

Minnesota HIV Services Planning Council Meeting
February 14, 2012
9:00 am – 12:00 noon
Health Services Building, L15
525 Portland Ave S, Minneapolis
Minutes

Council Members Present:

Mike Behl (Council Co-Chair)	David Neller
Joan Carchedi	Darin Rowles
Mary Gulley	Kathryn Hansen
Al Fredrickson	Adam Fairbanks
Loyal Brooks	Ami Lazo
Shanasha Whitson	Keith Henry
Antonio Marante	Kris Hammes
Hank Jensen	Karin Sabey
Peter Carr	Dave Rompa
Monica Yugu	

Council Members Absent:

Gwendolyn Velez	Lee Hertel
Tom Bichanga	Charles Koudou
Bob Hansen	Antonio Moreno
Makeda Norris (Council Co-Chair)	Tadese Negasa
Michael Hargrave	

Guests/Consultants:

Susan Palchick – Hennepin County	Leah Cameron – Clare Housing
Lee Lewis – Clare Housing	Wendi Johnson – Hennepin County

G-HAT:

Redwan Hamza – DHS	Sheila Murphy - Hennepin County
Jonathan Hanft - Hennepin County	Nick Metcalf - DHS
Thuan Tran – Hennepin County	

Planning Council Staff:

Tim Sullivan	Cynthia Johnson (minutes)
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Quorum Present? **Yes**

I. Welcome and Introductions

Mike called the meeting to order at 9:02 am and welcomed everyone. Introductions were made.

II. Lighting of the Candle – Dave Rompa

Dave lit the candle in appreciation for all the contributions Council members and others have made to beating HIV, but also because recently a friend was diagnosed with HIV in the metro area, by a physician, and had no idea what to do. Seven days into his diagnosis, Dave's friend still had no referral anywhere. So there is still work to do, and Dave expressed confidence that we will meet the challenge, but the mission isn't over yet.

III. Approval of January 10, 2012 Meeting Minutes and Proposed Agenda

The minutes, after the deletion of one incomplete sentence, and the agenda were approved by unanimous consent.

IV. Open Forum

Kris – Bob Hansen isn't here today, but Kris wanted to do a brief recognition. Bob has been involved with the Planning Council for almost 10 years, serving four two-year terms. With Bob's permission, Kris told the Council that Bob couldn't be here today because had a surgical gall bladder removal and is recovering.

V. Part A Update - Jonathan Hanft, Hennepin County

The Part A grantee submitted the FY 2010 MAI Annual Report to HRSA. Jonathan anticipates that the 2012 award notice will come close to on time this year, hopefully sometime around March 1. They will need to make allocation adjustments based on the actual award, and the Council will most likely approve the final allocations at their April meeting.

Appropriations Update (green sheet): Ryan White went up by \$10,000,000, although that doesn't include an additional \$35,000,000 that the president is going to propose for ADAP. \$5,000,000 shifts from Part A to Part B because five TGAs are no longer eligible for Part A funding. ADAP is up \$13,300,000, but that does not show the additional \$35,000,000. The appropriation is clearly not keeping up with the need.

President's FY 2013 Budget Request: It will never be passed, but Jonathan thinks it is good news policy-wise, because it

increases Ryan White by about \$80,000,000, including ADAP by \$66,700,000, Part C by \$20,500,000. Part A remains flat.

During a CAEAR Coalition (which provides advocacy primarily for Part A grantees) call they learned that HRSA is moving ahead with two reauthorization studies; the first will be a survey of grantees to look at where Ryan White folks fall in the service system and what the impact of the Affordable Care Act will be for Ryan White clients and what will be the continuing need for Ryan White (what role it will play in filling gaps in the Affordable Care Act). The second study will look at seven states as case studies, but the states have not yet been announced. Congress could extend the Ryan White Act as it is with no changes, or they could let it expire.

Affordable Care Act – Essential Health Benefits Bulletin (blue sheet): This is about insurance exchanges, but it is somewhat vague. The second paragraph lists 10 essential health benefits; states will need to determine or designate a benchmark plan. The full bulletin is at <http://www.healthcare.gov/news/factsheets/2011/12/essential-health-benefits12162011a.html>.

Upcoming trainings (all trainings are open to Council members):

Medication Adherence - February 24; contact Cynthia Johnson to register.

