

**Minnesota HIV Services Planning Council Meeting
February 11, 2014
9:00am – 12:00pm
Health Services Building, Room L15
525 Portland Ave S, Minneapolis
Minutes**

Council Members Present: Hank Jensen (Council Co-Chair) Andy Ansell Tom Bichanga Scott Bildeau Michelle Boyer Loyal Brooks Winston Cavert Jared Erdmann Al Frederickson	Debbie Gazett Jonatan Guidino Krissy Guerard (via phone) Mary Gulley Michael Hargrave (Phone) Dennis London Valentine Momo Lesa Nelson Asneth Omare Craig Smith	Monica Yugu
Council Members Absent: Joan Carchedi		
Guests/Consultants: Gloria Smith, State of MN	Nikki Knisley-Family Visions Jim McNamara-VV Healthcare	
G-HAT: Jonathan Hanft, Hennepin County Nick Metcalf Sheila Murphy	Dave Rompa, DHS	
Planning Council Staff: Tim Sullivan	Toby Tremain (minutes)	
Quorum Present? Yes		

- I. Call to Order**
Tim stated he would be presiding and called the meeting to order at 9:18 a.m.
- II. Lighting of the Candle-*Michael Hargrave***
- III.** Michael Hargrave lit a candle for Bonita Prescott He said that she lost her fight on Friday February 7, 2014. She improved the lives of many people in rural Minnesota throughout her life. He asked that we send love and support out to her family.
- IV. Introductions**
Introductions were made.
- V. Consideration and Approval of Proposed Agenda-**Agenda approved by unanimous consent.
- VI. Review and Approval of January 14, 2014 Minutes**
The minutes were approved by unanimous consent.
- VII. Co-Chair Update-Debbie**
Debbie attended the Strengthening Community Leadership program. The purpose of this program is to give tools to inspire others to make this more of a client focused process. Hank and Debbie will be presenting next month. Hank praised this training as he attended it this past September. Hank mentioned that he was chosen to be part of the 10-member panel for the National Quality Centers Consumer Advisory Committee for the United States. It is based off past experience and involvement of the Quality Committee at HCMC and Planning Council, to keep quality on the radar for consumers and the desire to get more consumers involved.
- VIII. Part A Report-*Jonathan Hanft***
 - A. Conditions of Award and Grant Reports
 - 1. We have received partial award. We learned from our Project Officer that the Congress Appropriation Bill passed, which softens sequestration which increases Ryan White Funding.

Part A Report-Continued

B. 2014 Part A Funding Update

1. A Partial award has been received (41% of 2013 Formula, 29% of 2013 MAI). The Final award notice extended to the end of March. Ryan White 2014 & 2015 appropriations 48 of 52 Part A jurisdictions will see an increase. We hope to find out about final Part A awards by the end of March.
Part A will increase 5% and Part B by 3% Jonathan informed the group that there is an increase in the number of people being served. We are hoping to see how close President's budget is to the request. He added that this is probably a good indication of what people think is needed in 2014 for Ryan White.

Questions/Comments:

- Loyal referenced the AIDS Budget and Appropriations Coalition handout and asked if the ADAP increase is flat funding or inflation. Jonathan replied that these are actual dollar increases. Jonathan said that the request should consider factors such as inflation. He added that funding for these requests has decreased. The increases they are requesting are somewhat tempered and have never reflected the national trends. Dave contributed that inflation has not been reflected in these funds.

C. Planning Council Administrative Specialist Hiring

Jonathan said that position was posted for Open Competitive. He asked that Council members spread the word about the vacancy. We are hoping for a strong pool of candidates after going through two internal rounds. He added that this is a slow process of a big bureaucracy. We hope to have more information available in March.

IX. Part B Report-Dave Rompa, DHS Staff Update

Dave has postponed his forecast for March. He thought that Affordable Care Act would have an impact, however it did not. We learned that the early expansion of Medicaid did not affect the plan. He anticipates the expansion this time won't have much of an impact either. He added that there will be planning and wrap-around expenses to pay. He said that we will not know for 18 months how this will play out. We don't know what our cost and our losses will be so that makes projecting very difficult at this point. There will be reductions in the 340B rebate. Starting in Dave, April, Andy and Gloria will renegotiate with each insurance company. We will lose data and not be able to rebate until this is settled. We will not collect during this period (no revenue from the 340B program during this time). Next month you will see the entire picture. Normally by now we see the training and outreach for the next year.

Staffing updates-We have been without a trainer for quite some time now. Debbie Griffith will not be returning. We will be reclassifying this position. We are now in the process of working for non-funding-procedural issues being worked into contracts. Dave said that they are working on budget planning for contract amendments for July 1 fiscal year. Their focus is on benefit counseling.

