

Minnesota Council for HIV/AIDS Care and Prevention (MCHACP) Meeting

August 6, 2024

9 – 12:00 p.m.

Hybrid Meeting: MS Teams and HSB Room 110

Committee Members Present:	
Alejandro Aguilera (NAE and CVC co-chair)	Lesa Nelson
Joe Amrhein (council co-chair)	Jay Orne
Quay Catalpa	Ellen Ryan
Cynthia Denise Elmore	Sarah Schiele
Shea Grutemaro	Jennifer Schoenberg
Patrick Ingram (DEC co-chair)	Kevin Sitter (council co-chair, PAC co-chair)
Stephen Jensen	Tyrie Stanley
Mark Jenkins (DEC co-chair)	JT Stewart
Dongwook Kim	John Vener, MD
Carol Labine	Terri Wilder
Nikki LeClaire	Moua Xiong
Committee Members Absent:	
Megan Higdon (LOA)	Derek Martin
Annalise Jackson (LOA)	James Velek (LOA)
Deon Kirby (M&T co-chair)	
Guests:	
Carissa Weisdorf, Hennepin County	Tim Presley, DHS
Cody Raasch, Hennepin County	Bob Wickoren, Merck
Verneice Acevedo, community member	Jonathan Hanft, Hennepin County
Scott Bilodeau, Hennepin County	DeCarlo Braddy, DHS
Asneth Omare, DHS	Ndekela Sakala, MDH
Tenesha Lewis, DrPH, MPH, Facilitator	Gloria Smith, DHS
Jo Ann Vertetis, community member	Connie Jorstad, ViiV Healthcare
Hennepin County (Part A) Representative:	
Eriika Etshokin	Thomas Blissett
MDH (Prevention) Representative:	
Peggy Darrett-Brewer	Hannah Giles
MDH (Surveillance) Representative:	
MCHACP Staff:	
Audra Gaikowski, Council Coordinator	Jeremy Stadelman, Admin Specialist

Quorum Present? **Yes**

I. Call to order, Welcome & Introductions

- Joe Amrhein called the meeting to order at 9:00 a.m.
- Introductions were made and the guiding principles were read.
- The agenda was reviewed and approved as written.
- The July 9 meeting minutes were reviewed and approved as written.

II. Discuss findings of the DHS rapid engagement session

Council co-chair

- Members discussed the findings of the DHS rapid engagement session.
 - Kevin noted that the DHS funding decisions will help guide the upcoming request for proposals (RFP) and the council's work.
 - Thomas noted that a [MATEC](#) conference in the spring will include some of the trainings that were funded with the additional DHS funding. All council members will be invited to attend that conference.

- Alejandro asked for clarification about who the Ryan White funders referred to in the video are. Thomas noted that this refers to DHS.
- Alejandro encouraged DHS to consider increasing incentives for the needs assessment survey with additional funding in the future.
- Joe wondered about the suggestion that some of these funds be used for criminal record expungement.
 - Thomas replied that although HRSA did update guidance to allow for this, there were no subrecipients that applied for funding for this activity.
- Members praised Amy Moser's facilitation of the rapid engagement process.

III. Introduction to resource allocation process, MCHACP vision and values

Dr. Tenesha J. Lewis, DrPH, MPH, Facilitator

- Facilitation was turned over to Tenesha.
- Tenesha presented a PowerPoint titled, **MCHACP Allocations Retreat, Day 1.**

