

Integrated HIV Prevention and Care Plan, Including the Statewide Coordinated Statement of Need Guidance

Calendar Years 2017-2021

Health Resources and Services Administration
HIV/AIDS Bureau

Centers for Disease Control and Prevention

Division of HIV/AIDS Prevention



2

Presenters

Erica Dunbar, CDC

Heather Hauck, HRSA

Amelia Khalil, HRSA

Andrea Jackson, HRSA

June Mayfield, CDC

Candace Webb, HRSA



Learning Objectives

- Describe the purpose and components of the Integrated HIV Prevention and Care Plan guidance
- Describe the legislative and programmatic requirements of the Integrated HIV Prevention and Care Plan guidance
- Describe how the development of an Integrated HIV Prevention and Care Plan increases state, local, and community collaborations across sectors and engages stakeholders
- Identify capacity building and technical assistance resources available to HIV prevention and care planners

Health Resources and Services Administration HIV/AIDS Bureau (HAB)

Vision Statement

Optimal HIV/AIDS care and treatment for all.

Mission Statement

Provide leadership and resources to assure access to and retention in high quality, integrated care and treatment services for vulnerable people living with HIV/AIDS and their families.

HAB's Ryan White HIV/AIDS Programs

The Ryan White HIV/AIDS Program legislation created a number of programs, called Parts, to meet needs for different communities and populations affected by HIV/AIDS. Each is described below.

- **Part A** provides emergency assistance to Eligible Metropolitan Areas and Transitional Grant Areas that are most severely affected by the HIV/AIDS epidemic
- **Part B** provides grants to all 50 States, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and 5 U.S. Pacific Territories or Associated Jurisdictions
- **Part C** provides comprehensive primary health care in an outpatient setting for people living with HIV disease (i.e., Early Intervention Services (EIS))
- **Part D** provides family-centered care involving outpatient or ambulatory care for women, infants, children, and youth with HIV/AIDS
- **Part F** provides funds for a variety of programs (i.e., AIDS Education and Training Centers (AETCs), Dental Programs, Minority AIDS Initiative (MAI), Special Projects of National Significance (SPNS))



Centers for Disease Control and Prevention Division of HIV/AIDS Prevention (DHAP) Prevention Program Branch

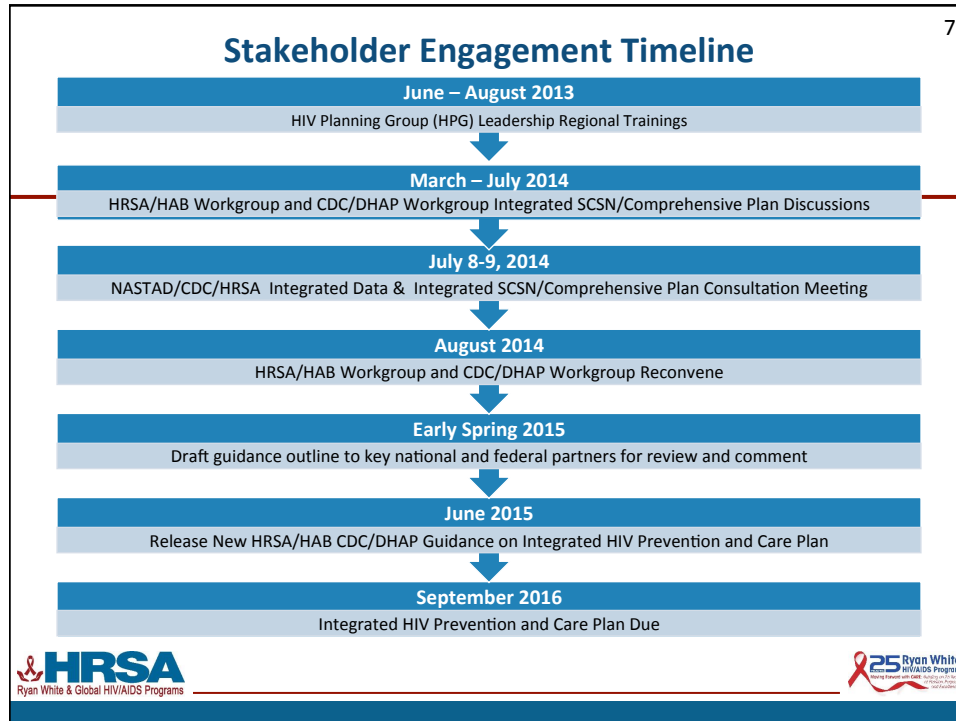
Mission Statement

The mission of the Prevention Program Branch is to work with public and private partners to strengthen science-based HIV prevention efforts in states (Health Departments) and local communities (Community-Based Organizations).

