

Minnesota HIV Services Planning Council Meeting
January 13, 2015
9:00 am – 1:00 pm
Health Services Building, Room L15
525 Portland Ave S, Minneapolis
Minutes

Council Members Present:

Andy Ansell	Keith Henry, M.D.
Michael Behl (phone)	Marvin Innes
Scott Bilodeau	Hank Jensen (Council Co-Chair)
Sokun Bobson	Joe Larson
Michele Boyer	Midnight
Loyal Brooks	Valentine Momo
Winston Cavert, M.D.	Lesa Nelson
Jared Erdmann	Asneth Omare
Al Fredrickson	Craig Schmidt
Debbie Gazett (Council Co-Chair)	Aaron Witnebel
Krissie Guerard (phone)	Monica Yugu
Bielca Guevara	

Council Members Absent:

David Finwall	Mary Gulley
Michael Graham	Michael Hargrave
Jonatan Gudiño	Lucie Makena

Community Members/Guests/Consultants:

Karin Sabey	Jim McNamara
Terral Ewing	Kareem Murphy

Part A Representatives:

Jonathan Hanft, Hennepin County

Part B Representatives:

Nick Metcalf, DHS

Planning Council Staff:

Sirry Alang, Coordinator

Carissa Weisdorf (minutes)

Quorum Present? Yes

I. Call to Order

Debbie called the meeting to order at 9:05 am.

II. Lighting of the Candle

III. Welcome and Introductions

IV. Consideration and Approval of Proposed Agenda

The agenda was approved by unanimous consent.

V. Review and Approval of December 9, 2014 Minutes

The minutes were approved by unanimous consent.

VI. Co-Chair Update

None

VII. Part A Report

Jonathan Hanft, Hennepin County

- Provided an update in written form.
- Carryover funds were due on December 31; the executive committee reviewed and approved them by email.

- Jonathan referred to the document **Ryan White Part A Unobligated Balance Report and Carryover Request** and the sources of Part A funding.
 - The final carryover request needs to be submitted by late July.
 - Jared asked if this plan can be changed based upon the recent funding allocations process; Jonathan said this money will not be approved until October so it is short term funding for about 1/3 of the year (through March 2016). These services all received a small deduction.
 - Hank said typically these proposals are voted on by the planning council but there was a short turnaround time this time.
 - Dr. Henry said research shows that if a person receives care at the same clinic they are tested the outcomes are better; he questioned the value of early intervention services (EIS). Jonathan replied that there is an 80% linkage to care for our EIS funded services.
 - HRSA defines a one-time plan expense as a purchase of something; i.e. a food program buys a fridge.
 - The report to HRSA is due by the end of January. This will discuss the 2013 MAI funding report, number of clients served, amount of funds spent and outcomes.
- Jonathan referred to the document **AIDS Budget and Appropriations Coalition** and pointed the council to the section about HRSA's Ryan White funding; this is the 2015 funding. He is hoping we will at least receive flat funding.
 - There are no comparable data sets for Part A funding. This can be a concern for reauthorization of Ryan White funding.
 - It takes HRSA about 6 months to figure out the distribution of funds from appropriations.
 - The proposal to move Part D into Part C was not approved by congress.
- Interviews are underway for the Quality Management Coordinator position and Jonathan hopes to identify the final candidates next week and have someone in place in March.
- We have identified a project officer for the integrated planning process: Amy Dusek who worked with the council during the prioritization process. This needs to go through Hennepin County's priority board and then she will start with the workgroup which kicks off at the end of the month.
- Per the planning council comprehensive plan, the Ryan White Program will hold an African American gay/bi/MSM Summit on February 12. Staff from the Office of Minority Health are in Minneapolis conducting interviews this week. The summit's target audience is providers, consumers and planners and includes Planning Council members. We will send out a flyer with more details at a later time. The summit will be similar to the Latino gay/bi/MSM summit held last July.

