

# Moving Integrated HIV Prevention and Care Planning into Action: Health Department Structural Changes to Advance Integration of HIV Prevention and Care Services

October 4, 2018

3:00 p.m. – 4:00 p.m. EDT



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





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TA CENTER**

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**IHAP TAC**

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# About the IHAP TAC

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## 3-year project

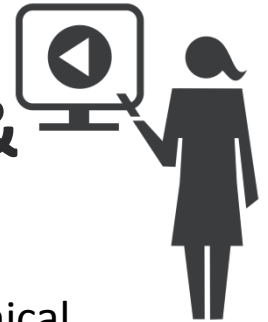
began  
July 1, 2016

## 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

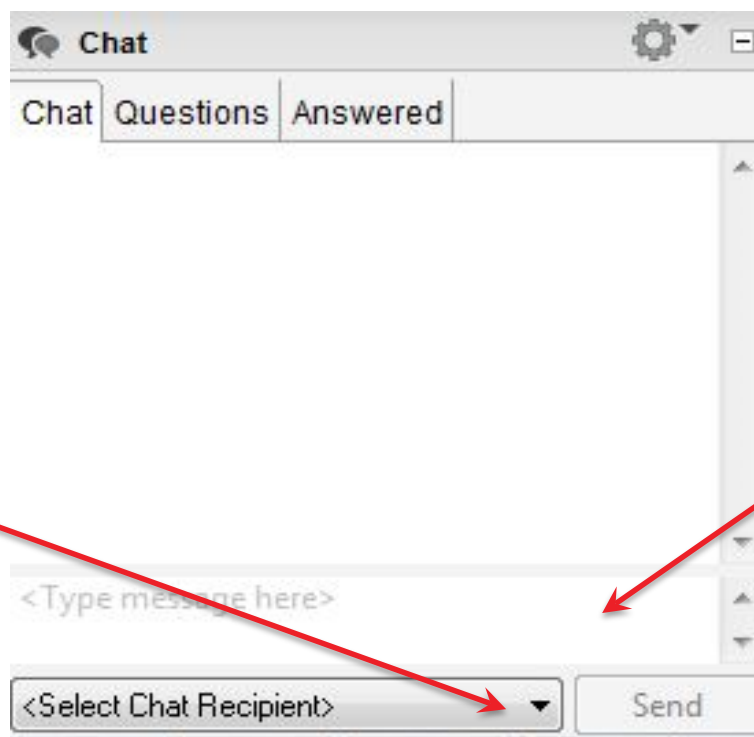
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- **Integrating HIV prevention and care** at all levels
- **Strategies for implementing** Integrated Plan activities
- **Publicizing and disseminating progress** of Integrated Plan activities to stakeholders
- **Identifying roles and responsibilities** 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 value of integrating HIV prevention and care service delivery within health departments
- 2.** Identify at least one program activity supported by integrated HIV prevention and care service delivery
- 3.** Identify at least two strategies to facilitate integrating HIV prevention and care service delivery

# Today's Presenters

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**Marissa Tonelli**

Senior Capacity Building  
Manager, HealthHIV



**Dawn Fukuda**

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HIV/AIDS, Bureau of  
Infectious Disease and  
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Massachusetts  
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Health



**Robert Winstead**

HIV Care Program Manager,  
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Branch, North Carolina  
Department of Health and  
Human Services



**Pete Moore**

Manager, HIV/STD  
Prevention Program,  
Division of Public Health  
Communicable Disease  
Branch, North Carolina  
Department of Health and  
Human Services

# Integrated Health Department Models

**Marissa Tonelli**

HealthHIV  
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
4. **Achieve a more coordinated national response to the HIV epidemic**
  - a. **Increase the coordination of HIV programs across the Federal government and between Federal agencies and State, territorial, Tribal, and local governments.**

<https://www.hiv.gov/federal-response/national-hiv-aids-strategy/nhas-update>

# 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 reflects the community's vision and values regarding how best to deliver HIV prevention & care services
- 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.