Goals/Objectives

Decrease the number of persons at high risk for HIV and Increase the proportion of People Living with HIV (PLWH) who: (1) know they are infected and (2) those who are linked to appropriate services.







8

Why an Integrated HIV Prevention and Care Plan?

- Streamline communication, coordination, and implementation of needed HIV prevention and care services to improve health outcomes along each stage of the HIV Care Continuum
- Engage a broader group of stakeholders in jurisdictional HIV prevention and care planning
- Maximize federal, state, and local HIV prevention and care investments

Why an Integrated HIV Prevention and Care Plan?

Key National Policy Initiatives support it:

- President's Executive Order on the *HIV Care Continuum Initiative* (2013)
- CDC's *High-Impact HIV Prevention* (2011)
- The White House's *National HIV/AIDS Strategy* (2010, 2015)
 - Accelerate progress toward reaching the goals of the NHAS
- HHS focus on *reducing reporting burden* for grant recipients
 - Improve efficiency and effectiveness of federal programs
 - Reduce reporting burden and duplicated efforts, align submission dates, leverage resources for HIV prevention and care, and utilize integrated epidemiologic profiles
 - Allow jurisdictions to submit one Integrated HIV Prevention and Care Plan to CDC and HRSA

What is Integrated Planning?

- Integrated planning is the process by which HIV care and prevention planning groups work together to:
 - Review information about the HIV epidemic in the jurisdiction
 - Assess needs and service utilization data to inform decisions
 - Provide recommendations and allocate resources for HIV prevention and care services to address the HIV epidemic
- Integrated planning may be accomplished through:
 - Collaborating on joint projects
 - Sharing planning products
 - Cross representation on planning bodies
 - Unified prevention and care planning bodies

11

What is an Integrated HIV Prevention and Care Plan?

- The Integrated HIV Prevention and Care Plan reflects the **community's vision and values** regarding how best to deliver HIV prevention and care services
- The Integrated HIV Prevention and Care Plan is a **living document** that serves as a jurisdictional HIV/AIDS strategy, or roadmap, for CDC and HRSA grant recipients



12

Planning vs. Plan

PLANNING = PROCESS

PLAN = PRODUCT

The guidance addresses the content and structure of the Integrated HIV Prevention and Care Plan; it *does not* address the planning process that grant recipients use to develop the Plan



Examples of Integrated HIV Prevention and Care Planning Activities

Type of Integrated Planning Activity	Explanation/Example
Information Sharing	Use of presentations, reports, webinars, conference calls, and other activities to inform each planning body about the work of the other
Cross Representation	One or more members of each planning body also serves as a member of the other body, to facilitate information sharing and collaboration
Integrated Information Gathering and/or Data Analysis, or Other Joint Projects or Activities	Includes data-based collaboration such as joint needs assessment activities, evaluations, special studies, service-focused roundtables with providers and clients, joint town halls or other consumer input activities, and analysis and discussion of jurisdictional HIV Care Continuum data. Also includes joint service planning and development, funded joint efforts like CAPUS (Care and Prevention in the United States initiative) or activities such as a community testing and linkage to care initiative



Examples of Integrated HIV Prevention and Care Planning Activities

Type of Integrated Planning Activity	Explanation/Example
Integrated Prevention and Care Plan	3- or 5-year plan developed jointly that includes both prevention and care and is submitted to both CDC and HRSA/HAB
Integrated Committee of a Larger Planning Body	Group that carries out collaborative planning tasks covering both prevention and care, includes membership from both prevention and care planning bodies, and is a standing committee of a larger planning body, such as a Ryan White planning council or statewide advisory group or a prevention planning group
Unified Prevention-Care Planning Body	Single statewide or Part A regional planning body responsible for carrying out both prevention and care planning



Examples of Integrated HIV Prevention and Care Planning Activities

Houston, TX

A Comprehensive HIV Prevention and Care Services Plan was developed with the involvement of a number of work groups that included representatives of all Ryan White HIV/AIDS Program Parts (including the Part A Planning Council), Prevention (including the HIV Planning Group), Housing Opportunities for People with AIDS (HOPWA), and numerous community partners and stakeholders

Iowa

Iowa's 2012-2015 Comprehensive HIV Plan covers both prevention and care and was developed as a "statewide guide to responsive, effective, and efficient HIV service delivery"

