

**Minnesota HIV Services Planning Council Meeting**  
**June 12, 2012**  
**8:30 a.m. – 1:30 p.m.**  
**Health Services Building, Room 110**  
**525 Portland Ave S, Minneapolis**  
**Minutes**

**Council Members Present:**

Andy Ansell	Rob Pioli
Hank Jensen (Council Co-Chair)	Makéda Norris (Council Co-Chair)
Skye Davis	Karin Sabey
Shelia Mills	David Neller
Keith Henry	Kris Hammes
Adam Fairbanks	Antonio Marante
Peter Carr	Al Fredrickson
Loyal Brooks	Jonatan Gudino
Shanasha Whitson	Mary Gulley
Tom Bichanga	Ami Lazo
Monica Yugu	Darin Rowles
Amy Schrempp	

**Council Members Absent:**

Craig Schmidt	Jimmy (JT) Thompson
Joan Carchedi	Bashir Hers

**Guests/Consultants:**

Kate Nelson – MAP	Todd Monson - Hennepin County
Katie Crider – MAP	Leah Cameron – Clare Housing
Jared Erdman – NA&E community member	

**G-HAT:**

John Suhr - Hennepin County	Dave Rompa - DHS
Thuan Tran – Hennepin County	Jonathan Hanft - Hennepin County
Kathryn Hansen – Hennepin County	Nick Metcalf - DHS
Sheila Murphy - Hennepin County	

**Planning Council Staff:**

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

**I. Call to Order**

Makéda stated she would be presiding and called the meeting to order at 9:00am.

**II. Lighting of the Candle – Kris Hammes**

Kris lit the candle in hopes that we have a respectful conversation today.

**III. Welcome and Introductions**

Introductions were made.

**IV. Consideration and Approval of Proposed Agenda**

Peter made a motion to approve the agenda, Tom made a second and it passed by unanimous consent.

**V. Review and Approval of May 8, 2012 Minutes**

The minutes were approved by unanimous consent.

**VI. Grantee Reports**

A. Part A – Jonathan distributed a document titled ***Part A Update – June 12, 2012***

a. Joint Expenditure Report – Jonathan presented the ***Ryan White Parts A & B and Rebate Combined Spending March 1/April 1 to February 29/March 31, 2012*** and walked the Council through it. This document includes expenditures for the entire year. There are a couple of expenditures that are not captured yet but we have a very good overall picture. Questions/Comments:

- Karin asked if this includes money that was reallocated. Jonathan said yes and it also includes carryover.
- Jonathan said there was one provider that overbilled for services over a three year period. They realized their mistake and have been repaying that overcharge of \$123,000 during this fiscal year so that accounts for some of the underspending.
- Dave reminded the Council that providers who offer services billed through DHS have up to a year to submit it

for payment. This can sometimes cause services to be paid out of a different fiscal year and rebate funds are used to cover these costs.

- Tom asked Dave to talk about rebate funds. Dave said DHS receives rebates on the drugs that are purchased and these funds can be used for other programs.
- Andy stated he works with Oral Health payments and sees a lot of charges come through that are from past quarters.
- Karin asked if the underspending in Home and Community Based Health Services is because of under utilization or provider change. Jonathan said it was a provider change.
- Kris asked if the MAI funds remain MAI funds if they are carried forward. Jonathan said these funds can be carried over and used for any culturally appropriate funded service.

B. Part B – Dave distributed a document titled **Part B Update**. Questions/Comments:

- Karin asked if there are going to be forums on the Affordable Care Act. Dave said there is going to be a larger forum in the fall.
- Al asked how the visits on the Hill went. Peter said NASTAD puts together a packet of information and Peter created a fact sheet for MN. Everyone is supportive of the funding but pessimistic of the outcomes.

## VII. Prevention Update

- A. Request for Proposal (RFP) – two sets of workshops will be taking place on Thursday and Friday of this week to cover the RFP process.
- B. There will also be two opportunities to attend a “treatment as prevention updates” meeting on Thursday and Friday of this week.
- C. MDH is looking for reviewers to help with the RFP process.

## VIII. Council Co-Chairs Update

- A. The Community Voice committee Community Forums were rescheduled and will take place on July 31<sup>st</sup> and August 1<sup>st</sup>. There is a max of 30 participants per session. Please attend if you are a consumer and encourage your clients to attend.

## IX. Staff Update

- A. Lighting the Candle – Tim passed around the sign-up sheet.
- B. Planning Council Partner assignments – There is a color listed on the inside of Council member’s name tents. This is your Council Partner assignment. Tim asked that people chat with their partner during the break today.
- C. Email – Over the next few months members will be receiving regular email correspondence so please check email regularly. If you do not check email please let Wendi know the best way to get in touch with you.

