



MINNESOTA'S STRATEGY TO END HIV



The logo for End HIV MN is contained within a dark blue circle. It features the words "END" and "HIV" in large, white, sans-serif capital letters. To the right of "HIV", the letters "MN" are written in a smaller, green, sans-serif font, positioned above a horizontal green line.

**END
HIV** **MN**

2023 PERFORMANCE REPORT

August 19, 2024



What is END HIV MN?

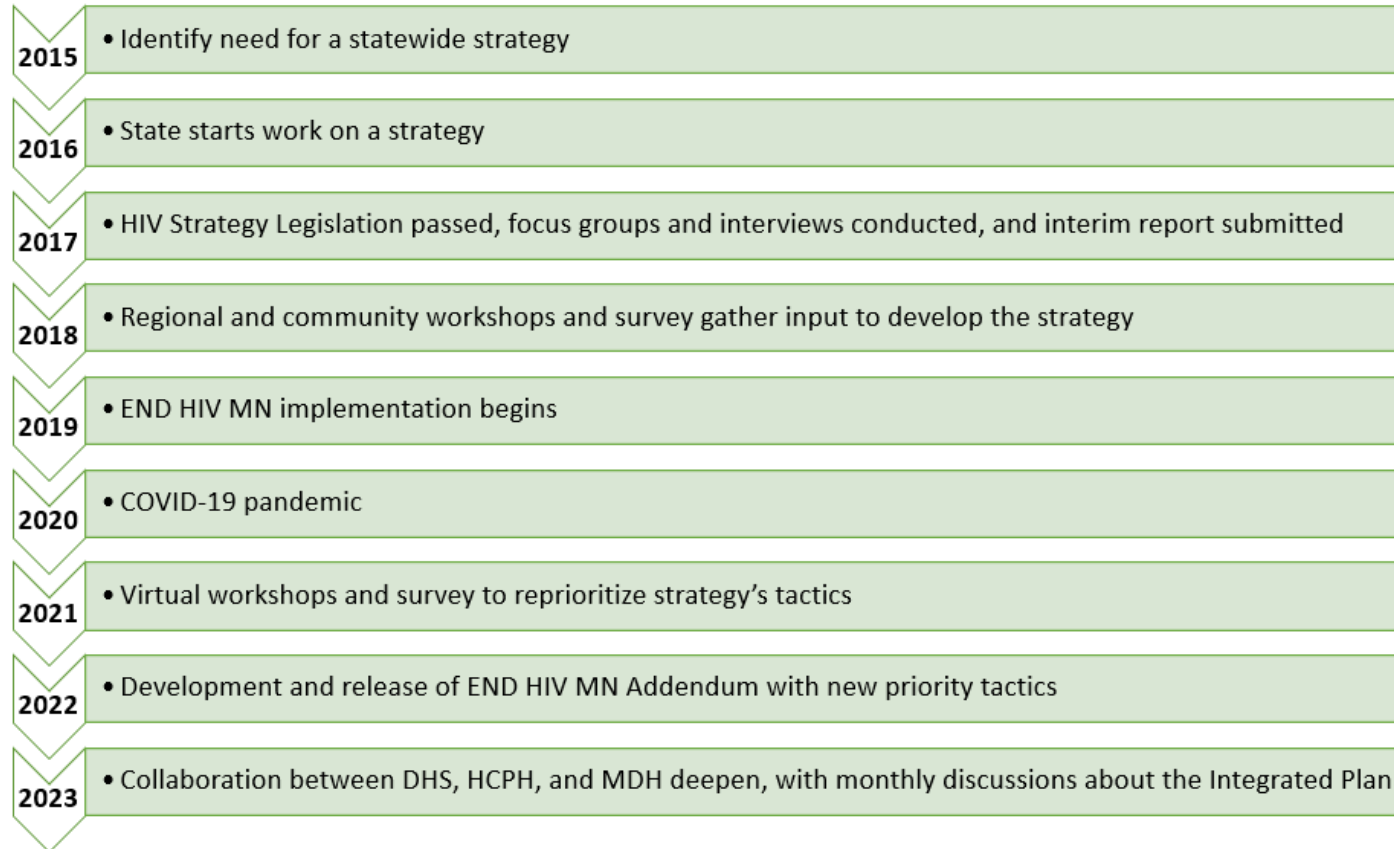
END HIV MN is a comprehensive long-term plan to end new HIV infections and improve health outcomes for people living with HIV in Minnesota.

