

**Minnesota HIV Services Planning Council Retreat**  
**August 12, 2014**  
**9:00 am – 3:00 pm**  
**Health Services Building, Room L15**  
**525 Portland Ave S, Minneapolis**  
**Minutes**

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**Council Members Present:**

Andy Ansell	Mary Gulley
Michael Behl	Michael Hargrave
Scott Bilodeau	Keith Henry, M.D.
Sokun Bobson	Hank Jensen (Council Co-Chair)
Michele Boyer	Joe Larson
Loyal Brooks	Dennis London
Michael Brooks	Lucie Makena
Winston Cavert, M.D.	Valentine Momo
Jared Erdmann	Lesla Nelson
Jonatan Gudiño	Asneth Omare
Krissie Guerard	Craig Schmidt
Bielca Guevara	Monica Yugu

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**Council Members Absent:**

Jonah Bridger	Debbie Gazett (Council Co-Chair)
Al Fredrickson	Michael Graham

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**Guests/Consultants:**

Terral Ewing	Gloria Smith
Karin Sabey	Matt Toburen

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**G-HAT:**

Jonathan Hanft, Hennepin County	Dave Rompa, DHS
Nick Metcalf, DHS	

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***Planning Council Staff:***

Sirry Alang, Coordinator	Carissa Weisdorf (minutes)
Amy Dusek, Interim Coordinator	

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Quorum Present? **Yes**

**I. Call to Order**

Hank Jensen called the meeting to order at 9:06 am.

**II. Lighting of the Candle**

Dr. Henry lit the candle for and spoke of Joep Lange, his friend and colleague, who was lost in the Malaysia Airlines crash in Ukraine on July 17. He, along with other HIV researchers and advocates, was on his way to Australia to attend the 20<sup>th</sup> annual International AIDS Conference.

**III. Welcome and Introductions**

Introductions were made.

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

Amy motioned to move the agenda item *Review of the 2014 Prioritization & Allocation Processes* to after the *Overview of the SCSN & Comprehensive Plan Goals*. The agenda, with the change, was approved by unanimous consent.

**V. Review and Approval of July 8, 2014 Minutes**

Joe Larson motioned to approve the minutes and Jared Erdmann seconded. The minutes were approved by unanimous consent.

## VI. Co-Chair Update

- The committee reviewed the **Statewide Coordinated Statement of Need (SCSN) Community Planning Meeting Tool**. Hank explained what the document is and its purpose. This document will also be distributed at the next CVC meeting; Hank asked people not in attendance at the July 24 meeting to please fill it out so your thoughts and opinions are included in the process.
- There is an event at DHS on September 18 about HIV and aging; it is a collaboration between the Planning Council and HH.
  - Hank asked for volunteers to fill shifts during the event; 2 people per shift are preferred. Please contact Planning Council staff, co-chairs or DHS if you are interested in volunteering for a shift.
  - Andy stated the importance of making people aware of this issue, in the next 10 years half of the HIV population will be in this category and we need to start planning now and not wait until it's too late. 'Aging' is subjective but people living with HIV can be biologically older than their chronological age.
  - Dave said that age 50 is typical but DHS recognizes age 60 as aging. He stated the need to be more flexible with their age group descriptions because of the toll the disease takes on the body.
  - Dr. Henry also stated the importance of continuing to test for HIV after individuals reach 50 because there is less testing for older people. There is an ad that says "age is no substitute for a condom".
  - Jonatan asked if housing applications will be amended to include people between the ages of 50-60 because currently it is for 60+.
- Amy Dusek was recognized for her service as interim Planning Council Coordinator. Amy thanked the Council for all they do and said she is trying to recruit more people from Pierce and St. Croix counties in Wisconsin to the Planning Council.

