to a typo.
 - The October 26, 2022 combined minutes were approved as printed.
 - The proposed agenda was reviewed and approved as printed.

- III. **HIV care and prevention in the Hennepin County corrections system**
 - Joe Amrhein stated that for several months the committee has been assessing HIV care and prevention in prisons. A doctor from the Hennepin County Adult Correctional Center provided a presentation, and committee members have met with the Plymouth correction facility.
 - Joe stated he thinks it is unanimous with this committee that they recommend DHS provides a mechanism for individuals in Minnesota’s jails and prisons to be automatically enrolled in the AIDS drug assistance program (ADAP).
 - Carissa Weisdorf said ADAP staff requested to have internal conversations about the possibility of automatic enrollment into ADAP for people in the correction system. They

will come back to the committee at some point to talk more about it, and it is also in the integrated plan where the committee can monitor progress.

- Carissa described the phone call committee members had with staff at the Plymouth Corrections facility, Heidi Ewing, the Health Services Administrator, and a nurse who oversees patient care. Heidi confirmed that medication is not changed on arrival. They did note that the HIV medications that are provided to people in the system are the most expensive medications. The cost is covered for this healthcare system through Hennepin County with a pass-through contract. They confirmed that there is no financial reason that they would withhold medications.
- Joe stated another item the committee can keep on the radar is that about 20-25% of all people living with HIV in the US passed through a correctional facility in a year. Research from the National Institutes of Health shows that 26% of HIV infected inmates reported unprotected sexual activity within 45 days after release. There is a medication that can be given like a shot that provides protection for a couple of months until they get into care. Joe provided this data to the Plymouth corrections staff on the call.
 - Carissa stated that the Plymouth corrections staff were interested in follow-up calls with the NAE committee to see how they can make an impact if the same nationwide statistics are true in Minnesota.
- Carissa added that the corrections facility staff are already talking with the Red Door Clinic to start providing PrEP to people in the adult correction facility. When a person leaves the facility, they are given a written prescription for a 30-day supply of their medication, but they don't set up clinic appointments because they can't guarantee that a person would show up. With other diseases that they're working on, they have connected with Healthcare for the Homeless and Red Door, so they have more conversations with other facilities. They said that usually there are two to four people in the facilities who are people living with HIV.
- Joe stated that when individuals are released from prison with a 30-day prescription if they go to a pharmacy, they'll be shocked at the cost of it. Joe wonders what the Plymouth facility provides inmates when they are released in terms of community based medical care.
- Joe added that a journal article stated that release planning for HIV infected individuals should always include linkage to community based medical care. Joe knows that Centurion is not community based, but they have a lot of community partners. Instead of just giving someone a packet, he wonders if there could be a visit to medical staff so they can educate them on how to proceed and to let them know that these services are available.
- Carissa agrees with Joe and mentioned this is something they can follow up on with Dr. Sandler Silva to see if there are any changes that could be made. Carissa can try to get a copy of what the Plymouth facility offers at release.
- A committee member added that it would also be helpful to know what type of linkage to housing the correction facilities offers someone exiting the incarceration system. Do they go through coordinated entry before they exit or not, or do they have a secure place? If they end up going to an encampment and then have meds taken away later that is an issue.

- Allison LaPointe mentioned that in the past the Rural AIDS Action Network (RAAN) was working to establish medical appointments for persons being released. She is not sure if that's still occurring or is part of their activities or not.
- Joe added that something could be done such as set up hypothetical appointments and if they don't show up it wouldn't impact too negatively on the health center. Also, incarcerated members could be informed that there is a pharmacy at Hennepin County Medical Center connected with the Positive Care Center that could assist with them getting their HIV medications at no cost.
- Joe stated that these are things that all need to be articulated to individuals that are leaving incarceration to feel a little bit more connected to community-based services.
- Joe added that he'd be curious to know what other prisons are doing with their clients. He mentioned that the committee could get a list of these prisons and let them know that they can duplicate the discharge paperwork that Hennepin County provides and let them know that this is something that our committee would like to be taken seriously.
- Joe pointed out that the main thing is that an automatic enrollment program would be of great benefit to Minnesota in containing the spread of the virus. This is the needs assessment the committee is currently looking at.
- Dennis London asked when people are booked at these correction centers, are they normally tested for HIV at the point of entry and when they're discharged?
 - Joe Amrhein said they do not routinely test people for HIV, but if they test positive for drugs, they do offer the test at Hennepin County, but he doesn't know what happens in other facilities.
 - Carissa learned from the call with Plymouth corrections that if there is a positive drug test, they offer a full panel of STI testing, which includes HIV. She doesn't know about testing for HIV upon release.
 - Joe Amrhein added that it is unlikely they test upon exit but there could be a potential change in that program where they could automatically test and then have a program where they opt out. In that way more people would be aware of their health status, but he doesn't know if that would be applicable with state laws.
- Dennis London added that the reason he is asking is because PrEP would be for people who are negative. If there is no mechanism of knowing who is negative and who is positive, how shall the right people be targeted? If for any reason one is exposed while incarcerated, then they put their sexual partners at a very high risk after release from prison.
 - Joe agreed that is a good point. For example, the statistics from the Hennepin County Adult Correction Center in 2021 show that 323 people have a known HIV diagnosis, and only 198 are on anti-retroviral treatment. Joe wonders if the other 37% not on antiretroviral treatment could be due to the stigma involved where they don't want other people to find out.
- Joe added that the reason why having an automatic HIV medication program is important because of the Medicaid inmate exclusion policy, which means people that are incarcerated cannot access their Medicaid or Medicare benefits. That creates huge

disparities nationwide. The good news is that federal regulations allow for HIV drugs in prisons, but they just don't allow the structure to approve it.

