END HIV MN

MINNESOTA'S STRATEGY TO END HIV

MINNESOTA

END HIV MN

2022 PERFORMANCE REPORT

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What is END HIV MN?

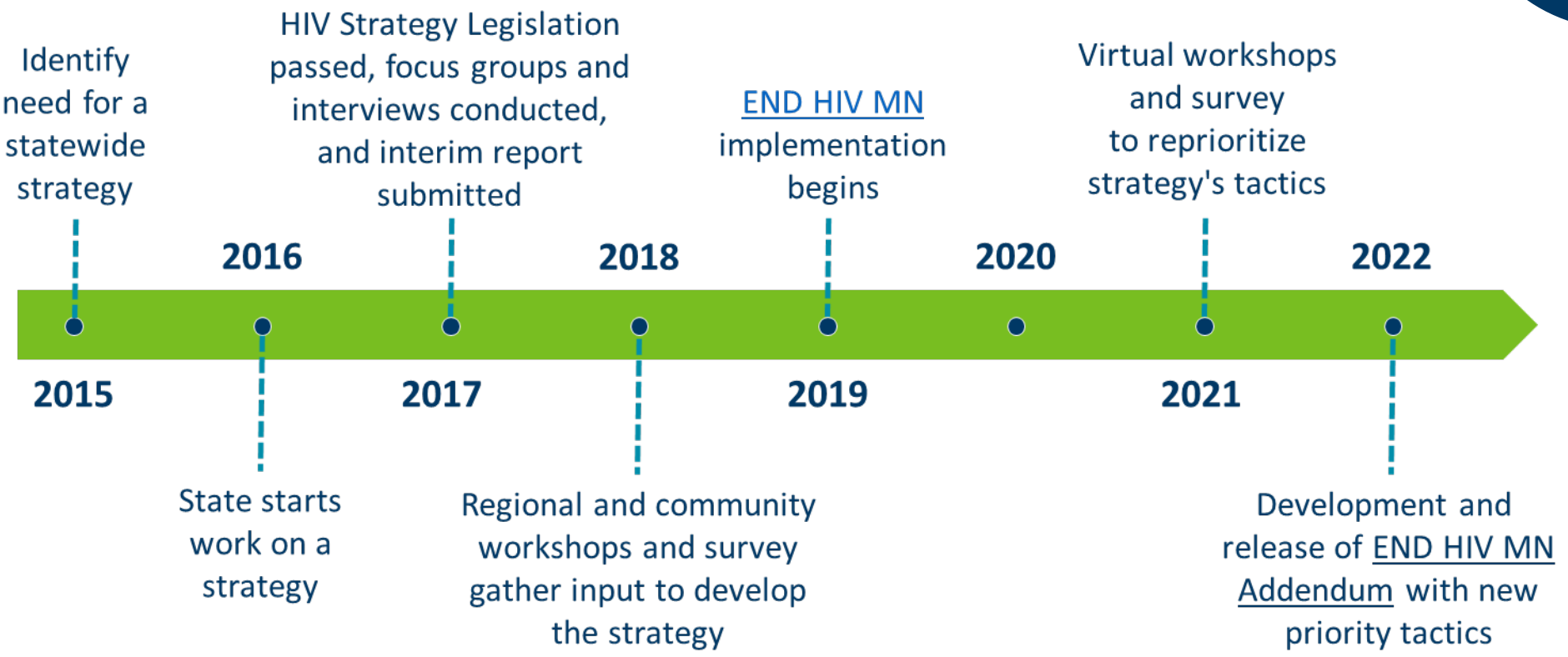
END HIV MN is a comprehensive long-term plan to end new HIV infections and improve health outcomes for people living with HIV in Minnesota.

This legislatively mandated plan was created over several years by the Minnesota Department of Health (MDH), the Minnesota Department of Human Services (DHS), and the Minnesota HIV Strategy Advisory Board.

The plan directly influences MDH and DHS's work and resource allocation for HIV care and prevention.