IV. Present and discuss FY 2025 – 2026 service area priorities

Audra Gaikowski, MCHACP Coordinator, Dr. Tenesha J. Lewis, Facilitator

- Audra presented the [FY 2025 – 2026 service area priorities](#).
- Audra 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.
- Members asked for clarification on two non-funded areas:
 - Health Insurance Premium and Cost Sharing Assistance receives funding via ADAP.
 - Linguistic services are delivered and funded by Hennepin County linguistic services.
- Legal and permanency services are categorized by HRSA as "other professional services." Alejandro suggested that the council's rankings should match HRSA's language in future rankings.
- Joe and Alejandro noted that substance abuse- residential went up in rankings, noting that there is a need for this service.
- Patrick noted that there is an increase in HIV incidence in Latinx and African American populations. Communities of color continue to be disproportionately affected in Minnesota. The council should keep this in mind as it considers allocations.
- Tyrie noted that food bank/home delivered meals has been climbing in rankings over the last few years. This reflects the growing need for this service area.
- Members were reminded that Part A has a requirement that 75% of funds go towards core medical services, but there is a waiver that can be requested if there is no waitlist for ADAP services and if consumers can access core medical services within 30 days.
 - MN does not currently have a ADAP waitlist.
 - Asneeth noted that there has been an increase in the number of individuals needing ADAP because of the ending of the public health emergency funding related to Covid.
 - The number one priority for rebate funding is ADAP. Other services would not be funded if there was a need for ADAP.
- Benefits counseling is an allowable activity under non-medical case management and that is generally how much of that funding is spent.
- In Minnesota, childcare is typically funded by the Minnesota Family Investment Program (MFIP) and Temporary Assistance for Needy Families (TANF).
 - Jenny noted that HeadStart is often used for childcare. The Department of Education also has a childcare program. There is a waitlist for obtaining these services, however.
 - There is currently no Ryan White funding allocated for childcare services.

V. Present allocations proposal: Parts A and B

Eriika Etshokin, Hennepin County Ryan White Program, and Thomas Blissett, Minnesota Department of Human Services HIV Supports

- Eriika and Thomas presented the **Parts A and B Allocations Proposal**.
- Questions/comments:
 - Joe wondered what is currently being covered by substance abuse: outpatient services. Jonathan replied that much of the funding goes towards comprehensive assessments.
 - The Part A proposal includes the assumption that a core medical waiver will be approved. Part A will request this through its grant application process.

VI. Present DHS additional funds

Thomas Blissett, Minnesota Department of Human Services HIV Supports

- Thomas presented **DHS additional funds proposal SFY 25-26**.
- Thomas noted that cuts are not being proposed for Program HH. Oral health care funding falls under Program HH.
- There is an increase in Health Insurance Program funding because Minnesota is seeing an increase in the uninsured rate in the state.
- There is an increase in housing to help fill gap caused by loss of HOPWA funding in Greater MN.
- Questions/comments:
 - Members asked for clarification about why there are reductions in DHS funding.
 - DHS has seen a decrease in available rebate funds. The MN legislature provided guidance to DHS that excess rebates needed to be spent down. These excess funds have now been spent down.
 - Tyrrie wondered if rebate funding would ever return to previous levels.
 - Thomas responded that there is no expectation of generating additional rebate funding.
 - Jonathan clarified that the 10% administrative caps are only applicable for Part A and Part B formula funding.

VII. Break

VIII. Discuss allocations proposal

Dr. Tenesha J. Lewis, DrPH, MPH, Facilitator

- Tenesha asked members to share one or two words that reflect how they feel about the proposal.
- Where in the proposal do you see the most impactful allocations?
 - Medical case management
 - Emergency financial assistance
 - Food bank/home delivered meals
 - Housing
- What is unclear? Where is there room for more understanding?
 - Kevin noted that the allocation to medical transportation seems high. Are there other sources where individuals can receive this service?
 - Patrick noted that transportation continues to be huge barrier to care. There are limited opportunities for safe and reliable transportation.
 - Jay noted that this service is often provided in the form of bus cards to help clients attend medical and case management appointments. Transportation is often offered to clients to help get them to their initial appointments and connected to care.
 - Thomas emphasized that Part B funds transportation in Greater MN and that is where a lot of that funding goes.
 - Alejandro noted that health insurance can cover transportation. This information should be shared with clients more often by case managers.
 - Thomas noted that there may be a difference in what is offered by commercial and public plans. Thomas indicated that he would learn more about this and bring further information to the day 2 allocations retreat.