- Joe added that the next step it would be to get the resource list that individuals are given that have a known HIV diagnosis and find out what the Plymouth facility is offering their clients. The committee could analyze that information and make sure that going forward there is a solid plan in place giving the data he gave earlier.
- Carissa agrees and will contact Dr. Silva and Heidi Ewing to request the information.

IV. Assessment of administrative mechanism results. Carissa provided a presentation of the ***FY 2021 AAM Results***

- Carissa displayed the *Quick Reference Handout: Assessment of the Administrative Mechanism*. She explained that the legislation requires planning councils to assess how quickly and how well the Part A recipient, which is the administrative agency, carries out the processes needed to contract with and pay providers for delivering HIV services every year.
- Carissa explained that it is a responsibility of this committee to spearhead that process, and earlier in the summer the committee approved the objectives, which were the same as last year.
- Josh Stillwell is available to answer questions and take notes for Jonathan who is out of the office. If there are recommendations from the committee, they can give these to Josh and they will also be provided to the council.
- Joe asked how would the council know if Part A funds are contracted quickly to recipients and how would they know that recipients are selected through an open process?
 - Carissa answered that the results are based on the responses provided. For example, funds are contracted quickly to providers is set to 45 days. If the sub-recipients all said yes this occurred, then that is paired with the recipient response, and a council member should be able to agree that that objective was met.
- Dennis London reviewed Objective 2 and asked is there a way to get views of other responders to the RFP that did not get an award. If their feedback is given, that will help to make the process more efficient and eliminate the inequities that might be there.
 - Carissa stated that is something that the committee can consider when the process is done next year because that is the development of the assessment of the administrative mechanism which this committee oversees.
 - Carissa added that a few years ago, the committee added an additional column of asking subrecipients this information. The discussion at the time was they rely on the administrative agent, Hennepin County, to provide this information to them. This may not be the best measurement for this objective but looking through the response from the recipient as well can provide that information.
- Carissa stated that Josh is the representative and can note that feedback on behalf of Hennepin County.

- Joe asked if the assessment is for the 13-county metro and Carissa confirmed that is correct. Joe added that this is probably the area the committee can focus on for HIV in jails and prisons.
- Carissa stated the council is a decision-making body for Part A, which is the 13-county area (TGA), but also provides recommendations for the state of Minnesota, so not only limited to recommendations for the TGA.
- A committee member mentioned that they should not forget that the committee also provides recommendations for the Minnesota Department of Health.
- Carissa stated that the assessment of the administrative mechanism is something that the committee has to do specifically for Part A, but there are other ways to impact the entire system.
- A committee member stated this is one of the most important assessment mechanisms that we come up with, and that is why it's required for council members. Part A has to respond to everything that is brought up. Sometimes it is difficult for someone to put forth what they want to say but it is one of the few tools to provide constructive feedback and to figure out ways to improve the mechanism.
- Carissa stated if you recall the planning cycle, we start with our comprehensive planning, which is our integrated plan, and we then prioritize services and allocate resources. This is a final step where we are monitoring if what the council decided is what was done.
- A committee member stated that through the years the process has been streamlined and made more accessible and easier for people to fulfill their obligation of doing the assessment of the administrative mechanism. The committee is here to make things better and to look at the needs and how to assess and improve things.
- Joe stated part of this is the open competitive selection process of providers. He knows multiple providers are providing monkey pox vaccines like Aliveness, Open Arms of Minnesota and maybe another. Joe wonders how the County handles duplication of services. Some might be helpful but especially for case management.
- Joshua Stillwell referred to the **FY 2021 AAM results** and pointed out that #3 shows the number of providers and the amount allocated. Funds are allocated based on the priorities of the council, and then enough providers are needed to take all that money and spend it effectively. The answer is between #3 where it breaks down how many providers there are for each service area and then goes into #5.

V. Unfinished Business / New Business

- No unfinished business or new business was discussed.

VI. Set agenda for next meeting: The **FY 2022 NAE Workplan** was displayed.

- The committee discussed setting the agenda for the next meeting.
- The committee agreed to cancel the December 27th meeting and move the work to January.
- For the January meeting, the committee will look at the information provided when somebody leaves the correction system.

- Carissa will check in with Program HH to see if they want to attend a meeting this fiscal year ending in February and ask if they have made any progress about an automatic enrollment into ADAP.
- Carissa asked the committee if they would like to administer the council and committee operations evaluation at the December council meeting or wait until next year. Joe agrees that January would be good.

VII. Announcements and Adjourn

- There were no announcements.
- Joe Amrhein adjourned the meeting at 10:19 a.m.

Meeting Summary

- The committee reviewed HIV care and prevention in the Hennepin County corrections system
- Carissa provided a presentation of the ***FY2021 AAM Results***.

Documents distributed before the meeting:

- Proposed agenda
- August 23, 2022 meeting minutes
- October 26 combined committee meeting minutes
- FY 2022 NAE Workplan
- FY 2021 AAM Results

Additional documents displayed during the meeting:

- Quick Reference Handout: Assessment of the Administrative Mechanism.

CA/cw