



# 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, with a horizontal green line underneath them.

**END  
HIV** **MN**

# 2024 PERFORMANCE REPORT

January 9, 2025



## What is END HIV MN?

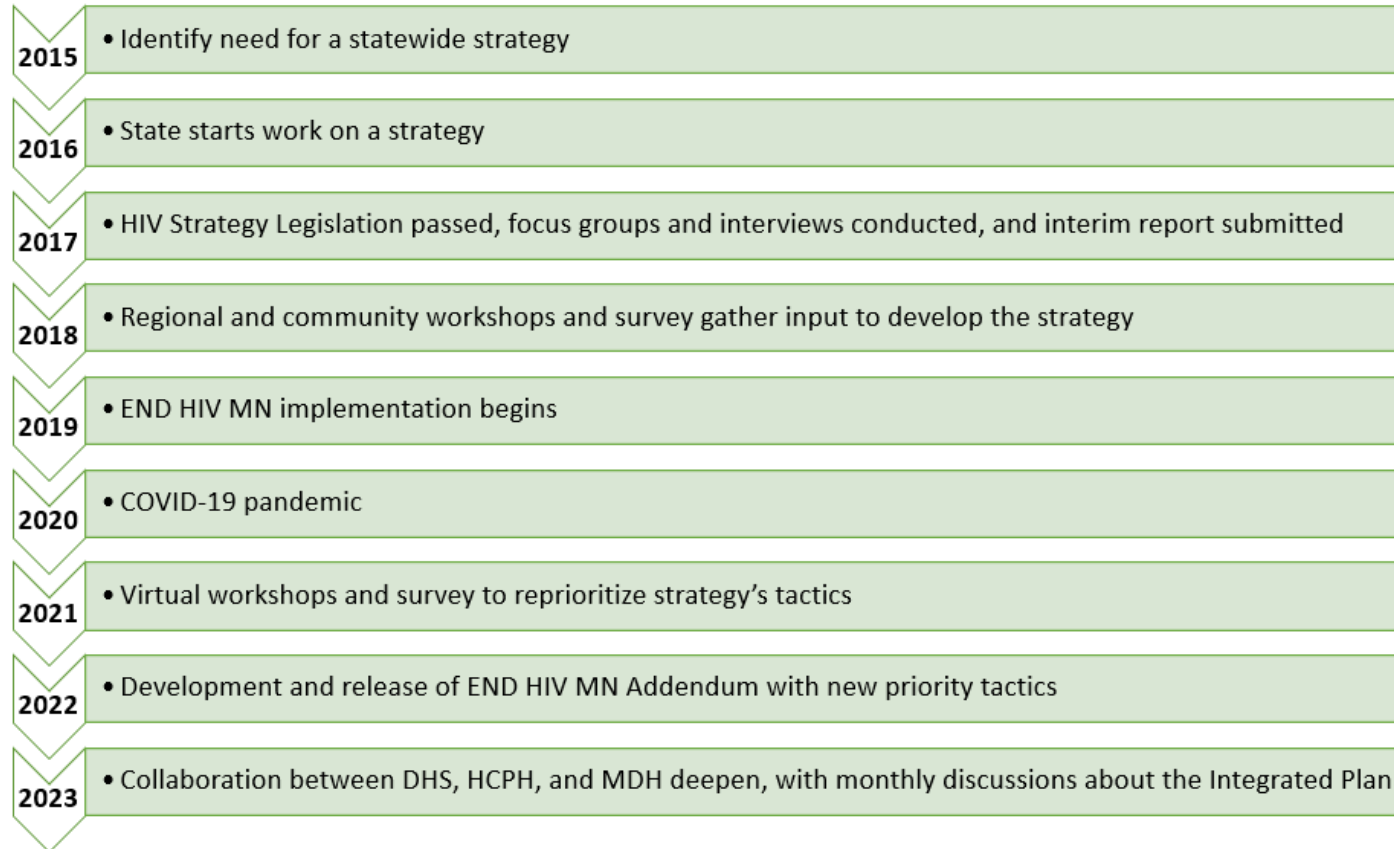
END HIV MN is a comprehensive long-term plan to end new HIV infections and improve health outcomes for people living with HIV in Minnesota.

