Connecticut HIV Planning Consortium (CHPC): Integrating Care and Prevention Planning (RWA-0101)

August 25, 2010

11:00 a.m. – 12:30 p.m. Hoover

Presenters:

Barbara Mase and Jennifer Jainer

20 Years of Leadership
A LEGACY OF CARE

Integrated Planning for Care & Prevention in Connecticut

- **Purpose: Why do it?**
  - **Overview: HIV/AIDS in Connecticut**
  - **Why Integrate**
- **Process: How was it accomplished?**
- **Result: Is it a successful model?**
- **Future: Improving the CHPC**

Integrated Planning for Care & Prevention in Connecticut

- **Purpose: Why do it?**

  Overview: HIV/AIDS in Connecticut

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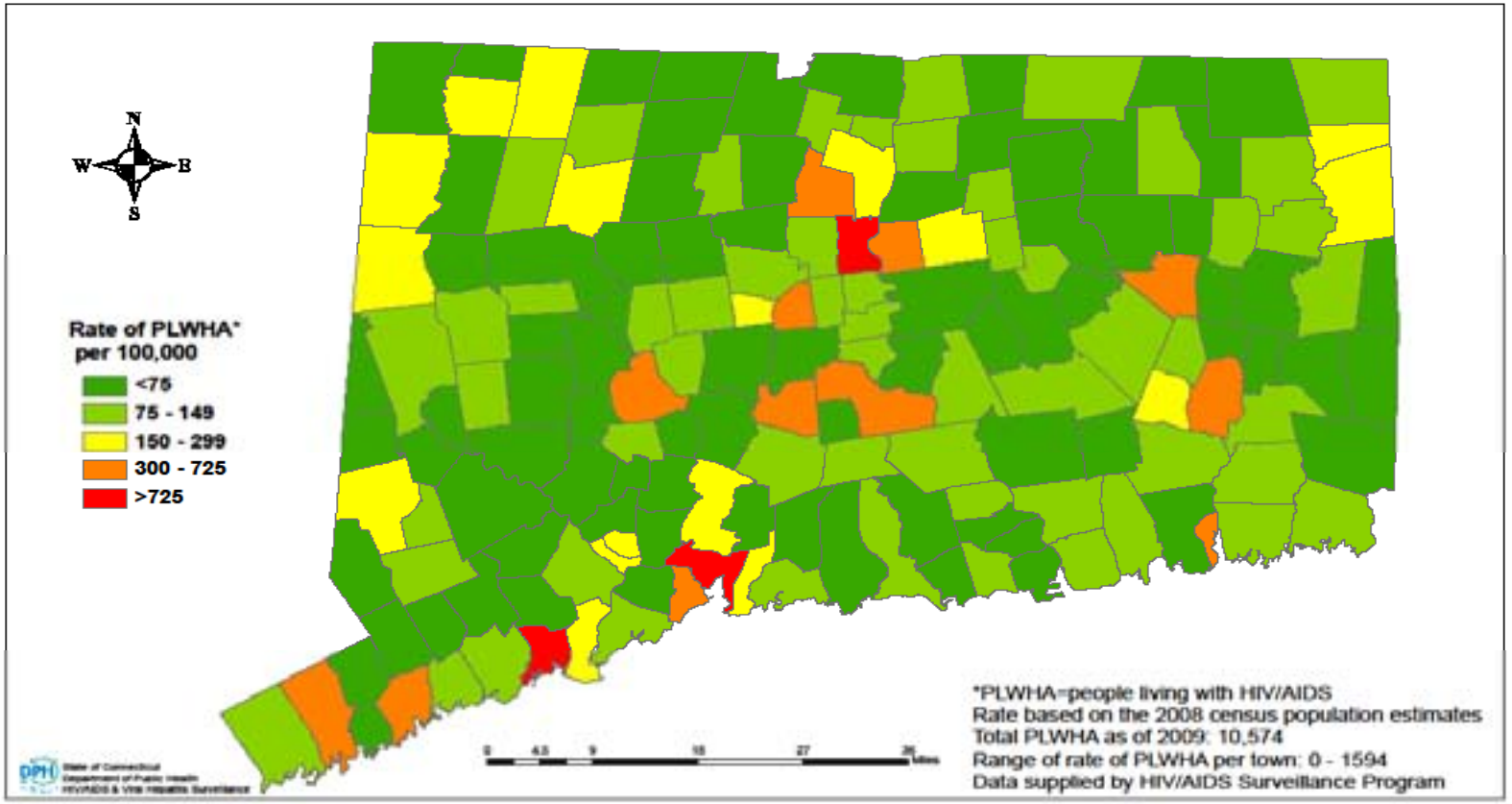
HIV/AIDS Prevalence in Connecticut 2010



