

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

Council Members Present:

Al Fredrickson	Lesa Nelson
Andy Ansell	Winston Cavert
Scott Bilodeau	Dennis London
Sokun Bobson	Anseth Omare
Hank Jensen (Council Co-Chair)	Craig Schmidt
Loyal Brooks	Mary Gulley
Jared Erdmann	Debbie Gazette (Council Co-Chair)
Krissie Guerard	Michael Hargrave (Phone)
Jonatan Guidino	Lesa Nelson
Jared Erdmann	Monica Yugo
	Valentine Momo

Council Members Absent:

Michelle Boyer

Guests/Consultants:

Jared Erdmann
Karin Sabey

G-HAT:

Jonathan Hanft, Hennepin County	Julie Hanson-Pérez
	Dave Rompa, DHS

Planning Council Staff:

Tim Sullivan	Toby Tremain (minutes)
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Quorum Present? **Yes**

I. Call to Order

Hank stated he would be presiding and called the meeting to order at 9:03 am.

II. Lighting of the Candle-Tim Sullivan

Tim expressed his thanks to all who have assisted the program recently and rallied around the cause as well as those that have taken on additional tasks. He was extremely grateful for all of their hard work.

- Craig gave accolades to Tim Sullivan for all the additional work he has taken on as of late

III. Welcome and Introductions

Introductions were made.

IV. Consideration and Approval of Proposed Agenda-Agenda approved by unanimous consent.

V. Review and Approval of February 11, 2014 Minutes

The minutes were approved by unanimous consent

VI. Commissioner Jan Callison-Jonathan introduced Jan Callison. Jan said she appreciated the invitation. She is

interested in supporting the group. She invited committee to reach out to her.

She stressed how much of the work is done with volunteers. She felt the County Board and the Ryan White Program share a desire to make a positive difference in the community. She thanked the committee and reached out to them.

VII. Co-Chair Update-

- Hank displayed the Twin Cities Metro LGBT Aging Resource Guide. He informed the council that Andy authored the forward for the guide. If anyone would like a copy of the guide, please see Andy or Mary Grandy.
- Debbie-No updates

VIII. Part A Report-Jonathan Hanft, Hennepin County

The nineteenth fiscal year started on March 1st. Jonathan referred to the *AIDS Budget and Appropriation worksheet*. Part A received a 3 percent increase. Jonathan speculates that they are not one of the four metro jurisdictions to be receiving a decrease. Close to flat funding is projected. The final grant award will arrive at the end of March.

Questions/Comments:

- Tim asked about the consolidation of C and D funding. Jonathan replied that we have received a letter from HRSA stating that the President wants to consolidate Parts C & D in fiscal year 2015. The impetus for this is the tremendous strides made in the reduction of perinatal transmission and the number of children born with HIV in this country has been drastically reduced.
- Jonathan said that consolidating Part C and D will make for a lesser reporting burden. Additional information will be available in the coming months. Jonathan is not sure what the next step will be.
- Jared asked if it is a problem. Jonathan replied that recommendations were made to make reimbursements more cost effective in 2014.
- Karen said historically money is spent by October. Dave replied that it isn't in common and then move it to balance it out.
- Karen said they have to do more work with less money.
- Monica felt Part D allowed a lot more flexibility. Karen said it is difficult to see what the end result will be. Dave said that any changes cause anxiety as it evolves, but it is important to identify the concerns. Once the guidance comes from HRSA. The reality is that HIV is becoming more mainstream. This is the beginning of other changes.

Jonathan stated that he received a letter recently from HRSA about how the Comprehensive Plan will be integrated with the Prevention Jurisdictional plan in 2016. They will be working in partnership with DHS/ MDH to complete one Comprehensive Plan. This combined plan is due in September, 2016.

Jonathan provided the following staffing update: Interviews will be completed this week for the Administrative Specialist Position. He is hoping to have this position filled in time for the April Council meeting.