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):
<https://www.health.state.mn.us/endhivmn>

END HIV MN Timeline





Goal progress update



END HIV MN Goals

Goal 1: Prevent new HIV infections

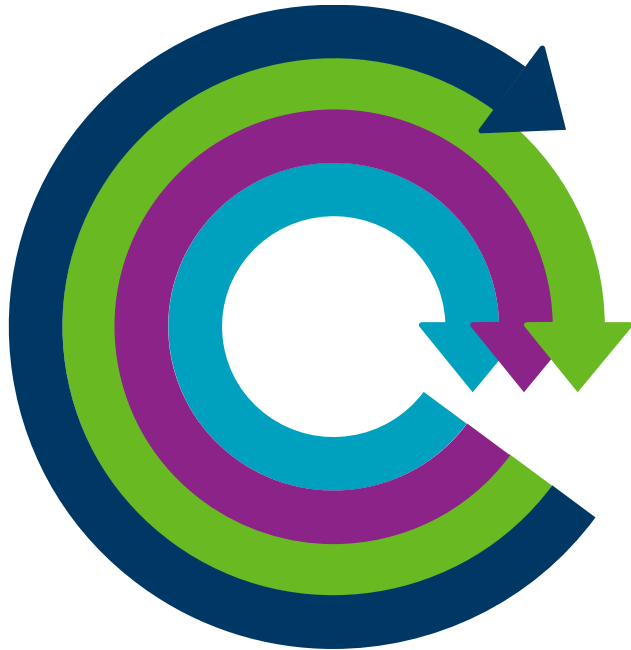
Goal 2: Reduce HIV-related health disparities and promote health equity

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

Goal 4: Ensure stable housing for people living with HIV and 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