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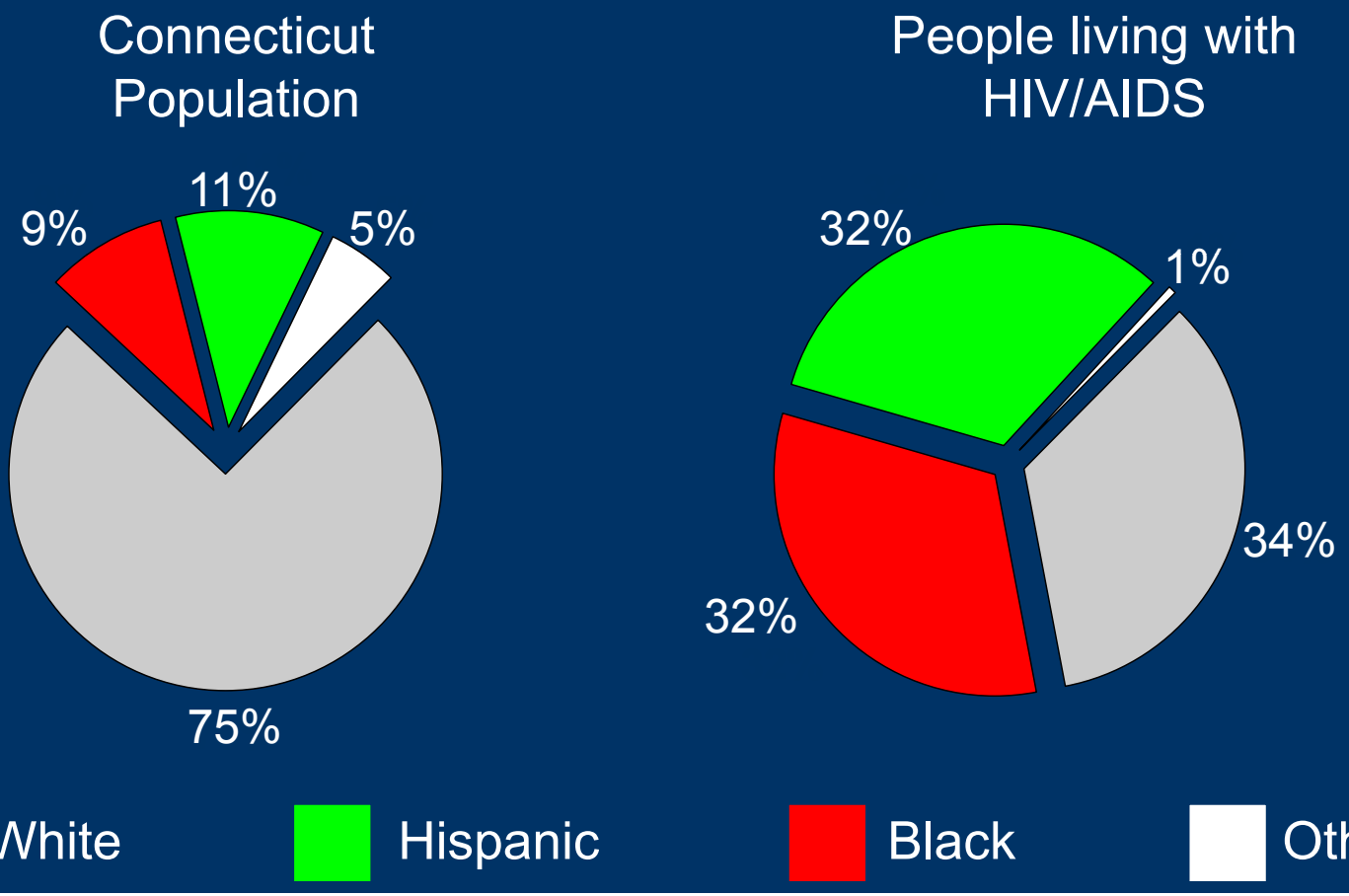
HIV in Connecticut

- CT is the 2nd smallest state in New England (population @3.5 million) and ranks 7th in the nation in the rate of people living with AIDS.
- 19,473 reported cases since 1981 of whom 8,899 (46%) have died.
- HIV/AIDS disproportionately found in blacks and Hispanics: 64% of all cases (although only 20% of CT population).
- 2,137 new HIV/AIDS diagnoses in 2005-09 (37% MSM, 30% IDU, 31% Heterosexual; 32% white, 35% black, 32% Hispanic).