Jonathan reviewed the *Third Quarter Ryan White Spending Assessment*. He noted that the allocation plan is not noted in the document. It moved some funds around. He said that the formula portion of any Part A funds remaining by the end of the year will be part of the carryover request.

Questions/Comments:

- Loyal asked why some areas had such varied utilization. Jonathan stated it can be based on what is happening with clients health at any given time. Sometimes programs that spend more quickly than anticipated need to put cost containment measures in place so they can continue to provide funding for clients. He cited medical transportation services as an example of this. He added that what was not noted is that there was some reallocation due to under spending. Karen added that purchase of Bus cards would be an area of variation shown. Typically they purchase a large quantity of cards at one time.

IX. Part B Report-Dave Rompa, DHS

Last month the surplus was \$85million and now is at \$1.3 billion. This amount means nothing for us, other than a more interesting legislative session as they jockey around to decide what will be done with the surplus as it continues to mount. Part of our statewide statement of need project was to conduct outreach. DHS purchased an ad on the back cover of the Twin Cities Metro LGBT Aging Resource Guide that Hank spoke about earlier. They have purchased 500 copies of the publication to be used in outreach so please contact them for copies. They hope to extend invitation to council to staff a booth at DHS for HIV/AIDS Aging and Awareness day in September. The focus of this booth will be to focus on the challenging issues facing the aging population with regards to HIV prevention, testing, care and treatment. In addition, there is an increased need for prevention, research, and data targeting the aging population, medical understanding of the aging process and its impact on HIV/AIDS.

Part B Continued:

ACA enrollment is in the final stretch. Andy said they had 223 open enrollment eligible clients. They have 45 of those clients are still needing to go through enrollment. These clients still enrolled through MSHA through the remainder of 2014. They will have one more opportunity to enroll in November if they miss this open enrollment period.

Questions/Comments:

- Al asked why they aren't enrolled. Andy said it is partially due to people not wanting to make a change or are procrastinating. In October there was a large marketing campaign and much networking with community. They are very pleased as they have exceeded expectations.
- Loyal asked how Ryan White can be considered a payer of last resort. Dave said they aren't going to let them go without coverage. Their goal is to move clients to the most inexpensive coverage and not have Ryan White paying for it.
- Craig asked if some of this population could be in treatment centers. Dave didn't feel there is a large number in treatment centers.
- Andy this is a coordinated effort-the system worked and worked well.
- Dave was hoping to announce plans that they want to move forward with for the immigrant population. They are working with MSA on some legal issues associate with the plans. Enrollment is delayed due to these issues. Contract management Site visits beginning later in March and going through mid-May. There is a change in case management programs. The African Assistance Program will no longer accept referrals after March 18th.

Dave included the following department and staffing updates:

They will be releasing an extensive training and outreach schedule for the remainder of 2014 on April 1st. There are many activities, meetings, phone calls and new technology being introduced. Stay tuned! Cheryl Yarmott has joined our training staff and her primary focus will be CAREWare. Rob Kacheroski has moved into Customer Care. A posting for Rob's former position as Contract Manager closes on March 13th. The Statewide Coordinated Statement of Need is not going away. They are unsure, as of this date if they will merge with the Comp. Plan or Update-Internally DHS doing their mandatory Statement of Need review the document that was created a year and a half ago.

Dave informed the council of the following Upcoming Events: MAP Public Policy meeting will take place on March 20th. Please contact Mary or Brian Beck if you are interested in attending. AIDS Action Day is April 1st. MCM Certification Training will be held in Des Moines, IA on April 14th and 15th. NASTAD Regional ACA Meeting will be held on April 15th and 16th in Minneapolis.

