

# PUTTING PLANS INTO ACTION: Roles and Responsibilities for Implementing Integrated HIV Prevention and Care Plans

Thursday, May 18, 2017  
3:00 p.m. – 4:00 p.m. EDT



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



# Webinar Objectives

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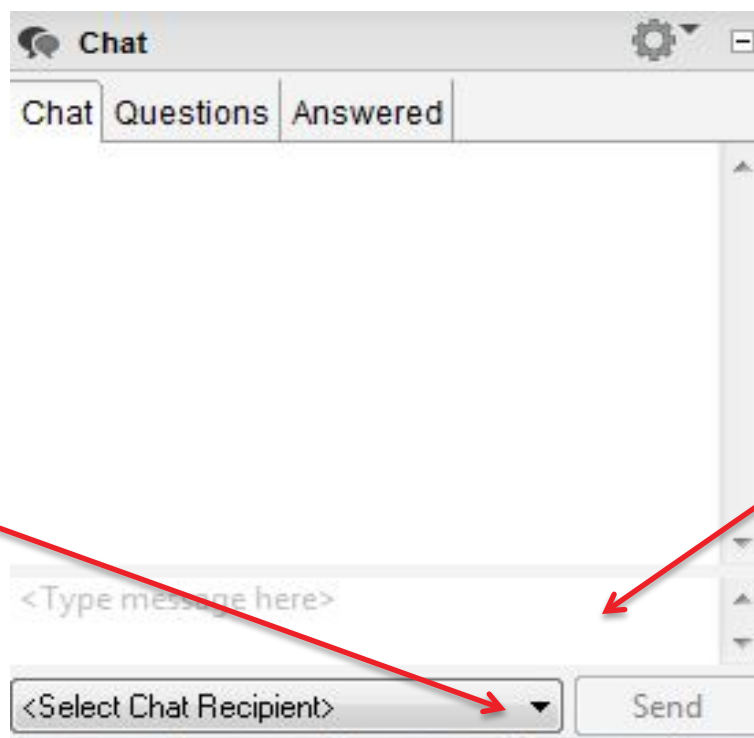
**Following the webinar, participants will be able to:**

- 1.** Discuss at least two sound practice models for collaborative Integrated HIV Prevention and Care Plan implementation.
- 2.** List the essential steps in a flexible process to agree on roles and responsibilities for Integrated HIV Prevention and Care Plan implementation.
- 3.** Identify three key questions to answer when choosing a collaborative implementation structure and assigning roles and responsibilities.
- 4.** Describe how to address three challenges in Integrated HIV Prevention and Care Plan implementation.

# 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.

# Today's Presenters

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**EMILY GANTZ MCKAY**  
EGM Consulting, LLC



**STANLEY WAITE**  
Delaware  
Ryan White HIV/AIDS Program  
Part B Recipient

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

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**3-year  
project**

beginning  
July 1, 2016

**Supports  
Ryan White  
HIV/AIDS  
Program  
Parts A & B**

grant recipients and  
their planning bodies

**Will  
conduct  
virtual and  
in-person  
technical**

assistance activities



# Welcome



**MICHAEL GOLDROSEN**

Director

Division of State HIV/AIDS Programs

# Background



# Types of Integrated Plans Submitted

Type of Integrated HIV Prevention and Care Plan <i>(All plans include both prevention and care)</i>	#	%
<b>Total, Integrated Part B-only Plans</b>	<b>37</b>	<b>46%</b>
Part B only (no Part A recipients in state)	29	
Part B only (Part A recipients submitted separately)	8	
<b>Total, Integrated Part A-only Plans</b>	<b>21</b>	<b>26%</b>
Part A only - EMAs	12	
Part A only - TGAs	9	
<b>Total, Integrated Part A/Part B Plans</b>	<b>22</b>	<b>28%</b>
<b>Total Plans Submitted</b>	<b>80*</b>	
<b>Total Jurisdictions</b>	<b>109</b>	

\* 1 Plan not yet submitted



# Poll: Integrated HIV Prevention & Care Plan Status

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- What is the status of your Integrated HIV Prevention and Care Plan? (select all that apply)
  - Waiting for feedback
  - Exploring collaboration
  - Assigning responsibilities
  - Documenting roles/processes
  - Setting up monitoring
  - Implementing Plan