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):  
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# END HIV MN Timeline





# Goal progress update



## END HIV MN Goals

**Goal 1:** Prevent new HIV infections

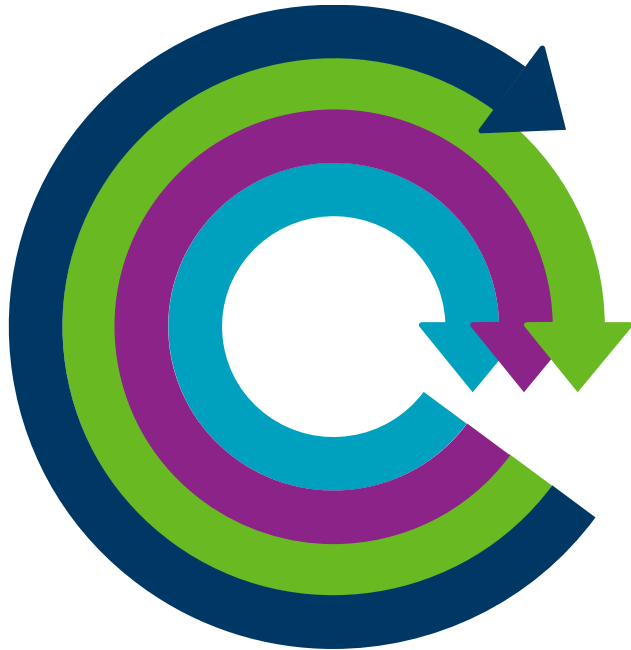
**Goal 2:** Reduce HIV-related health disparities and promote health equity

**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

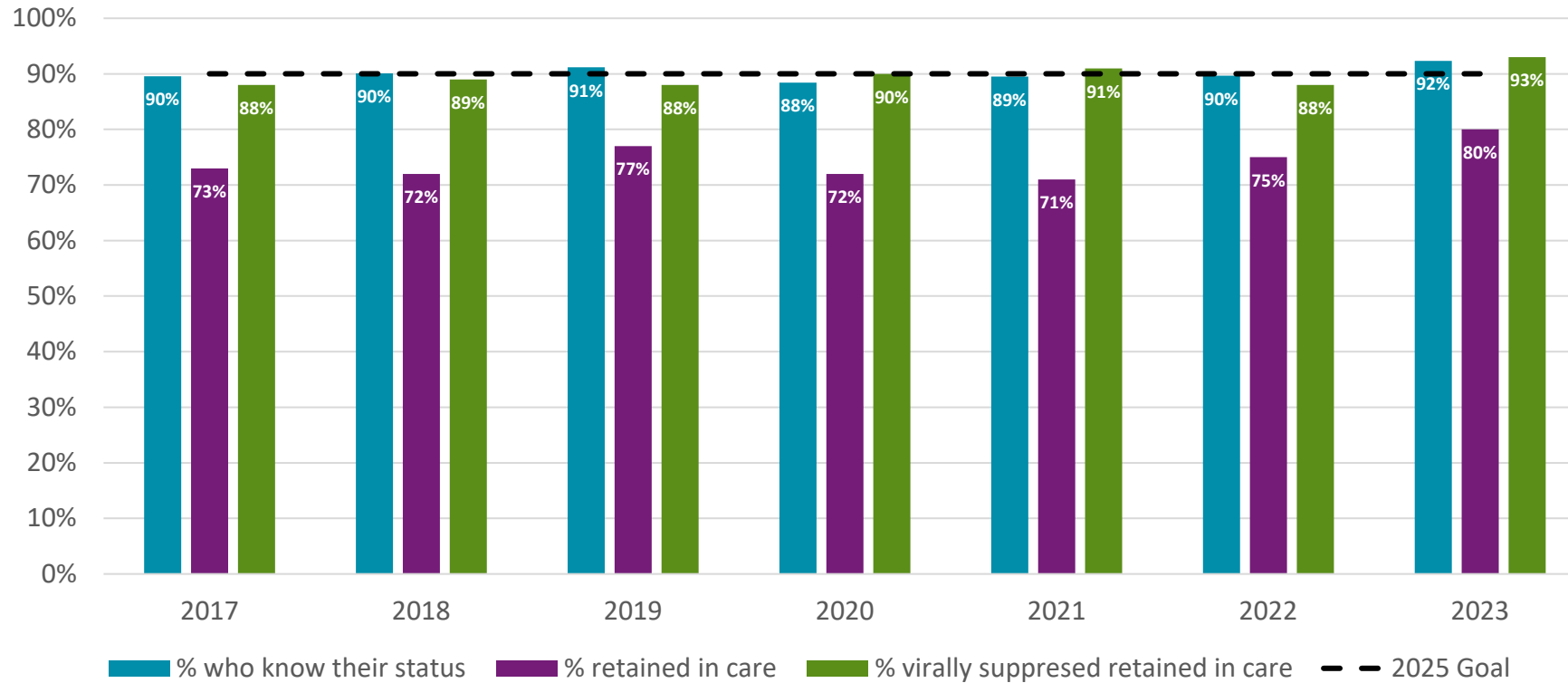
90%

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)