Andy presented the forecast as he referred to the *Minnesota Part B Forecast*. Andy speculated that we will not know the impact of ACA for approximately 18 months. They asked for a conservative forecast. The biggest factor is that most have been with MSA. We are going from a one carrier to a five carrier system. Also to consider, they have been able to enroll clients into MSHA immediately as they have come to program HH. Clients now will be carried at 100 percent drug costs until the next period of open enrollment. Dave said much of their insurance comes from co-pays and potentially this could cause an adverse impact. He is hoping to convince MNSure to enroll at any point in time, rather than waiting for open enrollment. Andy added that the open enrollment issue could cause an increase in utilization of outpatient ambulatory medical care because they have people that are covered for drugs, but are not covered for their medical visits for a period of time.

Questions/Comments:

- Jared asked what happens with any balance of funds in the accounts. Dave said that the money stays in an account that is able to roll over. Dave said it is important that there is activity so that we can gauge as it is in use. He compared it to a savings account. He added that it is a blessing to have money in a revolving account but also a curse. Money is not being taken away. The State is not taking anything. They are requiring them to use those resources where they would have given them other tax money to pay for that service. It has replaced money from the General Fund. Dave added that they have been very fortunate, even under the leadership of conservative governors.
- Andy added that traditionally the forecast would be available in January and June so they proposed at co-chairs meeting for March and September so it doesn't get pushed out.

X. Prevention Update –Krisie Guerard-No update

XI. Staff Update-Tim Sullivan

Tim thanked everyone for being here, being involved and being patient. He encouraged everyone to observe AIDS Action Day. He cautioned the council that they can only advocate as a private citizens and not on behalf of the Planning Council.

BREAK

XII. Committee Reports

- a. Community Voice-No Meeting
- b. Executive-No update
- c. Operations-No Meeting
 - 11 interviews scheduled to fill 10 open positions
 - At least 8 of those will be filled at next meeting.
 - Dave is meeting with Medicaid director this afternoon.
 - Tim thanked everyone for all the work they have done.
 - Craig asked if there was a need for assistance with interviews. Tim thanked Craig and said he would definitely put a call out for assistance if need be.
- d. Needs Assessment and Evaluation-Jared said they met with a consultant and created a work plan to reach target populations. They spoke about different methodologies, best practices. He said they will keep the council apprised of any developments. Tim added that the consultant said that the group is doing well at reaching out to populations.
- e. Planning and Priorities
 - 1) ACTION ITEM: Psychosocial Support Services Prioritization
 - Andy announced that they were directed by the Part A project officer to put out a list of standards for how mental health services would be delivered. They are recommending psychosocial support be added back to prioritization so they have option of getting funding in this area and prioritizing at the number that it was prioritized previously. They are also including the old service area definitions for clinical mental health or mental health outreach services as the service area standards for psychosocial support. Tim said in 2010 they prioritized psychosocial support, however did not fund it with an increased capacity. They began providing mental health access and dropped psychosocial support out of prioritization in 2012. They did this based on HRSA's recommendation. The site visit put this back into the mix. This leaves the option to fund the old form of that health service under mental health access. Tim added that we will consider funding this as it is available.
 - MOTION**-The Planning and Priorities Committee recommends that Psychosocial Support Services be prioritized as the sixth priority in the current list of support services and that the service be provided under the current Mental Health Access Services definition.
 - Motion does not need a second.
 - Questions/Comments:
 - Hank asked when this becomes available. Andy says this puts it into the current prioritization so it can be funded now. The way this was explained from the grantee was with the new service area definition for mental health services, it may not be able to fully allocate all of the money that the council had already allocated. This is a back-up plan. This is a plan that will maintain the 75-25 core medical split. Tim added if they don't put the money here now, they can't put the money there later. If this is not prioritized, it can't be spent there. This prioritizes it so if there is money there, and they want to spend money there, they may do so. Monica asked if there is a capacity to spend the money based on the new definition. Tim said this definition is the 7th year for mental health access. Now the service cannot be provided if it isn't prioritized. It isn't a core medical service. It has to be considered a support service. He added that if they do have money available and they want to allocate resources there, they can. Jared asked at what point they will do this. Tim said it would probably be when they finally receive their final grant award and contracts have been finalized.