Gloria explained the process of how drugs are purchased for consumers. Expenditures grew as they utilized more and costs of drugs increased, but so did their rebates. Rebates are collected on Federal, Supplemental, and State dollars. Under HRSA rules, these Federal dollars need to be spent before grant dollars and in the year that they collect them. HRSA does not have jurisdiction over supplemental or State dollars because the supplemental is a private agreement between the ADAPS and the pharmaceutical companies. They are not governed by the OPA 340B rules. That is a private agreement between them and the pharmaceutical companies. The State rebate is collected on programs using State funds and is not governed by the Federal mandate; however, our State Statute does say that the State money that is impacted by the allocations needs to remain in use for HIV services. When the State has borrowed against the rebate account, they have not given them the allocation. They have drawn from the rebate. In essence, they have not violated the statute.

The projection this year is the majority of states will see a surplus which is unusual. Dave said it is a pendulum process. The pendulum swings to the deficit side then 'fixes' come into play and the pendulum swings to the surplus side thanks to fixes often create the surplus. The increase in tax revenue has helped the economy. Gloria offered kudos to Planning Council for their allocations. Dave noted that every state rebates differently. Some states buy at a rebated rate and do not rebate at the back end. Some states don't rebate. Some are hybrid states. Minnesota and Indiana are the top rebate states.

Questions/Comments:

- Jonatan asked about those on waiting list in the US. Dave corrected him and said that there aren't any waiting lists at this time.
- Loyal likened the State's borrowing of rebate funds to a shell game. Dave agreed that politics is somewhat of a shell game. Dave said that they know that the most they can play their shell game with is a small portion of the budget. They cannot go after the entire \$6 million budget.
- Jonatan asked if this would be ongoing. Dave didn't think so because our allocation is so low on the radar at \$2.5 million. This is minute as far as appropriations go. He added that unless we see desperate times, it is not likely that we will be a target. Additionally, if we don't show activity in our account we become a target. We need to have activity to show the legislature in our accounts.
- Karen asked if we will see dollars and growth projections in next month's report. Dave said that we will see rebate dollars, revenue and expenditures in the forecast next month. The forecast is done by a different division.

Part B Report-Continued

- A. Consumer Advisory meeting. Des Moines will be hosting the meeting this year and Minnesota will be hosting in 2016. Dave went to San Diego for the 340B meeting last week. He worked with lawyers and those forming the 340B Coalition. He found the conferences to be very helpful. Gloria will be attending the conference with Andy in December in Washington, DC.

X. Prevention Update-Krissy Guerard

No differences in funding from what was presented last month. There has been a little movement in this division. Sometime this month, the Tuberculosis unit will be coming to their area probably later in February. Steve Schletty is the new Assistant Section Manager, primarily in disease surveillance. As soon as Krissy has new organizational charts approved she will present them.

XI. Staff Update

Tim asked that everyone have an application for membership for 2014 and share it with someone that may or should be interested in our work. Extra copies of applications are available.
Tim asked that we contact him directly via email or phone, as Wendy is no longer contactable.

XII. EIIHA Update-Sheila Murphy, Hennepin County

EIIHA is an acronym for Early Identification of Individuals with HIV/AIDS. The focus at this meeting was on Part A. The Part B update will be presented at another time. HRSA required inclusion in grant applications for Parts A and B starting in FY 2011. Part A constitutes 33% of the competitive grant award which was \$492,756 in FY 2013. Community input is vital. They reach out to the met and unmet needs of community members. They created a workgroup that provides recommendations to grantees and the Planning Council to address the needs of EIIHA. Representative of this group consist of Part A and B Grantees, MDH, providers, community members and consumer representatives including the Planning Council. Within the last year the EIIHA workgroup identified the need to form a sub-committee. In 2011, Fast Track and Concierge Services were added to the EIIHA program to provide support and remove barriers for newly diagnosed to link them to HIV medical care. Another addition was a scale-up testing project that focused on a refugee clinic and Healthcare for the Homeless sites. They identified positive clients (1 positive out of 555 Healthcare for the Homeless patients and 4 positive cases were identified out of 557 in Refugee Health). In 2012, Outreach standards were updated to ensure more people were being linked to care. MNCAREWare added specific services, (HIV tests, referrals, linkage to care), to more successfully measure EIIHA outcomes. In 2013, EIIHA Measurement Work Group was created with the goal of identifying consistent, comparable and measureable outcomes for all EIIHA efforts and recommended target groups for the 2014 EIIHA Plan.