HIV/AIDS is disproportionate among blacks and Hispanics in Connecticut, 2009.



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DPH

HIV in Connecticut

- 10,574 PLWH/A as of 12/31/ 09 (300/100,000): - 50% live in Hartford, New Haven and Bridgeport; 66% male, 34% female; 34% white, 32% black; 32% Hispanic.
- 43% IDU*
- 27% Heterosexual
- 26% MSM
- 2% MSM/IDU and 2% perinatal/other

* Although IDU remains an important risk for contracting HIV in CT, during 2002-2009 the number of cases with IDU risk has decreased from @ 400 in 2002 to 100 in 2008 and 2009.

HIV in Connecticut

Emerging Issues

- Decrease in IDU numbers has caused other risk group categories to become more prominent (% of cases). Profile of HIV/AIDS in CT is now more MSM and less IDU than in previous years in regard to newly diagnosed cases.
- Transmission of syphilis and HIV in MSM: during 2005-2009, 220 reported syphilis cases were MSM (86% of all cases reported; 37% of MSM cases were HIV+).
- 42% of PLWHA are over the age of 50.
- Males continue to constitute the majority of HIV/AIDS cases (78% of cases in 2009).

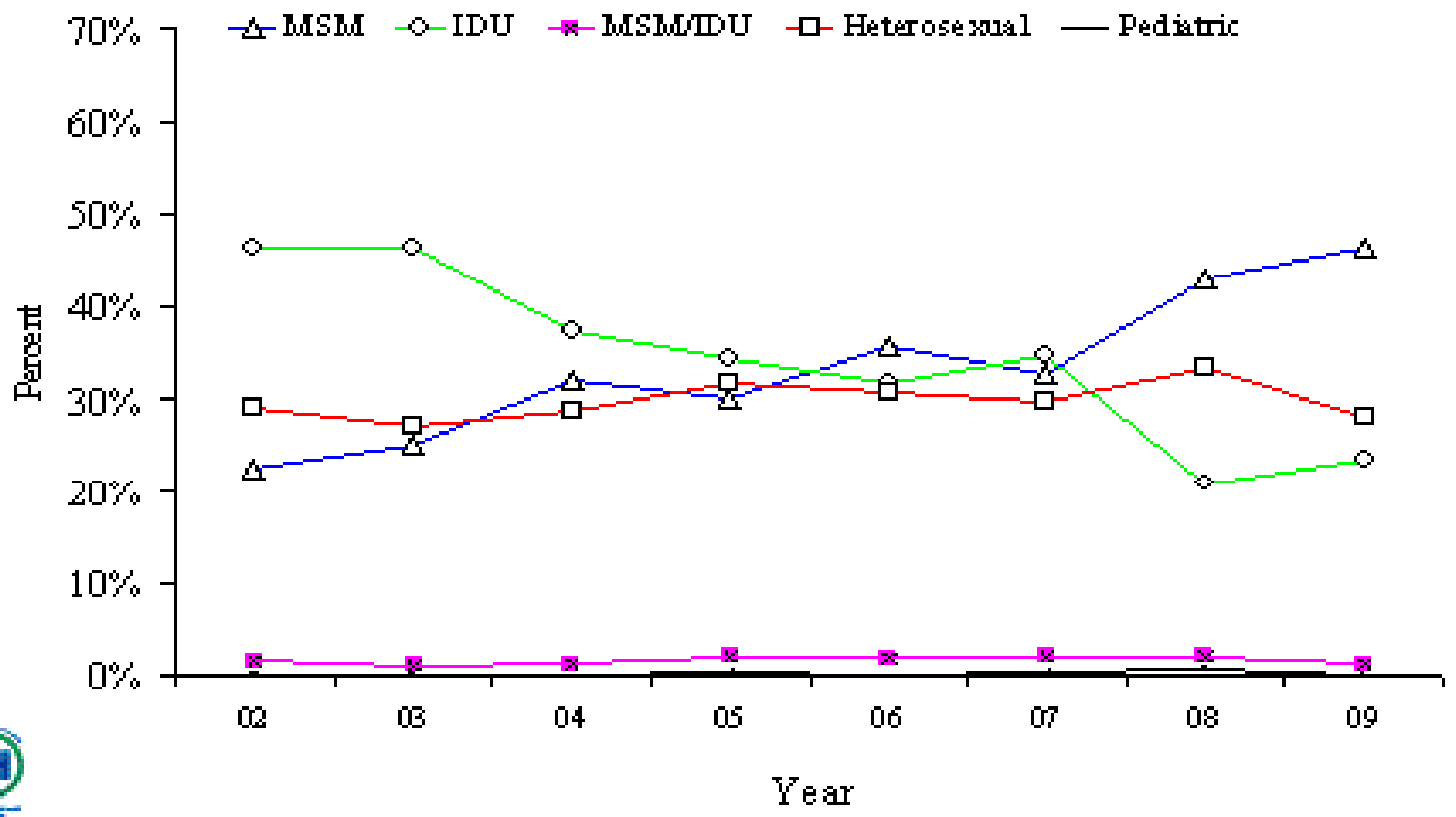
HIV in Connecticut

Emerging Issues

- Identification of population unaware of their HIV status in CT (based on CDC estimate of 21%)