Knowledge Check #1

Q. Are CDC and HRSA mandating that we merge our HIV prevention and care planning bodies?

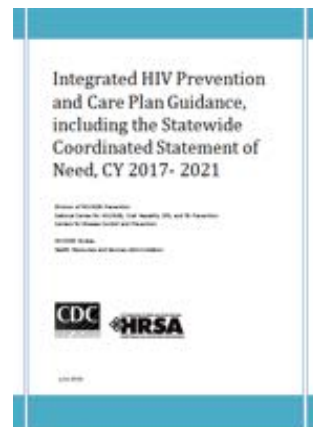
Knowledge Check #1

Answer:

- Recipients **do not** have to integrate planning bodies in order to develop the integrated HIV prevention and care plan.
- However, both HIV prevention and care planning bodies must contribute to the plan.
- The plan guidance addresses the content and structure of the Integrated HIV Prevention and Care Plan.
- The plan guidance does not address the planning process that recipients use to develop the Plan.

Structure of the Guidance

- Executive Summary
- Introduction
- Background
- Moving Forward
- Section I: Statewide Coordinated Statement of Need (SCSN)/Needs Assessment
- Section II: Integrated HIV Prevention and Care Plan
- Section III: Monitoring and Improvement
- Section IV: Submission and Review Process



State and/or local jurisdictions options:

- Integrated state/city prevention and care plan to CDC and HRSA
- Integrated state-only prevention and care plan to CDC and HRSA
- Integrated city-only prevention and care plan to CDC and HRSA
- City-only prevention plan to CDC
- City-only care plan to HRSA

It is ideal and preferable that an integrated HIV prevention and care plan be submitted to both CDC and HRSA

The Guidance

**Integrated HIV Prevention and Care Plan,
Including the Statewide Coordinated Statement of
Need (SCSN)
Calendar Years 2017-2021**

Section I: SCSN/Needs Assessment

- A. Epidemiologic Overview
- B. HIV Care Continuum
- C. Financial and Human Resources Inventory
- D. Assessing Needs, Gaps, and Barriers
- E. Data: Access, Sources, and Systems

Statewide Coordinated Statement of Need (SCSN)

- Collaborative mechanism to identify and address needs of PLWH and maximize coordination, integration, and effective linkages across all RWHAP Parts, including AIDS Education and Training Centers (AETCs)
- RWHAP Part B grantees are required to convene an advisory group and submit an SCSN
- RWHAP Part A grantees are legislatively required to participate in the development of the SCSN
- CDC-funded grantees are required to conduct a needs assessment

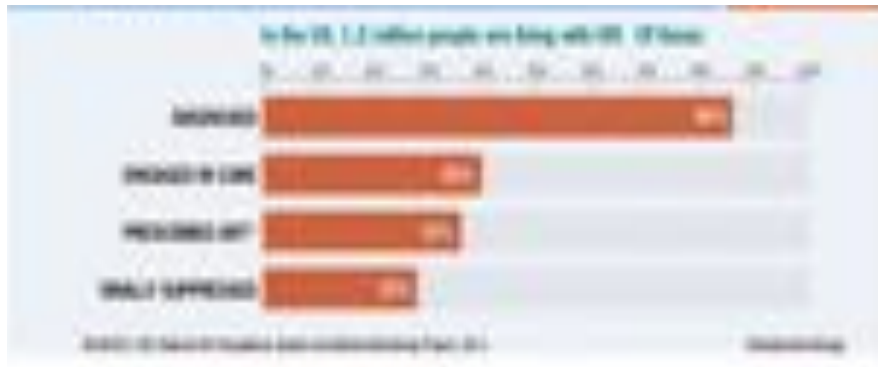
Epidemiologic Overview

- Based on the *Integrated Guidance for Developing Epidemiologic Profiles: HIV Prevention and RWHAP Planning* to assist in producing integrated epidemiologic profiles in ways that are consistent and useful in meeting the planning needs of both HIV prevention and care programs
 - **Core Question 1:** What are the socio-demographic characteristics of the general population in your service area?
 - **Core Question 2:** What is the scope of the HIV/AIDS epidemic in your service area?
 - **Core Question 3:** What are the indicators of risk for HIV infection and AIDS in the population covered by your service area?
 - **Care-Related Question 1:** What are the patterns of service utilization of HIV infected persons in your area?
 - **Care-Related Question 2:** What are the number and characteristics of persons who know they are HIV-positive but who are not receiving HIV primary medical care?

