

# Building and Sustaining the HIV Workforce: Rhode Island's Ryan White HIV/AIDS Program Goes to College

April 10, 2019

3:00 p.m. – 4:00 p.m. EDT



**INTEGRATED HIV/AIDS PLANNING**  
TECHNICAL ASSISTANCE CENTER





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**IHAP TAC**

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U69HA30144, Ryan White HIV/AIDS Program Integrated HIV Planning Implementation. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

# About the IHAP TAC

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## 3-year project

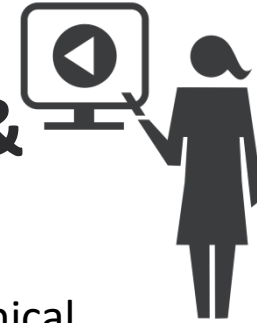
began  
July 1, 2016

## Supports

Ryan White  
HIV/AIDS Program  
Parts A & B  
recipients and their  
respective planning  
bodies with  
integrated planning  
including  
implementation of  
their Integrated HIV  
Prevention and  
Care Plans

## Conducts national & targeted

training and technical  
assistance activities



## Support available through the IHAP TAC

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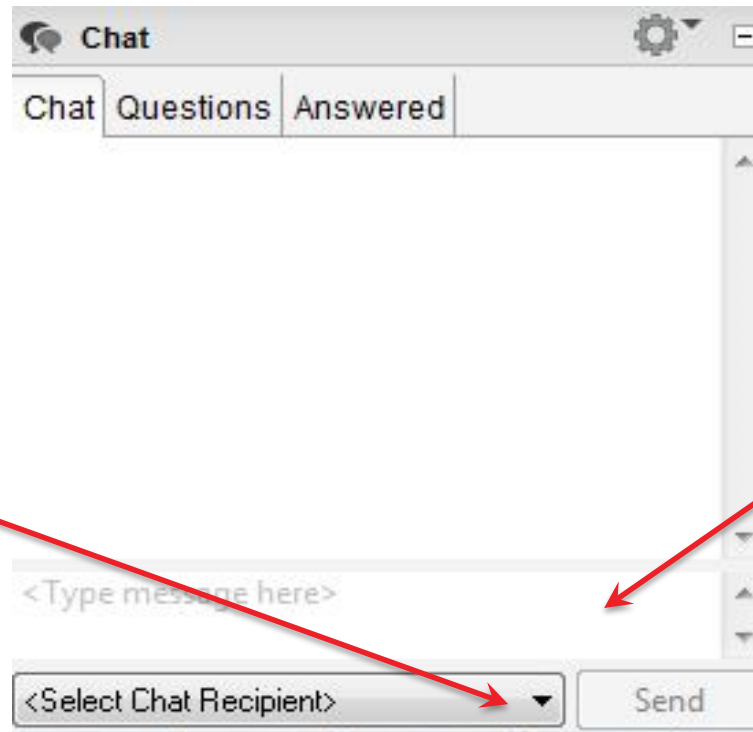
- **Integrating HIV prevention and care** at all levels
- **Strategies for implementing** Integrated Plan activities
- **Publicizing and disseminating progress** of Integrated Plan activities to stakeholders
- **Identifying roles and responsibilities** for Integrated Plan activity implementation
- **Monitoring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

# Chat Feature

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If you have questions during the call, please use the chat feature. To do so:

Use the drop down arrow to send your comments and/or questions to “Broadcast to All”



Chat comments and/or questions here, and please indicate which jurisdiction you're from.

# Webinar Objectives

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**Following the webinar, participants will be able to:**

1. Describe the current HIV workforce capacity in the U.S.
2. Describe the purpose of the human resources inventory.
3. Identify at least one way jurisdictions can build and sustain their HIV workforce.

# Today's Presenters

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**Stewart Landers**  
JSI, IHAP TAC



**Amy Black**  
JSI



**Tonya Glantz**  
Rhode Island College

# Overview of Workforce Capacity

**Stewart Landers**

IHAP TAC





# National HIV/AIDS Strategy: 2020 Goals

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## Four primary goals

1. Reduce new HIV infections
2. Increase access to care and optimize health outcomes for people living with HIV (PLWH)
3. Reduce HIV-related health disparities and health inequities

# CDC and HRSA's Alignment of Goals and Expectations Facilitates Integration

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- Integrated HIV Prevention and Care Plan Guidance, including Statewide Coordinated Statement of Need (SCSN) released in 2015 for 2017-2021 Integrated HIV Prevention and Care Plans.
- Integrated Plan is a **living document** serving as a roadmap to guide each jurisdiction's HIV prevention and care service planning throughout the year.
- An underlying goal of integrated planning is to better leverage resources and improve **efficiency and coordination** of HIV prevention and care service delivery.

# Integrated HIV Prevention and Care Plans: Human Resource Inventory

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The Human Resource Inventory is a tool for **identifying available human resources** to meet the HIV prevention, care, and treatment needs of its population as well as **resource gaps**.

## **HRSA Guidance requires jurisdictions to:**

- Define the current HIV workforce in the jurisdiction
- Describe current HIV workforce capacity
- Describe how current capacity impacts the HIV service delivery system

# Current State of HIV Workforce in the US

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## Supply:

- Aging providers
- Changing mix of providers
- Types of providers
- Racial, ethnic, and linguistic representation
- Geographical distribution

## Demand:

- PLWH living longer therefore steady increase in number of prevalent cases
- Complex health needs

# Aging Providers

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30%

of experienced HIV specialists  
—*many of those who have been involved since the start of the epidemic*—will retire by 2020\*

Higher rates of turnover projected for providers at RWHAP funded facilities than those in private practice+

\*American Academy of HIV Medicine (AAHIVM). New AAHIVM survey warns of looming workforce shortages in HIV Medicine. HIV Specialist. 2009;1(1):8-15.