You can find more information on the END HIV MN website: https://www.health.state.mn.us/endhivmn

END HIV MN Timeline



Goal progress update

END HIV MN Goals

Goal 1: Prevent new HIV infections

Goal 2: Reduce HIV-related health disparities & promote health equity

Goal 3: Increase retention in care for people living with HIV

Goal 4: Ensure stable housing for people living with HIV & those at high risk for infection

Goal 5: Achieve a more coordinated statewide response to HIV

Measuring success: 4 ambitious outcomes

90%

1. Increase the percentage of Minnesotans living with HIV who **know their HIV status** to at least 90% by 2025

90%

2. Increase the percentage of Minnesotans diagnosed with HIV who are **retained in care** to at least 90% by 2025

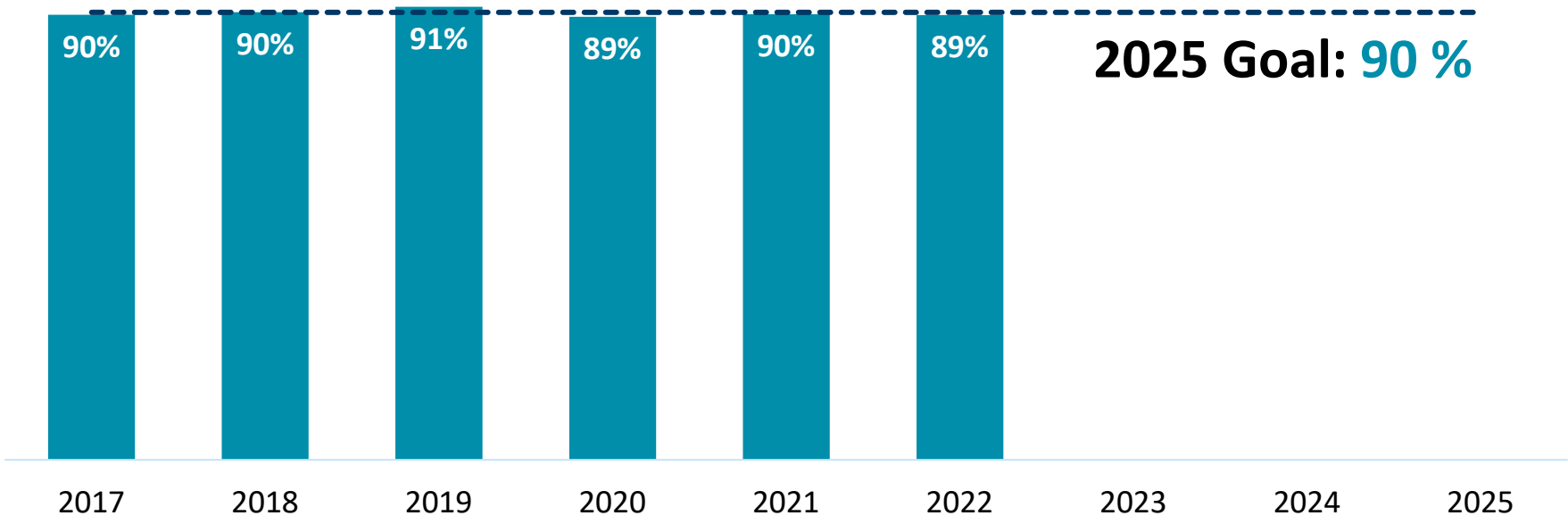
90%

3. Of individuals retained in care, increase the percentage of Minnesotans who are **virally suppressed** to at least 90% by 2025