HIV Care Continuum

- Framework which shows the proportion of individuals living with HIV who are engaged at each stage
- **Diagnosed-based vs. Prevalence-based** continuum
- Identify disparities along the HIV Care Continuum
- Utilize data to improve health outcomes and improve the quality of the HIV service delivery system

HIV Care Continuum



Source: The U.S. Department of Health and Human Services. AIDS.gov. HIV/AIDS Care Continuum.
<https://www.aids.gov/federal-resources/policies/care-continuum/>

Data to Care

- Data to Care is a **public health strategy** that aims to use HIV surveillance data to identify HIV-diagnosed individuals not in care, link them to care, and support the HIV Care Continuum
- Data to Care programs use laboratory reports received by a health department's HIV surveillance program as markers of HIV care and analyze them to identify individuals who either never linked to care after diagnosis or who did not continue to receive care
- Data to Care programs then offers individuals on this list for outreach by health departments, providers, or both to assist them with getting into HIV care
- For more information, visit:
<https://effectiveinterventions.cdc.gov/en/highimpactprevention/publichealthstrategies/DatatoCare.aspx>

Assessing Needs, Gaps and Barriers

NEEDS ASSESSMENT PROCESS AND TOOLS



Section II: Integrated HIV Prevention and Care Plan

A. Integrated HIV Prevention and Care Plan

B. Collaborations, Partnerships, and Stakeholder Involvement

C. People Living With HIV (PLWH) and Community Engagement

Integrated HIV Prevention and Care Plan

- Be responsive to the needs identified in Section I of the Integrated HIV Prevention and Care Plan guidance
- Align with the three primary National HIV/AIDS Strategy goals:
 - (1) Reducing new HIV infections
 - (2) Improving access to care and health outcomes for PLWH
 - (3) Reducing HIV-related disparities

Example: Goal, Objective, Strategy

- **2015 – 2020 NHAS Goal:** Reducing New HIV infections
- **2015 – 2020 SMART Objective (National):** By 2020, reduce the number of new diagnoses by at least 25 percent (from 56,300 to 42,225)
- **2017– 2021 SMART Objective (Local):** By 2021, reduce the number of new diagnoses by 10 percent (from 100 to 90)
- **Strategy:** Intensify HIV prevention efforts in communities where HIV is most heavily concentrated

Example: Specific, Measurable, Attainable, Realistic, Timely

31

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
By the end of 2021:	Ryan White HIV/AIDS Program Part A Early Intervention Service Providers	Deliver intensified HIV testing, referral services to eliminate barriers to care, health literacy and linkage to core medical services	Young Men who have Sex with Men (MSM)	<ul style="list-style-type: none"> Number of HIV tests performed HIV Positivity Rate Number linked to medical care
By the end of 2018:	CDC-funded Health Department	Deliver expanded partner services and HIV testing for partners of those infected	MSM	<ul style="list-style-type: none"> Number of HIV tests performed Number of newly diagnosed HIV positive persons



Collaborations, Partnerships and Stakeholder Involvement

32

- It is essential that community partners agree on the strategy or roadmap
- Demonstrated in the *Letter of Concurrence* to the goals and objectives of the Integrated HIV Prevention and Care Plan



Sample Letter of Concurrence

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

CDC/HRSA Project Officer

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.

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 that bear the greatest burden of HIV disease. 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 Funding Opportunity Announcement P512-1201 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)



Knowledge Check #2

Q: Who should sign the letter of concurrence?

Does the letter of concurrence mean that the planning bodies get to dictate which agencies should receive local funding resources?



Knowledge Check #2

Answer:

- Recipients should provide a letter of concurrence to the goals and objectives of the Integrated HIV Prevention and Care Plan from the co-chairs of the planning body and grantee representatives
- The letter of concurrence is for the Plan and not for the specific funded entity's CDC or HRSA-funded budget

Role of People Living with HIV in Integrated HIV Prevention and Care Planning

- RWHAP legislation strongly supports continuous PLWH input throughout the planning cycle
 - Effective HIV planning, programs and services must be developed based on the input and perspectives of those for whom the services are intended
 - Planning Councils/Bodies, Advisory Bodies, Community Planning Groups, Quality Improvement Committees, Consumer Satisfaction Surveys, Focus Groups, Town Hall Meetings
- PLWH role in on-going needs assessment and informing public health strategies to address NHAS goals, including:
 - Annual Needs Assessments/SCSN Involvement
 - Integrated HIV Prevention and Care Plan Development
 - Service Utilization Reviews
 - PLWH Health Outcomes and Disparities Analysis

