



September 27, 2021

CaTiffany Griswold, MPH, CCRC  
Public Health Analyst  
Western Branch  
HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs

Dear Ms. Griswold,

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 to:

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 2017 – 2021. The initial goals, target groups, and activities for the integrated plan were developed by the council's Planning and Allocations Committee and Disparities Elimination Committee and presented for input to the other committees and approval by the council. 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 and 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. The council's Needs Assessment and Evaluation Committee developed a monitoring plan for the council and government partners to monitor the status of the goals of the integrated HIV prevention and care plan. Annually, recipient staff for Part A, Part B, and HIV Prevention update the monitoring plan with data from the most recent year and presents 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.

b) Priority Setting and Resource Allocation (PSRA)

- i. In setting priorities and allocating funds for FY 2022, 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, including interviews conducted with Black/African American, Native American, and Latinx workgroup members in 2017, the Latino AIDS Commission study on Latino MSM in Minnesota (2014), results from interviews with African American MSM conducted by the Office of Minority Health Resource Center (2015), and reports from two Native American HIV Caucus action planning retreats conducted in December 2018 and March 2019. The council examines HIV epidemiologic trends from the previous five years, reviewing gender, age, race, ethnicity, country of birth and risk factor(s) in the HIV incidence and prevalence of the MSP-TGA and at each stage of the HCC. 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
- ii. During the FY 2022 PSRA process, the council was comprised of 25 members, 14 (56%) 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. 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 selected their top three service priorities using an online survey platform, and the results determined the community's priorities. Council members used the community's priorities and the two most recent needs assessment surveys of PWH to help determine the council's priorities. 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 2021 period of performance 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 in 2020, and the MCHACP Resource Allocation Process, the council determined the FY 2021 pre-award allocations plan with a core medical services expenditure requirement waiver for Formula, Supplemental, and MAI funding in August 2020 assuming FY 2021 would be the same as the FY 2020 Part A grant award. On December 8, 2020, the Part A recipient held a community input session on the waiver application request

and presented the council's allocations plan and secured input from consumers and providers. The Part A recipient submitted the waiver request in February 2021 and HRSA approved it in April 2021. In August 2021, the council made post-award allocation adjustments based on the actual FY 2021 grant award.

c) Training

- i. The council holds a new member orientation whenever new members are elected to the council, and this took place on March 5, 2021. New members also completed the new member orientation eLearning module which is available on the council's website. The council participated in a training on conflict-of-interest management on April 13, 2021, Robert's Rules of Order on May 11, 2021, and the assessment of the administrative mechanism on July 13, 2021. Following an assessment of council members' knowledge around data and HIV planning, a data training on epidemiologic terms was done on June 8, 2021. Additional data trainings are planned for FY 2021 in order to train council members on data and reports used in the planning process and funding sources. The council uses a RWHAP services data dashboard and council members were trained on using the dashboard on July 13, 2021. Council and committee co-chairs participated in a facilitation and leadership training on April 6, 2021 and parliamentary procedure on May 4, 2021. Council members participated in an interactive workshop on quality management and understanding data on May 11, 2021. The state health department provided an annual update on HIV incidence and prevalence in Minnesota to the council on July 13, 2021, and HIV molecular data cluster detection on January 12, 2021. On July 20, 2021, a training on trauma informed care was sponsored by the Ryan White Program and members of the council were invited to participate. 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.

d) Assessment of the Administrative Mechanism

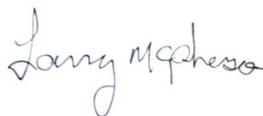
- i. In July 2021, the council's Needs Assessment and Evaluation Committee led a process to assess the efficiency of the grant recipient in FY 2020. The assessment included two objectives to assess the timely allocation/contracting of funds and payments to contractors. 100% (21/21) of respondents indicated these two objectives were met.

The Minnesota Council for HIV/AIDS Care and Prevention strongly endorses Hennepin County's application for Part A FY 2022 funds in order to meet the complex needs of the individuals with HIV disease in the Minneapolis – St. Paul TGA.

Sincerely,



Cree Gordon  
MCHACP Co-Chair



Larry McPherson  
MCHACP Co-Chair



McKinzie Woelfel  
MCHACP Co-Chair