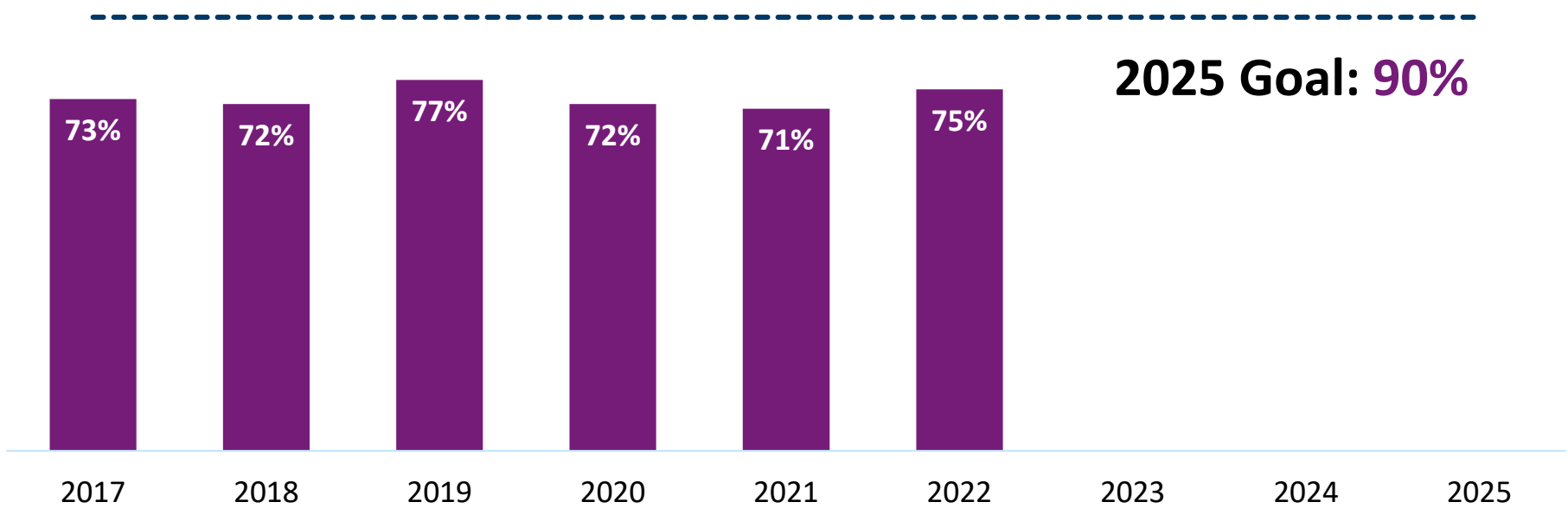
75%

4. Reduce the **annual number of new HIV diagnoses** in Minnesota by at least 25% by 2025 (225 cases) and at least 75% by 2035 (75 cases)

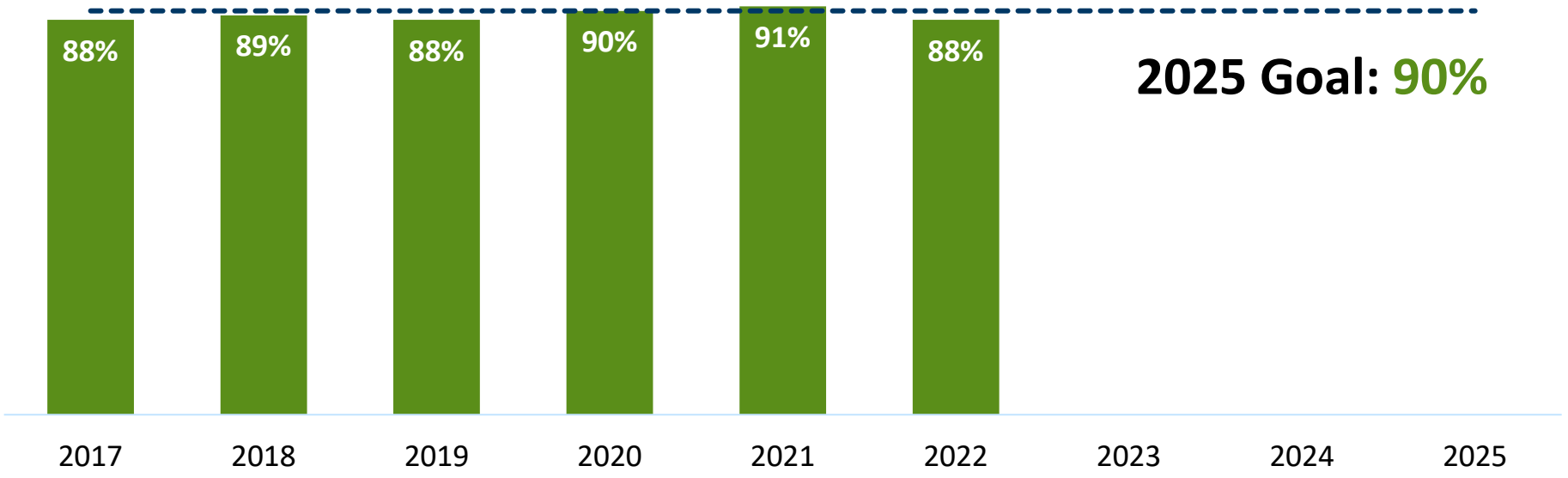
Outcome 1: Increase the percentage of Minnesotans living with HIV who know their HIV Status