# Why Integrate Programs & Services?



# What do we mean by “integration”?

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- **Integrated Care:** “a package of preventive and curative health interventions for a particular population group”
- **Integrated health services:** range of services provided at one location
- **Integrated service delivery:** “the management and delivery of *health services* so that clients receive a continuum of preventive and curative *services*, according to their needs over time and across different levels of the *health system*” (WHO)

*Simply, an organizational arrangement focusing on more coordinated and integrated forms of care provision.*

# Why integrate programs/services?

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- Enhance capacity to address multiple health-related goals
- Respond to syndemics with similar risks for acquisition
- Decrease barriers to providing services
- Maximize opportunities for people to receive the best care and treatment when they interact with providers
- Eliminate duplicative services
- Maximize federal and state resources (lower costs)

# Opportunities to Collaborate

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- Community Planning
- Data (data sharing, joint surveillance activities, and cross-matching cases)
- Cross-training staff/providers
- Collaborative funding
- Staff sharing among programs

# Opportunities to Integrate Service Delivery

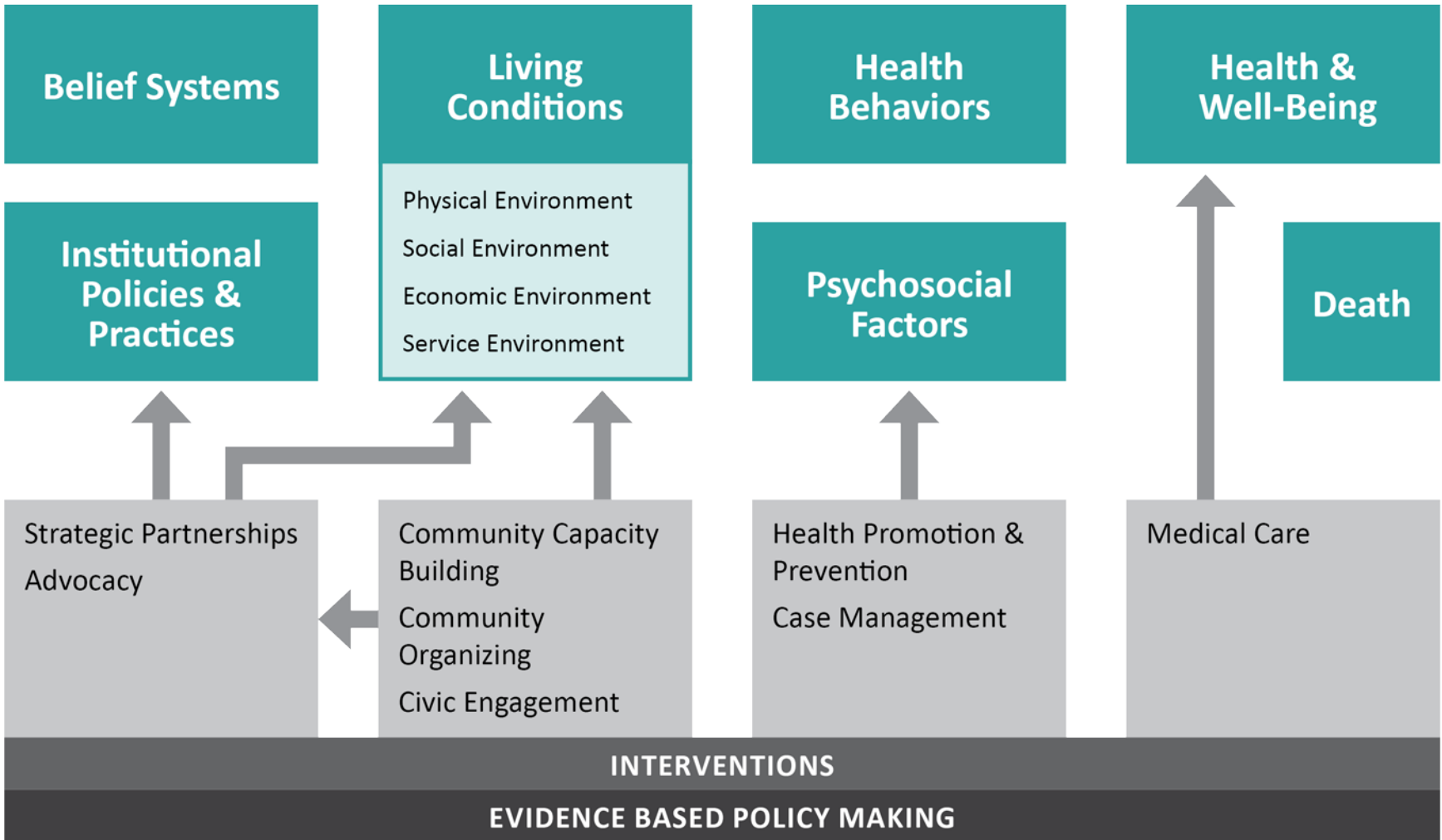
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- Testing
- Outreach/Education
- Partner Services
- Substance use/ Harm reduction
- PrEP (education, prescription)
- Syringe services programs
- HCV testing & treatment
- Integrated surveillance/reporting
- Health insurance enrollment