37

People Living with HIV and Community Engagement

Key Principles of the Plan:

Development of plans that are responsive to the needs of the community through the inclusion of varying representatives of:

- Races and Ethnicities
- Genders
- Sexual Orientations
- Ages
- Other characteristics reflecting the experiences and expertise of those impacted by HIV in the jurisdiction



38

Persons Living With HIV and Community Engagement

- Include community stakeholders, not limited to: HIV service providers, PLWH, and at-risk groups
- Methods used to engage communities, PLWH, those at substantial risk of acquiring HIV infection and other impacted population groups to ensure the Integrated HIV Prevention and Care Plan and the HIV prevention and care activities are:
 - Reflective of the epidemic
 - Responsive to their needs in the service area



Persons Living With HIV and Community Engagement

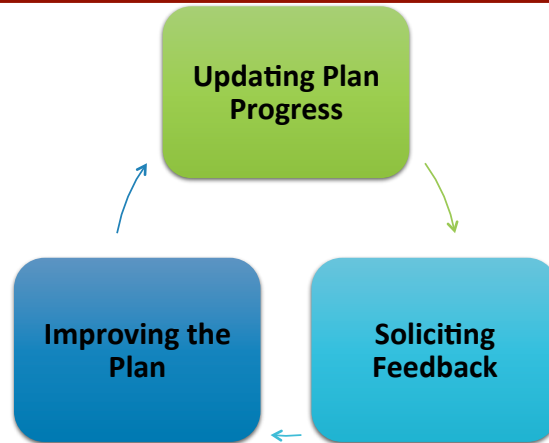
- Describe how the inclusion of persons at higher risk for HIV and PLWH contributed to the plan development
- Describe how impacted communities are engaged in the planning process to provide critical insight into developing solutions to health problems to assure the availability of necessary resources

Section III: Monitoring and Improvement

Monitoring the Integrated HIV Prevention and Care Plan will assist grantees and planning bodies with:

- Identifying ways to measure progress toward goals and objectives
- Analyzing information to inform decision-making and improve HIV prevention, care, and treatment efforts within the jurisdiction

Section III: Monitoring and Improvement “Feedback Loop”



Section IV: Submission & Review

- Submit the Integrated HIV Prevention and Care Plan to HRSA and CDC by September 30, 2016
- HRSA and CDC will conduct a joint review and provide joint feedback as appropriate



43

Knowledge Check #3

Q: Is there a standard template for writing the Integrated HIV Care and Prevention Plans?



44

Knowledge Check #3

Answer:

- There is no standard template for writing the Integrated HIV Prevention and Care Plan
- However, the written Plan should include all required sections, as outlined within the guidance



Resources

- **Integrated HIV Prevention and Care Plan, including the SCSN Guidance**
<https://careacttarget.org/library/integrated-hiv-prevention-and-care-plan-guidance-including-statewide-coordinated-statement>
- **Integrated HIV Prevention-Care Planning Activities**
<https://careacttarget.org/library/rwhap-cdc-integrated-planning-examples>
- **Understanding the HIV Care Continuum**
http://www.cdc.gov/hiv/pdf/DHAP_Continuum.pdf



Technical Assistance

- HRSA and CDC have provided training on the Integrated HIV Prevention and Care Guidance to Capacity Building Assistance (CBA) and Technical Assistance (TA) providers
- CDC and HRSA project officers will work with their grantees to organize technical assistance
- Grantees and Planning Bodies are expected to coordinate technical assistance within their jurisdiction with their HIV prevention and care counterparts



47

Knowledge Check #4

Q: Do we need to request technical assistance (TA)/ capacity building assistance (CBA) from both CDC and HRSA? Or can it be requested from one or the other?



48

Knowledge Check #4

Answer:

- Contact/discuss your CBA/TA needs with your project officer
- CDC/HRSA project officers will coordinate with each other to identify the best resource based on the request
- Based on the needs, a CBA/TA request can be placed in the appropriate CDC and HRSA system
- CDC/HRSA grantees will work with the project officers and the CBA/TA providers to coordinate the logistics



Contact

Please email questions to:

HPG@cdc.gov

CDC Contacts:

Erica Dunbar
egd8@cdc.gov

June Mayfield
bgo0@cdc.gov

HRSA Contacts:

Andrea Jackson
ajackson@hrsa.gov

Amelia Khalil
akhalil@hrsa.gov

Candace Webb
cwebb@hrsa.gov



Questions & Answers