VIII. Part B Report

Andy Ansell, DHS

- DHS held a planning retreat last Friday to begin looking at the first phase of spending from the rebate planning meetings. They are looking at what can be implemented internally first. First steps include: raising the maximum income to 400% of the federal poverty limit (FPL); paying premiums; paying co-pays and deductibles for clinic care (previously only done for medications) and they are looking at paying contributions for employer sponsored insurance. The current policy is if an employee pays 50% or more of their health insurance premium then HH pays for the entire premium.
 - Hank asked how they will get the word out that people making 301-400% of FPL are now covered. Andy replied that DHS will announce it to providers, clinics, testing centers and other ASOs. They will only use existing networks and will not do outside advertising.
 - Karin said the Positive Care Clinic has 89 people over 300% and reported these clients are struggling with out-of-pocket costs. She says it should be easy to identify people already in the system but new clients could be harder.
 - Jonathan asked that DHS coordinate with Part A since we fund some co-pay payments. He suggested we convene a workgroup between Hennepin County, MDH and DHS to make sure there is no duplication of funding.
- The Training Coordinator/Contract Manager position was filled by Bonnie Rossow.
- Joe asked about centralized intake, this is for Ryan White funded services. Previously there was no money available for this. Andy said this will look like one vendor/provider serving as Ryan White intake, similar to applying for HH. Chicago does this and it works very smoothly.
- Dr. Cavert asked about the letter to legislators; this went out to everyone who participated on Jan 5. Andy said all of the distribution information is in the report.

- Dr. Henry asked if there will be money to pay for services for immigrants who are ineligible for insurance; Andy replied it is not currently in the plan. HH is enrolling people in insurance plans during the open enrollment phase; currently about 80% of MNSHA's undocumented clients have been enrolled.
- Andy clarified that the point of open enrollment is that people have insurance not because they have a life changing condition.
- Dr. Cavert asked what the legislation will do with the appropriation of \$2.2 million. Andy said he does not know for sure.

IX. Prevention Update

Krissie Guerard, MDH

- Updated cascade will be posted today; Carissa will send the website out to the planning council.
- 2015 funding report: Category A received about \$1.78 million, which was a cut by about \$55,000; basic prevention funding will likely be cut by another \$100,000 next year; Category C which are temporary care line services received a \$250,000 cut and has a total of \$100,000 in funding. This was expected because it is a demo project and is finishing this year so this is closeout funding. Their STD grant increased by \$30,000 and HIV surveillance and TB received level funding.

X. Staff Update

- We will have a facilitator training after the planning council business portion of the meeting.
- New services areas have been launched for consumer satisfaction survey. Please spread the word and take it yourself, if applicable. Ambassadors are available to help if needed.
- The African American summit is recruiting for interviews for Weds/Thurs. Let Sirry know if someone is interested. Incentives are available. High risk HIV- focus group is being held on Thursday at HSB.

XI. Committee Reports

Community Voice Committee

- **Action item:** CVC Co-Chair Election. Discussion: Lucie stepped down as co-chair of CVC; Bielca Guevara and Marvin Innes are running for co-chair. When asked to give a short speech, Bielca proposed Marvin because he has been an advocate for the HIV community for many years. Marvin said he wants to be more involved in the planning council and thinks CVC is a great way to do it. He said he feels like a spokesperson for people living with HIV and wants a more active CVC. A member of the Operations committee and a Part A staff person tallied up the ballots and Marvin Innes was announced the new co-chair of CVC.

Executive

- The committee discussed conflict of interest (COI) and forwarded questions and concerns to the Operations Committee co-chairs. The goal is to make COI and the policy clear.

Needs Assessment & Evaluation

- The needs assessment and evaluation survey was discussed at the December meeting as well as the 2015 committee workplan.

Operations

- There is an election for council co-chair coming up in February and Debbie will run for second term. We are accepting applications from other planning council members through the open nomination process and anyone interested should let staff know by Friday. Lesa, Michael Behl, Midnight, Aaron and Bielca indicated their interest.
- Seven planning council members have terms ending at the end of February. It was announced that Michele will not seek another term.

Planning & Priorities

No meeting

XII. Announcements

- HCMC has 2 studies going on right now and there are a few more studies coming up. There is a joint study with Mayo regarding shock and treat drugs which is a strategy for a cure for HIV disease.

BREAK

XIII. Facilitator Training

The council received a two hour facilitator training.

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XIV. Open Forum

XV. Adjourn

The meeting was adjourned at 12:50 pm.

Meeting Summary

- Marvin Innes was elected co-chair of the Community Voice Committee.
- The planning council is seeking nominations for 2015-2016 Council Co-Chair.
- The planning council received a two hour facilitator training.

Documents Distributed before the Meeting

- Planning Council meeting agenda
- Minutes from December 9 meeting
- Committee Reports Summary
- **Action Item:** CVC Co-Chair Election
- Part A Update
- Ryan White Part A Unobligated Balance Report and Carryover Request
- AIDS Budget and Appropriations Coalition

Documents Distributed/Available at the Meeting

- Part A update
- Losartan HIV Trial flyer

cw/sa