The groups that will have extra emphasis placed on them are: Young MSM, Latinos, and Partners and Social Networks of Late Testers. There have been increases in these groups that are testing positive and not large enough increases of people being tested. Outreach methods in place to deal with this are: Peer to peer activities, Confidential testing options at treatment facilities, Exploration of social networking opportunities to promote testing, Fast Track Concierge Services-connection with clinical services at the time of a positive test and linkage services to clinical care/support. MSM will also have a focus on Health Education and Risk Reduction, and address barriers to accurate knowledge.

The Measurement group meets in April. The Unaware/Into Care large group will continue to meet twice per year, and report outcomes to Planning Council and other stakeholders.

Contact Sheila if you would like a copy of PowerPoint or Part A plan for 2014.

Questions/Comments:

- Jonathan noted that in the first year that EIIHA implemented Fast Track and Concierge services, the clinic soared from 45% all the way to 85% of all patients being linked to community care.
- Winston asked how many people have benefitted from the linkage/concierge program since its inception. Jonathan said they could find out this information. He added that Red Door diagnoses approximately one-third of Minnesotans-approximately 500 cases per year and works with approximately 100 persons per year.
- Karen asked when linkage occurs. Sheila replied that it takes place when initiating treatment.

A. Community Voice-No Meeting this month.

B. Executive

1. The committee heard reports from each standing committee
2. The committee discussed the Operations Committee's response to Dave Rompa's request to limit fundraising in emails addressed to Council members.

C. Needs Assessment and Evaluation-

1. Jared mentioned that they didn't meet in January; however, they are going to have a 3-day site visit of a Technical Assistance Provider next week. Everyone is invited to attend during this time. Tim said this will focus on reaching special populations, removing barriers and accessing individuals about service needs. If you work with groups that are disproportionately impacted such as young MSM, Latino, African born, African American populations in particular, this is the time to be involved. He will send the full schedule out. On Tuesday will be the Needs Assessment meeting-this has been moved up by one week, due to the site visit. Please RSVP for this meeting/lunch.

- D. Operations-Scott said the Committee had a discussion and decided not to take action on Dave Rompa's request, (as forwarded by Executive Committee), to limit fundraising in emails addressed to Council members. The committee discussed recruitment needs for new members.
1. Elections and membership are dictated by the By-laws. Elections are held in February with terms starting March 1 and ending two years later on the last day of February.
 2. The council shall have up to 30 members, representing mandated groups and consumers. No less than 33 percent of the members must be consumers who:
 - Are receiving HIV-related services from Ryan White funded providers
 - Are not officers, employees, or consultants to any providers receiving Ryan White funds, and do not represent any such entity.
 - Reflect the demographics of the population of individuals with HIV disease in the TGA.
 3. Individuals who currently serve on the Council are eligible to apply for an additional term. There is no guarantee for successive terms. 9 of 11 people were interested in serving another term. Currently there are 6 individuals that are unaligned. Darren Rowels has rotated out as he is furthering his education at this time and Tom Bichanga is momentarily stepping aside to let his manager get involved on the Planning Council. We are awaiting the arrival of his application at this time. Tim added that of the 9 open positions, we need 2 White/Caucasian, 1 of those should be an unaligned consumer. An unaligned consumer is anyone who does not work for, serve on the board of directors of, or serve as a paid consultant to a Ryan White funded agency. We also need 5 African American or African born individuals. (2 of those should be unaligned), 1 Latino, and should be an unaligned consumer, and 1 American/Native/Alaskan Indian unaligned consumer. Lastly, we need men. As per our bylaws, we require people to complete orientation before they can vote. Orientation will be scheduled soon.
 4. ACTION ITEM: Membership Recommendations. The Operations Committee of the MN HIV Services Planning Council deliberated over the eligible candidates and forwarded the following names for consideration for a term ending 2/29/2016:

Andy Ansel	Jonatan Gudino
Loyal Brooks	Hank Jensen
Winston Cavert	Mary Gulley
Al Fredrickson	Craig Schmidt
Debbie Gazett	

 Voting took place and every candidate was voted in for another term.
- E. Planning & Priorities Committee
1. The committee provided comments and suggestions on the prioritization and Allocations Process.
 2. The committee provided comments and suggestions on the Support Service Area Definitions.

Questions/Comments:

- Andy said their general response is due to the funding cycle they are in. They have discussed developing a plan that has contingencies for both so they aren't constantly trying to respond to what the current economic climate is.
- Tim added that P&P is looking at standards of care. Food and Nutrition will be discussed this month. An invitation will be sent to the full Council, to all providers, and specialists in these areas will be brought in to assist us in refining the support services definitions of numerous areas. There will be at least 2 meetings designated to this. They will also be looking at Outpatient Ambulatory medical care. Tim urged Council members to get involved in the process, particularly if they have experience with or a barrier accessing a particular service. He added that if you know of related providers, even if they are not necessarily a Ryan White provider, please encourage them to contribute in the process of improving the quality of these services.