- **Statewide (21%): @2,811**
  - 70.5% male
  - 30.5% female
  - 35% black
  - 31.5 % Hispanic
  - 31.7% white
  - 41.6% MSM
  - 27.7% IDU
  - 27.5% Heterosexual

HIV/AIDS cases by adjusted risk group and year of diagnosis, Connecticut, 2002-2009.

(Risk group adjusted for cases reported with unknown risk using MULTIPLE IMPUTATION)



Purpose: Why Integrate?

- Logical approach to address HIV numbers
- Small state with two large HIV planning groups supported with two different federal funds
- Community Planning Group (CPG) – Prevention (CDC)
- Ryan White Planning Bodies (HRSA)
  - Two Part A Planning Councils
  - One Part B Statewide Consortium (SWC)
  - Part C funded providers
  - Part D funded providers
  - Part F: SPNS and CAETC

Purpose: Why integrate?

- Prevention and Care have similar paths - getting people into care and preventing the spread of HIV.
- Anticipated Collaborations:
  - Effective Behavioral Interventions (CDC)
  - Early Intervention Services (HRSA)
  - Early Referral and Linkage Initiative (Prevention)
    - Counseling, Testing, & Referral (CTR)
    - Drug Treatment Advocacy (DTA)
    - Comprehensive Risk Counseling Services (CRCS)
  - CARE Program – Partner Notification
  - Cross Training of Prevention & Care Staff