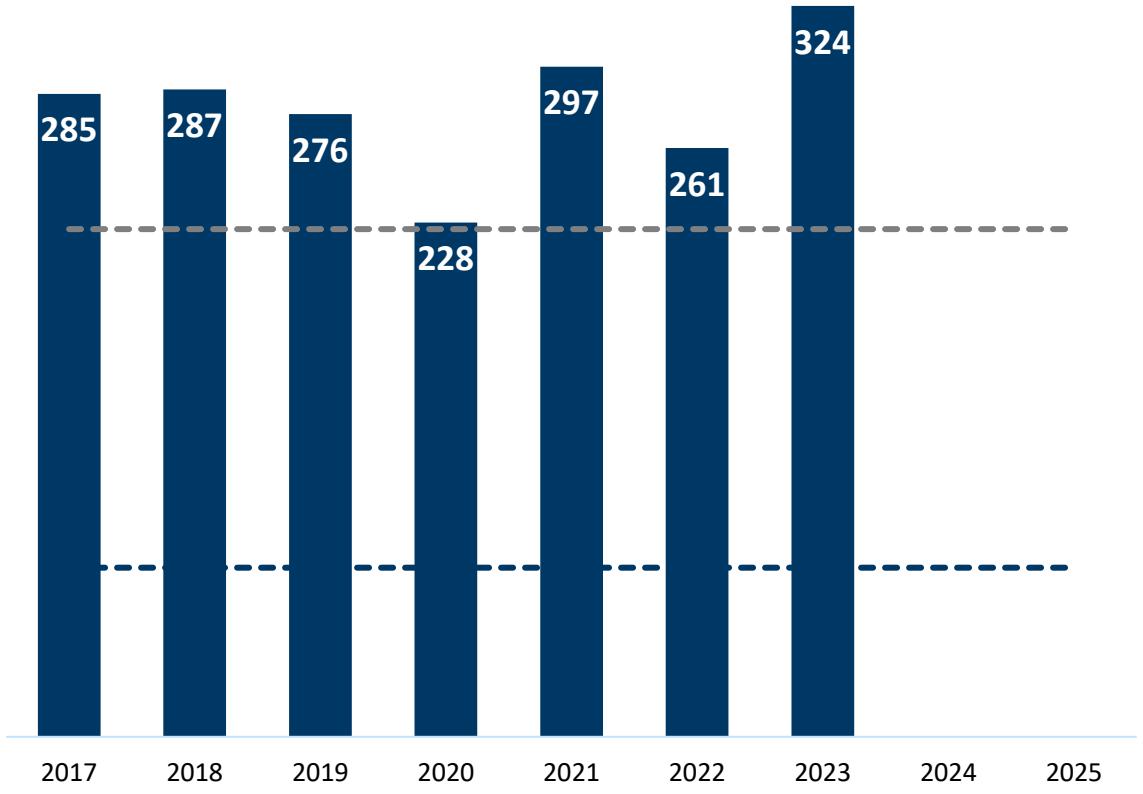
Outcome 2: Increase the percentage of Minnesotans diagnosed with HIV who are retained in care



Outcome 3: Of individuals retained in care, increase the percentage of Minnesotans who are virally suppressed



Outcome 4: Reduce the annual number of HIV diagnoses in Minnesota by at least 75% by 2035



Goal: 225 cases by 2025

Goal: 75 cases by 2035

Priority tactics updates

New priority tactics (1 of 2)

- **CULTURALLY HUMBLE AND TRAUMA-RESPONSIVE PROVIDERS:** Update, revise, or develop provider education and training to include a consistent focus in all training on cultural humility and trauma-responsive practices, including using harm reduction principles and practices, and serving people who use drugs. Training should be differentiated for providers who serve clients in Greater Minnesota.
- **HARM REDUCTION:** Increase availability, access, and use of harm reduction practices that prevent HIV infections, including and beyond syringe services programs. Target areas in Greater Minnesota and tailor implementation to meet the needs of providers serving people in rural areas and on tribal lands.
- **STAFF REFLECTIVE OF THE COMMUNITY:** Increase hiring and retention of staff at state agencies, providers, and community-based organizations (CBOs) with lived experience and who reflect the communities being served.
- **MENTAL AND CHEMICAL HEALTH:** Address barriers that prevent PLWH and people at risk for infection from accessing mental and chemical health services.