Developing a Quality Improvement Work Plan – March 6; contact Sheila Murphy to register.

All Provider Meeting - May 30

Hank asked about an article he saw about a \$70,000,000 increase to Ryan White with \$67,000,000 going to ADAP, \$20,000,000 to Part C, with a reduction in Part D funding.

Keith said it will be more difficult to spend the Part C money; the problem is that insurance underpays cost of care.

Karen wonders if this will become an access problem for people. Providers lose 62 cents on the dollar now; will providers end up capping the number of patients they will see from Medicaid?

VI. Part B/ADAP Report – Redwan Hamza, DHS

Joint expenditure report for third quarter. Part B is 84% spent, and Part A is 70% spent. Part B runs out of funds for ADAP around October and insurance funds around December. The under spending could be redistributed. Part B Mental Health and Dental are always overspent, but they redirect those expenditures to the rebate fund. ADAP is at 88%, because they are re-appropriating rebate monies.

Jonathan said they did some redistribution and reallocation, and they anticipate that spending will increase and the funds will be spent. Third quarter spending is higher than second quarter, so spending is picking up.

Tim said this is one of the documents we refer back to when the Council does the evaluation of the administrative mechanism. The grantees are in a good place for getting the money spent in a difficult year.

Forecasting (Minnesota Part B Forecast): Total revenues were about \$14,000,000, with expenditures of about \$10,000,000 by the end of 2011. In 2012, they project that they will have spent 15M by end of 2015. Project to have about \$13,000,000 in reserve account so that the program will be OK until the end of 2015.

Dave said many drug products are going generic. They have to decide whether to stay with name-brand products because the rebate is higher or switch to generics because they're cheaper. This forecast is a little higher than the last forecast, and they work very hard to keep the dollars high enough so there's a resource there if they need it.

Shanasha asked Dr. Henry if there's a real difference between generics and name brand drugs.

Keith – Yes, they often use older drugs for generics. Newer medicines are better tolerated or work better, but many patients will do fine with old drug. Some (maybe 50%) need the newer drug. This creates a tension, where they have to start with the older drug and then move people to the newer one if necessary. At HCMC they like to start their patients with the best they've got, but there is a big cost savings with generics, and this is a common discussion throughout all of medicine. Generics are in wide use and doing pretty well in Africa. It's an important public policy topic.

Dave said their formulary committee rules, they go generic over name brand when available.

Redwan – There is no medical condition for enrollment in ADAP in Minnesota.

Dave – HRSA will start looking at refill data for clients in Program HH. To stay current on rebates, Dave will be going to California later this spring.

Hank noticed the 2011 to 2015 total expense goes up almost 50% and asked what that's based on?

Redwan said they're projecting that they might see more clients on ADAP.

Dave said they don't do the forecast; it's done by financial people at DHS.

Redwan has no idea whether or not they will get their appropriations by July 1; these forecasts are based on that and other projections.

Mary gave a 2012 Training Update with upcoming training dates:

April 17 – Social Media Training

April 18 – Linkage to Care Training

June 6 – Stigma Training

June 7 – Peer Support Training

Each day is a separate training component, but they're doing it back to back to save on travel, and they're doing it at no cost to Minnesota.

Part B RFP: They will issue an RFP in the next two months for Case Management and Clinical Supervision.

VII. Committee Reports

A. Community Voice – No meeting.

B. Executive – Nothing additional.

C. Needs Assessment & Evaluation – Nothing additional.

D. Operations

Action Item - Bylaws Revision (white sheet). The committee became aware of a gap in the bylaws; members are expected to attend new member orientation but there was no actual requirement that they attend. The committee noticed that members who have had trouble fully engaging in the Council sometimes did not attend orientation.

Motion: That Bylaw 4.5.d. be revised to read, "Attend new member orientation before being allowed to vote on issues under consideration by the Council or their committee and participate in other training opportunities as appropriate. This stipulation applies to those newly elected to the Council and those who are returning after sitting out the requisite year before reapplication/reappointment."

Discussion:

Al thought this was an expectation already asked why this hasn't happened in past?

Tim explained that it is an expectation but the bylaws revision gives it emphasis and makes it mandatory. People were aware and invited and could even have an individual orientation, and still some never attended the orientation.