## VII. Part A Report

*Jonathan Hanft, Hennepin County*

- Jonathan thanked Amy for her service and her dedication for bringing the Council to this point.
- He welcomed Sirry as the new Planning Council coordinator; Sirry has a background in HIV prevention and services internationally. She previously worked in Cameroon and Hawaii and has worked with many different populations.
- Jonathan stated the final financial report was submitted as well as the current FY14 terms report.
- The MAI plan for 2014 was submitted based on our current grant award; it is approximately \$325,000 and targets African born, African American and Latino populations.
- Jonathan displayed the carryover plan and went through the numbers. We can carryover about 70% of the funds. Spending is higher this year because of a cut to funding last year and the Council had reallocated these funds and they were spent.
- Michael Hargrave made a motion to approve the carryover plan and Dr. Cavert seconded. DISCUSSION:
  - Craig asked if this has already been approved and Jonathan said yes the plan has been submitted and approved.

The Council voted 23-0, and the motion passed.

- Jonathan continued that Ryan White is working on HRSA's grant application which is due on September 19.
- The Quality Management position is open and Jonathan encouraged the Planning Council to share it with their networks.
- The July 16 Latino Health Summit was a success; there were about 40 in attendance. The Latino AIDS Commission presented their report on their findings from Hennepin County consumer interviews. The report is available on the Planning Council website.

## VIII. Part B Report

*Dave Rompa, DHS*

- Dave was unable to provide a report in written form.
- He noted that Dennis London was hired as DHS' HIV CAREWare coordinator and will start on August 20.
- Dave said there are a number of meetings/retreats coming up.
  - The HIV & Aging meeting on September 18.
  - The Benefit Boot camp on September 16 will discuss various topics; registration is required and an invite will be sent out in the next week.
  - On September 22 there is an Empowering Heroes meeting; it is a conference directed at consumers. Previous meetings had nearly 200 consumers in attendance; please contact Mary Grandy to RSVP.
  - Contract supervisors retreat

- SCSN/rebate planning meetings have been scheduled for September 11 and November 20, and Dave asked everyone to please attend.
- The NASDAD meeting was held in late July and Dave and Bryan Bick attended. Recent legislative changes were discussed as well as possible future changes. Dave reported on data sharing.
- Consumer Advisory Committee meets quarterly and consumers are invited to attend. The next topic to be addressed is stigma and there is a joint collaboration with NASDAD to work on a project.
- Dr. Henry asked about the 340B Drug Discount Program discussion and what the outcome was.
  - Dave said there is a strong dependence on the rebate money nationwide; there will be future guidance about this but it has not been disclosed yet. There was no guidance from the office of pharmacy affairs. Most states are not embedded in the Medicare program but MN is. Premiums are going up for consumers and Dave urged the Council to please attend the SCSN/rebate planning meetings to discuss this since it is a concern for DHS. This could become a priority via CAC, SCSN, etc.
  - Andy said this change occurred in the 2012 legislative session and was passed by them. The date was pushed out until now.
  - Dr. Cavert asked if this happened in other states as well.
    - Dave said yes and other states thanked him for asking this question; there are a lot of states caught up in this dilemma and it could become a legal issue.
- DHS just received their guidance for next year's grant application and it is due October 20.

## IX. Prevention Update

*Krissie Guerard, MDH*

Krissie did not provide a formal update.

- Dr. Henry asked if recently diagnosed individuals who have just immigrated to MN are counted in prevention outcomes. If we say that new cases have decreased but we have new cases that arrive to MN then it skews the numbers.
  - Krissie said they have the information but it is difficult to determine because people don't necessarily know exactly when they became infected. MN has stayed relatively stable; people move to MN but also move out of MN and the focus is to find people and get them connected to care.
  - Jonathan said we stay around 3-5% in prevalence with about 300 new cases/year. There is not a big increase in prevalence so this is not affecting the numbers.

## X. Staff Update

- Amy explained that the Planning Council was grouped by partners (partners have varying levels of experience with the Planning Council and partners are encouraged to ask each other questions) and received all of the meeting materials in packets provided at their seat.
- She stated the Consumer Satisfaction Survey has been launched and asked for feedback.
  - Clare Housing and Aliveness will have events around the surveys in the future.
  - Promotional materials are available at the meeting for people to take with them.
- Michael Brooks stated he will be resigning from the Council due to time conflicts and would be leaving the meeting at the next break.
- Sirry introduced herself and said she is excited to be here and is very passionate about the cause.

