Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026

Guidance Overview

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA), HIV/AIDS BUREAU (HAB)

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), DIVISION OF HIV PREVENTION (DHP)

Agenda

Welcome

Background on Integrated HIV Prevention and Care Planning

Overview of the Integrated HIV Prevention and Care Plan Guidance

Review of the *CY 2022-2026 CDC DHP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist*

Technical Assistance Opportunities

Important Dates

Frequently Asked Questions

Acknowledgements

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Opening Remarks

HRSA HIV/AIDS Bureau Leadership

Dr. Laura Cheever, MD, ScM

Associate Administrator

HIV/AIDS Bureau

Health Resources and Services Administration

HRSA's HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.

CDC Leadership

Dr. Demetre Daskalakis, M.D., M.P.H.

Director

Division of HIV Prevention (DHP)

Centers for Disease Control and Prevention

CDC's Division of HIV Prevention Vision and Mission

Vision

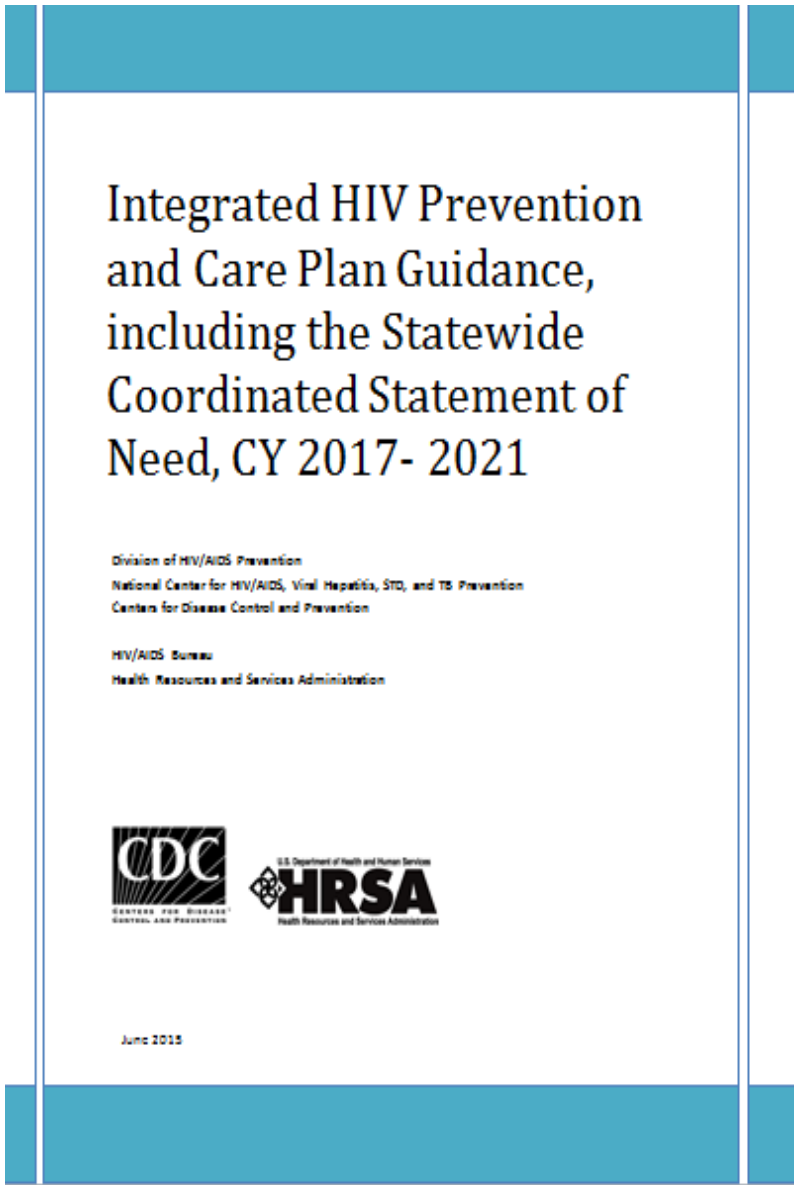
A future free of HIV

Mission

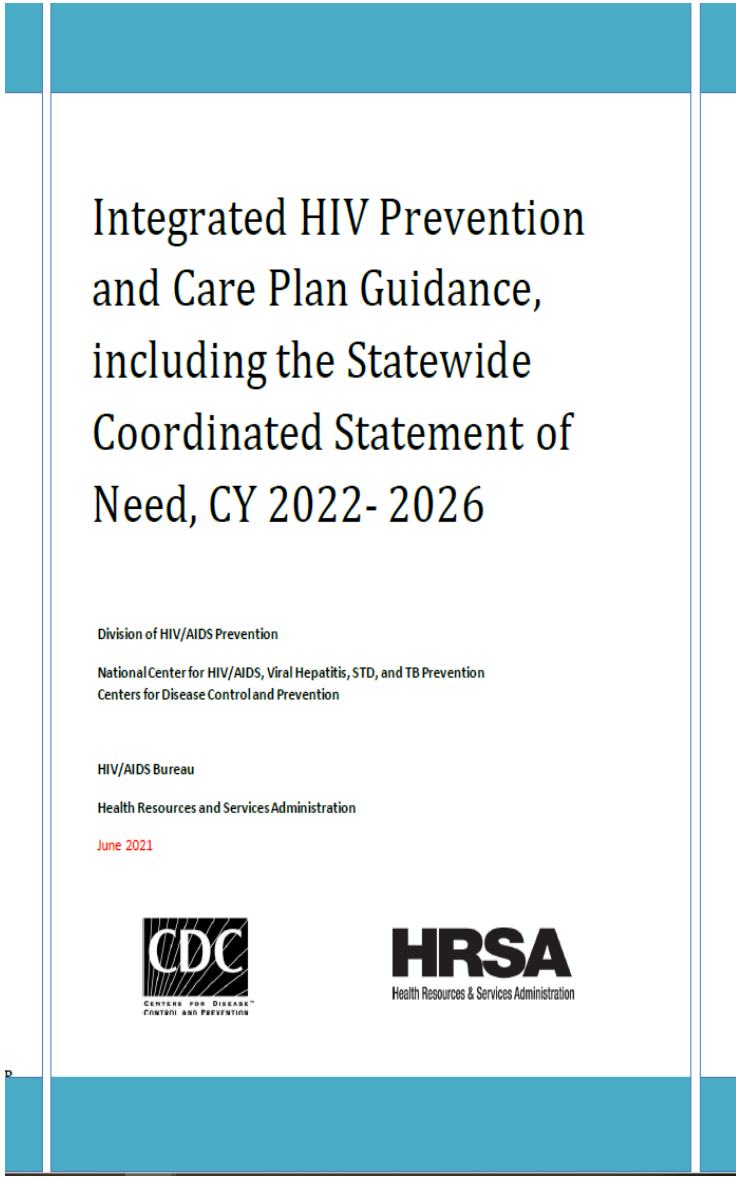
To promote health and quality of life by preventing HIV infection and reducing HIV-related illness and death in the United States

Background

INTEGRATED HIV PREVENTION AND CARE PLAN, INCLUDING THE STATEWIDE COORDINATED STATEMENT OF NEED (SCSN)



In 2015, the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) released joint guidance to support the submission of an Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN), a legislative requirement for Ryan White HIV/AIDS Program (RWHAP) Parts A and B recipients.