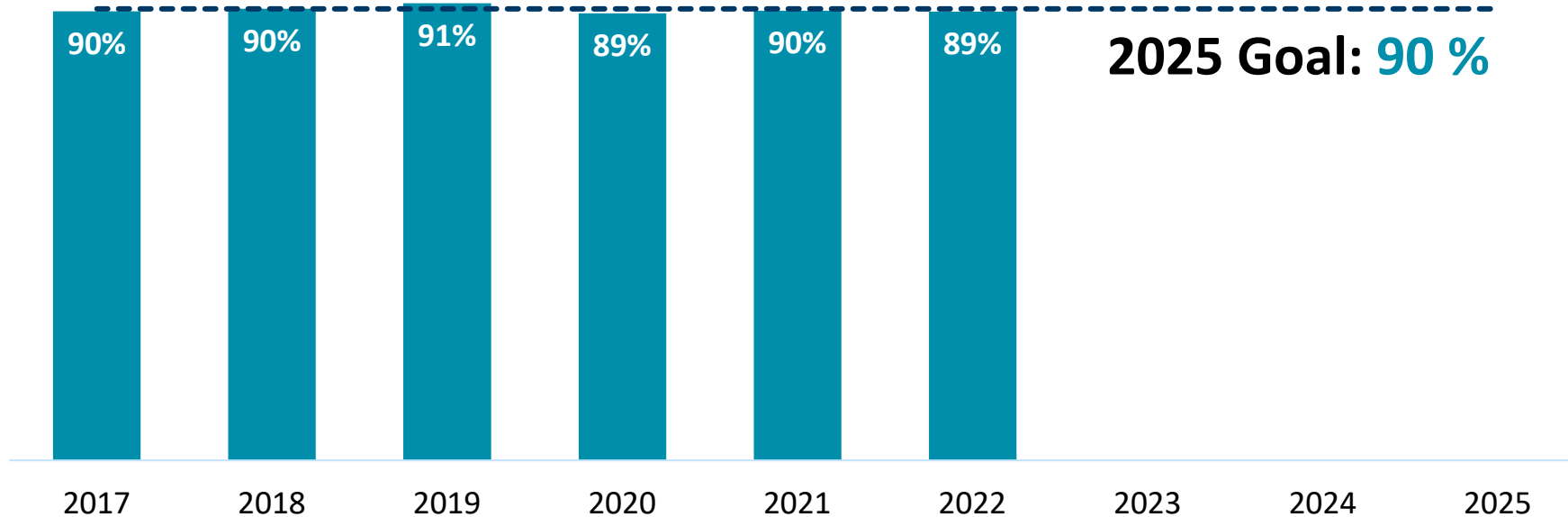
90%

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

75%

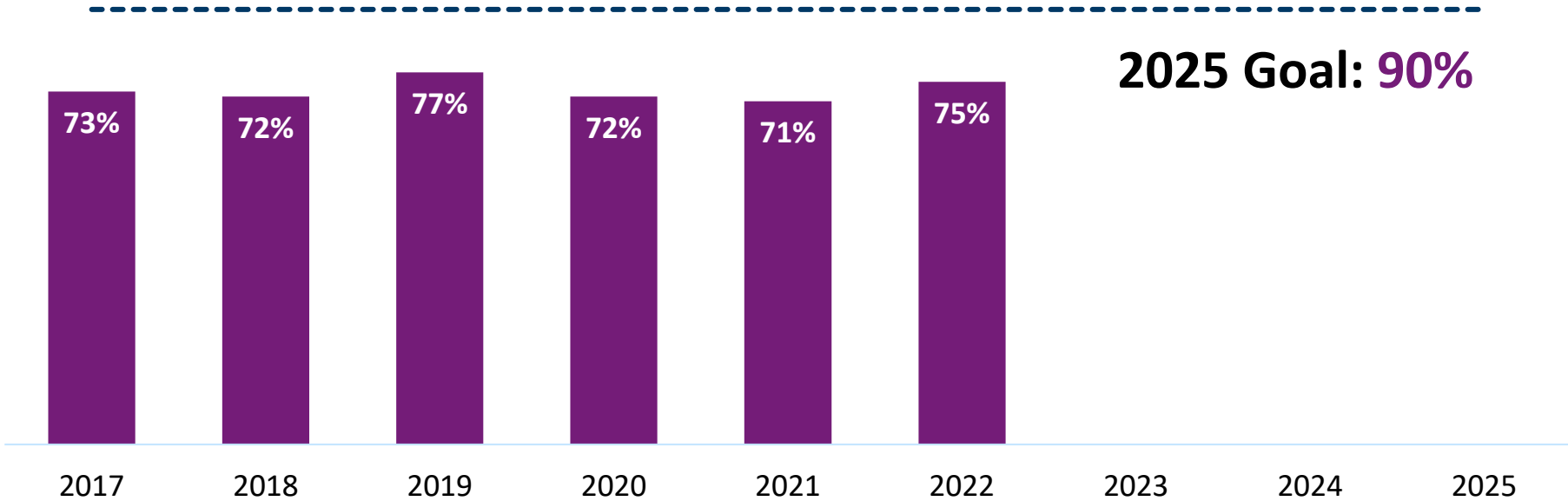
4. Reduce the **annual number of new HIV diagnoses** in Minnesota by at least 25% by 2025 (225 cases) and at least 75% by 2035 (75 cases)

Increase the percentage of Minnesotans living with HIV who **know their HIV status**