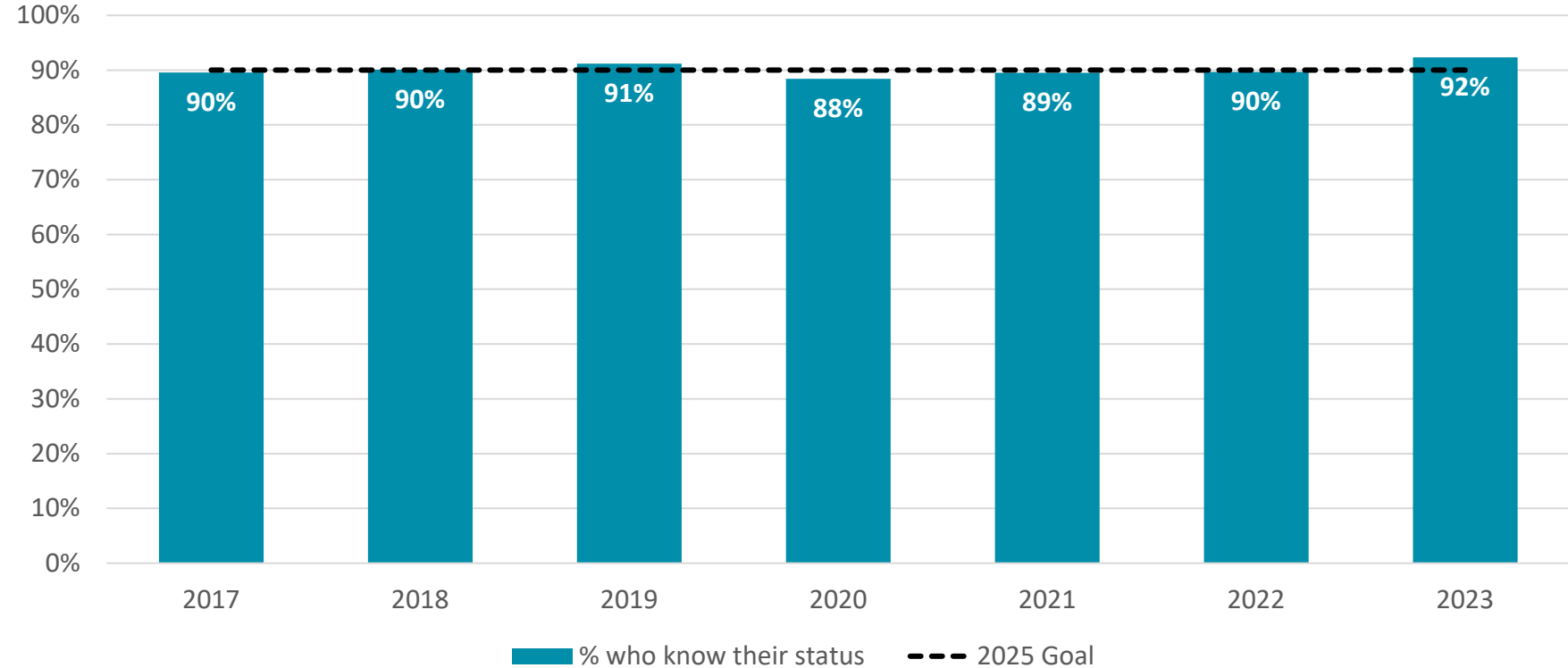
# 90-90-90





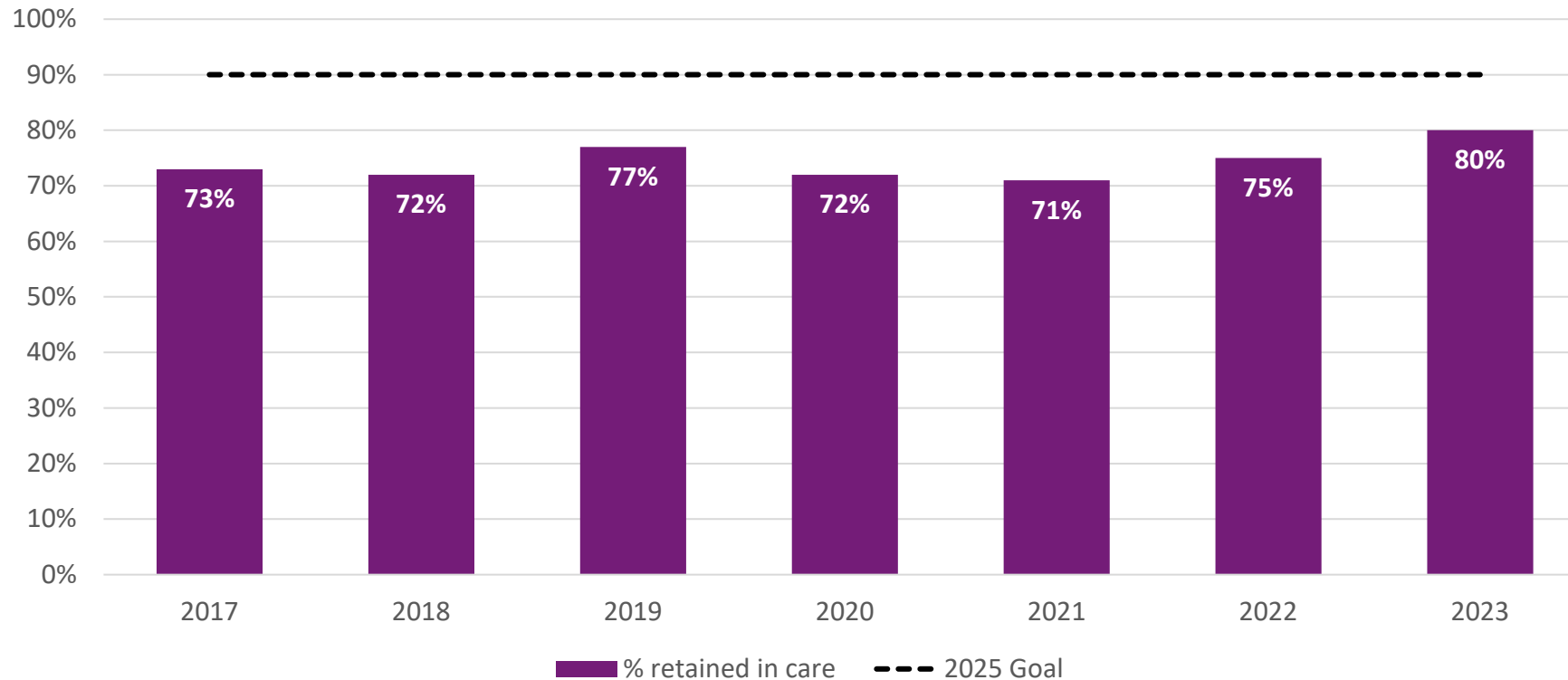


# Increase the percentage of Minnesotans living with HIV who **know their HIV status**



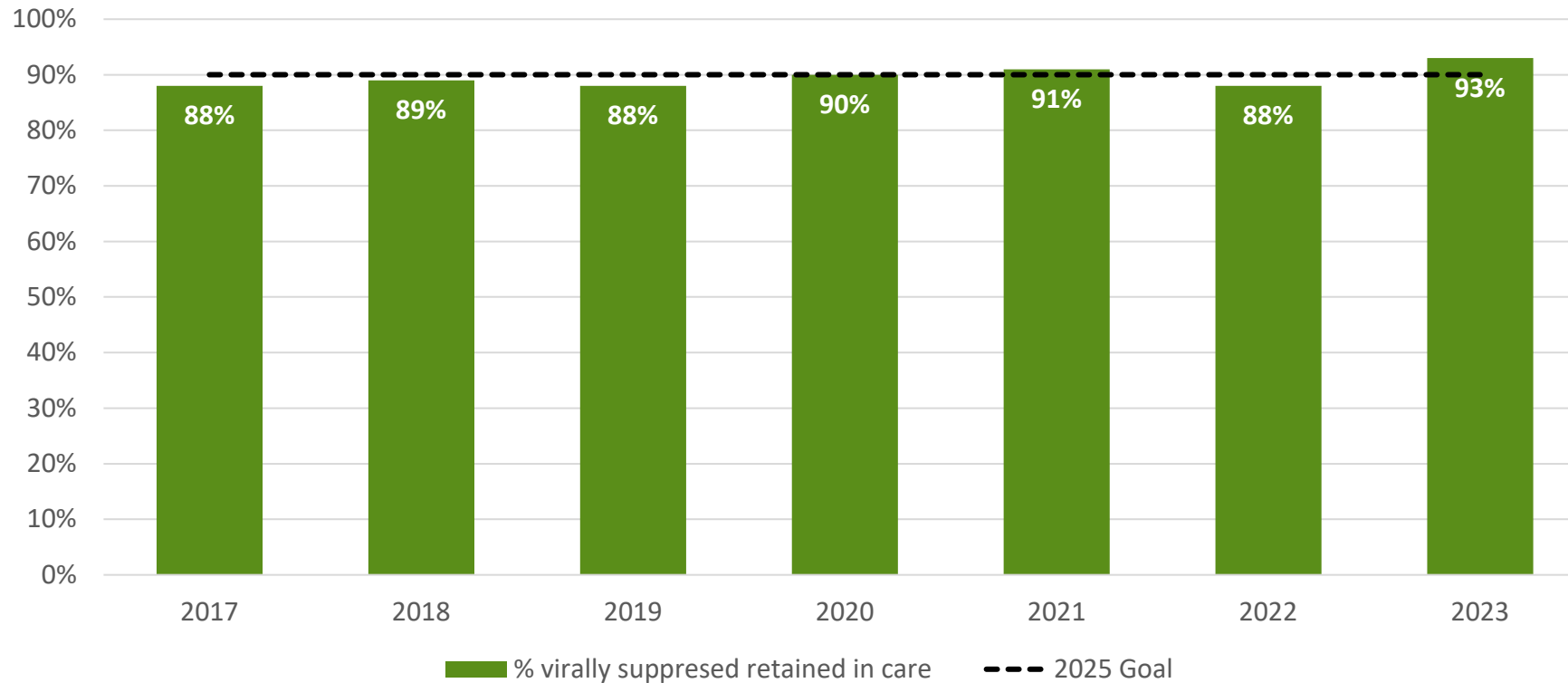


# Increase the percentage of Minnesotans diagnosed with HIV who are **retained in care**



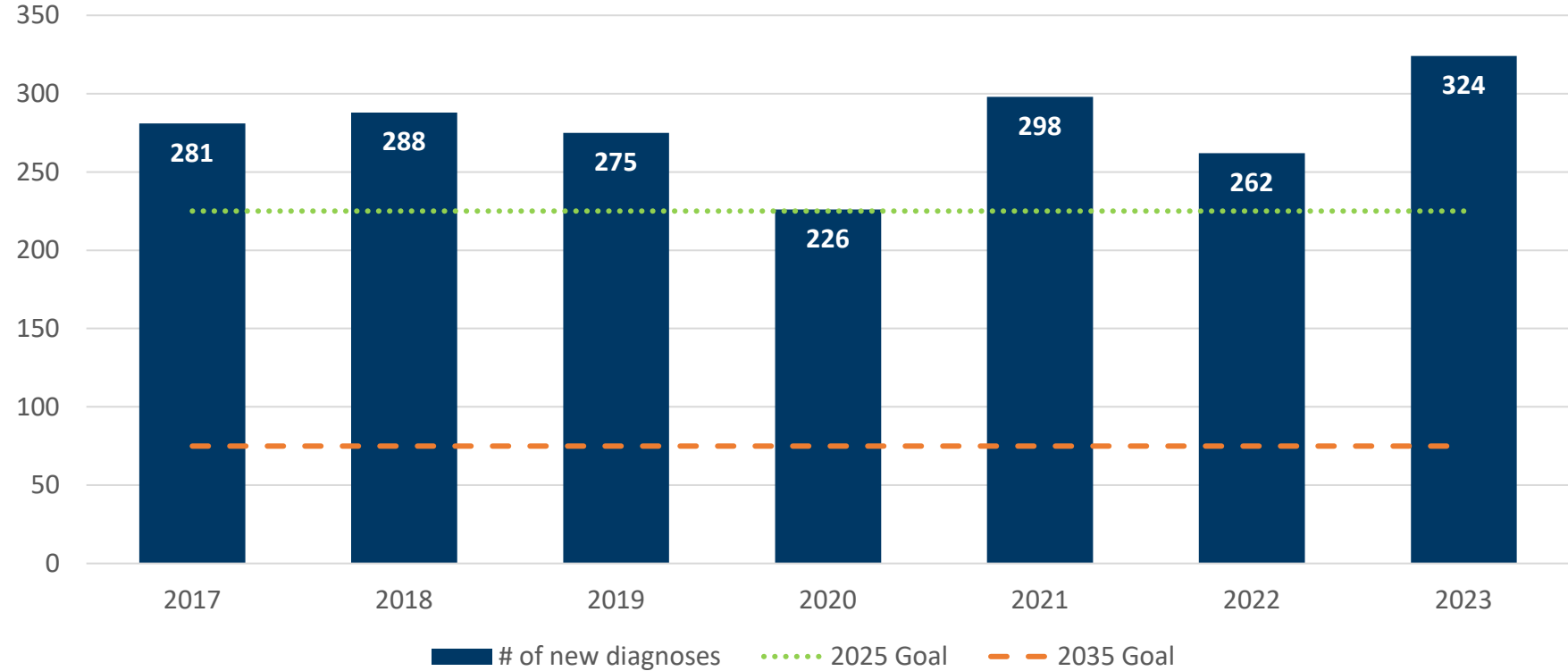


# Of individuals retained in care, increase the % of Minnesotans who are **virally suppressed**





# 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 conducted a 4-part SUD training to MN Health professional with a focus on trauma responsive practices, cultural humility, harm reduction principles and practices for people who use drugs.
- MDH HIV Testing Coordinator implemented a co-facilitation model, where community members and service providers volunteer to co-host training, centering lived experience and diversifying perspectives. Special presenters from various organizations and activist groups are also invited to share a range of perspectives and experiences.