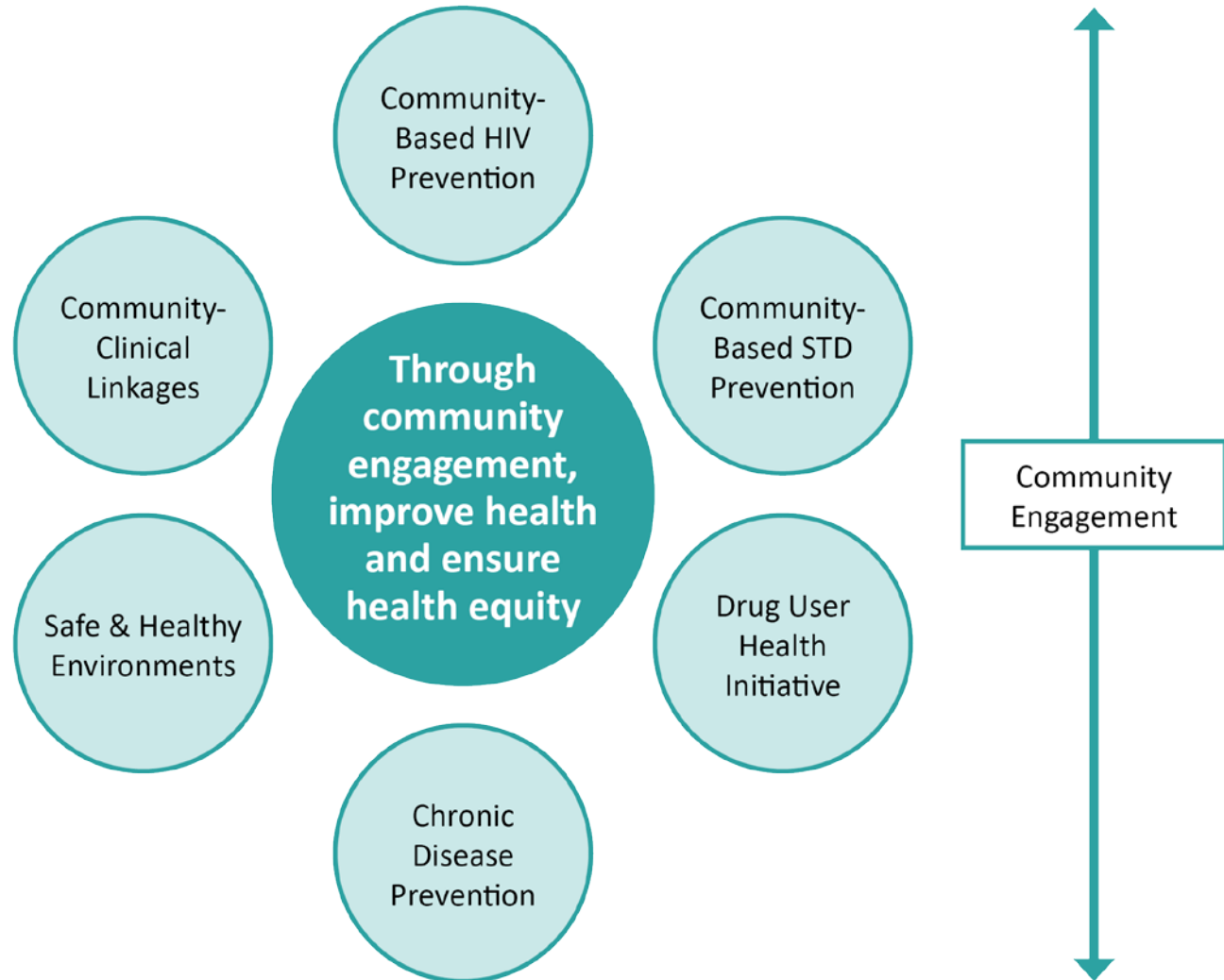


SAN  
FRANCISCO





# Alignment of CHEP Program Areas with DPH Initiatives



*Example: San Francisco Community Health Equity & Promotion (CHEP)*

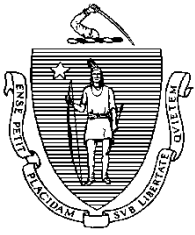
# Benefits to Integration – SF Example

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- Increased number screened and number initiating primary care-based treatment for **HCV**
- Increased percentage of CHEP programs that intentionally address Black/African **health disparities**
- Increased targeted, collaborative CHEP programs in to improve health equity