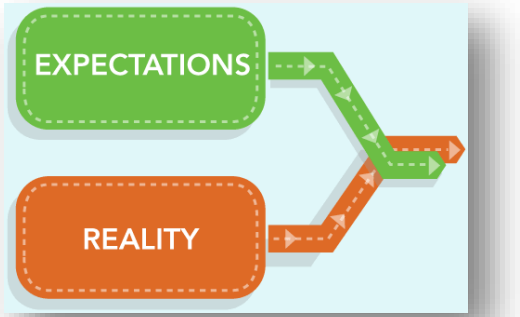
Background

The Integrated Plan Guidance built upon CDC and HRSA's efforts to:

- Further reduce reporting burden and duplicated efforts experienced by grant recipients,
- Streamline the work of health department staff and HIV planning groups, and
- Promote collaboration and coordination in the use of data, in community engagement, and in designing systems of HIV prevention and care.

All of which inform HIV prevention and care program planning, resource allocation, evaluation, and continuous quality improvement efforts to meet the HIV prevention and care needs in jurisdictions.

Joint Expectations



Reflect the community's vision regarding how best to deliver HIV prevention and care services.

Details how various plans (including Ending the Epidemic Plans) work together in a jurisdiction to further goals set in National HIV/AIDS Strategy (NHAS).

Are used by CDC and HRSA recipients and their HIV planning bodies as living documents serving as roadmaps to guide each jurisdictions HIV prevention and care service planning throughout the year.

CDC and HRSA do not expect our recipients to submit revisions of their Integrated Plans unless requested, however, we do expect to receive updates on progress on Plan outcomes through routine monitoring and reporting.

RWHAP Statutory Requirements for RWHAP Part A and Part B

Develop *a comprehensive plan for the organization and delivery of health and support services*, Section 2602(b)(4)(D) and Section 2617(b)(5)

- Strategies for early identification of individuals who know their HIV status and are not receiving services,
- Coordination with HIV prevention and substance use prevention/treatment service providers,
- Coordination across RWHAP Parts,
- Community input that includes the RWHAP Part A planning council and Part B planning bodies

Include a s*tatewide coordinated statement of need (SCSN),* Section 2602(b)(4)(F) and Section 2617(6)

- Led by RWHAP Part B but all parts required to participate
- Legislation includes a list of entities that must participate (minimum participation): section 2617(b)(6) and (7)
- Generally includes an assessment of needs, barriers to care, and gap in the service delivery system
- Meant to inform the comprehensive plan

CDC Programmatic Planning Requirements

Develop partnerships to conduct HIV prevention and care planning.

Jurisdictions should establish and maintain an HIV planning group (HPG).

- Include a process that entails engaging partners and stakeholders in prevention and care planning, improving the scientific basis of program decisions, and targeting resources to those communities at highest risk for HIV transmission and acquisition.

Develop, monitor, and update the jurisdiction's 2022-2026 CDC and HRSA Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement part of the planning process.

- The plan is to assist with identifying ways to measure progress toward goals and objectives, selecting strategies, and analyzing information to inform decision-making and improve HIV prevention, care, and treatment efforts within the jurisdiction.

CDC Programmatic Planning Requirements (continued)

All jurisdictions must have an active Integrated HIV Prevention and Care Plan in place.

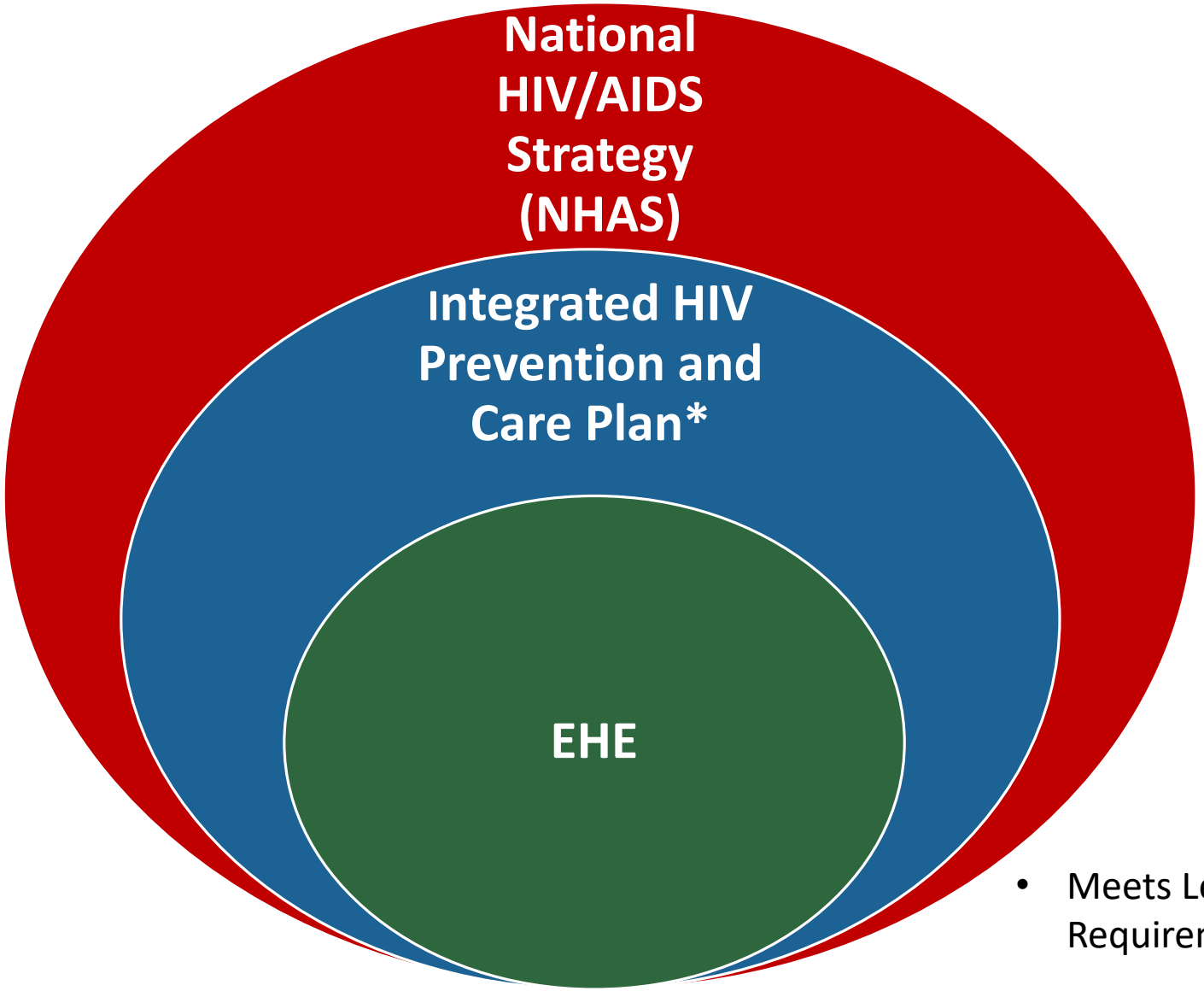
- Reviewing and monitoring the Plan should be an ongoing activity by the Planning Bodies.
- Updates to the Integrated HIV Prevention and Care Plan will be submitted on an annual basis through the performance report.