XIII. Integrated Planning Listening Session Feedback-Hank Jenson and Debbie Gazett

Hank recognized Al, Alisa, Debbie, Winston, Karen, Monica, Andy, Jonatan and Krissy, for attending and for their participation. Hank also commended Andy, Tim and Krissy for organizing this meeting. CHAPP is in a state of flux right now. Membership is struggling, with only 12 members currently in their 35 member body. They have no one that is a crossover between boards. Tim said they saw areas of commonalities and the legislative mandates we have to follow. Hank noted that the most substantial item discussed was the joint comprehensive plan in 2016. CDC and HRSA will be meeting and our Project Officer for Part A&B as part of a workgroup of other CDC staff-as a result, we have an inside track as this progresses. We have been told there are many eyes on Minnesota, as we are working on Parts A&B and Prevention as this has never been attempted. As CDC dollars have decreased, fewer are designated for community planning. Additionally, the Legislative mandates that CHAPP is to complete are few and far between. Their CDC requirements are to supply concurrence to the grantees plan, conduct preventions and interventions in their jurisdiction and prioritize populations. They have conducted educational and outreach activities over the years, but they no longer have the money to do this. Tim cautioned the group that there has been no formal offer to merge the committees at this time. He said that we are going to have to do some collaboration with CHAPP in the future.

Please submit any questions, comments, concerns or ideas to for the meeting on the 27th.

Questions/Comments:

- Hank felt that our board is much stronger to meet legislative issues.
- Debbie felt it was a challenge to know we are so structured and they are not.
- Scott was concerned about our group devolving into a structure like CHAPP.
- Asneth said that our groups are not comparable and their attendance is not mandated. She was concerned about the groups merging as they do not know why they exist or what their mission is.
- Hank said we vastly outnumbered CHAPP as we had 11 members there and they had only 1 in attendance.
- Andy said he didn't come away from this meeting feeling well about merging the planning groups because he felt CHAPP was unstructured and unfocused. Loyal agreed with Andy's sentiments.
- Monica Yugo felt that groups are not comparable.
- Craig asked that we provide assistance, and in a non-threatening manner.
- Jonatan felt collaboration was key and the quantity of members CHAPP has is not a concern. He felt they need to have quality/passionate members.
- Hank said he did not sense that people serving on CHAPP are passionate about what they do at this time.
- Jonathan stressed that there is an opportunity to be more engaged and have a focus. He feels that this group is well-informed group and that it will take a while before integration and collaboration can take place.
- Monica Yugo said that CHAPP needs to redefine themselves and their focus.
- Michael suggested a workgroup to give them a purpose.
- Jared mentioned that he was with CHAPP in 2002-2003 and at that time they had up to 40 people in attendance. He added that the amount of time they requested was too much of an investment for many.
- Karen cautions against 'fixing' CHAPP as it has its own culture and that they have people in their group to rejuvenate it.
- Hank said that they are a long way off from doing anything and will bring concerns to the next meeting.
- Loyal commented that the idea of collaborating with CHAPP has been passed around for years.
- Al was concerned that CHAPP's lack of structure might be a detriment to our group.
- Debbie stressed that this is all about the best use of the State's resources to help the most people.
- Monica said she felt the end result of one plan would be great.

XIV. Open forum-Craig recommended a cheat sheet of acronyms for the group. Tim informed the group that there is a glossary provided at orientation. He encouraged the group to stop the conversation at meetings and ask if we do not know what an acronym stands for.

XV. Recognition/Announcements from the Floor-Tom Bichanga was recognized for his continued support to the committee. Jonathan Hanft noted that Commissioner Callison will be recognizing the committee for their work at the March meeting.

XVI. Adjourn
The meeting was adjourned at 11:44a.m.

Meeting Summary

- The Council was updated on Part A & B Reports.
- The Council was updated on EIIHA.
- The Council re-elected 9 members to terms expiring on 2/29/2016.
- The Council was led in a discussion on the recent CHAPP/MHSPC Listening Session.

Documents Distributed Before the Meeting:

- Agenda
- Minutes from January 14, 2014
- HIV/AIDS Unit Part B HIV Services Planning Council February Report
- Committee Report Summaries
- ACTION ITEM: Minnesota HIV Services Operations Committee Membership Recommendations

Documents Distributed/Available At the Meeting:

- Part A Update
- AIDS Budget and Appropriations Coalition FY Appropriations for Federal HIV/AIDS Programs
- Minnesota Department of Human Services HIV/AIDS Rebate Program Report for State FY 2013 and PowerPoint
- ACTION ITEM: Minnesota HIV Services Operations Committee Membership Recommendations

- **TT/tds**