Purpose: Why Integrate

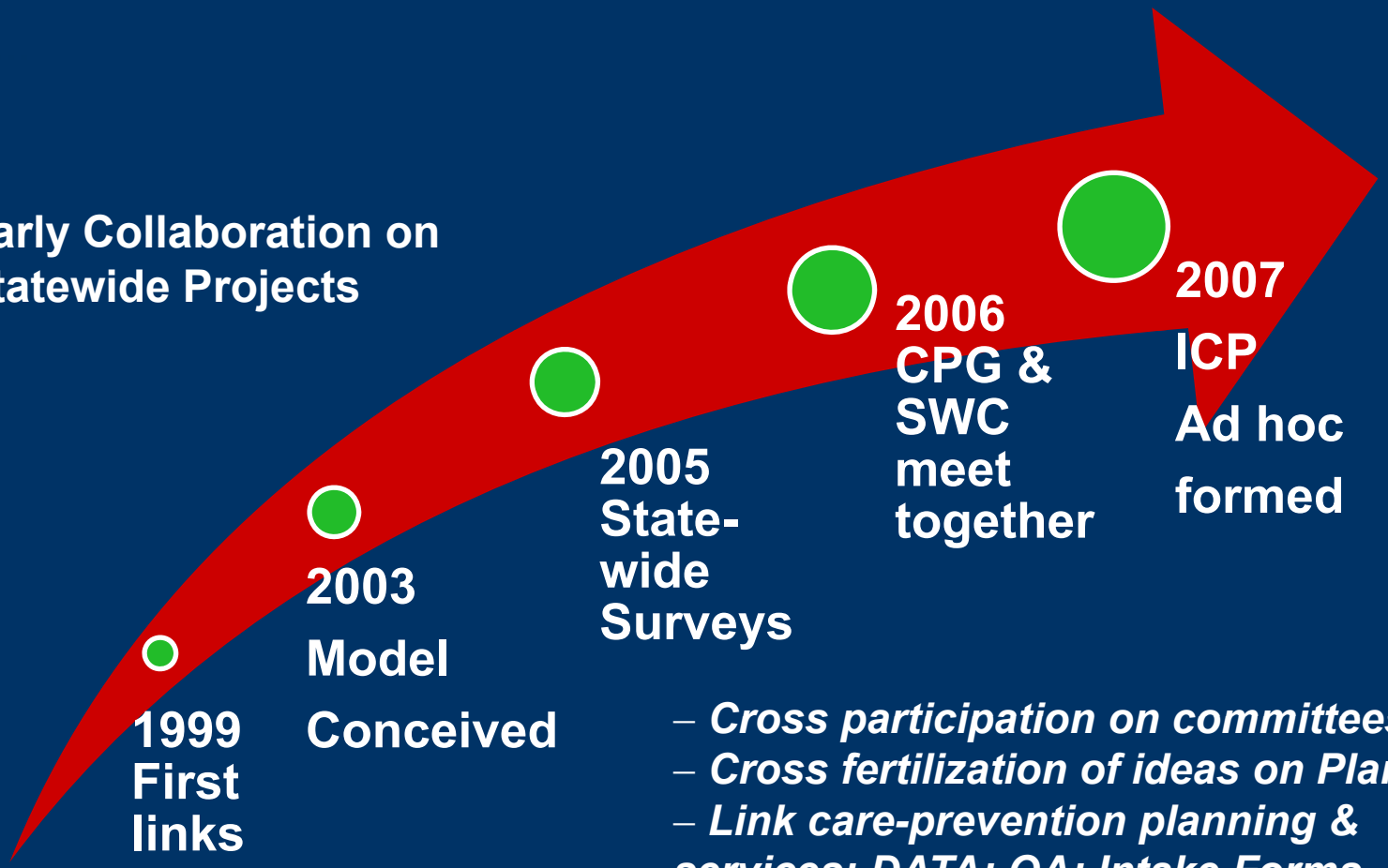
- Cross sector planning is more effective/efficient.
- Maximizes resources ($ and people).
- Reduces redundancy/duplication of effort.
- Increases knowledge base and participation.
- Reduces number of statewide meetings.
- Reduces consumer member meeting fatigue.

What did we hope to gain by integrating?

- Better involvement and participation of PLWHA.
  - New culture: all at one table for a common cause
- Better information (data) and integrated planning.
- Better continuum of prevention and care services.
- Combined membership and expertise.
- Cross communication and collaboration: Prevention and Care Partners.
- Combined Statewide HIV Care / Prevention Plan.

Process:
How was it accomplished?

Process Timeline: From Concept …



- *Cross participation on committees*
- *Cross fertilization of ideas on Plans*
- *Link care-prevention planning & services; DATA; QA; Intake Forms*

To Model Development & Group Consensus …

November 2006 & January 2007 CPG and SWC hold care and prevention integration work sessions: conceptual model presented

January-March 2007 ICP uses input from CPG/SWC to develop mission, name, structure and timelines

April 2007 ICP presents integration structure at combined CPG/SWC meeting. Integration Process approved

May-October 2007 Structure Defined

One Plan, One Vision, One Strategy

To… Integrated Care & Prevention Planning Body (CHPC)

- **One Plan-** Coordinated statewide HIV/AIDS planning and information sharing among state, regional, local programs.
- **One Vision** – To create an ideal care and prevention system in which the rate of new HIV infections is significantly reduced, and those who are living with and affected by HIV/AIDS are connected to care and support services.
- **One Strategy** – To create a unified and open environment where providers of HIV/AIDS services communicate, sharing information, data, outcomes, approach & methods while working together with consumers for the best possible system of care and prevention.

Summary in Brief: Steps to Integrating care and prevention

- **Set a goal** - One unified Plan
- **Create a Model**
  - Define Commonalities
  - Identify how the work is accomplished
  - Recognize and address federal requirements
  - Align committee planning activities
- **Devise a structure to satisfy both groups**
  - Define member composition
  - Combine planning processes
  - Dissolve former planning bodies

The Result: A Successful Statewide Planning Body for HIV Care & Prevention

CT HIV Planning Consortium (CHPC)

What is the CHPC?