Develop HIV prevention and care networks for increased coordination of, availability of, and access to comprehensive HIV prevention, treatment, and support services.

Integrated HIV Prevention and Care, including the Statewide Coordinated Statement of Need, CY 2022-2026

OVERVIEW

Connection to National Initiatives & Plans



Other Programmatic Applications or Submissions

- Meets Legislative and Programmatic Requirements for CDC DHP and HRSA HAB

Resources and Updates National Initiatives

The White House's Office of National AIDS Policy (ONAP) plans to release an update to NHAS by December 1, 2021.

- Recipients should review the updated plan and incorporate its vision into their Integrated Planning.
- To get a copy of the National strategy go to HIV.gov.

For a list of Federal Resources to consider refer to Appendix 5 of the Integrated Plan Guidance

Appendix 5

Federal Strategic Plans and Resources

Federal Strategic Planning Documents

- Healthy People 2030: Sets data-driven national objectives to improve health and well-being over the next decade.
- HIV National Strategic Plan: A Roadmap to End the HIV Epidemic (2021– 2025): Roadmap for ending the HIV epidemic in the United States, with a 10-year goal of reducing new HIV infections by 90% by 2030.
- Sexually Transmitted Infections National Strategic Plan for the United States (2021– 2025): Groundbreaking, first ever five-year plan that aims to reverse the recent dramatic rise in STIs in the United States
- Viral Hepatitis National Strategic Plan: A Roadmap to Elimination 2021-2025: Provides a framework to eliminate viral hepatitis as a public health threat in the United States by 2030.
- HHS Ending the HIV Epidemic (EHE): A Plan for America Initiative: EHE aims to reduce the number of new HIV infections in the United States by at least 90% to fewer than 3,000 per year.

Federal HIV Funding Resources

This non-exhaustive list provides web sites to assist with identifying federal HIV funding resources in U.S. jurisdictions.

General

Key Design Elements

Coordinate HIV prevention and care activities by assessing resources and service delivery gaps and needs across HIV prevention and care.

Address requirements for planning, community engagement and coordination established by the RWHAP legislation as well as programmatic planning and community engagement requirements established by both HRSA and CDC through guidance.

Improve health outcomes along the HIV care continuum by using data to prioritize those populations where systems of care are not adequately addressing high HIV morbidity and/or lower than average viral suppression rates.

Additional Design Elements

Promote a status neutral approach, where testing serves as an entry point to services regardless of a positive or negative HIV test, to improve HIV prevention and care outcomes.

Reduce recipient burden by allowing recipients to submit portions of other significant planning documents (e.g., EHE Plans, Fast Track Cities, Getting to Zero, or Cluster and Outbreak Detection and Response plans) to meet Integrated Plan requirements and by aligning submission requirements and dates across HIV prevention and care funding.

Advance health equity and racial justice by ensuring that government programs promote equitable delivery of services and engage people with lived experience in service delivery system design and implementation.

Overview of Integrated HIV Prevention and Care Guidance

Significant Changes

Planning Coordination

- Reduces recipient burden by allowing submissions from other national plans (e.g., EHE and Getting to Zero plans)
- Incorporates goals from other guiding national documents

Checklist Format

- Allows for a variety of submission formats by asking recipient to use the checklist to identify location of the submission requirement

HIV Integrated Plan Guidance Table of Contents

Executive Summary

Section I: Introduction

- Relationship to other National Plans and Initiatives
- National Framework for Ending the HIV Epidemic

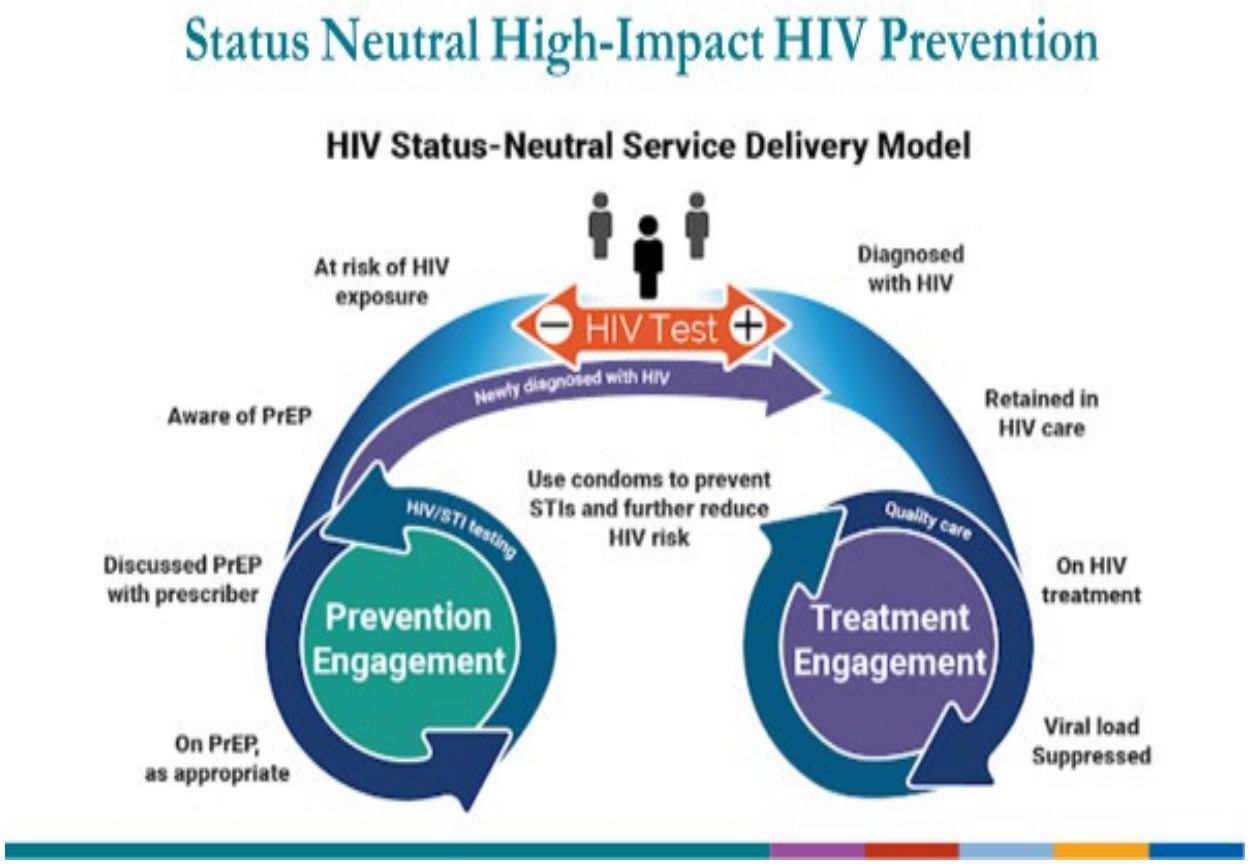
Section II: Planning Requirements and Submission Guidelines