- Patrick noted that prior authorization requirements and utilizing insurance create barriers in accessing transportation services.
 - Jay suggested that continued funding for referral for health care/supportive services may not be impactful given that only 60 clients were reached last fiscal year.
 - Nikki asked for clarification about what is funded under this service and wondered where funding will go now that the organization providing this service is no longer in operation.
 - Thomas clarified that only some interactions are reported in CareWare, but there are more quick connect interactions, like connecting those new to MN to services.
 - Alejandro noted that there has been a decrease in the number of clients being reached by this service. Younger individuals may use a different means of accessing information. Alejandro would be in favor of moving funding from referral for health care/supportive services to substance abuse-outpatient.
 - Patrick wondered who would cover this service if funding is moved to another area. Can referrals to services be standard when delivering care, or would the government seek another sole provider to deliver this service?
 - Although he is in favor of providers providing diversified services, Thomas reminded members that if a service area is not funded, the service would not exist. He urged members to think about what the system of care of needs.
 - Jay noted that emergency financial assistance (EFA) and food bank/home delivered meals cannot continue with providing its current level of support given the large rebate cuts. Funding for referral for health care/supportive services does not feel like a priority given this.
 - Patrick noted that MN will soon allow undocumented individuals to access MN state insurance. The council should consider how it can help with insurance uptake for this community.
 - Ellen noted that she is concerned about services critical for those who are unhoused being cut (like outreach services). Though the proposed additional DHS rebate allocation to housing is appreciated, unhoused individuals need access to other service areas before they can be stably housed.
- What information is needed to make an inform decisions about the allocations?
 - Patrick emphasized that he would like to hear from subject matter experts given the steep rebate budget cuts.
 - Patrick inquired if housing stability activities (like helping with mortgage or home repairs) are funded under housing or emergency financial assistance.
 - Thomas replied that home repairs are not allowable under Ryan White, but programs can align with HOPWA to help with mortgage payments. However, DHS is currently only funding activities related to transitional housing.
 - Jonathan added that Part A is currently focused on funding for housing navigation and rental assistance. Furthermore, EFA will fund a certain amount to prevent evictions. The priority for funding is aimed at those facing eviction and those experiencing homelessness. Jonathan acknowledged that this is a challenge for those living on the cusp of poverty/homelessness.
 - Joe expressed concerns about legal services being cut by rebate. Carissa clarified that some funding will still be made available for this service area.
 - Jay noted that the priority for services is to keep people undetectable and wondered why there is an increase in rebate to health insurance programs (HIP) if that is being covered elsewhere. Thomas clarified that the proposed increase to HIP is to help those who are uninsured, especially those in Greater MN.
 - Kevin encouraged members considering allocations amendments to work with other members in making their cases. Members should appreciate that approval from 50% of members is required to make amendments to the allocations proposal.

- Tyrie emphasized that amendments should be data-driven and not based on emotions.

IX. Preparation for August 13, day 2 of the allocations retreat

Dr. Tenesha J. Lewis, DrPH, MPH, Facilitator

- The council will reconvene on Tuesday, August 13 (9am-12pm) to debate and vote on the allocations proposal.

X. Adjourn

- Joe Amrhein adjourned the meeting at 12:01 p.m.

Meeting Summary:

- Discussed findings of the DHS rapid engagement session.
- Received an introduction to the resource allocations process, MCHACP vision and values.
- Reviewed and discussed FY 2025-2026 service area priorities.
- Received a presentation on Parts A and B allocations proposal.
- Received a presentation on DHS additional funds.
- Discussed the allocations proposal.

Documents distributed before the meeting:

- Proposed agenda
- July 9 meeting minutes
- FY2025 Council Pre-Award Parts A and B Allocations Proposal
- FY 2025-26 Service Area Prioritization Ranking
- Resource Allocation Process
- MCHACP Mission, Vision, and Values
- Ryan White Parts A and B FY23 Quarter 4 Expenditures
- FY23 Resource Inventory
- DHS Additional Funds Proposal SFY 25-26
- Understanding RWHAP Service Categories
- Care Continuum, Minnesota 2023
- Care Continuum, Core Medical 2023
- Care Continuum, Support Services 2023
- Service Category PCN 16-02

Documents distributed after the meeting:

- Updated FY 2025-26 Service Area Prioritization Ranking

JS/ag