+Weiser, et al. Qualifications, Demographics, Satisfaction, and Future Capacity of the HIV Care Provider Workforce in the United States, 2013-2014. Clin Infect Dis. 2016 Oct 1;63(7):966-975.

# Current State of HIV Workforce in the US

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- According to a HRSA study of high-volume HIV care providers, while a majority (91.7%) were physicians, non-physicians (nurse practitioners or physician assistants) spent nearly twice as much time (66.9% vs 30.4%) providing HIV care
- Access to HIV services has increased under the Affordable Care Act:
  - Increase in number of private physicians and safety-net clinics that have become HIV-related primary care providers for PLWH

# Types of Providers

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- **Clinical:** physicians, physician assistants, nurse practitioners, registered nurses, dental providers and clinical pharmacists
- **Non-Clinical:** social workers, psychologists, case managers, public health providers, community health workers, and other allied health professionals

# Lack of Racial and Ethnic Representation Among Providers

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Particular shortage of *Black* and *Hispanic* providers, relative to client demographics:

Race	Provider (%)	Patient (%)
White non-Hispanic	68.0	34.1
<b>Black non-Hispanic</b>	<b>8.3</b>	<b>45.0</b>
<b>Hispanic/Latinx</b>	<b>7.3</b>	<b>18.2</b>
Other/multiple race, non-Hispanic	16.3	2.7



# Geographical Distribution

Largest demand for services in the **South** and **Northeast**.

- Relatively few Southern states expanded services via ACA, so barriers to care still remain
- The South has “higher HIV diagnosis rates in suburban and rural areas as compared to other regions nationwide, which poses unique challenges to HIV prevention efforts”

Region	Provider (%)	Visits (%)
Northeast	28.1	28.4
<b>South</b>	<b>39.7</b>	<b>42.5</b>
Midwest	15.0	11.7
West	17.1	17.3

# HIV Workforce in Rhode Island

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- CoEXIST partners have indicated that they need more access to behavioral health providers, particularly those who can assist with drug user health (i.e., harm reduction) for HIV clients
  - Needs assessments: a key barrier to care is access to mental health services/substance use treatment

# Demand for HIV services

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PLWH have **complex** and **increasingly demanding** needs

HIV providers leaving the workforce outpacing those entering the workforce

- HRSA projected that the number of HIV-related visits would increase by 13.9% from 2010 to 2015 while number of HIV clinicians would drop by 5.5% in the same period
- Limited HIV-specific training opportunities for physicians and advanced practitioners

# Demand for HIV services (continued)

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**National HIV/AIDS Strategy: Updated to 2020** prioritizes testing and linkage to care, treatment adherence, as well as treatment as prevention

- Strategies require workforce training

# Strategies for Increasing Workforce

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## Expanding HIV Workforce

- Training primary care clinicians to provide HIV care including increasing the capacity at Federally Qualified Health Centers
- Shifting PLWH on suppressive HIV regimens to FQHC providers
- Integrating HIV care with primary care
- Training for midlevel providers and/or clinical staff

## Share the Care/Workflow Redesign

- Panel patients to care team, not single provider
- Implement team based care

# Strategies for Increasing Workforce, cont.

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## Co-management

- Patients continue to be assigned to both a primary care provider and an HIV specialist
- Patients with less complicated HIV are assigned only to a primary care providers, but providers have access to an HIV specialist for consultations
- Use community health workers to increase access to care, drug adherence, management of side effects, and cultural awareness
- In general, have providers work at the “top of their license”

# Resources

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## AIDS Education Training Centers

- **Mission:** To increase the number of healthcare professionals who are educated to counsel, diagnose, treat, and medically manage people living with HIV (PLWH), and to help prevent high risk behaviors that lead to HIV transmission
- **Resources:**
  - Free, expert advice on HIV prevention, treatment, PrEP, perinatal HIV, and substance use and hepatitis C management
  - Clinical reference guides
  - Online training courses and training materials

# Rhode Island HIV CoEXIST

**Amy Black**

JSI

**Tonya Glantz**

Rhode Island College





# What is Rhode Island HIV CoEXIST?

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The initiative: **Centers of Excellence Integrating HIV Care, Support and Treatment, Behavioral/Physical Health (CoEXIST).**

- **Founded in April 2017:** The Executive Office of Health and Human Services, Ryan White HIV/AIDS Program Part B funded 12 agencies to expand the Ryan White HIV/AIDS Program system of care in Rhode Island
- **Designed to fill consumer needs and system gaps:** Based off numerous needs assessments of the HIV system of care in Rhode Island

# CoEXIST Goals

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- Create Centers of Excellence both brick/mortar and mobile units that focuses up the integration of physical and behavioral health, sexual health, **Intensive Case Management**, multi-disciplinary teams in the early intervention and treatment of HIV
- **Go beyond the HIV Continuum of Care to fully understand and engage** patients and create social and economic solutions to poly-morbidities and conditions
- **Address and solve social determinants of health** such as overcoming barriers to SES, housing stability, transportation, education level, etc.
- Make available and utilize cutting edge, advanced technology to insure vulnerable client/patient efficacy and attainments of excellent health