- HIV Planning Requirements
- Integrated Plan Development
- Submission
- Monitoring

Appendices

1. CY 2022-2026 CDC DHP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist
2. Examples of Goal Structure
3. Examples of Key Stakeholders and Community Members
4. Suggested Data Sources
5. Federal Strategic Plans and Resources
6. Sample Letter of Concurrence or Concurrence with Reservations between Planning Body and State or Local Health Department or Funded Agency

Key Concepts to Consider for Integrated Planning
Why A Status Neutral Approach?



The status neutral approach:

- Highlights HIV testing as a gateway to prevention services.
- Acknowledges that people who benefit from HIV prevention services have similar needs and barriers regardless of the outcome of their HIV test.
- Promotes the same engagement of priority populations in the provision of HIV prevention and care services regardless of HIV status.

Key Concepts to Consider for Integrated Planning
Addressing Syndemics

The interacting, synergistic effect of linked health conditions such as HIV, viral hepatitis, STIs and substance use and mental health disorders that contribute to excess burden of disease in a population is know as a syndemic.

Services should account for the synergies of syndemic conditions (e.g., STIs, viral hepatitis, substance use) and should be delivered in a status neutral way to avoid promulgating institutionalized HIV status-related stigma.

This framework acknowledges that prevention and care/treatment together contribute to reducing HIV-related morbidity, mortality, and health disparities.

Key Concepts to Consider for Integrated Planning
Inclusion of Bold and Innovative Models of Care

"....address the ongoing and emerging challenges to HIV prevention, care, and treatment, including expanding the types of community and clinical sites that address HIV to help reach and engage people in need of services; supporting retention in HIV prevention and care services....."

National Strategic Plan: A Roadmap to End the Epidemic for the United States, 2021-2025

CY 2022-2026 CDC DHP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist

How To Use The Checklist

Checklist details submission requirements for jurisdictions including RWHAP legislative requirements and SCSN

Allows recipient to create an Integrated Plan that meets local needs

Asks recipients to identify page number(s) within the document/plan where the requirement is listed.

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed

Section I: Executive Summary of Integrated Plan and SCSN

Purpose: To provide a description of the Integrated Plan, including the SCSN and the approach the jurisdiction used to prepare and package requirements for submission

Section Components

- Executive Summary of Integrated Plan and SCSN
- Approach
- Documents Submitted to Meet Requirements

Tips for Meeting this Requirement

- Write the summary with enough detail to ensure the reader understands how you have met Integrated Plan requirements.
- If you are using a combination of new and existing materials, be sure to describe how submitted materials relate to each other.

Section II: Community Engagement and Planning Process

Purpose: To describe how the jurisdiction approached the planning process, engaged community members and stakeholders, and fulfilled legislative and programmatic requirements including:

- SCSN
- RWHAP Part A and B planning requirements, including those requiring feedback from key stakeholders and people with HIV
- CDC planning requirements

Section II: Community Engagement and Planning Process – Section Components

1. Jurisdiction Planning Process
2. Entities Involved in Planning Process
3. Role of RHWAP Part A Planning Council/Planning Body
4. Role of Planning Bodies and Other Entities
5. Collaboration with RWHAP Parts – SCSN requirement
6. Engagement of People with HIV – SCSN requirement
7. Priorities
8. Updates to Other Strategic Plans Used to Meet Requirements

Section II: Community Engagement and Planning Process – Tips For Meeting This Requirement

Review of the NHAS updates, when released.

This requirement may include submission of portions of other submitted plans including the EHE plan submitted as a deliverable for PS19-1906.

Be sure to provide adequate detail to confirm compliance with legislative and programmatic planning requirements.

The community engagement process should reflect the local demographics.

The planning process should include key stakeholders and broad-based communities that include but are not limited to: people with HIV, funded-service providers, and stakeholders, especially new stakeholders, from disproportionately affected communities.

Explain how the jurisdiction will build collaborations among systems of prevention and care relevant to HIV in the jurisdictions (e.g., behavioral health and housing services).

Include community engagement related to “Respond” and support of cluster detection activities.

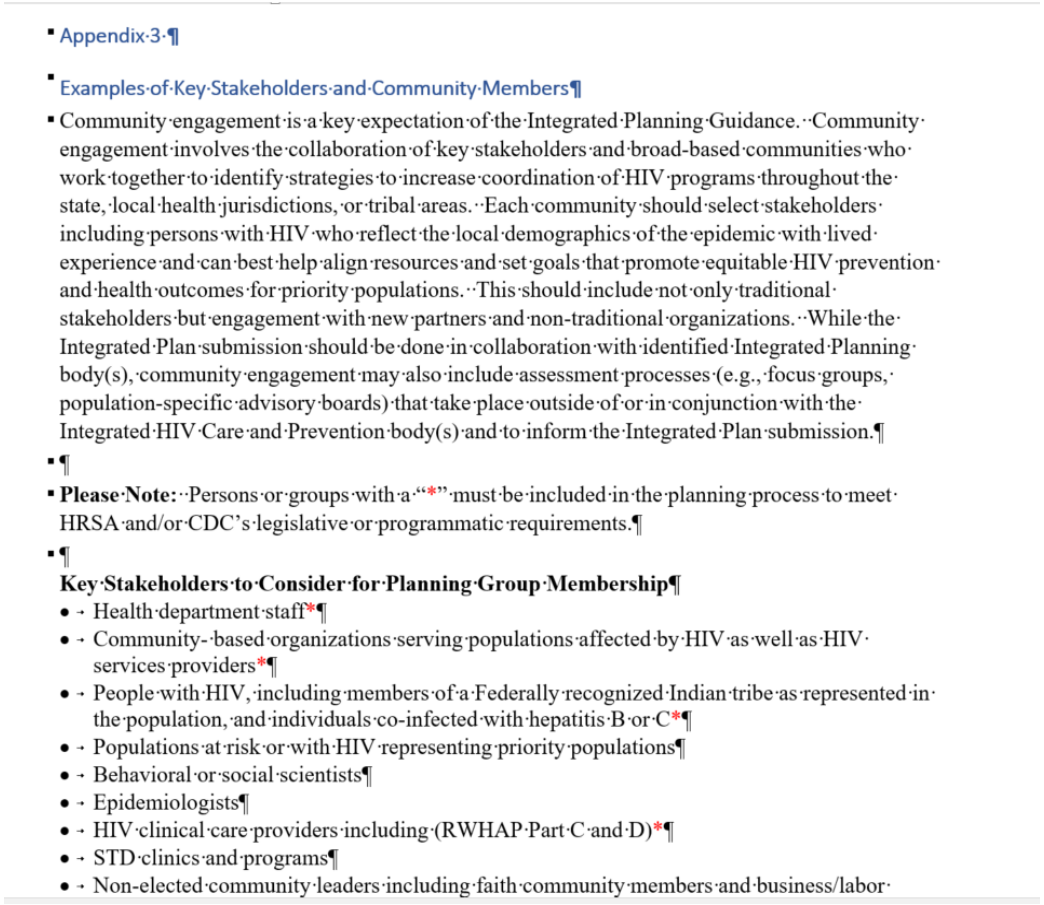
Appendix 3: Examples of Key Stakeholders and Community Members