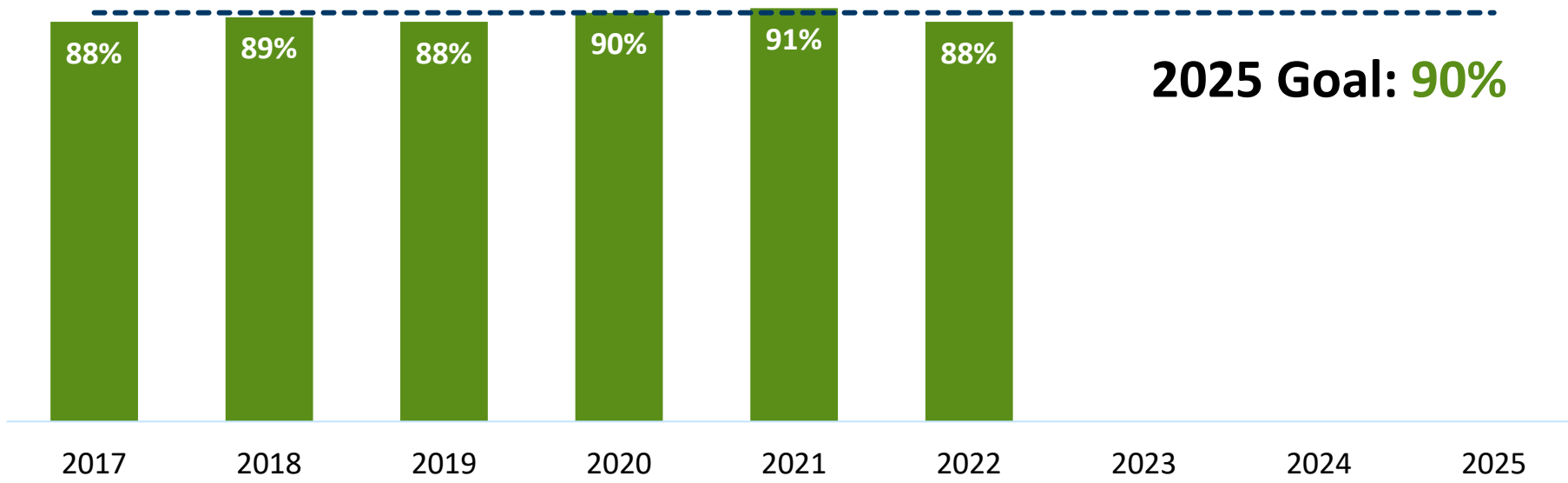




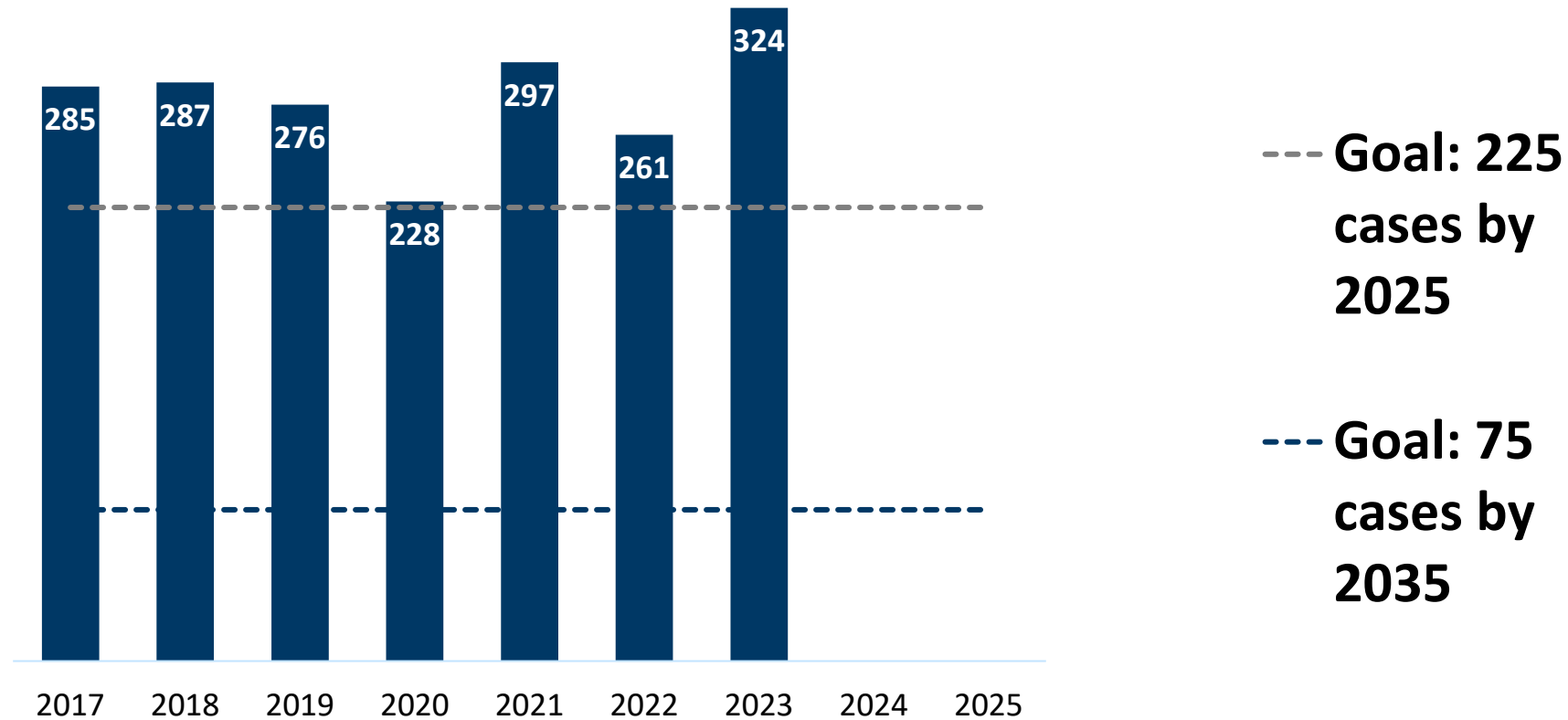
Increase the percentage of Minnesotans diagnosed with HIV who are **retained in care**