# COEXIST and the Triple Aim Framework

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- “**The Triple Aim**” is the foundation of health system transformation with the goal to successfully transition from a focus on health care to optimizing health for individuals and populations
- CoEXIST to address the 3 dimensions of the Triple Aim:
  - Enhance the patient experience (***Better Care***)
  - Improved health outcomes (***Healthier People***)
  - Efficient spending (***Better Spending***)

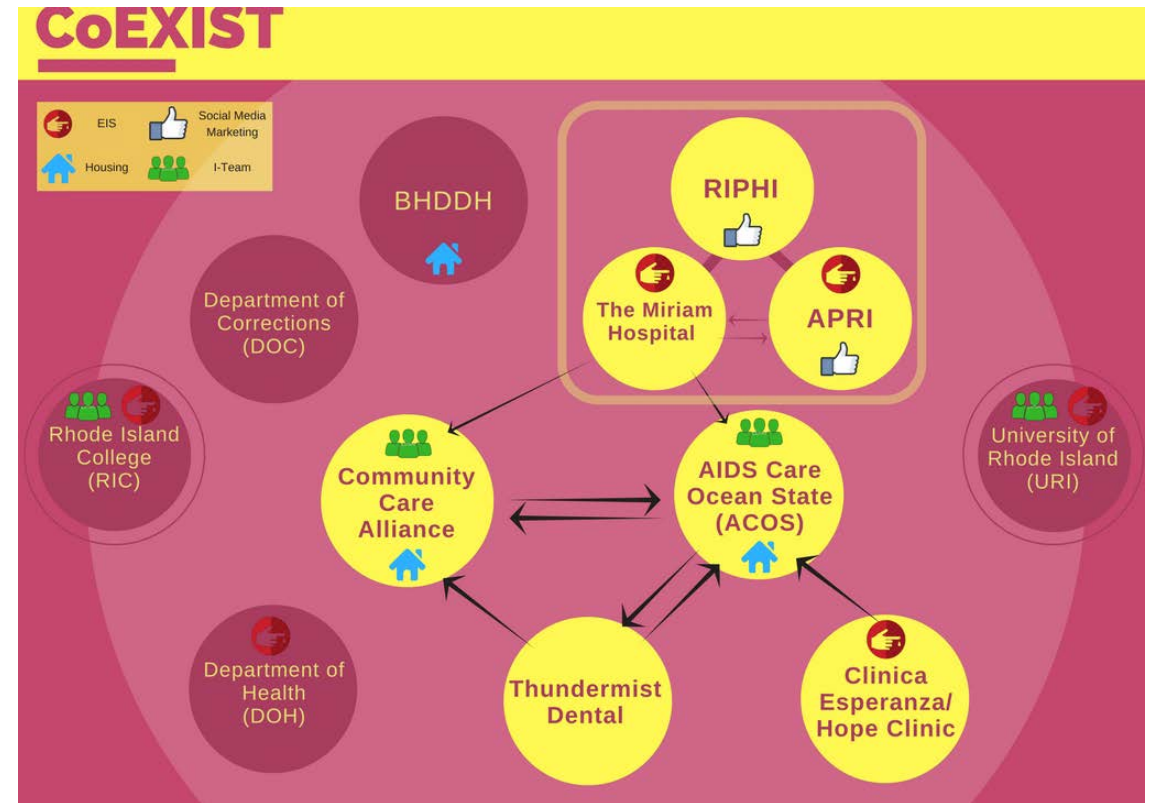
## CoEXIST and the Triple Aim Framework (continued)

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- **CoEXIST prioritizes HIV system of care needs and gaps** including an interdisciplinary/comprehensive patient-centered approach to patient care
- **Key activities to impact the triple aim are:** integrated care/case management, increasing patient self-efficacy, attention to transitional moments in high-risk patient care (e.g., housing, relationships, trauma), and early intervention

# Funded Agencies

- Rhode Island College
- University of Rhode Island
- AIDS Care Ocean State
- AIDS Project Rhode Island
- Rhode Island Public Health Institute
- Thundermist
- Clinica Esperanza
- Community Care Alliance/Agape
- Rhode Island Department of Health
- Rhode Island Department of Behavioral Health, Developmental Disabilities and Hospitals
- Rhode Island Department of Corrections



Visual: funded Activities by Agency

# CoEXIST Evaluation Domains

1. Behavioral Health/Recovery Integration Characteristics of Participating Providers

2. Early Intervention Services (EIS)

3. Intensive, Integrated Care/Case Management

**4. HIV Workforce Development/Transformation**

5. Data Analytic Capacity & Deployment

6. Quality Management/Quality Improvement

7. Evaluation Schema/Methods Defined

8. Commitment to Social Determinants of Health & HIV System Transformation

9. Collaboration, Resource Sharing, and Synergy

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## HRSA Service Categories

- Represent Official HRSA Service Categories

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## CoEXIST System Categories

Represent either:

- HRSA Requirements
- Specific grant related focus areas
- BOTH HRSA Requirements and Specific Grant Focus Areas

# How we will measure success

## 1. Behavioral Health/Recovery Integration Characteristics of Participating Providers

Defining BH integration at agency with HIV/BH providers/PCP. Three levels of integration:

1) BH into HIV care, 2) Integrating PCP into BH, 3) Integrating BH into PCP

## 2. Early Intervention Services (EIS)

Measure four components of EIS: 1) Outreach, 2) Testing, 3) Health education/risk reduction, 4) Referral and link to care

## 3. Intensive, Integrated Care/Case Management

Systematic Processes to Identify Patients for Care Management, and connection to Interdisciplinary Teams with Specialized Expertise