Provided as a resource within the Integrated Plan Guidance for Section II

Lists key stakeholders for planning highlighting those required by RWHAP legislation

Lists examples of ways to get input from stakeholders and community members outside of planning bodies

Integrated Planning Requires Stakeholder and Community Engagement!



Appendix 3

Examples of Key Stakeholders and Community Members

Community engagement is a key expectation of the Integrated Planning Guidance. Community engagement involves the collaboration of key stakeholders and broad-based communities who work together to identify strategies to increase coordination of HIV programs throughout the state, local health jurisdictions, or tribal areas. Each community should select stakeholders including persons with HIV who reflect the local demographics of the epidemic with lived experience and can best help align resources and set goals that promote equitable HIV prevention and health outcomes for priority populations. This should include not only traditional stakeholders but engagement with new partners and non-traditional organizations. While the Integrated Plan submission should be done in collaboration with identified Integrated Planning body(s), community engagement may also include assessment processes (e.g., focus groups, population-specific advisory boards) that take place outside of or in conjunction with the Integrated HIV Care and Prevention body(s) and to inform the Integrated Plan submission.

Please Note: Persons or groups with a "*" must be included in the planning process to meet HRSA and/or CDC's legislative or programmatic requirements.

Key Stakeholders to Consider for Planning Group Membership

- Health department staff*
- Community-based organizations serving populations affected by HIV as well as HIV services providers*
- People with HIV, including members of a Federally recognized Indian tribe as represented in the population, and individuals co-infected with hepatitis B or C*
- Populations at risk or with HIV representing priority populations
- Behavioral or social scientists
- Epidemiologists
- HIV clinical care providers including (RWHAP Part C and D)*
- STD clinics and programs
- Non-elected community leaders including faith community members and business/labor

Section III: Contributing Data Sets and Assessments

Purpose: To analyze the qualitative and quantitative data used by the jurisdiction to describe how HIV impacts the jurisdiction; to determine the services needed by clients to access and maintain HIV prevention, care and treatment services; to identify barriers for clients accessing those services; and to assess gaps in the service delivery system.

This section fulfills several legislative requirements including:

- SCSN
- RWHAP Part A and B planning requirements including those requiring feedback from key stakeholders and people with HIV
- CDC planning requirements

Section III: Contributing Data Sets and Assessments – Section Components

1. Data Sharing and Use
2. Epidemiologic Snapshot
3. HIV Prevention, Care and Treatment Resource Inventory
4. Strengths and Gaps
5. Approaches and Partnerships
6. Needs Assessment
    1. Priorities
    2. Actions Taken
    3. Approach

Section III: Contributing Data Sets and Assessments Tips For Meeting This Requirements

This requirement may include submission of portions of other submitted plans including the EHE plan submitted as a deliverable for PS19-1906. *Please ensure that if using a previously developed plan that the data included describes the entire jurisdiction and not just a subsection of the jurisdiction such as an EHE priority county*.

Provide adequate detail to confirm compliance with legislative and programmatic planning requirements.

Include both narrative and graphic depictions of the HIV-related health disparities in the area including information about HIV outbreaks and clusters.

The data used in this section should inform both the situational analysis and the goals established by the jurisdiction.

Appendix 4: Suggested Data Sources

Provided as a resource within the Integrated Plan Guidance for Section III

Pulls together a list of data sources and resources from both HRSA and CDC for you to consider using in identifying priority populations and areas of focus

Integrated Planning Should Be A Highly Data-Driven Process!

- Appendix 4¶
- Suggested Data Sources¶

¶

Suggested Data Sources:¶

- Behavioral surveillance data, including databases such as National HIV Behavioral Surveillance System (NHBS), Youth Risk Behavioral Surveillance System (YRBSS), Behavioral Risk Factor Surveillance System (BRFSS) (e.g., patterns of, or deterrents to, HIV testing, substance use and needle sharing, sexual behavior, including unprotected sex, sexual orientation and gender identity, healthcare-seeking behavior, trauma or intimate partner violence, and adherence to prescribed antiretroviral therapies)¶
- HIV surveillance data, including clinical data (e.g., CD4 and viral load results) and HIV cluster detection and response data. HIV Surveillance Report, Supplemental Reports, and Data Tables: https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html¶
- STI surveillance data¶
- HIV testing program data (e.g., data from Early Identification of Individuals with HIV/AIDS for RWHAP Parts A and B Grantees; CDC HIV testing data)¶
- NCHHSTP AtlasPlus (HIV, STD, Hepatitis, TB, and Social Determinants): https://www.cdc.gov/nchhstp/atlas/index.htm?s_cid=ss_AtlasPlusUpdate001¶
- Medical Monitoring Project: https://www.cdc.gov/hiv/statistics/systems/mmp/index.html¶
- Ryan White HIV/AIDS Program data (Ryan White HIV/AIDS Program Services Report; ADAP Data Report): https://hab.hrsa.gov/data/data-reports¶
- AHEAD: America's HIV Epidemic Analysis Dashboard: https://ahead.hiv.gov/¶
- HOPWA EHE Planning Tool: https://ahead.hiv.gov/resources¶
- Other relevant demographic data (i.e., Hepatitis B or C surveillance, tuberculosis surveillance, and substance use data)¶
- Qualitative data (e.g., observations, interviews, discussion groups, focus groups, and analysis of social networks)¶
- Vital statistics data (e.g., state office of vital statistics, National Death Index, Social Security Death Master File)¶
- Other Federal Data Sources (e.g., Medicaid Data, HOPWA Data, VA Data)¶
- Local Data Sources (e.g., Department of Corrections, Behavioral Health services data

Section IV: Situational Analysis

Purpose: To provide an overview of strengths, challenges, and identified needs with respect to several key aspects of HIV prevention and care activities. This snapshot should synthesize information from the Community Engagement and Planning Process in Section II and the Contributing Data sets and Assessments detailed in Section III.