Vote: Yes – 18; No – 0, Abstain – 0

Action Item – Recommendation to Suspend the Bylaws (pink sheet). One of the requirements in the bylaws is that the Council have a member who is also a medical provider. Dr. Henry has graciously agreed to continue on the Council, and voting for the motion constitutes a vote for Dr. Henry.

Motion: The committee moved suspension of Section 4.8 of the bylaws to allow Keith Henry to serve up to one additional year or until such time as another health care professional is recruited, interviewed, recommended, and elected to the Council.

Discussion:

Joan – Are we just suspending it for this one time?

Tim – Yes, suspension of the bylaws is always situational.

Ami asked if new members who haven't attended orientation can still vote. Yes, because the motion only refers to future new members.

Vote: Yes – 17; No – 0; Abstain – 1 (Keith)

Action Item – Membership Recommendations. The Council can have up to 30 members, and 1/3 must be consumers. The Operations Committee reviewed current and past applicants and current members eligible for a second term. They forwarded 16 applicants to the full Council for approval, leaving one seat open for a Medicaid representative.

Motion: Hank presented the committee's motion to elect seven members to a second term; Tom Bichanga, Loyal Brooks, Peter Carr, Al Fredrickson, Antonio Marante, Darin Rowles and Shanasha Whitson. Tim distributed the ballot and reflectiveness requirements (yellow sheets).

Discussion:

Antonio Ma. asked if members should vote for themselves.

Karin said if you don't want to vote for someone, leave the box blank.

Darin reminded members that they should not add a name without a formal nomination. Dave reiterated that there is not a write-in option and made the last call for nominations.

Motion: Darin presented the committee's motion to elect nine applicants for a first term; Andy Ansell, Michael Brooks, Jonatan Gudino, Bashir Hers, Diane Knust, Sheila Mills, Rob Pioli, Craig Schmidt and Jimmy Thompson. Hank explained that the asterisk (*) next to Sheila Mills' name was to let the Council know that she was interviewed and recommended by the Operations Committee after the Executive Committee had considered and endorsed the slate of candidates.

The Council completed their ballots, which were then counted by Sheila Murphy and Hank Jensen. All of the proposed members were elected.

Dave extended kudos to the Operations Committee members who worked very hard to interview and recommend members for the Council.

Tim congratulated the committee on a job well done.

Karin asked about voting on Keith. Tim explained that suspending the bylaws to allow him to continue constitutes a vote to do so.

E. Planning & Priorities – Nothing additional.

VIII. Staff Update

The Executive and Operations Committees have been working to help move forward from the October Retreat, and the members of the Executive Committee have met with Beth Zemsky twice. At the Retreat Beth invited people to self-identify their communication/conflict style. One of things the committee members decided to do was a survey to identify conflict styles. The survey tool is called the Intercultural Style Inventory – people can go online and look at the research behind it if they want to. We will be discussing it in Council meetings and hopefully referring back to our own personal style. Council members will complete the surveys at the March Council meeting after the new people come on board and Beth will come to explain the results in April.

New HRSA bulletins are on the back table. The December edition is about transgender health issues, and the January issue is about testing and treatment (treatment as prevention).

Shanasha clarified the attendance slips attached to each Council member's name tent card; the first number is the number of Council meetings missed and the second is missed committee meetings.

As the end of the fiscal year, we need expenses turned in so we have a better picture of what's been spent. There will be no reimbursements after April 15, 2012.

IX. Co-Chairs Update

Mike asked who went to AIDS Action Day; he went and it was fun. Peter said the governor spoke and it was great to hear from him. Shanasha had her photo taken with governor. Kris also got a photo with the governor. Representative Susan Allen was there, and they had a chance to talk with her during a fire drill. Dave expressed gratitude to the governor and their commissioner – it was the first time a DHS commissioner attended AIDS Action Day. Joan thanked Kate Nelson and Amy for setting it up. Andy and Doug from Positive Leaders were new speakers this year and did a great job. Redwan thought it was really good.

X. Prevention Update – Peter Carr, MDH

There will be a national STD conference in Minneapolis in a month on March 12-15, sponsored by the CDC, and the International AIDS Conference in Washington, D.C. this summer.

MDH is in the middle of the state legislative session. Two hearings are coming up, one about eliminating MDH, and another about Minnesota not accepting any federal grants, which would eliminate Ryan White. Watch for things from Amy and Kate at MAP about the AIDS Action Network. Tim heard something about this as an attempt to defund the Affordable Care Act.