- A statewide planning group that represents community planning for care and prevention; works in partnership with the CT Department of Public Health to set priorities, assess care and prevention needs, and develop a statewide Comprehensive Plan for HIV Care and Prevention.
- A diverse membership and representative of the community of providers and PLWH/A and fulfills HRSA and CDC required affiliations and diversity.

Who we are…

- People living with HIV/AIDS (currently 46% - ongoing goal of 50%)
- Ryan White Part A Program Managers (2)
- Ryan White Part B Service Providers
- Ryan White Part C Community Health Center
- Ryan White Part D CT Youth and Families AIDS Network
- Ryan White Part F SPNS and CAETC Partners
- State Government Agencies: DSS (CADAP), DOC, DMHAS

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CHPC Structure: The first 2.5 years

- Leadership
  - 1 DPH appointed co-chair; 2 elected community co-chairs
- Executive Committee
  - 3 CHPC co-chairs
  - 6 committee co-chairs
- Three working committees
  - Data and Assessment
  - Membership and Awareness
  - Operations and Procedures

CT HIV PLANNING CONSORTIUM

CHPC Co-Chairs (3) – Planning Body leadership

Executive Committee (6 Committee Co-chairs)
Oversight of three working committees to accomplish the work of the planning body

Operations & Procedures (2 co-chairs)

Committee Deliverables:

Planning process evaluation

Planning body charter & policy/procedures

DPH evaluation plan/ tools

Positions/committee needs identified/research

Operational changes oversight

Membership & Awareness (2 co-chairs)

Committee Deliverables:

Member recruitment and retention

Member information

Marketing of planning body via newsletters

Coordination of public events

Data and Assessment (2 co-chairs)

Committee Deliverables:

Needs assessments

Statewide Coordinated Statement of Need

Statewide resource inventory

Gap identification and analysis (surveys/focus groups)

Data monitoring

CHPC Structure 2010

Standing Committees

Executive Committee
3 CHPC co-chairs
4 Committee co-chairs
1 Charter Advisor

Membership and Awareness
2 co-chairs
Same deliverables

Data and Assessment
2 co-chairs
Same deliverables

Ad Hoc committees

Ad hoc Charter Review Committee
Annually or as needed

DAC Ad Hoc committees
Priority setting, SCSN

Successes – What makes it work?

- Collaboration
- Cooperation
- Communication
- Common Understanding and Goals
- Consideration of Perspectives, Opinions, Ideas

Where we are now & where we are going… *Meeting Federal guidelines*

- Medical Case Management Statewide Standards
- Completed Coordinated Statewide HIV Care and Prevention Needs Assessment Survey
- Statewide Coordinated Statement of Need (SCSN)
- Produce second combined HIV Care and Prevention Plan for Connecticut (2012-2015)
- Development of strategies to identify HIV Unaware (collaboration with prevention, care, STD, all Parts, and Partner Notification)

Improvements to CHPC Process

- Youth Voice at CHPC meetings
  - Youth Advisory Group – PSAs, USCA conference, Youth Chapter in Comprehensive Care and Prevention Plan
- Structure Changes
  - Compliance with FOIA
  - Streamlining committees
  - Membership changes – administrative process
- Quarterly CADAP meetings
- Monthly Report from Ryan White Parts, CADAP and DPH departments and HIV surveillance

Community Assessment and Linking Services

- **New:** Early Intervention Services (Care) linked with Priority Setting for targeted populations and interventions (Prevention)
  - Part B MAI collaborating with EIS
- **New:** Provider Survey (Care and prevention funded providers)
- **New:** Statewide Service Matrix (Resource Inventory)
- **New:** Youth Member Category

CHPC is proud to share the following:

Give Us the Facts at a Younger Age: An HIV Prevention Public Service Announcement from the CT HIV Planning Youth Advisory Group

- **Public Service Announcement**: http://www.youtube.com/watch?v=6yVgY1JddvM
- **Youth testimonials:** http://www.youtube.com/watch?v=Efokh4hYQ-I
- Youth Advisory Group: David Bechtel, advisor
  203-772-2050, ext. 17 or bechtel@hwfco.com.

Some of the people that make CHPC a success…

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Contact Information

CT HIV Planning Consortium

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