Section Components

1. Situational Analysis
2. Priority Populations

Section IV: Situational Analysis – Tips for Meeting This Requirement

New or existing material may be used; however, existing material will need to be updated if used.

This section not only provides a snapshot of the data and environment for goal-setting but meets the RWHAP legislative requirement for the SCSN.

Jurisdictions may submit the Situational Analysis submitted as part of their EHE Plan to fulfill this requirement. *However, it must include information for the entire HIV prevention and care system and not just the EHE priority area or service system.* If using EHE plans to fulfill this requirement, be sure to include updates as noted.

The analysis should include an examination of priority populations and the environmental, social and structural factors that impact optimal HIV prevention and care for these communities.

Section V: 2022-2026 Goals and Objectives

Purpose: To detail goals and objectives for the next 5 years. Goals and objectives should reflect strategies that ensure a unified, coordinated approach for all HIV prevention and care funding.

Should be in SMART (i.e., specific, measurable, achievable, realistic, timely) format

Structured to include strategies that accomplish the following:

- *Diagnose* all people with HIV as early as possible
- *Treat* people with HIV rapidly and effectively to reach sustained viral suppression
- *Prevent* new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and syringe services programs (SSPs)
- *Respond* quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Section V: 2022-2026 Goals and Objectives – Section Components and Tips

Section Components:

1. Goals and Objectives Description
2. Updates to Other Strategic Plans Used to Meet Requirements

Tips for Meeting this Requirement:

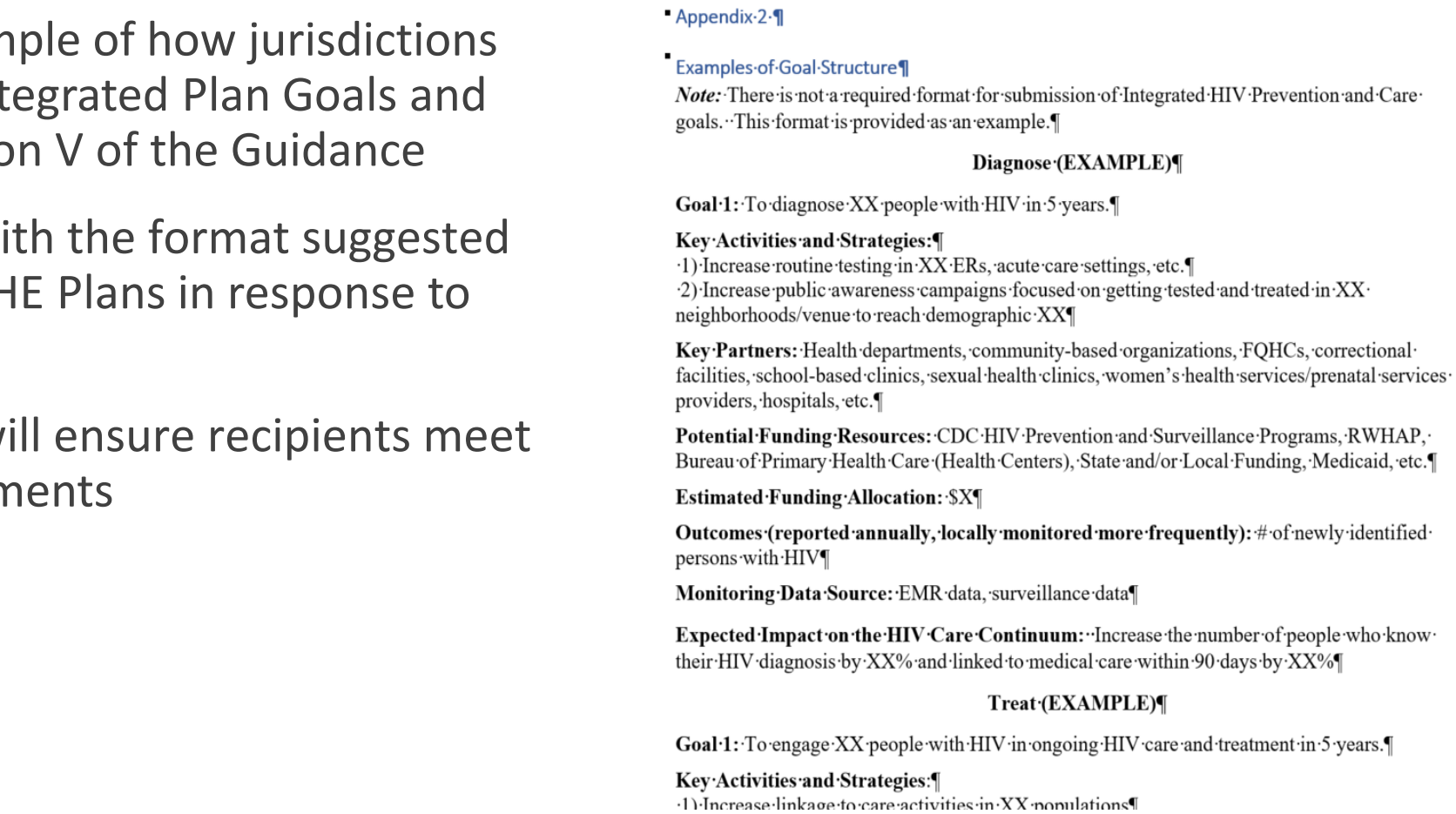
- *Recipients may submit plans (e.g., EHE, Getting to Zero, Cluster and Outbreak Detection and Response plan) for this requirement as long as it sets goals for the entire HIV prevention and care delivery system and geographic area*
- The plan should include goals that address both HIV prevention and care needs and health equity

Appendix 2: Example of Goal Structure

Provided as an example of how jurisdictions may submit their Integrated Plan Goals and Objectives for Section V of the Guidance

The format aligns with the format suggested for completion of EHE Plans in response to PS 19-1906

Use of the format will ensure recipients meet submission requirements



Appendix 2

Examples of Goal Structure

Note: There is not a required format for submission of Integrated HIV Prevention and Care goals. This format is provided as an example.

Diagnose (EXAMPLE)

Goal 1: To diagnose XX people with HIV in 5 years.

Key Activities and Strategies:
1) Increase routine testing in XX ERs, acute care settings, etc.
2) Increase public awareness campaigns focused on getting tested and treated in XX neighborhoods/venue to reach demographic XX

Key Partners: Health departments, community-based organizations, FQHCs, correctional facilities, school-based clinics, sexual health clinics, women's health services/prenatal services providers, hospitals, etc.

Potential Funding Resources: CDC HIV Prevention and Surveillance Programs, RWHAP, Bureau of Primary Health Care (Health Centers), State and/or Local Funding, Medicaid, etc.