MASSACHUSETTS





# HIV Prevention and Care Integration Massachusetts

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# Prevention and Care

*like peaches and cream...*

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- Funding streams
- Infrastructure
- Expertise
- Community
- Culture

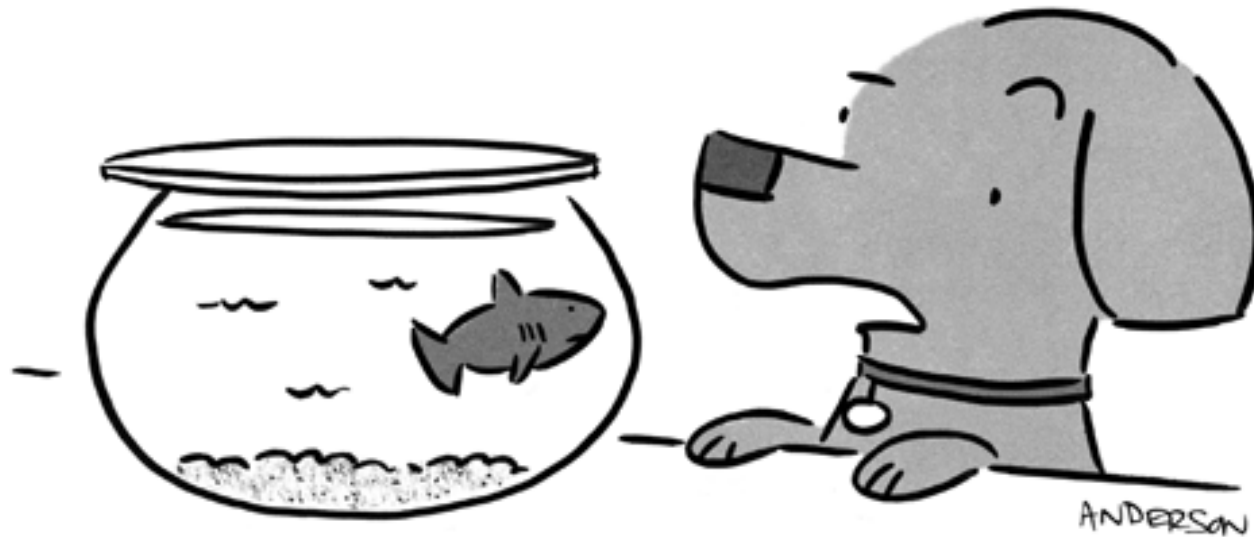
- *The division of labor works...*
- *Teams are strong and functional...*
- *If it isn't broken, don't fix it...*
- *This is how we've always done it...*
- *I like the people I work with now...*

# Early integration discussions

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"You make a good point; we both hate the cat.  
I'm just not sure what it is you'd bring to a partnership."

# Overview of Integration Process

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- Started transition process in 2011 with integration of Prevention Planning Group (PPG) with Service Coordination Collaboratives (SCCs) to form the Massachusetts Integrated Prevention and Care Committee (MIPCC)
  - Internal orientation and cross-training of Office of HIV/AIDS staff (OHA)
  - Re-organization of OHA operational infrastructure and senior manager roles and responsibilities in 2014
  - Integrated procurement of HIV/HCV/STI/TB Prevention, Linkage and Retention in Care and Treatment Completion Services in 2017



# Integration Objectives

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- Improve service response
- Leverage expertise
- Maximize fiscal efficiency
- Streamline contract management
- Reduce burden on funded agencies
- Respond along the care continuum
- Reduce stigma
- Uncouple programs from HIV positive status\*



# Change Is Hard



# Setting the Integration Table

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## Health Promotion and Disease Prevention Services

Prevention and Testing and Medical Case Management Services

Delivered through integrated contracts



Supported by CDC, HRSA, and state funds

Overseen by a single contract manager

One main budget, with separate sub-budgets to ensure compliance with funder requirements