Of individuals retained in care, increase the percentage of Minnesotans who are **virally suppressed**



Reduce the **annual number of new HIV diagnoses** in Minnesota by at least 75% 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.
- **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.
- **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).

CULTURALLY HUMBLE AND TRAUMA-RESPONSIVE PROVIDERS

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- DHS finalized contract to do an HIV conference in 2025
- DHS, HC, MATEC, MDH, and St. Louis County coordinated presentations for the HIV Outbreak Learning Series.

HARM REDUCTION

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- DHS is working to deepen connections to BHD at DHS to better understand and partner in this work.
- DHS released an RFA for use of one-time funds on innovative projects to improve the HIV system. Projects supporting harm reduction for PWH and their partners could be included.
- MDH has funded Fond du Lac Tribal Nation and Rural AIDS Action Network (RAAN) to establish a new SSP within their perspective target areas. Fond du lac is our first Tribal Nation grantee in quite some time and RAAN seeks to expand their services, specifically opening a SSP in St. Cloud which currently does not have any SSPs.

STAFF REFLECTIVE OF THE COMMUNITY

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- Gov Tim Walz signed an executive order eliminating college degree requirements for over 75% of state government jobs. Lived experience and/or experience working with the communities we serve are highly valued.
- All RFPs produced by the Prevention Unit since 2022 include questions that address how the submitting organization's staff, leadership and board members are reflective of the populations their proposals purports to serve. If an organization does not reflect the population they intend to serve, they are asked how they plan to ensure or increase reflectiveness.

MENTAL AND CHEMICAL HEALTH

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- DHS finalized a contract to organize and deliver a multiple day HIV conference in 2025 that will include topics which were part of the past Triple Threat Contracts.
- MDH Harm Reduction coordinator is working to connect with state advisory councils to address the intersection of shared work between substance use and harm reduction.

BASIC NEEDS

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- DHS hosts a monthly Provider Connection Meeting which include provider spotlights, updates, and TA to support better referrals.
- HIV Nurse Specialist provided training to nursing students at Fond du Lac Tribal and Community College, UMN - Duluth, behavioral health and medical clinicians, and registered nurses at Community University Health Care Clinic which included content on linkage to care as well as community services (medical case management, syringe services programs, etc.).

HOUSING FOR ALL

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- DHS, HC and MDH have established a regular Housing Funders meeting including HOPWA reps from MHFA and the City of Minneapolis.
- MDH included several HIV-related action items with DHS in final [Crossroads to Justice: Minnesota's New Pathways to Housing, Racial and Health Justice for People Facing Homelessness](https://mich.mn.gov/crossroads-justice-minnesotas-new-pathways-housing-racial-and-health-justice-people-facing-0) (<https://mich.mn.gov/crossroads-justice-minnesotas-new-pathways-housing-racial-and-health-justice-people-facing-0>).

CAPACITY DEVELOPMENT IN AREAS WITH URGENT UNMET NEEDS

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- MDH published an RFP to prevent new drug related harms, such as infectious disease transmission and overdose, amongst people experiencing homelessness in MN.
- Seven new SSP agencies were funded to address drug related harms for people experiencing homelessness or housing instability.

INNOVATIVE SERVICE DELIVERY

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- DHS released a RFA for use of one-time funds on innovative projects to improve the HIV system. Projects aligned with this tactic could be proposed but aren't mandated in the application.
- Surveillance and Prevention gathered community feedback about the transgender community and how HIV transmission data is presented and updated how it reports on HIV transmission to take into account gender identity.

END
HIV MN

THANK YOU!