# Prevention-Care Cooperation

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- Unified Planning Body for HIV Prevention, Care, Other Programs (HOPWA, STDs)
- Unified Prevention-Care Planning Body
- Integrated Committee of a Larger Planning Body [or Linked to Prevention & Care Bodies]\*
- Integrated Prevention and Care Plan [often RWHAP Parts A-B]\*
- Joint Projects or Activities (e.g., Information Gathering, Data Analysis)\*
- Cross Representation\*
- Information Sharing\*

\* = Also across Ryan White HIV/AIDS Program Parts

# PLANNING TO MAKE A DIFFERENCE: Delaware's Efforts to Implement an Integrated HIV Prevention and Care Plan

**Stanley Waite,**  
RWHAP Part B Program Administrator

**Tyler Berl,**  
Delaware HIV Consortium

**Glen C. Pruitt,**  
Seven Keys LLC

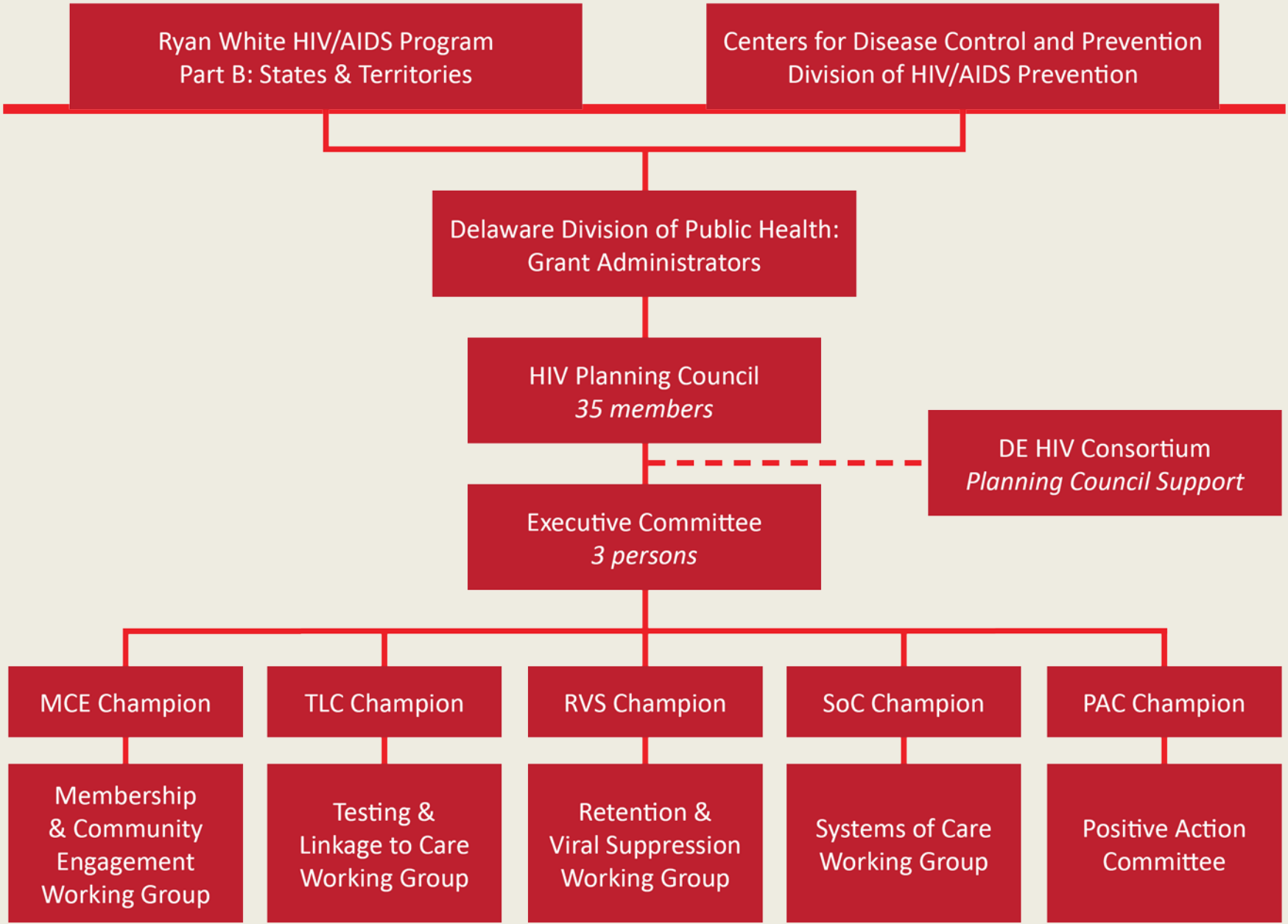


*Division of Public Health*

# Pre-Requisites for Delaware's Efforts

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- A firm commitment from the Delaware Division of Public Health to respect the community planning process
- A firm commitment from the Delaware Division of Public Health to fund the community planning process
- Clearly-defined roles and expectations for Grantees and the Delaware HIV Planning Council
- A re-structuring of the Planning Council to mirror the Gardner Cascade



# Plan Review Committee

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- Composed of five members:
  - Ryan White HIV/AIDS Program Part B Program Administrator
  - HIV Prevention Program Administrator
  - HIV Surveillance Department
  - Manager of HIV/AIDS Community Planning
  - Ryan White Part B Quality Assurance Consultant
- Meets three times a year
- Reviews progress made with each activity included in the Plan
- Engages in problem-solving if any activity has faltered or encountered unexpected barriers

# Delaware HIV Planning Council (HPC)

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- Council members were active participants in the development of the Integrated Plan = community buy-in
- HPC Working Groups were tasked with several of the activities in the Integrated Plan itself
- The Council receives a Progress Report from the Plan Review Committee twice a year (May and November)
  - Highlights successes in implementing the Plan
  - Identifies challenges encountered with specific activities
  - Provides an opportunity for the Council to engage in problem-solving or to suggest modifications to the Plan.

**Delaware's Integrated Plan is a living document, responsive to an evolving healthcare landscape and fiscal environment... and to community input.**



# Lessons Learned So far

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- Affirm the value of community input, in big and small ways.
- Many community members want to “have their say” in HIV prevention and care planning.
