

**COLLABORATIVE PARTNER UNDERSTANDING
FOR THE
INTEGRATED HIV CARE AND PREVENTION COMMUNITY PLANNING COLLABORATIVE**

INTRODUCTION

This Collaborative Partner Understanding is not a legal document but rather a statement of intent and is superseded by the *Ryan White HIV/AIDS Treatment Extension Act of the 2009*, Intergovernmental Cooperative Agreement (IGCA), and does not add to or enhance the duties assigned through the IGCA or the Minnesota Council for HIV/AIDS Care & Prevention bylaws. This Collaborative Partner Understanding frames the outcomes, roles, and responsibilities among the four Collaborative partners:

1. Minnesota Council for HIV/AIDS Care & Prevention (“Council”)
2. Minnesota Department of Human Services HIV Supports Section (“DHS”)
3. Hennepin County, Human Services and Public Health Department, Ryan White Program (“Hennepin County”)
4. Minnesota Department of Health, STD,HIV and TB Section (“MDH”)

COLLABORATIVE PURPOSE AND OUTCOMES

The purpose of the Collaborative is to jointly achieve the following outcomes as mandated by the United States Department of Health and Human Services Health Resources and Services Administration (“HRSA”) and the Centers for Disease Control (“CDC”):

- **Needs Assessment** – Determine the size and demographics of the population of persons living with and most at risk for HIV. Establish methods for obtaining input on community needs and priorities. Conduct an assessment of the needs of persons living with and at risk for HIV throughout the Transitional Grant Area (“TGA”) and Minnesota to identify their service and prevention needs and gaps in meeting those needs.
- **HIV Services Prioritization and Allocation of Ryan White HIV/AIDS Program Funds** - Establish priorities for Ryan White HIV/AIDS Program allowable services and make allocation decisions for Part A funds and allocation recommendations for Part B funds to those priorities. The allocations plan should address how to best meet priorities and describe factors recipients should consider in allocating funds. These factors should include the documented needs of the HIV-infected population, the cost and outcome effectiveness of proposed strategies and interventions, the priorities of the HIV-infected communities for whom the services are intended, and the availability of other governmental and non-governmental resources.
- **Comprehensive Planning** – Develop the Integrated HIV Prevention and Care Plan (“Plan”) for the organization, development and delivery of prevention, health and support services within the TGA and Minnesota. The Plan will be developed every 5 years, or as specified by HRSA and CDC.
 - **Coordinate the process** for the Letter of Concurrence, Non-Concurrence or Concurrence with Reservations from the Council.
 - **Participate in Development of Statewide Coordinated Statement of Need** – all will work to develop the Statewide Coordinated Statement of Need according to HRSA guidelines.
- **Standards of Care** – Develop and review Standards of Care for core medical and support services prioritized by the Council.
- **Prioritize HIV Prevention Populations** – Engage in a process to prioritize target populations of persons at risk for acquiring or transmitting HIV for the purpose of determining allocations for HIV prevention funds. The Council will advise MDH on the selection of these populations.

OVERALL TIMELINE AND RESPONSIBILITIES

Timeframe	Outcome	Who Leads
Every 5 years and as needed for special focus	Needs Assessment of persons living with HIV	Council
Every 5 years	Integrated HIV Prevention and Care Plan	Council
Every 5 years	Statewide Coordinated Statement of Need	DHS
Every 4 - 5 years	Advise MDH on HIV prevention population prioritization.	MDH
Every 2 years	Prioritization and allocation of Ryan White HIV/AIDS Program funds for HIV services	Council
As needed	Standards of Care for core medical and support services prioritized by the Council	MDH, DHS, Hennepin County

PARTNER ROLES AND RESPONSIBILITIES

All partners will work together to achieve the outcomes listed above. The following section lays out distinct roles and responsibilities for the Council and Recipients (DHS, MDH, and Hennepin County together are referenced as “Recipients” as appropriate:

COUNCIL

- **Operations** - Establish and follow Council and Committee workplans, operating procedures and policies to ensure smooth, efficient and fair operations. This includes adherence to established bylaws, revising the by-laws as needed, establishing the Council budget, orienting and training members, following the established grievance policy and procedures, conducting open meetings, and abiding by conflict of interest standards.
- **Priority Setting and Resource Allocation** - Set priorities among service areas and activities and make allocation decisions for Part A funds and allocation recommendations for Part B funds to those service areas and activities. Advise MDH on HIV prevention population prioritization.
- **Assessment of Ryan White Program Administrative Mechanisms** - Through an evaluation process, assess the efficiency of the administrative mechanism in rapidly disbursing Ryan White HIV/AIDS Program funds to areas with the greatest need according to the Council's priorities.
- **Conditions of Award and Grant Application Documents** - The Council co-chairs may submit letters of assurance and endorsement to Recipients as required to meet annual Ryan White program conditions of award and reporting and application requirements.