## X. Open Forum

None

## XI. Committee Reports

A document titled **Committee Report Summaries June 12, 2012** was distributed.

- A. Community Voice – no meeting
- B. Executive – no verbal update
- C. Needs Assessment & Evaluation – no verbal update
- D. Operations – no meeting
- E. Planning & Priorities –
  - a. ACTION ITEM: Comprehensive Plan – Tim thanked the workgroup for their months of hard work in preparing this plan for submission. There were a number of additional requirements that needed to be addressed in this revision of the plan. Tim presented the **2012 Comprehensive Plan** to the Council. The purpose of this discussion is to discuss the overall content of the plan and not to wordsmith. Questions/Comments:
    - Keith asked about Goal two and asked what the 10% is. Tim said it will add 10% to the overall percentage of 79% currently in care.
    - Adam asked Tim to define connection to care. Jonathan said it would be the initial lab assessment to see where levels are at. Tim said ideally this would be labs within three months of diagnosis.
    - Antonio asked why there is an emphasis on those with undetectable viral loads. Tim said we are striving for more clients to have undetectable viral load.
    - Adam suggested a range be selected for what undetectable viral load is. Tim said Planning & Priorities will be setting these goals during their monthly review meetings.
    - Dave reminded the Council that the Comp Plan and SCSN are living documents and require adaptation as things around us change.
    - Jonathan thanked the Council and grantee staff that put in work to get this document completed.
    - **MOTION:** Rob made a motion to approve the document and a second is assumed. Makéda called for a break

to continue discussion.

**Hank stated he would be presiding over the remainder of the meeting**

Continuation of action item discussion and motion currently on the table:

- Jonatan has been reading up on treatment guidelines and thinks pushing treatment and medication adherence early in someone's diagnosis can be hurtful to them.
- Keith asked that the definition of undetectable be added to the document. He thinks a level of 50 copies would be good.
- Hank called the question and the motion passed unanimously with a vote of 22-0.

**XII. Service Area Review Summaries (SARS) – Support Services**

Tim thanked the Needs Assessment committee for their months of work in preparing the SARS for Council review. They look at a number of data to bring forward the most important pieces of information to help the Council make prioritization decisions. Tim presented a packet of the SARS – Support Services which included ***Emergency Financial Assistance, Food Bank/Home Delivered Meals, Health Education/Risk Reduction, Housing Services, Legal Services, Linguistics Services, Medical Transportation Services, Non-Medical Case Management Services, Outreach Services, Referral for Health Care/Supportive Services.***

Tim walked members through the process for today's discussion and the rest of the prioritization process: Each service area will receive 10 minutes for discussion. If you don't get your question answered put notes on the post-its and put it on the larger post-it pads on the wall. Those questions will be answered and sent out within one week along with the PCA form. After reviewing the SARS for the support services members will receive a paired comparison analysis form within a week of the meeting. Because members decided to rank support services separate from core medical services, the number of rankings each member needs to do is greatly reduced. This same process will happen in July with the core medical services. In August the Council will discuss the rankings, look at the consumer rankings based on the community forums in July and August and then award allocations will be made. Questions/Comments:

- Jonathan said the number of contracted providers does not give an indication of how many providers are providing the service and only shows Ryan White funded services.
- Karin noted that the 2011 expenditure report from today will be helpful in filling in the funding blanks on the SARS.
- Tim said one thing to be aware of is the difference between past Council rankings and past consumer rankings. In general, consumers tend to prioritize tangible items (like food, housing, emergency financial assistance) higher than non-tangible items (like medical care or case management).
- Jonathan said allocations can change within a year in two ways: reallocation of funds based on spending after the first six months and through carryover funds from previous years.
- Jonathan said between 2009 and 2010 there was a change in reporting systems so there is a better tracking of duplicated services.

**Emergency Financial Assistance (EFA)**

- Kris stated his conflict of interest and asked why health insurance premium assistance is not counted under core medical services. Tim said by being listed under a support service it allows for faster payment.
- Kris asked if the Affordable Care Act and how that might impact this service. He wondered if clients would have a higher premium. Tim said he doesn't know and the Council may need to look at that.
- Jonathan said the insurance exchanges won't take effect until 2014 so that would be the first year any impact would be seen.