## 4. HIV Workforce Development/Transformation

Curriculum, certifications measured. Student, provider teams participation and satisfaction

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*“EIS is focused and not a one and done program. It is targeted, requires a client relationship, and has the ability to change the way we identify unawares.”*

# How we will measure success, continued

## 5. Data Analytic Capacity & Deployment

Core data infrastructure expansion. Provider and Intensive care/case manager level of access to information

## 6. Quality Management/Quality Improvement

## 7. Evaluation Schema/Methods Defined

## 8. Commitment to Social Determinants of Health & HIV System Transformation

System Transformation and System Healthcare Workforce

\* Reported housing stability of clients, access to transportation, and food security

\* *Housing is a HRSA service category*

## 9. Collaboration, Resource Sharing, and Synergy

Documented collaboration (e.g., MOUs) and resource sharing among agencies. A clear leadership and governance structure of CoEXIST, including documented partnership meetings



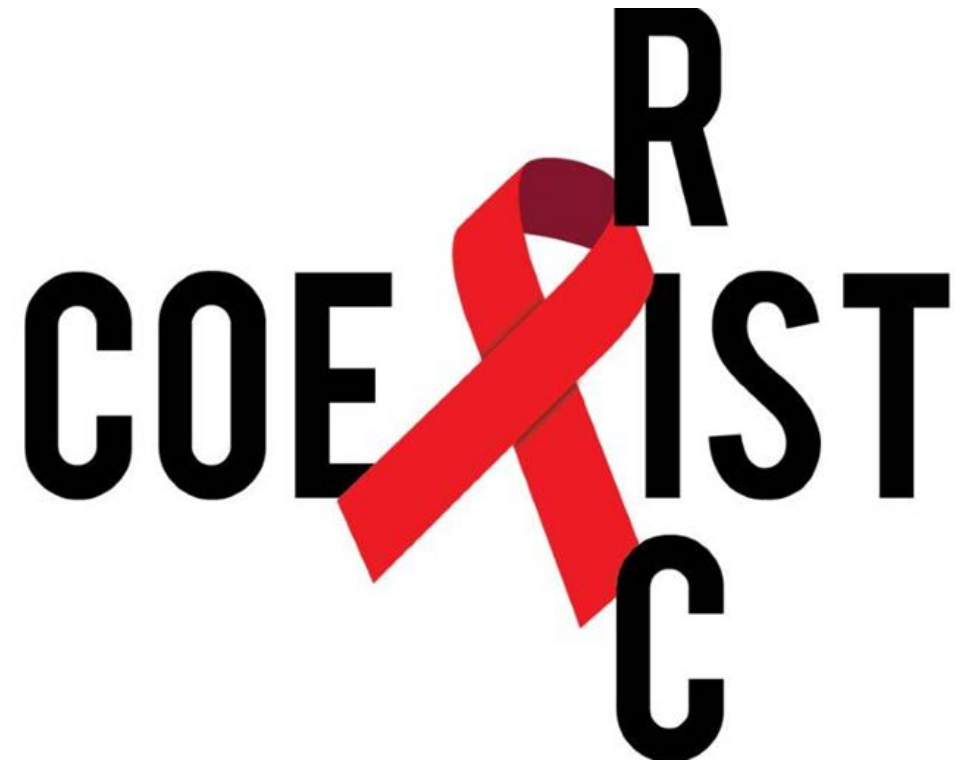
# Synergy and building connections

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- Increased training opportunities for funded agencies
- Ongoing “Brown Bag” sessions to discuss best practices in case management, issues/concerns around behavioral health
- Forming a “workgroup” around Behavioral health – mental health and substance use
- Ongoing “conferences” among partners to share successes, discuss and solve issues, identify trends among high-risk population or those living with HIV
- Increased referrals and collaboration among agencies

# Rhode Island's RWHAP Goes to College

**RIC-COEXIST Innovation & Transformatio**  
Building Capacity for Quality HIV Care &  
Partnerships



# What is the purpose of RIC-COEXIST?

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An interdisciplinary & multisystem response to HIV that builds capacity for quality HIV care & partnerships through:

## ■ Building Workforce Capacity

- ICM Student Curriculum Development & Training (FUTURE WORKFORCE)
- 3-credit Health Care Administration Course - Exploring HIV Health Issues & Career Opportunities through Service Learning (FUTURE WORKFORCE)
- Tiered Consumer & Practitioner Curriculum Development - 45-hr HIV Certificate Program for Case Managers & Direct Care Staff, co-sponsorship of events and professional development (EXISTING WORKFORCE)

## ■ Augmentation of the HIV Care Continuum

- Creation of Intensive Case Management Teams (ICM)
- Co-location of ICM Teams at ASO sites to augment services available to persons with HIV
- Monitoring of ICM service impacts (consumers, agencies, and students)



## Consumers

- People living with HIV
- People unaware that they have HIV (Early Intervention Services)
- People who are “high risk negatives”



## ICM Team Sites & Partners

- AIDS Care Ocean State’s (ACOS) COEXIST Housing Program
- Community Care Alliance (CCA) Agape Providence Transitional Housing & Outpatient Counseling Programs
- Project Weber/RENEW (PWR)
- Rhode Island College, Peer Education Team/Health Services
- Rhode Island Department of Correction’s (DOC) Men & Women’s Intake Center in Cranston



## Student Disciplines

- Community Health & Wellness
- Fine Art
- Healthcare Administration
- Medical School
- Nursing Students
- Social Work
- Youth Development
- Community Health Workers

