

ATTACHMENT 7: LETTER OF ASSURANCE FROM PLANNING COUNCIL CO-CHAIRS

September 10, 2024

Sylvestre Kpangni

Project Officer

HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs

Dear Mr. Kpangni,

This letter serves as assurance that the Minnesota Council for HIV/AIDS Care and Prevention fulfilled its responsibilities in partnership with the Part A grant recipient. Specifically:

a) Planning

i. The most recent comprehensive needs assessment was conducted in 2020.

ii. The involvement of key partners and stakeholders is critical to a successful comprehensive planning process, such as the development of the integrated HIV prevention and care plan, and the statewide coordinated statement of need (SCSN). The Minnesota Council for HIV/AIDS Care and Prevention (council) serves as the joint, integrated planning body for the MSP-TGA and State of Minnesota. The council and its committees were a key partner in the development of the five-year Integrated HIV Prevention and Care Plan 2022 – 2026. This plan was a collaborative effort with the planning council. During the development of the plan, three council co-chairs at that time served as members of the integrated plan steering committee and participated in developing the plan. The planning council received monthly updates on the planning progress and were presented draft sections for input and feedback, and selected priorities for the Needs Assessment section of the plan. Additional meetings were held for input on the priorities, goals, and objectives of the plan with the planning council's Needs Assessment and Evaluation Committee, Disparities Elimination Committee, Planning and Allocations Committee, and Community Voices Committee. Input gained by planning council members was integral to the process and all input received was incorporated into this plan. The council's Needs Assessment and Evaluation Committee developed a monitoring plan, in collaboration with other committees and its government partners, for the council and government partners to monitor progress toward achieving the goals of the integrated HIV prevention and care plan. Annually, Part A, Part B, and HIV Prevention recipient staff update the monitoring plan with data from the most recent year and present it for review to the Disparities Elimination Committee, Needs Assessment and Evaluation Committee, and Planning and Allocations Committee. The committees assess where progress is being made and creates a plan to address gaps. The monitoring plan and plan to address gaps are then presented to the council for review and input. Additionally, Part A, Part B, and the HIV prevention recipient staff provide a bi-annual report to the council on the progress of strategy, tactic, and activity implementation of the integrated plan, and receive feedback from the council on progress made.

To develop the SCSN, the Minnesota Department of Human Services (Part B recipient) and the council co-sponsored a community forum to solicit stakeholder input into the availability of services and gaps and barriers that might exist. The council's Planning and Allocations Committee, Disparities Elimination Committee, Community Voices Committee,

and Needs Assessment and Evaluation Committee were actively involved in the SCSN. The council held two dedicated joint meetings of the Planning and Allocations Committee and Disparities Elimination Committee to discuss SCSN barriers and gaps in services.

b) Priority Setting and Resource Allocation (PSRA)

- i. Priorities are determined by the council every two years and confirmed every year. For FY 2025 and FY 2026, the council reviewed and considered epidemiologic data, the HIV Care Continuum (HCC), service utilization data, needs assessments, quarterly and annual recipient expenditure reports, HIV care expenditures from other sources, performance and clinical outcomes data, testing and unmet need data, clinical quality management data, and other qualitative data. The council examines HIV epidemiologic trends from the previous five years, reviewing gender, age, race, ethnicity, country of birth, and risk factor(s) in MSP-TGA HIV incidence and prevalence, and each HCC stage. The council uses these data to consider allocations that address disparities, the needs of emerging populations, and to fill gaps in services. The council makes every effort to ensure that Part A funds for women, infants, children, and youth (WICY) are proportionate to their representation in the epidemic. Based on these data, the council considered the unique needs of three subpopulations of focus: Black/African American and African-born, Hispanic, and American Indian/Alaskan Natives.
- ii. During the FY 2024 PSRA process, the council was comprised of 27 members, 9 (33%) of whom have HIV. The council's consumer committee, Community Voices Committee (CVC), meets bi-monthly and includes council members as well as community members with HIV and those at risk for HIV. CVC provides perspectives on emerging service needs and problems associated with current service delivery. The group provides the council with key insights on issues for PWH and feedback on priorities, allocations, and service standards. During the priority setting process, CVC members reviewed the FY 2023 and FY 2024 priorities, provided feedback for the new priority rankings, and difficulties community members experience in accessing services. The Planning and Allocations Committee reviewed the priority input from CVC ahead of the priority setting and resource allocations retreat. PWH are members and leaders of all council committees. They provide input on services, allocations, data collection and analysis, including needs assessments, and the integrated plan. Time allotted for community members to discuss service needs is a standing agenda item at each council and CVC meeting.
- iii. FY 2023 budget period formula, supplemental, and MAI funds awarded to the MSP-TGA were expended according to the priorities established by the Minnesota Council for HIV/AIDS Care and Prevention. Using the priorities set for FY 2023, and the MCHACP Resource Allocation Process, the council determined the FY 2023 pre-award allocations plan with a core medical services expenditure requirement waiver for Formula, Supplemental, and MAI funding in August 2022 assuming FY 2023 funding would be the same as the FY 2022 Part A grant award. The Part A recipient submitted the waiver request in October 2022 and HRSA approved it in December 2022. In April 2023, the council made post-award allocation adjustments based on the actual FY 2023 grant award.

c) Training

- i. The council holds a new member orientation whenever new members are elected to the council, and this occurred on March 1, 2024, and September 6, 2024. New members also complete the new member orientation eLearning module which is available on the council’s website. On March 12, 2024, the council parliamentarian provided a Robert’s Rules of Order training to the council. On April 9, 2024, the council received a conflict-of-interest training provided by council staff. Following an assessment of council members’ knowledge around data and HIV planning, the following data trainings were provided to the council: understanding epidemiological terms on April 9, 2024, using the data dashboard and data reports used in the planning process on June 11, 2024, and understanding funding sources on July 9, 2024. The state health department provided an annual update on HIV incidence and prevalence in Minnesota and the TGA to the council on May 14, 2024. The council received a priority setting training on June 11, 2024 to prepare for the prioritization of services for FY 2025. On June 11, 2024, the council received a code of conduct training. On July 9, 2024, the council received a training on the assessment of the administrative mechanism. The Executive Committee received additional training, such as an additional parliamentarian training from the council parliamentarian and two meeting facilitation trainings from council staff. Additionally, council staff organized a council co-chair retreat, which focused on facilitation and parliamentarian trainings. On January 9, 2024, the council received a training titled “Ending the HIV Epidemic among Young Black Same Gender-Loving Men: Understanding the Intersecting Roles of Racism, Homophobia, and HIV Stigma.” Handouts on multicultural competence in HIV planning and care, power and intent in HIV planning, pronoun use, and a Trans 101 training are provided to new members and available on the council website, in addition to the data training series.
- d) Assessment of Administrative Mechanism
 - i. The Assessment of the Administrative Mechanism for FY 2023 was completed on August 16, 2024. Twenty-one of the 23 active council members (over 91%) completed the assessment. The assessment included two objectives to assess the timely allocation/contracting of funds and payments to contractors. 100% (21/21) of respondents indicated these two objectives were met.

Sincerely,



Joe Amrhein
MCHACP Co-Chair



Kevin Sitter
MCHACP Co-Chair