## XI. Committee Reports- **Provided in a written format**

### A. Community Voice

**Action Item:** It is proposed that Lucie Makena become co-chair of CVC. There was no discussion and the Council voted 24-0 electing Lucie as co-chair.

### B. Executive

No discussion, update provided in written format

### C. Needs Assessment & Evaluation

Assessment of the Administrative Mechanism- Part A

- Amy presented a PowerPoint to guide the Council about what this is.
  - It is a membership requirement to complete this assessment.
  - It was developed and approved by NA&E.
  - Amy will resend the document by email and it needs to be completed by August 20.
  - Carissa will add the expenditure reports to the website.

- DHS' assessment will be done at September meeting.

#### D. Operations

No discussion, update provided in written format

#### E. Planning & Priorities

**Action item:** It is proposed that Lesa Nelson become co-chair of P&P. Discussion:

- This will mean both co-chairs are from greater MN; however, no one from the TGA volunteered to serve as co-chair. If anyone from TGA is interested in the future then it can be discussed and either a tri-chair will be created or someone will stop down.

The Council voted 24-0 electing Lesa as co-chair of P&P.

## XII. Open Forum

None

### BREAK

## XIII. Introductions & Explanation of the Process

*Beth Zemsky*

- Beth will serve as the facilitator for the prioritization and allocation process.
- She stated that over time this process has been refined and preparation for this meeting occurred prior to today.
- Beth reminded the Council to use Robert's Rules of making a motion and went through the timeline of the day.

## XIV. Brief Review of Meeting Guiding Principles

*Hank Jensen*

- The guiding principles were reviewed and each Planning Council member read one bullet point
- Operations will review the principles and Hank asked that opinions are data driven.

## XV. Brief Overview SCSN & Comprehensive Plan Goals

*Andy Ansell & Jonathan Hanft*

- Andy reviewed the SCSN document with the Council; the purpose is to identify gaps in services.
- This will aid in the allocations process because we need to identify the need.
- Jonathan reviewed the *Comprehensive Plan Goals* and explained its purpose; it was developed by the Council in 2012 and guides the work of the Council. He presented a PowerPoint to the Council and the Council was directed to review *Exhibit 13* of the monitoring plan, this was provided as a handout to the Council.

## XVI. Review of the 2014 Prioritization & Allocations Processes

*Amy Dusek*

The Council completed the paired comparisons for core medical and support services in June and July; it was spearheaded by NA&E. There were exercises by NA&E to present these services and instruction on how to use data to make decisions and compare services. The main goal was to make data driven decisions.

## XVII. Prioritization Results

*Amy Dusek*

- The Council was provided with their individual results as well as the group results. The groups' results are displayed anonymously.
- The 2014 Overall Council Ranking will apply to FY2015.
- Beth asked the Council to discuss their reactions to seeing their prioritizations results in comparison to the overall rankings. They were asked to discuss it with their partner groups.
  - Andy said their group discussed the differences between consumer and Council rankings
  - Jonatan said that consumers seem to be semi-dependent on some of the services and thought that they ranked the services too personally.
  - Joe said some of the category rankings really varied.
    - Amy agreed and said this is a reminder of why the Council was created to reflect the need.

- Lesa said their group discussed how their personal rankings compared to the overall rankings. They felt like there wasn't a big change in the two polled years but there was a bigger disparity between the Council rankings. They were unsure if this was reassuring or uncomfortable.
- Dr. Henry said each individual line was difficult to interpret because some numbers appeared more than once so it is unclear if this was a tie or a typo.
  - It was explained that the tool does allow for a tie so in those cases there were ties.
- Michael Hargrave said their group talked about the reasons why housing was not funded. From a consumer standpoint, outpatient ambulatory medical care is really important but the name is confusing and some members may not understand what it means. There should be further clarification about this service area and what it means.