# Assessing Impact: 360 Evaluation

TOOL	TARGET	DATA COLLECTION
*Pre- & Post Narrative	ICM, Peer Ed, RIC Course	Narrative & Scale
*Narrative Essay Prompts	RIC Course	Narrative
*HIV Community Project	RIC Course	Narrative & Scale
Orientation Training	ICM, Peer Ed	Narrative & Scale
HIV Attitude Scale	ICM, Peer Ed, RIC Course	Scale
*Triannual Check In Survey	ICM, Peer Ed, Community Partners	Narrative & Scale
RIC-COEXIST Acuity Tool	Consumers	Narrative & Scale
Client Interaction Sheet	Consumers	Narrative & Scale
Satisfaction Survey	Consumers, Community Partners	Narrative & Scale
*Post-RIC-COEXIST Student Interviews	ICM, Peer Ed	Narrative & Scale

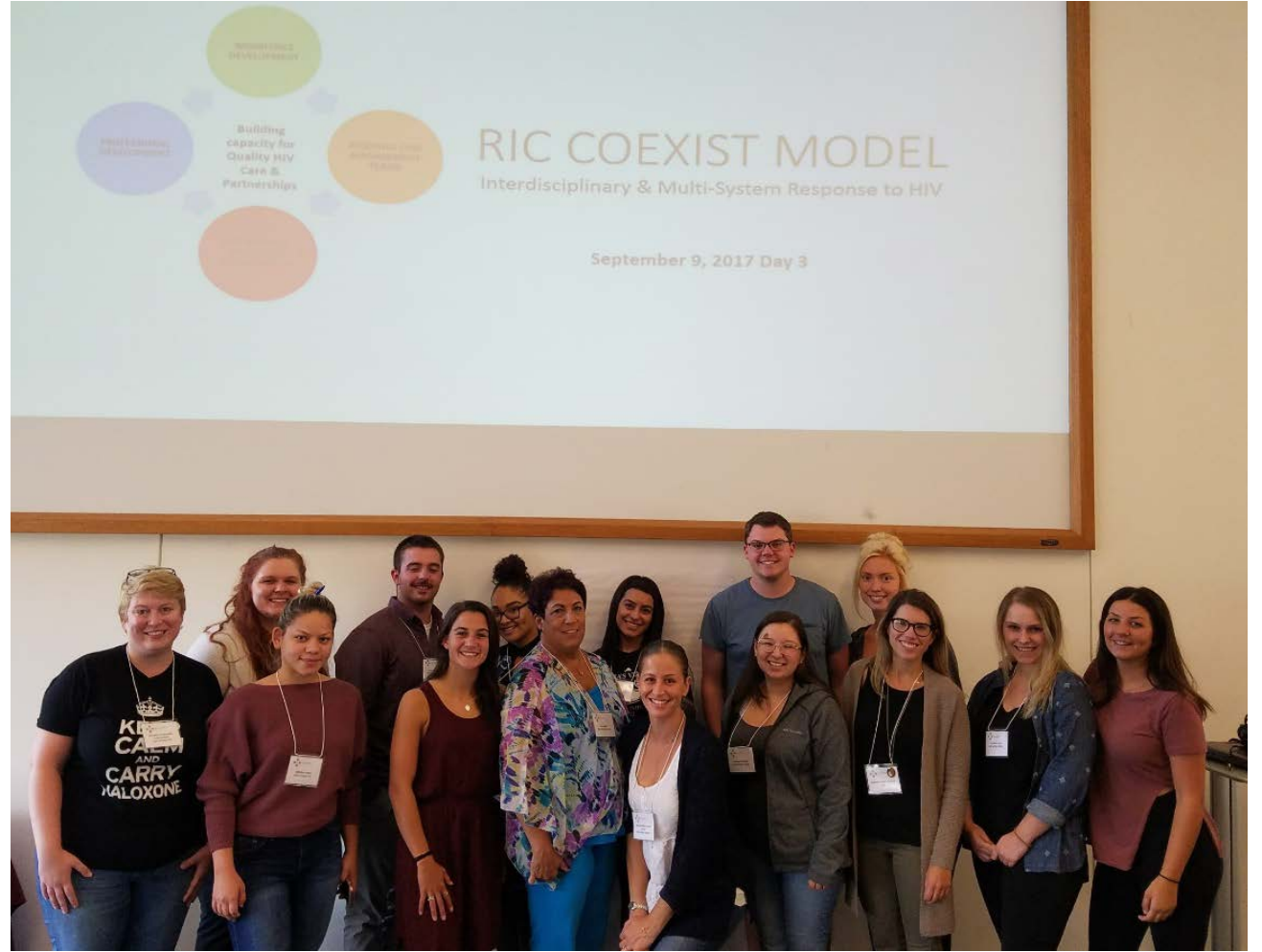
\*Workforce Development Data

# Preparation: Building Capacity for the Future & Current HIV Workforce

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## Curriculum Development & Training

- ✓ ICM Orientation 32-hr Intensive Pre-placement Training (70 students trained)
  - ✓ Client centered with attention to both physical and behavioral health; strength based; culturally responsive; restorative justice focus; Stages of Change with motivational interviewing; and trauma-informed
- ✓ Creation of a 3-credit College Course (13 students trained)
  - ✓ Health Care Administration 450: Exploring HIV Health Issues & Career Opportunities through Service Learning
- ✓ Tiered Consumer & Practitioner Curriculum Development
  - ✓ Co-sponsorship for 2018 & 2019 Consumer Health & Wellness Conference
  - ✓ 45-hr HIV Certificate Program for Case Managers & Direct Care Staff
  - ✓ Individual professional development offerings– SBIRT, HIV & Aging, Eco-Maps, etc..)
  - ✓ Co-sponsorship of Rapid HIV & HEPC Tester Trainings