Dave said there is an assistant commissioner who deals just with healthcare reform – you can contact her with questions.

Al said they're talking about a legislative amendment, which the governor cannot veto.

Hank said one thing he saw on the STD conference is that they will be sponsoring field trips to providers; Red Door, La Clinica, etc. There is more information available on the website.

Shanasha said you can subscribe to these updates on DHS/MDH websites.

XI. Prioritization and Allocation Timeline

Tim went over what's happening in the next four months. January and February are the lull before the storm; we're ramping up for prioritization and allocation in the summer months. In March we'll start hearing some reports, there will be a process for prioritization and allocation before jumping into it. There will be a needs assessment and epidemiological report in April as well as ICS feedback. The April Planning Council meeting will start at 8:30am and go until 1:30pm with breakfast and lunch provided.

June will be the service area reviews (SARS) and prioritization of support services.

July will be the discussion of prioritization of support services and the beginning of prioritization of core medical services.

August 14 - Allocations Day - is an all-day meeting. The Council has to have this done so the grantees can put the information into their grant applications.

All meetings at will take place at the Health Services Building (HSB) unless members are otherwise notified. Votes take place at Council meetings, but the planning happens during Needs Assessment and Evaluation and Planning and Priorities Committee meetings, if people are interested in being more involved.

All Planning Council members are invited to attend the new member orientation on March 9, 8:30am to 2:30 pm at HSB 110. Current members say they always learn something when they participate, but they also contribute a lot.

XII. Recognition

Darin recognized people who have served one term and will not be continuing (they resigned early or are at the end of their term: Lee Hertel (NA&E Cochair), Bob Hansen (P&P Cochair), Leo Johnson (NA&E Cochair), Charles Koudou, Antonio Moreno, Gwen Velez and Wa Yang.

Hank recognized members who have served two terms. Shanasha said Dave Rompa has been a mentor to her. Kathryn said Michael Hargrave (P&P Cochair) has been a voice for greater Minnesota and thanked him for his time and dedication and improving the lives of Minnesotans. Hank thanked Mike Behl (Council Cochair) and said he has done a great job of representing greater Minnesota and all Minnesotans with humor.

Hank also recognized Sheila Murphy for her help counting the ballots.

XIII. Check Out

To wrap up, Council members had a chance to give feedback on the meeting. Darin expressed relief that recruitment is done for the moment.

XIV. Announcements from the Floor

Kathryn – RAAN is having a final Making Sure Workshop.

Dr. Henry commented on progress being made in treatment and offered hope for improved medications.

Hank noticed RAAN is participating in Dining Out for Life. He spoke at National Black AIDS Awareness Day, and there were about half a dozen people from the Council, including two new members.

Kris asked member to please email get well wishes to Bob if you have a chance.

Dave wanted to plant a seed about the Planning Council doing an AIDS walk team.

Monica thanked Keith for accepting to serve extra time on the Council.

XV. Adjourn

Kris Hammes moved to adjourn the meeting; Mike seconded the motion, and the meeting was adjourned by unanimous consent.

Meeting Adjourned at 10:56 am

Meeting Summary:

- The Council approved revision of Bylaw 4.5.d. to require new members to attend orientation before voting on issues before the

Council or their committee.

- The Council approved suspension of Section 4.8 of the bylaws to allow Keith Henry to continue to serve for up to one year or until a health care professional is recruited to replace him.
- The Council elected seven members to a second term.
- The Council elected nine applicants to a first term.
- The Council recognized members who are rotating off the Council.

Documents Distributed Before the Meeting:

- Agenda
- Minutes from January 10, 2012
- Action Item – Bylaws Revision
- Ryan White Quarterly Spending Report

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Documents Distributed At the Meeting:

- Part A Update
- FY 2012 Appropriations for Federal HIV/AIDS Programs
- Essential Health Benefits: HHS Information Bulletin
- Part B Update
- Minnesota Part B Forecast
- Committee Report Summaries
- Action Item – Recommendation to Suspend the Bylaws
- Action Item – Membership Recommendations
- 2012 Prioritization and Allocation Timeline
- Mandated Planning Council Reflectiveness and Candidate Statements
- Planning Council Election Ballot

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CJ/tds