### **XVIII. Brief Review of Guiding Values**

*Amy Dusek*

- The Council was provided with a document entitled **2014 Guiding Values for the Prioritization/Allocations Process** which was created by P&P and Amy reviewed the document with the Council.
- Amy went through the guiding principles such as data driven, etc. that should be used to make decisions about these financial allocations.
- The money to be prioritized is Part A and there are funds with DHS that will be allocated based upon these rankings as well. Greater MN providers can propose services that they would like to be funded but it has to fit with the Council's rankings.
- Dr. Cavert asked what year this was established; it was more than 12 years ago because Jonathan said it was before his time at Ryan White.
- Amy went through various considerations that should affect the Council's decision during this vote.
- Michele asked for a number of consumers present at CVC: there were 17 consumers that voted.
  - This number included some duplicate voting because there could have been some Council members who voted at CVC. Amy expressed this data should be one source of data that will guide your vote.
- 75% of funds need to be directed to Core Medical; Loyal asked if we considered applying for a waiver for this and Jonathan said we had not.
- Beth said that because of previous experience, she encourages the Council to make data driven decisions. This can be a facilitative process and should not be "used as a weapon". If you try to drive home a point with data it can silence other opinions; there are many sources of data.

### **XIX. Presentation of Pre-Award Allocations Proposal**

*Jonathan Hanft and Dave Rompa*

- These allocations are a base for the next 2 years but can be adjusted. The allocations process is for Part A and B.
- Jonathan and Dave presented the **FY 2015 Application Allocations Proposal** to the Council. The proposal was displayed on the projector and the Council had a hardcopy provided to them as well.
- The proposal is no change in funding from the post-award allocations proposal that the Council approved in July, 2014.
- This will go into effect March 1, 2015 for Part A; April 1, 2015 for Part B.
- The assumption is flat funding, so the same amount of money we received in 2014 but this is likely to change. In the past there have been decreases but in 2013 there was an increase.
- The proposal includes some rebate funding; most of this will go to ADAP.
- Craig asked if there is a cut, will we do a flat percentage decrease? Dave and Jonathan said that will be up to the Council. If there is a decrease, the grantees will use the Council's process to change the funding numbers. Ideally the Part A award will come by March 1, Part B by April 1 but we do not expect to receive it on time. HRSA said to expect the award late next year.
- These allocations will be submitted with the HRSA applications.
- The allocations can change but the Council's prioritization will remain the same.
- SARS should be referenced if there are questions about the service areas.
- RFPs will be requested next spring.
- Krissie asked about the rebate funds and if this is the amount DHS uses.
  - Dave said \$200,000 is given to the Planning Council. This amount has stayed the same during the process.
- The Council does not prioritize Part A and B, rather it is done together.

- Jonathan showed the Council how changes will be made to the allocations proposal. We need to ensure that the final over/under number is as close to \$0 as possible.
- The Council can review the pie chart to see how services compare. The pie chart does not include ADAP (because it would take up too much of the chart) but it is a representation of the proportional funding for the rest of the services.
- Monica said some service areas are not included here and it was explained that in the past they were not funded so they are no longer included. It was asked if there will be a time when these service areas will return, for example, child care.
  - Beth suggested we make a list of previously funded services that do not appear on the allocations proposal during lunch and display them for the group.
- Dr. Henry asked if we can see another pie chart that includes ADAP and Jonathan will work on it during lunch.