RECIPIENTS

- **Service Utilization Assessment** – Part A and Part B data analysts will provide the Council with information on service utilization.
- **Planning** - Provide information, and input into the development of the Plan. The Recipients will have a chance to review and suggest changes to the draft Plan before the Council approves it.
- **Grant Administration**
 - **Procurement** – Manage the process for awarding contracts to service providers through the Recipients' procurement processes.
 - **Contracting** - Utilize the Council's prioritization and allocation process to assist in contracting for services.
 - **Contract Monitoring** – Monitor vendor contracts to ensure that funded service providers and consultants are meeting their contract responsibilities and established standards of care.
 - **Grant Application** - Prepare and submit annual grant applications.
 - **Conditions of Award and Reporting** - Meet conditions of grant awards and reporting requirements according to the grant award.
- **Redistribution of Funds within a Service Area** - Redistribute unspent funds within a service area prioritized by the Council according to the Recipient's reallocation policy.
- **Allocation of HIV Prevention Funds** – MDH determines HIV prevention funding allocations based on the target population prioritization.
- **Expenditure Reporting** – As appropriate report expenditures on a quarterly basis to the Council.
- **Response to the Recipient Evaluation** - Provide information in response to the measurement objectives developed by the Council for the Ryan White HIV/AIDS Program Assessment of the Administrative Mechanism.
- **Attendance at Council meetings** - At least one Recipient staff member from Hennepin County, DHS and MDH will attend all full Council and Council committee meetings. Recipient staff attending meetings will be responsible for all communications and information requests related to their assigned committee.
- **Requests for Technical Assistance** - Submit requests for Technical Assistance to HRSA, CDC and NASTAD. When the Council desires Technical Assistance, the appropriate Recipient will work with the Council to submit the request on behalf of the Council.
- **Relay Communications from HRSA and CDC** - Provide the Council with HRSA and CDC policy and guidance communications.

COUNCIL SUPPORT AND STAFFING

- **Council Budget**- Hennepin County will provide fiscal management of Council support funds through Hennepin County's fiscal management system. The Council will work with the Recipient to establish the Council budget in accordance with Ryan White HIV/AIDS Program requirements and

Hennepin County salary schedules and fixed budget line item costs. The Council will approve the allocation for Council support through its annual allocations process. Hennepin County will report on Council expenditures through its quarterly expenditure reports to the Council. Council support staff and the Executive Committee will share responsibility for monitoring Council spending.

- **Employment of Council Staff** - Hennepin County will provide staffing for the Council in accordance with the Council budget and Hennepin County personnel policies and procedures.
- **Operational Support** - Hennepin County will provide operational support for the Council including, but not limited to: office space, computers, software,

COMMUNICATIONS

The partners will operate according to the following norms:

- **Establish and maintain open communication** – Recipients’ staff and Council members and staff will share information in a timely fashion and review shared information when received.
- **Requests for Information** – Requests for information between the partners will be in writing either through letters, emails, or recorded in Council or Council Committee meeting minutes. Requests will normally include a time line for producing the information and will be in alignment with recipients’ data request policies and procedures.
- **Designated liaisons** - The partners will have designated liaisons for information requests, questions or concerns that arise outside of Council meetings:
 - Council – One MDH appointed co-chair, two community co-chairs
 - Hennepin County – Ryan White Supervisor
 - DHS – HIV Community Supports Supervisor
 - MDH – Prevention Unit Manager, STD, HIV and TB Section
- **Information not to be shared** - To maintain the confidentiality of sensitive information, the HIV status of Council members will not be shared with Recipient staff or with other Council members except with those who are involved in the open nominations process and monitoring Council membership reflectiveness.
- **Clarification** - The partners will work together to clarify and revise policies and procedures that are confusing or problematic.
- **Decision-making** - The partners will endeavor to make decisions by consensus (defined as the willingness to ‘live’ with the decision if not in whole-hearted agreement). If consensus is not possible, a vote will be called. All partners are expected to support decisions made as a group when talking to others about the decision.

COLLABORATIVE PARTNER UNDERSTANDING MODIFICATIONS

This Collaborative Partner Understanding will be reviewed annually by the four Collaborative partners. Any modifications of this Collaborative Partner Understanding should be reviewed and agreed to by all the Collaborative partners. Any Collaborative partner can propose changes to the Collaborative Partner Understanding.