**Food Bank / Home Delivered Meals**

- Jonathan noted that there is an additional service activity not listed in the SARS which is congregate meals.
- Jonathan made note that the number of clients contracted to be served are not unduplicated so one client could be counted as receiving multiple services.
- Hank asked if there is a discrepancy on the SARS and the expenditure report and what is the right one. Tim said the numbers on the SARS are the original allocations in 2011 and does not include reallocation or carryover amounts. Hank thinks it would be important to keep these reallocations/carryover allocations in mind when doing prioritization.
- Monica noted that the number of people who needed the service but were unable to receive it is very small and that is good.
- Jonatan asked if the survey has open ended question choices. Tim said there were several areas of the survey were clients could indicate specific reasons.

**Health Education/Risk Reduction (HE/RR)**

- Jonatan thinks we should ask clients where it would have been helpful to have messages to reach them if they were out of care. Tim agreed but it is not the kind of thing the Council can do. This service is for clients who are already HIV+.
- Jonathan said those found under the EIIHA efforts need to be referred to primary care.
- Jonathan said HE/RR is also provided to clients under Medical Case Management (MCM) services.

- Skye asked if MCM includes mental health services. Jonathan said there is a referral service built into the MCM structure.
- David reminded the Council that we do not develop the service delivery, we only develop what is covered under the service. Tim echoed David's reminder and added that in August, when the Council is making allocation decisions, they can make recommendations to the grantees on how they want the plan carried out.
- Antonio asked about the 53% who said they did not access the service in the last year. He thinks maybe the clients did not understand what is covered under this service. Karin said that the committee tried very hard to spell out what this service is and how they might have received it.

#### Housing Services –

- Tim noted that the housing services the Council funds helps clients navigate the adult foster care system. EFA also provides housing money.
- Amy asked for ranking clarification. Tim said this is a service that has not been funded by the Council under this definition because there are other funding sources available.
- Jonathan gave historical context that goes back to the 75/25% funding split. This service helps clients get into adult foster care housing and this funding was moved to MCM.
- Karin said the Council is going to look at the budget amounts in August. She thinks what is more relevant is looking at the gaps and how well the previous allocation was spent, changes over time, how it is utilized, and are there a number of clients who needed the service but did not access it.

#### Legal Services

- Sheila commented that the amount of money allocated to this service vs. the amount of service that is provided make this a very cost effective service. There is a high amount of pro bono work provided.
- Peter said the allocations data in the narrative do not match the table.
- Amy said there is no longer an HIV waiver for immigration status.

#### Linguistics Services

- Tim noted that the consumer ranking does not include the targeted number of African Born clients so the ranking may be skewed. We did meet our targeted number of Latino responses.

#### Medical Transportation Services

- Jonathan asked Tim to double check the number of contracts and the clients to be served because he doesn't think they are right. This number might indicate the number of units vs. the number of clients to be served.
- Hank sees this services is ranked as seven on the expenditure report but is ranked as nine on the SARS.

#### Non-Medical Case Management Services

- Jonatan asked if a provider can refer clients to a provider that receives Benefits Counseling funding. Karin said this would need to be managed between providers and not at the Council level.

#### Outreach

- Jonatan asked what our definition is of high risk. Tim said it is defined as anything that puts someone at risk of contracting HIV.

#### Referral for Health Care/Supportive Services

- Tim said the provider of this service provides far more services than are counted. Clients served are those who were quickly connected to care.

### **XIII. Meeting Wrap Up**

None.

### **XIV. Announcements From the Floor**

A. June is national youth month.

### **XV. Adjourn**

The meeting was adjourned at 11:53am

#### **Meeting Summary:**

- The Council reviewed the 4<sup>th</sup> quarter expenditure report and discussed the underspending, carryover, and how those funds will be used.
- The 2012 Comprehensive Plan was approved by the Council and is due to HRSA by June 15<sup>th</sup>. This plan will be in place for the next three years and the Planning & Priorities committee will do a monthly monitoring of the activities to make sure everything

is on track.

- The Council reviewed the service area review summaries for the support services. After the meeting members will receive a paired comparison analysis form that will ask them to rank each support service to each other.

**Documents Distributed Before the Meeting:**

- Agenda
- Minutes from April 10, 2012
- 2012 Comprehensive Plan
- SARS for Emergency Financial Assistance, Food Bank/Home Delivered Meals, Health Education/Risk Reduction, Housing Services, Legal Services, Linguistics Services, Medical Transportation Services, Non-Medical Case Management Services, Outreach Services, Referral for Health Care/Supportive Services

**Documents Distributed/Available At the Meeting:**

- Part A Update – June 12, 2012
- Ryan White Parts A & B and Rebate Combined Spending March 1/April 1 to February 29/March 31, 2012
- Part B Update
- Committee Report Summaries June 12, 2012
- ACTION ITEM: Comprehensive Plan

**WJ/tds**