## **BREAK FOR LUNCH**

### **XX. Discussion of Pre-Award Allocations Proposal**

*Beth Zernsky*

- Hank asked, if we prioritize one area higher than another, why doesn't the money reflect this, why doesn't the highest priority receive the most funding?
  - Jonathan said there are many different factors in funding; Ryan White is not the only funder and we have to consider other funding sources (like Medicaid).
  - Also, some services have more barriers than other.
- Hank asked if prioritization did not remain the same, how the numbers from two different years would change.
  - Jonathan said it wouldn't have changed that much.
  - This proposal differs from the 2012 proposal 2 years ago (for 2013 application). Significant changes were made because of a decrease in funding.
- Michele asked if rebate money can be applied to other areas besides ADAP.
  - Jonathan reminded the Council that we are only prioritizing services and not allocating specific amounts of money.
  - If we increase one area we will need to decrease another.
  - There are broader areas that people have wanted to fund in the past, i.e., stigma, but Ryan White is limited to funding only services that PLWH/A currently need.
- Beth explained that if making a proposal that will require a staff person you need at least \$50,000 of funding available.
- Craig asked how do we determine what is most important if we don't know the other funders that are involved.
  - Dave said ask these questions of us and we will answer the best we can, providing historical information.
  - Jonathan said this information can usually be found in the SARS.
- Jared asked about housing services; it's ranked high but receives no funding.
  - Michele said the Housing Opp for Persons with AIDS (federal program financed by HUD) program has historically funded this.
  - She expressed that there is still a tremendous need for funding and the need is not fully met.
  - Bielca said this has been her experience working as a case worker and personal experience as well.
  - Michele said there are two areas of need: we need to house more people; once people have housing they are more likely to get and stay in care; and we need money to fund services. People who live in housing but have other services that are unmet are less likely to remain in care.
  - Historically, Jonatan said there is leverage for housing. It's possible to build a relationship with landlords and use state funding to pay for rent. We could create MOUs with shelters.
  - Karin said over the years, the housing discussion has been overwhelming. It is a huge and expensive need and the Council felt like they could not give enough money to fix the problem. Even a large amount of money can only serve a few people.
  - Andy said in the past it has been discussed whether or not housing should be prioritized; the Council decided that it is still an important issue that we need to discuss and prioritize.
  - Asneth asked if the Council has considered a navigator to help address this huge need.
  - Michele said there is a significant shortage of affordable housing units for low income people in Twin Cities, including PLWH/A. There is a huge waiting list in the Twin Cities.
  - Dave suggested a needs assessment on this service area to give the Council more information.

- Michele said \$10-12,000 can get an individual or family into housing for a year.
  - Jared said when it comes to the 75/25 % split, we should consider funding more programs rather than less and that housing can drain our financial resources.
- Hank said the third biggest expense is administration costs and asked if this is flat funding.
  - Jonathan said the cap is 10%; if we are below 10% then staff costs go up to meet this 10%. We are currently using less than 10% for Part A and the remainder is used for services.
- Michael said consumers ranked housing very high and asked if this doesn't mean they don't have housing but they feel like it is important.
- Dr. Cavert said he hadn't considered the greater MN set aside before and asked how these numbers were determined. Is it based on epi reports or was it random? He wanted historical background.
  - Jonathan said the Council has set aside a certain amount and then Hennepin County sends out RFPs. Organizations involved in greater MN can submit requests to provide services. Jonathan said the amount does not necessarily reflect the epi data; however, it could for Part B. Part A funds cannot be used in greater MN. He said CAREWare reflects these proportions as well.
- Beth reiterated that Ryan White is the payer of last resort and the Council should take this into consideration during their vote.
- The Council took some time to list the service areas that were included in the past but are no longer prioritized:
  - Childcare, home health care, hospice, sustainable housing, rehabilitation services, respite care