**THE FUTURE HIV WORKFORCE:  
STUDENT IMPACTS**

# Students: Preliminary Future Workforce Impact

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- **70 students participated in knowledge and skill building opportunities**
  - Student involvement
    - 60 – Students Teams (3 were dually enrolled in the HIV Course)
    - 10 – Students participated in the pilot course
- **Year 1 Data Student HIV Workforce – (partial survey responses indicate)**
  - 35% of students are pursuing careers/advanced education linked with this field
    - More than half of the 35% were hired by the agencies their RIC-COEXIST partner agencies
  - 93% credit RIC-COEXIST with increasing their awareness of HIV and the needs of people living with or at risk for HIV
  - 100% of those surveys receives would recommend RIC-COEXIST to prospective students



# Students: Preliminary Current Workforce Impact

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- **Co-sponsored training**
  - Rapid HIV & HEPC Tester Training X 2
  - Housing Summit
- **RIC Training & Higher – Ed Connections**
  - RIC-COEXIST Orientation Training – open to community partners
  - Screening, Brief Intervention & Referral to Treatment (SBIRT)
  - Spring Consumer Conferences X 2
  - HIV Certificate Program – spring 2019 pilot
  - HIV & Aging – spring 2019 release
- **Community Grant Meetings x 6**
  - RIC-COEXIST Teams
  - Consumer Advisor Board
  - State & Community Partners

# Augmentation of Care: ICM Implementation

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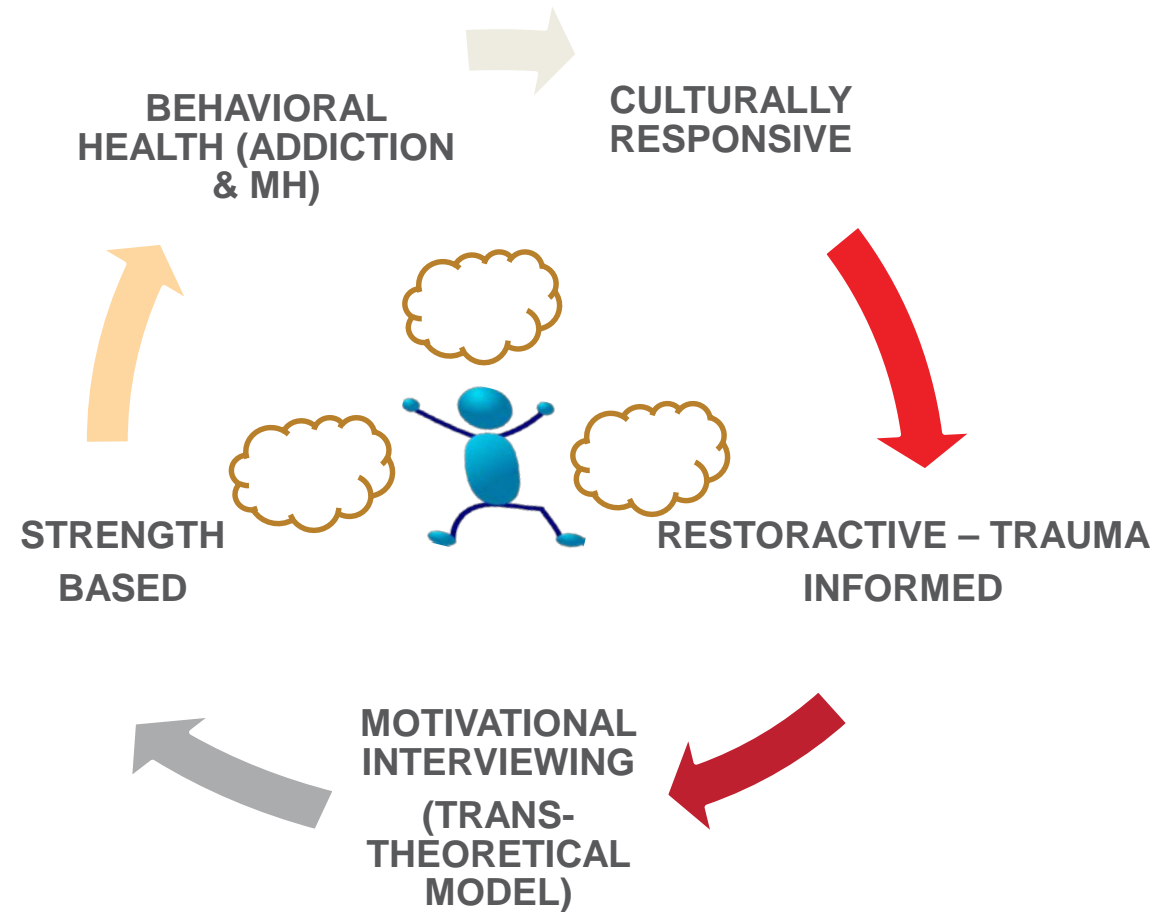
1. Provide outreach to individuals living with HIV (diagnosed and undiagnosed) and improve linkage to care and retention in care
2. Provide psychosocial support to improve overall daily functioning and well-being for persons living with HIV
  - SDoH - access to social networks, access to housing, transportation, food resources, and care coordination
  - Links to care, care coordination
    - Behavioral and physical health services, follow through visits to providers, retention in care, improved mental health, adherence to anti-viral medications, and viral suppression