## Behavioral Health and Infectious Disease Prevention

Health disparities and population health initiatives

Community engagement, integrated planning, consumer advisory, subject matter expert consultations

Drug user health

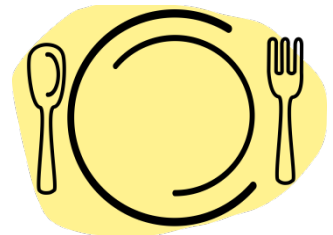
Gay men's health

PrEP clinical advisory

LGBTQ+ initiatives

Youth and young adults

Cross-Bureau/Department collaborations on health equity



# Integration Lessons Learned

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- Integration takes time
- Identify champions
- Engage community
- Sequence implementation
- Tailor to city/state/territory
- Peer to peer exchanges
- Anticipate challenges
- Create a new vocabulary



תודה  
Dankie Gracias  
Спасибо شكراً  
Merci Takk  
Köszönjük Terima kasih  
Grazie Dziękujemy Děkojame  
Ďakujeme Vielen Dank Paldies  
Kiitos Täname teid 谢谢  
**Thank You** Tak  
感謝您 Obrigado Teşekkür Ederiz  
감사합니다  
Σας ευχαριστούμε ՅՅՅՅ  
Bedankt Děkujeme vám  
ありがとうございます  
Tack



NORTH CAROLINA

# Regional Networks of Care and Prevention (RNCP)

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- North Carolina had 10 Regional Networks of Care (including Housing Opportunities for PLWA or HOPWA) before 2016
- Prevention agencies were funded statewide, individually with no network affiliations

# Regional Networks of Care and Prevention (RNCP)

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2016 NC Communicable Disease Branch (CDB) decided to add prevention agencies to the network model for the following reasons:

- To better integrate HIV Prevention and Care agencies
- To better integrate Prevention and care staff at the State
- To better allocate Prevention resources geographically
- To better allocate resources by burden of disease
- To provide prevention services in counties not previously served



# Process of Adding Prevention to Network Model

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Inform RNCPs and Prevention Agencies of change

- Done 1 year before release of RFA
- Staff met with all RNCPs and Prevention agencies to clarify process and get feedback

# Process of Adding Prevention to Network Model

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## Develop Prevention Funding Formula

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- 60% Prior funding level (hold harmless)
  - 10% Census
  - 10% # of HIV positive persons living in Region
  - 10% Average new HIV rate (3 yr. average)
  - 10% Primary, secondary, early latent syphilis rate (3 yr. average)
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# Develop Joint Prevention and Care RFA

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- Began 8 months before release of RFA
- Developed FAQs
  - How will funding decision be made?
  - RNCPs required to provide services to all counties in regions?
  - How many Care, Prevention and HOPWA contracts allowed per region?
  - How do agencies subcontract?
  - Included examples of how contracts can be structured
- Released RFA 8/2016
- Bidders Conference one week later
  - Review RFA and answer questions from potential applicants

# Adding Prevention to Network Model

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No combined Prevention and Care Contracts.  
Contracts still separate.

# How It Works

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## CD Branch monitors

- Monitor direct contracts and ensure that these agencies also monitor their subcontractors
- Play a role in disseminating information and guiding the RNCPs process

## RNCPS required to meet at least quarterly

- All agencies funded by CDB required to attend their RNCP meetings

## All RNCPS different

- One has paid Prevention Coordinator, others don't
- Rural Vs. Urban Regions have different issues and resources
- Some have many agencies vying for funds others don't have enough

## RNCPs make decisions as a network

- Each RNCP develops it's own decision making process. Not prescribed by CD Branch. Care agency in each region serves as Network Administrative entity.
- CD Branch provides outcome data on prevention and care agencies that RNCPs use to make these decisions

# Challenges

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- Working with RNCPs that lost money
- Ensuring that Prevention agencies had a say in RNCP process
- Some smaller RNCPs don't have enough agencies willing to do prevention to spend money allocated to the region
- Ensuring that Prevention, Care and HOPWA agencies within each Network collaborate to ensure all required and optional identified services are provided without duplication of effort and resources

# Successes

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- Allowed RNCPs to better control resources to respond to need
- Allowed for more integration and collaboration between prevention and care agencies
- Ensured coverage of areas that previously did not get prevention services
- Allowed for more equitable distribution of prevention funds