- Far fewer are willing or able to “step up and do the work.”

# Lessons Learned So far

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- Allow plenty of time for everything! For almost everyone involved, how to implement the Plan is a learning curve.
- The most important thing is NOT the Plan; the most important thing is mobilizing our systems and our community to make a difference in the HIV/AIDS epidemic in our state.

# Other Sound Practice Models





INDIANAPOLIS

# Indianapolis / Indiana

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- **Joint development of plan** using a Steering Committee and 5 Work Groups, each including recipients and members of the Part A, Part B, and prevention planning bodies
- **State to lead a joint Implementation Committee** with membership similar to the Steering Committee
- **PC's CQM Committee expected to coordinate implementation** for Part A and be represented on Implementation Committee



HOUSTON

# Houston

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- **Joint development of plan by a Leadership Team** of Prevention and Care recipients, planning body representatives, other community members, and provider staff – plus four workgroups
- **Evaluation & Monitoring Workgroup** focused on Plan monitoring and improvement

# Houston

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- **Independent implementation by each entity,** with staff as communications liaisons and Quarterly Reports prepared & shared
- **Evaluation Workgroup** will continue:
  - Structurally under PC Comprehensive HIV Planning Committee but still joint membership
  - Responsible for ongoing review, annual evaluation report, and review of proposed Plan updates



# Preparing for Plan Implementation: Key Challenges and Questions



# Poll: Challenges

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- What are your key concerns and challenges for implementation of your Integrated HIV Prevention and Care Plan? (select the top three)
  - Agreement on roles
  - Prevention/care collaboration
  - Part A/Part B collaboration
  - Monitoring plan progress
  - Reaching goals
  - Making plan an ongoing focus
  - Uncertainty on funding/systems
  - Other (type into chat box)

# Challenges

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- 5-year plan with new expectations around implementation and updates
- Multiple partners – often new relationships
- Individual and collaborative strategies and tasks to assign and coordinate

# Challenges

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- Collaboration among entities with differing legislative and administrative requirements and “cultures”
- Concerns about domination by one party/entity
- External uncertainties – funding, systems