Planning & Priorities-Continued:

Andy emphasized that this is a supportive mental service. Craig asked that if this is added to prioritizations now that it will stay. Tim added that this only impacts the current fiscal year. The prioritization takes place on even years.

- Hank explained that Planning and Priorities is asking to add another category titled Psychosocial Support and under Support Services it will be ranked 6th. It will be prioritized and this will be the 21st service area.

A vote was taken. MOTION CARRIED UNANIMOUSLY.

- Hank commended on the attendance of the Council, as only one member wasn't in attendance.
Hank instructed the council that they would discuss integrated planning after the CCCHAP discussion has ended.
- Loyal asked about the membership of CCCHAP. Krissie, who is also a member of CCCHAP, said they are down to 11 members and they are in the recruitment process at this time.
- Tim added that the conversation of merging the groups was reignited last year and what we might do to improve the process. There was productive conversation that took place. The next step in the process is to give us feedback about their feelings about integrated planning. Please fill out the survey ASAP so they can envision the next step. Tim stressed that they are still in the exploratory stage. He urged the council to ask any questions they may have.
- Craig asked when they will be required to submit a combined comprehensive plan. Tim said it will be September, 2016. Tim clarified for members that the Statewide Coordinated Statement of Need, (SCSN), has always been done in conjunction with the comprehensive plan. He added that it has been difficult to produce these documents in conjunction with each other. Craig asked if this timeline is 'crazy-making'. Dave replied that it may be if their guidance does not come in a reasonable amount of time because it does take a significant amount of time to bring the community together for planning. He feels that if they do not give them a reasonable lead time then it WILL be crazy-making. Dave mentioned that DHS maintains an acronym list on the DHS website. Tim added that it can also be linked through our website.
- Anseth asked if the comprehensive plan is being done through our Planning and Priorities committee meetings. Tim replied that in the past that our Planning & Priorities committee has convened the workgroup that writes our Comprehensive Plan.

XIII. Community Cooperative Council on HIV/AIDS Prevention-Maypahou Ly and Rin McLaughlin

May announced that CCCHAP meets four times per year. They work on the comprehensive prevention plan for a 5 year cycle. We do not allocate money to these areas.

They work on the letter of concurrence. She referred to a sheet that was distributed titled: *Community Cooperative Council on HIV/AIDS Prevention CCCHAP*

Their purpose is to identify priority HIV prevention needs, assist in gathering appropriate community input to inform the community planning process, Contribute to the development of a Comprehensive HIV Prevention Plan, Ensure that the MDH application for federal HIV prevention funds reflects priorities reflected in the Comprehensive Plan. Lastly, they serve as an advisory body to the STD and HIV section of MDH in planning for HIV/STD prevention intervention and activities.

- Jonathan asked if it is a 5 year cycle is CCCHAP looking at data of the first year or the last year. May clarified that they are looking at data from the last year.
- Dave asked what happens if the epi data is released and there is a new trend of a particular population in MN and the money has already been allocated- how would CCCHAP and MDH work with this situation? May replied that in her time with the organization, she hasn't had that experience. She added that they are only funding one or two organizations at this time. She felt in that situation they may have to make shifts.

Community Cooperative Council on HIV/AIDS Prevention- Continued:

- Craig asked if they are able to make shifts or is it black and white. Rin replied that contracts are written for a four year program. Replied that it is black and white in terms of the process of CHAPP and funding. However, the contracts are written for a four year period but can be cancelled or amended-she added that this is not something they like to do. She added that MDH allocates the money, CCCHAP does not.
- Craig asked if CCCHAP will be handling the money in the future or will MDH continue handling the money. May replied they are not certain at this time however they are feeling that MDH may continue to do this.
- Asneth asked about concurrence process. Rin stated that it is about working with other agencies. When they are prioritized in the RFP, an agency submitting one needs to submit its intent to work with other agencies. Basically, CCCHAP agrees with the plan that is the final draft going through.
- Hank asked if they work with other agencies if they discuss agencies or populations. Rynn stated that if they are explaining specific services they will explain what various agencies do. They are population focused.
- Monica stated how the term 'grantee' is defined in CCCHAP. She stated that the word grantee means those providers that are contracted.
- Monica asked if when populations are prioritized if they still go off the epi data. Rin confirmed they do.
- Winston stated the reason CCCHAPP exists is that there is a regulatory requirement in CDC's RFP for CCCHAPP to exist. Rin affirmed this.
- Dave brought up the conversation between plan C and D combining and the concerns for going far down the path. He felt it is premature to ask some of the questions that are being asked. He feels the groups need to become acquainted to each other. He encouraged council members to write down their questions and ideas in the meantime.
- Jonatan asked if CCCHAP focused on numbers or communities. Krissie stated when they prioritized they discussed the recent release of the epi data and this was addressed. They came to an agreement on prioritizations of groups after discussions but were not sure how they decided on the allocation of funds. She said she would find this information out and get back to the group.
- Hank asked what their involvement is in the RFP process and Rin stated that they are not directly involved in the process.
- Loyal asked what the benefits were of CCCHAPP bringing the two different agendas. May replied that they were merely showing a snapshot of the average meeting for the organization.
- Jonathan asked how they make their decisions when discussing priority populations and concurrents. Rin replied that they ideally like to have a consensus and if they don't reach a consensus, there is discussion. Every voice is heard. The process is a quorum.
- Loyal, asked how they see their committee combining with ours. May said she feels it would be a great learning experience. Rin considers it a phenomenal opportunity to create relationships with care professions.
- Loyal asked if they view this as part of a subcommittee. Rin said that none of this has been decided yet.

XIV. Integrated Planning

Hank announced that Tim has a 5 question survey regarding the CCCHAP merger

- Hank highly encourages everyone to take the survey
- Al feels 'this is a done deal' –Tim said the Comprehensive plan is a done deal. We have heard from our project officer for several months that there have been conversations on the national level about integrated planning. Krissie said there has been a push to combine the groups. There has not been a mandate. They are trying to be proactive. She added

that everyone has an idea of what this will look like. Someone else may not feel the same way about this. We all have our own opinions.

- Monica stated that she didn't feel it was feasible to merge the two groups. Jonathan said that HRSA wants to integrate planning. He added that the groups have many different opinions how we feel about this. We need to be thoughtful how to structure this. There is no direction of how to do it. Hank says there isn't a manual and we will write that manual.
- Dave said he is recommending this merger. He feels it is economically wise, better use of our time. He also feels that merging prevention and care is the best way to blend public health. He agrees that there are profound differences in the group because they are functioning in different roles. He feels this would not be a merger but a creation of a new body and wouldn't have any less quality than we already have. MN has always demonstrated we want to be a leader in not only how we take care of not only HIV, but how we take care of healthcare. He hopes people examine as they really examine where we are headed. He feels the groups are not merging, they are creating something new.

XV. Open Forum

None

XVI. Recognition/Announcements from the Floor

Andy mentioned fliers for March 21st training. Please see Mary Grandy or Brian Bick

XVII. Adjourn

The meeting was adjourned at 12:04pm

Meeting Summary

- CCCHAP representatives informed the Council about their group and their functions.

Documents Distributed Before the Meeting:

- Agenda
- Minutes from February 11, 2014
- Part A Update March 11, 2014
- FY2013 Third Quarter Ryan White Grantee Spending Assessment
- Minnesota Part B Forecast
- Ryan White Part A & B Spending-Quarterly Report by Service Area
- FY 2015 Appropriations for Federal HIV/AIDS Programs
- ACTION ITEM: Planning & Priorities Committee-Prioritization of Psychosocial Support

Documents Distributed/Available At the Meeting

- HIV/AIDS Unit 3/11/14 Part B Update
- Community Cooperative Council on HIV AIDS/Prevention (CCCHAP) Purpose
- CCCHAP agenda examples
- CCCHAP Meeting schedule

TT/tds