# HARM REDUCTION

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- MDH has been able to expand SSP grantees, strengthening community harm reduction efforts, specifically within populations that experience homelessness or housing instability.
- Five new SSPs will be established alongside two existing SSPS that will be expanding services specifically for people experiencing homelessness or housing instability and among communities most impacted such as Black and Native American communities.

# STAFF REFLECTIVE OF THE COMMUNITY

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- A joint Ryan White RFP included questions regarding the reflection of the staff, leadership, and board. These questions were scored by the RFP evaluation committee and incorporated into the scoresheet of all proposal results.
- DHS leadership received intensive professional development this past year to support inclusive leadership.
- Two staff are already enrolled in L4 Leadership Training at DHS. One new PO attended NASTAD'S TAC conference which had a focus on developing leaders of color throughout the field. DHS provided a letter of recommendation for a provider staff to attend a NASTAD leadership development activity.

# MENTAL AND CHEMICAL HEALTH

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- MDH Harm Reduction Coordinator is working with interagency workgroup to create a shared definition of Harm reduction across multiple agencies.
- MDH funded prevention programs offer various touchpoints to connect to different preventative services including referral to various SUD treatments, case management, and connection or reconnection to care utilizing a whole person-centered approach.

# BASIC NEEDS

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- DHS hosts monthly provider connection meetings which include provider spotlights, updates, and TA to support better referrals.
- Two DIS positions were hired at the Red Door with funds from the DIS expansion grant to specifically work with people living in the encampments and have developed a close relationship with the Healthcare for the Homeless program. MDH DIS and NACC work closely with Red Door DIS who are outreaching in encampments. DIS collaborate and work as a team.

# HOUSING FOR ALL

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- Due to Rainbow Health's closure, and CBO's lack of a working corporate zoom account, the Housing Coalition meetings have been put on hiatus.

# CAPACITY DEVELOPMENT IN AREAS WITH URGENT UNMET NEEDS

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- HIV Outbreak Provider Learning group (MATEC, St. Louis County, MDH, DHS, HCPH) are in the beginning stages of planning the next round of webinars and are discussing having a panel of PWH to educate providers on needed services and better ways to support their needs. DHS staff continues to join MDH Outbreak ICS meetings to inform work and TA efforts.

# INNOVATIVE SERVICE DELIVERY

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- DHS executed contracts resulting from our spring RFA to use one-time funds on innovative projects to improve the HIV system. Projects aligned with this tactic have been funded.
- DHS is supporting and will be part of the project led by HC and NACCHO around RAPID ART.

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THANK YOU!