New priority tactics (2 of 2)

- **BASIC NEEDS:** Address people's basic needs for food, shelter, and safety to support prevention and adherence, linkage to care, and retention.
- **HOUSING FOR ALL:** Increase access to housing and support retention in stable housing for PLWH and those at risk of infection. Acknowledge that burdens differ for people depending on where in Minnesota they live.
- **INNOVATIVE SERVICE DELIVERY:** Support the development and expansion of telemedicine and other innovative service delivery models to ensure PLWH and people at risk of infection can access the care and services they need, when they need it, wherever they are (e.g., RAPID ART, service integration, mobile medicine).
- **CAPACITY DEVELOPMENT IN AREAS WITH URGENT UNMET NEEDS:** Increase capacity within the service system to address the needs of people who are unhoused and/or who use drugs.

END HIV MN

THANK YOU!

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Limitations of interpreting 2020 data

The COVID-19 pandemic led to disruptions in HIV testing and access to clinical services throughout 2020, impacting HIV diagnoses in 2020.
Given these disruptions, data for 2020 should be interpreted with caution.

Since the COVID-19 pandemic is still ongoing, more time and data are needed to accurately assess COVID-19's impact on HIV in the United States.
Assessments of trends in HIV diagnoses that include the year 2020 are discouraged.

Like national data, there was a steep decline in HIV diagnoses in Minnesota from 2019 to 2020 and then an increase from 2020 to 2021. The 2020 decrease is predominantly attributed to declines in testing as described above, and likely represents HIV being underdiagnosed, rather than a “true” reduction in the number of people living with HIV in Minnesota.

Implementation in 2019-2021 for the initial priority tactics

Impacts of COVID-19 pandemic

Many staff from the END HIV MN team were reassigned to coronavirus response efforts in 2020 and 2021.

The pandemic required MDH and DHS to make many changes to business as usual, including:

- Making critical changes to the Program HH/AIDS Drug Assistance Program to ensure that eligible clients continued to receive needed HIV medications.
- Providing funding so that clients could receive additional food vouchers and personal protective equipment for themselves and their family members.
- Providing guidance and flexibility to partner organizations to adapt service delivery.
- Working with the AIDSLine to maintain an HIV/AIDS Community Services Directory during COVID-19 for a centralized place to find up-to-date information.

Defining “priority tactic”

Priority: More important than others and needs to be done first

Tactic: An action that is carefully planned to achieve a specific outcome

Within END HIV MN, **priority tactics** are the most important actions at the current time that need to be implemented, developed, or enhanced.

They are ***beyond the current core work*** of the state but may become part of the state’s core work once implemented.

Initial priority tactics for END HIV MN

1. **PROVIDER EDUCATION & TRAINING:** Training for providers, specialists, nurses, etc.
2. **AWARENESS CAMPAIGNS:** Increase awareness of HIV and HIV prevention and care
3. **COMMUNITY OUTREACH:** Increase culturally responsive education and outreach
4. **PREVENTION EDUCATION:** Implement comprehensive sex ed. in and beyond public schools
5. **CAPACITY BUILDING:** Support culturally-specific, community-based orgs. to secure HIV funding
6. **INCLUSION:** Meaningfully include community voices in decisions about HIV programs and funding
7. **WRAPAROUND SUPPORTS:** Enhance wraparound support for people at risk of dropping out of care
8. **HOUSING SUPPORT:** Support implementation of Minnesota HIV Housing Coalition's *HIV Housing Plan*
9. **INVENTORY EFFORTS:** Create inventory of efforts to address HIV throughout Minnesota
10. **TELEMEDICINE:** Develop regional telemedicine model

Completed priority tactics

HOUSING SUPPORT: DHS provided requested funding and other support for implementation of the Minnesota HIV Housing Coalitions HIV Housing Plan 2017. The state's ongoing commitment to the HIV Housing Plan continues.

INVENTORY EFFORTS: DHS and MDH worked with Management Analysis and Development (MAD), a consulting firm housed in Minnesota Management and Budget (MMB), to develop an internal, electronic database of providers, programs, and organizations across Minnesota whose work is directly or indirectly aligned to the goals of END HIV MN.

Priority tactics that are now core work

The work of the following initial priority tactics will continue moving forward as part of MDH and DHS's existing portfolio of HIV care and prevention work:

- Provider education and training
- Awareness campaigns and community outreach
- Capacity building
- Inclusion
- Wraparound supports

Slides 19 – 25 provide brief highlights of what has been accomplished so far in these areas.

PROVIDER EDUCATION AND TRAINING

In 2021, the state hosted two virtual town hall events on the HIV outbreaks in Minnesota and two virtual provider professional development days targeting HIV care and prevention providers.