# Managing Internal Challenges

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**Within your own program (planning body and recipient):**

- Discuss how new plan and expectations will affect all aspects of HIV planning
- Adjust structures and processes
- Determine internal responsibilities for plan implementation and monitoring
- Establish an early identification process for external/environmental changes

# Managing Collaboration Challenges

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## During implementation planning with prevention/care partners:

- Learn from experiences during plan development
- Discuss concerns directly as you assign roles and agree on processes
- Consider including “rules of engagement”
- Include a process for resolving problems/disputes

## KEY QUESTION 1

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**What is your desired level of collaboration on plan implementation?**

## KEY QUESTION 2

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**What will be the roles and level of engagement of planning bodies versus staff?**



## KEY QUESTION 3

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**Can you use an existing collaborative structure – perhaps established for plan development – or is a new structure needed?**

# **6 Steps for Agreeing on Implementation Roles, Responsibilities, and Structure**



# Step 1: Review Your Plan

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- Review plan chart of strategies and activities to identify:
  - Entity responsible for each activity
  - Activities requiring collaborative implementation
- Review stated responsibilities for Monitoring and Improvement
- Identify any needed revisions/updates regarding activities, roles, and/or timing

# Step 2: Identify Key Roles

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## Consider roles for:

- Implementation of strategies/activities
- Coordination of shared activities
- Communication among entities
- Data gathering to assess progress
- Review of monitoring data
- Annual evaluation
- Refining/updating Plan

# Step 3: Explore Levels of Collaboration

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**Consider possibilities for collaboration;**  
for example:

- Fully integrated implementation
- Joint work on specific strategies/activities
- Joint responsibility to assess and report on progress
- Independent implementation but periodic communications and meetings

## Step 4: Consider Existing/New Structures

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- Integrated prevention-care planning body
- Joint Implementation Committee
- Joint workgroups
- Joint Monitoring and Improvement Committee
- Expansion of existing committee(s) within a planning body (e.g., Comprehensive Planning Committee)
- Subcommittee of an existing committee (e.g., QM Committee)

## Step 5: Assign and Document

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- Agree on structures: e.g., committees/workgroups
- Specify roles and responsibilities and boundaries – what will be done together, what will not
- Determine membership: recipients, planning body representatives, PLWH/consumer and provider representation, other experts

## Step 5: Assign and Document

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- Agree on decision making process and final decision maker
- Develop and approve processes to implement
- Agree on staff support and coordination



## Step 6: Implement, Review, Refine

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- Orient/train everyone involved
- Agree on quarterly tasks
- Review progress quarterly
- Refine structure/roles
- More fully assess both progress and process at the end of the year
- Obtain perspectives from participants
- Refine roles, responsibilities and structures

# Helpful Tools



# Tools

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- **A revised integrated plan strategies and tasks chart**, with clear assignments (primary and supporting) and a progress column.
- **A work plan for each committee or workgroup**, including roles and tasks related to implementation, progress, monitoring, communications, and collaboration.
- **Progress charts** that list performance measures, data needs, and data reported by quarter or year.

# Questions

Please chat your questions into the Chat Box.



# Webinar Coming Soon!

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## Stay Tuned!

- Strategies and Lessons Learned for Consumer and Stakeholder Engagement in Integrated HIV Prevention and Care Planning and Implementation

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## Integrated HIV/AIDS Planning (IHAP) 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.



To support integrated local HIV planning efforts across prevention, care, and treatment and effectively meet the needs of people living with HIV and those at risk for HIV infection, JSI Research & Training Institute, Inc. (JSI), together with its partners, will collaborate with HRSA HAB and CDC DHAP to implement the Integrated HIV/AIDS Planning Technical Assistance Center (IHAP TAC).

### Browse for More

Source Type: [Cooperative Agreement](#)

Topic Areas: [Planning, Integrated Planning/SCSN](#)

Total views: 704

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

3. Deliver targeted TA to select jurisdictions implementing integrated...
4. Support peer learning opportunities across jurisdictions.



# Thank you!

Please complete the webinar evaluation.

Contact the IHAP TAC at [ihaptac@jsi.com](mailto:ihaptac@jsi.com)  
to obtain more information, join our mailing list,  
or to share your experience.

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.