# Augmentation of Care: ICM Implementation, cont.

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3. Seek out opportunities to support and provide care to those individuals living with HIV (diagnosed and undiagnosed) that are among the most underserved, including:
  - Undocumented individuals who may not be receiving care
  - Individuals transitioning from prison into the community
  - Clients currently served by RWHAP Part B funded agencies who are in need of additional supports

# RIC-COEXIST PRACTICE MODEL



# RIC-COEXIST Preliminary Service Impacts

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## Client Contact Data (partial FY19 data)

- 87 clients have received varying levels of support/care from ICM Teams
  - Types of contact
    - 70% - face-to-face
    - 24% - community outreach (targets high risk unaware individuals)
    - 4% - home visits
  - Purpose of the interaction
    - 49% - education and Training
    - 25% - clinical/behavioral health supports
    - 24% - outreach to people at risk for contracting HIV

# **RIC-COEXIST Preliminary Service Impacts, cont.**

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- **Primary Tools used by students to engage clients** (most indicated multiple tools)
  - 64% - Educational Interventions (mostly 1:1)
  - 51% - Motivational Interviewing
  - 12% - Restorative Approaches

# RIC-COEXIST Preliminary Service Impacts, cont.

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- **Outreach to Improve Linkages to Care (Highest Areas of Service/Impact)**
  - **Psycho-Social Support to improve daily functioning & well-being**
    - **Basic Needs** – 52% care Coordination & 42% Accessing Social Networks
    - **Behavioral Health** – 64% Engagement in Care & 36% Care Coordination
    - **Education; Group Training** – 78% 1:1 education with a client & 22% Group Educational Program
    - **Physical Health** – 39% for each of the following: Engagement in Care, Assessment, & Care Coordination

## RIC-COEXIST Preliminary Service Impacts, cont.

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- **Based on today's interaction have you helped to support any of the following outcomes?**
  - **Decreased consumer isolation** – 62% Support navigating other systems; 32% facilitating referrals for other supports/services; 27% ICM support
  - **Increased overall daily functioning** – 52% care coordination; 36% Housing; & Food Resources



# RIC-COEXIST: Consumer Partnerships

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- Authentic Voice to inform students
  - The Miriam Community Advisory Board supported the training of our students and presented 3 times between September 2017 and September 2018
- Spring 2018 Consumer Conference – 50 people attended
  - The Miriam Community Advisory Board led the planning for the conferences and engaged students in development and delivery of consumer identified workshops
  - ICM Teams invited clients at their ICM sites to provide feedback on what the conference should offer
    - April 20, 2019 is our second Consumer Conference and a themes of Aging Well with HIV has been identified

# Project Impacts

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## Consumers

- Empowerment
- Shaping the future HIV workforce with authentic experience
- Inclusion within the RI College community
- Relationship building with students
- Reciprocal learning and development



## Student Disciplines

- Exposure to working within the HIV/AIDS community
- Exploration of new career pathways
- Positively impacting vulnerable populations
- Impacting critical areas of research and practice

# Consumer Advisory Board (CAB) Feedback

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CAB members revealed that they felt they had played an important role by sharing important information with RIC-COEXIST participants that would make a difference in how they understood and interacted with the HIV/AIDS community now and in the future.



# Consumer Feedback

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CAB members reported that they had learned from COEXIST participants and events. They indicated that COEXIST students brought in fresh perspectives and, in particular, that the CAB conference motivated them in ways that they could not previously have imagined.

*...It helped encourage me to do something to help myself. I appreciate that. It encouraged me to go on in my personal life and it started there. I was in the about your diet [workshop], and the things that came out of that...I'll never have a cup of Dunkin Donuts again...it really helped me to see...you think a cup of coffee is a cup of coffee...and you see all the sugar they put in it and I'm a diabetic and I monitor my sugar...I personally I've been out of the game for a few years, at some great coaxing I went that Saturday to RIC, I enjoyed both classes and took a lot out of it and it actually sparked my interest to come back [to the CAB].*

# Consumer Feedback

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CAB members viewed themselves as providing vital information to COEXIST participants. Some described a critical career development role for themselves. They described their influence on RIC-COEXIST participants' career development.

*I liked that because the feedback that we gave them and they took, they'll be good doctors and nurses and social workers because the more attentive they are the better they'll be in their field. Everyone goes through different stories of how it is and I think it's good for them to know how to treat patients and how to deal with the community and how to treat people and to know that sometimes the doctors don't know how to treat you.*

COEXIST Students Are Interested and Respectful



# Impact of this Internship

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## MSW Student

- Allowed me to work with a client population that I never thought I would work directly with
- Many of my papers for classes were on the topic of HIV (Policy analysis, Story Corps, Research paper)

# Impact

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**80% of our ICM team feels like they've had a positive impact on the DOC**

- Sharing and demonstrating knowledge on HIV
- Assisting clinicians to help clients "plan ahead" by providing information on HIV prevention and treatment
- Connection to services and resources
- Assisting with discharge planning for the awaiting trial population



# Research for a Master's Thesis

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**Does the Long-Term Care Services and Supports (LTSS) infrastructure in Rhode Island possess the capacity and institutional competencies to meet the needs of adults aging with HIV?**

- Evaluate the knowledge and attitudes of providers towards HIV/AIDS in long term care settings through a survey instrument
- Garner consumer feedback through focus groups of the Consumer Advisory Board (CAB) regarding desires and preferences as it relates to provision of care

# Questions

Please chat your questions into the Chat Box.