Estimated Funding Allocation: $X

Outcomes (reported annually, locally monitored more frequently): # of newly identified persons with HIV

Monitoring Data Source: EMR data, surveillance data

Expected Impact on the HIV Care Continuum: Increase the number of people who know their HIV diagnosis by XX% and linked to medical care within 90 days by XX%

Treat (EXAMPLE)

Goal 1: To engage XX people with HIV in ongoing HIV care and treatment in 5 years.

Key Activities and Strategies:
1) Increase linkage to care activities in XX populations

Section VI: 2022-2026 Integrated Planning Implementation, Monitoring, and Jurisdictional Follow Up

Purpose: To describe the infrastructure, procedures, systems, and/or tools that will be used to support the key phases of integrated planning. In this section jurisdictions will detail how best to ensure the success of Integrated Plan goals and objectives through the following 5 key phases:

- Implementation
- Monitoring
- Evaluation
- Improvement
- Reporting and Dissemination

Section VI: Integrated Planning Implementation, Monitoring, and Jurisdictional Follow Up – Section Components

1. 2022-2026 Integrated Planning Implementation Approach
   a. Implementation
   b. Monitoring
   c. Evaluation
   d. Improvement
   e. Reporting and Disseminations
   f. Updates to Other Strategic Plans Used to Meet Requirements

Section VI: Integrated Planning Implementation, Monitoring, and Jurisdictional Follow Up – Tips for Meeting the Requirements

This requirement may require the recipient to create some new material or expand upon existing materials.

Include sufficient descriptive detail for each of the 5 key phases to ensure that all entities understand their roles and responsibilities, and concur with the process.

If you are submitting portions of a different jurisdictional plan to meet this requirement, you should include updates that describe steps the jurisdiction has taken to accomplish each of the 5 phases.

Section VII: Letters of Concurrence

Purpose: Provide letters of concurrence or concurrence with reservation. Each letter should specify how the planning body was involved in the Integrated Plan development. Include a letter of concurrence for each planning body in the state/territory or jurisdiction.

Planning Bodies to consider/include for letters of concurrence

- CDC Prevention Program Planning Body Chair(s) or Representative(s)
  - **Note:** This should include the CDC Prevention Program Planning Body Community Co-Chair or Representatives(s)
- RWHAP Part A Planning Council/Planning Body(s) Chair(s) or Representative(s)
  - **Note:** This should include the RWHAP Part A Planning Council Community Chair or Representative
- RWHAP Part B Planning Body Chair or Representative
- Integrated Planning Body
- EHE Planning Body

Appendix 6: Sample Letter of Concurrence

Provided as an example or template for jurisdictions to use when seeking concurrence from planning bodies

Remember Letters of Concurrence must be included in the Integrated HIV Prevention and Care Plan submission

Appendix 6

Sample Letter of Concurrence or Concurrence with Reservations between Planning Body and State or Local Health Department or Funded Agency

Dear (Name):

The [insert name of Planning Body, e.g. planning council, advisory council, HIV planning group, planning body] [insert ***concurs or concurs with reservations***] with the following submission by the [insert name of State/Local Health Department/ Funded Agency] in response to the guidance set forth for health departments and HIV planning groups funded by the CDC's Division of HIV/AIDS Prevention (DHAP) and HRSA's HIV/AIDS Bureau (HAB) for the development of an Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN) for calendar year (CY) 2022-2026.

The planning body (e.g. planning council, advisory council, HIV planning group, planning body) has reviewed the Integrated HIV Prevention and Care Plan submission to the CDC and HRSA to verify that it describes how programmatic activities and resources are being allocated to the most disproportionately affected populations and geographical areas with high rates of HIV. The planning body [insert ***concurs or concurs with reservations***] that the Integrated HIV Prevention and Care Plan submission fulfills the requirements put forth by the CDC's Notice of Funding Opportunity for Integrated HIV Surveillance and Prevention Programs for Health Departments and the Ryan White HIV/AIDS Program legislation and program guidance.

[Insert the process used by the planning body to provide input or review the jurisdiction's plan.]

[If applicable, insert how jurisdictions with directly funded states and cities plan to coordinate their HIV Planning process.]

The signature(s) below confirms the [insert ***concurrence or concurrence with reservations***] of the planning body with the Integrated HIV Prevention and Care Plan.

Signature: .... Date:

Planning Body Chair(s)

Submission Requirements

Submission Expectations

Each HRSA and CDC-funded jurisdiction needs to participate in the completion and submission of an Integrated Plan.

The Integrated Plan should include information on who is responsible for developing the Integrated Plan within the jurisdiction (i.e., RWHAP Part A planning councils/body(ies), RWHAP Part B advisory groups, and CDC HIV planning bodies).

The Integrated Plan should define and provide the goal(s), which allows the jurisdiction to articulate its approach for how it will address HIV prevention, care, and treatment needs in its service areas and accomplish the goals of the HIV National Strategic Plan.

Integrated Plan Types

Integrated state/city prevention and care plan
- RWHAP Part A and B plans
- CDC-funded state and local health departments

Integrated state-only prevention and care plan
- RWHAP Part B only
- CDC-Funded state health department
- RWHAP Part A and/or CDC- funded local health departments submit separately
- Actions should be coordinated with city-only plans to prevent duplication and leverage resources

Integrated city-only prevention and care plan
- RWHAP Part A only
- CDC-funded local health department
- RWHAP Part B and/or CDC-funded state health department submit separately
- Actions should be coordinated with state-only plans to prevent duplication and leverage resources

All plans should integrate HIV prevention and care!

Submission Requirements

Submissions due to CDC DHP and HRSA HAB ***no later than 11:59 PM ET on December 9, 2022***

Submissions should be no longer than 100 pages not including the completed checklist and no smaller than 11pt font

Required components of submission

- Integrated HIV Prevention and Care Plan Submission
- Completed *CY 2022 – 2026 CDC DHP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist*
- Signed letter(s) from the HIV planning group/body indicating concurrence, concurrence with reservations, or non-concurrence with the plan

HRSA and CDC will provide more details at a later date about where to submit completed plans

Monitoring Expectations for Jurisdictions

As part of plan jurisdictions must outline a plan to regularly monitor and update their Integrated Plan through 2026

Must include ongoing community engagement and inclusion of planning bodies to:

- Provide updates on the Integrated Plan
- Solicit and utilize feedback to improve the Integrated Plan

Must be reviewed ***at least annually***

Next Steps

REVIEW PROCESS

Joint Review Process

CDC and HRSA will have a joint review process:

- Process will incorporate feedback from jurisdictions on prior joint plan review processes including prior Integrated Plan and EHE Plan reviews
- CDC and HRSA staff will summarize review observations, identify potential issues and strengths, and provide feedback on required sections of the Integrated Plan submission

Monitoring of the Integrated Plan

CDC and HRSA will engage in monitoring activities both independently and jointly.