## **BREAK**

### **XXI. Motion on Pre-Awards Allocation Proposal**

- Beth reiterated the guiding values.
- Beth opened the floor for people to make proposals.
- Mike Behl asked about how the proposal we are viewing fits into the 75/25 split. Part A is at 76.6% for core.
  - Jonathan said it is the expenditures not the allocations that have to fit. Part B is 87% core because of the large amount going to ADAP. However, the Council only needs to think about Part A.
- Jonathan said the smaller amounts are typically fully funded.
- PROPOSALS:
  - Winston: Take Greater MN set asides (with exception of MCM) approx. \$100,000 and put that in housing services, to provide some variety of vouchers.
    - Beth asked if this is possible and Jonathan said yes.
    - Michael Hargrave listed the number of services that would not be available to greater MN and expressed great concern over doing this. There are a lot of people who would be affected by this. Home delivered meals can be found elsewhere so he is ok with not funding this.
    - Beth asked if there is data around these decisions. Michael Hargrave said it is his point of view that historically these services were utilized and spent all of their money; he said this is data driven.
    - Craig asked if these services receive alternate funding in greater MN.
      - Andy said this point could be made for any and all services, despite location. He reiterated it is the only source of Ryan White funding and we should be most concerned about this.
      - Karin said food vouchers are available through Every Penny Counts.
        - Michael Hargrave was unsure if this is still available.
    - Jared asked to review a copy of the SARS. He asked if we are at a point where adding money to housing services will be better spent than some of the other less prioritized services.
    - Andy said during the HRSA site visit DHS was told they were not focused enough on services in greater MN.
    - Michele said there is a tremendous need for housing for PLWH/A in greater MN.
    - Monica remembered there was a vote in past years that allocated more money to greater MN.
    - Joe spoke of Aliveness Project's work in greater MN, in collaboration with Minnkota; however, they only receive Part A funds.
    - Jonatan said there are other services that money can be taken from where they only help a small amount of people.
    - Michael Hargrave reminded the Council that only Part A funds can be used in the TGA. Part B funds can be spent anywhere in the state.

- Jonathan said if there is specific utilization data he can look it up in CAREWare.
- Michele asked if can make a 1% reduction across the board and put that money in housing.
- Jared expressed concern with multiple sources of funding going to a small amount of people.
  - Jonathan said that of the approximately \$200,000 that is listed on the proposal some of it is MAI money.
- Beth asked the Council to do a “temperature check” to determine how people felt about the lack of funding for housing and determined about 2/3 of the Council had concerns over this.
- Monica expressed that the entire Council is concerned about housing for PLWH/A but it is our duty to prioritize all of the service areas.
- Lesa asked if we can determine how many people will be affected by these cuts. There may be more people that can be helped in greater MN than housing in the TGA.
  - Jonathan checked CAREWare and said the following amounts of people utilized the following services in greater MN in 2013:
    - Food vouchers: 134 people
    - Mental health: 41 people
    - Health education: 9 people
    - Early intervention: 3 people
- Jonatan talked about a program that provides housing called Housing First which provides payment for housing for one year.
  - Jared asked about the feasibility to provide this money and get it out running right away.
  - Jonatan said a RFP would need to be written up for the state. Living skills are necessary to be taught as well.
  - Jared said we need to separate the money from the services.
  - Dave said what is being proposed is beyond the realm of the Council. We need to prioritize services and not engage in these types of discussions.
- Hank said there is an opportunity and an interest in providing funding for housing and asked Michele what \$100,000 could do for housing.
  - She said this would house about 10 households which is significant. They would be otherwise homeless. It could affect housing stability and/or assist people who currently have housing but need to retain it and become more successful with long term stable housing.
- Craig said when he was MAP’s housing coordinator he utilized every possible resource (this position was eventually cut) and suggested we fund this position.
- It was proposed to add \$50,000 for a housing coordinator and take money from referral for healthcare services because it is not heavily utilized.
  - Jared said 139 people were served by \$202,000. He thought this was better utilized than healthcare services.
  - Jonathan urged people to read HRSA’s definition of housing so we can determine what Ryan White money can be used to fund.
  - Krissie asked about the definition of short term or if this is something that Council would need to define.
    - Karin said it is 24 months.
- It was proposed to take the money out of the funds to Greater MN.
- It was proposed to take the money out of line 8 (outreach services)
- It was proposed to take the money out of line (referral for healthcare services)
- It was proposed to decrease each service by 1%.

**BREAK**

**XXII. Final Consideration (Vote) on Pre-Awards Allocation**

- Monica proposed that we take \$50,000 from Outreach and \$20,000 from referral and put it to culturally specific HIV counseling. The MN Treatment Cascade shows us that this is very important; there are currently no culturally specific case management programs. DISCUSSION:
  - Loyal said the Treatment Cascade explains the importance of outreach so he is hesitant.



- Monica said MDH currently funds outreach and will continue to receive funding.
- There was no second to the motion **and** the motion did not move forward.
- There were no further proposals; it was decided that we will take a show of hands for the proposals.