# IHAP TAC Webinars

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- Access our archived and upcoming webinars  
[www.targetHIV.org/ihap/webinars](http://www.targetHIV.org/ihap/webinars)
- Coming Soon!
  - Integrated Planning Activities for Prevention and Care: Best Practices and Lessons Learned
    - April 25, 3:00-4:00 pm ET
  - Incorporating Hepatitis C in Integrated HIV Prevention and Care Planning: Health Department Challenges and Lessons Learned in Aligning Resources, Strategies, and Services to End the Epidemics
    - TBD

# Integrated HIV/AIDS Planning Technical Assistance Center

In June 2015, the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) and the Centers for Disease Control and Prevention (CDC) Division of HIV/AIDS Prevention (DHAP) released the Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need for calendar years 2017-2021. For the first time, the guidance allows jurisdictions to submit one Integrated HIV Prevention and Care Plan to both HRSA HAB and CDC DHAP.

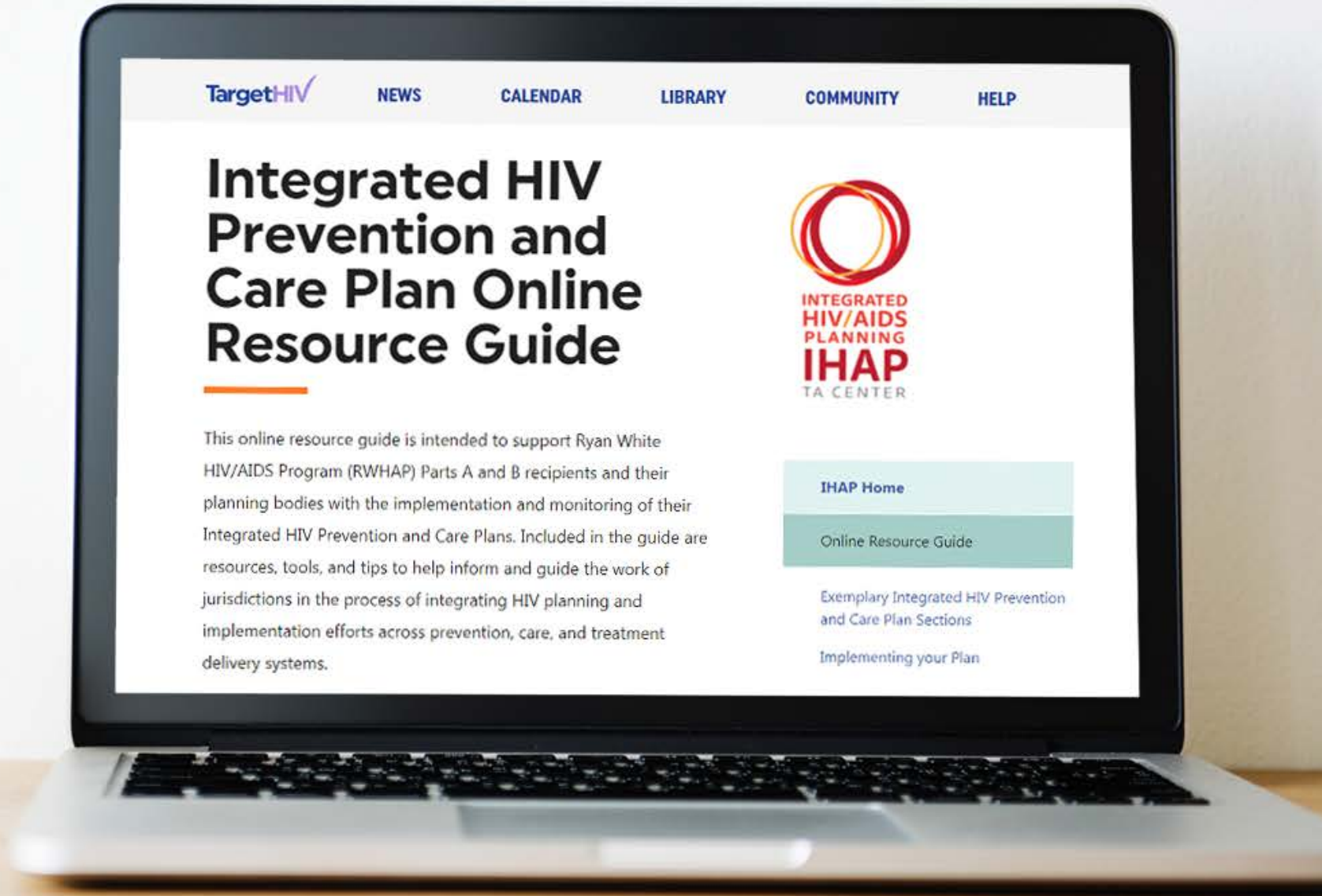


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[www.targetHIV.org/ihap](http://www.targetHIV.org/ihap)

# Integrated HIV Prevention and Care Plan Online Resource Guide

Resources, tools, and tips to support process of integrating HIV planning and implementation efforts across prevention, care, and treatment delivery systems.





# **INTEGRATED HIV/AIDS PLANNING**

## TECHNICAL ASSISTANCE CENTER

# **Thank you!**

**Contact us at [ihaptac@jsi.com](mailto:ihaptac@jsi.com)**

Obtain more information, join our mailing list, request TA or to share your experiences or resources.

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