In 2022, virtual provider learning series on the HIV outbreaks in Minnesota (formerly called virtual town hall events) have continued, and further provider education efforts are being planned now that the MDH HIV Nurse Specialist is back from full-time COVID-19 reassignment.

AWARENESS CAMPAIGNS and COMMUNITY OUTREACH

DHS and MDH sponsored the development of an HIV awareness toolkit, featuring people in Minnesota who are living with HIV or who are on PrEP. MDH and DHS also partnered on using some of the initial images and messaging in advertisements about U=U and PrEP.

In 2022, the HIV Prevention, Care, and Anti-Stigma Social Media Toolkit (https://www.health.state.mn.us/diseases/hiv/partners/strategy/smtoolkit.html) was released. Dependent on resource availability, DHS will be funding grants for culturally and community-specific organizations to use the Toolkit or to develop their own messaging campaigns.

DHS is also exploring options to support an Ambassador Program to train, support, and provide the technology that individual advocates need to fight stigma and share information about HIV care and prevention.

A bus advertisement for the DHS/MDH U=U campaign using a Toolkit image

One of images that are publicly available as part of the Toolkit

CAPACITY BUILDING

A series of key informant interviews were conducted with previous, existing, and potential HIV care and/or prevention grantees. The findings from these interviews resulted in changes to the RFP process for the most recent DHS Ryan White grant opportunity to make the process more equitable. MDH incorporated the feedback into their 2022 RFP as well.

DHS and MDH are exploring the feasibility of offering non-competitive HIV grants to tribal nations, since participants in the interviews said that competitive RFPs do not honor the sovereign-to-sovereign relationship with tribal nations.

Grant funding will be available in the future from MDH for small or yet-to-be-formalized community-based organizations to develop the capacity to take on more HIV grant funding in the future. This new grant opportunity is in response to input from smaller, culturally specific organizations for whom the traditional RFP process has not been equitable in the past, often because they may lack the infrastructure to apply for and manage grants.

INCLUSION

DHS, MDH, and Hennepin County conducted a Partner Engagement Survey, which gathered input from staff at community-based organizations on how the agencies could more effectively engage partners. The survey also asked for input on how the agencies can better engage people with lived experience.

When new federal funding became available in response to the pandemic, DHS worked with partner organizations to survey people living with HIV and used that input to directly inform funding decisions.

MDH and DHS have processes and policies in place to support their commitment to paying people with lived experience for sharing their time and expertise.

In 2022 and 2023, MDH and DHS will work with the current END HIV MN Advisory Board on plans to add more people with lived experience to the advisory group.

WRAPAROUND SUPPORTS

DHS has been piloting outreach case management, which helps people overcome eligibility barriers for HIV case management. The agency plans to expand outreach case management in the future.

Additional funding is also being used for emergency financial assistance, food vouchers, housing support, and case management.

Priority tactics that could not be completed

PREVENTION EDUCATION: As written, the activities of this tactic required a partnership with the Minnesota Department of Education (MDE). MDH and DHS were unable to partner with MDE, partly because of capacity issues at MDE, especially once the pandemic had a substantial impact on public education. This work was also not possible because generating support and funding from the legislature was not feasible. While the need for comprehensive sex education in public schools persists, this effort is likely to require advocacy at the state legislature first.

TELEMEDICINE: Once health care began shifting rapidly in response to the pandemic, it became clear that the activities as written in END HIV MN to develop a regional telemedicine model needed to be paused.

Rationale for reprioritization

Administrative Responsibility 5 of END HIV MN requires the state to develop and implement a process for ongoing review and reprioritization of tactics.

Reprioritizing the tactics on a regular basis ensures that the state's efforts to end HIV are:

- ✓ Guided by the lived experiences of people living with HIV and the expertise of frontline providers;
- ✓ Responsive to changes over time, such as the COVID-19 pandemic or recent HIV outbreaks; and
- ✓ Focusing resources on areas where the state can have the greatest impact.

Reprioritization process overview

Phase I:

- DHS and MDH synthesized input received since 2019 and developed a list of potential priority tactics to address current needs.
- Staff discussed input and potential tactics with several groups, including the Advisory Board.

Phase II:

- In late 2021, DHS and MDH gathered input on potential priority tactics from people most impacted by END HIV MN through virtual workshops and an online survey.
- The Advisory Board received and discussed the input in early 2022.

Phase III:

- DHS and MDH developed recommendations in spring 2022 for revised operating principles and new priority tactics.
- The Advisory Board approved the revisions and new priority tactics.