**MOTION:** Craig moved and Michael Hargrave seconded to accept the grantee proposal as amended.

Take a percentage from each service area (core and support, not ADAP) and add \$50,000 to the housing line item.

DISCUSSION:

- Jonatan said \$50,000 is not enough and suggested amending to \$100,000.
- Jonathan asked for clarification about how the money will be used. Will it be for voucher payment only or also partial funding for staffing?
  - Michael Hargrave asked that P&P provide guidance for how the money will be used.
  - Karin suggested NA&E get involved to help determine the gap; it could be a joint process between the committee.
- Karin suggested we use \$100,000 as the amount as this will go further.
- Craig amended his proposal to \$100,000 and take 1.5% off of each service area

**MOTION as amended:** Craig moved and Loyal seconded; use P&P and NA&E to provide guidance for how this money will be spent.

The committee voted **19-4**.

(**Yay:** Michael Behl, Sokun Bobson, Michele Boyer, Loyal Brooks, Winston Cavert, M.D., Jared Erdmann, Jonatan Gudiño, Krissie Guerard, Bielca Guevara, Mary Gulley, Michael Hargrave, Keith Henry, M.D., Hank Jensen, Dennis London, Lucie Makena, Valentine Momo, Asneth Omare, Craig Schmidt, Monica Yugu; **Nay:** Andy Ansell, Scott Bilodeau, Joe Larson, Lesa Nelson)

**MOTION:** Monica moved to take \$50,000 from outreach and put it in a culturally specific counseling, part of non-MCM. There was no second and the motion did not move forward.

**MOTION:** Michael moved and Michele seconded to accept the grantees' proposal as amended. No discussion.

The committee voted **21-2**

(**Yay:** Michael Behl, Sokun Bobson, Michele Boyer, Loyal Brooks, Winston Cavert, M.D., Jared Erdmann, Jonatan Gudiño, Krissie Guerard, Bielca Guevara, Mary Gulley, Michael Hargrave, Keith Henry, M.D., Hank Jensen, Joe Larson, Dennis London, Lucie Makena, Valentine Momo, Lesa Nelson, Asneth Omare, Craig Schmidt, Monica Yugu; **Nay:** Andy Ansell, Scott Bilodeau)

### **XXIII. Wrap Up & Evaluation**

- The Council can evaluate today's process and previous events; Amy will send it to the Council.

### **XXIV. Announcement**

- Dennis London is resigning from the Planning Council so there will be an opening for membership.

### **XXV. Adjourn:**

Loyal moved to adjourn and Lesa seconded. The meeting was adjourned at 2:55 pm.

### **Meeting Summary**

- Lucie Makena was elected co-chair of the Community Voice committee
- Lesa Nelson was elected co-chair of the Planning & Priorities committee
- Beth Zemsky facilitated the Planning Council's financial allocations process.
- The Council approved an amended proposal to the grantees' proposal; \$100,000 was allocated to the housing line item and 1.5% was deducted from every other service area (not including ADAP).

### **Documents Distributed before the Meeting**

- Planning Council meeting agenda
- Minutes from July 8, 2014 meeting
- 2014 Guiding Values for the Prioritization/Allocations Processes
- 2015 Application Allocations Proposal

Minnesota HIV Services Planning Council

Planning Council Meeting Minutes for August 12, 2014

[www.mnhivplanningcouncil.org](http://www.mnhivplanningcouncil.org)

- 2013 Carryover Plan
- Part A Grantee Evaluation
- Planning Council Comprehensive Plan Exhibit 13 Table
- SCSN Community Planning Meeting Tool
- SCSN Priorities for 2012
- 2014 Prioritization Rankings
- Action Item: Community Voice Committee Co-Chair
- Action Item: Planning & Priorities Committee Co-Chair

**Documents Distributed/Available at the Meeting**

- Part A update
- Committee summary report
- Making a motion
- Overview of Assessment of Administrative Mechanism PowerPoint slides
- CVC flier
- SCSN/Rebate Planning save the dates

**cw/sa**