# Integration

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- Allowed for integration of Care and Prevention health department staff
- Joint staff meetings to discuss challenges and successes within the regional networks
- Staff now housed in the same location to facilitate routine discussion of network needs and challenges



# Integration

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- Quarterly sub-recipient Provider meetings to provide information and technical assistance
- Participate in the State Integrated HIV Prevention and Care Plan and Statewide Coordinated Statement of Need

# 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)
- Upcoming Webinar: October 25, 2-3 pm EST
  - Aligning Local Getting to Zero and Ending the Epidemic Initiatives and Integrated HIV Prevention and Care Plans

# 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.

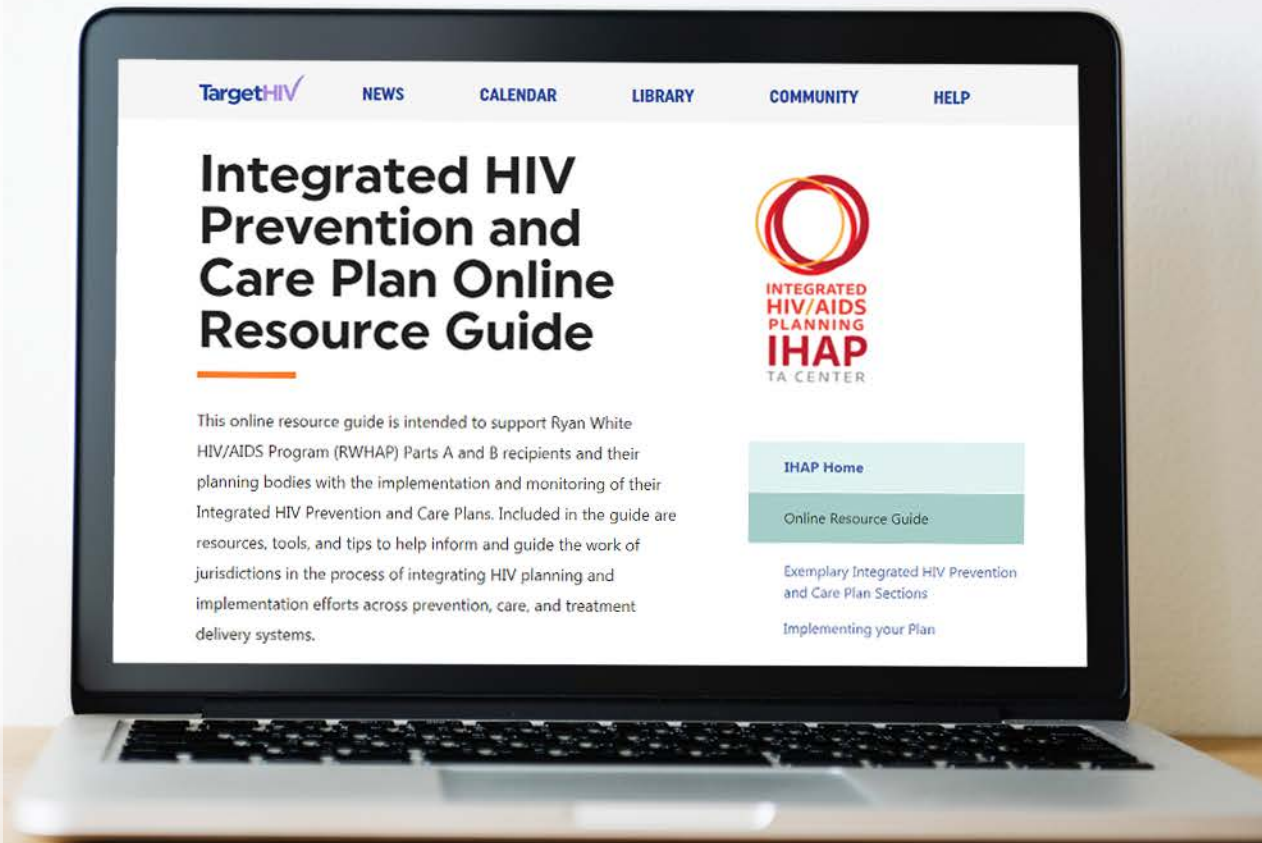


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[www.targetHIV.org/ihap](http://www.targetHIV.org/ihap)

# 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.



# 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.

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.