Recipients will use established reporting requirements (i.e., applications, annual progress reports) to document progress on achieving the objectives presented in the Integrated Plan.

Monitoring will include updates on recipients plan to monitor and evaluate implementation of the goals, strategies, and objectives.

CDC and HRSA project officers will continue to monitor progress during regularly scheduled calls and will conduct periodic joint monitoring calls with recipients.

Technical Assistance (TA) Opportunities and Additional Resources

HRSA and CDC TA Collaboration

In order to facilitate the partnership and coordination between CDC and HRSA funded TA opportunities, we request that all recipients contact both their CDC and HRSA Project Officer to request technical assistance around integrated planning or plan development.

Integrated HIV/AIDS Planning Technical Assistance Center (IHAP TAC)

The purpose of this cooperative agreement is to provide technical assistance to Ryan White HIV/AIDS Program (RWHAP) Parts A and B recipients and their planning bodies regarding the:

- Integration of HIV planning across systems of HIV prevention and care within their jurisdiction;
- Development, implementation, monitoring, evaluation, and improvement of Integrated HIV Prevention and Care Plans (IPs), including Statewide Coordinated Statements of Need (SCSN), submitted to HRSA and CDC in response to legislative and programmatic requirements.

Integrated HIV/AIDS Planning Technical Assistance Center (IHAP TAC)

SUPPORTS

Ryan White HIV/AIDS Program Parts A & B recipients and planning bodies

CONDUCTS

national and targeted training and technical assistance activities

FOCUSES

on integrated planning including implementation and monitoring of Integrated HIV Prevention and Care Plans

Support Available through the IHAP TAC

- **Integrating HIV prevention and care** at all levels
- **Strategies for implementing** Integrated Plan activities
- **Publicizing and disseminating progress** of Integrated Plan activities to stakeholders
- **Identifying roles and responsibilities** for Integrated Plan activity implementation
- **Monitoring and improving** Integrated Plan activities
- **Collaborating** across jurisdictions

How to Contact the IHAP TAC Team

NASTAD is funded to provide technical assistance (TA) to health departments.

- Partnerships & Collaboration
- Resources & Communication
- Convenings & Site Visits
- Policy Analysis & Intepretation
- Direct TA

Integrated Planning TA

NASTAD partners with JSI to supplement their existing “Integrated HIV/AIDS Planning Technical Assistance Center”.

- **JSI:** IP TA provision for all jurisdictions
- **NASTAD:** IP TA provision specific to Phase 1 EHE jurisdictions

Recipients who have already conducted extensive planning processes as part of the development of their EHE awards and in conjunction with CDC’s PS19-1906 program or through other jurisdictional efforts (e.g., Getting to Zero plans, Fast Track Cities, Cluster and Outbreak Detection and Response plans) may submit portions of those plans to satisfy this Integrated Plan Guidance as long as the Integrated Plan submission addresses the broader needs of the geographic jurisdiction and applies to the entire HRSA and CDC HIV funding portfolio.

- Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022- 2026

Integrated Planning TA by NASTAD PS19-1906A

NASTAD provides proactive and responsive TA services to meet emerging needs for Phase 1 EHE jurisdictions:

TA methods include:

- Open forum “Office Hours” specific to integrated planning
- Webinars and resource development
- Dissemination of model peer jurisdictional integrated plans
- Peer-to-peer mentorship
- Liaising between health departments and federal partners to address overarching concerns
- Virtual or in-person TA convenings (e.g.: boot camps)
- Additional strategies as needs arise

Learn more about NASTAD TA services: https://www.nastad.org, click red button, “Request Training & TA”

Regional TA Services via CDC Capacity Building Assistance Provide Network: PS19-1904

The Capacity Building Assistance Provider Network (CPN) offers tailored regional TA to meet HIV prevention workforce capacity building needs:

- Address challenges to effectively plan, integrate, implement, and sustain HIV prevention programs and services
- Support and facilitate long-term working relationships at the local level
- Learn more about all CBA services: **https://www.cdc.gov/hiv/capacity-building-assistance/index.html**

Regional TA Services via CDC Capacity Building Assistance Provider Network: PS19-1904

The regional TA may include the following activities:

- Mentoring
- Consultation
- Demonstration
- Skills building
- Information dissemination
- Resource development and sharing
- Peer-to-peer learning opportunities

Requesting CDC CBA/TA Services

CDC directly-funded organizations

- Consult with your CDC Project Officer
- Use your current login IDs and passwords to access the system
- Access CTS at: https://wwwn.cdc.gov/CTS
- Once in CTS, there are a few fields to complete, and you will be on your way to FREE, customized services from a regional TA provider in your region of the country!

Organizations that are not directly-funded by CDC

- Contact the CDC-funded health department in your jurisdiction to submit a CTS request for you
- Go to: https://wwwn.cdc.gov/CTS/Pages/Main/HDExternalInfo
- Click on your state to locate the contact person in the health department who can submit a request on your behalf
- For assistance with CTS, contact cdccts@cdc.gov

Frequently Asked Questions

Frequently Asked Questions- Why Use EHE Pillars?

If the National HIV Strategy sets the national priorities for HIV prevention and care services and the Integrated Plan sets the funding strategies for all of a jurisdiction's CDC and HRSA awards, why is the Integrated Plan set up to mirror the EHE pillars?

To reduce the recipient planning and reporting burden!

If the jurisdiction's EHE Plan in response to PS-19-1906 covered all of CDC and HRSA funding, the jurisdiction may use portions of it to satisfy Integrated Planning requirements.

Format should prepare jurisdictions not currently funded through the EHE initiative for future EHE expansion

Frequently Asked Questions- When Is the Plan to be Implemented?

The guidance states the plan should include goals and objectives for CY 22-26, but the plans are not due to be submitted until December of 2022. How can the plan activities be implemented in CY 22?

In order to develop the Integrated Plan, activities such as convening stakeholders, analyzing data, and developing goals and objectives through CY26, need to occur in CY22. The submitted plan should include these activities and speak to the goals and activities that will occur after submission of the plan.

Important Dates

Timeline

Integrated CDC HRSA Prevention and Care Guidance disseminated – June 2021

Informational Webinar – October 27, 2021

Updated CDC and HRSA Epi Profile Guidance – January/February 2022

Ongoing technical assistance activities (e.g., webinars, boot camp sessions, direct technical assistance) – Ongoing

Plans due to CDC and HRSA – ***No later than 11:59 PM ET on December 9, 2022***

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Learn more about our agency at:

www.HRSA.gov

Sign up for the HRSA eNews

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Learn more about CDC's HIV prevention efforts at:

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www.cdc.gov/hiv

Please also visit the PS18-1802 Health Department Funding Announcement at https://www.cdc.gov/hiv/funding/announcements/ps18-1802/index.html

Questions?

If you have questions related to:

- The Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026 or submission requirements
- Technical Assistance

Contact your CDC and HRSA Project Officers for Assistance!